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Multidisciplinary perspectives of music therapy in adult palliative care

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Background: Music therapy aims to provide holistic support to individuals through the sensitive use of music by trained clinicians. A recent growth in music therapy posts in UK palliative care units has occurred despite a paucity of rigorous research. **Study aim:** To explore the role of music therapy within multidisciplinary palliative care teams, and guide the future development of the discipline. **Design:** In-depth qualitative interviews with 20 multidisciplinary colleagues of music therapists, based in five UK hospices. **Results:** Analysis of interview material revealed a number of themes relevant to the study aims. Music therapy was valued by most interviewees; however there exists some lack of understanding of the role of the music therapist, particularly amongst nurses. Emotional, physical, social, environmental, creative and spiritual benefits of music therapy were described, with some benefits perceived as synergistic, arising from collaborations with other disciplines. Interviewees found experiencing or witnessing music therapy is effective in developing an understanding of the discipline. **Conclusion:** Music therapy is an appropriate therapeutic intervention for meeting the holistic needs of palliative care service users. More understanding and integration of music therapy could be encouraged with collaborative work, educational workshops, and the utilization of environmentally focused techniques. The study merits further research to explore and develop these findings. *Palliative Medicine* 2007; **21:** 235–241

Key words: multidisciplinary team; music therapy; palliative care; perspectives

Introduction

As palliative care has grown internationally, music therapy has become an increasingly popular addition to multidisciplinary teams within established palliative care services.[1] In the UK alone there are currently a total of 20 music therapy posts representing a four-fold increase since 2000.[2] Although it is possible to find references to the therapeutic use of music across many cultures dating back to antiquity,[3,4] music therapy has only been organized as a professional discipline since the 1950s. Leslie Bunt provides a broad definition which most closely reflects UK practice: 'Music therapy is the use of sounds and music within an evolving relationship between client and therapist to support and encourage physical, mental, social, spiritual and emotional well-being.'[5]

Building on the foundations of early work among those with either learning difficulties[6,7] or mental illness,[8] music therapy was introduced within palliative care in 1978, with the work of Munro and Mount, who used 'receptive' and 'recreative' methods to promote relaxation and encourage the expression of difficult feelings.[9] Since this work, music therapists have continued to develop techniques such as song writing,[10–12] musical improvization[13] and environmental approaches[14,15] for use in this field. Therapists now work across the breadth of current palliative care, among patients with advanced cancer,[16–20] HIV and AIDS,[13,21] multiple sclerosis,[22,23] those with serious brain-impairments,[24] children and adolescents[25] and in home-based palliative care settings.[29,30]

Evidence of effectiveness

To date, empirical work on the effectiveness of music therapy in palliative care has been largely USA-based. Hilliard's systematic review of this research[31] demonstrated that music therapy contributed to reduction in pain,[32–34] improved mood,[33] reduced fatigue,[34] facilitated relaxation, physical comfort and increased spirituality[35] and quality of life.[17] Qualitative studies have also demonstrated the benefits of music therapy.[11,15] In one Australian study, an analysis of questionnaire answers from 128 patients participating in music therapy, in addition to 129 staff, visitors, and patients who had overheard or witnessed music therapy, led to the conclusion that: 'many patients', visitors' and staff members' affective, completive, and imagined moments in music therapy affirmed their "aliveness" resonating with an expanded consciousness'.[36]

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Whilst no rigorous UK studies relevant to this study exist, Bunt *et al.*'s research among cancer patients offers transferable lessons.[37,38] Using a mixed method approach, Bunt *et al.* analysed the effects of live music listening and musical improvisation with 29 residents at the Bristol Cancer Help Centre. Residents' focus group data produced a high level of congruence with the centres' approach, emphasising the integration of mind, body and spirit. The authors also analysed participants' saliva to measure any changes in recognised markers for immunity [salivary immunoglobin A[39]] and stress [salivary cortisol[40,41]] concluding that increased levels of well-being and decreases in tension reported in the psychological tests were also reflected in physiological data.

The aims of this qualitative study were (1) to explore the role of music therapy within a multidisciplinary palliative care team, and (2) to guide both service providers and music therapists on the future integration of music therapy in palliative care. Although this study is UK-based, its findings may have implications for the provision of palliative care focused music therapy in other countries which utilise similar multi-disciplinary approaches.

Methods

Research design

We adopted a qualitative interpretative approach, using face-to-face semistructured interviews with 20 multidisciplinary colleagues of music therapists. This offered an appropriate methodology to explore perspectives of the contribution of music therapy in palliative care.

