


# Portraits of Music Therapy in Facilitating Relationship Completion at the End of Life

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## Abstract

This article describes a study that investigated the experience of 4 dying persons and their significant relationships, as they engaged in music therapy sessions designed with the goal of facilitating relationship completion. Multiple data sources informed the case studies and the themes that emerged for each case are presented. A cross-case analysis was performed, which incorporated a thematic analysis of participants' experiences where 6 global themes were identified including love, loss, gratitude, growth/transformation, courage/strength, and good-bye. Results indicate that life review, song dedications, and the creation of musical gifts were a core part of each participant's process. The article concludes with a summary, discussion, and implications for future research.

## Keywords

loss, love, palliative care, relationship completion, relationships

Symptom management is typically a central focus of treatment in palliative care programs. Due to the high prevalence of pain and other physical symptoms such as nausea, delirium, sleeping problems, and fatigue, physical symptom management is a priority and can sometimes become the sole focus of treatment. While it is imperative to ensure that physical symptoms are quickly addressed, health care professionals must also address psychological symptoms, existential angst, and family and social distress, all of which can contribute to the suffering of the dying person.

A good death is one where a patient in the final weeks of life experiences minimal physical discomfort, empowerment through decision making, a sense of control, strengthened relationships, and existential meaning.<sup>1-3</sup> Fears expressed by patients with cancer with a prognosis of 6 months or less have encompassed existential, spiritual, familial, physical, and emotional issues.<sup>4</sup> Several said that although their disease was continually monitored and reassessed, the emotional aspects of their illnesses were rarely a focus of their care and that they would like help with these issues.

Chochinov maintains there is a human urge to infuse life with purpose, meaning, and hope, thus leading a person to believe that to die a good death those 3 elements must be fulfilled.<sup>5</sup> When people are asked what makes their lives meaningful, the majority refer to their close, intimate relationships with others.<sup>6</sup> In fact, Berscheid and Peplau found that being involved in stable and satisfying relationships is regarded by most people as a critical ingredient of happiness and well-being in life.<sup>7</sup> This study examined the following question:

What is the experience of a dying person engaged in a specific music therapy treatment program intended to facilitate relationship completion?

## Dileo and Dneaster's Music Therapy Model of Music Therapy in Palliative Care

This music therapy program utilized Dileo and Dneaster's Model of Music Therapy in Palliative Care, which defines 3 levels of practice including supportive; communicative/expressive; and, transformative.<sup>8</sup> As informed by Dileo and Dneaster at the supportive level, music therapy is used to palliate symptoms common to end of life and to offer support for the patient.<sup>8</sup> At the communicative and expressive level, music therapy is used as a vehicle for the patient to reflect upon and convey feelings. At the transformative level, music therapy is implemented to facilitate growth and insight at the end of life. Music therapy sessions were implemented at each of these stages, with the participants depending upon their needs.

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## Music Therapy in Palliative Care

To date, music therapy in palliative care has focused on a variety of key issues such as pain management, physical comfort, mood improvement, and relaxation<sup>9-14</sup>; anxiety reduction<sup>15,16</sup>; expressing emotions<sup>17-20</sup>; achieving awareness of limitations and losses<sup>21</sup>; acknowledging fear, sadness, and anger<sup>22</sup>; assisting with life review<sup>23</sup>; facilitating reminiscence<sup>24</sup>; addressing anticipatory grief<sup>12</sup>; addressing spiritual/existential concerns<sup>25</sup>; and overall discomfort management.<sup>26</sup>

## Relationship Completion in Palliative Care

While the scope of music therapy in the care of the terminally ill has developed considerably since it was first described by Munro and Mount, there is a deficit in the literature as to the role that music plays in supporting relationship completion.<sup>27</sup> Other than Dileo and Parker who present case vignettes on completing the relationship with self, completing the relationship with God, and relationship completion with others, there is no other work that has focused on this area.<sup>28</sup> In reviewing the literature the common theme across patients was how much relationships meant to them, and the distress they felt when those relationships were in disarray or unresolved. Those experiences developed the author's research interest in better understanding the influence of relationship completion toward palliating the final days of life.

Relationship completion may take place with oneself, and/or with others including but not limited to family, friends and pets, deceased persons, or a spiritual/transpersonal figure, nature, or connection. Byock identified that there are 5 sentiments that permit relationships to reach completion once they are expressed. These are "I love you," "Thank you," "Forgive me," "I forgive you," and "Good-bye."<sup>29</sup> In this study, the parameters and definitions of "relationship" included any of the above-mentioned relationships. Relationship completion between the participants and me was an additional parameter of ending and concluding our time in music therapy sessions together but was not included as an area of focus.

