

The Towersey Foundation

Music Therapy in palliative care

***Promoting the development of music therapy
for those living with life-threatening illness.***

Registered Charity: 1052862

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Introduction

The Towersey Foundation is a unique charity providing music therapy in palliative care for people living with life-threatening illnesses.

Music therapy has recently become recognised and valued for the beneficial effect it has in a variety of illnesses and disabilities. The use of music therapy in palliative care is, however, a comparatively new and specialised field. Professionals working in hospices and special schools are increasingly appreciating what a powerful tool it is in the total care of their patients.

The Towersey Foundation was the inspiration of Dr. Colin Lee, an eminent music therapist known for his pioneering work in music therapy in palliative care. The Foundation is named after one of his clients whose experience of his illness was so transformed by music therapy that he expressed the wish that all patients could have the opportunity to benefit in the same way. Colin is now the Honorary President of the Foundation and Professor of Music Therapy at the Wilfred Laurier University, Montreal, Canada.

Our current Chairman implemented Colin's plan and the Towersey Foundation was formally constituted and registered as a charity in 1996. The first full-time music therapy appointment was set up at Rowcroft Hospice, Torquay, in January 1998. Since then, many more successful appointments have been made.

In addition to the work being carried out in hospices and special schools, the Towersey Foundation organises community groups for palliative patients who cannot or do not wish to attend hospice groups. There is also provision for individual home visits for patients who are housebound.

The Role of Music Therapy in Palliative Care

What is Music Therapy?

Music therapy uses sounds and music to support and encourage physical, mental, social, spiritual and emotional well-being. No previous musical experience is necessary as there is a natural musicality in each person that can be developed in the relationship between the music therapist and client. Instruments are used which are easy to play and produce a wide variety of sound.

Who are Music Therapists?

Music therapists are music graduates or skilled musicians, who have also undertaken specialist training, covering the diverse applications of music in healthcare and special education settings. This training leads to a recognised professional qualification at Masters level and registration with the Health Professions Council. All music therapists employed by the Towersey Foundation are members of the Association of Professional Music Therapists. When necessary, the Foundation provides additional training.

How is music used?

Music therapy is tailored to meet the individual needs of a client but may also be used in group settings. The music can be used in several ways:

Patient- therapist improvisation

Using instruments accessible to the non musician, the client is encouraged to explore sounds which are developed further by the therapist and client playing together. Within this supportive therapeutic relationship, the client uses the music to express themselves and explore their emotions.

Traditional music making

If patients already play an instrument they can derive great enjoyment by simply playing with another musician. Alternatively, pre-composed music may be performed by the therapist to encourage singing, movement, reminiscence, life review, and may also be used to enhance the therapeutic environment of an in-patient unit, day hospice or nursing home.

Listening to music (recorded or live)

Live or recorded music, sensitively chosen by a therapist can be used in many different situations to influence mood, for example to relax, stimulate, or act as a diversion from pain.

Songwriting

Leading US clinician Bruscia eloquently presents the potential of song:

Songs are ways that human beings explore emotions. They express who we are and how we feel, they bring us closer to others, they keep us company when we are alone. They articulate our beliefs and values...as the years pass, songs bear witness to our lives... They are our musical diaries, our life stories. (1)

Songwriting is a versatile medium capable of meeting a variety of clinical goals, from allowing a client to express difficult emotions, to stimulating reflection and creativity, and increasing self awareness. Songs written by clients may also be beneficial in bereavement, leaving a positive legacy of their life to their loved ones.

Singing

The use of the voice should never be underestimated either in addition to music or as another option if actually playing an instrument is not possible. Today, inexpensive digital recording techniques are also available to produce recordings of clients singing either their own song, or a song holding a special meaning to them, which may be easily converted to CD.

