CASE STORY - Music Therapy

The following case story by music therapist Lisa-Marie Bartlett demonstrates the importance and benefits of music therapy for people with MND.

Individuals with Motor Neurone Disease (MND) commonly experience a great psychological burden in addition to the range of physical symptoms associated with the diagnosis. This might include challenges such as depression, anxiety, psychological distress, hopelessness, and questions about meaning and spirituality. [1] As such, an integrated care approach is imperative in order to effectively address the physical, emotional, relational and spiritual needs of the patient with MND.

Music therapists are commonly a part of the interdisciplinary palliative care team and often work clinically with individuals with MND. There is a considerable research body supporting the effectiveness of music therapy in the general palliative care field, as well as emerging literature regarding music therapy with patients with neurological disorders, and specifically MND. [2-5] Kawabata et al [6] indicated that music therapy improved the psychological condition of individuals with MND, while Raglio et al [7] found that music and music therapy reduced symptoms of depression and anxiety, as well as improved self-esteem, communication, emotional expression, interpersonal interactions, and overall quality of life. Although further research regarding the impact of music therapy on the needs of individuals specifically with MND is required, the existing literature can be effectively used to guide music therapy practice with these patients, as highlighted in the following case study.

This case study has been drawn from work with several clients to ensure confidentiality.

Logan was a 68-year-old gentleman diagnosed with MND. At the time of referral to Eastern Palliative Care Association Incorporated, Logan had experienced a recent deterioration and was now totally bedbound and dysarthric, communicating through facial gestures and a laser light communication aid. He was referred to music therapy by the nursing team for psychosocial support and relaxation.

Music therapy provided Logan with the opportunity to express himself and communicate in a way that was not reliant on his verbal capabilities. Each session, Logan made choices regarding the songs the music therapist played and sang. This was done by responding to suggestions of musical styles, themes, and genres, and by making specific requests. The music therapist facilitated reflections on Logan’s musical choices by pointing out possible links between songs, asking yes/no questions, and by encouraging Logan to spell out phrases with his communication aid. One session, Logan chose country tunes and love songs, and reflected on going to dances with his wife in the early years of their marriage. Another time, he chose protest songs and engaged in discussions about the current political climate. Although this reflective process was often lengthy, Logan seemed to appreciate the patience and willingness of the music therapist to communicate and connect with him in this manner. His persistence in these activities suggest that he valued the opportunity for self-expression and to be heard by another, a rare experience given his restricted verbal capacity.
Music sharing activities also seemed to give Logan the opportunity to connect with his sense of identity. Through music therapy, Logan was able to engage with his sense of self and share meaningful and humorous moments and events with the music therapist. Logan’s wife, children and grand-children also often joined in sessions and, in doing so, were able to interact in a way that was like they had done before his diagnosis. The focus of these activities emphasised Logan’s personality, abilities and relationships, rather than his symptoms.

Logan also commonly used music therapy for relaxation, especially as he approached end of life. In these sessions, the music therapist would play gentle and lyrical songs, manipulating the musical elements to match and regulate his breathing or emotional state. Music was therefore provided to help promote a sense of soothing and well-being, and indeed, Logan often affirmed that he was calmer by the end of the sessions.

Music therapy was a major part of the interdisciplinary services provided to Logan, which also included intervention from the nursing, family support, and massage therapy teams. Despite his ongoing deterioration, music therapy continued to provide Logan with the opportunity to engage with others in a way that honoured his sense of personhood, regardless of his diagnosis and symptoms. Although Logan could no longer speak, he was able to express his thoughts and feelings by choosing songs and engaging in guided reflections with music therapist. When Logan was fatigued and his breathing laboured, live music helped to promote relaxation. This integrated, team-based and holistic care approach enabled Logan’s physical, psychological, social, spiritual and relational needs to be met as he approached end of life.

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References