## Methods

### Theoretical Framework

Phenomenological research involves the study of the lived experiences of individuals related to a concept or phenomenon. Phenomenologists are interested in exploring individual units and revealing complex, holistic meanings.<sup>30,31</sup> According to Merriam, phenomenology is a form of inquiry that strives to realize the unexplored experiences of everyday life.<sup>31</sup>

The philosophy of empirical phenomenology informed the framework of this study, which focused on the experiences of others. I wanted to provide a voice for the dying participants by examining their experiences of relationship completion as facilitated through music therapy. Each music therapy course of treatment in the study was an "experience." The complexity

of the experiences was understood through the collection of data from multiple sources.

### Ethics Review Board

Formal permission to conduct this research at Baycrest Centre in Toronto was granted by the Baycrest Ethics Review Board and the Research Ethics Board at the University of Toronto.

### Participants

Four palliative care inpatients at Baycrest Centre (Gloria, Yetta, Peter, and Bill) participated in the research. Their ages ranged in age from 63 to 91 years, who had received the diagnosis of a terminal illness, and who had a prognosis of less than 6 months. Coparticipants included 2 spouses (Jack and Sarah). In undertaking the study, I decided to include a total of 4 primary participants as the detailed case studies and transcription of each music therapy session would provide in-depth information that would lead to rich thematic analysis. Participants were referred to music therapy by the social worker and physician working on the inpatient palliative care unit. Music therapy sessions were provided by the author, an accredited music therapist.

The research study was introduced and described to each participant at a different point in their music therapy process. After the referral for each participant was received, I met with him or her and completed a music therapy assessment in order to establish goals and objectives. In completing these assessments, it was apparent that the participants had additional issues that required attention prior to working on relationship completion. For example, Gloria was experiencing considerable pain when I began working with her. In order for her to be able to work at a deeper level in music therapy on relationship issues, it was first necessary to address her pain acuity. Once the pain became more controlled, Gloria was able to move from the supportive level of music therapy to the communicative/expressive level where the research study was explained to her and her spouse (Jack) who became a coparticipant. Participants and coparticipants gave informed consent for their participation in this study. The number of music therapy sessions for each participant ranged from 24 to 35 sessions, and the total number of weeks they were involved in music therapy ranged from 14 to 20.

### Case Studies

Stake classifies 3 different purposes of case studies including intrinsic, instrumental, and collective. In intrinsic case studies, the researcher seeks to better understand a particular case.<sup>32</sup> In instrumental case studies, the researcher uses the case as support to better understand a theoretical question or problem. This study utilized a combination of intrinsic and instrumental case studies as a means to better understand each participant's experience as well as a method to understand the role of music therapy in relationship completion. In this investigation, I recorded

**Table 1.** Music Therapy Techniques Utilized in End-of-Life Care

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		

and wrote the narrative case studies in first person as I was integrally part of all of the music therapy sessions. I included the participants and coparticipants direct words in the case studies.

### *A Delineation of Music Therapy Techniques*

Music therapy techniques used in end-of-life care can be classified as follows: receptive, creative, recreative, and combined.<sup>8</sup> In this study, assorted patient-centered music therapy techniques were utilized and are listed in Table 1 in their respective category. Techniques were selected to best facilitate the accomplishment of the goals for each participant.

### *Data Sources*

Data were collected from several sources to examine the role and experience of music therapy in relationship completion including:

- (1) music used in sessions,
- (2) discussions during music therapy sessions,
- (3) audiotaped recordings of music therapy sessions (transcribed by myself),
- (4) semistructured interviews with participants and coparticipants,
- (5) interview transcriptions,
- (6) my field notes,
- (7) other artistic material created by participants, and
- (8) artistic pieces that emerged from the interviews and participant's music therapy experiences.

### *Artistic Pieces*

In this study, I crafted artistic pieces that took on various forms such as love letters and poems. The artistic pieces were written after the interview took place with each participant, and they were verified by the participant for accuracy and validity.