The Scope of Music

The nature of music itself differentiates music therapy from all other forms of therapy. Pioneering music therapist Munro lists some of the qualities of music which may be harnessed in music therapy:

- the expression of human thought, experience, hopes and dreams
- the ability of sounds, melodies and songs to engage the individual in reminiscence, recalling meaningful memories
- the physiological impact on the body
- the intricate connection to the life of an individual
- the potential to stimulate creativity and to provide aesthetic experience
- the representation of diverse cultures and spiritual issues (2)

The Benefits of Music Therapy

The music itself differentiates music therapy from all other forms of therapy. Some of the benefits of music therapy include:

- the expression of an individual's thoughts, experiences, hopes and dreams at a time when words are difficult to find
- enabling an exploration of emotions, worries and fears for the future
- group work facilitates social contact and a feeling of belonging in addition to music making
- open, accessible sessions in in-patient units and day centres may enhance the therapeutic environment for service users, carers and staff alike

It is important to note that the benefits also extend to the patients' carers whether they are professional staff, friends or relatives. Not only do they see the benefits for the patient concerned but they are encouraged to participate when appropriate and may therefore experience the above benefits for themselves.

These are just some of the benefits which have been reported in qualitative and quantitative research studies. For more details on the evidence base for music therapy in palliative care, please refer to our website: (www.towerseymusic.org.uk).

Comments from staff in hospices with Towersey music therapists

Nurse Manager, Children's Hospice

'Since the appointment of a music therapist by the Towersey Foundation we have noticed an increased interest in the depth of music by all. The children and their families have reported to me how much they have enjoyed the therapeutic sessions. Children with very limited communication skills have exhibited pleasure and have consequently become more relaxed, particularly children that have challenging behaviour.'

Social Worker, Adult Hospice

'Many patients have now had individual sessions with the music therapist. Speaking with them afterwards I have noticed a lifting of mood, increased confidence and optimism. The music therapy sessions help people to affirm the positive aspects of themselves which can improve family relationships. Music can be a bridge to profound inner experiences which transcend the outer difficulties and be both uplifting and comforting.'

Social Worker, Children & Adult Hospice

'There's 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.'

Hospice Chaplain, Adult Hospice

'It is tremendous to witness very poorly people become animated and for a while forget their cares, pain, problems and lack of hope for the future. Not only do patients benefit from the sessions themselves but this benefit appears to last for some time afterwards.'

Hospice Chaplain, Adult Hospice

'Music therapy is a shared journey of anger or vulnerability or glimpses of hope.'

Patient Feedback

'I feel listened to without the need for words. Making music seems to bring people together, but when people talk about me and my illness I feel separate and isolated'

'The best thing for me is that I feel alive when I am creating music'

'Music therapy helped me come to terms with my illness and with excellent coaxing I am now writing music, which I would never have thought possible'

'It gets me out of myself and gives me confidence – wonderful!'

'A period during the day when I felt calm, it's very useful in relieving tension, with the mind totally focused on creating music'

'I always leave the room smiling'

'I gain a real sense of accomplishment – what occurs is a wonderful conversation in a language rich in beauty and expression'

'it's amazing - 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'

Case Studies

Restoring Hope - Music Therapy and Communication

Background

Music therapy can be particularly effective in work with cognitively impaired clients who suffer from expressive dysphasia, or an inability to express one-self verbally. As well as facilitating the timely non-verbal expression of feelings, musical activity may provide a rehabilitative effect by accessing long term memories, especially familiar lyrics and melodies, which may remain relatively well preserved. Clare O'Callaghan, in the current Oxford Textbook of Palliative Care explains this process:

'Therapists who use both language and music therapeutically are likely to have a greater chance of activating preserved neural pathways and cerebral areas in people with cognitive impairment than therapists who use language alone. Such therapists may offer expanded opportunities to encounter aesthetic experiences and to communicate meaningfully with others'

Case Study

Mike was a patient in his 50's who had a brain tumour. Following an operation to remove part of the tumour, his ability to communicate had been severely affected. On admission to the Hospice in-patient unit Mike was unable to construct simple sentences; there was a sense in which he knew what he wanted to say, but he couldn't translate this into words.

Mike's anger and frustration was clear to all staff; however the more they attempted to understand his speech, the more frustrated Mike became, as this only served to highlight his difficulties. Through discussion at the morning multi-disciplinary meeting, a referral was made to the music therapist in the hope that he might encourage Mike to 'sing' his words.