Settings and participants

This study was undertaken at five UK hospices in suburban areas, providing in-patient and day-care facilities in July 2005. Sites varied in size and the length of time a music therapist had been in post. Purposive sampling was undertaken and included doctors, nurses and allied health professionals. We endeavoured to recruit a heterogeneous sample of health and social care professionals in order to obtain a range of perspectives of those working alongside music therapists, either in collaborative work or close enough to observe the work regularly. Ethical approval was provided by Kings College London Research Ethics Committee.

Interviews and data collection

The interviews were conducted using a semistructured interview schedule informed by the aims of the study, acting as an aide memoir. The topics guide developed to facilitate the semistructured interviews, involved questions and prompts that aimed to explore study participants' previous experiences of music therapy work, their perception of the scope of music therapy in palliative care, and what factors they believed contributed to facilitating or preventing the integration of music therapy within the wider remit of palliative care multidisciplinary teams.

Prior to each interview, the purpose of the study and confidentiality issues were restated with participants. All interviews were conducted by one interview (JO'K), audiotaped, and then transcribed verbatim. Field notes were made during the course of the study providing additional background details to guide the analysis and increase the depth of data. Research field notes were kept in order to facilitate the process of data analysis.

Analysis

Framework analysis[42,43] was used to explore the content of the transcribed interviews. This process involved the following; each transcript was read at least twice for JO'K to become familiarized with the data. A thematic framework was then developed on the basis of the transcripts and the study aims. The first five interview transcripts were then indexed or coded according to the framework and additional coding indexes were developed as required. Finally, the indexed transcripts were incorporated into a framework that assisted and guided the final interpretation of data. Strategies were employed throughout the study to ensure trustworthiness.[44] A debate exists about how best to ensure reliability. The authors agree with Morse[45] that it is only really the interviewer who knows the material in-depth. However, a number of transcripts were read independently by the co-author (JK) to check on major themes emerging. The names of the participants presented in text are fictitious to protect their real identity.

Results

Sample

A total of 20 professionals were interviewed during the course of the study. The majority of participants ($n = 19$) were female and reflected a range of different nursing and allied health professionals. The female bias of the sample was reflective of the male/female staffing at each site. The characteristics of those interviewed are presented in Table 1.

The mean length of interview was 30 minutes (range 15–76 minutes). Analysis of the interview transcripts identified four main categories and within these a range of themes emerged. The categories are summarized as follows:

1) general attitudes towards music therapy;
2) the perceived scope of music therapy;
3) holism and music therapy;
4) the integration of music therapy within palliative care.

Table 1 Details of participants

Participant	Gender	Duration of time working with music therapist
Art Therapist	Female	2 years
Complementary Therapist	Female	1 year
Chaplain	Female	3 years
Clinical Nurse Specialist (Community)	Female	2 years
Dance and Movement Therapist	Female	1 year
Day-Care Unit Senior Nurse 1	Female	4 years
Day-Care Unit Senior Nurse 2	Female	4 years
Day-Care Unit Sister 1	Female	9 months
Day-Care Unit Sister 2	Female	4 years
Day-Care Health Care Assistant	Female	3 years
In-Patient Team Leader Nurse	Female	9 months
In-Patient Team Leader Nurse	Female	9 months
In-Patient Health Care Assistant 1	Female	18 months
In-Patient Health Care Assistant 2	Female	2 years
Medical Director	Female	2 years
Occupational Therapy Assistant	Female	18 months
Physiotherapist 1	Female	9 months
Physiotherapist 2	Female	3 years
Social Worker 1	Female	4 years
Social Worker 2	Male	4 years

1) General attitudes towards music therapy

A range of perceptions emerged from analysis of the interview transcripts. The majority ($n = 16$) of participants spoke of how music therapy had gradually become more accepted and valued over time. A surprise factor was mentioned by five participants in connection with participant and service users' positive experiences of music therapy. However, in three nurses' interviews, concerns were raised as to the potentially intrusive nature of music therapy, with references to a 'fear' of music therapy, or its potential to 'hit the wrong spots'. Sheila, a day hospice nurse, illustrates this:

> 'If somebody is not struggling emotionally with their day to day living . . . we've got to be a bit careful that we are not exposing people to feelings that are too painful, that they can't do anything about.'

2) The perceived scope of music therapy

The data from the interviews revealed six domains where music therapy was perceived as having a positive influence. A summary of data relating to these domains follows:

i) Emotional

Alison, a clinical nurse specialist in palliative care, was typical of participants' perceptions regarding the positive emotional qualities of music therapy, which tended to fall within the categories of: emotional expression, awareness and catharsis:

> 'I didn't realise until this workshop what emotions can be brought out from me . . . it released a lot of frustrations for me at that point. I can see where it can be therapeutic for people who are angry about what's happening to them . . . '

The emotionally supportive nature of the therapeutic relationship afforded by music therapy was frequently referred to. Alex, a hospice chaplain, described music therapy as: '. . . a shared journey of anger or vulnerability or glimpses of hope.'

ii) Physical

Discussions relating the role of music therapy within the physical domain tended to emphasize its accessibility for patients who were physically limited or frail. Two physiotherapists, Petra and Alison described how music therapy collaborations offered a useful diversion, encouraging participation in physiotherapy, and enhancing patients' ability to organize their movement. For example, Alison felt: 'without music her movements are very un-fluid and disorganised, but when she has the music she becomes a much more organised person.'