### *Semistructured Interviews*

Informal semistructured interviews were conducted with participants and coparticipants at different stages of the music therapy process. I chose to conduct the interviews when the participants had completed their music therapy goals of relationship completion. The interviews employed an "interview-guide approach" as described by Patton, wherein the questions

helped facilitate the interview process. Patton explained that in this approach to interviewing, the topics and concerns to be discussed in the interview are specified in advance by the researcher to increase the comprehensiveness of the data to be gathered.<sup>33</sup>

### *Transcription*

I transcribed all of the audiotaped music therapy sessions, my session notes, and the interviews the week that I recorded them. As described by Hycner, the analysis of the interviews included a transcription of not only the literal statements but also non-verbal and paralinguistic communication; and listening to the interview for a sense of the whole, which encompassed listening to the recorded interview several times in order to provide a framework for the emergence of themes and units of meaning.<sup>34</sup> To record the nonverbal data that were present in the sessions, I used a coding key for things like long pauses between words and hesitations in the speaker's voice.

### *Data Analysis*

Each participant in the study constituted a case and each case was analyzed separately, following the same procedure. All of the data sources listed above were used to inform the case studies.

### *Identifying Themes and Coding the Data*

After my initial readings, I read through the transcriptions and the additional materials again, now with the intention of identifying themes. I coded all of the data by creating the codes from words or phrases that I found in the transcripts and from my own understanding of the phenomenon of music therapy in facilitating relationship completion. I began with the assessment, then read and listened to the materials in chronological sequence through the music therapy process.

Each participant's case initially yielded numerous themes. As I continued to re-read the materials, I began to organize and collapse codes into themes and sub-themes that collectively pointed to global themes, that is, themes of shared experience found in each case study. Writing the case studies brought me to new understandings as I began including the participants' voices in the form of quotes in the writing and some of the themes were revisited, assessed, and revised again.

## Results

### Case Studies

Due to space limitations it is not possible to present the highly detailed and lengthy case studies in this article or to share the artistic pieces. Below I will briefly describe each case and present their themes.

Gloria was a 63-year-old female dying of pancreatic cancer who participated in 35 music therapy sessions with her husband Jack. Music therapy was introduced to Gloria at the supportive level to provide assistance with relaxation and sleep and moved to the communicative/expressive level where music was used to aid Gloria in reflecting upon feelings and facilitating bringing them to the surface to discuss. Once these feelings were explored, music therapy transitioned to the transformative level where Gloria used music to facilitate relationship completion with Jack by sharing the song she wrote for him and the individual pieces of music she had selected to convey the key sentiments, "I Love you" and "Thank You" that were so important for him to be aware of. When her physical pain became more intense and her energy level decreased, music therapy returned to the supportive level.

Yetta was a 72-year-old female dying of lung cancer who participated in 29 music therapy sessions. A child survivor of the Holocaust, she had one son and her husband was deceased. Initially, music therapy was introduced at both the supportive and communicative/expressive levels to establish our therapeutic relationship and assist Yetta in exploring her childhood and expressing her emotions. At this level of practice, we used music to facilitate discussion and expression of thoughts and feelings from the other time periods in her life such as the birth of her son, her marriage, and career. When we began that process, we also initiated exploring more intently the relationship with her mother and stepmother. This moved us into the transformative level of practice where we used music to help complete the relationship with her mother, stepmother, and with herself. It was here that Yetta was able to express the key sentiments of "I Love You" to her mother and stepmother, and "I Forgive Myself" to help her complete the relationship with herself. Yetta needed to forgive herself for the way she felt she treated her mother and stepmother. After this work and our interview, music therapy transitioned back to the supportive level of practice and was primarily used to provide relaxation for Yetta.

Peter was a 63-year-old male dying of prostate cancer who participated in 24 music therapy sessions. Peter battled alcoholism for the majority of his adult life and was sober for the past 3 years. Initially music therapy was introduced to him at the supportive level to help Peter focus on his issues and concerns at the end of life. Initial sessions helped him pinpoint the specific issues he wanted to work on and we revised the goals for our music therapy process. Lyric discussion and analysis were key tools in helping Peter discuss and identify his thoughts in order to focus on the important issues to him at this time. Music therapy then moved to the communicative/expressive level where music was used to help Peter discuss his relationship