Music Therapy Process

- The music therapist introduced himself, and carefully described what music therapy could provide, checking Mike understood him with simple closed questions.
- The therapist took Mike to the music room, where a rapport was encouraged through a shared understanding of simple melodies.
- Mike was unable to make choices from a list of songs. Knowing he was a football fan, the therapist improvised the anthem 'I'm forever blowing green bubbles' on the piano.
- With the therapist gently supporting Mike in singing the anthem, Mike managed to

sing nearly all the lyrics word perfect.

- Mike's emotional state and sense of self changed, because of his music therapy experience, from fear and frustration to one of achievement and hope for his ability to communicate in the future.
- Both the ward staff and Mike's carers observed a sustained change in Mike who became more receptive to the input of the nurses, doctors and speech and language therapist.
- The music therapist continued to visit Mike at home where they sang to the therapist's guitar accompaniment, a variety of music selected by Mike. During this period his speech returned to a level where he could communicate nearly as well as before his operation.

'A Star Forever'- Bereavement Work in Music Therapy

The Green Family

Background

The music therapist receives a variety of referrals to work with adults and children for pre-bereavement and bereavement work, particularly from Macmillan nurses and the social work team. Those referring recognise that complex and often intense feelings that feature in bereavement may impact emotionally and spiritually on the lives of those grieving. These feelings may be effectively explored, shared and understood through the verbal and non-verbal psychotherapeutic processes inherent in music therapy work.

Case Study

The music therapist received a referral for bereavement support for the Green family (Ben aged 11, Jane aged 7 and mother Sue). Sue's husband had passed away at Rowcroft Hospice 8 months previously to this referral.

Sue was finding it extremely difficult to cope with her own grief and support her children in their loss, and it was felt music therapy might encourage the family members to support and understand each others feelings better.

Over 6 sessions, all three were encouraged to express their feelings musically in improvisation on the range of instruments in the music studio. After each individual or group improvisation the family felt able to disclose more details about how their grief affected their feelings and activities.

Towards the end of the 6 weeks the therapist encouraged the family to collaborate in writing a song about their father. Both children used to enjoy stargazing with their

father on his telescope. This memory provided an inspiration for the song 'A Star Forever'. The melody for the song combined Jane's favourite 'Twinkle Twinkle Little Star' with the song which Sue felt expressed her grief best – 'Seasons in the Sun' - A short extract follows:-

Verse:
(To Twinkle Twinkle Melody) Daddy was the best
And we loved him so
Looking over in the west
See his star brightly glow

Watching TV, Scoobydoo and spelling
Playing cricket, cycling and skating

We know Daddies gone forever
So we sing this song for him

Chorus:
(To Seasons in the Sun Melody) Once we looked at stars together
Now he's a star forever.

The Music Therapy Process

- By encouraging and supporting the non verbal expression of feelings in musical improvisation, the therapist facilitated the catalyst for verbal dialogue relating to each family members experience of loss.
- Ben and Jane were able to disclose bereavement issues to Sue, providing them with a sense that their feelings were supported and understood, and providing Sue with a focussed opportunity to explore these feelings with them.
- A song was composed and recorded in which each family member was afforded a sense of ownership in the lyrical and musical creative processes involved.
- The song provided a legacy of their father, which all the family could listen to and remember him by.

'Because of the Way We Are' - Music Therapy as a Carer's Support Intervention

Background

Songwriting in music therapy is a versatile medium capable of meeting a variety of clinical goals, from giving a client permission to express difficult emotions, to stimulating reflection and creativity, and increasing self awareness. In the field of work with carers, these goals may be used within the overall aim of providing emotional support to enhance wellness and protect carers from burnout. The following case study illustrates how this technique is used in practice.

Case Study

Sarah had been the full time carer for her husband Alan, since his diagnosis of Motor Neurone Disease (MND) five years previously. The music therapist received a referral to provide music therapy for Sarah from the Day Services social worker, following her meeting with Sarah. Sarah described feeling 'burnt out' and depressed by the strenuous demands of caring for Alan, who had lost his speech and most of his mobility. Before Alan's diagnosis, Sarah enjoyed an active social life and worked as a freelance writer, a job which gave her many opportunities to express her creativity, travel and meet people from all walks of life. Her relationship with Alan had at times been turbulent, and following a period of separation, they had only had irregular contact in the period prior to his diagnosis. The diagnosis led to what Sarah described as a 'turning point' in her life, where she followed her instinct to support Alan and her family as his disease progressed.

