EPISODES OF RELATIONSHIP COMPLETION THROUGH SONG IN
PALLIATIVE CARE

by

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ABSTRACT

This study utilized a combination of intrinsic and instrumental case studies to describe the experience of four dying persons and their significant relations, as they engaged in music therapy sessions designed with the goal of facilitating relationship completion. The four primary participants were inpatients of the Baycrest palliative care program who were diagnosed with a terminal illness and a life expectancy of less than six months. Two spouses who were involved in music therapy sessions were co-participants.

I developed four case studies to represent each of the rich and detailed stories. Through the use of narrative research methods I was able to describe, interpret, and understand the complexity held within the multiple data sources that informed each case study. Data sources included: music created, utilized, recorded, and/or discussed in music therapy sessions; discussions during music therapy sessions; the researcher’s field notes; formal notes placed in the participant’s medical charts; the formal written assessment; transcriptions of audio-taped music therapy sessions; interviews; interview transcriptions; artistic pieces crafted by myself that emerged from the experiences of the participants as reflected in their interviews, and weekly participation in sessions which were verified by the participants; and other artistic material.
The rich knowledge that emerged from the individual case studies informed a cross-case analysis where global themes were identified from a thematic analysis of participants’ experiences; and process motifs arising from the progression of participant engagement in music therapy are described. Global themes included: love; loss; gratitude; growth/transformation; courage/strength; and goodbye. The five process motifs that emerged were:

(1) music therapy helps and was valued as a means of sharing the participants’ perceptions of their situation.
(2) music therapy provides a safe place to become aware of, explore, and express feelings.
(3) music enhances communication.
(4) music therapy techniques provide creative avenues for self-expression.
(5) music therapy provided a vehicle for revisiting and reminiscing.

The thesis concludes with a summary of the knowledge revealed and a discussion of implications for music therapists and health care professionals, as well as a presentation of final thoughts and reflections on my role as researcher in this study.
DEDICATION

To my research participants:

This thesis is a celebration of your stories!

I dedicate this writing and the CD to you and your families.

Thank you for inviting me into your lives to share beautiful moments with you.
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Thank you to:

The **Hy and Bertha Shore** and **Harry and Sara Gorman Families**, who provided funding for the production of the accompanying CD. Thank you for supporting professional development and creative projects in the health care field.

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CHAPTER ONE

INTRODUCTION

Background and Context

With the many medical advances available in today’s society people are living longer with life-threatening illness. In turn, there is an increased need for palliative care services to assist those individuals who are living with and ultimately dying from a terminal illness. Novak (1996) maintains that at present the majority of people die in an institution: hospital, nursing home, or hospice. The responsibility of health care workers is clear: we are at the vanguard of being able to provide holistic and comprehensive care to the dying, and to those supporting them in the dying process.

The appeal to explore more explicitly how to improve care for the dying has been expressed regularly in the past several years (Casell, 1999; Chang, Hwang, Feuerman, & Kasimis, 2000; Lynn, 2000; McPhee, Rabow, Pantilat, Markowitz, & Winker, 2000; Emanuel, Von Gunten, & Ferris, 2000; Wendrich, Curtis, Shannon, Carline, Ambrozy, & Ramsey, 2001). Music therapy is a recognized healthcare profession that is used with increasing frequency in the treatment of those with a terminal illness, and as music therapists we are among the health care disciplines that can make an impact on end-of-life care. Progressively more frequently, music therapy is being acknowledged as an intervention that has the potential to address the
multidimensional needs of the patient and care providers (Hilliard, 2001; Krout, 2000; O’Kelly, 2002; Starr, 1999).

In an effort to determine how we as music therapists can improve care in the last days and weeks of life, it is important to begin by defining suffering and psychological pain to assess the issues.

How Can End-of-life be Improved?

Brenneis (1997) explains that human suffering results from a threat to a person’s relationship with the physical and psychological self, with others, and with a transcendent source of meaning. Further to that, Casell (1982) argues that the source of suffering is in challenges that threaten the intactness of the person as a complex physical, social, psychological, and spiritual being, and that these challenges are augmented at the end-of-life due to the emotionally charged nature and immediacy of the situation. These challenges are heightened even in supportive relationships with family and friends. Further causes of suffering are described by Marziali, Breko, Climans, Consky, Munro, and Tafler (2005) who deem that when a person is undergoing major life transitions, intra-family relationship conflicts are accentuated.

Some scholars distinguish readily between psychological pain and suffering. For example, Chapman and Gavrin (1999) discriminate that suffering is perceived damage to the integrity of the self, and pain is a perceived threat to one’s biological integrity. The inherent problem with this position is that their argument accepts the dualism of the mind and body. A more practical or holistic interpretation may be that an individual must be treated as a unified whole, and their pain and suffering may be interconnected with many aspects such as physiological, psychological, or social factors. A key message to music therapists is that whether
it is called psychological pain or suffering it is important for health care professionals working
with the terminally ill to address and treat this “pain” and work together with the patients to
reduce their “suffering” no matter from what source it originates (i.e., mind or body).

The last weeks and days of life are often filled with unique prospects for healing and
personal growth. Profound transformations are made possible with the urgency of impending
death. The necessity to know one has made an impact in this life becomes a central focus for
many patients, and exploring and reviewing the accomplishments and disappointments in one’s
life may create the space for reconciliation, expressions of love, peace, and ultimately
conclusions, or closures. As music therapists we are one such profession that can have an
influence in helping patients with these reflections, assessments, and potential transformations
and healings.

Byock (1996) defines a set of 10 developmental landmarks and ‘taskwork’ for the end-of-
life. These landmarks include: sense of completion with worldly affairs; sense of completion in
relationships with the community; sense of meaning about one’s individual life; experienced love
of self; experienced love of others; sense of completion in relationships with family and friends;
acceptance of the finality of life and of one’s existence as an individual; sense of a new self
beyond personal loss; sense of meaning about life in general; and, surrender to the transcendent,
and the unknown. The all-encompassing nature of these landmarks demonstrates that
relationships are interwoven in all facets of our lives, and emphasizes the importance of
relationships throughout life, and as we approach death. It follows then that no matter the size of
one’s family or friendship circles, every person has at least some relationships that influence
their life and that at some point must be concluded.
Importance of Relationships

Chochinov (2006) maintains that there is a human urge to infuse life with purpose, meaning, and hope, thus leading a person to believe that to die a good death those three elements must be fulfilled. When people are asked what makes their lives meaningful, the majority refer to their close, intimate relationships with others (Klinger, 1977). In fact, Berscheid and Peplau (1983) acknowledge that being involved in stable and satisfying relationships is regarded by most people as a critical ingredient of happiness and well-being in life.

The importance of relationships surfaced in the National Hospice Demonstration Study 1978-1985 (cited in Kastenbaum, 2004) which was a major attempt to evaluate the effectiveness of palliative care in the United States. The study focused mostly on medical and economic matters, but also asked terminally ill cancer patients two questions about their own views of the situation namely: “Describe the last three days of your life as you would like them to be?” and, “What will be your greatest sources of strength and support during these last days of your life?” The most common responses for the last three days of life were as follows, I want: certain people to be with me; to be physically able to do things; to feel at peace; to be free from pain; and, the last three days of my life to be like any other days. Sources of strength included: (1) supportive family or friends, (2) religion, (3) being needed, (4) confidence in self, and (5) being satisfied with the help received. Relationships were at the top of both lists. More than anything, these terminally ill people drew strength from their closest life companions and most desired their continued companionship to the end.

Australian sociologist and palliative care expert Allan Kellehear’s (1990) studies have also helped to show the core value of relationships. He discusses: the importance of “fare-welling,” that is, how dying people say good-bye; why those with a history of vibrant and
meaningful relationships are more likely to attract and maintain social support during their terminal illness; and, why others would rather die alone perhaps because it is too painful or they want to be remembered as the person they used to be, or they are aware that family and friends are not prepared for meaningful and supportive interactions. It is in these latter cases perhaps, where other social supports may be lacking, that we as music therapists can be most effective in supporting patients near the end-of-life if we can assist clients in relationship completion when it may be most difficult.

**Relationships and Serious Illness**

The dying patient is part of a social network consisting of family, friends, community members, and new relationships within the health care network. Relationships are changed and challenged by serious illness. Kane, Brown Hellsten, and Coldsmith (2004) state, “the supportive value of human relationships becomes increasingly important as cure of disease becomes an unrealistic goal” (p. 183). According to Kane and Primomo (2001) and Sulmasy (2002) illness is a shared experience in an active process of evolving intrapersonal, interpersonal, and transpersonal (spiritual) relationships, and communications which unfold throughout the course of the disease and beyond.

The presence or absence of close relationships has been shown in the literature to affect health outcomes. For example, Berman (1985) and Reifman (1995) have noted the protective effects of close relationships on mortality, physical and psychological morbidity, and recovery from chronic diseases. Other research has indicated that mortality rates are significantly higher among people who lack close emotional ties (House, Landis, & Umberson, 1988), and report poor social integration (Berman, 1995).
Problem

Need for the Study

Symptom management in palliative care programs is a central focus of treatment. Due to the high prevalence of physical pain and other physical symptoms such as nausea, delirium, sleeping problems, and fatigue, etcetera, physical symptom management is a priority and can sometimes become the sole concentration of treatment. While it is imperative to ensure that physical symptoms are quickly addressed and treated, health care professionals must not forget to address psychological symptoms, existential distress, and family and social distress which also contribute to the suffering of the dying person. For example, while it is estimated that 47 percent of cancer patients suffer from psychiatric disorders (Derogatis et al., 1983), and 25 percent with advanced disease experience a clinically treatable depression (Stiefel, Die Trill, Berney, Olarte, & Razavi, 2001), few receive psychiatric consultations and professional help (Passik, Dugan, McDonald, Rosenfield, Theobold, & Edgerton, 1998). Stiefel et al., (2001) explain that such low referral rates may reflect the fact that health care workers have difficulty talking with people about emotions. By extension Vachon (2004) explains that caregivers feel that by “bringing up difficult issues, they will cause patients to think about unhappy or troublesome problems” (p. 978) and therefore do not want to cause anxiety especially when someone is dying. They must think that there may not be enough time to open up wounds, and that a dying patient needs comfort rather than potential opportunity for resolution of psychiatric pain. The literature cited below highlights the disparity in holistic pain care and symptom management as reported by patients who were actively dying.
From the perspective of those who were diagnosed with a terminal illness and living their last months and weeks, a good death should: minimize physical discomfort; empower decision making; help person(s) maintain a sense of control; strengthen relationships; and, assist a person in making meaning of their existence while preparing for death (Emanuel & Emanuel, 1998; Singer, Martin, & Kelner, 1999; Steinhauser, Clipp, McNeilly, Christaksi, McIntyre, & Tulsky, 2000).

Greisinger, Lorimor, Aday, Winn, and Baile (1997) found that the major concerns of terminally ill cancer patients with a prognosis of six months or less showed that their fundamental concerns encompassed existential, spiritual, familial, physical, and emotional issues. Several patients discussed the fact that although their disease was continually monitored and reassessed, the existential, spiritual, familial, and emotional aspects of their illness were rarely a focus of their care and that they would like help with these issues. As music therapists given the intimate and personalized nature of music therapy (i.e., the amount of time a therapist spends with patients compared with other health professionals and the personal relationship that develops with clients during that time) we are well-positioned in the continuum of care to assist patients with such aspects of illness in order to improve patient care.

**Central Purpose of the Research**

Simply stated, dying patients are looking for assistance with issues other than physical pain alone, and research is needed to assess what interventions and techniques can be used to provide those aspects of holistic care that are often missing. Specifically with regard to music therapy O’Kelly and Koffman (2007) aver that while the growth of music therapy in palliative care has recently increased there is “a paucity of rigorous research” (p. 235). Hilliard (2005)
states, “Because dying is a complex experience, research needs to be conducted to evaluate the efficacy of the support provided for patients with a terminal illness” (p. 177). Additionally he asks for research “to be conducted to ensure a high quality of care to provide for the best clinical interventions in meeting the needs of patients and families” (p. 177). If music therapists want to continue to develop and grow clinically in their work with dying patients, and indeed, improve the care and comfort of those patients in their last weeks and days, we need research to be carried out which addresses how music can be used therapeutically to provide holistic care.

**Central Question**

This thesis sought to further understand the role and experience of music therapy in palliative care in facilitating relationship completion and was driven by the following question: What is the experience of a dying person engaged in a specific music therapy treatment program intended to facilitate relationship completion?

This music therapy program was specific in that it utilized Dileo and Dneaster’s (2005) Model of Music Therapy in Palliative Care which defines three levels of practice including: supportive; communicative/expressive; and transformative. As informed by Dileo and Dneaster (2005) at the supportive level, music therapy is used to palliate symptoms common to end-of-life, and to offer support for the patient. At the communicative and expressive level, music therapy is used as a vehicle for the patient to reflect upon and convey feelings. At the transformative level, music therapy is implemented to facilitate growth and insight at the end-of-life. Music therapy sessions were implemented at each of these stages with participants depending upon their needs.
Further Research Questions that Guided the Inquiry

(1) What music therapy techniques are most appropriate for relationship completion?

(2) Are there any common themes that emerge from all of the cases with respect to their experiences and/or processes?

Implications

Now that the data have been collected and analyzed the results have also been helpful in assessing the following questions as an extension of the research and in linking theory to practice:

(1) How can music therapists use music therapy techniques successfully to help patients work through issues of relationship completion?

(2) What was the researcher’s experience in utilizing the Dileo and Dneaster (2005) Model in this study?

(3) How does a music therapist introduce the concept of relationship completion to clients?

Significance

The Research Gap

The review of the literature as described below will shed light on the fact that there is a dearth of research in palliative care management that has focused on relationship completion at the end-of-life toward improving the palliation and general experience(s) of patients dying from a terminal disease.
**Who has Informed the Care of the Dying to Date?**

The multidisciplinary field of thanatology which is the study of death, dying, and bereavement was galvanized by Herman Feifel in the late 1950s and the early 1960s. This field of study has seen a maturing in the last 20 years with increasingly more areas being represented in the research such as religion and spirituality, the performing arts, and the humanities.

Exley (2004) explains that the sociological study of death, dying, and bereavement is a relatively recent field of research interest. The first sociological empirical observational studies took place in the 1960s in the United States and were conducted within hospitals, looking at the care provided to people who were dying. The writings of Glaser and Strauss (1965, 1968), Sudnow (1967), and Strauss (1970) have become influential literature that has changed the way people think about the management of dying and death, and has brought into view a more accurate picture of the experiences of those who were dying within a hospital environment.

A significant amount of work has been conducted on lay care-providers’ retrospective accounts of the care received by the deceased person to gain some insight into the experiences of care at the end-of-life (Field, Dand, Ahmedzai, & Biswas, 1992; Seale & Cartwright, 1994). More recently Lawton’s (1998, 2000) ethnographic studies of the care provided to those who were dying has had a significant impact for palliative care practitioners. Essentially the public image of hospices facilitating “good deaths” was challenged as Lawton found that physical symptoms were controlled but other symptoms were often not dealt with in the most ideal ways. For example, how is a good death possible when a person’s body fails him/her, leaving him/her devoid of personal identity and unable to engage any longer on any meaningful level with significant others?
However, other than the Lawton studies cited above, only a relatively small amount of research has been completed with persons who were dying themselves (Young & Cullen, 1996; Exley, 1999; Kübler-Ross, 1969; Hogan, 1999a). The voices of dying persons are noticeably lacking in the literature. More research is needed with those who are actually going through the final stage of life to more fully illuminate this experience.

**Music Therapy**

To date music therapy in palliative care has focused on a variety of key issues such as: pain management, physical comfort, mood, and relaxation (Curtis, 1986; Bailey, 1983; Beck, 1991; Krout, 2001; Magill, 2001; Edwards, 2005); anxiety reduction (Hilliard, 2001; Whittall, 1991); expressing emotions (Krout, 2004; O’Brien, 2004; O’Kelly, 2002; Gilbert, 1977); achieving awareness of limitations and losses (Salmon, 1995); acknowledging fear, sadness, and anger (Hogan, 1999b); assisting with life review (Clements-Cortés, 2004); facilitating reminiscence (Dileo & Starr, 2005); addressing anticipatory grief (Magill, 2005); addressing spiritual/existential concerns (Hilliard, 2005); dying children and palliative care (Daveson & Kennelley, 2000; Aasgaard 2001; Fagan, 1982; Brodsky, 1989); and overall discomfort management (Gallagher, 2001).

While the scope of music therapy in the care of the terminally ill has developed considerably since it was first described by Munro and Mount (1978) there is a deficit in the literature as to the role that music plays in supporting relationship completion. Other than Dileo and Parker (2005) who present case vignettes in the following areas: completing the relationship with self; completing the relationship with God; and relationship completion with others (as in the five key sentiments of: I love you, thank you, forgive me, I forgive you, and goodbye) there is no other
work that has focused on this area. In my own study that focused on assisting with life review (cited above) I was privy to very personal first-hand accounts from clients who were reviewing the important aspects of their lives. I realized that the common theme across patients was the discussion of relationships in one form or another, and how much they meant to the clients, and the distress they felt when those relationships were in disarray or unresolved. Those experiences sowed the seeds for me: I developed a personal interest in examining and better understanding the influence of relationship completion towards palliating the final days of life and thus improving my patients’ experiences with death and dying; I needed to know more.

*Personal Motivation for this Investigation*

**My Position as a Musician, Music Therapist, Music Teacher, and Researcher**

My artistic experiences have taught me that the arts are widely valued in our culture even if not so explicitly stated. For example, music’s continued prevalence and availability in today’s society reinforces for me that it is something that we crave as humans, and something that we need indirectly for survival. I think of music as a basic need because it has the power to satisfy emotional needs such as relationship, communication, as well as intellectual, spiritual, and aesthetic needs which are purely as important to a person being whole as is the satisfaction of our physiological needs. In fact Sloboda (2005) maintains that “music serves a major psychological function in many people’s lives, closely connected to the explicit purposes of many forms of psychotherapy” (p. 216).

The arts including music are a key source of knowledge and meaning about ourselves as human beings and the world around us. They have taught me about beauty, passion, happiness,
emotions, and pleasure. I charge that music teaches us, and is a very powerful way of learning about relationships. I believe that the ultimate defining quality and value of music that makes it so vital is its power to make us feel, become aware of, and express our feelings and emotions in a way that we are often not able to do through words alone. Sloboda (1992) confirms that strong and valued emotions appear to be at the heart of engagement with music.

Music creates sacred spaces and provides me with feelings of fulfilment and privilege. I do not believe that the meaning of music is solely inherent in the music, but that it is a combination of both music’s intrinsic properties and its external associations. Interestingly, Bigand, Filipic, and Lalitte (2005) report that while our emotional responses to music may be conditioned by memory, the emotional character of musical excerpts are easily recognized and consistent among listeners independent of their backgrounds in music and culture.

Being both a music teacher and music therapist I think my view is unique, and for me it is vital to be connected to the value of music in my life and in the lives of my students and clients. This is critical to my understanding of why it is so essential to teach music and practice music therapy principles. It is in the past twelve years working as a music therapist, music teacher, and performer that my connections to the arts and in particular music have grown stronger, and the power of music has never been more alive for me. There are days when I question why I have chosen to be a music therapist and wonder if I am really helping anyone, but then I think of some of those healing and transformative moments. I have been given the gift of music and I am fortunate to be able to share it on a daily basis either by inspiring young students or helping patients at the hospital with a copious variety of goals.
Intentionality and Researcher Presence

Physical Pain

As a music therapist and researcher working in an inpatient palliative care program, I initially became interested in investigating if music could help patients with their physical pain, and in turn, enhance their comfort. I am pleased to say that I have been able to witness such benefits of music first-hand through my provision of live music at the bedside, and through the results of a research study I conducted which looked at the effects of live music versus taped music on patients’ perceived pain and physical comfort (Clements-Cortés, 2005). There are several theories that explore why music might be useful in reducing pain perception. For example, Beck (1991) theorized that music might alter the perception of pain through affective and cognitive effects that stimulate endorphin production and the endogenous mechanisms for pain modulation. She concluded that “music therapy is a non-pharmacological method which helps manage pain and suffering in patients with long-term and life threatening illnesses” (p. 1335) and additionally that music therapists working in collaboration with other medical approaches could maximize a patient’s pain control. Brown, Chen, and Dworkin (1989) proposed that there are two distinct attributes of music that may be useful in developing effective pain coping skills: attention-distraction, and an affect dimension. They state that music has the potential to hold one’s attention, modify one’s emotional state, and evoke moods. Magill-Levreault (1993) proposed that music therapy could change the perception of pain in patients by distraction, alteration of mood, enhancing control, use of prior skills, and promoting relaxation.
**Psychological Pain**

Psychological pain refers to pain that is the result of psychological stress and/or emotional trauma. It is “pain having mental, as opposed to organic, origin” (Thomas, 1997, p. 1390). Thinking of patient care and pain in a more holistic manner, people experience not only physical pain, but also psychological pain, and some of the physical pain may in fact be expressions and manifestations of psychological pain. Zimmerman, Pozehl, Duncan, & Schmitz (1989) explain that pain is a complex phenomenon produced by the interaction between physiological, psychological, social, cultural, and spiritual components. According to Brown, Chen, & Dworkin (1989) today’s researchers and clinicians concur that physiological and psychological factors interact to produce pain perceptions and pain behaviours. In my pain research study (cited above) I learned that music was helping patients, but how was it helping? Was it providing them with a more peaceful frame of mind, therefore enhancing comfort and reducing psychological pain? Was music helping by diverting attention away from pain and providing a tiny escape? What were the issues affecting the experience of pain? What was the source or cause of the pain? In a subsequent study I would add a qualitative component in terms of answering some of these questions, and obtaining a more descriptive account of pain.

**Emotional Expression**

From that point I became interested in using music to help facilitate emotional expression in the terminally ill, and I began to see that music used in this way was a potential avenue to help clients cope with psychological pain. The concept that music and emotion are linked is discussed by Salmon (1993) who explains that music and emotion: 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 non-verbal catalyst of our feelings, which helps evoke an emotional response, in turn releasing information stored in memories and facilitating the expression of feelings both pleasant and more difficult to deal with. When a patient experiences strong emotional reactions, he/she chooses music that will reflect his/her spiritual and emotional state, and thus the music becomes a mirror into the emotions.

Once again I was privileged to see that music could have an impact in helping patients express emotions that were too difficult to communicate verbally. Sometimes this expression centred on conveying feelings of anger and frustration regarding their illness; other times music helped clients express sadness over their losses. One of the key sources of psychological pain appeared to surround relationships. Patients worried about loved ones they were leaving behind, strained relationships, and grieved the loss of: long-time relationships with spouses, children, parents, and friends; and, the future losses of missing life events such as weddings and grandchildren. For example, Bailey (1984) found that songs selected by patients tended to reflect a variety of themes including hope, pleasure, relationships, needs and desires, feelings, loss, and death and peace. Reminiscing allowed families to reconnect together over music that brought up significant memories, and/or to discover unresolved issues that were subsequently addressed with the help of the music therapist. The use of songs in music therapy allowed patients and families to experience increased connectedness and the song theme that focused on relationships was a useful tool in helping patients and family members process unresolved feelings about various relationships.

Magill (2005) presents the case of Michael, a 34 year old male diagnosed with prostate cancer who was referred to music therapy by the psychiatrist due to his self-imposed isolation.
When approached by the music therapist, Michael was hesitant but eventually agreed to listen to music and consented to future sessions. Music therapy provided him with the opportunity to vent his feelings of sadness and fear, and most importantly to express the sadness he felt about “abandoning” his brother. His feelings of guilt were preventing him from receiving the much needed support that was being offered to him in his relationships with his family, friends, and the health care team.

In Kugelman’s (2000) hermeneutical-phenomenological analysis of pain narratives he found that every narrative of psychological pain began with the end of a relationship, thus reinforcing the fact that incomplete relationships are a key source of psychological distress.

Dying persons are also challenged by ending the relationships with themselves and spiritual figures. Research is needed to assess what therapies and techniques may be helpful in facilitating and enhancing relationship completion for the dying and how this may be accomplished.

**Relationship Completion**

I am thankful that in my practice I have been able to use music to help clients express these emotions, and in turn, ease their anxiety. In order to continue to develop as a clinician and to work in greater depth with my clients, and improve their overall care and comfort, I need to know how I can continue to help my clients once they have expressed these emotions. I want to broaden my understanding of how music can be used to help a person cope with issues surrounding relationships of an intrapersonal, interpersonal, and/or transpersonal nature, specifically, ending relationships with themselves and significant others (family, friends, pets, spiritual figures/connections.) I am becoming increasingly more aware that songwriting is a
powerful tool that can facilitate emotional expression, and that the songs themselves often become very meaningful to the patient and those with whom they share the songs. Once introduced to songwriting and engaging in this form of creative expression many patients choose to write songs as gifts for their loved ones, songs that reflect feelings and messages that they would like to share with their families, and ultimately songs that help them to complete relationships with various persons including themselves. Dileo and Magill (2005) state:

> When facing their end-of-life, individuals naturally review their lives and tend to want to come to terms with unfinished business and unresolved issues in relationships. Songwriting offers patients the opportunities to express their feelings of remorse, gratitude, hopes and appreciations. These expressions can enhance feelings of closure, often resulting in feelings of relief and resolution. (p. 226)

Byock (1997) elucidates that there are five sentiments that permit relationships to reach completion once they are expressed. These are: “I love you,” “Thank you,” “Forgive me,” “I forgive you,” and, “Goodbye.” According to Dileo and Parker (2005) “Songs can convey these messages more powerfully and completely than words alone,” (p. 45) and Dileo and Magill (2005) assert that various clinical methods could be used to facilitate the expression of these sentiments including song choice, song improvisation, song discussion, song dedication, song narrative, creation of song legacies, and songwriting. The present study built on the findings of Dileo and Parker to investigate the effect that various music therapy techniques may have in facilitating relationship completion in the ways outlined by Byock (1997).
Audience and Knowledge Advancement

The knowledge that has been gained through this formal investigation into the role of music therapy techniques that are useful in facilitating relationship completion will be beneficial to myself and music therapists in terms of advancing our skills in working in palliative care and caring for patients. Through a greater awareness of the experiences of both clients and their families, music therapy techniques can be used at a more advanced level to help clients work through relationship issues and aid the grieving process with patients who would like assistance in this area.

Additionally, health care professionals working in palliative care will benefit from improved understanding of the importance of helping patients and/or their families with relationship completion, and the role that the music therapist can play as part of an interdisciplinary team that is working towards providing the best quality end-of-life care.

Structural Outline of the Thesis Document

The thesis document begins with Chapter One which introduces the dissertation, outlining the general problem area and why it is important to the field of palliative care music therapy. I introduce the central question and my own personal motivations for the study situating myself in this endeavour.

Chapter Two presents the constructs, definitions, and review of literature relevant to this inquiry including: experience, phenomenology, relationships, and music therapy approaches,
techniques, levels of practice, and the descriptive literature on the use of music to facilitate relationship completion. Chapter Three describes the research method and procedures I followed.

Chapters Four through Seven are the data chapters where I present each individual case study, unpack and analyze the data, and present the themes that arose for each case. The artistic pieces that were created in the context of each case are also presented along with client-composed song lyrics that individual participants consented to share.

Chapter Eight is the cross-case chapter which is presented in two parts: (1) a thematic analysis of participant experience, and (2) an examination of the process motifs arising from the progression of participant engagement in music therapy. Chapter Nine includes a summary of the knowledge revealed in this investigation, and a presentation of the implications for the future work of music therapists and health care professionals in palliative care as well as future ideas for research.

Chapter 10 presents my final thoughts and reflections on being the researcher in this study. It is presented alongside a song cycle about the role and significance of the arts in my life. A list of the references and endnotes for the music citations of lyrics that were quoted throughout the thesis follows Chapter 10. The Appendices that are attached include the Participant Information Sheets and Informed Consent Forms for primary participants and secondary participants. A further appendix to this thesis is a recording of client-composed songs and songs of significance to the participants and co-participants.
CHAPTER TWO

CONCEPTUAL FRAMEWORK

Overview

This study is about the experience of music therapy intended to facilitate relationship completion. This literature review is planned to establish the conceptual framework that will support the exploration of answers to the research questions. It presents the key concepts and constructs, and defines them. In addition this review examines the research and descriptive literature to date that informs what is known about music therapy to facilitate relationship completion.

This examination of the literature enlightens my research by highlighting what is of importance. I begin by looking to the literature for an understanding of the concepts of experience and phenomenology that provide the framework for this study. I then examine the literature to gain an understanding of relationships, which informs the definitions of relationships used in this investigation. Finally, I conclude with a section on music therapy which looks to the literature to advise the theoretical frame of music therapy, music therapy techniques, and music therapy levels of practice that will be built upon in this investigation.

Constructs and Definitions

As the goal of this study is to bring to light the experience of dying persons and their relationships as they engage in music therapy sessions, it is important to come to a definition of
experience, and to appreciate how the concept of experience is related to narrative methods that will be used in this investigation.

**What is Experience?**

Merriam-Webster (2008) defines experience as:

1. direct observation of or participation in events as a basis of knowledge,
2. the fact or state of having been affected by or gained knowledge through direct observation or participation,
3. practical knowledge, skill, or practice derived from direct observation of or participation in events or in a particular activity,
4. the conscious events that make up an individual life,
5. something personally encountered, undergone, or lived through,
6. the act or process of directly perceiving events or reality. (¶1)


Experience refers to the nature of the events someone or something has undergone. Experience, used in the present tense, refers to the subjective nature of one's current existence. Humans have a myriad of expressions, behaviors, language, emotions, etcetera that characterize and convey our moment-to-moment experiences. (¶1-2)

**The Concept of Experience as it Relates to Narrative Inquiry**

As the goal of this study is to bring to light the experience of dying persons and their relationships as they engage in music therapy sessions, John Dewey’s (1934) concept of experience which defines the qualities that make up experience is important in informing my choice of narrative methods for data generation and analysis. Dewey’s concept of experience includes thought, feeling, doing, suffering, handling, and perceiving. Dewey’s (1938) theory elucidates that experiences come to be from the interaction of two principles: continuity, and
interaction. Essentially this means that each experience a person has will influence the future, and one’s present experience is a function of the interaction between one’s past experiences and the present situation.

Clandinin and Connelly (2000) maintain that Dewey viewed experience as encompassing both social and personal meaning. According to Dewey, “every experience is the result of interaction between a live creature and some aspect of the world in which he lives” (p. 43-44). In this view of experience nothing and no one exists in isolation. As humans, Dewey believes that we learn from experience and from reflecting on experience. Clandinin and Connelly (2000) explain that “experience” under Dewey’s concept means that experience can become a form of inquiry, and “Experience has wholeness and an integrity about it that is neither left in the field nor on the pages of a field text but is alive at the end just as it is in the beginning” (p. 189). Dewey’s emphasis on individual experience lends itself to narrative methodology, in terms of the capacity of narrative to more fully ensure that an individual’s experience is fully told.

**A Definition of Experience for This Study**

Experience in this study refers to the participants’ direct participation in and reflection on music therapy sessions and the subsequent knowledge, emotions, and realizations that they gain as a result of their encounters. In alignment with Dewey’s concept of experience the participants’ experiences will include: thought, feeling, doing, suffering, handling, and perceiving. Experience in this regard is a way of knowing, an epistemology.

The information that the participants share about their “experiences” will become part of the data and will educate this researcher and inform the writing of the narrative case studies. In
this way experience in this study will also be a form of inquiry. I want to reveal as truthfully as possible the experience of dying persons. I want their voices to be present in the narratives.

As the therapist who will be present at each music therapy session, I am part of the music therapy experience with the participants. Therefore experience in this study also involves my learning and reflection on the music therapy encounters and the entire treatment process.

**What Is Phenomenology?**

English and English, 1958 (cited in Cohen, Manion, & Morrison, 2001) explain that “phenomenology is a theoretical point of view that advocates the study of direct experience…and one which sees behaviour as determined by the phenomena of experience” (p. 23).

Phenomenological research involves the study of the lived experiences of individuals related to a concept or phenomenon. Phenomenologists are interested in exploring individual units and revealing complex, holistic meanings (Cresswell, 1998; Merriam, 2002). According to Merriam (2002) phenomenology is a form of inquiry that strives to realize the unexplored experiences of everyday life.

The empirical phenomenological approach involves a return to experience in order to obtain comprehensive descriptions that provide the basis for a reflective structural analysis that portrays the essences of the experience. The approach seeks to disclose and elucidate the phenomenon of behaviour as they manifest themselves in their perceived immediacy. (Moustakas, 1994, p. 13)

Forinash and Grocke (2005) explain that there are several concepts fundamental to phenomenological inquiry. These are: (1) complexity, (2) intentionality, (3) bracketing, and, (4) essential structure or essence of experience. Complexity refers to the idea that since human
beings are multifaceted then their experiences are equally complex. Complexity is embraced by phenomenologists because of the idea that there are many aspects that factor into any human experience and that to eliminate any of these aspects is to lose the essence, and subsequently not fully understand the event.

Human beings are complex organisms. We are not merely objects that can be reduced to one or two dimensions, and then explained in deterministic terms. What makes us unique as a species is our subjectivity and the ability to experience ourselves as subjects. The challenge of the human condition, then, is to fully grasp the complexity of subjective experience. (Bruscia, 1995a, p. 196)

Intentionality refers to the idea that human consciousness is awareness that is focussed toward an object or a concept. As Cresswell (1998) explains, the awareness or reality of an “object, then, is inextricably related to one’s consciousness of it. Thus, reality…is not divided into subjects and objects” (p. 53).

Bracketing is the researcher’s ability to shelve his/her beliefs about the phenomenon being studied in order to be fully present with the experience. The essential structure as explained by Cresswell (1998) is the crucial construction within an experience that allows us to recognize it for what it is. To understand the essential nature of the experience, the researcher must separate, or bracket, his or her personal posture or beliefs about the experience.

Phenomenological research allows data to be collected from a number of different perspectives such as self-reflections and participant interviews about their experience of the phenomenon being studied. Forinash and Grocke (2005) explain “Reflexive phenomenology, then, focuses on one’s own experience, while empirical phenomenology focuses on others’ experiences” (p. 323).
In interpreting data researchers often aspire to identify significant themes or narratives emerging from the data. Analyzing data in phenomenological research regularly involves a process of reflective writing and rewriting. “This process aims to create depth: multiple layers of meaning are crafted to lay bare certain truths while retaining the ambiguity of experience” (Findlay, 200, p.6).

**Phenomenological Music Therapy Studies in the Care of the Terminally Ill**

Forinash and Gonzales (1989) were the first music therapists to use phenomenology to assess the experience of one music therapy session with a terminally ill client. Unfortunately due to the client’s premature death only the music therapist’s experience could be described. Another phenomenological research method was utilized by Forinash (1990) to assess the course of 10 music therapy sessions with a terminally ill patient by collecting data in the form of session transcripts, the therapist’s process notes and audiotapes. The results showed that:

music therapy with the terminally ill patient is the coming together of patient and therapist in a process-oriented explosion…It takes place in the realm of direct human interaction through music and words but also accesses the unconscious and symbolic levels of relating and understanding. (p. 106-107)

Hogan’s (1999a) research on the experience of music therapy for the terminally ill supports the use of phenomenology to “explicate the complex and rich experiences of music therapy as perceived by terminally ill patients” (p. 242).

**How Will A Phenomenological Outlook be Implemented in This Study?**

Phenomenology is a philosophical approach as well as a research method. I will be using the philosophy of empirical phenomenology to inform the framework of this study which focuses
on the experiences of others. I want to provide a voice for the dying persons in my research by studying their personal experiences. While I will use narrative methods to achieve this, this study is also informed by phenomenological philosophy as it focuses on trying to understand these personal experiences.

As this study’s intent is to gain an understanding of the experience of relationship completion facilitated by participation in music therapy sessions, a phenomenological outlook is important in allowing the researcher to experience the phenomenon in the contextual world of each participant. I view the participants’ direct experiences as an avenue to accurately uncover the experience of dying persons as they experience relationship completion while taking part in music therapy sessions. These experiences will best be uncovered using narrative methods.

A phenomenological outlook will allow for a truthful and hermeneutic uncovering of the complexity of the participant’s experiences in the music therapy sessions. Each music therapy course of treatment in the study is an “experience.” The complexity of the experiences will be understood through the collection of data from multiple sources including:

1. music used in sessions,
2. semi-structured interviews with participants and interview transcriptions,
3. audio-taped music therapy sessions,
4. the researcher’s field notes,
5. artistic pieces crafted by the researcher, and
6. other artistic material or artifacts.

My presence in this research is documented and evident through the discussion of my personal stance in chapter one, and this researcher will be fully present during sessions with the participants, suspending assumptions about suffering and pain, and relationships.
Relationships

At the centre of this inquiry are relationships that the dying person is engaged in at this stage of life. In trying to understand these relationships and the impression they have on the quality of end-of-life and dying, it is important to examine and refine the concept of relationship into a workable construct.

Reis (2007) states “the progress of relationship science has been impeded by the absence of clear consensus about the core phenomenon of the field” (p. 6-7). He notes that while the diversity of perspectives is exciting, there is no synthesis of the varied and multiple elements into a functional and collective vision. In summary he states: “to ripen relationship science, the field will need a clearer vision of its core ideas, the principles that make them cohere, and an organizational framework for understanding how the many empirical pieces interconnect” (p. 9).

