
The use of music in facilitating emotional expression in the terminally ill

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Abstract

The expression and discussion of feelings of loss and grief can be very difficult for terminally ill patients. Expressing their emotions can help these patients experience a more relaxed and comfortable state. This paper discusses the role of music therapy in palliative care and the function music plays in accessing emotion. It also describes techniques used in assisting clients to express their thoughts and feelings. Case examples of three in-patient palliative care clients at Baycrest Centre for Geriatric Care are presented. The goals set for these patients were to decrease depressive symptoms and social isolation, increase communication and self-expression, stimulate reminiscence and life review, and enhance relaxation. The clients were all successful in reaching their individual goals.

Key words: music, music therapy techniques, terminally ill, emotions

Introduction

Facing one's own death involves grief as much as living after the death

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of another.¹ As a music therapist, journeying with a dying person is both a privilege and a complex task. According to Periyakoil and Hallenbeck,² people who are dying prepare for their death by mourning the losses implicit in death. The authors suggest that this may include mourning separation from loved ones, simple pleasures of life, missed opportunities, and future losses. They also say that dying people often experience a radical change in self-image, which may cause them to grieve their old self-images as they become more dependent on others. Grief is a normal reaction to a loss.³ People who are dying experience preparatory grief as a normal reaction to perceived losses. Members of the palliative care team can take an active role in assisting patients with these feelings. However, these issues can be difficult for the client to openly discuss. Interventions, such as music therapy, can help caregivers address these issues. This paper discusses several techniques used by music therapists and illustrates how they can be implemented.

Increasingly, music therapy is becoming a recognized and integral part of many palliative care programs. It offers a unique way of meeting various client needs in the cognitive, physical, social, emotional, and spiritual domains. Clients are referred to music therapy by various members of

the palliative care team for a variety of reasons. Goals for the clients presented in this article were to decrease depressive symptoms and social isolation, increase communication and self-expression, stimulate reminiscence and life review, and enhance relaxation.

Music is a powerful catalyst that can evoke memories, influence moods, and stimulate the senses. Through the use of music, the music therapist establishes a nonthreatening, supportive environment, which helps clients express themselves. Verbal expression of emotions may be very difficult for terminally ill patients.⁴ An important aim of music therapy in palliative care is to facilitate the expression and exploration of feelings, thoughts, hopes, fears, etc., regarding hospitalization, illness, death, and any other area of concern.⁵ A remembered melody may evoke the place, time, and especially the emotional state of the situation where the tune was originally heard.⁶ Musical memories are some of our most deep-rooted memories. Music has accompanied us throughout our lives, both consciously and unconsciously, and therefore music is a mirror of our worlds, and it is a reflection of our period of time.⁷

Music therapist Deborah Salmon discusses the idea that music and emotion are linked and that they share similar

characteristics.⁶ According to Salmon, music, being a symbolic but structured expression, seems to provide a safe field in which a patient can play out and work through emotional issues. She also says that music and emotion can contain multiple themes simultaneously, are made up of an interplay between tension and resolution, use symbolic expression, move through time, and are defined largely by time, and exist in the realm of relationship. Music acts as a nonverbal catalyst of our feelings, which helps evoke an emotional response, in turn, releasing information stored in memories and facilitating the expression of pleasant and difficult feelings alike.⁸ When patients experience strong emotional reactions, they choose music that reflects their spiritual and emotional state, and thus the music becomes a mirror into their emotions.⁹

Music therapy applications

The following music therapy techniques are used to help clients express thoughts and feelings.

Songwriting

Songwriting can be as simple as substituting the words in a precomposed song, or it can involve writing both the lyrics and melody. Heidi Bonner,¹⁰ a music therapist who works with the terminally ill, describes songwriting as a way for clients to express themselves that is easier and more spontaneous than verbal words. Clients may decide to write songs for family members to express their love.

Song choice

In this music therapy application, patients choose a song that the therapist sings for them or that they sing together with the therapist. Asking clients to choose the music provides them with choice and a voice. Through song

lyrics, patients often express feelings that are too difficult to verbalize.⁵ Salmon notes that clients often choose a song expressing issues of loss instead of directly verbalizing them.⁶ This indirect expression of feelings often produces less anxiety for the client, while still acting as an avenue to access deeper levels of emotional awareness.¹¹ Song choice may also increase self-esteem, help patients regain self-identity, encourage choice-making, and promote social interaction.