During the first music therapy session, the therapist outlined the various techniques used in therapy, and highlighted the confidential nature of the work, i.e. that music therapy could offer her a safe setting in which to express herself. The first session provided Sarah an opportunity to articulate her feelings surrounding her dual roles of carer and partner of Alan. Whilst she found the daily routine of washing, toileting and feeding Alan left her feeling 'overloaded', she also talked about her love for him, which in many ways had become deeper through her role as carer. She found it hard to reconcile the conflicting emotions she had been experiencing recently; on one hand, she longed to escape the drudgery of caring, and reclaim her previously fulfilling and creative way of life, whilst she also felt a new, unconditional love for Alan, transcending any difficulties in their relationship they experienced in the past, where she found it far easier to relate to him on every level. These conflicting emotions were often characterised by feelings of guilt, frustration and anxiety, which she found difficult to discuss with others; however, she expressed a sense of relief in 'being given the permission' to confide these issues with the therapist. The therapist encouraged Sarah to write down some of her feelings over the next week, in a reflexive diary, with a view to collaborating in songwriting in the second session.

It was decided that Sarah would produce the lyrics for a song, and that the therapist would help her craft a melody from her vocal or instrumental improvisations on the variety of accessible instruments in the music room.

Because of the way we are

Verse 1

Its not for me to say why the rivers run dry,
Its not for me to say why there's tears in your eyes,
But I know, that I'll stay, I'll stay by your side,

Because of the way we are
Because of the way we are

There was another time our sun forgot to shine,

We lost our way in the dark
But now we step into the light holding hands

Because of the way we are
Because of the way we are

Bridge

Sometimes the day is harsh,
Some times a stray dog barks
Sometimes the wind comes rushing low
That's when we face the world

Give it all we've got
Above the blues

Because of the way we are
Because of the way we are

The final song was recorded with the assistance of a local community musician who played the flute part. Sarah continued to write songs with the therapist covering a variety of aspects of her life, and has been inspired to produce a collection of poems on her own, highlighting the plight of carers. Sarah described her experience of songwriting in music therapy during one session:

'Without realising it, someone can become so serious in their caring role, that the sun can no longer find its way in. For me the combination of music and words in song opened up a whole new world for me, and gave me back the fun, creative element that was missing in my life'

With Sarah's permission, the song was played to Alan, in a very emotional joint session. Both Alan and Sarah were keen for the song to be heard by a wider audience, and it has since been used both as part of educational presentations to carers and palliative care professionals, and in a concert celebrating the work of the Towersey Foundation.

Music Therapy Process

- the song creation reinforced a more creative, holistic sense of self for Sarah.
- the process of songwriting also provided Sarah with a timely opportunity to acknowledge the difficulties in her relationship with Alan, whilst expressing the deep bond of love between them.
- through performances of the song to a wider audience of carers and palliative care professionals, the song may also be considered as fostering what Aasgaard describes as an 'ecology of love', operating within the 'interplay between individual health and the health of the ecological context within which the individual lives'(4).

Peter

Peter was in his eighties, and had played drums in the thirties-forties era, but had not used a drum kit for twenty years, and was very surprised to find one in the hospice! His condition at times could be extremely painful; he found it hard to be comfortable sitting or standing and had become quite low and frail spending long periods in bed coping with the pain. In contrast, when he began to play the drums he came alive. After each session he would say how much playing the drums had taken his mind off the pain and he was overjoyed to find he could still play. His son, an amateur musician, joined his father and the music therapist in a 'jam session' when he was visiting. All Peter's sessions were recorded by the therapist, and his children treasure their recordings as a memory of the 'well' part of their father.

References:

- 1) Bruscia, K. *The Dynamics of Music Psychotherapy*. Phoenixville: Barcelona Publishers. 1998.
- 2) Munro, S. *Music Therapy*. In: Doyle D et al, ed. *The Oxford Textbook of Palliative Medicine*. Oxford: Oxford University Press. 1994. pp.555-559.
- 3) O'Callaghan, C. *Music therapy in palliative care*. Hanks, G, MacDonald, N, Cherny, N. & Calman, K. (eds). *The Oxford Textbook of Palliative Medicine* (3rd edition). Oxford: Oxford University Press. 2003. pp.1041-1046.
- 4) Aasgaard, T. *An ecology of love: aspects of music therapy in the paediatric oncology environment*. *Journal of Palliative Care*. 2001. 17(3): pp.177-183.