Through an examination of the literature on relationships, and in agreement with Reis’ (2007) assessment, it appears that there is in fact a deficit of classifications of relationships and a lack of consensus as to the delineations that currently exist. Relationship is a vague concept seriously in need of definition.

In seeking to advance the study of relationships, Bradbury (2002) argued for an applied, action-oriented approach that would force the field to focus on several factors likely to “strengthen and elevate the science of personal relationships” (p. 594). Bradbury (2002) advocates for more representative samples, and better descriptions of relationships. He places an emphasis on causality, study replications, and clearer criteria for evaluating the effectiveness of research. Reis (2007) notes that the majority of action-oriented studies in the field to date generally concern romantic relationships of married couples. He calls for an approach that would give equal attention to the sequence of change in other significant dyad types, such as siblings,
friends, and coworkers. “With the exception of parent-child relationships, interventions systematically targeting other types of relationships are for the most part nonexistent” (p. 4).

Types of Relationships for This Study

There are a variety of different types of relationships that people are involved or engaged in throughout their lives. These include relationships that are of an intrapersonal, interpersonal, and transpersonal nature. For example, this would comprise friendships, romantic relationships, relationships with family and co-workers, relationships with God or spiritual figures, and also relationships with pets.

This study will involve any relationship that the dying person has a desire to complete that is of an intrapersonal, interpersonal, and/or transpersonal nature. In coming to definitions of relationship constructs for the study, the following concepts as defined by the literature were assessed and utilized.

Intrapersonal Relationships

In coming to a definition of intrapersonal relationships for the study it is important to look at intrapersonal communication, intrapersonal intelligence, and feelings.

Intrapersonal relationship refers to how an individual is aware of and knows about him/herself. Intrapersonal communication takes place within a person and is carried out to clarify, analyze, reflect, or appreciate an experience or phenomenon. The three aspects of intrapersonal communication are self-concept, perception, and expectation (Smith, 2008). As defined by Smith (2008) self-concept determines how a person sees him/herself and is familiarized towards others. Self-concept involves one’s beliefs, values, and attitudes. Beliefs are
our basic orientation toward what is good or bad; values are our deep-seated beliefs or ideas; and attitudes are our learned predispositions towards or against a topic. Perception “is so closely intertwined with self-concept that one feeds off the other, creating a harmonious understanding of both oneself and one’s world” (Smith, 2008, p. 36). Expectations look to the future and may involve messages about our long term roles or goals.

Gardner (1999) explains that intrapersonal intelligence is described as the ability to understand oneself, what motivates oneself, and then to use that information to regulate one’s own life. It consists of knowing who you are and what you want to do. Inherent in understanding and getting along with oneself is appreciating one’s self-concept, and self-efficacy.

Tangney and Dearing (2004) explain that the most intimate relationships we have are those with ourselves, and we have feelings towards ourselves much like we do towards others. Some people treat themselves with warmth, nurturing, and acceptance, and others are aggressive and ambivalent, while the majority of us fall in between those two extremes. “Shame and guilt are fundamentally tied to our perceptions of self,” (Tangney & Dearing, p. 52) and cause us to fluctuate in how we feel towards and about ourselves.

Our beliefs, values, attitudes, perceptions, expectations, and feelings factor into our self-efficacy and how we evaluate our experiences.

**A Definition of Intrapersonal Relationships for This Study.** For this study intrapersonal relationship is defined as the relationship with oneself that is comprised of how people think about and assesses their self-worth and self-concept including their feelings, attitudes, and beliefs. It also involves people assessing their goals and/or accomplishments, and thinking about how others perceive them and, how they want to be perceived. This definition is supported by
Neisser (1988) who distinguishes between the “private self” which involves introspection on one’s own feelings, goals and thoughts, and the “extended self” which is the ability to think about oneself in the future. Evidence suggests that these abilities evolve at separate times in life and may involve different cognitive abilities (Leary & Buttermore, 2003). The fact that people think not only about how they are perceived and evaluated at the present time but also about their prospects for acceptance in the future is also supported by Leary and Baumeister (2000).

**Interpersonal Relationships**

In coming to a definition of interpersonal relationships for the study it is important to look at interpersonal intelligence, emotional intelligence, perceived partner responsiveness, and communal relationships.

Interpersonal relationships are those that involve social associations and connections between two or more people. They vary in levels of intimacy and sharing depending on the type of affiliation. Gardner (1983, 1993) speaks of interpersonal intelligence as the ability to understand other people, what motivates them, how they work, and how to work cooperatively with them. Emotional intelligence is defined by Mayer and Salovey (1993) as “a type of social intelligence that involves the ability to monitor one’s own and others’ emotions, to discriminate among them, and to use the information to guide one’s thinking and actions” (p. 433). According to Salovey and Mayer (1990), emotional intelligence embraces Gardner’s interpersonal and intrapersonal intelligences, and involves abilities that may be categorized into five domains: (1) self awareness, (2) managing emotions, (3) motivation, (4) empathy, and (5) handling relationships.
Reis (2007) explains that perceived partner responsiveness underlines many important constructs in relationship science, and concerns the core defining features of the self, the needs, goals, values, traits, abilities, attributes, and affects that portray who one is and what is important to the self. He avers that perceived partner responsiveness includes:

(1) the idea that relationship partners understand and value what is important to the self,
(2) that relationship partners are aware of, and responsive to, core attributes of the self during social interactions,
(3) a feeling of being cared for, and
(4) feelings of affection and connection with partners, even in their absence.

At the end-of-life the responsiveness of others is core to the dying person feeling accepted and respected, as well as being cared for even in the absence of that person.

Communal relationships have been defined by the expectation that partners will support each other in addressing key personal needs (Clark, Fitness, & Brissette, 2001; Clark & Mills, 1993; Mills & Clark, 1994). The awareness of and interest about a partner’s struggles provides the principal motive for feelings of responsibility and helpful behaviour; whereas the assistance or compassion expressed to casual friends or strangers would reflect other motives. Clark and Mills (1993) explain this means that in both the giver and receiver the expectations about responsiveness to needs vary as a function of the collective strength of relationships. In other words, a person would expect greater support from his or her best friend than from a person he or she met only a few weeks ago. These beliefs factor into evaluating our experiences. For the dying person it is crucial that he/she feel supported and understood by those relationships that are the most important to him/her.
A Definition of Interpersonal Relationships for This Study. In this study interpersonal relationships consist of those with any person that the participant feels is significant in his/her experience. This consists of relationships with family members and friends, as well as others that are deemed key by participants. This definition embraces Meyer and Salovey’s concept of emotional intelligence described above and places a focus on expressing emotions, motivating oneself, and managing relationships. It encompasses relationships that the dying person feels infuse their lives with meaning, purpose, and hope as these are the three key elements that Chochinov (2006) maintains are key to a person experiencing a good death.

Transpersonal Relationships

A transpersonal relationship is one in which beings are drawn together by their spirits. As described by McColl, Bickenbach, Johnston, Nishihama, Schumaker, Smith, et al (2000), they are relationships of a “transcendent nature, with God, the world or nature” (p. 559). In their study looking at spiritual issues associated with traumatic-onset disability, the authors build on theory developed in palliative care and aging to describe spiritual issues related to five themes which arose directly from the data: (1) awareness, (2) closeness, (3) trust, (4) purpose, and (5) vulnerability. Their study offers clinicians a better understanding of spiritual issues that arise in the context of disability and illness. The results from Wlodarczyk’s (2007) investigation indicated that spirituality is an integral topic to be addressed with terminally ill patients and their families, and that music therapy can play a powerful role in addressing these issues.
A Definition of Transpersonal Relationships for This Study. In this investigation relationships of a transpersonal nature consist of any relationship that is deemed important by a participant with: a spiritual or religious figure, or spiritual connection; a soul or spirit; nature; the world; and, any other relationship as defined by the participant that is not of an interpersonal nature.

Relationship Completion

Relationships may come to an end without being completed. According to Byock (2004) relationships are complete when we feel reconciled, whole, and at peace. Byock (1997) elucidates that there are five sentiments that permit relationships to reach completion once they are expressed. These are: “I love you,” “Thank you,” “Forgive me,” “I forgive you,” and, “Goodbye.” These are sentiments that can be expressed to complete various types of relationships including interpersonal, intrapersonal, and those with a spiritual connection.

At the end-of-life people often express intense gratitude about their lives and love for the people they have known. In gratitude we celebrate who we are to one another and the ways in which our lives have been shaped, loved, and moved by others. When realizing that death is imminent people often have a particular need to hear that their actions have made a difference and that that they have made a contribution in this life. Subsequently they need to express to their loved ones sentiments of love and appreciation for their actions.

As people get closer to their anticipated deaths, it is natural to have a few regrets. People wonder what sort of person they have been as they assess their lives. At times this means coming to the realization that they need to forgive themselves while accepting that they are worthy of self-acceptance and of love, even with imperfections. Feelings of unworthiness and self-loathing
cause indescribable suffering. These emotions can make people feel alone and unwanted even when surrounded by family and friends. Holding onto unresolved feelings and differences with key people in their lives also causes dying person’s unspeakable suffering. Expressing the sentiment of “I forgive you” brings reconciliation that leads to feelings of inner peace and harmony.

Finally as people come to the realization that they are leaving this world and their loved ones, it is key to say goodbye, so they feel free to travel to their next state of being.

**A Definition of Relationship Completion for This Study.** Relationship completion may take place with oneself, and/or with others including but not limited to family, friends and pets, deceased persons, and/or may be of a transpersonal nature with a spiritual figure or connection. Therefore in this investigation the parameters and definitions of “relationship” are broad and include any of the above mentioned relationships. Relationship completion between myself and the participants is an overt goal of ending and concluding our time in music therapy sessions together, but will not be an area of focus.

**Music Therapy**

In this section I will define the music therapy theoretical framework that will be applied in this study’s music therapy sessions. This will be followed by a look to the literature on music therapy techniques, levels of practice in palliative care music therapy alongside a presentation of specific definitions of techniques and levels of practice for this study. This section will conclude with a summary of the descriptive music therapy literature on the use of music to facilitate relationship completion.
Music Therapy and Humanistic Psychology

Abraham Maslow, Victor Frankl, Rollo May, and Carl Rogers were among some of the founders of the third wave of modern psychology which is referred to as humanistic psychology (Wigram, Pedersen, Bonde, & Aldridge, 2002). This new branch of psychology placed an importance on values, the search for meaning, and psychological growth. Determinism which is characteristic of psychoanalysis and behaviourism is rejected by humanistic psychologists and “importance is attached to the ‘here and now’ situation, to the therapeutic relationship, and to the understanding of the client’s problems” (Wigram, Pedersen, Bonde, & Aldridge, 2002, p. 68).

Bunt (1994) avers “the work of many music therapists seems to fall within a humanistic framework. A music therapist is aiming to maximize growth and potential, often as part of an evolving group process” (p. 43). Within a humanistic framework, the therapist is not seen as an expert, but rather the therapist and client work together in a collaborative process to facilitate development. Bunt (1994) states that:

- Humanistic therapies claim to be concerned with areas that have not been so explicitly highlighted by the psychoanalysts and behaviour therapists, such as:
  - Respect for individuals and their unique differences
  - The notion of ‘wholeness’
  - Development of purpose and personal intentions
  - Freedom of choice
  - Self-growth, or self-actualization, particularly in relation to others
  - Creativity
  - Love
  - Peak experiences
  - Self-esteem. (p. 42)
A humanistic framework for music therapy is well suited to working with clients in palliative care. For example, a therapist who recognizes the value of offering clients the freedom of choice demonstrates his/her awareness of the challenges of dying persons who come to live their last days on an inpatient palliative care unit where they often have little freedom left. Within the humanistic model the therapist strives to meet the client at the level or stage that he/she is at, and works together with the client to identify and achieve (where possible) mutually identified goals. This collaboration demonstrates respect for the client, and a valuing of the client’s role and experience in therapy.

Humanistic music therapy refers to the psychotherapeutic space wherein the personal and transpersonal development of the person through sound and music is facilitated, using an approach emphasizing respect, acceptance, empathy, and congruence. Implicit in the holistic model is the interrelationship between sound and the whole human being, i.e., physical, mental, emotional, and spiritual components. (Bruscia, 1998, p. 274)

Regardless of philosophical orientation music therapy always involves three core ingredients: the client; the therapist; and music. At its centre, music therapy deals with human emotion and relationship. Music therapy concerns itself with facilitating self-awareness, and providing opportunities for emotional expression and development not only through human connections, but also through the music.

Vink (2000) says this about humanistic music therapy:

Through unconditional acceptance of the client’s musical expression and through a warm and honest approach, the client opens up in progressive steps. Clients discover their true personality and can make more realistic choices for a more desired future life. (p. 125)
A Definition of Humanistic Music Therapy for This Study. For this study, as informed by the literature above, humanistic music therapy involves:

1. Unconditional respect and acceptance of the participant(s) and their musical expressions.
2. Meeting each participant at the stage and place that he/she is at.
3. Providing the participant with music therapy interventions and opportunities intended to maximize his/her potential for growth at the end-of-life.
4. The therapist and participant working collaboratively to set and work towards achieving those goals.
5. The participant’s freedom of choice.
6. A value being placed on the participant’s understandings and discussions of their participation in the music therapy treatment process.

Music Therapy Techniques

Just as it is important to define the construct of “relationship” for this study’s purpose, it is equally important to understand the music therapy techniques that will be utilized in sessions to enhance and facilitate relationship completion. Two of my goals in undertaking this study are to understand which techniques the participants find most beneficial, and to learn how music therapists can use these techniques most effectively in their practice with respect to relationship completion.

History of the Development of Music Therapy Techniques in Palliative Care. Music therapy techniques in palliative care have developed primarily from therapists working with the terminally ill and then describing their work and approaches/techniques in the literature. Peters (1987) states: “as they have worked with dying patients and their families, music therapists have discovered many ways in which various music activities can help meet the physical, psychological, emotional, social, and spiritual needs of terminally ill clients” (p. 111). Munro
(1984) acknowledges “the music therapist in hospice care cannot simply turn to music therapy textbooks to find applicable techniques for using music, he or she has to search for the thread of music in the life of each person and in this process discover where it wove itself into meaning for that individual” (p. 88). The early work of the pioneering music therapists who began describing their work in palliative care has helped subsequent music therapists who began to specialize in this area, including this researcher. For example, some of the descriptions help uncover the usefulness of various techniques in accomplishing some common goals such as reducing pain, and expressing emotions. While each client engaging in music therapy interactions is considered unique, and the music and techniques used in sessions are individualized for him/her, these early depictions of the work help inform the practices of today’s music therapists specializing in end-of-life care. In my own practice, I have witnessed the value and effectiveness of music therapy techniques such as music and imagery and songwriting in the palliation of physical symptoms and facilitating emotional expression on a very personalized and individual level.

An important symposium held in New York in 1988 saw the gathering of 40 music therapists from around the world who were working with the terminally ill. This was the first meeting of this type and several important papers were presented which defined and demonstrated through case examples how music therapists were using various techniques in end-of-life care (Martin, 1989a; Bright, 1989; Salmon, 1989; Loyst, 1989). There was also a discussion amongst all attendees about the ways in which they were using music in therapy sessions with patients and their families (Martin, 1989b). The intent of compiling and summarizing those discussions was to “enable the trained music therapist to expand her or his own approach, through exposure to new ways in which music can be used in therapy with the terminally ill” (Martin, 1989a, p. 23). Up until the time of this symposium these music therapists
for the most part had been working in isolation or with limited support simply due to the small
number of them scattered throughout the world specializing in working with the terminally ill.
The symposium demonstrated the value of bringing together a series of isolated experiences and
case studies to develop a common knowledge base and network for communication of and about
current practices, and to discuss areas of focus for future research.

In understanding how techniques have been developed it is fundamental to begin with a
discussion of how music is used in therapy. Gaston (1968) presented three principles which
guide the direction of the use of music in therapy, namely:

(1) the establishment or reestablishment of interpersonal relationships,
(2) the bringing about of self-esteem through self-actualization, [and]
(3) the utilization of the unique potential of rhythm to engage and bring order. (p. v)

Similar views were articulated by Sears (1968) who proposed three basic classifications
that underlie the processes in music therapy, including: “(1) experience within structure, (2)
experience in self-organization, and (3) experience in relating to others” (p. 31). Gaston’s
principles and Sears’ classifications inform the broad ways music is used to accomplish
therapeutic goals in sessions, and how this is manifested in the music therapy techniques.

Once a therapist has established treatment goals and objectives, the most appropriate
techniques to help the client reach those goals are defined. Duerksen, 1978 (cited in Lathom,
1981, p. 160) identifies five universal ways in which music activities may be used to assist the
clients in accomplishing the non-musical skills to reach their therapeutic goals. These are:

(1) music as a carrier of information
(2) music as a reinforcer
(3) music as a background for learning
(4) music as a physical structure for the learning activity, and
(5) music as reflection of skills or processes to be learned.

Peters (1987) discusses that the numerous learning and expressive experiences of music, such as singing, playing instruments, composing, moving to music, discussing music, etcetera, may be used therapeutically in one or more of the ways presented above.

Music therapy approaches used in end-of-life care can be classified as follows: receptive, creative, recreative, and combined (Dileo & Dneaster, 2005). A brief definition of these is provided based on their presentation by Dileo and Dneaster. Receptive methods entail the use of music that the patient listens to passively. At the end-of-life, receptive approaches are common due to the severity of illness and the physical limitations of many patients. Creative approaches employ techniques where music is created on voice or instruments, or where music and/or lyrics are decisively composed by the therapist and patient. Recreative techniques involve performing previously composed music, either by singing or playing. Combined approaches involve pairing music therapy with non-music therapy approaches such as music and movement, or music and art.

**A Delineation of Music Therapy Techniques for This Study.** In this study various music therapy techniques were utilized and are listed on the chart below in their respective category.

<table>
<thead>
<tr>
<th>Receptive</th>
<th>Creative</th>
<th>Recreative</th>
<th>Combined</th>
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<tbody>
<tr>
<td>Music listening</td>
<td>Songwriting</td>
<td>Instrument playing</td>
<td>Music and movement</td>
</tr>
<tr>
<td>Song choice</td>
<td>Instrumental improvisation</td>
<td>Singing pre-composed songs</td>
<td>Music and other arts experiences</td>
</tr>
<tr>
<td>Lyric analysis</td>
<td>Vocal improvisation</td>
<td>Conducting music</td>
<td>Musical life review</td>
</tr>
<tr>
<td>Entrainment</td>
<td>Toning</td>
<td></td>
<td>Musical Autobiography</td>
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<tr>
<td>Music and imagery</td>
<td>Song dedications</td>
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<td></td>
<td>Music/song legacies</td>
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The techniques were selected to best facilitate the accomplishment of the goals for each participant. Those techniques that require explanation on how they were utilized in this study are defined below based on their descriptions from Dileo and Dneaster (2005).

Song choice includes the patient’s selection of a piece of music either freely or based on identified criteria. Song choice is part of both assessment and treatment, as it has the potential to reveal undiscovered aspects of the patient, for example feelings of how a person is managing. Song choice frequently entails verbal processing of the patient’s reactions or responses to the music.

Musical life review involves using music from a patient’s past to stimulate conversation of his or her life story. Musical autobiographies involve the assemblage of music that a patient identifies as representative of particular events in his or her life, and milestones.

Song dedications are musical pieces, typically selected by the patient or a loved one to express a feeling, sentiment, or wish to another person. Music or song legacies call for the recording of one or more pieces of music that the patient selects for a specific person.

Entrainment involves changing the rate of brain waves, breaths, or heartbeats from one speed to another through exposure to external, periodic rhythms. In palliative care, music entrainment is concerned with the therapist improvising sounds as accurately as possible for the patients, moving them from pain or rushed/laboured breathing to a slower calm, meditative state.

Music and imagery involves either live improvised music or taped music accompanied with describing scenery, a journey, or imagery. The Bonny Method of Guided Imagery and Music (BMGIM) is a specialized approach involving specially designed music programs and advanced training on the part of the music therapist. In this investigation the BMGIM was not
employed as this researcher has only completed level two in this training and is not yet qualified as a practitioner of this method.

Lyric analysis involves the choice of songs by the therapist and/or patient where after music listening, the words are the focus of a verbal discussion between the patient and therapist. In palliative care, improvisation involves the therapist using his/her technical skill to support, reflect, and encourage the client’s musical creativity and expression, which compares to the way a counsellor works in a verbal medium (O’Kelly, 2002).

The history of songwriting in palliative care music therapy has its roots in the treatment of individuals with emotional and psychiatric problems. The use of songwriting with these populations was first described by Crocker (1952); Rupenthal (1965); and Castellano (1969). O’Callaghan (1997) who has carried out research on the use of songwriting in palliative care presents 10 therapeutic opportunities associated with music when using songwriting in palliative care. These are:

1. Songwriting offers patients opportunities to express creatively through both the words and music.
2. Songwriting may be less threatening than other forms of creative writing.
3. Songwriting offers varied opportunities to promote physical and social well-being.
4. The music accompaniment may enhance one’s learning of the lyrics.
5. Songwriting allows people to make creative choices that encompass both musical and verbal dimensions.
6. Songwriting may offer opportunities for counselling.
7. The song melodies may inadvertently offer comfort.
8. Songwriting verbally and musically validates emotional expression.
9. Helping patients to create new lyrics for well-known music may encourage their expression of thoughts and feelings.
10. When writing songs one may feel pride about both the lyrics and musical setting. (p. 13-15)
In this study songwriting was implemented based on the opportunities presented above.

**Levels of Practice in Palliative Care Music Therapy**

As assessed by this researcher, the techniques employed in receptive, creative, recreative, and combined approaches above are useful with respect to relationship completion in potentially three ways: a) to bring focus or clear thinking to set the work of relationship completion in motion, b) to serve as launching points or reflections about relationships, and/or c) to become vehicles or tools for expression of the various sentiments that permit relationships to close. It is this researcher’s position that the techniques are clearly useful at helping in each of these areas. For example, lyric analysis serves as an effective focusing and launching point for identifying feelings, emotions, and thoughts that may be central to distinguishing and beginning the work that needs to be done to complete relationships. Songwriting is another example of a technique that provides the client with an outlet or vehicle to share feelings, ideas, and experiences in working towards expressing emotions to facilitate relationship completion.

**Music Therapy Model for Sessions in This Study.** Dileo and Dneaster (2005) define three levels of practice in palliative care music therapy including: supportive; communicative/expressive; and transformative. Through an examination of what is encompassed in each level, it follows that the ways that music is useful in relationship completion align with the various levels in this model. Focus fits in with the supportive level; launching point/reflection with the communicative/expressive level; and vehicles and tools with the transformative level.

As informed by Dileo and Dneaster (2005) at the supportive level, music therapy is used to palliate physical, psychological, and cognitive symptoms common to end-of-life, and to offer
comfort, support, or enjoyment for the patient. At the communicative and expressive level, music therapy is used as a vehicle for the patient to reflect upon and convey feelings of which he/she may or may not be aware. Music affords a means of identification and awareness of the feelings, and allows the safe expression of them either verbally or non-verbally. At this level, the therapeutic intent is to assist understanding and expression, and to support and authenticate. At the transformative level, the tools and vehicles of music therapy are implemented to facilitate growth and insight at the end-of-life.

I work within this palliative care music therapy model whilst undertaking this research as this model fits well with the aim of the study, which is to further understand the role of music therapy in palliative care in facilitating relationship completion. Dileo and Dneaster’s (2005) model allows for a full range of goals to be addressed with participants and for the provision of a holistic treatment paradigm.

_Music Therapy Research and Descriptive Articles on Relationship Completion_

To date from a thorough search of the literature there are no formal research studies that have been carried out which have looked specifically at the role of music therapy, or the use of music, to facilitate relationship completion. The most comprehensive writing on the subject is that of Dileo and Parker (2005) who provide brief vignettes of their clinical work where songs were used to enhance relationship completion. In addition to this writing there are descriptive articles and book chapters which provide case examples of how music therapy has been used to facilitate the completion of various relationships. These will be presented below along with an example from Dileo and Parker (2005) to illustrate how this literature informs the way a therapist
can potentially work within the music therapy model that was utilized in this study. These
descriptions also ultimately support and inform how music therapy interventions have been and
can be implemented in facilitating relationship completion.

**Research on Music Therapy to Facilitate Relationship Completion at the Supportive Level**

At the supportive level, typical goals include: decreasing agitation, decreasing pain
perception, and increasing relaxation. Working towards and accomplishing such goals might
provide the dying person with the physical and mental framework and energy to be able to
engage in relationship completion once his/her symptoms are more controlled.

**Facilitating Intrapersonal Relationship Completion at the Supportive Level**

Magill (2005) speaks of the case of Randall, a 45 year old male diagnosed with stage IV
colon cancer who had worked as an actor and singer-song writer. He was referred to music
therapy due to his restlessness, difficulty sleeping, and overriding anxiety. In music therapy
Randall engaged in sharing stories about his career in music and love of performing. With
encouragement from the therapist, Randall played for a small group of people in the lounge on
that hospital unit. The song themes were about love and friendship. When Randall left the lounge
after finishing he took the hands of those present and said, “Thank you,” Byock’s (1997) second
sentiment. Through future sessions it became clear to the music therapist that Randall needed to
identify with his role of actor and musician as opposed to that of his illness. Together they
recorded several songs to give to others on the unit and this gave Randall a way to reconnect
with his sense of identity. By maintaining some control in his situation through participating in
musical activity, Randall’s anxiety diminished. Music therapy sessions allowed Randall to
complete the relationship with himself as a musician and it “provided the support through which he could regain inner peace during his time of passage” (p. 13).

Facilitating Interpersonal Relationship Completion at the Supportive Level

This following case example is from clinical work that was conducted by Clements-Cortés (2006). Sharon was a 40 year old female dying from breast cancer. She had two young children and her husband was also diagnosed with cancer but was doing well with his treatments. Sharon and her family moved back to Canada from the United States when her disease became progressively worse in order for her to be closer to her family. She experienced an overriding sense of anxiety regarding her imminent death and grieved the loss of her role as a mother. Sharon described that she felt very isolated because she felt she could not discuss her issues and concerns with her family. From her first battle with breast cancer, after which she went into remission, she learned that her parents and husband were not able to discuss her illness and feelings. They preferred to pretend that everything was “normal” and tried to make Sharon “happy” so to speak by never discussing her illness or prognosis with her. This left Sharon feeling that she had no one to confide in and with whom to discuss her feelings. Through singing and discussing music with the music therapist Sharon felt supported and a trusting relationship was easily established. Sharon wanted to discuss her death with her children and husband but did not feel that she could. Through lyric analysis, song choice, and verbal processing with the therapist Sharon’s feelings became clear to her, and she gained the strength to discuss her feelings with her children and husband. The music provided her with the strength and space to begin to explore her feelings, reduce her anxiety, and ultimately bring the relationship with her husband and children to closure.
Facilitating Transpersonal Relationship Completion at the Supportive Level

Hilliard (2001) presents the case study of Ms. Zelda, a 35 year old client with a brain tumour who was referred to music therapy as she was frightened, anxious, and worried. Ms. Zelda repeatedly asked staff and visitors the same set of questions: “How will my death take place?” “Will I be alone?” and, “Am I going to Heaven?” Even though she was visited regularly by the chaplain she was unable to find peace. Music helped divert Ms. Zelda’s attention away from her anxiety when she actively listened and engaged in music making with the therapist. She considered music as a “friend.” The music therapist attempted to validate Ms. Zelda’s questions through songwriting and composition. These techniques were successful in reducing her anxiety during the activities, but her anxiety would resume upon their completion. Lyric analysis was introduced and much time was spent discussing the meaning of the lyrics of Blowin’ in the Wind which the therapist had presented to her. Ms. Zelda conveyed that the song asked difficult questions and gave no answers. The therapist asked her if the lyrics in the song were similar to her questions and she agreed. He asked her if there were essentially answers to the questions but that the answers were beyond our earthly understanding and she agreed. After that session Ms. Zelda stopped asking the questions and her anxiety decreased significantly. In every subsequent music therapy session she asked to hear that song. Supportive music therapy gave her insight and comforted her in knowing that such answers were not to be known. She was able to cognitively reframe her condition and the music gave her the space to move past these questions and to find peace with her spiritual concerns.

The use of music therapy for women with metastatic breast cancer is described by Hanser (2005). Two patients V. and G. learned techniques such as pain management, and music for diversion and distraction from needles, toxic chemicals, and noisy IV machines. The music
strategies helped these patients find a sense of peace and calm that they could use independent of the therapist being present. During one live improvised music session with G., she imaged herself in an ancient monastery on a mountaintop that was engulfed in clouds, “It seemed like a magical home for her spirit” (p. 40). These descriptive writings elucidate the power of supportive music therapy to clear the mind and prepare patients for deeper journey, analysis of their issues, or spiritual/existential exploration if they so choose.

**Facilitating Combined Relationship Completion at the Supportive Level**

Magill (2001) used thematically termed case studies to demonstrate various techniques with three clients suffering from advanced cancer pain. Looking at the experience of pain from a holistic standpoint Magill presents the case of “Music Lifts Me,” which is the story of Kate, a 41 year old female with breast cancer who complained of intense, long lasting pain in her back and abdomen. Kate was fearful about her separation from her husband and two children. Her pain was exacerbated most of the time by anxiety and feelings of loss of control. Kate requested songs of faith and hope and explained that she had a need to pray, to be with her husband and children, and to live the life she had led before. The hymns and songs that Kate selected reflected her longing, sorrow, and surrender to life’s events. Kate often exclaimed that the music lifted her and provided relief of tension, thus easing her experience of pain. The songs helped her in saying goodbye to her family, and a tape was made for her children expressing her feelings for them. Additionally, the music helped Kate reflect on her accomplishments as a mother, wife, and nurse and therefore helped her to complete the relationship with herself. Music therapy provided a reduction of symptoms and the necessary support to encourage Kate to complete her goals.
Research on Music Therapy to Facilitate Relationship Completion at the Communicative/Expressive Level

At the communicative and expressive level, launching and reflective techniques include: life review and musical life review; musical autobiographies; song dedications; music/song legacies; improvisation; music and art; songwriting; song choice; lyric analysis; and, Guided Imagery and Music (GIM.)

Both life review and musical life review accomplish a number of goals and are important for a variety of reasons including:

1. Strengthening ties to identity. This could be accomplished by reflecting on time periods in life where the client felt a strong sense of identity, for example, reflecting on his/her career. Musically, it could be accomplished through utilizing favourite songs of the clients and music from various time periods throughout their lives.
2. Facilitate the grieving process. The purpose is to reflect on and grieve the losses implicit in death, which for example could be done through improvising music related to feelings.
3. Assess important life accomplishments. This involves highlighting and reliving important and proud moments in one’s life. Musically this could be done by writing a song about those accomplishments.
4. Address any regrets, or other unresolved issues. These concerns cause anxiety to the client. Musically these feelings could be explored and resolved through lyric discussion and analysis of pre-composed songs.
5. Helping the client to complete the relationship with him/herself.

Undoubtedly life review is not something that can be done with all patients. It requires the desire on the part of the client and the energy to engage in it emotionally, cognitively, and physically; and each life review process is unique. It is not uncommon for palliative care patients to go through a period of stabilization, where they have good days and renewed energy, which
gives them the opportunity to reflect on their lives and personal values, process unresolved conflict, prepare for their funerals, and seek spiritual support.

Facilitating Intrapersonal Relationship Completion at the Communicative/Expressive Level

In terms of achieving awareness of limitations and losses, Salmon (1995) speaks to the skills, presence, and music that the music therapist brings to the palliative care clinical situation through the various interventions. She maintains that songwriting, improvising, song choice, and lyric discussion and analysis lend themselves well to exploring issues of loss. Hogan (1999b) also reflects that songwriting is effective in assisting struggling patients to come to terms with their prognoses. Songwriting helps patients in acknowledging fear, sadness, and anger, while helping them to overcome denial and become more aware of limitations and losses. These techniques can be highly effective in terms of helping dying persons complete the relationship with self by providing vehicles to reflect and re-examine the past, perhaps providing the groundwork or space to forgive oneself for life choices.

Bruscia (1995b) describes his work with gay males living with AIDS and his use of GIM. One patient for example imaged bones that belonged to a man who was being stoned to death by a crowd. This patient moved from being the man stoned to death to the people throwing the stones. The session ended with this patient burying the man with blood on his hands. He came to the realization that his images symbolized his need to forgive himself. Bruscia found that the most common emotions shared by these men were guilt and shame, anger, loneliness, fear, and grief. The expression of loneliness was very evident in numerous sessions as the imager would often be alone in his imagery, never coming across other human beings, being loved, or held.
Grief was often released in profound crying. AIDS as Bruscia points out is unique in that it often strikes not only the person afflicted with it, but also his/her entire support system.

**Facilitating Interpersonal Relationship Completion at the Communicative/Expressive Level**

One of the main goals at the communicative/expressive level is to express feelings. Krout (2005) and O’Brien (2004) maintain that songwriting provides the client with an outlet to share feelings, ideas, and experiences as well as to examine feelings about meaning in life and death, and is often included in a session to reach this goal. Further, O’Brien (2004) states that songwriting may be beneficial to patients in palliative care by facilitating descriptions of the illness experience, providing the mechanism for conveying important messages, and stimulating a fuller appreciation of life. Clients may decide to write a song for a family member to express their love for him/her, and this technique could be used to express the other sentiments that Byock discusses: forgiveness, goodbye, and thank you.

Aasgaard (2001) explored how music therapy could assist patients and relatives in the process of making friendship and love audible in a children’s cancer ward. He presents four short patient histories to illustrate this. In two of the cases Aasgaard describes how the children created texts which became songs, and explains how the patients transcended their roles if even for a brief moment to move from being passive recipients of care into more active social roles, for example by having staff and others perform their pieces. One child who was taken care of for several months had to be moved to another hospital and was missing her primary nurse. She created a song and recorded it as a gift for that nurse to say thank you. Songwriting helped this child complete the relationship with her nurse and to express her gratitude.
Several case studies of music therapy for children and adolescents receiving palliative care are presented by Daveson and Kennelly (2000). The example of a 12 year old male and his family is described wherein the primary goal of music therapy was to provide support for the family during the time of transition and death. The songs sung assisted the family in creating an intimate and familiar environment for their dying relative. Music therapy also provided opportunities for reminiscence, individual silent reflection, discussion, and self-expression. Music sessions provided the support and outlet to express important feelings and sentiments that could help the family to complete the relationship with their child by sharing and expressing their love for him.

Gilbert (1977) describes the process of how a family music therapy setting can assist in the progression of working through the stages of acceptance of death by using music as a vehicle to verbalize emotions and ideas that may be threatening to express otherwise. Hogan (1999b) presents an example of how this might be done. Her patient K., was a 50 year old male married with three daughters. The family participated together in music therapy sessions recalling musically elicited memories with excitement, enthusiasm, and at times, sad emotion. As K.'s condition deteriorated, impairing his cognition and speech, sessions changed focus to selecting songs that helped K. identify and express to his family the deep inner emotions he was now unable to express verbally. This allowed K. to feel that the sentiment of “I Love You” was being fully communicated to his family members when he was too ill to say so himself.

Hogan (1999a) and Bailey (1984) acknowledge that song choice is a tool that can help validate thoughts and feelings. The songs’ lyrics cognitively and emotionally stimulate patients and/or their families, offering them opportunities to communicate feelings or emotions that are too confronting or difficult to express verbally. In particular Bailey (1984) found that songs
selected by patients tended to reflect a variety of themes including: hope, pleasure, relationships, needs and desires, feelings, loss, and death and peace. Reminiscing allowed families to reconnect over music that brought up significant memories, and/or to discover unresolved issues that were subsequently addressed with the help of the music therapist. The use of songs in music therapy allowed patients and families to experience increased connectedness and the song theme that focused on relationships was a useful tool in helping patients and family members process unresolved feelings about various relationships.

Facilitating Transpersonal Relationship Completion at the Communicative/Expressive Level

The case of a 72 year old female widow described by Clements-Cortés (2004) demonstrates the importance of expressing emotions of anger and despair in order to reach peace. Through the music, this client was able to confront and express feelings that she was having a difficult time discussing verbally. She used song lyrics as launching points to discuss and explore why God had chosen her to die when she had lived a good life. She needed to express these emotions in order to access her current relationship to God and her faith.

Facilitating Combined Relationship Completion at the Communicative/Expressive Level

Magill (2005) presents the case of Michael, a 34 year old male diagnosed with prostate cancer who was referred to music therapy by the psychiatrist due to his self-imposed isolation. When approached by the music therapist, Michael was hesitant but eventually agreed to listen to music and to future sessions. Music therapy provided him with the opportunity to vent his
feelings of sadness and fear, and most importantly to express the sadness he felt about “abandoning” his brother. His feelings of guilt were preventing him from receiving the much needed support that was being offered to him by his family, friends, and health care team. Together the music therapist assisted Michael in making an audio recording for his brother where he could express his feelings. As described by Magill, “Music therapy met the spiritual needs of Michael, who was contending with feelings of guilt, sadness and fear” (p. 15). Music helped him to express repressed thoughts and feelings and open up to others to accept their care. Seeking forgiveness from his brother allowed him to complete that relationship in order to experience the fellowship he needed from others and to be at peace with himself.

**Research on Music Therapy to Facilitate Relationship Completion at the Transformative Level**

At the transformative level, patients might be helped to: review their lives; resolve conflicts and feelings; forgive self and/or others; address spiritual and existential issues; and, to find peace. Tools and vehicles to express include such techniques as: songwriting; clinical music improvisation; song dedications; music legacies; and GIM.