Singing

Singing a song can accomplish many nonmusical goals. For example, singing may help improve articulation, fluency, and breath control in speech. Individuals can also learn a new way of breathing using their diaphragm, which can enhance physical relaxation and reduce discomfort. According to Alicia Ann Clair,¹² singing contributes meaningful, productive experiences to life. Singing can help individuals gain greater self-awareness and feel a sense of belonging. Singing facilitates expression and reminiscence. According to Aldridge,¹³ in the face of strong emotions, precomposed songs are the vehicle for expression. Family members and visitors can sing songs at the bedside, alone or with the patient. Singing also helps the dying establish new methods of self-expression and increase their self-confidence.

Lyric analysis and discussion

Listening and discussing the words of a song may facilitate the expression of many themes. Each person interprets music differently, and song lyrics can provide a springboard for discussion. When the client needs encouragement or assistance to express feelings, the therapist may present a song that has a theme for discussion. This technique provides a nonthreatening way for clients to open up.

Stimulating cognitive function, facilitating the loss/grieving process, and regaining self-identity are other goals that can be achieved via lyric analysis.

Improvisation

In improvisation, clients may improvise a feeling or thought, or the client and therapist may actually create music together. For example, the therapist may encourage clients to play a percussion instrument, such as a drum, and improvise how they are feeling. Improvisation allows the client and therapist to enter into a dialogue that is not limited by words, yet somehow expressing and reaching a deep level of emotion, the patient is involved in a relationship that is important—it is intimate, yet not personal.¹⁴

Many music therapists consider improvisation to be one of the most powerful techniques in palliative care music therapy. According to Lee,¹⁵ the relationship that results from a primarily nonverbal means of communication can be crucial to the expression of issues that are often too difficult to articulate in words. O'Kelly¹⁴ argues that musical improvisation may facilitate expression of emotions or themes that are not made evident verbally, and that the improvisation may act as a catalyst for additional exploration in words and music. Through improvisation, therapists use their musical skills to support, reflect, and encourage the client's musical creativity and expression, in much the same way as a counselor works in a verbal medium.¹⁴ Improvisation may also decrease a client's sense of isolation and promote relaxation. Family members can benefit from taking part in improvisation with the client and therapist, or with the therapist alone, to help them express emotions that they are having trouble expressing.

Instrument playing

Playing instruments may help

motivate a client to participate, and in turn improve gross and fine motor coordination. Percussion instruments can provide an outlet for all types of emotional expression, and rhythm creates a forum for sufficient emotional release, particularly for people who are not usually verbal about their feelings.¹² Goals for this intervention are to promote participation, provide an alternate vehicle for self-expression, encourage choice making, and focus attention.

Case examples

The following cases describe three palliative care inpatients at the Baycrest Centre for Geriatric Care, Toronto, Ontario. Baycrest Centre is a multiservice geriatric facility, which includes both a nursing home and hospital with various programs, including rehabilitation, behavior neurology, complex continuing care, and palliative care.

Case one

According to music therapist Susan Munro,¹⁶ music is a symbolic language closely tied to our emotions. Patients frequently choose music either consciously or unconsciously that symbolically expresses something of their current emotional state or needs. This case study demonstrates this concept.

This patient was a 71-year-old female diagnosed with lung cancer, depression, and anxiety. She was a widow with one son to whom she was very close. This patient had expressed an interest in music, crafts, and movies. She appeared strong and often masked her feelings through humor. She was referred by the recreation therapist to a music therapy group, but she did not attend, gently refusing each time she was invited. It was determined that she was not emotionally ready at that time to attend the

group and would be better served by individual sessions.

Twice weekly, one-hour individual sessions took place in her room, for a total of 12 sessions over a six-week period. The patient was invited to the music therapy room, but appeared to be more comfortable having sessions in her room. Until the time of our first session, this patient had been somewhat unpleasant with some of the staff, yelling at them and accusing them of neglecting her needs. She appeared angry, but she would later apologize to the staff. This behavior continued but subsided in the week after the onset of music therapy sessions. At this point, the patient seemed to be more tired and to have less energy.

The music therapy goals set were to decrease depressive symptoms and social isolation, increase communication and self-expression, stimulate reminiscence and life review, and enhance relaxation. During our initial session, she asked me to play whatever music I would like. Although she appeared somewhat indifferent, she said the music was nice and that she liked it. She sang along to a few songs, and at the end of the session, she requested the songs "Time To Say Goodbye," and "I Have A Dream." She asked me to sing them at our next meeting and said that she loved the singer, Sarah Brightman, who sings "Time to Say Goodbye." In subsequent days, I brought her CDs of Sarah Brightman, and at our next session I sang Broadway songs, followed by her request of "Time to Say Goodbye." She sang along a little but mostly listened, and finally she began to cry. When the song was over, she told me about her son and her concern that he would be left behind when she died. She then asked to hear a song from *The Phantom of the Opera*. Her roommate from the Princess Margaret Hospital had starred in this musical. She was very concerned for her roommate's two young children when she died.

