CASE STORY

The following case story demonstrates the importance and benefits of Music Therapy for palliative patients. This case study was drawn from a compilation of several music therapy clients to ensure confidentiality.

“June” was a 70 year old woman who had breast cancer that was first diagnosed sixteen years prior to her admission to the community palliative care service. Recent disease progression included bony metastases. June acknowledged her prognosis but didn’t like to think about it. She felt fatigued and reported needing frequent naps. June found this to be very debilitating. She said that she was “getting very bored being at home all of the time”. During her admission, June had pain and nausea that was mild to moderate at times and experienced periods of severe constipation that were exacerbated by her reluctance to take medication.

June was a retired seamstress with a Catholic background but did not have an active faith. She was the mother of two daughters and grandmother to four grandchildren. June lived very close to one daughter and the other daughter was one suburb away. June had been divorced from her husband for many years with occasional contact. June had a sister who lived two hours’ drive away and her brother, who had lived interstate, died a few weeks prior to admission. June missed regular contact with her grandchildren the two youngest aged 3 and 6 years old.

June accepted a music therapy referral on admission as she desired “stimulation and some relaxation”. Concurrent referrals were Social Work (carer allowance, financial planning particularly in relation to medications and emergency medications and arranging home help) and Occupational Therapy (assessment for equipment). Nine music therapy sessions were conducted at weekly or fortnightly intervals and were approximately 1 hour in duration.

In our initial face to face discussion, June spoke of her illness, her reduced activity and function, the recent bereavement of her brother, family of origin and music preferences. June said that she liked “beautiful voices” and named Peter Allen, Josh Groban, Doris Day, Susan Boyle and Roy Orbison as artists she enjoyed. June had no experience of practicing relaxation exercises however described her positive and memorable experience of relaxation while listening to CDs while she had been in hospital.

In the first session, June was introduced to a breathing technique to activate abdominal breathing and to coach a relaxation response. I demonstrated and described the technique. We then practiced several breaths together, which June enjoyed. This exercise was practiced in each session, usually before singing. At these times, June would say “I should have remembered to practice that” and I would assure her that “it is very normal and human to forget”. Towards the end of the session, songs that have been sung by June’s preferred singers were sung and played by myself with guitar accompaniment, for example “I still call Australian home”. [1] June joined in singing without prompting.
In several sessions, June discussed memories, feelings, concerns and values that dovetailed with the song sharing. For example, June spoke about the most recent conversations that she’d had with her brother and what she knew about his death and funeral. She recalled memories from childhood and her brother’s love of singing. From the song titles offered, June selected “You’ll Never Walk Alone” [2] for me to sing. Once June had selected two or three songs during the first music therapy sessions, further selections were not forthcoming. I said to June “I wonder if you would like to have some more songs, or whether there is something else you would like to do or explore”. I then offered one or two alternatives. At these times of choice, June expressed interest in sharing more songs.

Sometimes I selected songs to match and validate June’s focus of conversation, and her presenting energy and mood. For example, when June spoke of her frustration about her limited function, the song “Some days are Diamonds, Some Days are Stone” [3] was sung. In addition to validating June’s experience, songs were selected that were likely to be consistent with June’s cultural background and the popular music of her youth. These songs were likely to elicit memories and reflections, facilitate rapport, offer singing opportunities for June and prompt her to recall artists and events and select relevant songs. An example of this was when I sang “What a Wonderful World”. [4] June acknowledged this as being a favourite song, and that it is one that she would like to have at her funeral. A discussion about her hopes and expectations for her funeral ensued.

June’s singing was supported when I said that I appreciated hearing her voice and reflecting that it is delightful to see her happily engaged in the songs that she loves. June’s participation in singing was also supported when her voice strayed from the pitch of the melody. When this happened I would stop playing and singing then state “let’s try it in a better key” and begin again. This enabled June to sing more confidently and with much greater accuracy and possibly with greater satisfaction. When June said “I don’t know the words (of the song)” I ensured that printed lyrics were made available in ensuing sessions. In one session, June relished singing and performing action songs with her grandchildren, especially “Five Little Ducks”. [5]

Where appropriate, I recorded June singing her favourite songs and verbally sharing associated anecdotes to those songs. This process enabled some distinct memories to be captured with June’s unique spoken and singing voice and acted as a brief and informal life review or biography. June did not have a particular recipient for the recording in mind, however in later weeks CD copies were presented to June’s sister and to an old friend who had been ill.

In each session, June was given alternatives for how the session unfolded. It was an ongoing dilemma for me to consider how much autonomy versus support was optimal given June’s current capacity, personality type and preference. For example, June could select any song that she could think of or from some alternatives provided verbally or from a printed song list. Other decisions were whether to sing or listen; sing or play a percussion instrument such as rhythm sticks, tambourine or an iPad instrument app. June could determine or accept the mix of verbal or musical foci; listen to live or recorded music; utilise song sheets or sing from memory etc. June declined options for song parodies, original song creation, sacred music and exploring options for independent music listening. As the sessions progressed, June chose to sing a couple of songs at the start of the session, then she would state “I just want to listen now” and close her eyes while I sang.
In one session, June mentioned that she liked the drums and the harp. I introduced June to the Celtic Harp app [6] on the iPad. June appeared engrossed as she experimented with the sounds that emerged with her touch. Sometimes she slowly and steadily allowed the descending pitches to sound as a single finger moved across the tablet and sometimes she involved several fingers in flurries that she identified as “the wind”. After a few minutes, I played guitar and improvised vocal melodies to June’s lead. June reported that she’d imagined dancing during our playing together.

June was becoming increasingly frail so agreed to live with her sister. June was referred to another community palliative care organisation and was discharged from SEPC. At different phases of music therapy June was asked what she found to be of value, or not helpful about music therapy. June responded on these occasions “I like all of it; the singing, the talking.”

Music therapy with June contributed to sustaining dignity, providing relief from symptoms, facilitating meaningful expression, enhancing the quality of her relationships, providing a sense of satisfaction and wellbeing and contributing towards her legacy.

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References
5. “Five Little Ducks” Traditional.

CareSearch Resources
There are resources within CareSearch that could help allied health professionals in the care and support of their patients. Some of them have been highlighted here:

- An interview with Dr. Claire O’Callaghan - Music therapist
- A presentation from Claire O’Callaghan on Music therapy, loss, and legacies in palliative care across the lifespan (580kb pdf)
- There are Systematic Reviews that show the benefit and rationale for music therapy in palliative Care
- There are PubMed Topic searches, providing background information
- In the Allied Health Hub there are pages on the role of Music Therapists in palliative care.