**Facilitating Intrapersonal Relationship Completion at the Transformative Level**

Salmon (1995) presents the case of Jacques, a 56 year old male with end-stage amyotrophic lateral sclerosis (ALS). Music therapy progressed from the communicative/expressive level to the transformative. Jacques used song choice, listening, and verbalization to express parts of his internal experience and feelings such as anger and sadness. The music therapist and Jacques then began to engage in clinical music improvisation and
songwriting. Three weeks into the therapy sessions Jacques wrote a song called “Just A Man,” which Salmon states “…is indicative of working-through in therapy” (p. 76). In this song, the lyrics express the difficulties of his situation acknowledging his fear, sadness, anger, and pain looking for a way to come to acceptance of his illness and to find peace. The lyrics also speak to saying goodbye when his time will come to leave this world and the words allow Jacques to ‘be’ the way he needs to at this stage. For example, “Don’t be afraid to cry when you’re in pain or scared, [and] When the time shall come for suffering and pain to end, Don’t be mad or sad, smile, and say goodbye.” (p. 76). Music supported and facilitated Jacques’ relationship to his own inner resources. Songwriting gave Jacques a sense of purpose, and connected him to his spirit, humour, intelligence, and grace.

The use of GIM with Mary, a 50 year old female dying from Motor Neurone Disease is described by Erdonmez (1995). Through imaging, Mary attended to several issues related to her life and current mental status. She confronted her disease, which appeared in the images of clouds. She encountered archetypal figures on the journeys such as a wise old male. Through imaging, Mary symbolically worked through the meaningfulness of her life and she was able to come to a feeling of fulfillment. Her imaging also pointed to her belief in an after life. As Erdonmez states, “The process for Mary then, was her own journey, an inner journey or preparation for the final act of individuation-separation from the living world” (p. 133). GIM provided Mary with the avenue to complete the relationship with herself.

**Facilitating Interpersonal Relationship Completion at the Transformative Level**

Dileo and Parker (2005) provide several examples to demonstrate how music therapy can assist in relationship completion in the intrapersonal, interpersonal, and transpersonal areas, and
with the expression of the five sentiments as described earlier by Byock (1997). Simon was
dying from throat cancer. His daughter, Annette, struggled to find the words or the means to find
closure with him by giving thanks. The music therapist was key to bridging the silence and
fulfilling Byock’s (1997) sentiment of saying “Thank you” when Annette chose Bette Midler’s
poignant yet uplifting song, *Wind Beneath my Wings*. Annette and the therapist sang the song
together while Annette held her father’s hand and kissed his forehead. When the song finished
the two sat and gazed into each other’s eyes. Annette expressed to the therapist after the session
in the hallway that she needed to let her father go and she was now ready to do so. Simon died
the next day.

O’Callaghan (1995) found that songwriting was a powerful technique that enabled some
patients to more easily express their thoughts through lyrics than words alone. The sister of one
of O’Callaghan’s patients was overwhelmed with emotion when she heard the lyrics of a song
her sister wrote thanking her for keeping her out of an institution for as long as she was able. She
had not heard her sister say these words before and they were important in helping that sister feel
validated, and ultimately appreciated for her giving. Additionally those words played a role in
her bereavement period.

GIM sessions described by Bruscia (1995b) highlighted that AIDS patients often image
being reunited with a loved one who had died. These relatives, friends, and lovers consoled,
guided, and reassured the patient and the reunions gave way to emotionally healing experiences.
Guilt and anger were replaced with forgiveness, and love was expressed. The emotional healing
enabled the patients to “start living again” (p. 122), feeling loved.
Facilitating Transpersonal Relationship Completion at the Transformative Level

Loewy, Altilio, and Dietrich (2005) describe the journey of a patient Alethea who used music to explore death and what it would be like to die. Alethea used the music and her relationship with others within the music as a way to share, life review, and play out future events that she knew she would not be able to experience on earth. The musical rituals provided a path to transition.

Hilliard (2005) presents case vignettes documenting how music therapy can enhance quality of life. One case of Ms. Johnson discusses that on a spiritual level, Ms. Johnson felt reconnected with her higher power through the singing of music with religious significance. She had become too weak to attend church services and often commented that the music therapist brought church to her through the music. Participation in music therapy brought her peace.

Facilitating Combined Relationship Completion at the Transformative Level

Robertson-Gillam (1995) presents the case of Mrs. T., a 59 year old female dying from metastatic melanoma, with whom she utilized various music therapy techniques. Music and imagery combined helped Mrs. T. to visualize her deceased husband and work through her grief over his death completely as she had been unable to speak about feelings that surrounded his death up to this point. This expression helped her further express her anger towards God and speak about her religious issues which opened the door to additional emotional exploration in subsequent music therapy sessions. Music therapy helped facilitate the relationship closure she needed to complete with her husband in order to help her explore her relationship with God and her anger.
Summary

This chapter lays out the conceptual framework that supports the pursuit of answers to the research questions which seek to understand the experience of music therapy intended to facilitate relationship completion. The following key concepts and constructs that provide the framework for this study have been defined: experience; phenomenology; relationships (intrapersonal, interpersonal, and transpersonal); relationship completion; Humanistic music therapy; music therapy techniques; and the music therapy model for sessions in this study. These definitions have been informed through the examination of the literature in the respective areas. I conclude this chapter with a literature review of music therapy research and descriptive articles on relationship completion.
CHAPTER THREE

METHODOLOGY

Overview

This investigation utilized a combination of intrinsic and instrumental case studies to describe and uncover the experience of dying persons and their relationships as they engaged in music therapy sessions, with the goal of assisting or facilitating relationship completion.

Music Therapy Research Design in Palliative Care

Research and descriptive articles in palliative care music therapy began to be written in the early 1980s and have focused on a variety of themes ranging from the use of music for pain relief to using music to enhance quality of life. Griessmeier (2005) imparts that “working as a music therapist in palliative or hospice care requires a lot of flexibility as the patients’ physical condition may vary greatly from day to day and the music therapy setting has to be adapted according to their individual needs” (p. 53). This makes it somewhat challenging to implement a variety of research approaches. Different diagnoses across patients may have an effect on the way therapy can be received by individual patients, making it difficult to standardize approaches across patients. There may also be an effect of age and/or sex on participation in, and receptivity to, music therapy that cannot be controlled. Ultimately, case studies offer an unobtrusive way of conducting research with the palliative population, as many of these clients are so frail and ill that it seems cumbersome and somewhat unethical to be asking them to complete questionnaires or tests that may be part of more traditional quantitative research studies.
According to Statistics Canada, approximately 75% of the Canadians who die each year are over the age of 65, which translates to approximately 56,000 persons (Canadian Hospice Palliative Care Association, 2006). Brown (2002) reports that the approximate age of palliative care patients in Canada is 60. With the majority of clients in palliative care being older, the prevalence of dementia is high. Medication at the end-of-life can have an impact on cognitive function and cause increased confusion, thus creating limitations on the types of research studies that can be implemented. Needless to say, there is limited quantitative music therapy research with palliative care patients that has been documented in the literature.

Qualitative research methods appear better suited to capturing the intricacies of working with the terminally ill, and offer rich, detailed descriptions of the work. Case studies are excellent research methods as they are adaptable to the clinical needs of the individual patient and the approach of the therapist. According to Aldridge (2005) “case studies relate what is being studied to real life situations and allow us to use a multiplicity of variables” (p. 11). He explains that case studies offer a formal structure for stories, and that stories provide reliable and rich information. One of the most salient features of case study methodology is that case studies permit the assessment of individual development and important incidents in the patient-therapist relationship over time. In my own research (2004), I have used case studies to document and describe the experiences of patients involved in life review, and have found them to be a practical and valuable method for compiling and analyzing complex data, yet preserving the rich detail of the individual experience.

Case studies offer the unique potential to capture a wealth of detailed and descriptive information about the patient’s relationships that can be analyzed qualitatively and examined for changes over time (even if that time is only a matter of weeks, or a few months.)
What is a Case Study?

Formally defined by Yin 1981 (cited in Yin 1989) “a case study is an empirical inquiry that investigates a contemporary phenomenon within its real-life context; when the boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence are used” (p. 23).

Hamel, Dufour, and Fortin (1993) describe case studies as a methodological approach that incorporates a variety of data gathering methods. Essentially, in utilizing this investigation method the researcher must gather enough information about the person, event, group, or situation being studied to successfully understand how it works.

The weaknesses of case studies are summarized by Nisbet and Watt (1984) who explain that the results of the case study may not be generalizable; they may contain bias or be subjective; and, they are prone to problems of observer bias.

How Does The Writing of a Case Study In Clinical Practice Differ From The Writing of a Case Study in Research?

Smeijsters and Aasgaard (2005) assert that case histories, case vignettes, or case examples (which at times are referred to as case studies) have been customary ways of portraying music therapy practice. They state, “The case is almost always a single client or client group, and the study is an account of music therapy sessions in which the therapeutic process, including problems, goals, interventions, and outcomes, is described” (Smeijsters & Aasgaard, p. 441).
The writing of a case study not ruled by a research method for the overall evaluation and assessment of clinical music therapy differs from case study research, which follows a research method. Essentially in assembling a case study as part of regular clinical practice, the therapist typically writes in the third person. The case study generally begins by presenting the client history, followed by a description of the music therapy assessment including the treatment goals. Details of the music therapy sessions and the course of treatment which includes subjective information received from the client, and a description of the interventions that were used at the various stages goes in the next section. This is often followed by a section which presents the therapist’s objective assessment, analysis, and discussion of the music therapy treatment. The case studies are typically informed by the therapist’s written assessment, session notes, and chart notes. Bruscia (1995c) distinguishes between the clinical use of a case study and the use of case study as research, explaining that the goals of case study as research are to develop the body of knowledge by using a systematic method of inquiry.

What Are the Characteristics of Case Study Research?

Smeijsters and Aasgaard (2005) define the crucial aspects of case study research as the following:

(1) The use of a research method that requires all data to be observed and analyzed;
(2) The use of various forms of data collection and analysis;
(3) Data analyses that are checked by members and peers; and,
(4) Data analyses that are informed by multiple perspectives. (p. 441)

In addition they provide a useful summary of the characteristics of case study research.
Case study research:

(1) Focuses on the case, which is a specific, complex functioning thing with boundaries, and is real-life grounded;
(2) Uses a systematic method of inquiry;
(3) Can be intrinsic or instrumental; and
(4) Can be multiple but is not an aggregation of data over cases. (Smeijsters and Aasgaard, 2005, p. 442)

**Purposes and Types of Case Studies**

Stake (1995) classifies three different purposes of case studies including: intrinsic, instrumental, and collective. In intrinsic case studies, the researcher seeks to better understand a particular case. In instrumental case studies the researcher uses the case as support to better understand a theoretical question or problem. Several case studies are examined in the collective case studies approach to facilitate understanding or enhance the ability to theorize about a broader context. Intrinsic and instrumental studies can overlap depending on the investigation.

Under the general category of case studies, there are several subdivisions, each of which is chosen depending on the goals of the researcher. Yin (1994) presents several designs for case studies including: exploratory; explanatory; and descriptive. Exploratory case studies often help define research questions, and may be used as a pilot or prelude to larger studies. Explanatory case studies may be helpful in conducting causal studies. For example, several episodes from a case may be used to support a theoretical proposition. In descriptive case studies, a theory is presented that becomes the overall framework for the investigator to follow throughout the study. This design typically utilizes a few episodes to show what a situation is like, and make the unfamiliar familiar.
How Was Case Study Methodology Applied in This Study?

Each palliative care participant and his/her relations constituted a case, bounded by their own unique music therapy experiences. In this study, the data sources that constituted the multiple sources of evidence in assembling each case study included:

(1) music created, utilized, recorded, and/or discussed in music therapy sessions,
(2) discussions during music therapy sessions,
(3) the researcher’s field notes,
(4) formal notes placed in the participant’s medical charts,
(5) the formal written assessment,
(6) transcriptions of audio-taped music therapy sessions,
(7) interviews,
(8) interview transcriptions,
(9) artistic pieces crafted by myself that emerged from the experiences of the participants as reflected in their interviews, and
(10) weekly participation in sessions which were verified by the participants; and other artistic material.

It was my intention to elucidate each participant’s experience to the fullest capacity by presenting their stories in chapters four through seven. After each case was written and fully analyzed, I took a retrospective look across the four cases to see whether there were commonalities that could potentially point to experience features across palliative care patients or their treatment. The findings of this cross-case analysis are presented in chapter eight.

Intrinsic and instrumental case studies were selected as a means to better understand each participant’s experience as well as a method to understand the role of music therapy in relationship completion. As outlined above by Smeijsters and Aasgaard (2005) this investigation embodied the critical aspects and characteristics of case study research.
Case studies are a highly valuable methodology in the evaluation of participants’ perceptions, the central theme of this investigation. My role in undertaking this style of research may be summarized by the following citation. Cohen, Manion, and Morrison (2000) maintain that case studies provide “a unique example of real people in real situations” (p. 18).

Additionally, these cases have led to my advanced understanding of the clinical use(s) of music therapy techniques that are beneficial to relationship completion. The use of case studies in this way is supported by Aldridge (2005) who imparts that case study designs are appropriate in developing research hypotheses, testing them in daily clinical practice, and refining clinical techniques.

**Why Was Writing in the First Person Important for Writing the Case Studies in This Investigation?**

The music therapy process involves the interaction of three key components, namely: music, the client, and the music therapist. Music is the therapeutic medium, but its optimal benefit in therapy depends on the way that the therapist uses it to help. In this investigation as I was the therapist who was part of each music therapy session with each of the participants it was important to write the case studies in the first person as opposed to writing them in the third person. Writing in the third person often gives the impression that the writer is somewhat removed from the situation. Amir (2005) writes,

> When I write a case study, my purpose is to try to engage the reader as much as possible in the process. This is why I chose the first person writing style…Using a third person writing style makes the client an anonymous figure and creates a distance between the reader and what he/she reads. My argument is that the use of first person makes the article more real and mirrors the atmosphere that I wish to establish in the therapy room - two human beings who share a journey together. (¶2)
Atkinson (1990) imparts that writing in the third person suggests that the knowledge claims have a superior authority as opposed to first person writing which gives the writer a more human dimension. As a therapist, I believe that I am an integral part of the music therapy process but I do not believe that my viewpoints are superior or more informed than the clients with whom I work. Therefore for these reasons I chose to write the case studies in the first person.

**Narrative as a Framework for Writing Case Studies**

At the heart of case study research is the intention to fully understand the participants’ experiences. Cohen et al. (2000) maintain “Case studies frequently follow the interpretive tradition of research seeing the situation through the eyes of the participants” (p. 183). As this investigation sought to reveal pictures of the participants as their stories unfolded it made sense to honour their stories by writing the case studies as narratives. In choosing to write in a narrative style the participant’s voices are present in the case studies.

Bruner (1986) and Gergen (2001) explain that when the concept of narrative broke into the field of psychology, value was placed on understanding the human being as a creator of stories, organizing his or her cognitive world as a system of stories, and his or her own life story as a way to define him or herself. Amir (2005) asserts:

In therapy, the client tells his/her stories (verbally and artistically). It helps him/her to reconstruct, better understand and find meaning in his/her life. Similarly, writing in a narrative style helps me better understand the client's experiences in both therapy and life. Writing a case study as narrative also helps me to create the story of a particular therapeutic process through my own particular lens. (¶6)
Each of the participants in this study told me their stories as we navigated through the music therapy process. Writing the case studies as narratives provided me with a rich manner to collect, understand, interpret, and analyze the data.

Case studies strive to portray ‘what it is like’ to be in a particular situation, to catch the close-up reality and ‘thick description’ (Geertz, 1973) of participants’ lived experiences of, thoughts about and feelings for, a situation. Hence it is important for events and situations to be allowed to speak for themselves rather than to be largely interpreted, evaluated or judged by the researcher. (Cohen et al., 2000, p. 182)

I assert that a formal third person writing style would not have been able to portray or expose the situations and lived experiences of this study’s participants.

Narrative Methodology

What is Narrative Inquiry?

“Narrative and story have long been regarded as an intellectual resource in the arts, where they have been used to describe and interpret the experiences of human beings down through the centuries” (Beattie, 1999, p. 4). Narrative inquiry is the process of gathering interpretive data through elicitation of rich personal accounts or stories.

Narrative research as defined by Lieblich, Tuval-Mashiach, and Zilber (1998)

Refers to any study that uses or analyzes narrative materials. The data can be collected as a story (a life story provided in an interview or a literary work) or in a different manner (field notes of an anthropologist who writes up his or her observations as a narrative or in personal letters.) It can be the object of the research or a means for the study of another question. It may be used for comparison among groups, to learn about a social phenomenon or historical period or to explore a personality. (p. 2-3)
Connelly and Clandinin (1990) state, “humans are storytelling organisms who, individually and collectively, lead storied lives. Thus, the study of narrative is the study of the ways humans experience the world” (p. 5). Andrews (2000) holds a similar position stating:

Stories are not only the way in which we come to ascribe significance to experiences…but also they are one of the primary means through which we constitute our very selves…we become who we are through telling stories about our lives and living the stories we tell. (p. 77-78)

Narrative methodology is a tool for both collecting and representing data. As a means of representation narrative allows the researcher to convey the data and analysis in a very rich manner. Clough (2002) explains that stories present a way by which those truths which are not able be otherwise told, are uncovered. Clandinin and Connelly (2000) who are two of the leading theorists on narrative inquiry rely heavily on narrative as a form of representation and communication rather than merely a mode of analysis.

How Was Narrative Used In This Study?

In this study narrative was used to collect and analyze data, as well as to represent it in the form of narrative case studies. It seemed natural that during the course of the music therapy process and the interview, that participants’ narratives would naturally emerge as: they told me about themselves; we designed goals for their sessions; they engaged in the various music therapy interventions; and they described and elucidated their experiences both in and outside of the music therapy sessions. Clandinin and Connelly (2000) are in agreement with John Dewey in that the definitive goal of research is the study of human experience, and they maintain that narrative encapsulates and investigates experiences as human beings live them in time, in space,
in person, and in relationship. They state “narrative inquirers tend to begin with experience as lived and told in stories (Clandinin & Connelly, 2000, p. 128).

Barone and Eisner (1997) claim the “power of story derives from its capacity to entice the reader into a powerful vicarious experience” (p. 84). Writing the case studies in this investigation as narratives expressed not only the factual accounts of the experience of relationship completion and music therapy sessions, but also more of the emotion, feeling, and essence that were present in those experiences. Narrative seemed like a natural fit to enhance the presentation of results in this study as “Qualitative case studies provide information about clients, patients, and settings through the articulation of details, similar to stories found in narrative inquiry” (Kenny, 2005, p. 421). As narratives it is hoped that these case studies are more persuasive and compelling as a form of research report.

According to Eisner (1998) “qualitative studies of classrooms, teachers, and schools are usually expressed in stories” (p. 189). What this means is that the researcher constructs a picture of the situation that he/she has studied. Similarly the crafting of a story or narrative may also be applied to the hospital and/or health care setting. Eisner (1998) explains that there are several methods to constructing the story including: using themes; organizing events over time; and selecting a single day or episode that is representative of the themes. In this study as informed by Eisner the shaping of the narrative case studies was done by organizing the events in the chronological sequence in which they occurred, and using the formulation of themes, the recurring subjects or topics that surfaced from the analysis of the various data sources informing the study. “This narrative should be supported by evidence, structurally corroborated and coherent, but it cannot be a disembodied listing of what somebody did or saw” (Eisner, 1998, p. 190). The themes that emerged from the data analysis essentially became the conceptual nuclei
around which the stories were expressed and the narratives embody a structure that has “tempo, coherence, and point” (Eisner, p. 190).

Narrative research can take a variety of forms. Cresswell (2005) points out that the type of narrative is best defined by asking four questions: Who wrote or recorded the stories? How much of a life was recorded and presented? Who provided the stories? and, Was a theoretical lens being used?

In this investigation I recorded and wrote the narrative case studies which focused on the episodes of relationship completion for each participant. The stories were provided by the participants; however narrative methodology allowed a role for my own understanding of the phenomenon of relationship completion at the end-of-life. The use of narrative facilitated accessing the personal experience(s) of participants in music therapy sessions with respect to relationship completion. Significant to narrative methodology, is the importance of the participants’ understandings of the story that is told. I wanted the voice of dying persons and those accompanying them to be represented in the literature, and narrative seemed like a way of honoring participants’ understandings truthfully.

My personal experience as a music therapist was a fundamental component in the understanding this study represents. There was no specific theoretical lens that I used. In the introductory chapter of this thesis I outlined my personal stance as a researcher and discussed how I came to this research study. It is my belief that my personal background, work experience, and commitment to this investigation provided me with a discerning lens for examining the phenomenon that surrounds music therapy sessions intended to facilitate relationship completion.
Artistic Pieces

When I proposed this investigation I became intrigued by the power of narrative and artistic pieces to present research results. I began my initial engagement with writing these types of pieces by writing a poem as a complementary method of presenting my work and case study with Lila, a palliative care patient with whom I worked individually for five weeks. Music therapy was implemented to help Lila: decrease feelings of social isolation; increase opportunities for communication and self-expression; reminisce and stimulate life review; relax; complete the relationship with her daughter; and, decrease anxiety. Lila’s daughter Shawna (who Lila sought to complete her relationship with) was present at several of our sessions, and music elicited many emotions during those sessions, and beautiful interactions between them. Lila had written a song for her daughter as a way to say, “I love you.” I did not interview either Lila or her daughter about their songwriting experiences, but used this case study as my first attempt at writing an artistic piece about that experience of songwriting and relationship completion. It is included below.

I Am Still Alive

I am still alive.

Since I have come here I have not left this room.

I am restless, angry and weak.

I want to get stronger so I can spend time with my daughters and grandchildren.

I am still alive.

I am still alive.

I feel alone even though I am surrounded by people.

Music makes me feel alive and I want to sing louder and louder so everyone will hear me.
Music helps me to remember, but it sometimes makes others cry.
I am still alive.

I am still alive.
“Crying is good for you Shawna,” I cried too when my Mother died.
Let’s sing together for you are as beautiful as the moonlight to me.
Music makes me feel more at peace.
I am still alive.

What is an Artistic Piece in This Study?

In this study I crafted artistic pieces that were created based on the experiences of the participants. These artistic pieces took on various forms such as love letters and poems and became another data source. I chose to write these pieces as a means of my further understanding and appreciation of the participant’s experiences. Direct quotes from the data sources were included in the artistic pieces. I gave the respective artistic pieces to each participant and they are included in this thesis as a way to augment the presentation of the research results. While the case studies do hold the emotion that was present in the music therapy experience, these artistic pieces add another dimension to the experience of relationship completion for each participant.

The artistic pieces were written after the interview took place with each participant, and they were verified by the participant for truthfulness and validity. In one instance I specifically asked a participant to write the artistic piece with me.
Design and Procedures

Participants

The participants consisted of four inpatient palliative care patients at Baycrest Centre ranging in age from 63-91 years who had received the diagnosis of a terminal illness, and who had a prognosis of less than six months. Co-participants included two spouses. Baycrest was approached for their readiness to participate and the members of the interdisciplinary palliative care team were subsequently contacted to ask for their willingness to assist in this project. Baycrest was selected as the research site as this facility currently has access to music therapy services for clients and in turn understands the role music therapy can play in end-of-life care. Further, the interdisciplinary health care team were skilled at being able to identify clients for the study who would benefit from music therapy in their care plan.

The majority of clients on this unit range in age from 50-100. Adults were selected for this study in order to be able to cognitively undertake depth work. This is not to say that children and adolescents are not able to engage in music therapy or benefit from participating in therapy to assist them in relationship completion. However in order to better understand the potential benefits, adults were selected as a first attempt to understand this phenomenon.

Patients admitted to inpatient palliative care units have a life expectancy of between 3 and 24 months. The delineation of a prognosis of six months or less was selected as the urgency to complete unfinished business becomes a central concern for many patients as they come closer to their anticipated deaths.

Participants were referred to music therapy by the social worker and physician working on the inpatient palliative care unit. A formal music therapy assessment was completed for each
participant and goals and objectives for the sessions were established. Music therapy sessions were provided by the researcher, who is an accredited music therapist (MTA.)

The research study was introduced and described to each participant by the researcher at a different point in their music therapy process. Participants received an information sheet outlining the research study and were asked to sign a written consent form (Appendix A). Each of the four participants to whom I introduced the study gave verbal and written consent to participate. The researcher explained to each participant that he/she could continue to receive music therapy sessions without consenting to take part in the study if they preferred this option. When co-participants were subsequently invited to participate in the study verbal consent for their participation was acquired from the participants, and then these participants received an information sheet outlining the research study and were asked to sign a written consent form (Appendix B).

Data Sources

Data were collected from several sources to examine the role and experience of music therapy in relationship completion including:

(1) music used in sessions consisting of client-composed songs, song lyrics from pre-composed music, recordings of music from sessions, and improvised music,
(2) discussions during music therapy sessions,
(3) audio-taped recordings of music therapy sessions, which were subsequently transcribed by the researcher,
(4) semi-structured interviews with participants and co-participants,
(5) interview transcriptions,
(6) the researcher’s field notes which consisted of the formal music therapy assessment, weekly session notes, chart notes, session analysis, and session reflection,
(7) artistic pieces that emerged from the interviews and participant’s music therapy experiences, and
(8) other artistic material created by participants.

Music

Client-composed songs, use of pre-composed music (song lyrics), improvised music, song dedications, and musical autobiographies were the most common examples of music that was part of the individual music therapy sessions. All of these sources of music were considered data. Audio recordings of the participant-composed songs and pre-composed music were prepared by the participants and/or co-participants; researcher; and/or combination of the two aforementioned. These recordings that took place during the music therapy process were given to the participants and/or co-participants or other family and friends of the participants if the patient so desired. Before any recordings were given to others, consent was acquired from the participant(s) involved. This recorded music has been included in the presentation of the research results for the pieces for which consent was granted from the associated participant.

An additional CD was recorded by the researcher at the completion of the study. This was not a data source. This CD has been prepared as an additional way to present the experiences of the participants.

Semi-Structured Interviews

Informal semi-structured interviews were conducted with participants and/or co-participants in order to uncover the experience of music therapy at this stage in their lives with respect to their episodes of relationship completion, and other issues that were central in the therapy sessions. These interviews took place at different stages of the music therapy process
with each of the participants and co-participants. The researcher chose to conduct the interviews when the participants had completed their music therapy goals of relationship completion.

The interviews employed an “interview guide approach” as described by Patton (1980), wherein the questions helped facilitate the interview process. Patton (1980) explains that in this approach to interviewing, the topics and concerns to be discussed in the interview are specified in advance by the researcher to increase the comprehensiveness of the data to be gathered. In addition, conducting the interviews in this style made the data collection more systematic. The one drawback of this method is that the flexibility in the wording of questions led to slightly different responses which made it more challenging to compare the responses between the different participants. All interviews were recorded and transcribed by the researcher.

The following topics were addressed in the interviews: the experience of music therapy sessions; issues that arose in sessions; important relationships; usefulness of music therapy techniques or interventions; benefits or drawbacks of music therapy; and the efficacy of music therapy to facilitate relationship completion. The following questions were used to guide the interviews:

(1) Describe the music therapy sessions that you took part in?
(2) What was the overall experience of music therapy like for you?
(3) What were some techniques or things that took place in sessions that were helpful or enjoyable for you?
(4) What were some of the issues that arose in music therapy sessions? Can you describe how these were addressed?
(5) Can you describe the relationships that are important to you at this point in your life?
(6) Can you describe the relationships you sought to discuss, reflect upon and/or complete with others as a result of your participation in music therapy sessions?
(7) Does music help you to communicate or talk about issues that are hard to discuss? If so, what were these issues?
(8) Were any of the music therapy techniques and activities helpful in expressing your thoughts and feelings? If so please describe how, and anything else that may have been helpful?

(9) Did engaging in music therapy help you to deal with issues related to the loss or completion of the relationships?

(10) Did you come to any new understandings or awakenings through the process of music making?

(11) Did engaging in music therapy sessions assist you in making meaning out of life’s difficult experiences?

(12) What would you say were the benefits and the drawbacks of engaging in music therapy?

(13) Is there anything else you would like to say or comment upon?

**Researcher’s Field Notes**

The researcher’s field notes consisted of the initial music therapy assessment, the researcher’s music therapy session notes including analysis and reflections, and formal progress notes placed in each participant’s hospital electronic chart.

**Additional Artistic Material**

Many patients and/or family members write in journals or create other artistic material to express feelings surrounding the illness experience. With participant permission these materials served as further data sources. According to Clandinin and Connelly (2000) “journals are a way of creating field texts” (p. 103) and “a powerful way for individuals to give accounts of their experience” (p. 102). Two of the participants’ previous writing which was discussed and brought to music therapy sessions was included as data.
Data Analysis

Each participant in the study constituted a case. In order to be true to the data each case was analyzed separately. I followed the same procedure for the analysis of the data for each case study that I wrote. All of the data sources listed above were used to inform the case studies.

Transcription

I transcribed all of the audio-taped music therapy sessions, my session notes, and the interviews the week that I recorded them. It was necessary to transcribe these materials as soon as the events took place in order to be able to bring any items to the participants that needed verification promptly. Transcribing was a way that I started to become familiar with the data and subsequently a way of beginning to sort and make meaning out of it.

As described by Hycner (1985) the analysis of the interviews included: a transcription of not only the literal statements, but also non-verbal and paralinguistic communication; and listening to the interview for a sense of the whole, which encompassed listening to the recorded interview several times in order to provide a framework for the emergence of themes and units of meaning. To record the non-verbal data that was present in the sessions, I used a coding key for things like long pauses between words and hesitations in the speaker’s voice.

Reading Through the Data

I read through each transcription several times in order to gain a better understanding of the material. I also read through and listened to the additional materials (chart notes, formal written assessment, recordings of the music that we used in sessions, the lyrics of songs that we had discussed). As I read through these materials, I began to highlight quotes and information
that could be used to introduce the participant and provide the necessary participant history for
the case study.

Identifying Themes and Coding the Data

After my initial readings I read through the transcriptions and the additional materials
(mentioned above) again, now with the intention of identifying themes. I coded the data by
creating the codes from words or phrases that I found in the transcripts, and from my own
understanding of the phenomenon of music therapy to facilitate relationship completion. I began
with the assessment and then read and listened to the materials in the chronological sequence
with which they took place from the beginning to the end of the music therapy process.

Each participant’s case yielded numerous themes at the first attempt to identify the
themes. As I continued to re-read the materials I began to organize and collapse codes into
themes and sub-themes that were part of larger themes. As I began to write the case studies I
came to new understandings of the data as I began including the participants’ voices in the form
of quotes in the writing. With these new understandings some of the themes were revisited,
assessed, and revised again.

Discussion of Themes and Presentation of the Case Studies

Each case study begins by introducing the client and providing detailed information on
the music therapy treatment process that took place. The participants’, co-participants’, and the
researcher’s voices are presented in this description of the music therapy process in the form of
direct quotes that were transcribed from our sessions. After each phase of music therapy is
expressed there is a reflection of that phase which consists of the researcher’s thoughts.
Following this presentation of the music therapy process, I present the thematic analysis of the experience of relationship completion for each participant.

Cross-case Analysis

Following the completion of the analysis of each case study, I compared the themes from each piece to the other cases, assessing similarities and differences. Several global themes and process motifs emerged from this analysis.

Ethical Considerations

All participants’ names were kept confidential, and in the presentation and/or publication of these research results all participants’ names have been changed. All data obtained from participants was only available to the researcher and the researcher’s academic supervisor. Any hard copies of data have been kept in a locked filing cabinet and other sources of data were stored on the principal investigator's personal laptop computer. A paper copy of the participants’ original names and their new research names has been kept in a locked filing cabinet which is separate from the filing cabinet where the other data have been stored. All field notes from the interviews will be shredded two years after the study has been completed by this researcher.

Participants were permitted to refuse to participate or withdraw from the study at any time without consequences or impact in the care they received at Baycrest. Refusal to participate in the study in no way affected a person’s ability to receive music therapy sessions outside of the study paradigm. If in consultation with the researcher a participant did not want a particular incident, feeling, or experience included in the case study or narrative it was removed. There was
no anticipated harm to the participants. Meeting with the researcher required a time commitment from both participants and co-participants.
CHAPTER FOUR

Case Study One: Gloria and Jack

Empty Chairs: A case study on the experience of music therapy in interpersonal relationship completion.

The following case study is of Gloria, a 63 year old female dying of pancreatic cancer, and her husband Jack. Gloria participated in 35 individual music therapy sessions implemented at three levels of practice as defined by Dileo and Dneaster (2005). Gloria’s husband Jack was present for a portion of all our music therapy sessions. I begin the case study by describing the clinical music therapy sessions. Both Gloria’s and Jack’s words from our sessions are part of this presentation. I chose to interview Gloria and Jack in week 14 as Gloria’s cancer was progressing rapidly and her energy level was quickly decreasing.

Following the description of clinical music therapy, I present the thematic analysis of Gloria’s and Jack’s experience in music therapy sessions. This chapter closes with the presentation of the artistic pieces that I wrote as a further expression of their experience.

A note on fonts:

My text.
Gloria’s direct words from sessions and the interview.
Jack’s direct words from sessions and the interview.

Introducing Gloria

Gloria was a 63 year old female who had worked as an elementary school teacher until she was 60, when she took an early retirement.
I worked as a teacher for many years. I really enjoyed that job. I loved the students. There were always surprises each day that I went to work. I’m not really sure why I decided to be a teacher, but I knew I wanted to do something that had a purpose. Teaching gave me a purpose. I was helping others and I learned so much from the students also. I decided to retire earlier than 65 so that Jack and I could travel and spend more time together. Jack and I have been married for just over 38 years. Sometimes I have to really think about it or I get confused. We decided not to have children before we ever got married so that we could spend our time traveling and building our relationship. I was considered old when I got married. Most women got married in their 20’s. So I guess I was getting old for children anyway.

Gloria was diagnosed with pancreatic cancer at the age of 61 and at that time was given approximately six months to live. She remained at home for 15 months and was then transferred to the palliative care unit at Baycrest when her symptoms became too difficult to manage at home. Her life expectancy at that point was three to six months. It was devastating to me when I heard that I had pancreatic cancer. I had been so lucky all my life never being sick. I still don’t know how to think about that. Jack and I debated whether or not I should come to Baycrest, but it was getting harder for me at home, and also for Jack to look after me. We had a nurse who came each day but only for about an hour to help me. I thought if I came to the hospital that I might be able to get stronger after a few weeks or a month and then be able to go home again.

In spite of her prognosis Gloria had a strong will to live and coupled with her fiery spirit, she lived on that unit for eight months. During those eight months at Baycrest, Jack spent each day from early morning until late evening at her side; sometimes even sleeping in the chair at her
bedside overnight. Jack had retired the same year Gloria did as the two had saved in order to travel extensively in their retirement.

Jack and I talked about our retirement years all the time. We made all kinds of tentative plans and even started a list of to do’s. I began putting away money in my 40’s. I told Jack I had begun doing that on our 10th anniversary.

That was such a nice surprise when Gloria told me. I thought it was a great idea and so I also added a little money to that savings account each year on our anniversary.

We immigrated to Canada in our 30’s. We didn’t have family in Canada, but there were more opportunities there so we decided to move. I had no brothers or sisters and my mother died when I was in my late 20’s. My father died the year after Jack and I got married.

Both came from small families and neither had any family in Canada. They built their lives together in Toronto, and established a small network of friends whom they had primarily gotten to know through their hobbies.

Jack and I met so many nice people when we moved here. I was nervous about moving to a new country, but we joined the Arts and Letters Club and I was part of a poetry circle of women who got together once a week to discuss poetry we had read and to share poetry we had written.

I took up painting and Jack and I took a class every once in a while on music. We both love opera and classical music, but the classes taught us more about the styles of the music and obviously about the composers.

Gloria and Jack belonged to several small arts-based groups that involved activities such as painting, poetry, and music appreciation. They were also avid opera and classical music fans, holding season tickets for many years to the Canadian Opera Company and the Toronto Symphony Orchestra. Jack had continued to purchase the tickets through Gloria’s illness as she often remarked that she hoped to be feeling better to attend each of the upcoming events. I
believe that Jack knew this would never happen, but purchased the tickets to keep Gloria’s spirits high. As these events came and went, Jack could not bring himself to attend alone or to give the tickets to others. Even though Gloria encouraged him to go, he never did.

The new opera house is beautiful. Have you been?
I haven’t been in a little while now, but I am sure I will get back there. We still have season tickets this year. I told Jack until I feel better that he should go without me. He could take one of our friends or maybe Beverley.
Beverley is my harp teacher. I know she would like to go.
Those tickets are for the two of us. If you are not there, the seats will both remain empty.

Gloria played the piano as a child, but had not engaged in much playing during her working years. A life-long goal of hers was to learn to play the harp. She began harp lessons six months prior to receiving her diagnosis and continued them until she was hospitalized. She had established a strong friendship with her harp teacher Beverley, and Beverley visited Gloria two or three times each month while Gloria was at Baycrest.

Beverley is such a wonderful harpist and teacher. She inspired me to learn music. I had always wanted to learn to play the harp, and I thought I would have more time in my retirement, but I guess that might not happen.
Beverley was still giving me lessons up until the time I came here. At the end of the lessons she used to play some pieces for me also.