Even though this patient's son was much older than those children, she saw how deeply it hurt them and did not want to see her son in so much pain. During future sessions, she requested other music from *The Phantom of the Opera*, saying that it helped her remember that special roommate. The music she requested helped bring her feelings to the surface, and speaking about her son was very important. She revealed that she had not expressed these feelings before, and she was now open to telling her son about her concern for him. She always thought she needed to be strong, and that she should not show depressed or sad emotions to him.

About three weeks after the individual sessions started, this patient put a sign on her door indicating that she did not want visitors. Although not certain, I assumed this included me, but I knocked on her door and asked permission to come in. The patient told me that the sign did not apply to me, but that she was tired and did not want to talk to anyone about superficial things anymore; she did not want to pretend that everything was okay. I told her she did not have to pretend with anyone, but she felt she did, and it was very difficult for her. She said it was now her time to prepare.

In future sessions, in between our music, I asked her to talk more about her son. She showed me photos of him and told me stories of his childhood. She was afraid that he would be alone since he was not married. The music we shared had created a bond and connection between us, and she felt comfortable discussing her feelings with me. According to Hartley,¹⁷ music offers a direct and uncomplicated medium for being close together; a medium within which participants can be respected. During one of our sessions, her son called, and she told him that the music therapist was there playing for her and that the music was helping her.

During our last session, this patient appeared to be in more pain than she usually was. She requested some of the songs we had shared previously, and she listened and sang along with me. She appeared to be more at peace having expressed her feelings but was somewhat anxious due to her physical pain. I used gentle music and tried to calm her. The visit ended with her sleeping in her bed, and she died the next day.

This patient used song lyrics as a springboard for discussion. She had deep feelings and concerns she wanted to talk about but did not know how to bring them to the surface. The music helped her express her feelings, increased her self-expression, and stimulated reminiscence and life review. Whether consciously or unconsciously, she chose songs that mirrored her thoughts, such as "Time To Say Goodbye." Using music from her past that she associated with another person, such as music from *The Phantom of the Opera*, helped her connect with and discuss that part of her history; it was very symbolic for her. This patient isolated herself from others on the unit, but she graciously allowed me and music into her life. The music and sharing that took place helped reduce some feelings of social isolation, and it created a comfortable space where she felt she could socialize and interact. Although there is no evidence to indicate that the music decreased this patient's depressive symptoms to any great degree, it provided her with some enjoyment and relaxation.

Case two

Terminally ill patients often engage in a life review process, reviewing joys and disappointments, and looking for patterns of meaning.¹⁸ Songs and significant music from various times in a person's life can be used to facilitate and support this process. The next

case demonstrates this assertion.

This patient, a 72-year-old female diagnosed with breast cancer, had a history of schizophrenia. She was a widow and had two daughters and a son. She was very confused, paranoid, and anxious upon arrival at the hospital. For example, she thought that she was being poisoned by the hospital food and that her children were trying to kill her. Her anxiety caused her to walk around the floor and through the hospital, pacing, and she had difficulty sitting still. This patient talked with me easily and welcomed the idea of sharing music. She attended the music therapy group on the unit and also received two, one-hour individual sessions in her room each week, for a total of 30 sessions, over a 17-week period. She had been labile for many days during her stay, but until our first session, she did not say why.

The music therapy goals for this patient included decreasing social isolation, providing an outlet to express feelings and thoughts, stimulating reminiscence and life review, decreasing confusion, reducing anxiety, and encouraging her to sing and move to music.

During our first few sessions, this patient told me it was very important for her to stay positive. She deluded herself into believing that she was going home and asked only to hear "happy songs." The music often motivated her to dance around her room, until she became too weak to do so in later sessions. She also sang along actively. As she became more comfortable and trusting, we began to explore French songs, which reminded her of her childhood. Discussion flowed naturally from the songs, and the music brought back floods of memories and feelings associated with those times. She talked vividly about growing up in France and about the culture and beauty of the country. She longed to return to simpler times. She reminisced about her mother,

family, and contentment of those days. This reminiscence brought joy, comfort, and distraction to this patient, and her anxiety appeared to subside. During one of our last sessions, she said it was time to begin, and she requested songs about death and about going home. At these times, it became evident that she was aware of why she was at Baycrest. She asked to hear Elvis songs because they reminded her of her son. In one session, she wanted to hear "Love Me Tender," and when the song was finished, she began to focus on the words in the song, "until the end of time," noting that you do not know when it is your time. As we talked about this, she began to cry and asked why God had picked her. She said she had done nothing wrong and did not deserve what was happening to her. In our last two sessions, I played music that we shared, as the patient drifted in and out of sleep. She died a few days after our last session.

