

Editorial

Lucanne Magill, DA, LCAT, MT-BC, MTA,¹ and
Clare C. O'Callaghan, PhD, RMT²

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In modern oncologic treatment, international health care professionals are expanding their conception of treatment through integration of services. Ongoing biopsychosocial and spiritual care of patients is inclusive of caregivers. The term “supportive cancer care” has recently been defined as:

an ‘umbrella’ term for all services, both generalist and specialist, that may be required to support people with cancer and their carers. It includes self-help and support, information, psychological support, symptom control, social support, rehabilitation, spiritual support, palliative care and bereavement care.¹

In oncology, music therapy can be described as a professionally trained music therapist using music therapy methods, such as music supported counseling, vocal and instrumental improvisation, song strategies, song composition and recording, and music therapy-based mind–body techniques with patients and their families . . . “to promote comfort, develop meaningful communication, and resolve issues.”^{2p6} The music therapist also strives to help patients and caregivers gain effective coping and illness management skills and maintain dignity and inner sense of meaning.³

While music therapists often vary in their professional definitions,⁴ methods of practice, and interpretation of outcomes, Colin Lee noted that “a diversity . . . is at the heart of music therapy in palliative care . . . [and that] there is a core that connects all work . . . a belief that music can affect the expression of loss.”^{5p6}

In this special edition of *Music and Medicine*, there is a collection of articles that represent the unique and multifaceted features inherent in this specialized area of practice. The authors’ topics focus on various clinical issues, such as multiculturalism, the needs of patients as described by the journey of a patient, the needs of caregivers, including staff, and their perspectives regarding experiences in music therapy, and the creative involvement of the community. Likewise, research studies are included in this issue. These articles portray the essential principles of music therapy in this specialized area of practice as the authors convey the multiple ways that music can address the momentary and longer term needs and issues in these settings.

In this special issue of *Music and Medicine*, Lucy Forrest’s article convincingly highlights the need for music therapists to maintain cultural awareness in end-of-life care. Given the considerable international movement of migrants and refugees,

music therapists are increasingly working with clients from contrasting and varied cultural backgrounds. Her contribution incorporates an awareness of what is meaningful for the therapist, client, and the organizational context within which the therapy takes place. Beth Dun details how she needed to flexibly adapt her music therapy practice to changes in a children’s hospital oncology treatment “culture,” where she has worked for 20 years. She extends her interesting account of the need to change practice across years of time, to how time is experienced within sessions.

Research

A comprehensive account of music therapy and cancer and palliative care research is in an earlier issue of *Music and Medicine*.⁶ Randomized controlled trials which have produced significant findings indicate that music therapy improves mood, life quality, relaxation, comfort, happiness, and diastolic blood pressure in adult patients with cancer and reduces their distress, pain, depression, anxiety, and fear.⁶ It also has been found to improve children’s coping and initiation behaviors.⁷ A meta-analysis on music-based cancer in 18 related studies (including HIV) found a moderate effect size.⁸ The music therapy in an end-of-life Cochrane review meta-analysis of 5 eligible trials also found a significant effect on improved quality of life ($P = .02$), however, the Cochrane Review’s criteria—that unblinded studies have high bias risk—informed the conclusion that there was “insufficient evidence of high quality” to support music therapy’s effect in palliative care.^{9p2} In this special issue, Sandi Curtis presents a pre–post test design examining a music therapy student and professional symphony orchestra collaborative project. While illustrating a music therapy teaching method that can benefit both students and their local communities, Curtis found that 371 palliative care patients experienced significant improvements in relaxation,

¹ School of Music, University of Windsor, Canada

² Social Work Department, Peter MacCallum Cancer Centre, Victoria, Australia

Corresponding Author:

Lucanne Magill, School of Music, University of Windsor, 401 Sunset Avenue, Windsor Ontario, Canada N9B 3P4
Email: lucannem@uwindsor.ca

mood, pain relief, and life quality from the music therapy interventions led by supervised music therapy students.

A review of qualitative research in supportive cancer care indicated that music therapy benefits patients and families in numerous ways. This review illuminates the potential of music therapy to reduce preoccupation with adversity, promote effective self expression, enable positive social, spiritual, and emotional experiences, and affirm self-worth and expand awareness.⁶ Likewise findings report that it can provide opportunities for personal growth, including aesthetic meaning, expanded identity, and empowerment.¹⁰

While the emphasis on evidenced-based medicine is widely associated with the importance of randomized controlled trials, their limitation in portraying subjective expressions pertaining to what is important to the patients and families with whom music therapists work also warrants further qualitative research.¹¹ This is strikingly evident in Maria Logis' description of music therapy involvement as a patient diagnosed with stage 4 non-Hodgkins lymphoma in 1994 in which Maria's lament is sung within music therapy improvisations and is acknowledged, supported, and extended by her music therapist. Maria conveys her joy in her ongoing life and music-enriched survival. Amy Clements-Cortes also provides valuable insights into patients' music therapy experiences in end-of-life care, through multiple data sources including patients' interviews, highlighting how music therapy can be a vehicle for patients to experience love, loss, gratitude, growth, courage, and to say goodbye.

Caregivers

The effect of cancer on both professional and informal (families and friends) caregivers is receiving increasing attention in the supportive care literature¹² and this issue includes 3 articles highlighting how music therapy can strengthen resilience among those who care. Karen Popkin describes music therapist's involvement in biannual Remembrance Ceremonies, offered to staff at Memorial Sloan-Kettering Cancer Center, for meaningfully reflecting on the deaths of those for whom they have cared. Clare O'Callaghan, Peter Hudson, Fiona McDermott, and John Zalcborg used a grounded theory informed methodology, finding that informal caregivers' use or nonuse of music is associated with how they cope with the patients' illnesses and that, while music can help to improve their personal well-being, it can also be intrusive. Finally, through interviews with bereaved surviving caregivers of patients with advanced cancer, Lucanne Magill explored the role of the music therapist in the context of preloss music therapy sessions. She reports the themes that emerged from the reflections shared in these interviews that highlighted the importance of the supportive, in-person therapeutic relationship offered by the music therapist in this setting.

This issue celebrates music therapy's contribution to supportive cancer care and will hopefully inspire new horizons

in patient, family, and staff care and treatment, research, and education. The presence of music therapy in oncologic settings may potentially stir creative imaginings and provide for further enrichment, fulfillment, inspiration, and healing during times of life trials and challenges.

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Bios

Lucanne Magill, DA, LCAT, MT-BC, MTA, Assistant Professor and Coordinator, Music Therapy Program, School of Music, University of Windsor, Canada; Chair, Commission on Global Crisis Intervention, World Federation of Music Therapy; and Board and Founding Member, International Association of Music and Medicine.

Clare C. O'Callaghan, PhD, RMT, Music Therapist at Peter MacCallum Cancer Centre and Caritas Christi Hospice, St Vincent's Hospital, Victoria, Australia. Clin A/Prof, Department of Medicine, & Hon Fellow, Faculty of VCA & Music, The University of Melbourne.