Submitted by Julian O'Kelly, Clinical Advisor and Researcher for the Towersey Foundation. (All names have been changed to protect confidentiality)

David. A man in his early sixties was initially rather dubious about the thought and benefit of music therapy. However following his enjoyment of improvising music on a drum kit he agreed to attend sessions on a weekly basis. David had always been interested in dancing as a recreational pastime and his primary intention was to reproduce pre-learnt dance rhythms on the drum kit. His musical responses were very quick, precise and independent of Graeme's musical responses. Over the following months his playing became very intense as he began to find an outlet for his underlying unexpressed feelings and emotions. As the sessions continued his playing changed from imitation of pre-learnt rhythmic patterns to one of exploring and expressing emotional experiences through musical improvisation. His responses became more melodic and the degree of musical relationship with Graeme increased. Gradually, David's preference for the drum kit reduced and he began to explore other instruments such as the Metallaphone. His music became slower and increasingly melodic, allowing him to experience more time and space with the music. At this time, due to his decline in health he became physically unable to walk to sessions and his breathlessness made the smallest physical exertion difficult. His desire to attend music therapy meant he was able to overcome the psychological barrier of using a wheelchair, allowing Graeme to wheel him to a session. Music therapy had helped David maintain his interest in 'living' life despite the adversities and anxieties he was experiencing. He was able to relax and experience beauty. This enabled him to accept the increasing limitations of his decline in health.

Submitted by Graeme Davis, music therapist at the Pasque Hospice, Luton.

The Process of Appointment

If, following initial information, a hospice decides it would like to appoint a music therapist, a commitment needs to be made to continue the post after the period of 'participation' by the Towersey Foundation.

Fundraising begins once the hospice has confirmed their wish to set up a music therapy appointment. It would be beneficial to set up a local fundraising committee at this stage to raise awareness of the project generally and to encourage local organisations to support the appointment when the hospice takes over the funding. This might result in a number of events e.g. concerts or coffee mornings. The funds from these events are as vital as the grants from other sources and lead to community involvement.

It normally takes a minimum of six months for the Towersey Foundation to raise necessary funds. The Foundation will not advertise the post until full funding is obtained. The process then is as follows:

1. Before advertising the post, the hospice will be sent:
 - a draft advert
 - a draft job description
 - a draft contract between the Towersey Foundation and the hospice

- ALL for approval and any necessary alterations.
2. Adverts are placed in the music therapists' professional association's monthly newsletter, which is sent out at the end of each month and sent to every paid-up member. Two weeks are then allowed for replies including CV's; these are then copied to the hospice for short-listing to 2-3 candidates. The Towersey Foundation also short-lists reaching a final decision in conjunction with the hospice as to which candidates should be interviewed. These candidates are then notified of the interview date which is normally two weeks later. (At least a month beyond the interview date should be allowed for notice to be given to the successful candidate's current employer depending on circumstances. A minimum of two months should be allowed from the completion of fundraising to the commencement of the appointment).
3. Interviews are held at the hospice. The interviewing panel will consist of one or two people from the hospice, an experienced music therapist brought in by the Towersey Foundation, and the Chairman of the Towersey Foundation. The choice of candidate will be a joint one. So far, in all cases this has been unanimous, but should this not be the case, the final choice will remain with the hospice.

The Towersey Foundation employs the music therapist during its funding period, prior to the hospice becoming the employer. All music therapists employed by the Towersey Foundation are state registered and members of the Association of Professional Music Therapists (APMT), which recommends the Agenda for Change, Band 7, pay scale.

The Costs

The first question a hospice asks is how much a music therapy appointment will cost. This varies considerably as each appointment is tailored to meet the needs of the particular hospice. The Towersey Foundation will pay all costs for the first year and in certain circumstances this period can be extended. These costs include training, supervision, administration and all related employment costs. The costs of continuing the appointment are therefore considerably less once the appointment has been established.