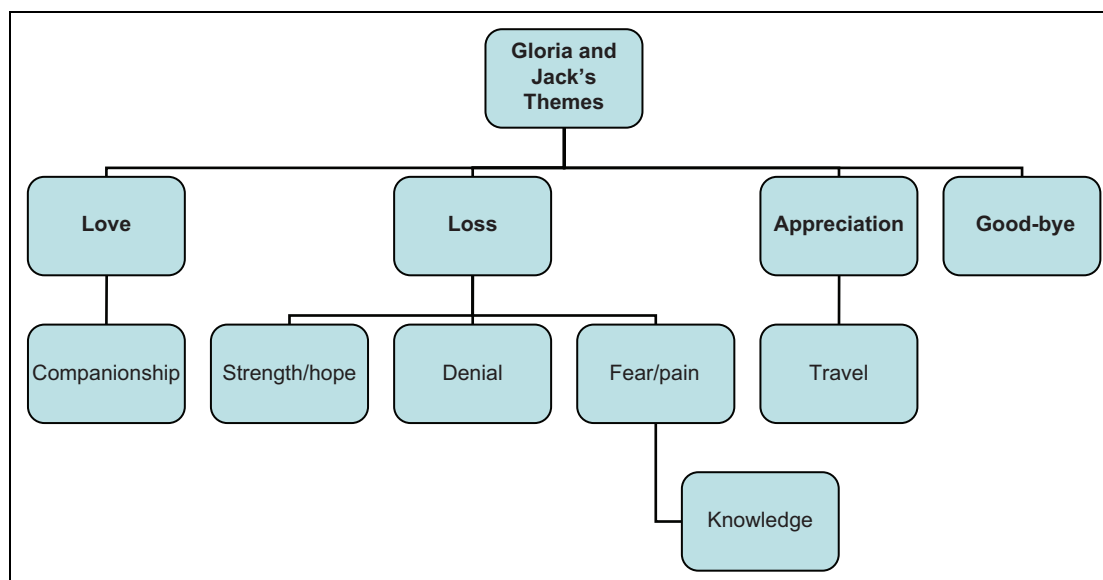
with his daughter Beth, and to begin the path of identifying the need to grant himself forgiveness. By writing a song for Beth, Peter was able to ask for forgiveness and turn his focus inward to himself. This moved us into the transformative phase of sessions where we sang and discussed familiar religious songs enabling Peter to speak about his questions concerning God and also facilitating discussions about his past mistakes. *Amazing Grace* was a song Peter had a strong connection to from his childhood. We sang it in many sessions and the breakthrough for Peter was in session 16. The lyrics of the song that day brought him to his own assessment that he had been "blind," so to speak, for most of his life. Perhaps due to the memories associated with the song and the place it held in Peter's life, this song brought emotions and feelings to the surface that made them easier to speak about than trying to raise them independently. Through singing this song and discussing it, Peter was able to say the key sentiments to God and himself, "please forgive me" and "I forgive myself," respectively, and subsequently complete the relationship with God and himself. Doing this provided Peter with some psychological relief enabling him to turn his attention to the supportive relationship with his friends. Independently Peter identified the importance of thanking those friends for helping him and staying with him through his illness. Peter was successful in accomplishing all his goals. When Peter's cancer became progressively worse and his energy and consciousness decreased, music therapy returned to the supportive level.

Bill was a 91-year-old male dying of lung cancer who participated in 30 music therapy sessions, including some with his wife Sarah. Music therapy was introduced to Bill at the supportive level to help him focus on selecting the stories that he would include in the play about his life that he wanted to write. Through song choice, lyric analysis and discussion, and playing and singing pre-composed songs, Bill began identifying special and important songs in his life.

As Bill began writing the play dialogue and we continued to select songs to augment the stories, we moved to the communicative/expressive level of practice. Music was providing a method in accessing the emotions that were held in his stories. This process initiated Bill's assessment that there were sentiments that he needed to express to Sarah, including "I love you" and "thank you." Songwriting was becoming the chosen tool to share those emotions as Bill expressed his love in writing the lyrics for Sarah's song, *The Love I Feel for You, Sarah*.

Once these 2 sentiments were identified, we moved to the transformative phase of music therapy where music was used to help Bill complete his relationship with his deceased first wife Rebecca, by writing a song for her and discussing his grieving over her death. Writing *Rebecca's Song* and discussing grieving also facilitated Bill's awareness of the importance of speaking to Sarah about his death and her grieving process. Writing the song *Gratitude* for Sarah provided the tool for Bill to communicate his appreciation to Sarah.

Sarah joined the music therapy process at the end of the transformative phase. Bill and Sarah were able to complete their relationship through discussing the emotions and



**Figure 1.** Gloria and Jack's theme chart.

sentiments that arose from reading the play and listening to the songs.

When this was accomplished, music therapy transitioned back to the supportive level as Bill's energy was decreasing and he was becoming weaker. Sarah and I sang at Bill's bedside during the last 2 sessions.