Beverley gave three concerts on the palliative care unit for all of the patients. These concerts were very special to Gloria and Jack. Gloria was taken to the concerts in her hospital bed, and she listened eagerly to the classical pieces as Jack held her hand.

After she had been on the palliative unit for three months, Gloria was referred to music therapy by the physician due to her life-long love of music. The doctor thought that music
therapy would provide Gloria and her husband Jack with an alternative means of interacting with each other; enhance Gloria’s current quality of life; and provide pain relief.

**Music Therapy Sessions**

When I received the music therapy referral for Gloria, I officially introduced myself to Gloria and Jack. Prior to that I had seen Jack many times on the unit on my way to sessions with other patients. In passing we greeted each other, but I had not yet met Gloria. The couple was receptive to music therapy.

**Assessment, Week 1 (Sessions 1 & 2)**

The first two sessions consisted of: gathering background information about Gloria and Jack; discussing current issues and problems related to Gloria’s illness and hospitalization; dialoguing about the potential role(s) and goals of music therapy sessions; discussing Gloria’s and Jack’s favourite music; and, me playing piano and singing some of these musical selections.

**Current Issues**

*I have some nausea and a lot of pain.*

*I feel the pain in my legs and often in my back.*

*The pain medication helps some of the time. I get medication on a schedule, every few hours, and I can ask the nurse for more if I need it. I try not to, but usually once a day I ask for another dose.*

*I have problems swallowing now. They make my food thicker so I can eat and drink, but it doesn’t taste the same.*
I have hot and cold flashes now. I think it is because of the medications, but I’m not sure why?
I seem to have more headaches now than before.
I have a lot of trouble sleeping.
Yes, Gloria does not sleep well at all.
I guess that sounds like a lot, but I don’t feel so bad all the time. I just don’t have much energy anymore.

Music

Yes, I would love to hear some music.
Oh, that is so nice that you have come to play for me.
Anything you want to play will be fine.
Oh, I would really like for you to come back again whenever you have time.
I think I would enjoy hearing some classical music, that would be nice. Do you know any Chopin?
I used to play the piano as a child, but I haven’t played in a while. I don’t think I want to play now, listening to you play might be better.
Jack you know that song right?
What is it called again? I recognize the melody.
You know it. It is part of Handel’s water music right?

The following goals were mutually agreed upon for the initial music therapy sessions.

(1) For Gloria to use music to facilitate relaxation and sleep.

(2) For Gloria to decrease her perception of pain.

(3) For Gloria to reminisce, individually and with Jack, through the use of music.

Visits from you will be very nice won’t they Jack? It will be nice to hear some of our favourite music and then to talk about it. It is like our own private concert.
On average sessions took place two times per week for 60-75 minutes each in Gloria’s room. There were a few weeks when I was not able to provide two sessions as I was not at Baycrest for the full week. Gloria received a total of 35 sessions. Jack was present for either a portion of sessions or full sessions.

**My Reflection on the Assessment Phase**

From the beginning of our music therapy process together Gloria and Jack were open to engaging in music therapy. Due to Gloria’s current energy level I did not use as many musical techniques as I sometimes do to assess client response to music and music therapy. At this stage it appeared that Gloria was comfortable listening to music and discussing music. She was comfortable having Jack there with her for the sessions and she was receptive to trying music to help her with some of her current issues such as pain and sleep. It seemed that there was some denial at this point surrounding her illness which perhaps helped her maintain a more positive outlook. Music was already providing a nice medium for Gloria and Jack to engage in discussions and to begin reminiscing.

“Focusing,” Supportive Music Therapy, Weeks 2 & 3 (Sessions 3-5)

During this time as defined by Dileo and Dneaster’s (2005) model of music therapy in palliative care, music was implemented at the supportive level. Gloria had expressed that her sleeping difficulties were “troublesome” to her. She felt tired most of the day, but yet could only seem to sleep for short periods, even at night.

*I always feel tired now. I hate lying in bed staring at the ceiling. When I sleep it is never for long. The worst is waking up every 20 minutes and seeing the time hasn’t really changed.*
The main problem I have is staying asleep. I can’t seem to sleep for any length of time. I think it would be better if I could get about four hours of sleep together and then maybe I wouldn’t feel so tired.

Session Three

Gloria had trouble both falling asleep and staying asleep. At our third session I brought two CD’s, one for relaxation Theracalm\(^1\) and one for sleep Therasleep.\(^2\) This music was chosen as it has been scientifically designed to entrain brain waves in order to facilitate either relaxation or sleep respectively. The focus of our session that day was music and imagery. With the Theracalm\(^1\) music playing in the background I began with a verbally guided relaxation exercise that used visualization and suggestions to help calm and relax Gloria’s body. In the Bonny Method of Guided Imagery and Music (BMGIM) this guided relaxation is referred to as an induction. While I did not use the BMGIM with this client, I used the same principles in implementing the induction to help calm Gloria and place her in a relaxed state that would enable her to be receptive to the imagery. As defined by the BMGIM an induction serves as a link from the common waking state to a fixed, relaxed, and receptive state. (Keiser Mardis, 2002).

I have been lying in bed for weeks. I would like to go outside one day soon. The air is very stale in this room.

In our pre-induction talk it was clear from Gloria’s statements that she wanted to be able to get out of her bed and feel the fresh air against her face. Physically this was no longer possible for her as her illness progressed to a point where she was not able to tolerate sitting and only engaged in minimal stretching with the physiotherapist three times a week while in her bed.

I miss sitting on the deck at my house. I used to spend hours there just reading and gardening. I loved the fresh lemonade I sometimes would make for Jack.
In the summer we used to go for long walks after dinner and I always liked the gentle night breeze. 
If I could go anywhere today it would be to my deck on a fresh summer night, or to a beach or near water.

For the induction that day I used the image of a gentle cool breeze coming to all areas of Gloria’s body. The cool breeze brought with it a sense of freedom, and the linking image of a “sailboat” set her off on the imagery journey beginning at sunrise on a dock where a boat was preparing to leave for the day. I chose to do journeys due to Gloria’s love of travelling. Gloria was free to leave any cares she chose on the dock as she sailed away from the shore. As the music played I verbally suggested the imagery that guided this journey. As the imagery came to an end, Gloria returned to the shore and was given the option of leaving anything there (such as concerns) that she wished. After the imagery, I improvised some music on the piano to bring Gloria back to her room. Gloria expressed how much she had enjoyed her “escape” and that she indeed felt relaxed and in less pain than before. I left both CDs with Gloria.

That was an interesting little escape.
I could picture some of the things you were saying. Then I saw other things that you had not mentioned.
I saw birds and I could hear them also.
I would like to do this again.

I suggested that Gloria try Therasleep\(^2\) to help her at night. Each night from that session forward Jack played the Therasleep\(^2\) CD to help Gloria fall asleep. At session five Gloria reported that the CD was working.
**Session Five**

*Most nights the music helps me relax, and my body prepares to sleep. I don’t wake up as often anymore. I think the music helps me more at the beginning because it seems like I sleep for about three hours and then it starts again. I start waking up every 20 minutes or so. The CD is supposed to keep going (playing) but sometimes when I wake up the music has stopped. I guess the nurses turn it off when they see I am asleep, but I have no one to put it back on for me and I can’t really reach the CD player very well.*

I told Gloria that I would ask the nurses not to turn the CD off and put a note in her chart as well to remind them.

Music and imagery, and music for relaxation became a part of our sessions, and were used as a way of session closure. Implementation of these techniques followed a similar format to the one described above in session three. Inductions and linking images were selected based on the discussions from the beginning of each session. After Jack had listened to several of the guided relaxations I suggested he and Gloria take daily relaxation journeys. He began implementing “afternoon relaxation” each day with Gloria at 3 p.m., as this is when she described her pain to be at its worst.

*This is great. I can enjoy relaxation in the afternoons with Gloria. They are not going to be as good as yours but this sheet you gave me has lots of ideas, thank you.*

**Transition to the Next Phase of Music Therapy Sessions**

During the first two months of our sessions Gloria expressed many optimistic statements about recovering. Many of her sentences began with:

*When I leave the hospital... When I go home I think I will be strong enough to start taking lessons again.* (Referring to harp lessons)
When I go home I am not coming back. I am going to be fine. I’ll just take it easy and not get worried about little things.
I am starting to feel better with this pain medication. I think soon I can start using less of it, and then stop, don’t you think so?
Oh don’t worry Jack, when I leave the hospital, everything will be fine again. We will do all those things we planned on, okay?
Next year, we will be able to go to the concerts again.
When I leave the hospital, I think we should take a trip back to Denmark. I don’t really remember how it was, and it must have changed so much since we left.
I want to go dancing Jack. Let’s plan for it when I leave the hospital. Jack and I used to be such good dancers…right Jack?

Sometimes during sessions Jack would leave for a few minutes to get a coffee or make a phone call. It was only times when Jack was not in the session that Gloria told me that she said those things for Jack’s benefit. She knew she was dying, but was not ready, or could not bring herself to a point where she could speak to Jack about her fears and death anxiety.

You must see this all the time. I’m not crazy. I think it is true that I am going to die. You know I am dying, but I feel like I have to say that I am going home for Jack’s sake. It also gives me some hope too. Jack has been so strong through all of this. If I tell him that I am going to die, he will feel I am giving up…and…maybe giving up on him too.
I just feel cheated by time. I am not really ready to die.
I am trying to be happy for Jack. He has been so good to me.
How can I be honest with Jack and tell him that I am afraid of dying? What is someone supposed to say to that?

In sessions Jack always “echoed” Gloria’s optimism.

What do you mean we used to be good dancers? Sounds like a challenge, doesn’t it, Amy? We’ll see about that when you come home.
I have been trying to look after the garden at home for when you come, but it really needs your touch.

Today has been a good day hasn’t it Gloria? There are more good days ahead, this is just the beginning.

In my encounters with Jack in between sessions at the hospital it was clear to him that Gloria was dying but he did not want to acknowledge this in sessions.

Paraphrasing Jack, Amy, I know Gloria is dying. I am quite aware that we have been given more time, but I can’t tell her I know she is dying. She’ll think I am giving up on her and the cancer. Someone has to be strong for her, keep her thinking that there is hope.

While both readily and openly shared their stories and feelings with me individually, Gloria and Jack did not discuss Gloria’s inevitable prognosis together in sessions. I individually encouraged each to share their true thoughts and openly discuss Gloria’s prognosis and offered assistance in helping them do so, if this would make it easier.

**My Reflection on the “Focusing” Phase**

In working with Gloria the first necessary step in helping her reach her goals was to use music to help her address her physical and symptomatic discomfort in order that she could then focus on her goal of reminiscence. Using music to help facilitate relaxation and sleep in conjunction with the pain medication she was taking provided Gloria with additional symptom management which allowed her to enter the next stage of music therapy sessions. It is important to be aware of the fact that Gloria was not able to get out of her bed during her stay at the hospital and she never went outside. The music and imagery journeys helped bring the outside world into her hospital room, and were central to her experience of “quality of life” as being outside was something she said she wanted.
Implementing relaxation provided two things. It was a daily escape for the couple from the focus on Gloria’s pain and illness, and it empowered Jack. He said,

*I feel like the relaxation sessions are something that I can do for Gloria, as there seems to be so little that I can do anymore.*

When Jack provided the daily relaxation sessions, it was also a way for the couple to interact with each other and travel in a way they had so enjoyed doing throughout their relationship.

While Gloria described her pain to be at its worst in the afternoon around 3 p.m., she did not want her music therapy sessions at that time. She preferred them in the morning before lunch and therefore that is the time I provided them. At first I did think the afternoon might be better but Jack also noted that Gloria was tired in the afternoons and that the mornings were probably the best time for sessions.

The therapeutic relationships were also growing as both Gloria and Jack began sharing more of their personal thoughts with me on an individual basis. After the fifth session it became apparent in our discussions that Gloria would benefit from assistance in expressing her emotions and exploring her relationship with Jack to be able to come to a point of some eventual completion. Through dialoguing it surfaced that there were sentiments of which she wanted to express that were critically important for Jack to fully understand the enormity. Specifically, “Thank you,” and “I love you.”

*I want to thank him for loving me and carrying me these last two years since I got sick. I need to tell Jack that I love him and have always loved him, but I know if I bring this up and start telling him why, I will start crying, and then he will start crying, and, I don’t think I can handle all of it sometimes. Why, is it so hard to say something like that? I*
have said it so many times, well, I say it everyday to him, but he needs to know how sincere I am about my feelings.

I want to talk about when I die. I want to tell Jack that it is okay if he wants to re-marry and travel and to go to the music concerts with someone else. I have told him before, when we were younger, but we never had a serious talk about it. Maybe he doesn’t really know if it is okay?

“Launching,” Communicative/Expressive Music Therapy, Weeks 4-9 (Sessions 6-16)

During our sixth session, I took the opportunity to speak to Gloria alone when Jack went to get a coffee. I began to discuss the relationship between Gloria and her husband, and the idea of using our session time to continue to share memories and perhaps discuss sentiments etcetera that were important to Gloria and Jack. Gloria was very receptive to the idea. I explained the research study to her, and asked her to think about it for a few days before deciding if she wanted to participate. At our next session Gloria signed the consent form, and had also spoken to Jack about the study. Jack also agreed to participate and signed the study’s consent form.

This sounds like an interesting study. I have never thought about using music to talk and share memories. It is a good idea.

I am more than happy to participate. I hope that it helps us.

What will we do to help express our emotions?

I think I would like to try making music again. I miss it. I hope you will still play for us though.

During session seven, in discussion with Gloria, additional goals were added for her music therapy sessions. These were:

(4) For Gloria to use music to help express emotions.

(5) For Gloria to use music to facilitate relationship completion with Jack.
(6) For Gloria to engage in music making.

Yes, I think we should add these goals and keep the others. I really like the music and relaxation.

During sessions 8 to 16 the structure of music therapy sessions changed and sessions were blocked into more specific segments of work and activities. Sessions generally began with a greeting song, Blue Skies and a general discussion about the day, feelings, issues raised by Gloria and/or Jack, and a few familiar and favourite classical pieces of Gloria and Jack’s that I played for listening. Jack then left the room for about 30 minutes each session to allow for Gloria to have time alone with me. When Jack rejoined the sessions music therapy involved song choice, lyric analysis, and discussion. The sessions ended with music for relaxation and/or imagery.

**Gloria’s Individual Time in Sessions**

Gloria thought a great deal about making sure that when she died Jack knew how she felt.

Jack and I always tell each other how we feel. I know he loves me, but what will he remember?

I don’t want him to remember me this way, sick. I want him to think of the happier times.

I want to say thank you for all the fun times and adventures we had.

I feel blessed to have Jack in my life. I want him to know this.

Really I have been so lucky that I married Jack. I am scared to be without him when I die.

I need Jack to know how much I love him, and how much I appreciate all he has done for me. Sitting in that chair over there for hours and hours each day, who else would do that? He has even begun reading the paper to me; he says to keep my mind active. I know he is just trying to pass the time.
Gloria specifically knew she wanted to express her love for Jack, and to say thank you to him for staying by her side during her illness. A way for Gloria to accomplish this was by selecting songs that reflected those sentiments and performing them for Jack. We decided to prepare a concert for him to share these songs and ultimately the sentiments.

**Music Making and Song Choice**

I introduced the autoharp to Gloria in session nine by playing *Love Me Tender* a song Gloria said she and Jack liked, and then explaining how the instrument worked. Gloria agreed to try to play the song with me. I took her hand and we strummed together as I made the chord changes. She smiled, laughed, and remarked that she was so happy to be able to make music again.

*I have never seen this instrument before. It is quite small.*
*I like this harp. It is nice that I am able to play it for a little while.*
*It is easy to play isn’t it?*

The first time I suggested the idea to Gloria of her performing some of the songs with me on the autoharp for Jack’s concert she laughed.

*Well I guess we could play for Jack.* (laughing)
*Oh, I thought you were going to sing the songs.*
*You think I can sing with you?*

The second time I spoke about it Gloria agreed to play at the concert.

*Seeing me playing these songs will make Jack laugh. He will like the idea.*
From session 9-16 we sang and played several songs on the autoharp in preparation for Jack’s concert. The songs were: *Love Me Tender, La Vie En Rose, When I Fall in Love,* and *Thank You for the Music.* Each song was chosen in order to express two sentiments to Jack, “Thank you” and “I Love You.” Gloria wanted to include *Love Me Tender* and *La Vie En Rose.*

**Love Me Tender.**

*Jack used to tease me that I liked some of Elvis’s songs because he said who else would like that music and also opera. But the funny thing is, I know he didn’t like some of that music at first, but then I think he grew fond of it, but just didn’t want to say. I sometimes used to sing Love Me Tender to Jack. I remember one time when we were driving and it came on the radio, and I sang it really loudly, and Jack laughed and rolled the windows down, probably to make me stop singing, but I didn’t. I think the words, ‘You have made my life complete, and I love you so’³ are perfect.*

**La Vie En Rose.**

*Paris was my favourite trip that we took. We went for our 15th Wedding Anniversary. Jack tried to surprise me and I pretended that he did, but I knew he was planning the trip. It was so much fun. We ate and drank some fine wine, took long walks, and saw so many beautiful art pieces. I have always liked La Vie En Rose and I think that is a good song to remind Jack of that special trip.*

The other two songs were chosen through discussion and selections given to her by me as it was sometimes hard for Gloria to independently suggest song ideas. Discussing and reflecting on musical selections helped her make the decision of which songs to include in the concert.
**When I Fall in Love.**

*I like the words ‘When I give my heart, it will be completely.’* 

Even though I did not think of this song by myself, when you suggested it and we talked about the words, I thought it was a good fit and the words talk about love that lasts forever.

**Thank You for The Music.**

*Jack and I were never ABBA fans but we did love Mamma Mia. We went back to see it two times, once in Toronto and then one time in New York.*

This song is a good idea. It says Thank you and also it refers to music. A lot of fun times that we had were going to concerts and the theatre, so this is a nice way to thank Jack for that.

Gloria also wanted to include a piece in the concert that I played for her in several sessions called *I Love You* by Sarah McLaughlin.

*I’ve never heard this song before, but it is so pretty. The words are so good.*

*Amy, do you think you could sing that song in the concert?*

Gloria asked me to sing this for Jack at the concert. I suggested the idea of making this a song dedication to Jack from Gloria, and Gloria liked the idea.

**Songwriting**

In session 11 we engaged in a discussion about all the special things Jack had done for Gloria over the course of their marriage. The list was lengthy, and as Gloria shared some of those stories in detail with me, she smiled over those memories. Gloria reflected on the times when she was healthy, and the fun and laughter she shared with Jack, the trips, romantic dinners, music and theatre outings.
Jack used to make me breakfast in bed at least one Saturday each month. When I retired the school gave me a nice party and Jack helped with it. He looked through all kinds of boxes of my school papers. He found cards from students and photos and together with some of my teaching friends they made a scrap book for me and they even had a slide show of pictures. It was so thoughtful.

Jack surprised me with concert tickets a few years ago. I had really wanted to see Andrea Bocelli and Jack told me that he couldn’t get tickets. I had forgotten about it, but the day of the concert Jack told me to leave school as soon as the day was done because he needed my help in buying a gift for his friend and some story about how he forgot to buy it. So I rushed home and Jack had flowers on the table for me and had laid out one of my favourite dresses on our bed. He said hurry and change, we’re going somewhere. Jack took me to a restaurant for a nice dinner and then to the concert. He had thought of everything. That is how Jack is, he thinks of everything.

What stood out for her was that she knew their love was strong during the many good and healthy years they had shared together, but her current illness was a true test of that love. She recognized the sacrifice Jack made and his loyalty in sitting with her each day while she was in the hospital. She felt blessed to have Jack as her “soul mate” caring for her now, but she also worried about him and who would care for him should he become ill in the future.

When I was healthy we shared a lot of adventures together. It is easier to love a healthy person, than a sick one. But Jack is such a special person. He is taking good care of me. It really shows me that he loves me. I wish there was more I could do for him.

Who will look after Jack when I am gone?

Jack is my soul mate.

We made a list of the items she spoke of that day and Gloria asked to look over them before our next session.
At our 12th session, I introduced the idea of songwriting to Gloria. She embraced this idea and we began to highlight some of the important sentences or phrases from the list that would become part of the song for Jack.

Jack is the love of my life.
Will I ever see Jack again after I die?
I feel sad and sometimes angry that this is happening to me.

We also wrote the lyrics of the chorus.

I thank you for loving me
And I thank you for carrying me
Carrying me, carrying me
Through this life
I thank you for being my friend
And I thank you for holding my hand
Holding it tight
Late into the night
For you are the love of my life.

At session 13th we set the chorus to music. I suggested several possible keys for the song and played three potential melody lines on the piano to get us started. When Gloria heard the third melody she knew right away that was the one.

It is not really as hard as I thought it would be.
That melody is so pretty. I think it will work!

During sessions 14-16 we finished the song, adding the verses and changing the lyrics a few times until Gloria was pleased with the product. Gloria and I sang the song for Jack in session 17 at the concert.
Song Choice, Lyric Analysis and Discussion

When Jack rejoined the sessions music therapy involved song choice, lyric analysis and discussion. Song choices were primarily made by Gloria and Jack. At times I offered assistance in helping them recall song titles or artists when they had difficulty remembering the names. Some of the songs for lyric analysis were chosen from a list that I presented to them based on feelings or issues they had raised in previous sessions. The list included such songs as: Feels Like Home, You Light Up My Life, and The Rose. Other songs where lyric analysis took place were chosen independently by Gloria or Jack.

Gloria and Jack easily reminisced to the music shared and the specific pieces they asked for prompted many memories, laughter, and tears. Lyric analysis was a focus of many sessions and was used as a way of discussing feelings and concerns that were difficult for them to broach. For example, in session eight, Gloria asked to hear the song Nessun Dorma (which translates to “No one sleeps”) from Puccini’s Opera Turnadot.5 The song was used as a way to discuss her pain and sleepless nights, and she noted the parallel of herself to the Princess in the song who was in a cold room. Gloria believed she was like the Princess and her cold room was in a hospital.

I have had a lot of trouble sleeping ever since I got sick. I can’t seem to get more than about an hour at a time and then I wake up.
I hate not being able to sleep. Sometimes I close my eyes because I just wanna forget the pain I have, but when I can’t sleep, it makes me want to scream and cry, because I can’t escape.
I could be the Princess, except I am here in a hospital room. At times the room is cold, mostly when I am alone, but I can’t complain because Jack is here so much, but because I can’t sleep, when I wake up and no one is here, I feel alone. My pain gets worse then...Maybe it’s because I feel loneliness at those times?
Oh, the words, but ‘The night holds the promise of love and hope, and victory.’ That is true. The song is so romantic.

Gloria and Jack reminisced about hearing this song sung by Pavarotti and the power of the last lines of the song “Vincerò” (“I will win/vanquish”) expressing victory in the morning. A beautiful sentiment was articulated by Gloria:

Jack, you have always been my Prince.

**My Reflection on the “Launching” Phase**

Beginning sessions with the same opening song and engaging in a discussion of current issues was an important way for Gloria, Jack, and me to reconnect as well as a way for me to become aware of the key concerns of the day and week. This opening led suitably into the time where Gloria and I worked in sessions without Jack in exploring her emotions and finding ways to express them. Gloria had the most energy and focus during the first half of sessions and therefore through this phase of music therapy the session structure implemented proved to be the best in working towards her goals of expressing emotions, music making, and launching and setting the ground work for facilitating relationship completion.

Jack was thankful that Gloria’s condition had remained “stable” for longer than the doctors had originally thought; and for the fact that they were sharing more time together than initially given. Jack’s dedication to Gloria was exceptional. However this commitment, and the knowledge that neither Jack nor Gloria had any family in Canada, and only a small circle of friends, led me to question how Jack would grieve and adjust after Gloria’s death. It surfaced in my discussions with Gloria that this was also one of her central concerns. This issue began to be addressed in this phase of music therapy in the portion of sessions where Jack was present, and it
continued to be discussed in the transformative phase of music therapy. Preparing the concert for Jack was Gloria’s chosen way to express her feelings and key sentiments to Jack in working towards relationship completion which was completed in the next phase of music therapy.

**Gloria’s Individual Time in Sessions, Music Making and Song Choice.** While a “simplistic” instrument for a musician, in Gloria’s current physical state with many limitations, I decided to introduce the autoharp to her as I knew she would be able to play it with me. Playing music was a part of several segments of her life and I thought that engaging in music making now would be an important way for her to express her emotions by not just speaking and selecting songs that reflected them, but by actively performing those songs. Gloria said,

*It was so valuable for me to take part in making music again.*

Gloria described music therapy sessions as an escape from the “pain and despair” she felt living her last days. She said:

*I looked forward to the sessions and thought ahead about what we would work on.*

Selecting pre-composed songs to perform for Jack was an important technique for Gloria as she felt that others had expressed similar sentiments that she too wanted to express to Jack, such as the lyrics in *Love Me Tender*. Song choice and rehearsing for Jack’s concert were music therapy techniques that were useful to Gloria in finding avenues to express the sentiments needed to facilitate relationship completion with Jack in the transformative phase of music therapy sessions.
**Gloria’s Individual Time in Sessions, Songwriting.** Writing the song for Jack was the one way that Gloria’s own words were used to express her feelings to Jack. Songwriting was a powerful means of self-expression for Gloria and a valuable music therapy technique to help bring about relationship completion. Through songwriting Gloria explained that she was able to describe her emotions and feelings that surfaced but were somehow also hidden for fear of discussing them. She asserted that songwriting seemed to provide “a less scary and more comforting way” to bring important issues and emotions to the surface in order to discuss them with Jack.

In the interview with Gloria she explained how hard it was for her to speak about her imminent death.

> If I acknowledge that I’m dying, then it becomes real. I’m not ready to die yet and leave Jack.

Gloria recognized that even though she wanted to thank Jack for his support and love, she felt that saying the words was not good enough.

> I always say thank you to Jack, but I really need him to understand what the thank you’s truly mean. I really feel that by being able to say thank you in the song (that she wrote) that the words are much more powerful.

The song proved to be a tangible affirmation of the daily verbal thank you statements that Gloria made. She said the words were something that Jack could look at and listen to “in case he ever forgets that I said thank you.”
**Song Choice, Lyric Analysis and Discussion.** Song choice and lyric analysis assisted the couple in raising and exploring their feelings through the words and parallels of situations described by others. Music had been an integral part of Gloria and Jack’s lives and also of their life as a couple. It seemed like a natural fit for Gloria and Jack to express their feelings for each other through song. Engaging in this work facilitated the discussion of difficult emotions and also a discussion around the grieving and support system that would help Jack once Gloria died. As put forward by Periyakoil and Hallenbeck (2002) Gloria was beginning to prepare for her death by mourning the losses implicit in death. Periyakoil and Hallenbeck suggest that this may include mourning: separation from loved ones; simple pleasures of life; missed opportunities; and future losses. Gloria and Jack engaged in this mourning and anticipatory grief work. They mourned the loss of future travel plans that would now not happen and particularly mourned the lost joy of not growing old together. Song choice and lyric analysis also assisted the process of reminiscence and were a way for the couple to interact and re-experience the bliss of some of their special moments together, even if those moments were short. Identifying the key emotions and issues through song choice, lyric analysis and discussion for each of them was central to the next phase of using music to facilitate relationship completion.

**“Vehicles/Tools,” Transformative Music Therapy, Weeks 10-14 (Sessions 17-24)**

During this time the music therapy sessions changed but still remained structured. Each session continued to open with *Blue Skies* and close with music for relaxation. Instead of Jack leaving for part of the session, Jack and Gloria now used the majority of session time to share and discuss music that held the important sentiments that were significant for them to express to each other.
In session 17 Gloria and I performed the concert for Jack that Gloria had been preparing since session eight. The concert included the autoharp songs, the song dedication, and the original song written by Gloria, Thank You for Loving Me. The songs prompted tears, physical embraces (hugs), and hand holding. I suggested that we use the next few sessions to focus on one song at a time in order for Gloria to share her thoughts about the song’s selection with Jack, and for a discussion of the song’s meaning to take place. Sessions 18-23 were each dedicated to the singing of one of the songs that was part of the concert, followed by discussion, and each session was framed within the same structure of the usual opening song and session closure. We gave Jack a copy of the song lyrics. I took notes during sessions of the things that were said when I was not engaged in active playing and also asked Jack and Gloria about the specific songs in the interview. A sample of their reflections are below.

**Session 18, Love Me Tender**

Gloria and I played the song one time. Jack was quiet and Gloria was too for a few minutes. Then Jack asked to hear the song again before any discussion began.

*This song sounds nice on the autoharp. (chuckling) I think your version is much better than Elvis’s.*

*The words are true Jack, You have made my life complete.*

*You have made mine complete also, and you are always in my heart.*

*I wish that we could have had more time to fulfill your dreams. I feel like there is still a lot left for us to do together.*

*I feel like we spent a lot of time focused on my dreams. I regret not being more open to yours. Time has gone by so fast. Is there any dream that I can fulfill now for you?*

*I only dream that I will stay here longer, but without pain, and I think that is not happening. I dream that you will be with me in the next place I go to.*
**Session 19, La Vie En Rose**

Gloria this song reminds me very well of Paris.
*I wish we could have gone back there again.*

I do too, but at least we did go together. Paris would not be the same alone.

This song has always been one of my favourites. I remember listening to that old record we had of Edith Piaf. I liked many of her songs, but this was my favourite.

What a beautiful song you have added. I think the Angels above are much more like you Gloria.

*Heaven knows, I am no angel.* (laughing)

Jack, thank you for taking me on trips like Paris. I feel lucky to have spent my life with you.

**Session 20, When I Fall in Love**

Jack, it was forever when I fell in love with you. *I know forever seems a long time, but it isn’t when you find the right person?*

Wow, those words really were perfect. When I fall in love, it will be forever. It certainly was for me with Gloria. I fell in love and couldn’t have asked for a better wife. I know she is in a lot of pain now and I think it would be better if she dies. I know she will not go into remission and I hate to see her suffer like this. Hey, we were lucky that we bought a few more months together. I love her greatly and I feel that she knows this and, I know she loves me.

**Session 21, Thank You for the Music**

Jack I know you are probably wondering why I picked this song. I did it because I wanted to say thank you to you and I thought this song was light and would remind you of going to see Mamma Mia and of all our other theatre trips.

I loved planning theatre and concert evenings for us. You don’t have to thank me for that, it was for both of us.

*I do Jack and for so many other things, so just accept it.* (laughing)

I did think this was a funny song for Gloria to pick, but I understood that she wanted to say thank you to me, as I did to her for so many acts of kindness throughout our marriage.
Session 22, I Love You

This song helped me say I Love You to Jack so beautifully. I am so happy that you played it for us as I had never heard it, but the words were just right for me.
Well this song always gave me the chills. I found the words happy but yet quite sad at the same time. This song makes me want to cry when I hear it, but the meaning of the song is quite powerful and yet simple.

Sessions 23 and 24, Thank You for Loving Me

I can’t believe you wrote it Gloria. It is really a pretty song. But why are you thanking me? I didn’t do anything. It is you who usually carried me in this world.
Who else would have stayed by my side everyday Jack? You are special.
It is really meaningful to me that while Gloria was in pain and confined to that bed that she used her energy to write this song for me. That in itself is an act of love.
I don’t know but when I put my mind to it, it seemed that the song wasn’t that hard to write. I could say things I wanted to say and not worry about not getting my chance to say them. Do you know what I mean? I mean, this way the words are really firm. The song is firm. Jack can listen to it and look at it, maybe a few times a year when he is low.
I think I should tell him to do this.

My Reflection on the “Vehicles/Tools” Phase

When Gloria and I performed the concert for Jack, it was clear that the music raised so many emotions, and that these emotions were overwhelming for both of them. That awareness prompted me to suggest that we use our upcoming sessions to focus on one of these songs each session to truly explore the sentiments and memories associated with it. This worked well in terms of providing adequate time for reminiscence and exploration of feelings in honouring each song selection.
Jack was so flattered that Gloria chose the Sarah McLaughlin song to dedicate to him.

The song is so beautiful, and the words are so true...I love the line, ‘It’s just you and me, on this island of hope,’ I wish we could escape to that island. Most of all though, I know why Gloria chose it, the song is simple, it says I Love You and that is all she needed me to hear.

Two of the most poignant sessions during this phase were the last two which focused on the song Gloria wrote for Jack. We spent these two sessions playing the song that Gloria had written for Jack, Thank You for Loving Me several times and discussing it. There were many tears shed in those sessions, but there was also acknowledgment and confirmation on Jack’s part that he knew that Gloria fully loved and appreciated him. I am paraphrasing what Jack said to the best of my memory:

I know you love me Gloria. You are the love of my life, but I also know that you are leaving. It is okay. I will be okay. I want your pain to end.

Gloria needed to know that Jack knew she loved him in order for her to have a peaceful separation from Jack in death, and for their relationship to reach some point of completion. Performing music, song choice, lyric analysis, song dedication, and songwriting were the music therapy techniques that led to their experience of relationship completion.

“Pain Relief and Letting Go,” Supportive Music Therapy, Weeks 14-20 (Sessions 25-35)

As the weeks progressed in our sessions Gloria still held onto a small chance that she would recover. It was not until her physical pain increased steadily that she realized her death was more imminent. During the last three months of her life physical pain was quite intense, and even with steady medicinal increases her pain lingered. During these last sessions music therapy
was implemented at the supportive level, and Gloria’s music therapy goals focused on facilitating relaxation and sleep, and decreasing pain perception.

Sessions involved music and relaxation journeys, piano improvisations by myself trying to ease and relax Gloria’s respiratory rate, and the singing and playing of favourite songs (by myself, sometimes joined by Jack) while Jack held Gloria’s hand or massaged her arms and hands. In the last session, at Jack’s request we sang several hymns *a capella* at Gloria’s bedside. There was generally not much dialogue that took place during these sessions.

**Interviews, Week 14**

I asked Gloria if it was okay if I interviewed her in week 14. I knew her health was failing and that she would grow weaker. I thought this was a good time to conduct the interview with Gloria as she had enough focus and energy left to speak to me and verify the information in week 15. I also chose to interview Jack at this point as I wanted to be able to write the artistic pieces of their experience of relationship completion for both of them to see and verify before Gloria died. Jack also verified his interview transcription in week 15. The following are excerpts from the interviews.

**Gloria’s Interview.**

*I really enjoyed having music time. Jack would remind me that you were coming and we would wait for you. Jack really likes you.*

*I liked the relaxation journeys and I was happy that you shared your sleep CD with us. It did help me. I liked playing the autoharp, and I liked making the concert for Jack. He really liked that and it was one of the last things that I could give him as a gift.*

*I guess, you made me realize that I had feelings that were inside me that I should share with Jack, and so we did that through the music.*
It was less scary having the music to help me talk to Jack about dying. I am grateful that you helped us talk to each other.

The most important relationship to me is obviously with Jack, but also Beverley and some of my friends.

Song choice and talking about the song lyrics were the most helpful to me in helping me find words to express myself.

Music therapy did help me to talk about loss and to remember all my beautiful memories of travel and companionship. I guess when I thought about those memories it made me a bit sad that they are ending, but in a way it was nice to talk about them and keep them alive for Jack.

I didn’t come to new awareness but I now know that Jack knows I love him deeply and that I thanked him for all he did for me. This makes me feel better about dying.

I don’t think there are any bad things about being involved in music therapy. I didn’t like the time that you weren’t coming because you were away. They shouldn’t let you have time off. (laughing)

**Jack’s Interview.**

I was glad that you told me to provide the music and relaxation time with Gloria. We had our daily journeys and it helped me feel like I did something for Gloria to ease her suffering. It was so hard to watch her suffer Amy. There are no words for that.

I was glad that I got to be involved in the sessions. It was helpful to me that we used songs to express our feelings to each other and to really talk to each other. For a long time we didn’t speak the truth. I wanted Gloria to feel better and so led her to believe she was going home again. This was silly to do at this point. It was good that we spent some quality time talking to each other, reliving our memories, and saying I Love You over and over.

I really liked the song that Gloria wrote. I feel honoured by it.

The song dedication was beautiful also. I don’t know if I can listen to that song for a while, but when I am able I know it will make me feel good. It will just take time for me to be able to do that.

I have a lot of losses that I am going to go through when Gloria dies. I don’t know what I will do without my life companion. I have been with Gloria through her illness and that has consumed my
time and energy. There will be a lot of time when she dies. Too much time to think and miss her. I think what I will hate is seeing her empty chair in the kitchen. I hate it now.

I don't think there were drawbacks to participating in music sessions. I think it really helped Gloria and it helped me. Maybe other people wouldn't be so keen to try it, but I think because we love music so much it was so natural for us to try.

I think they should have more music therapists in hospitals. I didn't even know about music therapy before I met you. I had heard of musicians going to the hospital and nursing homes to play but this is different. Baycrest is so lucky to have funding for this program.

For the artistic pieces I chose to write love letters, one from Gloria to Jack and one from Jack to Gloria. In each love letter I quoted lyrics from the songs used in the sessions that had arisen from song choice, songwriting, and song dedication, as these were the three music therapy techniques they felt were central to their experience of relationship completion. Both liked that idea and the artistic pieces were taken to them for verification. When I was close to finishing Jack’s letter, I met with him to help complete its construction. I felt his direct words at that time would be more valid than the words I could write.

**Jack’s Individual Music Therapy Session, Week 20**

In our conversations between sessions, Jack expressed his difficulty in watching Gloria go through her illness, especially in her last weeks when it became more difficult for her pain to be controlled.

