

# Music Therapy in End-of-Life Care Contexts

Subjects: [Others](#) | [Music](#)

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Certified music therapists use music within therapeutic relationships to address human needs, health, and well-being with a variety of populations. Palliative care and music therapy are holistic and diverse fields, adapting to unique issues within end-of-life contexts. Palliative care music therapy has been formally practiced since the late 1970s and affords a variety of benefits, including pain and anxiety reduction, enhancement of quality of life, emotional expression, and relationship completion.

palliative care

music therapy

end-of-life

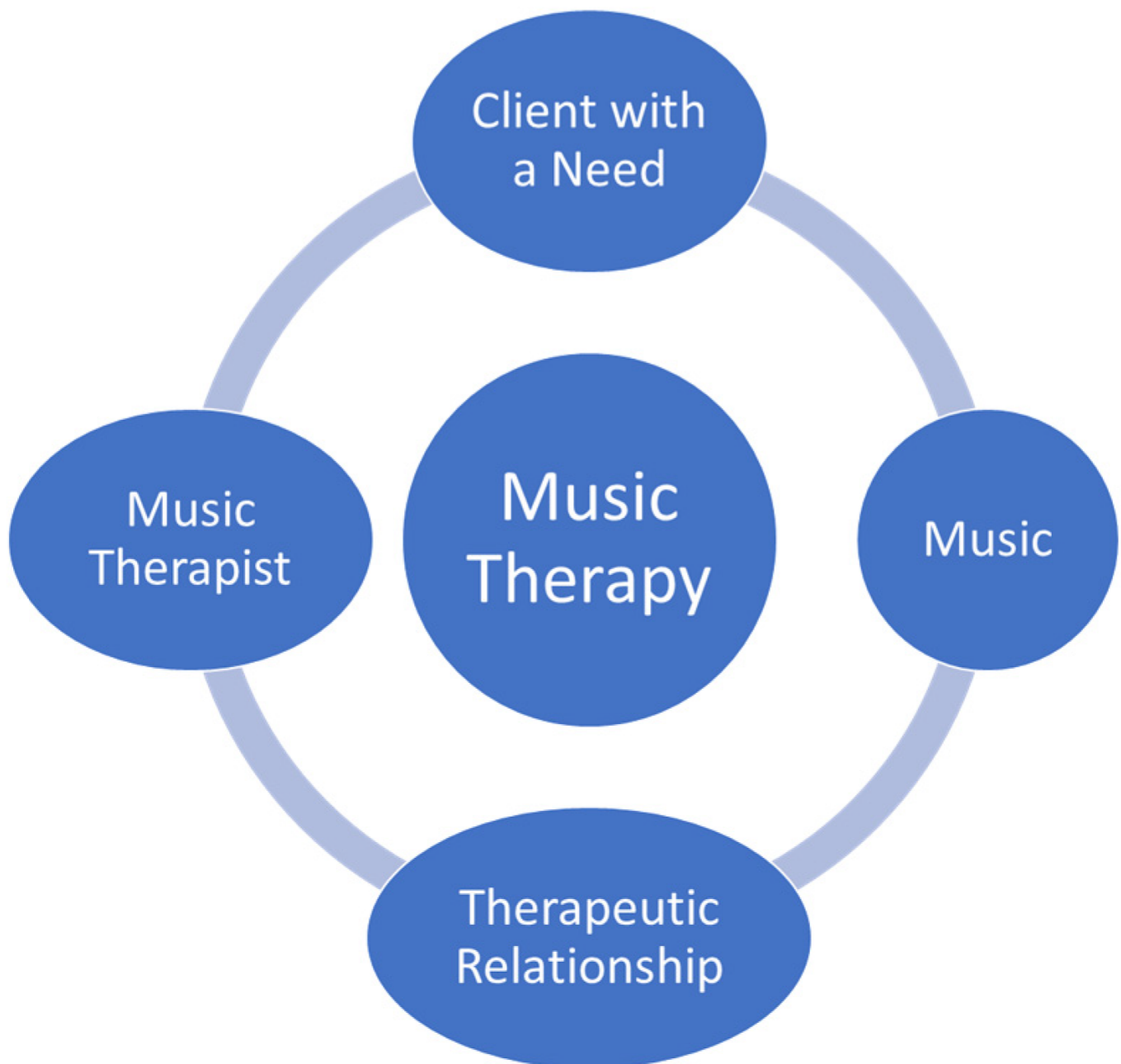
relationships

## 1. Palliative Care

A palliative care approach aims to improve quality of life and mitigate suffering for those navigating terminal or life-limiting illnesses. Palliative care occurs in various contexts: in-home support, inpatient palliative care units within hospital settings, long-term care facilities, retirement residences, residential hospices, community hospices, and community agency programs. Hospices typically also offer day wellness programs for those negotiating life-threatening or life-limiting illness, and bereavement care for those grieving the death of their loved one.