Appointments can be full or part-time. To give an example of funds needed to continue the appointment for, say, a music therapist at point 30 (Band 7, Agenda for Change), the salary currently (2006-07) would be £29,538 full time and part-time pro-rata, plus on-costs and administration, supervision and courses.

Should the hospice already have funding in place, the Foundation would be happy to provide help and expertise in setting up the appointment.

Some hospices prefer to commence an appointment with a suggested minimum of two days per week and gradually build up as patient interest increases. This is also dependent upon whether the appointment is in a day hospice only or with day and in-patients and/or in the community i.e. home visits.

For those hospices considering including music therapy in their patient care the Towersey Foundation is willing to provide a presentation by a music therapist and/or visit by one of the Trustees. This enables the hospice to discover exactly what would be involved both on a practical level and for their patients. At this initial stage a request is made to cover the expenses of the visit, bearing in mind the charitable status of the Foundation. If the hospice decides to ask the Foundation to set up an appointment there will be no further costs until the appointment is taken over by the hospice.

Practical Requirements for music therapy

In addition to the commitment that the hospice will take over the appointment after the initial period, the main practical requirements for music therapy are:

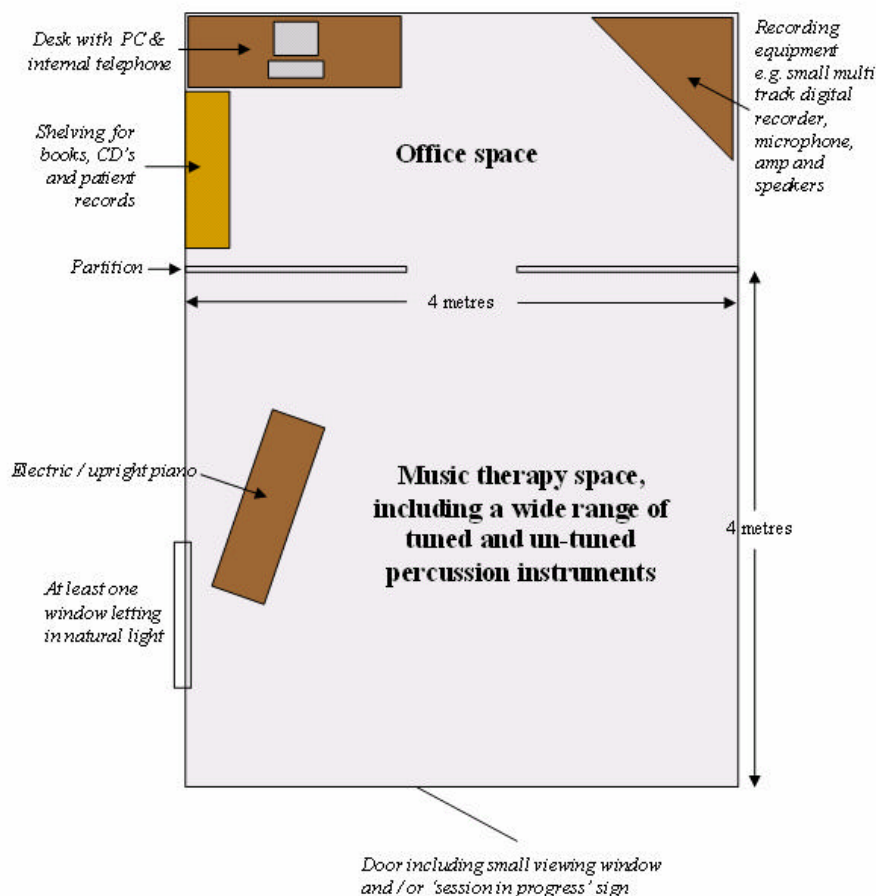
Music Therapy Room

- Sessions should be conducted in a room which leaves enough space to work after a piano and instruments have been set up. Sixteen metres square should be sufficient.
- The room should either be sound proofed or detached from any areas where the playing of loud music might cause concern.
- The room should ideally be for the exclusive use of the music therapist, so that instruments do not have to be moved.

Office space

In order to make and receive telephone calls, keep patient records etc., a desk, PC, telephone and shelving all should be made available.