### Themes

The charts of Figures 1 to 4 are the summary of themes for each of the case studies.

### Cross-Case Analysis

Following the completion of the analysis of each case study, I compared the themes from each participant to the other cases, assessing similarities and differences. Six global themes emerged from this analysis and are fairly overt. They embody the sentiments that are central to relationship completion according to Byock including love, forgiveness, appreciation, and good-bye.<sup>35</sup> The themes also augment the required work in preparing to die and transition to one's next place of being. The 6 global themes were love, loss, gratitude, growth/transformation, courage/strength, and good-bye (Figure 5).

### Theme 1: Love

Love was an identified theme for Gloria and Jack, Yetta, and Bill and Sarah. Love was part of Peter's themes of friendship, fatherhood, God, and church, and Peter needed to love himself in order to express compassion for those in his life. Love was the core sentiment that needed to be conveyed by all participants to help them complete their relationships. For Gloria and Jack, it was for their relationship with each other; for Yetta love was expressed to help her complete her relationship with her

mother, stepmother, and husband. Peter communicated love for his 3 friends, being a father, God, the church, and himself. In Bill's experience, love was expressed to Rebecca, Sarah, family and friends, Bette, and Joseph.

### Theme 2: Loss

Mourning and grief were part of the experiences of all participants. In the thematic analysis of the experience of relationship completion for Gloria and Jack, loss was a theme that emerged and comprised the sub-themes of strength/hope; denial; fear/pain; and knowledge. Loss ties into the other participants' experiences and thematic analyses.