## 2. Music Based Interventions and Music Therapy in Palliative Care

Music and music therapy experiences are becoming more common in end-of-life care contexts <sup>[1][2][3][4]</sup>. Music therapists are allied healthcare professionals who provide music therapy experiences to persons at end of life, often in collaboration with the interdisciplinary team <sup>[3]</sup>. “Music Therapists (MTAs) use music purposefully within therapeutic relationships to support development, health, and well-being. Further, they use music safely and ethically to address human needs within cognitive, communicative, emotional, musical, physical, social, and spiritual domains” (<sup>[5]</sup>, para #1). There are many music opportunities in end-of-life care, ranging from entertainment to recreational music to music therapy. Each experience has value but is also different. One issue is that the music experiences can look the same to someone walking by or providing a procedure while the music is taking place. Music therapists conduct assessments, write goals and objectives and respond to the client in the moment. They use their training to foster change and support the client. The music used in music therapy could be live, recorded, original, spontaneous or precomposed. Music therapists draw from improvisational, compositional, re-creative, and receptive experiences to support and navigate diverse needs in palliative care. For an experience to be considered music therapy, four elements are needed: a music therapist, client with a need, music, and a therapeutic relationship <sup>[6]</sup>. See **Figure 1**.



**Figure 1.** Elements of the music therapy experience.

### 3. What is the Evidence to Support Music Therapy in Palliative Care?

Clements-Cortés and Bartel [7] share a four-level model for mechanisms of response in music therapy across various clinical contexts which includes learned cognitive responses, cognitive activation, stimulated neural coherence, and cellular genetic responses. Researchers have also highlighted the scientific basis for standardized therapeutic music experiences clustered into the sensorimotor, speech/language, and cognitive domains [8]. Music therapists provide a variety of music therapy experiences to persons at end-of-life often in collaboration with the interdisciplinary team <sup>(3)</sup>. Palliative care music therapy aims to improve quality of life while supporting goals such

as symptom management, emotion regulation, communication, and spiritual expression [4]. Clements-Cortés [18] found that both live and recorded music provided in music therapy treatment resulted in statistically significant reductions in pain perception and the enhancement of physical comfort.

Meta-analyses and systematic reviews offer scientific evidence that music therapy can support a wide range of symptom improvements, including pain and anxiety [9][10][11][12][13][14]. Further research and descriptive articles point to the efficacy of music therapy for relationship completion [15], emotional expression [16], and improvements in heart rate, blood pressure, augmented relaxation, and wellness [4]. Similarly, McConnell and Porter [17] highlight enhanced physical comfort, increased emotional well-being, enhanced social interaction, and improved spiritual well-being as valuable outcomes of music therapy at end of life.

The thematic analysis of palliative care music therapy research and practice highlights that music therapy addresses physical, psychosocial, and whole-person care [19]. These experiences may include receptive and active interventions such as singing, playing instruments, songwriting, clinical improvisation, and guided relaxation, based on evidence and best practices. For example, Vesel and Dave [20] note the benefit of music therapy for supporting pain management, increasing energy and quality of life while decreasing anxiety. Similarly, Gallagher et al. [21] also found music therapy assisted with anxiety and stress reduction as well as perceived pain level, overall quality of life, mood improvement, and acceptance of death.

Reidy and MacDonald [22] note: “Ongoing barriers to music therapy include the challenge to obtain adequate sustainable funding and the misunderstanding of music therapy as entertainment” (p. 1605). Funding for music therapy services varies considerably depending on the country, province, state, and location of care. In hospice or inpatient palliative care settings, if there is a music therapist on the interdisciplinary team the patient themselves would not necessarily pay for music therapy, as it would be covered by their fees to be in that setting, insurance, or the government. However, for example, very few hospice programs actually employ music therapists [20]. It is typical that a patient would pay for the service if they were receiving palliative care in the community in Canada.

## 4. Education & Training to Become a Music Therapist

Training to be a therapist and professional caregiver for those who are dying is a rewarding but challenging process. Education requirements to practice as a music therapist vary across the globe, typically requiring an undergraduate or graduate degree, supervised clinical placements and internship, followed by a process of certification/registration/accreditation in the field. In addition to the core education and practical training of a music therapist, bereavement and grief theory are also regarded as essential in preparation to do death-related work. Further, a variety of clinical diagnoses present in palliative contexts are explored alongside the evidence of music therapy to support holistic symptom management. Tangible and practical music repertoire is learned utilized and adapted to meet client preferences or needs in-the-moment. Key work with the dying mandates an understanding of how culture, relationships, values and beliefs inform the clinical process. Music therapists must therefore be committed to providing culturally responsive care that centres the voice of the dying.

## 5. Clinical Supervision of Music Psychotherapy

Where the authors reside and practice as registered music psychotherapists, we adhere to the requirements as outlined by the College of Registered Psychotherapists of Ontario wherein the supervisor must adhere to the following:

- Be a member in good standing of a regulatory college;
- Have five years' extensive clinical experience;
- Complete 1000 direct client contact hours and 150 h of clinical supervision;
- Provide a signed declaration noting they understand CRPO's definitions of clinical supervision, clinical supervisor, and the scope of practice of psychotherapy <sup>[23]</sup>

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