*I wish it were me that was suffering and not Gloria.*

I came to the hospital the Sunday afternoon during week 34 of our music therapy sessions to give a presentation. Upon arriving I saw Jack getting a cup of coffee at the coffee shop and I greeted him and asked about Gloria. He said the physician had come in twice already that weekend to try and assist Gloria as her pain was increasing and her temperature made her feel
that she was burning. No amount of ice and coolness that the nurses added to her bed seemed to provide Gloria with relief. Jack was very affected by having witnessed this and just shook his head in hopelessness. I asked Jack about the possibility of having a session with him later that day and he asked me to come find him when I was finished and he would decide then, as he did not want to be away from Gloria for any period of time. He was aware that her death was imminent.

When I finished I went to find Jack and he agreed to the session as Gloria was sleeping. The session was held in the music therapy room of the hospital and Jack engaged in clinical music improvisation with me while I supported on piano. He started on the drums, moved to the gong, and then to the piano with me. Jack cried as he played, and we ended the session with a lengthy discussion of his feelings, concerns, and anxieties. As the session was rather impromptu I did not take detailed notes as I had done in other sessions. The feelings expressed included anger, sadness, and hopelessness for not being able to help with pain relief. His concern was that Gloria should let go and not hold on any longer. He felt she was holding on for him and he knew he had to give her permission now to say goodbye and leave him and that that was okay.

_Gloria’s Death, Week 20_

I saw Jack the day Gloria died. She died at 7:30 a.m. with Jack at her side. I arrived at the hospital shortly after this and was informed of Gloria’s death. I went to see Jack. He was in the hallway speaking on his cell phone. I waited until he was finished to express my condolences to him. He smiled at me and hugged me. He said he was happy that Gloria’s pain was now over.
My Reflection on the “Pain and Letting Go” Phase

Gloria had worked very hard in her music therapy sessions and put forth great effort and energy despite feeling tired on many dates. The physical pain now became quite intense, and coupled with her other symptoms, it made sense for music therapy sessions to now be offered with a supportive focus. Gloria had expressed what she needed to say to Jack in order to help her complete her relationship with him.

Interviews. Both Gloria and Jack appeared very open and honest with me in their individual interview. They expressed their enjoyment of music therapy sessions and also acknowledged things that were helpful to them such as songwriting, song choice, lyric analysis, and music and relaxation. Gloria recognized that music helped her to express her emotions that she knew were there but could not speak about independently. Gloria acknowledged that music therapy helped her to experience less pain, facilitate sleep, relax her, help her complete the relationship with Jack, and help her express her emotions. She enjoyed preparing the concert for Jack and the process of songwriting.

Jack was pleased that he had learned to provide music and relaxation journeys for Gloria as it gave him some satisfaction in knowing he could provide some repose for Gloria. He acknowledged that music therapy overall was beneficial to both of them and wondered if they may have benefited or been more open to the process being that they both had a strong connection to music. I did ask Jack if I could have the social worker on the palliative care unit prepare a list of resources for him as she would have better knowledge of support groups than I did. Jack said that was fine, and a list was given to him. Jack had obviously begun the process of grieving his losses, but would go through a period of continued grieving and mourning following
Gloria’s death and I was concerned that he might need some support with that. For Jack it was important that he recognized the love Gloria felt for him and the gratitude she expressed. In the interview it was clear from his words that he had fully heard Gloria say “I Love You,” and “Thank You.”

**Last Sessions with Gloria and Jack.** The last sentiment that needed expressing from both of them was “Goodbye.” For Jack, this involved him sitting and singing with me at Gloria’s bedside while holding and massaging her hand. For Gloria it was accomplished through me singing some of those special songs the couple shared, and with Jack joining me in those songs. While Jack and Gloria were not particularly religious, Jack wanted Gloria to hear hymns at her last session. I do believe Gloria could hear the music even in those last two sessions, but her pain had increased so incredibly that the music was not really helping with her pain relief at this time. In fact, her physician was also at a loss in assisting her with pain relief. He had steadily increased her pain medication and noted that in most people this amount of medication was unprecedented. Unfortunately Gloria seemed resistant to the medication now and she did suffer her last weeks and days.

**Jack’s Individual Session.** Some of the most cathartic work for Jack took place at the impromptu music therapy session that took place a few days before Gloria died during Week 20. He appeared very distraught and was suffering from watching Gloria suffer in pain. He did not want her to suffer any longer. Clinical music improvisation provided Jack with a non-verbal outlet for emotional expression which was something he needed at that point. I do not know that
there were words for him at that point to express his anger, frustration, and hopelessness the way the music could.

**Music Therapy Treatment Plan Analysis Summary**

As defined by Dileo and Dneaster (2005) music therapy with Gloria and Jack was implemented at the three levels of practice over the course of her sessions. Initially music therapy was introduced to Gloria at the supportive level to provide assistance with relaxation and sleep. Music therapy then moved to the communicative/expressive level where music was used to aid Gloria in reflecting upon feelings and facilitate bringing them to the surface to discuss. Once these feelings were brought to the surface and explored, and as Gloria still had enough physical and emotional energy to engage in-depth work, music therapy transitioned to the transformative level where Gloria was able to use music to facilitate relationship completion with Jack. In the transformative phase Gloria shared the song she wrote for Jack and also shared the individual pieces of music she had selected to help her complete her relationship with Jack by conveying the key sentiments, “I Love you” and “Thank You” that were so important for him to be aware of. When her physical pain became more intense and her energy level decreased, music therapy returned to the supportive level.

The following music therapy techniques were utilized with Gloria and Jack: music and imagery; music for relaxation; music listening; entrainment; rehearsing/performing music; song dedication; song choice; lyric analysis; songwriting; playing instruments; singing; and clinical improvisation. Each was included to assist Gloria and Jack in reaching the goals set for music therapy sessions.
Thematic Analysis: Gloria’s and Jack’s Experience of Music Therapy Sessions Intended to Facilitate Relationship Completion

When looking back over all of the data sources (my session notes, transcriptions of audio-taped music therapy sessions, the songs used in therapy sessions, the original song, the interviews, my formal assessment placed in the chart, and Gloria and Jack’s artistic pieces) and coding them, it appears that four large themes emerged namely: love, loss, appreciation, and goodbye. Within these themes there are six sub-themes. In the section below I will discuss and unpack the themes and the sub-themes as they unfolded during the course of music therapy treatment and show how the sub-themes contribute to the four overall themes.

Theme 1: Loss

The theme of loss surfaced at the onset of our music therapy process as Gloria began to tell me about herself. Gloria acknowledged the fulfillment she felt as a teacher, as this role had given her a purpose in life. While she did not wish to return to work as a teacher she now longed to find continued purpose in life, and in not feeling that she was contributing to anything outside herself due to her illness she was grieving the loss of a role or purpose in life.

Loss surrounded Gloria’s cancer diagnosis. What did it mean to have pancreatic cancer? The cancer diagnosis brought about many future losses such as: losses in physical functioning; loss of privacy; and loss of life.

In “Focusing,” Gloria expressed sadness over her loss of physical strength and energy. There were also expressions of a loss of time, and a loss of freedom to engage in activities Gloria had so enjoyed doing. For example, sitting on her deck at home, and going to the symphony.
In “Launching” and “Vehicles/Tools” the theme of loss surfaced in Gloria and Jack’s recognition that they would now not be able to take part in the retirement plans they had made and that they would not grow old together. Their acknowledgment of the future losses such as: future celebrations and birthdays Gloria would not be there for, or future concerts they would never go to, weighed heavily on both of them. It was becoming much clearer now that accepting those losses and acknowledging them meant that they were both beginning to come to some type of acceptance regarding Gloria’s prognosis.

During Gloria’s interview she acknowledged the role of music therapy in speaking about loss.

*Music therapy did help me to talk about loss and to remember all my beautiful memories of travel and companionship.*

The sub-themes of denial, strength and hope, fear and pain, and knowledge contribute to the larger theme of loss. Some of the couple’s denial indirectly referred to losses, such as loss of future events including travel and concert attendance, as well as spending time together in enjoyable activities such as dancing. Strength gave Gloria the courage to complete her relationship with Jack as she prepared for her own loss of life. Hopelessness was prominent in both Jack’s and the interdisciplinary team’s feeling at a loss for how to help Gloria in her last days. Pain is an integral part of loss. Accepting and recognizing losses and future losses involves grieving and grieving involves psychological pain. Knowledge advanced the couple’s recognition of losses.

Loss was a part of everyday for Gloria and Jack during her stay at Baycrest. In the end Gloria lost her life, and Jack would continue to experience many losses that her death left.
Sub-theme: Denial

Statements that reflected denial were present at the beginning of the music therapy process. Denial was there during the assessment sessions but surfaced more prominently during the “Focusing” and transition to the “Launching” phases of music therapy. Denial was evident in Gloria’s continual references to her leaving the hospital. For example, Gloria expressed that she would return to her home and start taking harp lessons again. She also stated that she would go back to the opera with Jack, and that they should travel to Denmark. Her denial and her searching for confirmation of her statements that reflected her denial from both Jack and me were evident in some of her statements and questions. For example,

“When I go home I am not coming back. I am going to be fine. I’ll just take it easy and not get worried about little things.”

While Gloria maintained that she said these things because she wanted to be strong for Jack, I believe that is only part of why she said them. I believe that a part of her was trying to convince herself that she would go home and that she would win her battle with cancer. It seemed that in her heart she thought that if she believed some of these statements that they might in fact come true. The series of comments made by both Gloria and Jack regarding going home and leaving the hospital were very prevalent and appeared to speak to the fact that both had difficulty accepting Gloria’s inevitable prognosis.

Jack also made comments which he averred were for Gloria’s benefits. Comments such as:

“I have been trying to look after the garden at home for when you come, but it really needs your touch.”

I do not think Jack was in denial at this point but his comments facilitated Gloria’s denial.
As we entered the “Launching” phase of the music therapy process denial seemed to be in the background as Gloria began working on her concert for Jack where she would express the sentiments of love and thank you. Gloria began to demonstrate more acceptance of her prognosis as she wrote the lyrics to the song, *Thank You for Loving Me*. The song’s lyrics reflect the fact that she is dying and she questioned when she would see Jack’s face again once she died. In “Launching,” there were far fewer statements of denial during our sessions and these statements appeared to completely disappear as we accomplished the goal of relationship completion in the “Vehicles/Tools” phase of music therapy.

In the interview Gloria spoke of the awareness of her pattern of denial. For example,

*If I acknowledge that I’m dying, then it becomes real. I’m not ready to die yet and leave Jack.*

Jack acknowledged the role denial had played in his interactions with Gloria when I first started working with them. He said:

*For a long time we didn’t speak the truth.*

He maintained that it was not beneficial to continue to use their valuable time in denial, and how important it was that they turned their focus to expressing important sentiments to each other.

**Sub-theme: Strength and Hope**

From the beginning of our music therapy process when Gloria began telling me about herself and Jack there was evidence of strength and hope. Gloria exuded a sense of strength in the gift of her job as a teacher. She spoke of the fact that that role had given her life a purpose.
Gloria was now searching for a new purpose in life from which she could draw strength to continue fighting her cancer battle.

In “Focusing,” Gloria expressed a desire for more physical strength and energy to enable her to do more and to eventually stabilize enough to go home. Session dialogue during this period pointed to the fact that both Gloria and Jack needed encouragement, support, and assistance in discussing Gloria’s death. Jack felt he needed to be strong for Gloria so she would not lose hope and Gloria felt she needed to keep up her optimism for Jack and also for herself because if she gave up hope, it was like she was giving up. In session five hope was evident as Gloria began using Therasleep^2 with some success and was now able to sleep for a block of three hours at night.

Hope was again expressed during the “Launching” phase of sessions as Gloria and Jack embraced the opportunity to use part of each music therapy session to facilitate relationship completion, and emotional expression. Hope and strength were also present in Gloria’s playing the autoharp. It gave Gloria pleasure to make music again, and to be contributing to the concert that we were preparing for Jack. Preparing the concert and writing the song for Jack gave Gloria a purpose, and this project gave her hope and strength. In selecting the songs for the concert the memories that Gloria spoke of gave her strength. She expressed so many happy memories that now filled her mind instead of only feelings of constant pain.

In “Vehicles/Tools” once the expressions of “I Love You,” and “Thank You” were done formally in the series of discussions about the songs included in Jack’s concert, Gloria and Jack drew strength from their loving relationship. In “Pain Relief and Letting Go” the theme of strength and hope presented quite differently. Gloria’s physical strength had greatly decreased and she had accepted the fact that she was dying. She drew strength from Jack’s presence at her
bedside. In the interview with Jack, it was apparent that he recognized the fact that he would need strength to get him through Gloria’s death and the subsequent mourning and grieving. Hope had appeared to fade away, being replaced by hopelessness, and acceptance. Unfortunately Gloria suffered in her last weeks and days and while there was hope that she would be able to have a more peaceful death having expressed sentiments that were important to her, there was knowledge that her physical pain and suffering were causing her to have a physically challenging death. As the Doctors altered her medication and the nurses tried to provide relief to her, hopelessness was prominent as these interventions did not prove successful.

Sub-themes: Fear and Pain, and Knowledge

Contributing to the theme of fear and pain is the underlying theme of knowledge. Essentially knowledge and a lack of knowledge led Gloria to experience fear and anticipate pain. Knowledge was gained through her daily lived experiences and led to her understanding of the physical pain she faced on a daily basis, and the physical pain she would continue to face. Knowledge also fuelled both Gloria and Jack’s psychological pain as they became increasingly aware of the pain of Gloria leaving this world, and the painful void Gloria’s death would leave in Jack’s life. Knowledge of Gloria’s physical suffering was advanced for Jack through watching her and staying by her side throughout her illness.

Physical pain was experienced by Gloria each day and was a constant theme that ran throughout our music therapy process. Pain was one of the reasons that Gloria was referred to music therapy, and pain relief became an integral portion of all of our sessions. During the music therapy assessment Gloria spoke of her physical pain.

*I feel the pain in my legs and often in my back.*
In session five there was pain expressed in Gloria’s comments. For example, Gloria so desired the chance to go outside and leave her hospital bed. As that was not possible there was emotional pain and longing for something not probable. Fear and emotional pain are intertwined in Gloria’s question:

*How can I be honest with Jack and tell him that I am afraid of dying?*

Fear of Jack’s unknown response also surfaced in this session.

*If I tell him that I am going to die, he will feel I am giving up...and...maybe giving up on him too.*

Jack also expressed emotional pain at this time:

*Amy, I know Gloria is dying. I am quite aware that we have been given more time, but I can’t tell her I know she is dying. She’ll think I am giving up on her and the cancer.*

In “Launching,” discussions around physical pain were part of our sessions but they were less prevalent now than earlier. With Gloria’s continued acceptance of her prognosis, there were increased expressions of fear.

*I am scared to be without him when I die.*

As Gloria worked on the concert for Jack and the songwriting project there was focus on pleasurable memories and fear and pain were not as prominent, however they were still present.

*Will I ever see Jack again after I die?*

*Sometimes I close my eyes because I just wanna forget the pain I have, but when I can’t sleep, it makes me want to scream and cry, because I can’t escape.*
In the “Vehicles/Tools” phase of our sessions there was some relief of pain and fear in Gloria’s expressions of “I Love You,” and “Thank You” to Jack. These expressions helped Gloria know that Jack truly understood the depth of her love for him.

In “Pain Relief and Letting Go,” pain and fear were again at the forefront. Gloria suffered complicated physical pain and the fear of anticipating it getting worse. There was a sense of fear surrounding her treatment as physicians and nurses strove to alter her pain medication and treatment protocol with little success or understanding as to why the changes were not helping Gloria. In Jack’s interview and individual session there were expressions of fear and pain surrounding the thought of living without Gloria and watching his wife suffer unbearable pain. Jack wanted her pain and suffering to end. When Gloria died and I saw Jack at the hospital that morning and he expressed relief in the fact that Gloria’s pain had now ended.

**Theme 2: Love**

Love was a prominent theme that encompassed the entire music therapy process. Love was expressed by Gloria and Jack for each other repeatedly. Love was the key sentiment that Gloria needed to express to Jack. Love and devotion were shown on a daily basis to Gloria by Jack in his bedside companionship and commitment to the music and relaxation journeys.

Love was the motivation behind statements they made to protect each other. For example,

*Today has been a good day hasn’t it Gloria? There are more good days ahead, this is just the beginning.*

In “Focusing” it surfaced that Gloria needed to formally say “I Love You” to Jack. *I need to tell Jack that I love him and have always loved him, but I know if I bring this up and start telling him why, I will start crying, and then he will start crying, and, I don’t think I can handle all of it sometimes. Why, is it so hard to say something like that?*
have said it so many times, well, I say it everyday to him, but he needs to know how sincere I am about my feelings.

In “Launching” both Gloria and Jack embraced the idea of relationship completion confirming their need to express key sentiments to each other.

I need Jack to know how much I love him, and how much I appreciate all he has done for me. Sitting in that chair over there for hours and hours each day, who else would do that?

The sub-theme of companionship is part of the larger theme of love. In Gloria’s individual time in music therapy she was clear that she wanted to express the sentiments of “Thank You,” and “I Love You” to Jack. She stated many times that she needed Jack to know the extent of her love for him and her appreciation for his dedication to her throughout her life, especially now in illness. Their companionship and love was evident in her desire for Jack to experience happiness and laughter, and in the stories she shared when they had joked and ‘teased’ each other. The songs she was selecting for the concert spoke of love and thanks and were tied into memories that she had of their relationship. There was great appreciation for all the little things that Jack did, such as surprising her on trips and outings, and for being thoughtful and supportive of her. When we began brainstorming ideas for the song for Jack, Gloria said:

Jack is the love of my life.

In “Vehicles/Tools,” Gloria and Jack discussed the song choices from Jack’s concert and expressed their love for each other.

Jack, it was forever when I fell in love with you. I know forever seems a long time, but it isn’t when you find the right person?
Wow, those words really were perfect. When I fall in love, it will be forever. It certainly was for me with Gloria.

It is really meaningful to me that while Gloria was in pain and confined to that bed that she used her energy to write this song for me. That in itself is an act of love.

Love was especially present in our last sessions as Jack sang songs with me at Gloria’s bedside while holding her hand.

**Sub-theme: Companionship**

The sub-theme of companionship was evident throughout the music therapy process. When I met Gloria she spoke at length about her relationship with Jack and discussed the activities they engaged in together, such as concert attendance, traveling, and retirement planning which focused on spending time together. Hobbies such as her participation in the poetry club brought up talk of friends she had made. Her engagement in learning to play the harp also resulted in the development of her friendship with Beverley. These friendships provided camaraderie for Gloria who did not have other family in Canada other than Jack. Companionship was also evident in Gloria’s discussions about her teaching days as the students and her co-workers had nurtured her.

In the Assessment and “Focusing” phases, Gloria welcomed the familiar companion of “music” on her current illness journey. Music provided her with comfort and companionship on the long days she faced living in a hospital bed. Music was familiar and provided new methods of social interaction with Gloria for both myself and Jack. In session five, it was promising that this musical companion was providing Gloria with some assistance in sleeping, and music became her nighttime companion at the hospital.
In “Launching” Gloria became aware of her desire to thank Jack for providing companionship to her throughout their marriage and her illness.

*I want to say thank you for all the fun times and adventures we had.*

Closeness was evident in Beverley’s visits and the concerts she played at the hospital for Gloria and the other patients. Music had brought Beverley and Gloria together, and music was now a means of Beverley providing some diversion and enjoyment for Gloria. A lifelong partnership with Jack was evident in Gloria’s assessment of songs for Jack’s concert. The songs selected surrounded some special outings and trips such as going to see *Mamma Mia* and traveling to Paris.

In the “Vehicles/Tools” and “Pain and Letting Go” phases, companionship was always present as Jack stayed by Gloria’s side continuing to provide daily relaxation journeys for her and social interaction. In Gloria’s interview it was evident that I too had been a part of Jack and Gloria’s experience that fostered new methods and tools for social interaction.

In Jack’s interview he expressed sadness over the soon to be loss of his lifelong companion Gloria.

**Theme 3: Appreciation**

Sentiments of appreciation were prominent throughout the whole music therapy process. Gloria felt nurtured in her role as a teacher and she appreciated this career for giving her a purpose in life. The couple expressed their appreciation for each other as they told me about themselves and their history. They were appreciative of the friendships they had made through their involvement with arts groups, such as the Arts and Letters Club, and Gloria appreciated her engagement with harp lessons, and the friendship of Beverley. There was also appreciation for
beauty that could be found for example, in architecture, or flowers, and admiration of the performing arts, and opera.

In the Assessment sessions, appreciation was expressed to me for providing music at the bedside. In “Focusing” there was again appreciation expressed for providing the relaxation and imagery journeys, as well as gratitude for the lovely images that these journeys provided. Jack was also appreciative of learning how to provide daily relaxation sessions for Gloria, as that gave him a purpose and pleasure in helping ease Gloria’s pain.

In “Launching,” Gloria became aware of her desire to say “Thank You” to Jack for their life together.

Really I have been so lucky that I married Jack.
I feel blessed to have Jack in my life. I want him to know this.

Gratitude was expressed to Jack in the song choices for his concert and prominently in the song she wrote for him.

Thank You for Loving Me.

As Gloria also engaged in playing the autoharp at this time, enjoyment was expressed in her ability to actively be making music again.

In “Vehicles/Tools,” appreciation surrounded all our discussions. The couple was appreciative of each other’s numerous expressions of kindness throughout their marriage. In “Pain and Letting Go,” appreciation was expressed in both the interview with Gloria and with Jack. They were each appreciative of the role that music had played in their experience of emotional expression and relationship completion, as well as pain relief and relaxation.

Expressing appreciation to Jack provided Gloria with a more peaceful psychological death.
I didn’t come to new awareness but I now know that Jack knows I love him deeply and that I thanked him for all he did for me. This makes me feel better about dying.

The sub-theme of travel contributed to the larger theme of appreciation as they each were nourished and grateful for their travel experiences and the beauty that they experienced on those trips. Gloria and Jack were thankful for the fact that they had traveled together to see beautiful places in this world, but also for the fact that they had traveled and navigated life with each other throughout their marriage.

**Sub-theme: Travel**

Travel had been a leisure activity that Gloria and Jack had enjoyed throughout their lives. In fact, they had decided not to have children in order to spend their time together and to be free to travel. Gloria had also begun saving money early in their marriage so that they could travel in their retirement.

In the “Focusing” phase of music therapy treatment we began implementing the music and imagery journeys in order to provide escapes from the hospital environment and for the couple to experience a new kind of travel. Jack also began implementing the daily music and relaxation sessions where he and Gloria enjoyed this new type of travel on a daily basis. As sessions began to transition to the “Launching” phase Gloria spoke of the potential of future travel.

*When I leave the hospital, I think we should take a trip back to Denmark.*

Discussions of the couple’s travel adventures were prominent in the selection of music for Jack’s concert. For example, *La Vie En Rose* was chosen to represent their trip to Paris. When
we discussed these songs in the “Vehicles/Tools” phase of music therapy there was continued dialogue about travel between Gloria and Jack. For example,

*Jack, thank you for taking me on trips like Paris. I feel lucky to have spent my life with you.*

Loss of future plans and travel were also felt by both of them at this time.

The theme of travel subsided in “Pain and Letting Go” as Gloria became weaker and we had fewer discussions in sessions. Gloria would now be traveling to the “next world” as she put it.

**Theme 4: Goodbye**

With their growing acceptance of Gloria’s inevitable death throughout the course of music therapy the theme of goodbye was always in the background. It was there at the beginning in their comments which reflected denial and other comments Gloria began to make as we transitioned from “Focusing” to “Launching” as neither was yet ready to say goodbye to the other.

*I just feel cheated by time. I am not really ready to die.*

For Gloria recognition of the need to complete her relationship with Jack is what brought understanding of the importance of saying goodbye to Jack, but the first steps in being able to do that were first to say “I Love You,” and “Thank You” to him. The theme of goodbye was evident in the song Gloria wrote for Jack. She was coming to increasing acceptance of her eventual death and termination of life in this world.
It was during this last phase of music therapy that the theme of goodbye was most present. Gloria said goodbye to Jack through the special songs that the three of us shared at her bedside. Jack said goodbye to Gloria and realized her love for him. Through his musical improvisation, singing at the bedside while holding Gloria’s hand, and sitting with Gloria in her last days, he said goodbye.

Summary of Themes and Sub-themes

In Gloria and Jack’s experience four large themes emerged from the data sources namely: love; loss; appreciation; and goodbye. There were also six sub-themes that contributed to the overall themes. Under loss, the sub-themes of strength/hope, denial, and fear/pain developed. Fear/pain are also further divided with the theme of knowledge. Under love there is the sub-theme of companionship and under appreciation the sub-theme of travel became apparent.
Conclusions

In writing the analysis of music therapy sessions, I used quotes from both Gloria and Jack to confirm the analyses of my own observations and assessments. There were a variety of music therapy techniques that worked together in aiding Gloria and Jack to accomplish their goals. The differing levels of music therapy practice were all important parts of the treatment plan and at each stage of the music therapy treatment they helped accomplish different objectives and goals. With respect to relationship completion the most significant music therapy techniques according to Gloria and Jack in their experience were songwriting, song choice, and song dedication. Jack said:

_The songs expressed those words that Gloria and I often said to each other, but more importantly, the songs gave us the courage to speak about what was behind the words._

Referring to song choice Gloria said:

_I couldn’t have just brought up my feelings with Jack. I tried but never could find the words. In the songs, the words were there and you were here too to help us._

The songs spoke of what the couple wanted to express. Music therapy sessions provided the space to present and speak about those feelings.

In reviewing all the data it appears that these three music therapy techniques Gloria and Jack identified were essential to their experience of relationship completion. Also central were: rehearsing/performing music; lyric analysis; music and imagery; and music and relaxation.

Gloria felt such happiness when she was able to play the songs for Jack on the autoharp. She expressed that she liked being able to be a part of the music making and the concert. While choosing songs to reflect the key sentiments of “Thank You” and “I Love You” was so important, it was through lyric analysis that many of these songs were broken down and
discussed as to their relevance and significance. Many of the memories that the couple spoke of and reminisced over were brought up through lyric analysis. The music and imagery and music for relaxation portions of sessions were also essential. In the initial sessions these interventions helped calm and reduce Gloria’s anxiety and in later sessions they helped return Gloria to a calmer state once verbal processing and sharing had taken place at sessions. For Jack, being able to provide relaxation journeys for Gloria gave him a purpose and a new way of interacting with Gloria, one which truly showed his love and dedication to her. While he may or may not have said “I Love You” while providing those private afternoon journeys, his actions did show his love.

For Gloria and Jack I chose to write an additional artistic piece “The Unknown” about Gloria’s music therapy and illness experience at the hospital. I looked back at my session notes and transcripts to see what some of the questions were that Gloria asked me in our sessions because I remembered that she often did question things and then at times she dismissed her questions. The questions that comprise this piece are questions that she did ask in either our sessions or in her interview. For many of these questions there were no concrete answers and she herself struggled to find answers to them. The themes and sub-themes that emerged from the case analysis are reflected in this piece.
Dear Jack,

“Love me tender,
Love me sweet,
Never let me go.
You have made my life complete,
And I love you so.”

There are so many things that I want to say to you, but for some reason I just can’t seem to say them. I don’t want to upset you. I see you each day sitting in that chair keeping me company. I can’t think of the words to thank you enough for all that you have done for me. So simply I am saying, “Thank You for Loving Me.”

I thank you for loving me,
And I thank you for carrying me,
Carrying me, carrying me,
Through this life.

I feel blessed in my life to have such wonderful and loyal friends, but you, Jack, you are and have always been the most important person in my life. I Love You more than I have loved anyone. You are my “soul mate.” You have been my Prince, my source of strength and of hope and one day we will be together again. There will be victory one fine morning!

“Disperse, o night!
Vanish, oh stars!
Vanish, oh stars!
At daybreak, I will win!
I will win!
I will win!”

I will always remember Paris. The warm nights and the strolls we took and the music. That was my favourite trip. Our romantic life, one I don’t even know how I deserved. It went by so fast. Thank you Jack, for you made it possible.

“When you kiss me heaven sighs,
And though I close my eyes,
I see La Vie En Rose.”
I wish I could get out of this bed. I want to feel a gentle breeze upon my face again and to feel the sunlight again. And, I wish we could run away together and take those trips we had planned to. Promise me Jack that you will take one of those trips without me and think of me while you are there.

“Think of me,
think of me fondly,
When we’ve said goodbye.”

I Love You Jack. I will always love you.
It will soon be time to say goodbye.
I will miss you greatly.
But, I know I will see you again.

“I have a smile
Stretched from ear to ear
To see you walking down the road

We meet at the lights
I stare for a while
The world around disappears

It’s just you and me
On my island of hope
A breath between us could be miles.

And I forgot
To tell you
I love you
And the night’s
Too long
And cold here
Without you
I grieve in my condition
For I cannot find the words to say I need you so.”

Love,
Gloria
Dear Gloria,

“When you are far away
I dream on the horizon
and words fail,
and, yes, I know
that you are with me;
you, my moon, are here with me,
my sun, you are here with me.”

I have loved you since we first met many years ago. I always equated your smile to a ray of sunshine. You always managed to light up a room. I think that is one of things I will miss seeing everyday, your glowing smile.

“If I say I love you
I want you to know
It's not just because there's moonlight
Although, moonlight becomes you so.”

I sit with you each day now and cherish our life together. My thoughts are filled with memories of our special summer nights on our deck and the music that filled the air while the stars shone down on us. I know when you pass to the next beautiful place above that your light will be a star shining down on me; my own special star radiating your warmth for me to feel.

“Fly me to the moon
And let me play among the stars
Let me see what spring is like
On Jupiter and Mars.”

It seems like just yesterday that we were beginning the spring of our lives together when I was lucky enough to win your heart and sweep you off to a new place to build our lives together. My love for you then is nothing compared to the love I feel for you today, and the love I will always feel for you.

“Wise men say
Only fools rush in
But I can’t help
Falling in Love with you.”
My love for you will never end. I will travel to South America as we planned. On that trip I will visit the special places we desired to see together. It will not be the same but I will plant a special flower for you there. A beautiful red rose to symbolize our love.

“My Wild Irish Rose
The Sweetest flower that grows
You may search everywhere
But none can compare
To my Wild Irish Rose.”

Your spirit will live on in the many lives you have touched, but most of all, it will live on in me. You have made me the man I am today. Your selflessness and kindness have inspired me. Thank you for teaching me so much, for your patience, compassion, and strength.

“You Raise me up
So I can stand on mountains
You Raise me up
To walk on stormy seas
I am strong
Cause I am on your shoulders
You Raise me up
To more than I can be.”

I love you Gloria. Your last days are not the last time we will see each other. They are goodbye for now, but not forever. We will be together again someday, somewhere.

“There's a place for us,
A time and place for us.
Hold my hand and we're halfway there.
Hold my hand and I'll take you there
Somehow,
Some day,
Somewhere!”

Love,

Jack
“The Unknown”

What time is it?

Time is blurring together now quite rapidly, but at the same time it also goes by so slowly when the pain is intense. I don’t think I have slept for more than 30 minutes at a time. I am actually afraid sometimes to close my eyes for fear that I may never open them again and see this world. I am afraid. I am afraid of the unknown. Not scared really, just anxious I guess about what to expect. Sometimes though, I close my eyes to escape this world. I cry frequently, and some days I want to scream.

Where am I going when I die?

I don’t really have a concept anymore of what day it is, the time, or even the season. The world outside has become quite fuzzy. I don’t know what is going on outside this room, and in some respects, I don’t really care either. All I really care about now is Jack.

Who will look after him when I am dead?

I thought retirement was going to be a blessing, but it really has only brought me suffering and pain. I had really looked forward to spending years with Jack and travelling and learning about the world, and now those dreams are gone. They are dead, much like I will soon be.

Will Jack be lonely when I am dead?

Each day, I find it harder and harder to eat and I don’t even have the energy anymore to fight. There was a time that I believed I would go into remission and survive and triumph from the cancer, but I know now that that is unrealistic. Sometimes though, it is important to pretend and live in that delusional little world that one can create. I did it often for my own spirit and I did it for Jack, but I can’t pretend anymore….I bargained with God to keep me here longer, but for what purpose? Each day I suffer, and the suffering never ends.

Will there be more suffering ahead?

Of course there will be more suffering. Jack will be alone. He will suffer. For me, I want the pain to end.

What pleasures do I have left?

I never thought that I would be one that enjoyed reminiscing, but that is what little pleasure I have left now. At least I can remember all the special times in my life and in a way relive those times. I know that I don’t want people to remember me this way when I am dead. I hope
they will remember the “old” me, the one who has passion for life and energy that has now withered from me.

**What new journeys lie ahead for me in my new place?**

Imagery has been such a powerful tool for me. Later morning and afternoon escapes to beautiful places and people both old and new. Music has accompanied those journeys and has taken me out of this hospital room for short escapes. Maybe God is preparing me for a journey to a better place without pain, but I am still afraid.

**What would I do without Jack?**

And Jack, what would I have done these last months without him. He keeps me company each day and still makes me laugh. What a blessing our marriage has been to me. I try each day to focus on my blessings because there have been many. Most of all I cherish the blessing of love and companionship that I have felt with Jack for so many years.

**Who will be Jack’s companion when I am dead?**

I am humbled now. I have little privacy and freedom. Everyone looks after me. How the tables have tuned. I used to be so helpful as a teacher. I did for others. I don’t know how to thank people for the help they are giving me now, feeding me, dressing me, caring for me. While I long to be the woman I used to be, I can’t discount the blessings of these caregivers in my life now.

**What do I still have to do before I die?**

Simple words were what remained to be said: Thank You, I Love You, and Goodbye. They are simple, but yet so important and powerful. Even though they are simple they are some of the hardest words to convey with their true meaning and value. I feel more at peace now that I know Jack has really heard them. I am thankful that I got the chance to say these words in several ways through conversation, music, and writing.

**Are there any words that I have forgotten to say?**

There are things I will miss from this life. Many of them small, such as trips with Jack, long walks, breakfast in bed, shared laughter, music, art and literature. I am saddened by things I will now not be able to do such as traveling back to Denmark, and celebrating our anniversaries.

It seems like I now have more questions than answers. I can seek, but for many of my questions there are no answers.

**Will there be answers in my next life?**
CHAPTER FIVE

Case Study Two: Yetta

Music to Shatter the Silence: A case study on music therapy, trauma, and the Holocaust.

The following case study is of Yetta, a 72 year old female dying of lung cancer. Yetta participated in 29 individual music therapy sessions implemented at three levels of practice as defined by Dileo and Dneaster (2005). I begin the case study by presenting background information that is important to the understanding of the music therapy process with Yetta. Following this is a description of the clinical music therapy sessions. Yetta’s words from our sessions are part of this presentation. I chose to interview Yetta in week 12 as she had accomplished her music therapy goals at that time.

Following the description of clinical music therapy, I present the thematic analysis of Yetta’s experience in music therapy sessions. This chapter closes with the presentation of the artistic piece that I wrote as a further expression of Yetta’s experience.

A note on fonts:

My text.
Yetta’s direct words from sessions and the interview.

Introduction

I begin this case study by providing brief context on the lifelong struggles of Holocaust survivors and the literature on the role of music therapy both with Holocaust survivors and
survivors of trauma. Psychological and historic context is important to the understanding of the music therapy work with Yetta, a survivor of the Holocaust.

Background

The word Holocaust originates from the Greek word “holokauston,” meaning a “sacrifice totally burned by fire” (Gutman, 1990, p. 681). The Encyclopedia of the Holocaust (Gutman, 1990) explains that since the 1950s the term “Holocaust” has come to be applied primarily to the destruction of the Jews of Europe who were under Nazi regime, as well as other groups of people in World War II.

Holocaust survivors can be described as persons of Jewish origin who were “selected” to be exterminated during the period of 1933-1945. These persons lived in war-torn Europe, including the former Soviet Union, and were: held in concentration, extermination, or labour camps; disguised as Christians, kept in hiding, partisans; or, a combination of these. Survivors witnessed “terror, fear, prolonged starvation, abuse and/or experimentation, confinement, and daily exposure to death and human carnage” (Freedman, 1999, p. 167). Krell (1985) defines a child Holocaust survivor as a person who was 16 or under when World War II ended.

The Lifelong Impact of the Holocaust

Children of the Holocaust were forced to hide and may have also been prisoners of concentration camps which caused them to witness and experience traumatic events directly. Cohen, Dekel, Solomon, and Lavie (2003) recognize that child Holocaust survivors witnessed human cruelty more than love in early life and these experiences frequently challenge a person’s sense of self, his/her ability to trust others, and the capacity to form and maintain intimate
relationships. Other research (Krell, 1993; Moskowitz & Krell, 1990) acknowledges that the memories of child survivors often contain excruciating accounts of separation from parents, being abandoned, suffering the cold, and being hungry.

**Post Traumatic Stress Disorder**

Post traumatic stress disorder (PTSD) is defined by the American Psychiatric Association (2000) as “the re-experiencing of an extremely traumatic event accompanied by symptoms of increased arousal and by avoidance of stimuli associated with the trauma” (p. 429). Further classification of this type of anxiety disorder explicates that a person who suffers from PTSD must re-experience the harrowing event(s) in several ways including, but not limited to: recurrent and intrusive distressing recollection of the event; recurrent distressing dreams of the event; and acting or feeling as if the traumatic events were recurring. Many trauma and Holocaust survivors suffer from symptoms which fit into the PTSD category, including child Holocaust survivors.