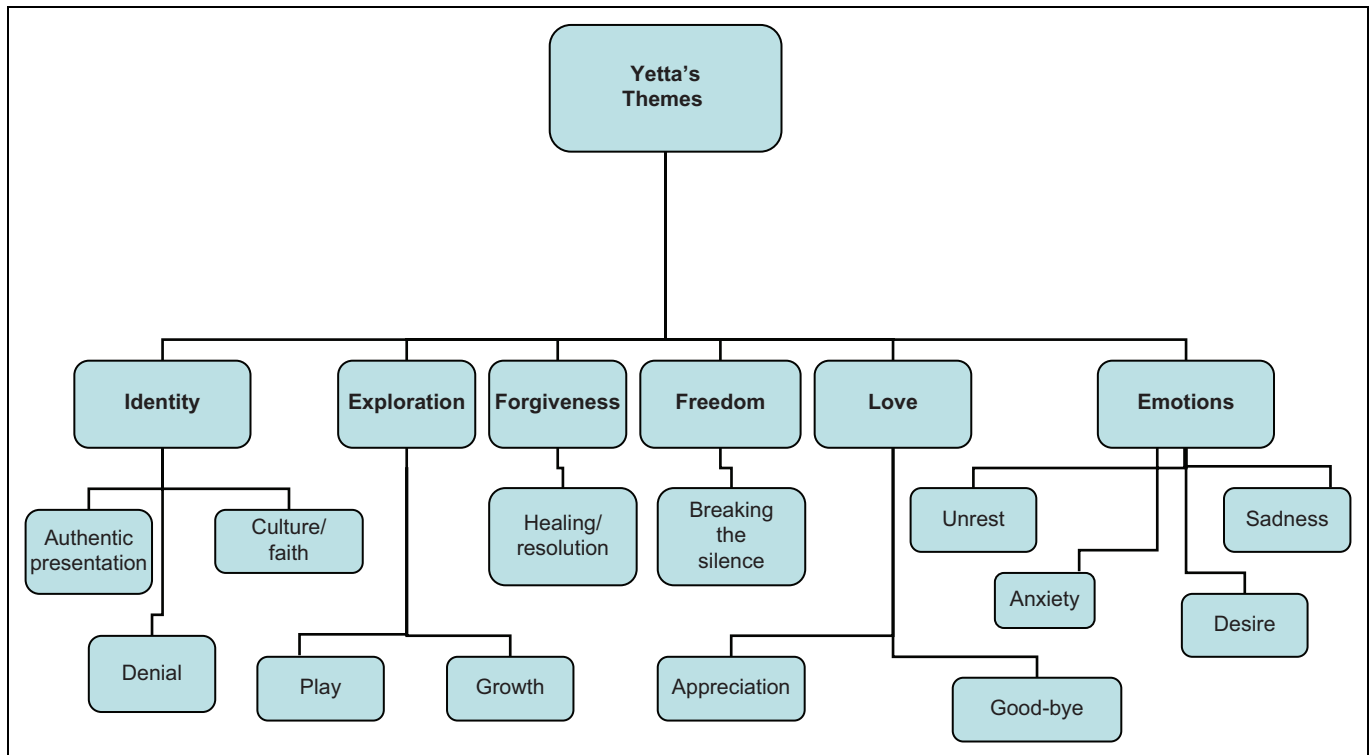
### Theme 3: Gratitude

Byock maintains persons living their last weeks and days often express intense gratitude about their lives and thankfulness for the people they have known.<sup>35</sup> Gratitude is a way to celebrate who we are to one another as well as to recognize the way our lives have been fashioned and inspired by others.

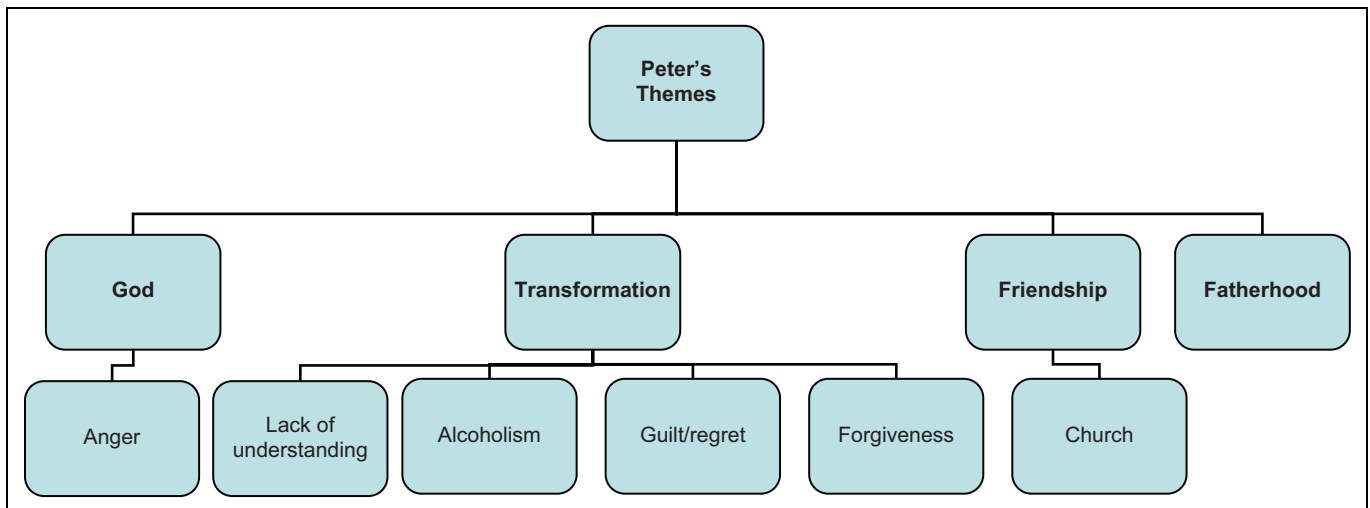
Gratitude was a theme for Bill and Sarah. Appreciation was a theme for Gloria and Jack, and Yetta. Gratitude ties into Peter's themes of friendship and God.

### Theme 4: Growth/Transformation

Each participant grew in his or her understanding of the importance of engaging in relationship completion with the key people in their lives. In the interviews, all participants were pleased that they had taken part in this process and by completing their identified relationships, each participant experienced growth. For Yetta and Peter, forgiveness was intimately tied to their growth and transformations, for in recognizing that they



**Figure 2.** Yetta's themes chart.



**Figure 3.** Peter's themes chart.

deserved forgiveness they were able to accomplish their goals of relationship completion.

For Gloria and Bill, supportive family assisted their growth process. Byock said it is important for families to recognize the opportunities for growth and development and to help the dying person achieve them.<sup>29</sup> All participants also used their last weeks and days to live as opposed to waiting to die. They were open to growth, learning, and the possibility of transformation.

Growth was an identified theme in Yetta's experience, and transformation was a theme in Peter's experience. Growth and

transformation are part of Gloria's and Jack's themes of love and loss; they are also evident in Bill's and Sarah's themes of stories, the arts, and living.