The music provided this patient with comfort and decreased her agitation and anxiety. It helped her to reminisce and experience feelings of happier times. The music also let her confront feelings she had a hard time expressing. She reached the goals set for her, with the exception of the goal of decreasing confusion. Music helped her to focus her attention for a time, but she still remained confused about some things; her medication may also have contributed to this confusion.

Case three

This patient was a 76-year-old female diagnosed with ovarian cancer. Her husband was deceased and she had three daughters, to whom she was very close. She traveled throughout the year to spend time with the two who did not live locally. This patient had volunteered at Baycrest in another department prior to the worsening of

her disease and her admittance to the palliative care unit.

Knowing that Baycrest had a music therapist, she asked to participate in the program. The team was pleased that this patient would be receiving music therapy—she had been having difficulty settling in on the unit. She was often very demanding of the staff, and her anxiety was extremely high. The patient received a total of nine individual music therapy sessions over a five-week period. Sessions were forty-five minutes in length and took place at her bedside.

During our initial session, the patient welcomed me and asked to hear some Jewish music. She was restless when I arrived, but settled a little about halfway through the session. She sang along with the chorus of a few songs, but mostly she listened. She made eye contact with me at various times throughout the session and appeared to be using the music to relax. Her affect became animated during many of the songs, and she appeared to enjoy hearing them. The patient was fairly alert but did exhibit some confusion, which may have been medication-related. The goal for the initial session was to assess her responses and reactions to music and to establish our relationship. She was angry about her illness—she had to curtail her visit to her daughter in Israel to return to Canada. She began to feel weaker, and upon her return, she was admitted to an acute-care hospital, then transferred to Baycrest a few days later. She hoped to be feeling stronger soon so that she could return to Israel to spend time with her grandchildren.

The music therapy goals for this patient included decreasing feelings of social isolation, increasing opportunities for communication and self-expression, stimulating reminiscence and life review, and decreasing anxiety.

At the end of our initial session, the patient's daughter visited. She told me she was pleased that her mother was

receiving music therapy. During the sessions her daughter attended, she often became labile, and the music brought out many emotions for her, which she shared with her mother. During our third session, with the daughter again present, the patient asked to hear the song "Yiddishe Mamma," which is about a Jewish mother. When the song ended, the patient talked about what a wonderful and hard-working woman her own mother had been. It had been hard to lose her, and she said it was good to cry and let the feelings out. We sang a few other songs, and the patient's daughter held her mother's hand and sang along to the ones she knew. Toward the end of the session, the patient talked about what a wonderful child her daughter had been. I suggested we sing a song for her, and together the patient and I sang "Shen Vi di L'Vone," which is a Yiddish song that means, "You are as beautiful as the moonlight."

During our fourth session, when the patient's daughter was not present, I suggested that we change the song's lyrics and make it a present to leave for her daughter. She agreed and shared ideas about her daughter to include in the song. This song-writing project allowed the patient to share her thoughts about her daughter, and it left her daughter with a wonderful gift. During the next few sessions, we worked on the song. We sang the song together for her daughter in one of our last sessions.

The patient also began requesting some specific songs that mirrored her feelings. She asked for the song "Chai," which means "alive" in Hebrew. The English translation of the song is "Listen brothers! I'm still alive! Alive, alive. Indeed, I am alive! The people of Israel are alive. How wonderful that hope is never lost." She told me that even though she was weak, she was still alive inside, and she wanted people to treat her that way.

Music played a large role in reducing this patient's anxiety, which decreased from the start of each session to the end. She often appeared uncomfortable when I arrived for a session; she called for the nurses continually and fidgeted with items around her bedside. Although her anxiety resumed after sessions, music was successful in reducing her anxiety during sessions. Since it was natural for this patient to reminisce when the songs held special memories for her, music was successful in helping her reach her goals of reminiscence and self-expression. Sharing the music and the song-writing created a new and positive way of interacting, and this helped her reach the goal of reducing feelings of social isolation, at least during our sessions. A few months after this patient died, I saw her daughter at a memorial service at the hospital. She told me how much her mother had enjoyed our sessions together and how grateful she was for the music.

Conclusion

In conclusion, it is evident that music therapy holds the power to facilitate emotional expression and exploration of loss and grief issues in the terminally ill. The case examples demonstrate music's effectiveness in decreasing social isolation, increasing communication and self-expression, stimulating life review and reminiscence, and enhancing relaxation. A music therapist's techniques are unique and are customized to help clients achieve their individual goals. Some of the most effective techniques used today by music therapists in palliative care include songwriting, song choice, singing, lyric discussion and analysis, improvisation, and instrument playing.

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