When music therapy was perceived as physically relaxing, further benefits were mentioned, such as clients 'opening up' more to each other, or pain control becoming more effective.

iii) Social

Six participants commented on how improvizational and reminiscence group work encouraged individuals to support each other. Similarly, the opportunities for family involvement in musical activities were seen as providing a positive contribution to their relationships with terminally ill loved ones. Here, Janice, a day hospice nurse, reflected on her experience of assisting a music therapy group where participants, many of whom had communication difficulties, shared their favourite music with each other:

> 'it brought them together more as a group . . . one lady cried at one point, and another patient went to comfort her and make her feel better . . . in that respect it was very

powerful what the music was doing, with helping these people to support each other.'

iv) Environmental

Open live musical performances in wards and in day-care settings were considered as relaxing, or able to 'lift' the atmosphere. One participant remarked on how this resulted in both nurses and patients 'dancing round the day hospice'. Elsewhere, the environmental effect of music therapy was considered as capable of supporting families, encouraging patients' mutual support, and effective in increasing referrals to music therapy. The participation of the music therapist in hospice events was cited as beneficial in terms of raising the profile and understanding of music therapy amongst staff and service users.

v) Spiritual

Aldridge proposes that music therapy provides opportunities for creative transformation, or transcendence for those suffering from terminal illnesses: 'It is possible to realise ourselves in the moment not solely as a body restricted by infirmity, but transcended as a soul realizable in the music'.[46] This view was shared by Alex, the hospice chaplain, when recalling a patient's experience of musical improvization:

> '"It's amazing" he said, "I don't know where it came from, I never played an instrument in my life before but it was inside me and suddenly it came out". And the change in his face and his whole posture was just transforming.'

The interviews also provide numerous examples of music therapy work with those patients who were imminently dying, which are similar in nature to case studies in the literature.[47,48] Interviewees suggested music therapy may: ease communication and sharing between the dying and their carers, act as a catalyst for meaningful verbal exploration of difficult issues, or facilitate a peaceful death. Audrey, a nursing auxiliary, who described a case involving a young boy and his dying mother, provided a poignant example of this type of work. She remarked:

> '(the therapist) got the piano from the music room to the IPU where his mum lay next door and allowed him to play the piano that way, and we explained to him that maybe she was still able to hear, and I think that helped him and the rest of the family – the other boys as well . . . I think it made them feel they were all at home, together again.'

vi) Creative

Since the influential work of Rogers,[49] creativity has been considered important in maintaining both good physical and mental health. Maslow refers to this as 'self actualisation' – a 'oneness' with the environment.[50] Music therapy was felt by many as effective in accessing one's creativity. Again some interviewees suggested 'knock on' or synergistic effects. Creative experiences in music therapy were considered as 'satisfying and fulfilling', 'exciting', 'transformative' and 'confidence building'. These experiences were also considered as successful in providing the motivation to pursue other creative activities, and capable of enhancing the effectiveness of other treatments.

3) Holism and music therapy

The holistic nature of music therapy was highlighted in most participants' accounts of the discipline, for example, Sharon, a social worker, who spoke of:

> 'That moment of connectiveness that can happen within music – it's such a wide medium that you'll find something in any person connects with music in one way or another.'

Four of those interviewed referred to how music therapy was a *complete* approach to the patients' wellbeing, whilst another four described how music therapy provided an effective balance to more medical treatments; for example Carol, the Medical Director felt the therapist's work contributed to the 'holistic atmosphere of hospice', which she felt was especially important for 'anti-medical' patients.

4) The integration of music therapy within palliative care

A variety of emergent themes in this study relate to the integration of music therapy within a palliative multidisciplinary team (MDT). A lack of understanding relating to music therapy suggested by a survey of UK music therapists[2*] is confirmed in interviews, for example, one day care nurse felt:

> 'I have struggled to tell you what the impact he has on patients is, and I see him nearly every day, so I think that is always tricky – how do you quantify something like a music therapist?'

The medical director's views were typical of many who felt that given their own uncertainties, the music therapist was best suited to introducing the concept of their work directly to patients: 'It is definitely needed for them to meet the music therapist and have some real dialogue about "so what is it you do?", "how is it you do it?"'