Plan for a Music Therapy Studio



Instruments

Musical instruments need to be carefully selected. Items which are aesthetically as well as acoustically pleasing are often most effective. In addition, instruments need to be selected so that non-musicians can quickly get a satisfactory response. Instruments that are to be used in community groups or home visits need to be portable. No wind instruments should be provided.

In addition to a piano, a budget of at least £700 needs to be available to provide an adequate variety of instruments for patients' use. The final choice of instruments should be made by the music therapist appointed.

LMS Music Supplies, PO Box 7, Exeter, EX1 1WB, Tel: 0845 230 0455, seem to offer the best range of instruments for music therapy and are highly experienced in the field. A basic list is included at the back of this brochure.

The Towersey Foundation asks that the hospice or palliative care unit provide their own instruments so that when the Foundation's commitment has ended the instruments remain the property and responsibility of the hospice.

It is not advisable to accept second-hand items unless they are well made percussion instruments in good condition.

Suggested Instruments For Creative Music Therapy Groups:

Instrument	Price including VAT (as at 28.01.08)
Metallaphone – AM	145.11
Balaphon (10 note)	73.44
Tunable Tambour (13" dia. natural skin)	47.59
Ocean Drum (12" dia.)	34.78
Chimes (boom stand)	96.94
Bell Tree (hand held)	32.31
Laptop Snare Drum	48.12
Tambourine (from 8" upwards)	from 16.22
Rainstick – varying sizes	from 6.00
Cabasa – varying sizes	from 13.00

Evaluation and Monitoring

It is important that the project is evaluated thoroughly, not only from the hospices' point of view, but also to ensure that the Towersey Foundation is providing the best possible service dependent upon need. To do this, a representative from the Towersey Foundation will visit, during the period of commitment. This makes it possible to monitor the appointment, assess the benefits and meet with the music therapist and other hospice staff, and would take place approximately three times during the initial year.

Approximately six months into the appointment, then on a quarterly basis, questionnaires are given to patients by the music therapist for them to complete anonymously and on a voluntary basis. These provide a useful tool in monitoring the benefits perceived by the patients and their families.

For further information please contact:

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Suggested Reading List

Music Therapy in Palliative Care: New Voices. David Aldridge (editor)
Jessica Kingsley Publishers, ISBN 1853027391

Music Therapy in Children's Hospices Jessie's Fund in Action. Mercedes Pavlicevic (editor)
Jessica Kingsley Publishers, 2005, ISBN 1843102544

Music Therapy. Clare O'Callaghan, in: **The Oxford Textbook of Palliative Medicine (3rd edition)** Derek Doyle (editor)
Oxford University Press, 2003, ISBN 1853025501

Lonely Waters Edited by Colin Lee
Sobell Publications, ISBN 0951753762

The Handbook of Music Therapy Edited by Leslie Bunt and Sarah Hoskyns
Routledge, ISBN 0415157080

Music Therapy: An Art Beyond Words edited by Leslie Bunt
Routledge, ISBN 0415087031

Music Therapy Research and Practice in Medicine by David Aldridge
Jessica Kingsley Publishers, ISBN 1853022969

Integrated Cancer Care edited by Jennifer Barraclough
Oxford University Press, ISBN 0192630954

Music at the Edge by Colin Lee. **Music therapy experiences of a musician with AIDS**
Routledge, ISBN 0415124646

Articles in peer reviewed journals:

Journal of Palliative Care 2001 Autumn; 17(3): issue devoted to music therapy.

Bunt L et al. A Pilot Study into the Therapeutic Effects of Music Therapy at a Cancer Help Centre. *Alternative Therapies in Health and Medicine* 2001; 7(1): pp.48-56.

Daveson BA, Kennelly J. Music therapy in palliative care for hospitalised children and adolescents. *Journal of Palliative Care* 2000; 16(1):35-38.

Hilliard, E. Music Therapy in Hospice and Palliative Care: a Review of the Empirical Data Evidence-based Complementary and Alternative Medicine 2/ 2; pp.173-178.

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Care. Palliative Medicine 2007; 21/3.

O'Kelly J. Music therapy in palliative care: current perspectives. International Journal of Palliative Nursing 2002 March; 8(3): pp.130-136.

Articles about the Foundation have been published in the Information Exchange (October 2000) and in the Hospice Bulletin (August 2000 and June 2002).