Music Therapy in Terminal Care

Tomoaki SHINODA
Professor, Department of Music Education, Kurashiki Sakuyo University

Abstract: Voice, sound, and music have been the vehicle of emotional expression for mankind from time immemorial and music, in particular, has had the power to open the human mind to enable human beings to express their inner emotions. The use of music in terminal care, the focal form of treatment for patients suffering from terminal diseases, has clearly shown that music mitigates the pain and suffering, provides temporary relief, and assists memory recall of past events. The author has addressed these issues in this paper based on personal study and experience.

Key words: Music therapy; Reduction of pain or suffering; Ventilation; Memory assistance of past events

Introduction

Prayer, accompanied by music, has been the means of mitigating the pain and suffering of disease since time immemorial and it is one of the major reasons why music has been applied in medical and health care. It is surmised that human beings, like all the other creatures of this planet, communicated through a variety of vocal utterances at the beginning of creation before the advent of language. The voice was a form of music orchestration that expressed the human mind and a gamut of emotions from joy to anger. Hence music has been a means of human communication.

Based on this view, the author would like to regard music as significant not only as artistic compositions but as an expression of the human soul. It is said that the foundations of modern music therapy evolved in ancient Greece and ancient writings of that time have described music “as that which permeates the depths of the soul, allows the innate and introspective to come forth, and uplifts the emotions”. During the era of Hippocrates, the venerated ancient Greek physician, the use of music by the majority of the populace in ancient Greece as a source of healing is easily conceivable. The author’s long-term experience in conducting music therapy corroborates Hippocrates’ doctrine propounding the importance of applying music to treat and cure human diseases. This is particularly substantiated in the area of terminal care; and this paper summarizes the role that music therapy has fulfilled in this area.
Fundamentals of Terminal Care

A complete or radical cure does not exist for any disease in its terminal stages. Therefore, the objective of terminal care is to assist the patient to achieve some form of substantiality, fullness or quality of life (QOL) in the time that is left by mitigating or alleviating the successive onslaught of physical pain and suffering and the accompanying emotional turmoil, apprehensions, disquiet, depression, the fear of approaching death, and the emotional and psychological struggle to accept death.

The benefits stemming from music therapy, when it is applied to substantiate terminal care, is compelling. However, due to the inherent difficulty of corroborating the physiological and biochemical benefits that is derived from music therapy, in most cases, physicians are relegated to observing the beneficial changes described by patients. But the benefits, in terms of QOL, can be measured by studying the patient records prior to and after the use of music therapy and time-lapse observation records.

Specific Music Therapy Techniques

1. Group sessions
   Patients, who are ambulatory or who are able to move about in wheelchairs, as well as their family members are assembled to listen to music or to participate in singing activities. Although individual dialogues are not possible in such group sessions, it provides an opportunity for many patients to weep and release pent-up emotions and to gain a sense of comfort and relief at the end of the session. Women patients, in particular, are uninhibited about releasing their emotions in front of others, but many male patients are customarily embarrassed to openly show emotion or tears. Some refuse to enter the assembly room and discreetly remain either outside or in their private rooms.

2. Individual sessions
   Individual sessions are conducted for male patients and bedridden patients in their private rooms. Patients are able to listen to their favorite music and are able to openly express their thoughts and emotions. In many cases, the act of listening intensively to music also mitigates the physical and mental pain and suffering, enables the patient to articulate the introspective, and provides an opportunity to indulge in humor and pathos to their hearts’ content. The music therapist will bring various portable musical instruments and will play and sing for the patient. Musical instruments such as the small harp, drum, or maracas are placed near the patient’s bedside to encourage the patient to touch and play the instrument.

Objectives of Music Therapy

The objectives of QOL or activity of daily life (A D L) are: 1) mitigate physical pain and suffering, 2) release inner thoughts and emotions, 3) help the recollection of past memories, and 4) promote group work. These objectives are explained in detail below.

1. Mitigating physical pain and suffering
   Many cases have been observed where physical pain and suffering have been mitigated during the time that is spent by patients listening intently to their favorite music. Respiratory conditions have also been seen to improve temporarily.

