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The role of music therapy in addressing anxiety in palliative care

I have been a Registered Music Therapist in a community palliative care context for the past 10 years. Currently, I am based in Mornington, VIC at Peninsula Home Hospice—a community-based hospice service. Working in the home allows me to draw connections from the person’s environment to the kind of music interventions that may be most beneficial.

Peninsula Home Hospice provides specialist palliative care to people who choose to receive care at home. A team of health care professionals is available to visit at home. The dedicated team of nurses, social workers, psychologists, counsellors, art and music therapists and a spiritual care worker all function together to respond to the needs of clients in a timely and compassionate manner. For more information about Peninsula Home Hospice, please visit the website: www.peninsulahospice.com.au.

The role of music therapy in addressing anxiety in palliative care.

As a registered music therapist working in palliative care, [1, 2] one of the most common referrals is to address client anxiety. Anxiety can present itself in many forms; loss of sleep, foggy thinking, or inability to focus. Anxiety amplifies many physiological symptoms such as shortness of breath, dizziness, and pain. Often, patients who need oxygen or have Chronic Obstructive Pulmonary Disease (COPD) have a perceived risk of death that naturally increases anxiety.

Psychologically, a client can be caught in a spiral of thinking about what lies in the future (reinforced by a schedule of medical appointments, treatment, scans, outcomes, follow-ups) and pondering questions that cannot be answered with any degree of certainty. So much focus is placed on the person’s physical response to medical interventions while there is an unbalanced proportion of attention to the health of the mind. In addition, these clients can be living in an overstimulating environment or have a history of limited resilience building.

In my experience, the indications of anxiety are usually obvious and present to other members of the interdisciplinary team and lead to a referral to music therapy. The Edmonton Symptom Assessment Scale (ESAS) provides healthcare workers a measure of symptoms such as anxiety. Generally, interventions are suggested for clients whose anxiety is above 3/10 on the scale.

Whilst there seems to be numerous barriers to overcoming anxiety, these clients, predictably, often have a vivid imagination and astute focus. The paradox is that some of the traits that can cause suffering can be used very productively on the other end of the spectrum to create a great sense of calm and well-being. Changing the focus from imagining what the future holds to noticing comfort in the present moment and redirecting attention to a space of safety and comfort is usually the key to decreasing anxiety [2]. Music therapy interventions, specifically the use of music based relaxation programs, can provide an anxious person the opportunity to experience peace in the moment [3]. Imagery, including a simple visualisation helps the brain to become focused. The music can provide a comfortable and supportive grounding [4, 5]. Music Therapy has been shown to have a significant effect on decreasing anxiety in palliative care settings.
The typical care plan goals for an anxious client include:

- decreasing or managing anxiety symptoms
- providing a sense of comfort and grounding
- identifying psychological support
- educating on the use of coping mechanisms
- the importance of balance in body and mind.

It is essential to develop trust with the client. I often use the power of suggestion to motivate a shift in thinking, and agree on the aims of the program together. For example, after a music relaxation intervention, I might suggest they will sleep better or notice a change in how they go about daily activities.

The following points are identified in the assessment phase:

- history of relaxation/meditation/mindfulness practice
- previous coping mechanisms
- the person's response and connection to music.

It is important to ascertain the need to:

- validate the use of music therapeutically
- provide education regarding healthy/unhealthy uses of music
- offer guidance when self-discipline is a challenge
- recommend additional psychological support in tandem with music therapy.

Due to the nature of community home visits and long periods between sessions, I can provide resources for private use outside therapy sessions such as the use of recorded music CDs and the use of tailored, guided relaxation with music in digital format.

**How does music relaxation assist in reducing anxiety?**

Whilst there seems to be numerous barriers to overcoming anxiety, palliative clients, predictably, often have a vivid imagination and astute focus. The paradox is that some of the traits that can cause suffering can be used very productively on the other end of the spectrum to create a great sense of calm and well-being. Changing the focus from imagining what the future holds to noticing comfort in the present moment and redirecting attention to a space of safety and comfort is usually the key to decreasing anxiety [6]. Music therapy interventions, specifically the use of music based relaxation programs, can provide an anxious person the opportunity to experience peace in the moment [7].

After completing an assessment session, the client usually agrees to a live music relaxation trial. At this point I have ascertained the issues, problems, patterns and needs. Generally, I have identified the purpose for relaxation (e.g. to encourage sleep, to increase energy/vitality, clarity). The length of the intervention is discussed and noted.

The intervention begins by asking a person to find an ideal place for relaxation. This can be in a quiet room and in a comfortable chair or bed with support for the body. While it is important to point out that distractions might occur (as they often do in life), we are trying to set up an ideal space for quiet to encourage focus. Working with somebody at home offers the ability to prepare a therapeutic space ideal for relaxation at any time.
The selection of appropriate recorded music for the relaxation reflects client needs. I tend to use unfamiliar, recorded music selections so I can focus on the induction (the verbal script used in a relaxation process) and notice the person's response to the process as we go. Before we begin the process, we agree on the placement of the speaker and test the volume of the music. During the induction, I note the client's ability to focus and respond to the instructions as well as their reaction to the music selected.

After relaxation, the therapeutic conversation evolves around the response to the experience, refining the aspects of that or answering questions related to the process. The client is able to debrief to reflect on learning that occurred within that short intervention and is encouraged to continue to practice.

The most common components of music relaxation programs used in the palliative care setting include, but are not limited or defined, to using:

- introduction to settle the body
- focus on the breath
- body scan
- imagery
- affirmation/mantra
- an 'outro' (ending) reintroducing them back to an awake and alert presence.

I advise that in the early live sessions the music may be "choppy" as I try to introduce as many different pieces for the client to experience. With client feedback, a seamless and refined relaxation track is given to the client in an accessible audio format. That track is used until the current needs resolve. Often, after anxiety issues are resolved, further music therapy sessions featuring different intervention methods are offered for continued support.

References