While the majority of child survivors do lead normal lives, several studies suggest that these persons still suffer from survivor syndrome and PTSD symptoms (Breiner, 1996; Mazor & Mendelson, 1998; Mokovitz & Krell, 1990; Robinson, Rapaport-Bar-Sever, & Rapaport, 1994; Tauber & Van-Der-Hal, 1997). Survivor syndrome is a term that is often used to describe the shared reactions of persons who endured a traumatic event. The most prominent psychological effects of persecution are a loss of identity and feelings of worthlessness (Bunk & Eggers, 1993) accompanied by a feeling of bereavement lasting throughout life (Mazor & Mendelson, 1998). PTSD symptoms and fear of intimacy among treated and non-treated child Holocaust survivors have also been found to leave a long-lasting impact by Cohen, Dekel, Solomon, and Lavie (2003).
The prevalence of PTSD symptoms in survivors has been investigated by several researchers. For example, Orwid, Domagalska, and Pietruszewski (1995) interviewed 21 Jewish Holocaust survivors and found that they all met the DSM-IV criteria for PTSD. Kuch and Cox (1992) who focused on 124 Holocaust child survivors found that 46% met criteria for PTSD, and Cohen, Brom, and Dasberg (2001) and Lev-Wiesel and Amir (2000) reported similar results to Kuch and Cox.

Berlat and Weiss (1999) assert that Holocaust survivors struggle throughout their lives with the effects of their wartime experiences. At the end-of-life these difficulties can be intensified and may pose specific challenges. Healthcare professionals who are working with survivors must be sensitive to several issues in order to provide high quality care. Freedman (1999) describes some of the unique characteristics that relate to aging survivors which may cause a variety of issues such as impulsive behaviour, listlessness, withdrawal, startle reactions, and suspicion. These include: sudden and traumatic separation from home, community and family; life threatening illness; mistrust of staff and/or caregivers who do not speak their native language, or do not understand their religion or cultural background; medical procedures and shaving, invasive testing and needles; hospitalization; and memory loss and dementia.

If health care professionals are not sensitive to some of the issues listed above, routine care procedures such as taking blood could trigger harmful reactions. This is not difficult to understand when you consider that a Holocaust survivor must now go to live in a nursing home or hospital surrounded by strangers who often do not speak his/her first language. Danieli (1988) maintains, “hospitalization may be experienced as an incarceration and medication as a return to helplessness” (p. 290). In addition, these persons can have negative and traumatizing experiences
that cause them to withdraw from their environments, especially if they suffer from a cognitive impairment.

**The Role of Music During the Holocaust**

Moreno (1999) highlights the important role that music played to those in prisoner camps. Essentially, such “ghetto songs provided hope and comfort, as well as the courage for resistance” (p. 12). Music in those camps allowed the Jewish people a way to keep alive their culture, sense of community, and well-being. “Those marching into the gas chambers singing such songs as “Hatikva” [National Anthem] in their last moments of life affirmed their shared identity and faith through group solidarity” (p. 12).

Today some of those songs play an important role in helping survivors process, discuss and stay connected to their cultural and religious roots. In my work at Baycrest Centre in Toronto, Ontario, I use a large repertoire of Yiddish and Hebrew folksongs as these are strongly embedded in the long-term memories of many of the clients. The music speaks of various traditions, weddings, courting, and the Rabbi’s teachings, to name a few themes. Baycrest’s campus includes a large scale nursing home and hospital in addition to numerous other day, community, and assisted living programs and services. The facility follows the customs and traditions of the Jewish Orthodox religion and all of the clients in the nursing home are of the Jewish faith and culture, along with a large number of patients in the hospital.

**The Potential of Music Therapy**

Just as music played an important healing role during the Holocaust, music and the creative arts have the potential to play an integral role in working with Holocaust survivors
today. Healing in the context of this case study refers to a person feeling a sense of wholeness or resolution to an issue, or a period of time. Healing encompasses finding balance and harmony physically, mentally, emotionally, and/or spiritually.

Moreno (1999) presents one implication for music therapy with Holocaust survivors. Essentially a therapist could use music of the Holocaust to assist survivors with associative recall on a profound emotional level. This could support survivors in directly confronting some of their feelings, such as fear and guilt. Danieli (1988) has found that encouraging the survivor to express him/herself in the language primary to their pre-victimization experience is helpful, even if the therapist does not understand it. Perhaps this is why music may also play a very powerful role in healing as therapists may present music in the client’s original language to facilitate that deep expression.

**History of Music Therapy with Survivors of Trauma**

The literature on the use of music therapy with survivors of trauma is rich. Music therapists have described and presented their work with survivors of various traumas and abuse with wide ranging goals using music to: access emotions and underlying experiences; assist with grief and loss; and cope with physical, sexual, and/or emotional abuse. The following are some examples of the various populations and age groups ranging from children to adults where music therapy has made an impact.

Hatcher (2007) describes the use of therapeutic songwriting with a client who was recovering from complex trauma. Songwriting empowered Hatcher’s client to access his emotions that were buried beyond his ‘socially imposed self-image’ (p. 126). With other adults diagnosed with learning disabilities and mental illness, music therapy provided on a long-term
basis was found to help them work through underlying experiences of trauma and/or loss (Richards, 2007). Kowski (2007) describes her combination of Analytical Music Therapy (AMT) and psychodynamic play therapy (PT) with a four-year old boy suffering from separation anxiety and adjustment difficulties due to his loss of a loved one. This pairing of therapies created new treatment opportunities for this boy, and potentially in the future for other children who suffer from trauma, grief, and loss in helping address issues and problems at the child’s developmental level.

Other successful applications have described: music therapy with adolescents who were in foster care to help them cope with childhood trauma such as physical, sexual or emotional abuse, trusting others, and forming attachments (Austin, 2007); the role of music in group work with survivors of sexual abuse (MacIntosh, 2003; Volkman, 1993); the use of music to expose childhood secrets of a now 60-year old Holocaust survivor (Amir, 2007); the role of music in mourning and trauma following September 11, 2001 (Stein, 2006); and, the use of “vocal psychotherapy” for adults who were traumatized as children (Austin, 2006).

Music Therapy Goals for Holocaust Survivors

The following are examples of goals that can be accomplished with Holocaust survivors through music.

(1) Using music to facilitate sleep for those who suffer from nightmares, or active reminiscences, which prevent sleep or cause a person to wake up and not be able to get back to sleep.

(2) Using music to help clients explore and examine feelings that are buried, difficult to access, and/or difficult to acknowledge and subsequently speak about. For example using music to engage and facilitate discussions with survivors about their relationships, or fear of death.
Writing songs and/or composing music either together (client and therapist) or as therapist alone, that reflects feelings and perhaps helps clients move towards healing by allowing for the safe expression of their feelings, and the creation of an artistic product that can be shared with others to educate and validate experiences.

Introducing Yetta

The sound of breaking silence makes us understand what we could not hear before. But the fact that we could not hear doesn’t prove that no pain existed. (Marino, 1997, p. 129)

Yetta was a 72 year old female who was widowed 15 years ago. Her husband Sam was deceased and she had one son Paul, who is married to Beth. Paul was born early in Sam and Yetta’s marriage, and Yetta decided to stay at home with him until he was attending school for full days.

Things were different when I was your age. Most women stayed at home to raise their children. I stayed at home with Paul until he went to school.

Once that time came Yetta decided to return to school herself and she pursued a degree in social work. She worked as a child social worker for 35 years.

After Paul started school I became a bit bored at home just being a housewife, although I used to be such a good housewife. I always thought I would have another child, but that never happened, so I told myself, Yetta, you have to do something, and I decided to go to school.
Yetta was a childhood survivor of the Holocaust who was hidden during the war, and separated from her mother for several years. This traumatic experience did affect many aspects of her life, such as her career choice.

*I was lucky that Sam was educated. Because of this he understood my desire to go to school. It wasn’t really such a hard decision. I knew that helping others was what I wanted to do.*

Yetta was diagnosed with metastatic non-small cell lung cancer and Type 2 diabetes. She lived her last five months on the Palliative Care Unit at Baycrest. Yetta suffered from a minor decline in her cognitive function which did not affect her current functioning or long-term memory. She understood her diagnosis and was realistic about her prognosis.

*I have been beating cancer for several years. I was unsure coming here but I am doing okay here now.* (Referring to her decision to come to the Baycrest palliative care unit)

As her disease progressed Yetta decided to enter an inpatient palliative care program as she was finding it more difficult to care for herself at home even with hospice home care. Paul and Beth lived in Toronto as well, but were only able to visit her one time per week. Yetta was very fond of Beth and felt that she would look after Paul when she died.

*I really like Beth. She is a good wife to Paul. I don’t have to worry about him anymore.*

Yetta was referred to music therapy by the social worker on the unit for increased opportunities for social interaction and potential participation in the research study.
Music Therapy Sessions

Prior to the assessment I introduced myself to Yetta and discussed the idea of individual music therapy sessions with her. She agreed to participate in music therapy and commented that she thought it would be fun. Two assessment sessions were held the following week in the music room.

Assessment, Week 1 (Sessions 1 & 2)

The assessment sessions consisted of: gathering background information from Yetta (in addition to what I had read about her from the medical chart and learned from the other interdisciplinary team members); discussing current issues and problems related to Yetta’s illness and hospitalization; dialoguing about the potential role(s) and goals of music therapy sessions; discussing Yetta’s favourite music; playing instruments to, and singing pre-composed songs; and discussion of the research study.

Current Issues

I have pain, but I try not to focus on that, it won’t help if I do.
The cancer is a bad thing, but I feel pretty lucky in that I was healthy most of my life, so I don’t think of myself as unfortunate. I don’t question why this happened to me like some people do. I have accepted that I am not well. I wish I had more energy, but I try to sleep a little more and that helps me.
The main issue I have is some shortness of breath and pain in my chest, but otherwise I don’t really feel ill all the time. I have some nausea as well, but nothing too severe.
It was hard to move out of my apartment after so many years. It was my home, but I have a new home here, and everyone tries to make me feel like this is my new home.
I brought with me my favourite things, like these photos you see, and a few paintings and this lamp that my husband bought me many years ago.

I prefer to use my time to go and try all the new things here: arts and crafts, discussion groups, and the music.

It is kind of like a summer camp here. There is so much to do.

Who thought that I could learn so much in these last years of my life and now I will learn more about music.

The majority of my life I think I learned all the harder lessons. These last years I have a chance to enjoy the more beautiful things in this world, like the arts.

Music

I can’t believe the hospital has such a room, a room just for music.
I am not a musician, but it could be fun pretending to be.
I really like this drum!
I want to try all the instruments in this room, a new one each time.
(Referring to the instruments) I can’t pick. They all look so exciting.
It is so fun to be loud. I can play really, really loud.

Some of my favourite music is movie songs, like ‘Over the Rainbow’ and ‘Moon River.’
It is a little hard for me to sing now, but when I sing with you it does not seem as hard.

Yetta said she truly enjoyed playing the percussion instruments and she wanted to continue to take part in active music making in our sessions. She said overall she did not have any major concerns, but she did have one period of her life that she felt “unrest” over. This was her childhood. She was open to the idea of using music to help her explore this time-period in order to provide her with some closure and peace.

I am so lucky to be here where people are helping me and caring for me.

This is a good place. There are good people here.

Sometimes I don’t know how I got to this place in life. I don’t feel old…but I guess I am old. I never ask people if they think I am old because I already know the answer. They
do. Well, I do believe that if you don’t feel old you aren’t old, so since I don’t feel old, I am not old. But I know I don’t have a lot of time left, so I am going to use it (time) to have fun.
I feel like I can finally let go and play. I can be a child without responsibilities.

After I presented the research study to Yetta she expressed an interest in participating. I asked her to think about it and if she was still comfortable and interested that she could sign the study consent form in our second session. In session two Yetta signed the consent form. We spent 15 minutes that day discussing intrapersonal relationships.

Well I never really stopped to think about it, but I think you’re right. I do have a relationship (giggling) with myself, and I have not always treated myself the best.
I think this exploring will be good. (referring to the relationship with herself) There are things I need to resolve about my life. I don’t have regrets really, but I guess there are things I just need to put a lid on. I think that will really make me feel better.
I have so much sadness surrounding my childhood.
The war, I have finally gotten more comfortable talking about it, it was such a short amount of time, but it has had a lasting force on my life.
I don’t know if I can forgive myself for the way I treated my mother when she came for me after the war. I cried a lot and clung to the lady I had been calling mother for several years. My mother was quite physically ill, and when I think about it now, I must have broken her heart also.
Somehow when I think back to my childhood, the time period of the war and my hiding was truly not that long, but yet it takes up so much of the space in my brain. It seems like those memories are all over my brain. I don’t want to get rid of those memories. As sad as they are, memories are all I have left now of those special people in my life, like my mother and stepmother. And I am so happy that I don’t have memory problems, but I don’t want the war to take up so much space. The memories must be taking up space for a reason. Maybe it is time to look at some of those memories more closely now.
Yetta admitted that she had not really thought about the relationship she had with herself so to speak. I suggested that we start the course of music therapy sessions by exploring her childhood and also beginning a life review which Yetta agreed to and was interested in pursuing.

*I love to be like writing my memoires but without all the work.*
*I have a lot of stories. It might be hard to pick the important ones. I am glad you are helping me.*
*I think in our time together, I want to try many instruments, and make music, and make noise, and sing, and whatever else comes along.*

At the end of session two the following goals were mutually agreed upon for music therapy sessions:

1. For Yetta to increase her opportunities for social interaction by participating in music making, and discussion.
2. For Yetta to engage in play through the use of percussion instruments.
3. For Yetta to reflect, reminisce, and carry out a life review.
4. For Yetta to use music to enhance/facilitate opportunities for emotional expression.
5. For Yetta to complete her intrapersonal relationship.
6. For Yetta to improve her current quality of life.

Sessions took place two times per week for approximately 60 minutes each. Yetta received a total of 29 individual music therapy sessions, the majority of which took place in the music therapy room. Several sessions towards the end took place in her room as she was too weak to get out of bed at that time.
My Reflection on the Assessment Phase

From the beginning of our music therapy process together Yetta was very open to engaging in music therapy. From the musical techniques used in the assessment I learned that Yetta was comfortable singing, playing instruments, and discussing her feelings and thoughts in response to the music shared. It seemed that she had a very good outlook and attitude towards her current illness and situation. She was not focused on her illness. She truly embraced her new opportunity and fully engaged in the music making process we undertook. She was intrigued by the music room and all she could do there. She was also very open and receptive to engaging in the research project and thinking about the relationship she had with herself. Yetta was a very intelligent and insightful person and fully wanted to experience growth and healing at the end of her life.

While Yetta did not appear to overtly be suffering from PTSD as she was coping well, I do believe that she did in fact experience some of the symptoms as defined by the American Psychiatric Association (2000). Yetta did have considerable unease regarding her childhood memories and the Holocaust that caused her distress. She also began to show feelings of bereavement or mourning for a lost childhood that she had carried with her throughout her life.

“Focusing and Launching,” Supportive and Communicative/Expressive Music Therapy, Weeks 2-5 (Sessions 3-8)

The majority of music therapy sessions that took part during this phase flowed back and forth between Supportive and Communicative/Expressive Music Therapy as defined by Dileo and Dneaster (2005). There was no set structure for sessions, other than a greeting song and a closing song which changed a few times over the course of our sessions. Music therapy
techniques included: instrumental improvisation; song choice; lyric analysis; singing and playing
pre-composed music; and life review.

“Focusing,” Engaging in Play, Exploring Childhood, Emotional Expression,

Instrumental Improvisation

I don’t remember playing with other children.
I don’t think I ever really spent time colouring or playing games. I used to help around
the house a lot, with chores and cleaning, and cooking. I thought this was what all children did.
I did like to sew with my stepmother. She taught me a lot about creating. She was very
talented.
My stepmother did read me some stories before bed. We didn’t have many books, so they
were often the same stories, but she sometimes tried to make up stories too at bedtime. I
liked that a lot.
Most of my childhood was spent with adults. They were always so busy. I sometimes felt
like I was in the way.
I know my mother sang to me as a child. I wish I could remember more of the songs, but
that was before I went to live with my stepmother. When I returned to live with her after
the war, there was just a lot of sadness all around us. I don’t remember anyone singing
then or reading stories even. My father died a few years after that, but I was never that
close to him, not like I was with my mother.
One of my fondest memories of childhood, and I don’t have many, is of my stepmother.
Every other night before bed she used to put me in a wooden bathtub and scrub me. The
best part was the soft white towel she would dry me and hug me with.

Being a childhood survivor of the Holocaust Yetta stated in many ways that she did not
experience a “childhood.” She did not remember playing with other children or having time to
engage in typical childhood activities such as colouring, skipping, or playing games. When Yetta came to the music room at the hospital for her individual sessions, she would often say,

I feel like a child in this room. I’m free to explore and make lots of noise, and the best part is that I don’t have to be a musician, everyone can make music.

I wish I had more physical strength to be able to skip around or dance to the music, other than just dancing in the chair, but that can be fun too.

I think in some ways, now that I think about my own childhood, that what happened to me is part of the reason why I protected my son as a child and even an adult. I was very strict and overprotective. I always thought something might happen to him. I worried so much about everything. I had a hard time trusting people with him. I think I thought if something happened to him, that it would be my fault, and I don’t think I could have lived with that.

I remember the winter time when my son was about six or seven. His class was going on a field trip to the ice rink, this indoor skating rink near where we lived. I had always wanted to learn to skate, but never had a chance when I was a child, and then I was too scared to try when I was older. Anyway, I was so scared he would hurt himself, that I decided to take him skating before he went. I almost killed myself, well broke many bones. I tried to skate for the first time, using skates of a neighbour. I pretended that I knew what I was doing and tried to hold my son up. I think he must have known, but never said anything.

Yetta spent the first part of sessions improvising on various percussion instruments, the xylophone, and the piano. The quote below summarizes her thoughts on instrumental improvisation.

I love playing so loudly, I just bang and bang the drum and when I am done, I feel much better….It’s that simple.

During several of these improvisations she spontaneously chanted out different words and phrases as she played such as:
I am free. I am free.
I am a child now.

After the improvisations we often processed the feelings Yetta experienced during the music making and issues that arose as a result of the improvisations.

I knew I was hiding during the war, but even when I was a young lady, I felt like I had to keep hiding from certain people. I was often scared to tell people about my upbringing and afraid that people would still hate me because I am a Jew.

I didn’t go to school during the war even though I was pretending to be a Christian. My stepmother tried to teach me some school things I suppose, but she was so young herself and had no children. She taught me some math, but more about being a housewife, cooking, and cleaning. She was such a good person for hiding me. I pretended to be a Christian. I went to church with her and my stepfather.

My stepmother said to me a few times, I was lucky because I didn’t look like a Jew. She and her husband were not Jewish. I didn’t really know what that meant at the time. She said because my skin was fair and my hair was blond that I could pass for being her daughter. I know she meant well, but what does a Jew look like? What does that mean? To this day, I still don’t know.

It seemed that everyone was always anxious during the war years. Living on edge and often in denial that the war was going to end and sometimes I don’t think they believed the stories they heard about all the killing. I know when the adults were all gathered at our house talking it was about Hitler and what to do, how to survive. They would stop talking if I entered the room, or pretend to talk about other things.

I think it is hard for me to embrace the Jewish religion. I learned more about it as an adult. I never really went to synagogue after the war. It was when my son was born that I started to reconnect to my faith and roots. I think the Christian upbringing was also good, but it was not who I was or where I came from. I didn’t think this was important until I had my own child. I wanted him to have the Jewish culture alive for him and his future family. I am glad that I went back to my faith at that time. And, I am so thankful to the kind Gentiles who helped so many people during the war.
When I reunited with my mother and father after the war we never talked about our Jewish faith.

I lied a few times about my upbringing when I first got to Canada. I was afraid of the people here at first, not sure who I could really trust.

For most of my life I have avoided talking about the war and my experiences. I did write the poetry, but it was for me, not really for others. I have only shared it with a few people.

Many days, I tried to fool myself. I would say to myself that I was an actress. I used to pick one of the really attractive ones. I said it didn’t matter if I said the things I did because I was just acting. This way, I felt I could protect myself.

It’s a bit absurd that I acted that way I guess. I think I missed out on getting to know some really good people in the world by always pretending to be someone else. I was very guarded for a number of years. I am so glad that I am not like that anymore.

I think even when I first got married, I was scared to really be myself with my husband. He never said anything. I don’t think he knew. We did have a good marriage. I miss him.

Yetta verbally shared her experiences of being a hidden Jew during the war. In her early adult years she had written a collection of poetry which represented some of her feelings and ruminations on her childhood days which consisted of enormous losses. Yetta had shared this poetry with very few people over the course of her life and she now chose to share it with me. She gave me her collection to read and said,

This will help you learn about my experience.

Yetta explained to me that, for many years during the war, she felt she was an actress who was playing a role. She had to lie and pretend to be someone else. She was on the run and hiding. Some of the poetry that she wrote reflected those sentiments. As she realized her death
was imminent, Yetta expressed her desire to share her true thoughts and to break her cycle of silence.

Yetta revealed that, when she was hiding during the war, she was not allowed to express her own thoughts or feelings.

*I lived in a shadow of silence.*

*I want to talk about my story and banish the idea of having to be quiet about the war. So many survivors still feel they shouldn’t talk about their experiences, that it will bring the pain back. It does bring pain back, but the pain is always there from those days. It might bring forgiveness and healing. I hope for that.*

*I think others can learn from the Holocaust survivors. I don’t have to be silent anymore.*

*I think even when I wrote the poetry, it was for my healing. I think I can maybe share that with more people now. I don’t think people judge us for needing to speak out. I think they want to learn about our stories so that those tragedies never happen again.*

*I want to share my true thoughts and feelings now, even if it just for me to get them out before I die. I don’t want to take them with me to the next place.*

*“Launching,” Life Review*

In week five, session eight we began discussing other time periods in Yetta’s life as we embarked on the life review. In addition to improvisation, we also used song choice and lyric analysis to identify feelings, memories, and sentiments from various segments of her life. We sang and played many of these songs together. I suggested to Yetta the idea of completing a musical autobiography, and she was fond of the idea.

*I have always wanted to write my memoirs (laughing as she said this) but this sounds like more fun.*

*I had a doll when I was little named ‘Anabella.’ Anabella used to get to go everywhere with me. I treated her like she was my baby. Maybe in some ways I treated her like that because I wanted a sister or someone to play with or look after. She was my most cherished possession. I know my stepmother loved me. I was much closer to her than my*
stepfather, but I think they were happy when I entertained myself and stayed out of their busyness. As the war continued it seemed they were struggling financially. We used to trade things with others. My stepmother would sew and trade her work for bread and vegetables and cheese.

We decided that compiling the musical autobiography would help her to identify those issues and sentiments that would help her complete the relationship with herself.

I think in some ways, that I have to try and forgive myself. Forgive myself for the way I acted with my mother and stepmother. I was only a child, and I was confused and scared. I know they never blamed me or judged me, but I have held onto guilty feelings about that for a long time now.

I have very uneasy feelings about my childhood. I don’t know what other word could describe them, just uneasy. When I really think about the time when I was separated from my mother and then reunited but separated from my stepmother I sometimes feel nauseous...like throwing up. It is a sick queasy feeling. I want to feel better about that time in my life.

Specifically, she acknowledged that she needed to forgive herself about the “uneasy” feelings she felt towards her childhood reunion with her mother and her departure from her stepmother. In addition to completing the relationship with herself, we identified the importance of completing her relationship with her mother and stepmother by saying “I Love You” and added this goal to her treatment plan.

I really did love my mother. She tried her best to bring me up to be a prim and proper lady. She used to dress me up like a doll, in pretty dresses and tie my hair in braids. I was really a bit of a tomboy at heart. I never really liked the dresses, but I did like compliments I used to get from people. It is funny how I missed those dresses that I never liked and gave my mother a hard time about wearing them when I went to live with my stepmother. My mother had packed a few of them for me when I first arrived, but when I outgrew them my stepmother made me new clothes. She was a very good
seamstress, but she used the less pretty fabrics for my dresses so that she could use the
icner fabric for the dresses she traded and other clothes. I guess I liked that the dresses
were less frilly, but I missed the other dresses. I think because they reminded me of my
mother who I missed.
I think I need to say I Love You to those women. It will make me feel better, like I am
closing the chapter on that time then.
I like the words in this song ‘Love me Tender.’ While I know the song is a love song for a
man and women the words are true of the love I have for many in my life. ‘Love me
tender, love me long, take me to your heart’. This is how I feel about my son and his
wife and my husband, my parents, and stepparents. They are in my heart and will always
be there.
I need to find a peppy song to reflect my move to Canada. I am not sure what it is yet. It
will come to me as we keep exploring.

At the end of session eight, this goal was added:

(7) For Yetta to complete the relationship with her mother and stepmother.

The identification of this new goal led us into the next phase of music therapy sessions
where Yetta would complete the work needed to accomplish her goals of life review and
relationship completion.

My Reflection on the “Focusing and Launching” Phase

It was an important initial step that Yetta began her work in music therapy by exploring
her childhood. Music therapy, and particularly instrumental improvisation, provided her with the
safe space and place to explore what it is like to be a child and to play. Childhood was the one
period of Yetta’s life that she expressed anxiety and “unease” over, and in order to also carry out
her goal of life review it seemed appropriate that Yetta began by identifying her issues and
feelings regarding her childhood. Experiencing childhood provided focus which was an important preliminary step to her work on relationship completion in our next phase of sessions.

“Focusing,” Engaging in Play, Exploring Childhood, Emotional Expression via Instrumental Improvisation. Duchen (1999) maintains, “a lost childhood is a reverberant theme in many survivors” (p. 214). Engaging in instrument playing, which was not something she had the opportunity to do as a child enabled Yetta to reflect on her childhood and as she stated, “it greatly enhanced my current quality of life.” Making music was important work which supported Yetta in accomplishing her goals of social interaction, and enhancement of her current quality of life through participation in enjoyable and freeing music making. Improvisation allowed her to experience the childhood play, activity, and creativity she was never able to participate in due to her traumatic early years.

Schlesinger-Baader (1999) confirms that many childhood survivors of the Holocaust were not encouraged or able to speak of their depressing experiences primarily because they did not have to go through the tortures of a concentration camp. In her support groups called “Children of the Holocaust,” Schlesinger-Bader has found amongst her members that: previous reluctance to speak about the Holocaust experiences resulted from the idea that many survivors still perceived themselves as in hiding; so much was lost by not having a childhood; and the attitudes of their childhood influenced their lives to a great extent today. Many of these persons suffered from: sleeping disorders and nightmares, extreme nervousness, frequent depression, and psychosomatic disorders. While Yetta fortunately did not struggle with these symptoms, her early childhood experiences influenced her whole adult life greatly, both consciously and unconsciously. For example, how she raised her own child, her career path as a social worker,
and her desire to be heard. It was important that music and music therapy sessions provided the space and tools for Yetta to feel comfortable to “authentically” present herself and show her true identity. Over the course of 16 weeks of sessions her music therapy consisted of both musical and verbal dialogue. Yetta was very open to exploring and engaging in clinical music improvisation, and it played a central role in helping her explore and express all of her emotions and contemplate her life experiences.

When Yetta shared her poetry with me, I knew that our relationship was built on trust. It materialized that through this poetry writing Yetta had been drawn to art-based expression to help her express and release her traumatic history. Music gave her another such artistic avenue to facilitate and complete that expression and finally free all of her emotions, in turn allowing her to accomplish her goal of enhancing and/or facilitating emotional expression. She said, “I find the music very helpful to me in finding those feelings again and freeing them.”

Through musical exploration Yetta could finally release some of the sadness and unrest that she had trapped inside her for so many years. According to Skar (2002), clinical improvisation frees the energy formerly bound up in the unconscious symbols and makes it available for conscious use... words are often [then] more readily accessible (p. 635).

Engaging in improvisation enhanced her ability to express her emotions about her childhood, and to now celebrate the glory of “liberty,” which is a word Yetta often used to describe her music making. Similarly, Hatcher (2007) who worked with a client suffering from complex trauma found that “songwriting bypassed his socially imposed self-image to access his emotions as if for the first time” (p. 126). My analysis was that music was able to access and release emotions for Yetta much more powerfully than words alone had been able to accomplish.
through her previous writing, and this conclusion was based on Yetta’s comments regarding the power of music and her engagement in the improvisational music making and process.

“Launching,” Life Review. Life review and reflection were launched in this phase of music therapy through our conversations which were facilitated through song choice and lyric analysis. Yetta shared stories here from various parts of her life such as her marriage, and birth of her son. Life review was completed and addressed in-depth through the completion of her musical autobiography in the transformative music therapy phase.

“Vehicles/Tools,” Transformative Music Therapy, Weeks 5-11 (Sessions 9-22)

In the transformative phase, music therapy sessions did not have a set structure, but continued to be framed by an opening and closing song. Music therapy techniques included: songwriting; song choice; lyric analysis; singing and playing pre-composed music; and musical autobiography.

When I asked Yetta about what relationships were important to her she hesitated,

*I can’t even begin to assess all the important people. I’m afraid I might leave someone out. So many people have been important to me throughout my life: my husband, my son, my daughter-in-law, and the companionship of my many friends. My mother and my stepmother were so important also. While that time is so far away, I can still remember it well. I really liked your idea that we write a song for each of them. (mother and stepmother) I didn’t think we could do it, but we did.*

*Relationship Completion with Yetta’s mother and stepmother, Songwriting*

After the war, Yetta was reunited with her mother who at that time was weak, and suffering from tuberculosis. Yetta remembered feeling a variety of conflicting feelings at that
time. She expressed genuine concern about how she had reacted at first to the day she was reunited with her mother. For example, she cried when her mother tried to pick her up, and clung to the “mother” who had looked after her during the war. Yetta admitted it was all too much at the time for her to understand, but recognized the importance of addressing her feelings now to bring some resolution. Duchen (1999) speaks to the fact that after the war numerous hidden children who had been taken from their parents and families, many of whom died during the war, were now separated again from their caregivers to whom they had become attached during the war years. She states, “those who were young had a much more difficult time than those who were older and more connected to their cultural and religious roots” (p. 213).

I want to honour my mother and stepmother. They were both good women, who had many struggles in their lives.
I don’t know how my mother must have felt when I cried and begged her to stay with my stepmother. I didn’t understand what I did. She was so sick also and I added to her emotional upset. My stepmother too, I miss her even now. It must have been hard for her too to see me leave. I hardly saw her after I went back to live with my parents.
It will help me now if I can think about all my feelings and forgive myself and say I Love You to these remarkable women.
The songs need to reflect their courage and bravery. I don’t know if I could have been as strong as them had it been me in their shoes.

Yetta wanted to honour those two women and together we wrote two songs, one for each, praising their strength and courage. After writing the songs and discussing them together Yetta explained that she now felt better about that time period. While she was sad that she could not tell these women directly about the impact they had on her life, Yetta felt the songs respected their memories and expressed the sentiment of “I Love You” to each of them. Yetta stated that
these were very personal songs for her and she did not wish the lyrics to be shared in the writing of her story.

*I feel better now. I can close this chapter of my life, knowing they have heard me and that I love them. Of course I wish that I could have told them while they were alive, but I didn’t realize at my age then what they had done for me. I am the person I am today because of their love. The songs are a tribute to them. This was a good way to keep their memory alive for me and more so for my son and his family.*

*Relationship Completion with Herself, Song Choice, Lyric Analysis, Musical Autobiography*

I suggested and played a few songs for Yetta that reflected some of the feelings she had expressed regarding her childhood. We discussed the lyrics to these songs and Yetta selected *On My Own* from *Fame* as a song that reflected not only her childhood but also several other periods of her life. As Yetta became more familiar with the concept of creating a musical autobiography, she began to suggest songs to include and I played these songs for her. We discussed song lyrics and made decisions as to which songs to include.

*I was too young to really remember how we heard about the war. I know that several times I walked in on my parents in our living room with several other adults all gathered around the radio listening keenly. My parents were very paranoid. They seemed busy and worried from what I recall. Not long after I learned that I would go to live with a new family for a while. It was never really explained to me as to why, but just that I had to go for a while and that it would be safer for me. The words of this song you sang ‘On My Own’ really fit with my experience of childhood. I felt alone so many times. I felt like it was me against the world as well when my husband died. Oh, Amy it came to me last night, I want to use the song ‘Fly me to the Moon’ for the move to Canada and marriage years. It is peppy enough. I love the idea of the flight it*
talks about. Canada seemed liked it could have been the moon when we moved here. It was so far away and I was scared but excited.

I had not heard about Josh Groban before. I really like that song you played now. Either that one or the song ‘You’re Still You’ but I think ‘You Raise Me Up’ is better. Paul really raised me so to speak. He has been such a light in my life, a true purpose for living and reconnecting to my Jewish faith and culture. I learned many things raising him about myself and about the world. What a blessing to have a child.

The career song is a tough one to choose. I like ‘Lean on Me’ best. I tried to help others as a social worker and they helped me. We leaned on each other. And for selfish reasons, it is a good song for drums too. (giggling)

There are a lot of songs aren’t there that talk about being alone, like that ‘Hero’ song we looked at. I think the other one, it has the same title I think, ‘On my Own’ is best for the death of Sam. It comes from that musical also, which has so much death and struggle. It can represent that time period of my life well.

I think the ‘Bridge Over Troubled Water’ song is best for the experience of cancer. I really feel that many people have helped with me through this illness. There were people here and before that helped me dry my tears. I was not alone in this fight.

I think I am going to say goodbye with Judy Garland. She was so lovely and that song ‘Over the Rainbow’ as you know has always been one of my favourites. We have sung it together many times. Let’s use that one.

The musical autobiography consisted of the following pieces of music:

- **Childhood**  
  Out Here on My Own (from Fame)

- **Saying Goodbye to her Mother and Stepmother**  
  Original Songs, written by Yetta

- **Marriage and Move to Canada**  
  Fly me to the Moon

- **Birth of Paul**  
  You Raise Me Up

- **Career**  
  Lean on Me

- **Death of her Husband**  
  On my Own (from Les Miserables)

- **Living with Cancer**  
  Bridge over Troubled Water
Yetta said she would not describe herself as a “religious person” but felt that she was going to go to another place when she died. She was not sure what that place was or where it was, but she thought that she would experience childhood there, and in lieu of childhood, she would certainly experience “joy.” She chose the song Over the Rainbow as her song of transition from this world to the next. It had always been one of her favourite songs and she felt that it expressed her wishes as well as “Goodbye” to this world.

*My Reflection on the “Vehicles/Tools” Phase*

**Relationship Completion with Yetta’s mother and stepmother, Songwriting.** It is my analysis that engaging in songwriting allowed Yetta to feel some healing regarding that period of her life, and ultimately helped her express the sentiments of “I Love You,” and “Goodbye” to these two important persons. Yetta felt good about her relationships with the key people in her life and she did not feel there were issues to discuss or work through. With respect to her son and daughter-in-law they knew Yetta would soon die and they visited weekly and according to Yetta used that time mostly to reminisce.

**Relationship Completion with Herself, Song Choice, Lyric Analysis, Musical Autobiography.**

**Autobiography.** In my interview with Yetta she expressed her pleasure in creating the musical autobiography. Referring to it Yetta said,

*I thought that was such a creative little project we did. It is just for me, and I am important. My life has been hard, but I also had many blessings like my husband and son to get me through.*
I initiated the first selection in the compilation of the autobiography, but after that Yetta’s creativity and connection to music were what drove the project. She suggested many songs which we discussed the lyrics of and then she selected the ones that were the most expressive to include. Compiling the autobiography is what helped her complete the relationship with herself.

*Through remembering all kinds of stories that the songs made me think of, I got to think about important times in my life, such as the birth of Paul and my career. My favourite song that we used was ‘Over the Rainbow.’*

When asked about the process of completing the relationship with herself she said,

*I am ready now to die and travel to another place, and maybe I’ll see Sam there. I forgive myself for those early years and I now feel peaceful about them.*

**“Saying Goodbye,” Supportive Music Therapy, Weeks 12-16 (Sessions 23-29)**

*Interview*

I chose to conduct the interview with Yetta once we completed this phase of music therapy sessions. The interview took place during week 12, outside of our sessions that week. I transcribed the interview and brought it back to her for verification in week 13. I then composed the artistic piece of her story based on her music therapy sessions and the interview and brought it to her for verification in week 15. Her words comprise much of the artistic piece that I wrote to reflect her experience in music therapy sessions.

*Music therapy has been a breath of fresh air for me, a place to come alive and explore and vent my feelings. I think we used the time wisely and I got a chance to complete the relationship with myself as you call it. I said I love you to my mother and stepmother. I think we accomplished the goals we set out to work on.*
Many relationships are important to me now. I think of course of my son and his wife and my husband as the most important, but also of the many new friends I have made here at Baycrest and in my work years.

Music made it easy to talk about my feelings. Some of the songs that others have written really opened my eyes to seeing that a person is never alone. Others have experienced similar things to me and have had the courage to write about them and share with others. Their songs had a way now to help me to heal.

I think my favourite activity was drumming. I had such fun banging on those drums. It might not really have been music I was making, but it sure felt good. I also liked the songwriting that we did. It was a creative way to express myself. And, I love my musical autobiography, my musical memoirs. How many people can say they have a musical story?

Using the songs helped me to come to new awareness of my feelings, especially those that I had buried for so long about my childhood. I don’t know if I would have otherwise gone back and thought about all of it and really closed that time. It is good that I did. My heart and mind are much less heavy now.