The informal presence of the therapist sitting and chatting with patients was suggested as effective in engaging their participation in therapy, a finding echoed in the literature.[51†] Over time, MDTs exposure to music therapy in a variety of forms appeared useful in increasing their understanding and

*A mapping exercise which proceeded this study revealed that seven out of the 20 music therapists working for UK palliative care providers felt MDTs had difficulties in understanding their role (2).

†O'Callaghan found the informal discussion of musical preferences rather than explanations of music therapy interventions were the most effective at engaging individuals in clinical work (52).

awareness of its potential benefits. Overhearing or directly observing music therapy was felt to be educational, as was hearing audio recordings of work.

Discussion

The findings

To our knowledge this qualitative study provides the first exploration of the contribution of music therapy and its role within a multidisciplinary palliative care team in the United Kingdom. The findings are important in informing both service providers and music therapists in their efforts to integrate the discipline within specialist palliative care.

Limitations of the study

This is a small-scale study offering only a partial insight into music therapy practice in the United Kingdom adult palliative care system. Generalizations from this data therefore need to be made cautiously. Whilst purposive sampling provided an informed sample of viewpoints from different professional disciplines, the study relied, in part, on recruitment of participants by music therapists. This may have resulted in sample bias. Nevertheless, a range of positive and negative viewpoints emerged. A follow-on study exploring clients' perspectives is now planned, in order to triangulate the data, and provide added validity to statements regarding the scope and effects of music therapy.

The scope of music therapy in palliative care

The interview data was consistently congruent with the case studies, empirical and qualitative literature available. The variety of references to the social and environmental effects of music therapy provide a significant contribution to our understanding of music therapy. The interview data from this study echoes recent work by Scandinavian clinician and researcher Aasgaard, who suggests that the environmental effect of the therapeutic 'milieu' provided by music therapy can play a vital role in contributing humanizing qualities to medical settings.[14,15] Participants in this study also provided accounts resonating with the recent conception of 'Community Music Therapy',[52] which Ansdell describes as balancing individual with communal needs, and being capable of 'sustaining networks of relationships between and amongst people, institutions and communities'.[53]

Integration

Collaborative work with music therapists would appear to provide a highly effective method of integration. This may in part be accounted for by the synergistic effects of music therapy detailed previously. All eight allied health professionals suggested that the effectiveness of their own discipline had been enhanced by the music therapist's involvement, whether this was through 'opening up' patients to discussing feelings with each other, or by enhancing the effectiveness of physiotherapy. This data resonates with Krout's conception of a 'syner-disciplinary' team, where music therapy may be particularly influential in 'holding and connecting everyone present in the same shared time and space.'[54]

Contrasting attitudes and linking themes

Through the analysis of interview data, there emerged distinct differences between the attitudes and experiences of nursing participants compared to those of the allied health professions as a whole.

Nurses described the most difficulties with understanding music therapy, and feeling confident about describing it to clients. In particular, several nurses commented on clients' and their own fears regarding the emotional effects of the work, or feelings of intimidation surrounding the expectancy of creative ability. This phenomenon could be explained by the concept of 'terror management' detailed by Kearney,[55] where professionals from medical backgrounds project fear onto concepts perceived as esoteric or alien compared to their own rationalistic perspectives.

In contrast, the allied health professionals interviewed all seemed more comfortable discussing the emotional, spiritual and creative aspects of music therapy. It is likely that both positive experiences of collaborations and the similar psychosocial foundations of professions such as art therapy and social work inform this receptive attitude.

Conclusion

This study has provided a unique account of the role of music therapy within the UK palliative care system. The holistic approach and multidimensional effects of music therapy suggested by the literature were found to be universally accepted by those interviewed. In particular, the social, environmental and synergistic benefits of the work featured as particularly significant in interviews and merit further exploration by clinicians and researchers. Such positive experiences of music therapy may partly explain the growth in new posts being established, in spite of a small evidence base and lack of support for music, or any of the arts based therapies in the current NICE guidelines on supportive and palliative care.[56]

For music therapy to continue to develop in palliative care in the UK and elsewhere, practitioners need to be proactive in raising awareness of the nature of their work, and attentive to the unique aspects of the palliative care setting. This study highlights the effectiveness of accessible, public and performance related activities, in both creating a therapeutic environment, and in increasing the acceptance of music therapy

by staff and service users. Collaborative work between music therapists and other members of a MDT is also effective in promoting integration and highlighting the synergistic benefits of music therapy.

Service providers are currently faced with difficult choices with regard to providing the appropriate mix of physical, social, psychological and spiritual care. Whilst this study suggests music therapy is able to provide benefits to service users in all these areas, further research is required to confirm these findings, and underpin the future development of the discipline.

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