   Patients utilizing oxygen inhalers who are brought to the assembly room in wheelchairs have been observed to extract their inhalation tubes and to begin talking or singing loudly while listening to the music. Although this appears to be a one-time phenomenon, it signifies a temporary improvement of the respiratory function. Unfortunately, due to the difficulty of measuring respiratory function in a hospice, this cannot be corroborated by data, but there are plans to implement a simple means of measuring the respiratory function in the future. However, when music therapy was collectively implemented for bronchial asthma patients, an
improved peak flow was reported, an indication that music improves respiratory function.

2. Releasing inner thoughts and emotions
Patients are able to express their inner thoughts and emotions naturally while listening to their favorite music and to immerse themselves in the humor and pathos of the moment. This is often followed by an uplifting sense of well being. This is the strength of music, but its impact and effects on the human brain is as yet unknown; and it is a subject for future research.

3. Recollecting past memories
The task faced by terminally ill patients is to find closure of past regrets and events and to recollect and immerse themselves in happy memories. These painful or happy memories are always remembered in conjunction with the music that was popular at the time these events occurred. Therefore, when music or songs are played or sung to the patients by the music therapist, past events are remembered with great clarity, and they are able to immerse themselves in their recollections. The work is very inspiring.

4. Promoting grief work
As explained above in section 2, Releasing Inner Thoughts and Emotions, much of the inner turmoil of the patient, i.e., the acceptance of death and the parting with family members and friends, can be resolved. However, the work of the music therapist is also to provide grief care for the family members of terminally ill patients.

This involves the vital task of explaining the symptoms of the illness to family members at the initial start of the patient’s hospitalization, of providing frequent explanations of the symptomatic changes that occur with the progression of the disease, and conducting comforting, compassionate dialogues with family members. Music is therapeutically applied for music-loving family members to help them release their inner emotions, to come to terms with the patient’s approaching death, and to assist them to accept the death of a beloved family member in a stable frame of mind.

When attending family members begin to show signs of emotional instability, the therapist will encourage them to listen to their favorite music in a separate room to help them ease their inner emotions and tensions and they are allowed to return to the patient’s bedside when they have regained their composure. Additionally, music is therapeutically applied to help family members regain their mental and emotional composure following the patient’s death if it is requested.

The favorite music of the patient is also performed at the request of the family when the patient is discharged from the facility after their death, as a kind of funerary tribute.

Music Applied by the Therapist

As explained earlier, the therapist applies the favorite music of the patient and the music genre is diverse. Many terminal patients request songs from their hometowns, children’s folk songs, lullabies, folk songs and some request the enka songs about mothers and of their hometowns. There are not many Japanese patients who request classical music, but terminal patients who were raised as Christians tend to request hymns and classical music pieces.

Interestingly, many terminal patients, who were fond of classical music in their youth or when they were healthy, seem to lose the desire or capacity to listen to classical music. To many Europeans and Americans, classical music reflects the familiar melodies of the composer’s country, but this common heritage is not shared by the Japanese and classical music appears to fulfill a different role. Additionally, music sung in the baritone and alto or slow tempo music is very effective for terminal patients and the aged.
In Europe and the United States

The number of hospices in Europe and the United States vastly outnumber the facilities in Japan and the number of hospices that practice music therapy is also greater. Academic conferences centered on music therapy for terminal and pain care are held annually. The author, who gave a presentation two years ago at such a conference, has found that the content of music therapy that is practiced in Japan and other countries is similar. The papers that are presented from Europe and the United States are mainly written by music therapists; therefore, they are not published in medical journals. However, there is constant cooperation from physicians.

Recently, it has been reported that the adverse symptoms stemming from chemotherapy were greatly reduced in many cases when cancer patients listened to their favorite music during the treatment.² Although this is not directly related to terminal care, it is one area of study which the author would like to explore.

Conclusion

The music therapy techniques that have been described in this paper have been applied by the author in his work at the Peace House Hospice (Hatano City, Kanagawa Prefecture) and the pain care ward at St. Luke’s International Hospital. There is a total of approximately 40 hospital wards and hospices that are dedicated to pain care in Japan, of which nine facilities apply music therapy. The spread of music therapy in the treatment of the elderly and its effectiveness in helping terminal patients in hospices have been clearly proven. It will continue to be an essential component in the treatment of the elderly and terminal patients in future.

The content of the music therapy that is conducted for patients in the hospices and the pain care hospital wards does not differ.

REFERENCES