I think there are no bad things about being involved in music therapy. I am sad now that my energy is decreasing and that we don’t really have time to work on another project. I am sure there could be more if I had more time left.

The issues that music helped me talk more freely about were the Holocaust memories, and also, the birth of my son and the joy I felt then. I guess music helped me feel both sad and happy things and also freedom.

Music and you I think gave me the courage to confront my feelings of the past.

I don’t know if I made meaning out of life’s difficulties through music. I thought about them and music helped me express my feelings and thoughts freely, but there are some things I can never understand like the Holocaust.

Last Sessions

In this last phase of music therapy sessions Yetta was starting to grow more frail and weak. At this time sessions involved: music listening (consisting of me playing some of Yetta’s
favourite songs); improvisation (Yetta improvising, and myself improvising during the last few sessions to help relax Yetta while she was lying in bed); and listening to and discussing the musical autobiography and the songs Yetta wrote.

I am glad that we have worked hard on the autobiography. I think of it as my last great work.

You and I did a lot of things in our music time together. We sang songs, played instruments, talked a lot and created a lot. Music brought a lot of beauty to me in these last weeks.

I don’t know if I will be here next week. If I am not, Goodbye.

My Reflection on the “Saying Goodbye” Phase

Interview. Yetta appeared open with me in the interview. She spoke freely and conveyed positive experiences about being involved in music therapy sessions. She appreciated the power of music to help her come to awareness of her feelings and the power music had to help her express those feelings. Song choice and lyric analysis were two music techniques that she felt helped her in expressing herself. She also spoke of her enjoyment of drumming and improvisation. (Some of the quoted material from the interview has also been placed in the relevant music therapy treatment plan described above.)

For Yetta’s artistic piece I chose to write a poem as she was fond of poetry and liked that idea when I asked her for her input on the format or style.

Last Sessions. It was a nice way to end our time together in music therapy that I was able to provide music at the bedside for Yetta to listen to and hear some of her favourite pieces. She had worked so hard to accomplish her goals and I was glad that music could continue to provide
her with pleasure and enhance the quality of her life in those last weeks and days, as well as provide for an environment for social interaction with me.

Yetta asked me to sing at her funeral. I was so honoured that she asked me and I in turn asked her what she would like me sing. She said, “You will pick the right piece. I want it to be a surprise.” I chose to sing Over the Rainbow as I thought this would respect and please Yetta as she transitioned to her next place.

Music Therapy Treatment Plan Analysis Summary

As defined by Dileo and Dneaster (2005) music therapy with Yetta was implemented at three levels of practice over the course of her sessions. Initially music therapy was introduced at both the supportive and communicative/expressive levels to establish our therapeutic relationship and assist Yetta in exploring her childhood and expressing her emotions about that time period. At this level of practice we also used music to facilitate discussion and expression of thoughts and feelings from the other time periods in her life such as the birth of her son, her marriage, and career, and when we began that process we also began exploring more intently the relationship with her mother and stepmother. This moved us into the transformative level of practice where we used music to help complete the relationship with her mother, stepmother, and with herself. It was here that Yetta was able to express the key sentiments of “I Love You” to her mother and stepmother, and “I Forgive Myself” to help her complete the relationship with herself. After this work and our interview, music therapy transitioned back to the supportive level of practice and was primarily used to provide relaxation for Yetta.
The following music therapy techniques were utilized with Yetta over the course of music therapy sessions: playing instruments; singing; improvisation; lyric analysis; song selection; life review; songwriting; musical autobiography; and music listening and discussion.

**Thematic Analysis: Yetta’s Experience of Music Therapy Sessions Intended to Facilitate Relationship Completion**

When looking back over all of the data sources (my session notes, transcriptions of audio-taped music therapy sessions, the songs used in therapy sessions, the original songs, the interview, my formal assessment placed in the chart, and Yetta’s artistic piece) and coding them, it appears that six large themes emerged, namely: identity, exploration, forgiveness, freedom, love, and emotions. Within these themes there are 13 sub-themes. In the section below I will discuss and unpack the themes and the sub-themes as they unfolded during the course of music therapy treatment and show how the sub-themes contribute to the six overall themes.

**Theme 1: Identity**

The sub-themes of culture and faith, denial, and authentic presentation are all parts of the larger theme of identity. Yetta struggled throughout her life with her identity. This appeared to be due to several factors. One, Yetta was a Jewish woman but yet did not feel connected to her Jewish culture and faith and this was something she desired. Two, Yetta denied who she was for many years both as a hidden child during the Holocaust and then as a young woman and adult. She was not sure who she could trust and she did not speak about her wartime and childhood experiences for fear of rejection. Three, at a time when a child/adolescent is forming his or her
identity Yetta transitioned between living with both a Jewish mother and father to living with Christian stepparents to living with her Jewish parents, and thus could not authentically present herself. There was a lack of a solid foundation of who she was that would assist her in forming her identity.

According to Erickson’s (1994) stages of psychosocial development, the teenage years entail the stage Identity vs. Role Confusion and involve the questioning of self. For example, who am I? and, how do I fit in? Erikson believes that if parents allow the child to explore, he or she will construe his/her own identity. However, in Yetta’s case it was not likely that she had the space or support to be able to fully accomplish this stage of development. She pretended to be someone else for numerous years. She grew up in a Jewish family, then lived with a Christian family and then went back to her Jewish family where there was no discussion of that culture and faith. In our work together there was a longing to now show the world who she really was and to authentically present herself. As Bunk and Eggers (1993) maintain, a loss of identity is a prominent psychological effect of persecution and is a characteristic of survivor syndrome.

Sub-theme: Culture and Faith

Discussions surrounding Jewish culture and faith arose during the “Focusing and Launching” segment of the music therapy process. She spoke of the fact that when she was reunited with her mother and father after the war that their family did not speak about Jewish culture and faith. She commented on the fact that her stepmother was not Jewish and that she was raised in that family as a Christian and told that it was good that she did not look like a Jew. This comment troubled her. She did not understand the meaning of it, and maintained that she
did not understand it today. “What does a Jew look like?” She spoke of her difficulties in embracing her Jewish culture and felt that she really only began learning about it as an adult.

In “Vehicles/Tools” Yetta recognized that it was Paul who was key in helping her embrace and learn about Jewish culture. She wanted to teach Paul about her background and sought out knowledge on Jewish life. In assembling the musical autobiography she chose the Josh Grobin song, You Raise Me Up because she felt that Paul had raised her in a way by helping her connect to her Jewish roots. It was not surprising that she did not select a Jewish folksong or traditional Hebrew piece to put in the musical autobiography as this is music that had never had a presence in her life so to speak. She knew some of the music, but still to this day through learning about Jewish culture and faith did not feel any connection to that music.

**Sub-theme: Denial**

Yetta’s recognition of denial presented itself in “Focusing and Launching.” She verbalized how she had denied her true identity to the world on numerous occasions and for much of her life. She felt the need to deny who she was for fear of not being accepted. She was unsure who to trust after such a traumatic upbringing where she in fact did live in denial of her faith and culture, assuming the faith of Christianity. Through her own lifelong growth process she did not outwardly continue to deny her Jewish faith but it did hold a place in her memory and she longed now to free herself. Freeing herself of those feelings of denial was accomplished in “Vehicles/Tools” where she was able to forgive herself.
**Sub-theme: Authentic Presentation**

It was also during “Focusing and Launching” that Yetta expressed her desire for authentic presentation. She wanted people to know who she was. She was now willing to share stories of her wartime experiences because she understood that she did not have to pretend to be someone else any longer. She confirmed that people would not judge her for speaking about her experiences, and in fact people could learn lessons from listening to the stories of Holocaust survivors. Yetta spoke of how she felt for many years like an actress assuming a role. There was a deep longing on her part to show the world who she was and to pretend no longer. Writing the musical autobiography for herself was an affirmation of who she was. Yetta was able to reflect on her memories and in turn select pieces of music that reflected significant time periods in her life. She was able to express her true feelings and they are evident in her song selections. There was no longer a need to deny her identity. She could now authentically present herself as Yetta. In the “Goodbye” portion of music therapy when I brought Yetta the artistic piece that was crafted based on her music therapy experience she was very pleased. She felt that it embraced her thoughts and feelings related to her experience. She consented to sharing this piece with others. She had accepted who she was.

**Theme 2: Exploration**

Contributing to the larger theme of exploration are the two sub-themes of play and growth. Exploration was very evident in Yetta’s engagement with the entire music therapy process. She was open and willing to exploring her feelings with me and reflecting on the past, both verbally and non-verbally through instrumental improvisation. She investigated new concepts such as intrapersonal relationship completion. She delved into new music making
opportunities such as writing a musical autobiography and songwriting. She explored the environment of the music therapy room and was intrigued by all of her options for music making. She also explored her new hospital environment by engaging in other therapeutic interventions offered and establishing relationships with the staff and volunteers. Much of her exploration in the work we undertook took place during growth enhancing activities and play.

Sub-theme: Play

Play was another pursuit that Yetta wanted to engage in and was identified as a goal of music therapy sessions. Her enthusiasm for play was very evident in her excitement about the music room, her statements, and her keenness to make loud noise which began in the assessment period. In “Focusing and Launching,” her comments reflected the lack of play she experienced in her childhood. The majority of her childhood activity consisted of homemaking skills such as cooking, cleaning, and sewing. She did not recall playing with other children. In her last weeks at the hospital she embraced playing musical instruments and engaging in arts and crafts. During clinical music improvisation she chanted “I am a child now.” As Yetta began accomplishing her goals of putting resolution to her childhood, the play theme subsided in the last two phases of music therapy treatment. It was still present as she engaged in the musical opportunities, but play ultimately became tied in with growth as engagement with the musical autobiography and relationship completion became more of the focus of treatment. In the last sessions Yetta’s frailty restricted her ability to fully play as she had done in our earlier sessions.
Sub-theme: Growth

Growth was a theme that ran strongly through the entire music therapy process. It surfaced in the assessment period when Yetta expressed her interest in and love of learning. She articulated her enthusiasm about pursuing a life review and sharing her stories, and recognized the many opportunities available to her that would provide new knowledge and ultimately continued growth as a person. In “Focusing and Launching,” she grew in her understanding of the importance of relationships and the significance for her to complete the relationships with her mother and stepmother.

In the “Vehicles/Tools” period, the growth theme continued to be a strong thread in our process as Yetta embraced the songwriting and musical autobiography projects. She felt a great sense of accomplishment at the completion of those projects and she had now also accomplished three more of the music therapy session goals. These goals signified growth as a result of fully engaging in the music therapy treatment plan. Our discussions during this time period also reflected her lifelong pursuit of growth as a person. For example, Yetta knew she wanted to develop as a person and help others, and she therefore went to school as a mature student to become a social worker. By reviewing her stories from various periods of her life Yetta grew in appreciation of the impact she had on others in her life. This recognition was an important stepping stone to her ultimate forgiveness of herself which would lead to the completion of her intrapersonal relationship.

In “Saying Goodbye” Yetta spoke openly about how she was able to accomplish her goals and grow as a person at the end of her life, and specifically she spoke of the growth she had experienced as a result of involvement in music therapy sessions.
**Theme 3: Forgiveness**

The sub-theme of healing and resolution contributes to the overall theme of forgiveness. Forgiveness was such a necessary sentiment for Yetta to express to herself in order to complete her intrapersonal relationship. In order to ease her psychological pain she needed to forgive herself for how she treated her mother and stepmother. She needed to forgive herself for not being able to authentically present herself to the world. These expressions of forgiveness enabled feelings of healing and resolution to come to Yetta. In addition, healing and resolution also came from her engagement in the entire music therapy process which lasted into her last days of life as she was still able to benefit from soothing music at the bedside.

**Sub-theme: Healing and Resolution:**

Discussions surrounding healing and resolution began in the “Focusing and Launching” portion of music therapy. Through song choice, lyric analysis, and the feelings that surfaced from clinical improvisation Yetta was able to identify her need for healing and resolution with respect to her childhood. In “Vehicles/Tools,” her desire to put resolution and healing to her childhood were finally accomplished, and love and goodbye were expressed to her mother and stepmother to close that chapter in her life. In the interview during “Saying Goodbye,” Yetta spoke openly about the feelings of healing and resolution that she now felt as a result of engagement in music therapy and specifically relationship completion via songwriting.

**Theme 4: Freedom**

The sub-theme of breaking the silence is part of the larger theme of freedom. In breaking her silence Yetta felt free. Through dedication with the entire music therapy process Yetta was
able to be freed from her childhood memories, and from her feelings of unrest, denial, and sadness. Engaging in instrumental improvisation was exceptionally cathartic for her. She felt like a child who was released to have fun, and in the safe container of our music therapy sessions she was free to be a child and experience that part of her life that she had not been able to do previously. Reflecting on important people and her significant life events freed her to leave this world and be ready to enter the next.

**Sub-theme: Breaking the Silence**

In our discussions and improvisations during the assessment phase, Yetta verbalized her wish to break the silence and let go of memories of the past that still weighed heavily upon her. In “Focusing and Launching,” she expressed her desire to speak about her wartime experiences, and embraced the vehicles in our sessions that would help her accomplish this. It was also at this time that Yetta shared the poetry she had written in her adult life about her experiences. While this poetry and artistic expression provided some healing for Yetta when she wrote it, she had shared it with very few people. In essence, she started to break the silence at this time, but this poetry only touched the surface as she still could not trust herself to share this artistic expression with many people. In “Focusing and Launching,” there was now acceptance that Holocaust survivors do not need to hide their emotions and experiences, but rather they should speak about them, regardless of the pain that it causes to do so. She averred that the pain would come by reflecting on those memories, but healing would never come if the pain was not expressed and recognized. In “Vehicles/Tools,” Yetta expressed her feelings. She said “I Love You” and “I Forgive Myself.” Through the process of relationship completion she was able to break her cycle
of silence by expressing her emotions both verbally and non-verbally. The silence was now broken.

**Theme 5: Love**

Contributing to the larger theme of love are the sub-themes of appreciation and goodbye. Through Yetta’s recognition and appreciation of the goodness of both her mother and stepmother Yetta was able to express her love for them. She felt self love when she was able to say “I Love You” to each of them, as she felt they now knew. Through reflecting on her memories of both women she realized that they each loved her. She also needed to say goodbye to each of them to close her relationship with them.

Yetta expressed her love for Paul and Beth and felt okay with saying goodbye to each of them knowing they would look after each other. In reflecting on her life Yetta reminisced about her good marriage to Sam and expressed her love to him. While this relationship had already reached completion and was not an outward goal of music therapy sessions, it was beneficial for Yetta to relive some of their memories that embraced strong sentiments of love.

The theme of love was also present in many of the songs that we shared during our music therapy sessions. It is also present in her musical autobiography and the original songs she wrote.

Love did not only encompass the love of people for Yetta. She loved doing certain things such as playing instruments, learning, and being engaged. Yetta loved life. She lived her last days as fully as she could with respect to her current physical limitations.
Sub-theme: Appreciation

Yetta expressed her appreciation for the good people who currently surrounded her and were caring for her at the hospital right from the assessment phase. She repeated these statements throughout the course of music therapy treatment. While Yetta’s life had been filled with so many memories of the hatred that surrounds war, she recognized goodness in people. In “Focusing and Launching,” there was recognition on her part of the goodness of her stepmother and she acknowledged the love she felt for both her mother and stepmother. She was appreciative of their efforts in trying to provide for her safety as a child living through the Holocaust. She recognized that her stepmother tried to provide for her as best she could and acknowledged the caring her stepmother provided in the bedtime stories and baths with which she was nurtured.

It was in the “Vehicles/Tools” portion of our work that Yetta recognized the sacrifices that her stepmother made to care for her. She was grateful for this and expressed her admiration of both her stepmother and mother for their courage and bravery. When she reflected on important relationships in her life she acknowledged the goodness of numerous people, especially her husband, son, and daughter-in-law. Expressly she was appreciative of her fortune to be married to a man that supported and understood her desire in life for learning and growth. She was thankful for the goodness that surrounded her in her adult life and the caring and compassion that was shown to her by many. In our last phase, “Goodbye,” Yetta expressed sincere appreciation to me and the caregivers at the hospital for caring for her.
Sub-theme: Goodbye

The sentiment of goodbye surfaced in “Vehicles/Tools” when Yetta completed the relationship with her mother and stepmother. She was able to say goodbye to them and goodbye to some of her memories. In “Saying Goodbye,” Yetta expressed her sentiments of goodbye to me in our sessions and to her son and Beth on one of their visits. She expressed goodbye to this world and accepted her ultimate death.

Theme 6: Emotions

The sub-themes of unrest, anxiety, desire, and sadness played a role in the overall theme of emotions. While these sub-themes were some of the prominent emotions that were expressed and that we spent time discussing, there were other emotions that were also present throughout the music therapy process. For example, the emotions of grief, loss, uncertainty, fear, anger, and surprise were also present at some level during our sessions. As Yetta prepared to leave this world there were natural expressions of grief, loss, uncertainty, and fear about what she would expect and what she was leaving behind. They were natural things to express grief over such as her loss of physical functioning, and her loss of being able to care for herself. There was also the presence of loss in the musical autobiography in Yetta’s choice of *On My Own* from *Les Miserables*. The song represented the death of her husband and the void that was left in his absence. Anger was an emotion that appeared to surface in the loudness of her playing during instrumental improvisations but was not one that Yetta ever centered on for discussion. Yetta was also surprised that she could write a song, create a musical autobiography, and even make music not being a musician. Surprise was a lovely emotion that brought her pleasure and feelings of accomplishment.
Sub-theme: Unrest

The emotion of unrest also came to the forefront during the assessment period. Yetta had uneasy feelings about the time period surrounding her childhood. In “Focusing and Launching,” she sought resolution to the childhood unease and sadness. Unrest was not expressed in the last two segments of music therapy treatment. Accomplishing her goals of relationship completion with her mother, stepmother, and herself freed Yetta from her guilty and sick uneasy feelings as she described them. Clinical music improvisation and subsequent verbal processing facilitated her recognition of the importance of freeing that unrest, and music therapy sessions provided the tools to do so in the form of musical autobiography and more expressly songwriting.

Sub-theme: Anxiety

Anxiety was an emotion that surfaced and was only present during the “Focusing and Launching” phase of music therapy. Through engagement with clinical music improvisation and subsequent verbal processing, she came to recognition of the anxiety that had surrounded much of her earlier life. In essence it could be thought of as her level of trait anxiety that she carried around with her from her childhood. Various levels of anxiety were expressed in her comments and involved: anxiety over how to raise her son, anxiety over being able to trust others with her writing, and anxiety over feelings of guilt towards her treatment of her mother and stepmother. Engagement in the music therapy process in some respects brought this anxiety to the forefront, but music therapy also provided the safe container to explore the underlying causes of the anxieties to bring resolution.


**Sub-theme: Desire**

The desire for more energy was the first theme that emerged in the assessment phase of sessions. Unfortunately Yetta’s energy level was quickly weakening as her illness progressed. She had the desire to do many things that she was no longer able to do, and she craved energy to pursue new opportunities that were presented to her. In the “Focusing and Launching” phase of our sessions she again expressed a desire, this time for increased physical strength to be able to embrace all of the new musical opportunities that arose, such as movement to music. While musical interventions were adapted to reach Yetta at the point where she was at, there was still a desire on her part to be able to fully engage in the opportunities surfacing without them being modified; such as dancing and skipping around the room as opposed to moving to the music in her wheelchair. Reflecting back on the findings of the National Hospice Demonstration Study 1978-1985 (cited in Kastenbaum, 2004) Yetta was much like those terminally ill patients that were interviewed. In her last days of life she wanted to be physically able to do things.

In the “Vehicles/Tools” segment of music therapy this theme was not as strongly present as Yetta was able to accomplish a number of her goals and was able to find the energy to do this as her physical condition remained stable for several weeks. She was also encouraged and pleased by her accomplishments, and subsequently desire subsided as some of her desires so to speak were being fulfilled. However, the desire for increased energy and also for more time arose in our “Saying Goodbye” phase as Yetta expressed her longing for being able to undertake new musical projects.
Sub-theme: Sadness

The emotion of sadness emerged in our first session. It was a sadness that Yetta had carried around with her from her childhood. While it may have gone into the background of her adult life as Yetta engaged in life, it was always present on some level. In “Focusing and Launching,” the sadness was expressed in instrumental improvisation and our subsequent verbal processing of those improvisations. She literally expressed her desire to end the sadness and bring closure to her childhood memories. Yetta had many memories of her separation from her mother and the situation surrounding that difficult time period that contributed to her experience of sadness and bereavement lasting throughout her life. As Krell (1993) and Moskowitz and Krell (1990) have found, the memories of childhood Holocaust survivors often contain excruciating memories of being separated from their parents and this was very true in Yetta’s case.

In “Vehicles/Tools,” there was recognition on Yetta’s part of the closure and resolution she had now put on her childhood. She openly admitted that her heart felt less heavy now. While there was evidence of sadness in the songs that were part of the musical autobiography such as On My Own, the sadness theme subsided now as Yetta focused on her accomplishments of the musical autobiography and relationship completion. In “Saying Goodbye,” there was sadness expressed over leaving this world and her loved ones, but it was not the same sadness that had been a thread through much of her life. It was a sadness of the anticipation of missing her son and daughter-in-law and the many good people she had met. This sadness can be assessed as a normal part of the anticipatory grieving of preparing one’s self from final separation from this world.
Summary of Themes and Sub-themes

In Yetta’s experience six large themes emerged from the data sources namely: identity, exploration, forgiveness, freedom, love, and emotions. There were also 13 sub-themes that contributed to the overall themes. Under identity, there were the sub-themes of authentic presentation, denial, and culture/faith and under exploration were the sub-themes of play and growth. Healing and resolution contributed to the theme of forgiveness, and breaking the silence contributed to the theme of freedom. The sub-themes of appreciation, and goodbye contributed to the theme of love; and under the theme of emotions were the sub-themes of unrest, anxiety, desire, and sadness.
Conclusions

Yetta described music therapy as a freeing experience. She identified several music therapy techniques as valuable to her. In our interview she noted the benefit of songwriting in helping her complete her relationship with her mother and stepmother. She also commented on the significance of completing the musical autobiography which she felt is what helped her complete the relationship with herself. It was clear to me in her comments and by her facial affect that Yetta benefited from the catharsis of emotions and “freedom” she felt when she was improvising and making music.

Clinical music improvisation was a key technique that enabled Yetta to express her emotions and experience play and childhood. Experiencing childhood was what also set the life review in motion as well as the process of relationship completion with her mother and stepmother. Through song choice, lyric analysis, playing pre-composed songs, and songwriting Yetta was able to express the key sentiments of “I Love You” and “Goodbye” to these two women and complete those relationships. Song choice, lyric analysis, and life review were the techniques that facilitated the musical autobiography and together these four techniques were the tools that enabled Yetta to complete the relationship with herself.

Overall, music therapy provided Yetta with the opportunity to review her life and provide some resolution and closure to events that caused her anxiety as she was preparing to depart from this world. Music therapy sessions provided the space for her to experience the exhilaration of freedom, authentic presentation, and validation of her unique identity. Providing Yetta with the tools to explore and present her true identity gave her a feeling of wholeness and resolution at the end-of-life. She was able to integrate her early experiences and see how these had impacted her life and her choices, and in doing so, prepared her for a more “peaceful” death by reducing
unresolved anxiety. Engaging in music making also greatly enhanced her current quality of life and provided her with an opportunity to interact socially in a new context.
Artistic Piece

Music To Shatter The Silence

Sadness
Anxiety
Denial
Unrest
Pain

The war has had a lasting effect on my life.
When I returned to live with my mother after the war,
Sadness was all around us.
I don’t remember anyone singing or reading stories.

I knew I was hiding during the war,
But even when I was a young lady,
I felt like I had to keep hiding from certain people.
Many days, I tried to fool myself.
I would say to myself that I was an actress.

I lived in a shadow of silence.
I want to talk about my story
And banish the idea of having to be quiet about the war.
I don’t have to be silent anymore.

Embrace
Growth

It has helped me now to think about all my feelings and forgive myself.
I have very uneasy feelings about my childhood.
I don’t know if I can forgive myself.
I think I need to say “I Love You” to my mother and stepmother.
I need to say, “I forgive myself.”

Music made it easy to talk about my feelings.
Some of the songs that others have written,
Opened my eyes to seeing that a person is never alone.
Using the songs helped me to come to new awareness of my feelings,
Especially those that I had buried for so long about my childhood.
I feel better now.
I can close this chapter of my life,
Knowing they have heard me.
The chapter is now closed.

I feel like I can finally let go and play,
I can be a child without responsibilities.
I am a child now,
Without the physical strength to be able to skip around or dance to the music.

I love playing so loudly,
I just bang and bang the drum
And when I am done,
I feel much better,
It’s that simple.

I am in a good place now.
I can leave this world knowing
There are good people here.
I am ready now to die and travel to another.

I am free.
I am free.
Freedom!
CHAPTER SIX

Case Study Three: Peter

Forgiveness: A case study on a lifelong battle with alcoholism

The following case study is of Peter, a 63 year old male dying of prostate cancer. Peter participated in 24 individual music therapy sessions implemented at three levels of practice as defined by Dileo and Dneaster (2005). I begin the case study by describing the clinical music therapy sessions. Both Peter’s and my words from our sessions are part of this presentation. I chose to interview Peter after session 21 as he had accomplished his music therapy goals at that time.

Following the description of clinical music therapy, I present the thematic analysis of Peter’s experience in music therapy sessions. This chapter closes with the presentation of the artistic piece that I wrote as a further expression of Peter’s experience.

A note on fonts:

My text.
Peter’s direct words from sessions and the interview.
My words to Peter in our sessions.
Jill, Betty, and Scotts’ words in our sessions.

Introducing Peter

Peter was a 63 year old male diagnosed with prostate cancer. He was divorced and was estranged from his only daughter Beth.

I didn’t know Beth, ya know.
Most of the time she was growing up um...I was not around.

My wife finally gave up on me. She put up with me a lot you know, but we had a lot of problems right at the start. We probably should never have got married, but when Diane got pregnant there with Beth we thought we had to.

Oh, I haven’t seen Beth in over um...20 years. I don’t even know where she is. That is probably for the better. I was never a good father to her.

And, Diane, no I haven’t seen nor talked to her in over 25 years. Nope don’t know where she is neither.

Peter had battled alcoholism for a large part of his adult life.

I was an alcoholic all my life.

I lost my wife and daughter because of my drinkin.’

Well you know, when I lost my job that was like the bottom.

One day I saw myself in the store window, ya know like my reflection, and I really didn’t like it. I looked dirty and um...I was shaky and cold.

Three years prior to his admission to the Baycrest palliative care unit Peter committed himself to change the direction of his life. He joined Alcoholic Anonymous (AA) and became sober.

I started goin’ to the AA meetings again. I had gone too when I was married but never stuck with ‘em. It was hard, I was so messed up.

I stopped drinkin’ but I started smoking more ‘cause I tried to keep me busy so I wouldn’t want’a drink.

Around that same time Peter also decided to start going to church in an attempt to find his true purpose for being in this world. He made new friends at the church and stated that he felt he was making a fresh start.

I went where everybody goes when they are in trouble, or wants something. (Referring to church)
There was this other guy in AA who started going and he told me about this church that was you know helpin’ him, and he told me I could go with him one day. So I did. Everyone was like really nice to me. They welcomed me and I felt good. They became my new family. (Referring to the people at the church)

I joined a group at the church and we used’ta go feed people at the soup kitchen. I used’ta see people there (at the soup kitchen) who reminded me of how I was. They looked so sad and I thought that I had gotten really lucky now that I had these people who were helping me. They gave me food there too.

Eighteen months prior to the present Peter received his cancer diagnosis. He underwent radiation and chemotherapy treatments, but both were unsuccessful. When Peter was admitted to Baycrest his prognosis was three to six months.

They tell me now, like, um...that I ain’t got much longer.
I did all the treatments, but um...nothin’ worked.

Peter felt blessed that he made three friends at the church. These friends were Peter’s only visitors while at the hospital and the only remaining outside contacts in his life. They visited him one or two times each week of his stay at Baycrest.

I am so lucky you know there to have Betty, Jill, an’ Scott in my life. They helped me when I got sick and even drove me to some of my doctor’s appointments. See um, they come to see me here a few times a week even like now. Um, I haven’t been to the church in a long time. When I got sick, I didn’t want’a go there no more. I was really angry and excuse me, like um, pissed with God. I finally changed my ways you know like I was makin’a second start, but it was like way too late.

Peter was in a great amount of psychological distress.
Music Therapy Sessions

Peter was referred to music therapy by the social worker on the unit for assistance with his religious and spiritual questions as he had declined prior offers of assistance from the hospital chaplain. The social worker thought music therapy would help relieve some of Peter’s anxiety.

Assessment, Weeks 1 & 2 (Sessions 1-3)

The first three sessions consisted of: gathering background information about Peter; discussing current issues and problems related to Peter’s illness and hospitalization; dialoguing about the potential role(s) and goals of music therapy sessions; discussing music; discussing religion; and, me playing piano, and guitar, and singing some of these musical selections.

Why Would I Need A Visit?

I don’t know why the social worker told you to come an’ see me.
I told her that I had a lot’a anger about my situation, but ain’t that normal?
She told me I should like talk to the Pastor at my church, but I told her not to call him.
Then she told me I could talk to the chaplain here. You know her eh? (Referring to the chaplain) She’s tried to come and see me a few times.
I didn’t and don’ want’a talk to no chaplain. She can’t help me neither.

During the first two visits Peter spoke with me but stated that he had no interest in hearing music. He thanked me for asking but declined musical intervention.

I don’t want’a hear music. I gots my CD player here if I want.
It was nice and all you comin’ here to see me but I don’t feel like hearing no music. You should ask that guy in the bed on the other side of the room. He keeps me up every night with his moaning. He ain’t got no visitors neither. He’s probably got lots’a pain.
Current Issues

Peter, are you experiencing any pain?

I have pain, but it ain’t that bad no more. I think I have like learned to deal with it.
I got a lot’a back pain, probably from um, not getting’ out’a bed.
Can you describe the pain for me?

It’s sharp, like um, kind’a eats my bones. Sorry that sounds a bit gross.
That is okay. I am happy that you feel comfortable enough to speak openly about
your pain with me.

I feel it most at night when it’s like dark in the room and I can’t sleep.
Do you have any other pain besides the physical symptoms you described?

Like what’a ya mean?
Are other things causing you pain, such as sad feelings or anxiety?

Oh I’m angry but I’m like fine...what um is I goin’a do about it? Just waiting here to die
like everyone else. You seem nice and all but you don’t worry ‘bout me. There are lots’a
other people here to worry ‘bout.

Session Three

At our third session Peter allowed me to sit and talk with him for longer than the first two
visits. He also allowed me to share some music with him that day. The music therapy assessment
and treatment process began in our first two meetings as I learned about Peter from what he told
me, and we began to form our therapeutic relationship. The musical assessment began in the
third session.

Music.

Nope it don’t matter what you want’a play.
Well um, do you know any John Denver?
Maybe you could play Amazin’ Grace?
That's like my favourite hymn. (crying)

I knew I shouldn’t ask you to play that, now look at me. (Peter’s eyes were watery
and he had a few tears streaming down his face.)

Is that because it made you cry? It is okay to cry Peter?

It’s embarrassin.’

Music Therapy.

Peter, maybe we could set some goals together for when I come to visit you?

Now I feel like I’m in the meetin’s again. They always talked about havin’ goals. Goals
an’ more goals.

It will help me to set goals so that I know what we can go do or the things that we
might talk about when I come and see you. Is that okay?

Okay, um, so like what?

Well, what do you think you would like to do or talk about when I come to see you?

Well you kin play some music for me, (laughing) like obvious eh?

(laughing) Sure, and maybe we can use music to help reduce some of your anxiety, or
just for a chance to hear something pleasant, familiar, or new.

Ya you kin keep comin’ to see me once or twice a week if you gots time, like um what you
‘been doin’ now. You got a pretty nice voice there. It’s kind’a nice to hear music.

What about religion and God? You talked a bit about that with me already. Would
you like to keep talking about those things or hearing religious or church songs?

Maybe?

Should that be one of the goals, to use music to help you reconnect or talk about
God?

Well, I know Betty and the gang ‘re goin’a think that’s good. Maybe it’ll be. They tried to
get me to go back to church with ‘em and ta pray and I just haven’ felt like it. I’m angry
with God. Why did he do this? I suppose like um I deserve it you know, but um, I sure
wish I could have more time to really straighten my life out before I die.
The following goals were mutually agreed upon for the initial music therapy sessions.

(1) For Peter to discuss any issues that were on his mind.

(2) For Peter to use music to facilitate relaxation and anxiety reduction.

(3) For Peter to begin to re-connect with his spirituality by listening to religious music.

On average, sessions took place two times per week for 45-60 minutes each in Peter’s room. Peter did not receive any sessions in week 10 as I was away from the hospital and he only received one session in week 12 as I was not at the hospital for the full week. Peter received a total of 24 sessions.

My Reflection on the Assessment Phase

While there was no music shared during the first two sessions with Peter that is when our music therapy process began. Peter appeared open in telling me some of his personal history which included information about his ex-wife, daughter, new church friends, and his battle with alcoholism. Peter had been hesitant to work with any of the other interdisciplinary team members such as the chaplain or social worker in discussing his concerns and anxieties. At first he was puzzled as to why I was asked to come and see him, but at the same time he was open to talking with me and in session three finally receptive to hearing music.

Peter made several derogatory or negative comments about himself during each of our first three meetings. These remarks alluded to the fact that he did not think he was worthy of receiving help, and that he deserved the cancer diagnosis for taking too long to try to change the pattern of his life. His comments also pointed to his lack of self-esteem and he seemed devoid of any feelings of self-worth. For example,
You seem nice and all but you don’t worry ‘bout me. There are lots’a other people here to worry ‘bout.

Peter openly acknowledged that he was angry and mad at God. Peter had finally tried to change his life, but he was now dying and felt that God was punishing him for the way he had led his life. In a manner of speaking, Peter felt that he was getting what he deserved.

In sessions one and two Peter seemed hesitant to listen to music and partake in music therapy sessions. I felt it important to respect his wishes. When he was receptive to hearing music I played and sang musical selections for him. I did not use as many musical techniques as I sometimes do to assess client response to music and music therapy as this was not appropriate at the time. Music needed to be introduced slowly as Peter and I began working together. Peter needed to trust me in order to participate fully in music therapy interventions and to share his personal issues with me. The trust in our relationship grew steadily from our first meeting together. While Peter was hesitant to accept offers of assistance from others, it appeared that music therapy was less threatening or perhaps less “scary” to him and he therefore agreed to try it.

“Focusing,” Supportive Music Therapy, Weeks 2 & 3 (Sessions 4-6)

In this phase music therapy was offered at the supportive level as defined by Dileo and Dneaster (2005). There was no set structure for sessions, other than the use of a closing song that I introduced in session four. Peter suggested that he would like to hear a different closing song each week that I could surprise him with. Music therapy techniques included: song choice; lyric discussion and analysis; singing and playing pre-composed music; music listening; and life review.
Sessions Four and Five, Identifying What Issues Were Important to Peter

Oh I don’t know, it’s pretty good like just talkin’ with you ‘bout whatever comes up. In our last session you said that you were angry with God and that you wished you had more time to straighten out your life. Would you like to talk about this today? Well, um, like what more is there to say ‘bout that. I’m really pissed at God and I’m F***king mad at myself.

Peter can you tell God what you would like to say to him?

That I messed up and I want’a second chance.

Yup, um, I got’a like just accept that I messed up, he didn’t mess up; (Referring to God) I tried ta change.

You know Betty and them there from the church always told me from when I met ‘em that I got’a let go o’ that time.

So, should that be one of our goals: Putting closure on those years that you struggled with alcoholism?

I suppose, but how’re we goin’a do that?

I did a lot’a dumb things. Diane gave up on me but I’m not upset about that no more. It just didn’t work you know. We wasn’t right for each other.

I feel bad ‘bout Beth. Well, I don’t know her at all, but I know she must have gots smarts ‘cause she left and I never saw her no more. She knew she’d be better off without me.

Towards the end of session five I introduced and explained the research study to Peter and we spoke about what things might help Peter feel better at this stage in his life. This included looking at his relationship with Beth, himself, and God. Peter and I talked about the different music therapy interventions that we could use. He was receptive to trying but stated he was still not sure how engaging in music would help him. I asked Peter to think about the research study until our next session at which time I would ask him if he would like to participate.
Session Six, Transition to the Next Phase of Music Therapy Sessions

In session six, Peter signed the consent form and asked more questions about the study.

*I told Betty and Jill ‘bout you comin’ to see me, and about this research thing and I um, told ‘em that they were right. I got’a let go o’ the past.*

I asked Peter to suggest some songs that he would like to hear and talk about that day.

*I can’t think o’ none. Why don’t you start off with some songs, then maybe I’d think o’ some.*

Anticipating that Peter might be reluctant or have difficulty in selecting songs, I thought about what songs reflected what Peter had said to me in sessions one to five. I brought several songs to session six for discussion and lyric analysis. I told Peter about the six songs I was thinking of and he selected three which became the focus of our session. These were: *Blowin’ in the Wind* by Bob Dylan, and *Lullabye* by Billy Joel which I played and sang on guitar and piano respectively; and, *Please Forgive Me* by Bryan Adams which we listened to on CD.