### *Theme 5: Courage/Strength*

Courage was a theme for Yetta, and strength/hope was a theme for Gloria and Jack. Peter's engagement in assessing his life required him to be strong and courageous, and Bill

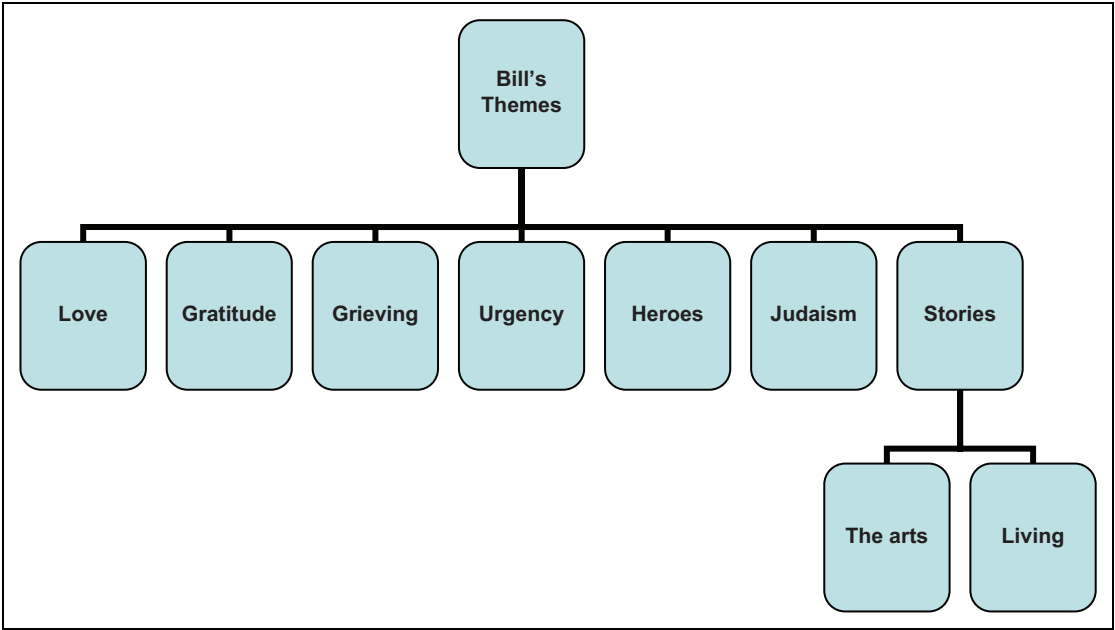


Figure 4. Bill and Sarah's themes chart.

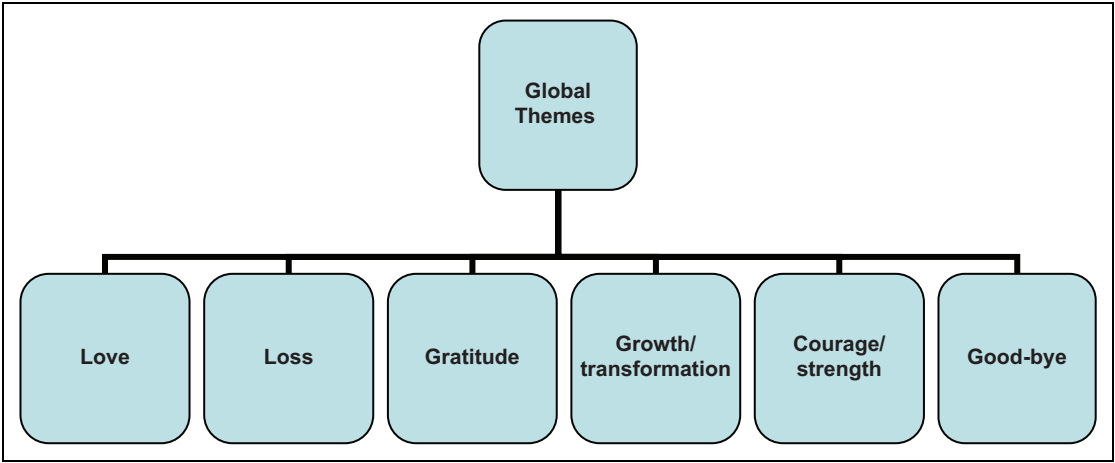


Figure 5. Global themes chart.

demonstrated courage and strength as he strove to see that Sarah would be cared for in his death.

Theme 6: Good-bye

Inherent in accepting one’s diagnosis of terminal cancer is the awareness that one must say good-bye to family and friends, and ultimately to life as the person knows it. Good-bye was an identified theme for Yetta, and Gloria and Jack. For Peter, good-bye was part of his theme of friendship, and in Bill and Sarah’s experience good-bye was evident in Bill’s engagement with writing his memoirs, the play, and revisiting his life stories. While it was difficult for the participants to verbally say good-bye, their actions acknowledged that they were in fact doing just that.

Discussion

Dileo and Dneaster’s Music Therapy Model

I worked within Dileo and Dneaster’s model while undertaking this study and it proved to be an effective way for me as to frame, document, process, and understand what transpired in the music therapy sessions.<sup>8</sup> Through my engagement and reflection on how this model was used in the study, it appeared that after the music therapy assessment phase was completed, all participants started at the supportive level of music therapy practice. The supportive phase for each participant was short partly because as participants agreed to be in the research study with the aim of engaging in relationship completion, it necessitated a deepening of their process and for music therapy to move to the next level of practice.

Participants worked in the communicative and expressive level, by embracing a variety of music therapy techniques including songwriting, and lyric analysis and discussion to help them identify and express their emotions.<sup>8</sup> Talking about those emotions brought awareness of the key sentiments they needed to convey to complete their identified relationships, and it also brought in some cases the identification of new goals. At the transformative level of practice both participants and coparticipants grew in their self-awareness and insights, and they transformed as they completed their identified relationships.

The Dileo and Dneaster model is a fluid one, and it is logical that a person can be working at 2 levels of practice simultaneously, as Yetta did; or, for a person to transition back and forth between levels.<sup>8</sup> It was interesting that these participants transitioned sequentially through the levels as they worked to complete their relationships. I feel this is a highly useful model for music therapists working in end-of-life care, especially when clients identify relationship completion as a goal area for sessions.

### **Music Therapy Techniques for Palliative Care**

A number of music therapy techniques were used throughout the study. In the interviews with participants and coparticipants, I asked them to identify the music therapy techniques that were helpful to them in working toward their goals of relationship completion. All participants and coparticipants identified the following 3 techniques as the most beneficial in their experience: song choice, lyric discussion and analysis, and songwriting. It was through song choice and the discussion and analysis of the words of those pre-composed songs that the participants and coparticipants became more aware of their feelings. Many of them commented that the words of others helped them identify and express their feelings, both feelings they were aware of and those that emerged. Each participant also engaged in songwriting. This tool provided them with a creative outlet with which to express their feelings and document important life events and sentiments.

Life review, song dedications, and the creation of musical gifts was also a core part of each participant's process. Central to Yetta and Peter's experience was clinical music improvisation. This technique allowed Yetta to free her feelings and experience freedom, and for Peter it helped him express the last remaining feelings he had bottled up in order to "let go."

To summarize, in the experience of these 4 participants, songwriting, song choice, lyric discussion and analysis, life review, song dedications, and clinical music improvisation were the crucial tools.

### **Relationship Completion**

While relationship completion can be a difficult subject to introduce to clients, it is an important one to discuss. Relationship completion, much like completing a life review, requires a great deal of energy and dedication on the part of the client. Tasks such as these may, therefore, be too demanding for some at the end-of-life.

Embarking on a discussion with the participants about key relationships in their lives was the first step in my learning about who and what was important for them at this point in their lives. It was from those discussions that issues arose, allowing me to introduce the concepts and benefits of relationship completion to them.

### **Future Research**

Future research could focus on numerous areas including the role of music therapy in facilitating the grieving process of coparticipants after the death of the related participant; the role of music therapy in facilitating relationship completion in environments other than on inpatient palliative care units; and, case studies of other music therapists working in palliative care with respect to relationship completion.

### **Conclusion**

The knowledge that has been gained through this formal investigation into the role of music therapy techniques that are useful in facilitating relationship completion will be beneficial to music therapists in terms of advancing our skills in working in palliative care and caring for patients. Through a greater awareness of the experiences of both patients and their families, music therapy techniques can be used at a more advanced level to help patients work through relationship issues and aid in their grieving process.

Finally, health care professionals working in palliative care will benefit from improved understanding of the importance of helping patients and/or their families with relationship completion, and the role that the music therapist can play as part of an interdisciplinary team that is working toward providing the best quality end-of-life care.

### **Acknowledgments**

This paper is a summation of the research that is presented in highly contextual fashion in the book *Episodes of Relationship Completion Through Song: Case Studies of Music Therapy Research in Palliative Care* published by VDM Verlag May 2009; ISBN-10: 3639145429.

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## Bio

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