**Blowin’ in the Wind.**

*I always liked that there song.*

*But um...it makes me think ‘bout how messed up the world is.*

*We got wars and fightin’, ’ and God lets it all happen.*

*Like um, maybe there ain’t no God after all. I bet that’s what all these people here think.*

(Referring to the other patients at the hospital)

**Lullabye.**

*I don’t know that song.*

*Billy Joel, eh, it’s good.*

*He wrote it for his daughter.*
Don’t he speak to her more?

There are so many things that I want to say to Beth.

Like what, Peter?

I’m sorry that I was such a screwed up dad.

**Please Forgive Me.**

Yeah, yeah, I heard this one before.

Don’t really like that singer. Who is it?

He messed up too. I wonder what that poor bugger did.

Peter, do you think you deserve forgiveness?

Um, I don’t know. Scott says I do. In AA they used’ta tell us to that we got’a forgive ourselves and change.

Would you like to forgive yourself?

I ain’t never been able to do that since I got sober, but um, yeah, that would be good, I guess.

At the end of session six Peter and I revised the initial music therapy goals for music therapy sessions. The new goals were:

(1) For Peter to use music to enhance/facilitate opportunities for emotional expression.

(2) For Peter to work towards forgiving himself about his past mistakes and to put closure on the years he struggled with alcoholism.

(3) For Peter to complete his relationship with himself.

(4) For Peter to complete his relationship with Beth.

(5) For Peter to express and discuss his religious questions.

(6) For Peter to experience an enjoyable activity (music listening) while confined to his hospital bed.
My Reflection on the “Focusing” Phase

It was an important initial step for Peter to identify what the key issues were in his life to set in motion the depth work in our process together. Peter acknowledged that he wanted to engage in this work and that he was committed to strive to achieve his goals. I heard Peter bring many issues, feelings, and concerns to the surface, but I wanted Peter to identify what he wanted to accomplish and work on in his sessions. Peter did speak freely about his feelings and concerns, but yet when I asked him in session four what issues he wanted to focus on, he said whatever comes up. He required help focusing, identifying, bringing to the surface, and expressly naming the specific issues and associated emotions. His thoughts were broad and there were essentially too many issues to be able to tackle all of them in the time he had left. I used questions to help focus his thoughts in an effort to clarify them and our music therapy pathway.

I also used lyric analysis and discussion to assist Peter in identifying his feelings and concerns, and subsequently then as a means to facilitate discussion about them. Blowin’ in the Wind caused Peter to question whether there is a God, and if there is a God why is there so much suffering and evil in the world. This brought Peter to the realization that he needed to work through some of his religious questions. I selected the song Lullabye which is a ballad that Billy Joel wrote for his daughter. I thought Peter might identify with the lyrics and he did. Discussing the song helped him identify that there were things he needed to say to his daughter. This led Peter to the awareness of formalizing that work into the goal of completing his relationship with Beth.

From the day I met Peter he made numerous negative comments about himself, and about how he had lived his life. He knew he had to accept his past mistakes in order to move forward, but he had not literally said that he needed to forgive himself and that is why I brought the song,
Please Forgive Me for him to hear if he did not suggest songs himself. I purposefully did not sing this piece as I wanted Peter to hear a male singing it. I thought this would help him relate more to the song. This song helped initiate our discussion about forgiveness. While Peter accepted that he was not sure if he deserved forgiveness he came to the assessment that he needed to forgive himself to die with psychological peace. Peter’s new assessments were integral to us revising the goals of our sessions and ultimately the path of the music therapy process.

During this phase it became clearer to me that Peter was feeling increasingly more comfortable with me, and that our therapeutic relationship was developing as Peter’s trust in me grew. Peter now spoke more freely and did not feel the need to apologize when he used words or phrases that he thought might offend me as he had done in the assessment phase. This was a positive sign as it signified that Peter was letting his “guard” down and being truthful and honest with me about his feelings.

“Launching,” Communicative/Expressive Music Therapy, Weeks 4 & 5 (Sessions 7-10)

During weeks four and five music therapy was offered at the communicative/expressive level. Again there was no set structure for music therapy sessions, other than the use of the changing closing song. Music therapy techniques included: singing and playing pre-composed music; song choice; lyric analysis and discussion; songwriting; and, clinical music improvisation.

Beth, Sessions Seven and Eight

In session seven, Peter asked to hear the song Lullabye again. I sang it for him and we engaged in further discussion of the lyrics. The song prompted the following discussion:
I screwed up a lot with Beth. She was just a kid and I was never around. How can I ever make that right?

If she was here now what would you want to say to her?

That I’m sorry. I’d like to go back and fix it.

How would you fix it?

I’d ‘ave been there a lot more instead o’ drinkin.’

So why don’t we write down all the things you would like to say to Beth?

I’m sorry.

Please, do you think you can forgive me?

I know I was like all messed up and s***, but what could I do?

I was wrong.

I’d ‘ave liked to see you that day I was supposed’ta come to your dance recital. I know I promised I’d come but then I never did it. Can you forget about all that?

I want you to be happy now.

Just know I am really, very, very sorry.

So Peter, how about we write a goodbye song for Beth?

What good will it do now? I’m goin’a die soon.

Maybe it will make you feel better to let all of your feelings out.

Maybe, um...how we goin’a do that?

Let’s start with those things that you said, and go from there?

Peter and I spent sessions seven and eight writing the song for Beth. When we finished

Peter said:

Wow, I can’t believe we did that there. You had a good idea there.

Do you feel better?

Um, I feel like a big weight is gone from me. Ya know like I’m lighter in my head.

Would you like me to see if we can find Beth, maybe through Diane?

That’s not a good idea. I don’t want’a talk to Diane. I don’t want Beth to see me like this. She don’t know I’m dying. It means a lot that we was able to do this.
Session nine began with me singing the song Peter had written for Beth. The remainder of the session was spent singing and discussing songs that Peter asked to hear that he remembered Diane singing to Beth.

Yeah, Diane used 'ta sing ‘You Are My Sunshine’ to Beth. I think everybody sings that song. Then she used 'ta sing ‘Home on the Range.’ And I ‘member before I got real messed up, ‘cause then I don’t remember so much, that Diane used ‘ta sing some song to Beth that her mother sang to her. Then Beth learned it and used 'ta sing it when we had friends over and for Diane’s mom. I can’t ‘member what it was called but a lot o’ people knows it. I’m sure you know it. Something 'bout dreams ‘nd stars.

Is it a Lullabye?

Nope.

Can you sing a bit of the melody for me?

Peter sang a little of the song for me.

Mmhm…I know that song. Is this it?

I sang Dream a Little Dream of Me and Peter said:

Yup, that’s the one. I knew you were goin’a know it.

You Are My Sunshine.

God I wish I could go back ‘cause I can’t remember much about them years. I really messed up with Beth and Diane.

I always thought I’d have more kids. Probably good that I never did.

You know Diane and me was no good, but she was a good mother. I should’ve figured that out back then instead’a bein’ feeling like she trapped me there. That’s what I thought. Even my brother told me that too, but now I think about it, and she didn’t trap me. Ya know we had to get married. Her mom and my mom um…thought that was for the best.

Beth should’ve made me happy but I didn’t see it.
Why do you think you didn’t see it?

Um, ‘cause I was mad at God for screwing me with Beth. I wasn’t ready to be no dad back then. Like, um, my freedom was gone. I had’a work to pay the bills, and that’s when I started drinkin.’ I’d go with people from the factory to a bar after work and we’d stay there for hours. Then I’d go home and Diane was pissed with me. I spent so much money on the booze, we was always having trouble paying the bills.

Beth though, she was not a bad kid. She was always happy.

Home on the Range.

I’d ‘ave liked to have been there for my sister-in-law when my brother died. She had two small kids. Ya know like he um, died pretty young, like 46. My brother and I was never that close. I used’ta only see them at like Christmas. Then after he died I never really saw my sister-in-law and the kids much. She used’ta ask me to come down to see them at Christmas but I hardly ever went.

When my brother died I think I used’ta even drink more ‘cause I was thinkin’ I’m goin’a die soon anyways.

You know even thou I’ve been so messed up, I grew up with a good mother and father. They was hard workin’ people. I never had no wishes to go ta school, but I could’ve if I wanted. My dad had his own business makin’ furniture. He tried to teach me but I wasn’t real interested. My brother took over when my father died. And my mom, well, um, she died o’ a heart attack about a year later. Diane and me had just got married.

I never made a good home for Beth nor Diane.

Dream A Little Dream of Me.

Ya, it’s a pretty good song ain’t it?

Can you sing it again? What are those words?

I’m longing to linger ‘til dawn dear. Yeah, I’d like to be lingering, but I’m gettin’ better about knowin’ I’m goin’a die.

I’m wishin’ that Beth has good dreams, and at least memories of when she was a kid with Diane.
Ain’t nobody goin’ a dream ’bout me.

In session 10 Peter asked to hear the song *Piano Man* at the beginning of our session.

*Do you know that song, Piano Man?*
*Your kind’a um like that.*
*I bin thinkin’ a lot lately ’bout this song.*
*It reminds me ’bout my drinkin’ days.*
*Bein’ stoned in a bar and tryin’ to forget my troubles.*
*I’m startin’ to feel better now that we’s talkin’ ’bout all this.*
*Hey, do you know ‘Dust in the Wind?’*
*Yes, would you like to hear it?*

I sang *Dust in the Wind* for Peter.

*All we are is dust in the wind. That’s like true.*
*No one’s goin’a ‘member my mistakes is they when I’m gone ‘cause no one’s goin’a remember me that much.*

Peter, we talked about trying to forgive yourself. Do you still want to try to do this?
*I suppose.*

So, how do you think you can do that?
*I’m not sure.*

Well, after we wrote the song for Beth, you said you felt better about the mistakes you made with her. Is that still true?
*Ya.*

So now maybe it is time to look at the other things surrounding that period of time, for example, your battle with alcoholism. You have talked a lot about your past mistakes today and in our last session. Can you forgive yourself for them, or put those mistakes to rest now?
*You mean forget about them?*

Do you want to try to let go of them?
I do want ‘em gone ya know.
Would you like to forgive yourself for them?
Yes.

I suggested to Peter that he might start this process by using musical improvisation to help him let go of those mistakes and to let out residual feelings that he still had about them. The rest of session 10 was spent improvising about “letting go.” Peter improvised on the drum what he wanted to say to himself, but could not find the words to say.

I’m pissed with myself.
I f***ed up but it’s done.
I’m movin’ on.

I accompanied Peter on the piano with heavy chord progressions as Peter improvised on the drum. During that improvisation Peter said:

I’m goin’ a let go now soon okay?
Yes Peter if you can let go then go ahead.

After that Peter and I talked about what it was like to engage in improvisation and what he was feeling now.

Yeah, I think you and everyone is right. I got’a jus’ get over the past.
I can’t go back and I’m goin’a die soon.
Why is life hard?
I kin get over this right?
You think sayin’ sorry is what I got’a do now?
Maybe Peter, what do you think?
Ya, maybe then death will be better.
I hope I don’t die before I see you again.
My Reflection on the “Launching” Phase

Peter had identified a number of goals that we would spend our time working on. I proposed that we start with his feelings about his battle with alcoholism and his severed relationship with Beth. In session seven we began to talk about those years and Peter began speaking about Beth.

Writing the song for Beth even though she would not hear it enabled Peter to say goodbye to Beth and to ask Beth for forgiveness. So many years had passed since he had seen her that he did not want her to see him in the state that he was in now. Peter acknowledged that it made him feel better just writing the song for Beth even though she would never hear it. Peter was able to ask Beth for forgiveness and in turn release some of his distress. (Peter did not wish for this song to be shared with anyone.) Once that was accomplished Peter was able to turn his focus to letting go of his past mistakes and forgiving himself. In session nine Peter spoke about some of his past mistakes. This was facilitated by song choice, lyric analysis, and discussion. In session 10 we discussed the forgiveness he needed to give himself. Peter began to “let go” of some of his feelings of regret, disappointment, and anger through clinical music improvisation. He verbalized some of his feelings during and after the improvisation. This enabled us to move into the vehicles/tools phase of music therapy sessions where Peter could finally complete the relationship with himself.

“Vehicles/Tools,” Transformative Music Therapy, Weeks 6-12 (Sessions 11-21)

During weeks six to twelve music therapy was offered at the transformative level. Again there was no set structure for music therapy sessions, other than the use of the changing closing
song. Music therapy techniques included: singing and playing pre-composed music; song choice; lyric analysis and discussion; songwriting; and, clinical music improvisation.

In sessions 11-15 Peter and I spent time reflecting on the song he wrote for Beth and we sang it several times in each session along with *Amazing Grace* and several other hymns including: *How Great Thou Art, O Perfect Love, and Faith of our Fathers.*

**How Great Thou Art.**

*Ya, you sing that one good.*

*My life was like the rolling thunder wasn’t it?*

*Is that how you would describe it?*

*I rolled along and then some all them years.*

**O Perfect Love.**

*Diane wanted this song at our weddin’*

*Her and her parents were Catholics and we had like a whole big church thing when we got married.*

*I got’a find some love now for me.*

*They told me at AA and at the church that God’ll forgive me. God loves everyone.*

**Faith of our Fathers.**

*My parents was never religious. We didn’t never go to church.*

*Diane used’ta take Beth every Sunday, but I never went with them.*

*They used’ta sing this song when I was going to that church* (Referring to when he went to church with his friend from AA.)

*I got faith now. I’m thinkin’ this cancer is just all part o’ God’s plan. Ya know, I’m all messed up, but there’s others worse off than me, ya know. They ain’t never had no money, or a decent home. I did. I just messed it all up. That wasn’t God.*

*Now we’re like letting go o’ that right? I’m not goin’ back. I jus want’a say that.*
In session 14 and 15 Peter also improvised on the drum about how he was feeling.

*The anger in me is goin’ away.*

*I got a new look here. I kin die now ‘cause I ain’t goin’ to hell.*

*God’ll forgive me, I think.*

Do you feel better Peter?

*Ya, I still got some stuff ta do, but it’s okay if I don’ get it all finished.*

In session 16, Peter asked to hear *Amazing Grace* again.

*This is kind’a like being in AA again. I got’a look at myself and think about how ta change.*

*We been doing some good things here, Amy, thank you.*

*Why did I waste so much important times?*

*Why did I think the bottle would solve my problems?*

*Amazing Grace.*

*I am lost.*

*I been so blind I was like um, blind my whole ya know.*

*The booze made me into someone else. I let it control me all the time.*

*I ‘member this song from when I was a kid. My mom used’ta sing it to me sometimes.*

Do you want to sing it with me now?

Peter and I sang the song, and then he asked me to sing it again.

*I am just so confused about God.*

*I don’ want’a die. I’m scared.*

What are you scared of?

*I’m,…um, going to hell for sure.*

Do you think it would be helpful now to ask God to forgive you?

Can you forgive yourself?

*What should I say?*
I think you have the words Peter.

To God.

Why is there the cancer thing? Why did you do this to me?
I was a bad dad.
I want’a change. Can I have more time?
I’m scared to die.
Please don’t let me go to hell.
Take me to heav’n
I can change, but I need more time.
I’m sorry that I wasted time.

To Himself.

I’m sorry.
I did what I did an’ that time has passed.
I kin say I’m sorry. I got no time to go back now, so I did what I did, and it’s passed.
Can you say the words Peter?
What words?
I forgive myself.
I don’t know. (crying)
I’m sorry, um…I don’t think I can.
I was stupid God. If I could go back…but, um, I can’t.
What would you change?
So many things.

Peter forgave himself and asked God to forgive him in session 16.
**Session 17**

Peter, let’s look at your goals again. I think you have made some excellent progress. You worked hard. What do you think?

**What is left to do?**

Actually Peter, I think you have accomplished your goals. You looked back at your life and forgave yourself for your past mistakes. You said, sorry to God and goodbye to Beth.

What we have left is for you to continue to use music to help you express emotions that you would like to and to continue to use music to experience something enjoyable. We can do more of this if you like. I can bring you more songs like how I bring you a new closing song each session, or we could add new goals. What would you like to do?

*I heard you singin’ the other day up here.* (Referring to hearing me sing on the Palliative Care unit.) *I’m pretty sure it was you. I was thinkin’ about that song. It got stuck in my head.*

I did have a group on this floor yesterday just down the hall.

What song was it, Peter?

*It was a Beatles song.*

Sure, it was me. I was singing *‘I Get by with a Little Help from my Friends.’* We were talking about happiness at the group, and someone said that friendship made them happy, so I thought it was a good idea to sing that song.

*Yeah, I really liked it.*

Would you like to hear it now?

Yes.

*You know how we been workin’ on all this and that relations stuff, like you call it. I think I want’a thank my only friends in this world. Maybe could I ask them to come one day soon when you come and we can sing this song for them?*

That is a wonderful idea Peter.

So maybe that should be a new goal, to say thank you to your friends.
We talked more about the session that his friends would attend. I suggested the idea of writing a song for them. Peter liked the idea but was hesitant.

*I can’t write this song for them now. I ain’t got much time left neither.*

Why don’t we work on writing lyrics and set them to the melody of one of your favourite songs, ‘Leaving on a Jet Plane?’

*We can try if you think we can do it.*

At the end of session 17 we added the following goal:

(7) For Peter to express feelings of thankfulness to his friends, Jill, Betty, and Scott.

We worked quickly in sessions 17 to 19, and wrote the lyrics to the song. I contacted Jill about coming with Betty and Scott and they were very pleased. We finalized the melody in session 20. They came in session 21.

*Leaving on a Jet Plane.*

>All my bags are packed,

>I’m afraid it’s time to go.

>I feel so afraid to leave all alone.

>I hope I’ll encounter a better place on the other side.

>What have I done to leave my mark?

>Who will remember me when I’m dead?

>These questions burn and give me no peace of mind.

**CHORUS:**

>So goodbye Jill, Betty, and Scott,

>I thank you for all the kindness you’ve shown.

>You are the best three friends a person could ever know.
And now, I ‘m leavin’ on a jet plane,
Please think of me some time again.
I know I’ll think of you.

It’s funny how fast time really goes.
I thought I’d have more but the news sadly shows,
The final hours are only a few days away.
I’ll miss the sunset, and the smell of the rose,
And all the pretty faces I know,
I just don’t know how to leave this life?

CHORUS

Session 21

I met Jill, Betty, and Scott in session 21. They were in Peter’s room when I got there for the session that day. Peter introduced me to them, and I spoke to them a little about music therapy. Peter asked me to sing a few of his favourite hymns and then to sing “our surprise.” The four of us gathered around the bedside and sang together with Peter. After four hymns Peter asked his friends to sit down, and he asked me to sing the song for them.

I’m so glad you guys ‘re goin’a hear this live instead’a on tape.
(Jill) Peter, that was beautiful. This is the surprise you were talking about.
(Scott) We’re praying for you Peter. You’ve been a good friend to me too.
(Betty) (crying) I’m sorry I’m crying about it. It’s hard to say goodbye. You know we are praying for you at the church. God will take you to his house when you pass.

I did not audio-tape this session as I was unsure of how Jill, Scott, and Betty would feel about that. I did take notes, but not as detailed as in my sessions alone with Peter because I wanted the flow of the session to be smooth. It was an important session to Peter. After they
spoke to Peter for a few minutes I gave each of them a copy of the song lyrics as Peter had asked me to do. It seemed appropriate that I leave and end the session at that point to allow the four of them to talk, pray, and process their goodbyes. Peter thanked me as did his friends.

**My Reflection on the “Vehicles/Tools” Phase**

Song choice, lyric analysis and discussion, and clinical music improvisation assisted Peter in continuing the process of identifying, expressing, and discussing his feelings, and past mistakes. These techniques also facilitated the combined and final “letting go” of the feelings and issues that began in the “Launching” phase of our sessions. Peter asked God for forgiveness, and he forgave himself.

By the end of session 16 Peter has successfully accomplished all his music therapy goals. At the beginning of session 17, I reviewed Peter’s progress with him in an effort to guide the remainder of our music therapy pathway. As it was becoming apparent to me at this point that Peter did not have as much energy as he did in earlier weeks, I suggested that we could continue to use our sessions for enjoyment of music, music listening or relaxation, and/or continue to use music as a vehicle to express Peter’s emotions at sessions. It was Peter who then identified his desire to express the words “thank you” to his friends. Peter had in the “true sense” of the following words “changed” and “transformed” in this phase of music therapy. While it was not a specific or formalized goal to complete the relationship with his friends, he did express the sentiments “Thanks You,” and “Goodbye” to them, which is what he needed to say.

*Amazing Grace* was a song that Peter asked to hear many times beginning in session three. It had many memories for him including the recollections of his mother singing it to him. In session 16 when he asked to hear it, he began to discuss his fear of death, his fear of going to hell, and his confusion surrounding why God did certain things. In this session Peter said he was
sorry to God and to himself. These expressions were necessary sentiments to articulate in order for him to complete his relationship with God and with himself. He asked God to take him to heaven.

Through Peter working towards relationship completion with himself, Beth, and God he came to his own assessment that he wanted to thank his three friends.

“Dying” Supportive Music Therapy, Weeks 13 & 14 (Sessions 22-24)

Interview

I asked Peter if it was okay to interview him after the session when his friends came and he agreed. The interview took place the day after session 21. I brought the interview transcript to him for verification in session 22. The following are some excerpts of the interview.

I think it was kind’a weird and all to do this stuff. I never thought ‘bout singing songs to help me feel better. Um, but it sort’a worked. Ya know what I mean? I got to like say sorry for messing up. I’d bin lookin’ for a way ta do that since I started goin’ to AA. Sometimes when you was here, it was like we was in church ‘cause you sang those church songs. We sure did talk a lot about God too.

Well, some of the songs made me like cry, ya know. They wasn’t like sad songs, but I was so sad and so I guess that’s why they made me cry and get all like emotional.

Um, ya know when you first spoke to me ‘bout this whole thing we could do together, I got like all freaked out. I thought you were a bit like, well um, ya know one of them there people who like to do yoga and meditate, but you were right, I feel a lot better ‘bout dying now. I finally said sorry to me. That was good ya know.

Um, I think jus’ singin’ and talkin’ ‘bout all the songs was what was the best part.

Well, I guess writin’ the song for Beth and my friends was how I said my stuff to them. I ain’t never goin’a figure out how I was an alcoholic all my life. I jus’ don’ know how I really got so messed up then.

So I don’t know what’s next? Maybe purgatory for a while, but I hope then heaven.
Um, you talked ‘bout relationships, and I guess I figured out I had’a say goodbye to Beth so we wrote that song ‘nd then we said goodbye ta my friends. They really liked the song ya know. When you left that day they was like wow, how great. Those are the most important relations to me now, my friends. Ya, I think this music stuff could help other people if it helped me.

**Last Sessions**

As defined by Dileo and Dneaster (2005) our last sessions took place at the supportive level of practice. Music therapy techniques included: singing and playing pre-composed songs, and music for relaxation.

In session 22 after Peter verified the interview transcription I sang a few songs to him for enjoyment and relaxation. In session 23 and 24 I sang to Peter at the bedside. In session 24 Peter was in a coma-line state and I decided to play some of his favourite hymns for him. For Peter’s artistic piece, I chose to write a prayer called “Twelve Steps to Forgiveness,” which I brought to Peter to verify in session 23. Peter was a little confused that day probably due to the increase in pain medication that he was taking. Peter said he liked the prayer, but he did not have the energy that day to discuss it in more detail. Peter died the Saturday following session 24.

**My Reflection on the Interview and the “Dying” Phase**

Peter appeared to speak freely and openly to me in the interview. He stated that he enjoyed listening to music and discussing what arose from hearing the songs. He felt that songwriting helped him say the things he needed to say to Beth and to his friends, and that music therapy was beneficial to his experience of end-of-life care.

As Peter’s illness progressed rapidly in the last two week and his energy and level of consciousness both decreased, I provided music for Peter to listen to and enjoy at the bedside.
Music Therapy Treatment Plan Analysis Summary

The following music therapy techniques were utilized with Peter: song choice; lyric discussion and analysis; songwriting, singing and playing pre-composed songs; clinical music improvisation; life review; and music for relaxation.

As defined by Dileo and Dneaster (2005) music therapy with Peter was implemented at the three levels of practice over the course of his sessions. Initially music therapy was introduced to Peter at the supportive level to help Peter focus his thoughts. Peter had numerous issues and concerns at the end-of-life. The sessions during the initial supportive phase helped him to pinpoint the specific issues he wanted to work on and we revised the goals for our music therapy process. Lyric discussion and analysis were key tools in helping Peter discuss and identify his thoughts in order to focus on the important issues to him at this time. Music therapy then moved to the communicative/expressive level where music was used to help Peter discuss his relationship with Beth and to begin the path of identifying the need to grant himself forgiveness. It seemed like Peter’s battle with alcoholism was the most natural issue to begin with as the problems and issues that were troubling him now stemmed from that illness. Once Peter was able to write the song for Beth, he felt better about closing the door on that chapter of his life. Asking for forgiveness and saying goodbye to Beth enabled Peter to turn his focus inward to himself. This moved us into the transformative phase of sessions where we sang and discussed familiar religious songs enabling Peter to speak about his questions concerning God and also facilitating discussions about his past mistakes.

Amazing Grace was a song Peter had a strong connection to from his childhood. We sang it in many sessions and the breakthrough for Peter was in session 16. The lyrics of the song that day brought him to his own assessment that he had been “blind” so to speak for most of his life.
Perhaps due to the memories associated with the song and the place it held in Peter’s life this song brought emotions and feelings to the surface that made them easier to speak about then trying to raise them independently. Through singing this song and discussing it, Peter was able to say the key sentiments to God and himself, “Please Forgive Me,” and “I Forgive Myself” respectively. Expressing and asking for forgiveness enabled Peter to complete the relationship with God and himself. Doing this provided Peter with some psychological relief enabling him to turn his focus to the supportive relationship with his friends. Independently Peter identified the importance of thanking those people for helping him and staying with him through his illness. Peter was successful in accomplishing all his goals.

When Peter’s cancer became progressively worse and his energy and consciousness decreased, music therapy returned to the supportive level.

*Thematic Analysis: Peter’s Experience of Music Therapy Sessions Intended to Facilitate Relationship Completion*

When looking back over all of the data sources (my session notes, transcriptions of audio-taped music therapy sessions, the songs used in therapy sessions, the original songs, the interview, my formal assessment placed in the chart, and Peter’s artistic piece) and coding them, it appears that four large themes emerged namely: God; fatherhood; transformation; and, friendship. Within these themes there are six sub-themes. In the section below I will discuss and unpack the themes and the sub-themes as they unfolded during the course of music therapy treatment and show how the sub-themes contribute to the four overall themes.
Theme 1: God

God was a prominent theme that surrounded the music therapy process. Peter was referred to music therapy because of spiritual and religious questions and concerns that other interdisciplinary team members on the Palliative Care unit had heard him express. Until I began working with Peter he declined assistance from the other team members in addressing these concerns. It was clear to the social worker on the unit that Peter was suffering by not addressing his concerns, and the questions he was struggling with were causing him a great deal of anxiety.

From the beginning of our time together Peter expressed his anger towards God.

*I was really angry and excuse me, like, um, pissed with God.*

In session three as we were determining the pathway for our sessions I asked Peter if we could continue speaking about God and religious issues in my future visits, and whether he would like to hear religious and/or church songs. Peter was hesitant but did agree to try using music to help him connect with his spirituality through listening to religious music.

In sessions four and five we began to identify what the keys issues were for Peter to address in music therapy. I asked Peter directly what he wanted to say to God. Peter wanted God to know that he tried to change. It was in the “Focusing” phase that Peter revised his initial goal regarding spirituality and broadened it to: expressing and discussing religious questions. He wanted God to give him a second chance. In “Launching” Peter expressed to God his desire to go back and re-live certain memories as they were so faded in his mind, but during this phase Peter was more concerned with looking at his relationship with Beth and with himself, and the God theme was not as primary as in all the other phases of our process.

The first several sessions in the “Transformative” phase began with hymn singing followed by discussion and reflection on those pieces. It was here that Peter began embracing his
faith again and moving away from his belief that God had punished him. In keeping with how people make meaning out of suffering he now alleged that God has a larger plan for each of us and that his cancer diagnosis was part of that plan. It was also here that Peter accepted the blame for his life’s path and asserted that God had not done “things” to him. In session 16, Peter asked God to forgive him. While relationship completion with God was not an outright or formal goal, Peter did complete his relationship with God by asking God to forgive him.

God was present for Peter until he died. In our last sessions God was present in the singing of hymns at Peter’s bedside and in the wishes and thoughts of his friends who acknowledged that they and others were praying for Peter, and that Peter would be reunited with God upon death.

**Sub-theme: Anger**

Feelings and expressions of Peter’s anger were evident from the start of our work together. Peter stated that he was angry. He was angry that he had finally tried to change his life and that he was not able to continue this process now because he was dying. His anger for God stemmed from two issues. One, he believed that God was punishing him for the way he had lived his life, and while he believed that he probably deserved this, he was angry that he was finally changing but would not have a chance to live life as this “changed” person. Two, he was angry that God caused suffering and pain in this world.

In the assessment phase when I asked Peter how he was feeling, and specifically asked him about things other than physical symptoms that were causing him pain he confirmed his feelings of anger and sense of despair.

*Oh, I’m angry but I’m like fine...what um is I goin’a do about it?*
In “Focusing” Peter recognized the anger he felt towards himself for his mistakes.

...I’m F***king mad at myself.

He began appreciating the importance of getting past this anger, but the anger was very deep-rooted. Anger played a large part in how he felt about himself and ultimately affected his self-concept. In order to let go of some of that anger, Peter needed to forgive himself and release the feelings of blame and contempt that he felt for himself.

As we entered the “Launching” phase the anger seemed to turn more towards expressions of remorse. Peter still made comments that reflected his anger, but there were less of them and they were now made in the context of asking for mercy and forgiveness. In sessions nine and ten Peter evaluated the sources from where his anger had stemmed. As Peter assessed his past mistakes he started to let go of the anger he felt for himself. Letting go of his anger was fundamental to Peter being able to forgive himself.

In session 10 clinical music improvisation was highly productive in helping Peter express the last bits of anger inside himself both non-verbally and verbally. Peter said,

I’m movin’ on.

As we moved into the “Vehicles/Tools” phase Peter admitted:

The anger in me is goin’ away.

The theme of anger appeared to be gone after session 15 as feelings of forgiveness and expressions of gratitude and acceptance were at the forefront.
Sub-theme: Lack of Understanding

The theme of a lack of understanding emerged in session three as Peter began expressing his questions and unawareness surrounding why God had imposed cancer upon him. The lack of understanding theme was smaller than the others but still contributed to the overall theme of God.

In session six as Peter and I transitioned from “Focusing” to “Launching” this theme presented when we were discussing the lyrics of *Blowin’ in The Wind*. It came through in: Peter’s comments about how messed up the world is; his questions about why God allows things like wars and fighting to happen; and his questions of why God would let people suffer like they were on the Palliative Care unit.

In “Launching,” Peter expressed his lack of understanding as to how he could make things right with Beth after making so many mistakes in parenting her. He questioned whether writing the song for Beth would do any good at this point. It was not until after he wrote it that he assessed that it did make him feel better about his relationship with her. As Peter began looking inward he realized that he had been blind to see that Diane had been a good mother and that she had not trapped him in the marriage as he had previously believed. Reflecting on his marriage brought him new understandings. In “Vehicles/Tools” Peter began to let go of his past mistakes and anger. Going through this process and reflecting brought new questions to the surface, such as:

*Why did I waste so much important times?*

It was also during this time as Peter sang, listened, reflected, and discussed the song *Amazing Grace*, that he articulated feelings of confusion about God. He stated that he was afraid to die and fearful of going to hell. This fear and the lack of knowledge of an afterlife and what it
held for him brought him insight in assessing that he had to forgive himself for his mistakes, and that he had to ask God to forgive him.

When Peter had accomplished his music therapy goals of relationship completion and expression of emotions he no longer raised questions that spoke to unawareness or confusion, and the theme of a lack of understanding seemed to fade away.

**Theme 2: Transformation**

Contributing to the theme of transformation are the sub-themes of alcoholism, guilt and regret, and forgiveness. Transformation was a grand theme that surrounded and directed our entire music therapy process. Peter told me that he decided to change the direction of his life when he turned 60 and lost his job. This decision on his part prompted his return to AA meetings, and subsequent return to church, both in an effort to find his true purpose in life. In session three, Peter seemed somewhat overwhelmed by the discussion of goals for our music therapy sessions. We established initial goals which we revised in the “Focusing” phase.

In “Focusing,” Peter identified what the key issues were for him at this point in his life. He knew he had tried to change and wanted to continue to make changes in his life. He made comments that reflected his desire to let go of the past and embrace change and transformation. He asserted that he felt bad about his past mistakes, especially with Beth and that he wanted to bring closure to his relationship with her and his battle with alcoholism. Assessing the lyrics to the song *Please Forgive Me* brought awareness of his need to forgive himself and in turn we established the goals for our music therapy process.

In “Launching,” Peter recognized that he wanted to bring healing to his relationship with Beth, himself, and God. He asserted that he wanted to reflect on the years of his marriage and his
parenting of Beth to process what he had done and how he could now change his ways of relating to others. He desired healing for Beth from his lack of parenting and wished that her dreams and life wishes would be fulfilled. Writing the song for Beth brought Peter reconciliation toward his relationship with Beth.

In “Launching,” Peter asked to hear the song, Piano Man. He stated that he felt better now speaking about his past. It was here that Peter began his process of forgiving himself by starting to “let go” of his past mistakes through clinical music improvisation. Engaging in improvisation brought Peter to the assessment that forgiving himself might make his death better.

In “Vehicles/Tools,” Peter acknowledged that he needed to find love for himself now. He claimed that others such as his friends at the church and the professionals at AA told him that God would forgive him because God loves everyone. In session 16 Peter said:

This is kind’a like being in AA again. I got’a look at myself and think about how ta change.

It was during this period that Peter truly changed and transformed. He forgave himself, and asked God for forgiveness. This brought Peter to a new state of mind and awareness where he decided that he wanted to thank his three friends from the church for being there for him during his illness. Peter had transformed himself.

Sub-theme: Alcoholism

Peter openly discussed his battle with alcoholism right from when I met him and we began to work together. In the assessment phase Peter recognized that he had lost many years and both his wife and daughter due to his drinking. He was not happy with what the disease had resulted in which included not only the aforementioned loss of his family, but also his loss of
employment, and self respect. In my discussions with him it appeared that he had very low self-esteem, expressing that others who were suffering on the Palliative Care unit were more deserving then he was of assistance from the interdisciplinary team. When Peter decided to change the path of his life at 60 he started going to AA meetings again and stuck with them.

In “Focusing,” Peter acknowledged that he has made mistakes in his life due to his drinking.

...I messed up and I want ’a second chance.

In session four Peter expressed his wishes to put closure on the years he battled with alcoholism, but he was unsure as to how to accomplish this. The pathway to accomplish this became clearer in session six when Peter and I discussed the research study. Peter knew he wanted to forgive himself and at the end of this session we revised Peter’s music therapy goals which now included amongst others, the goal of Peter working towards forgiving himself about his past mistakes and putting closure on the years he struggled with alcoholism.

In “Launching,” Peter stated that he wished he had been there for Beth instead of spending his time drinking. Through lyric analysis and discussion Peter discussed how he was blind to the good family he had with Diane and Beth. He said,

I had ta work to pay the bills, and that’s when I starting drinkin.’ I’d go with people from the factory to a bar after work and we’d stay there for hours.

In session 10 Peter asked to hear the song, Piano Man, and he spoke at length about days he spent drinking.

Bein’ stoned in a bar and tryin’ to forget my troubles.
During this session Peter improvised to help him begin the process of letting go of his past mistakes in order to forgive himself for the years he spent drinking and the behaviours he displayed as a result.

In “Vehicles/Tools” through singing and discussing hymns Peter acknowledged that at AA they told him that God would forgive him. He stated that engaging in our work towards his goals was like being in AA again. He felt that we were progressing and he began questioning why he was so lost during his drinking years, believing that alcohol would solve his problems.

*The booze made me into someone else. I let it control me all the time.*

After Peter forgave himself in session 16 the theme of alcoholism faded. Peter used the remainder of our time now to express sentiments of gratitude and goodbye to his friends. The theme was still present in the interview but was overpowered by feelings of accomplishment.

**Sub-theme: Guilt and Regret**

As Peter began telling me about himself there were expressions of guilt and regret from the onset. Peter spoke about how he did not really know his daughter and that his wife had put up with him for many years. He regretted losing his wife and daughter because of his drinking. He also regretted the person the drinking had turned him into. In “Focusing,” he asserted that he wanted to straighten out his life. He wanted his feelings of guilt and blame to be put away, and he owned up to his mistakes.

*I did a lot’a dumb things.*

*I feel bad ’bout Beth.*

As we transitioned to “Launching,” Peter wanted to say many things to Beth in order to free himself from his feelings of guilt and regret. He wanted to express that he was sorry for how
he had acted and treated her. At the end of session six as Peter and I revisited his music therapy goals, the pathway to free the guilt and regret was laid as we set the goals for him to forgive himself and complete his relationship with Beth.

In “Launching,” Peter again spoke of his mistakes:

*I screwed up a lot with Beth. She was just a kid and I was never around. How can I ever make that right?*

In completing his relationship with Beth, Peter expressed the many things he wanted to say to Beth which included asking Beth for forgiveness for not being around and breaking promises that he made to her. His guilt and regret about Beth faded as he wrote the song for her and he subsequently completed his relationship with her. As Peter discussed the lyrics of songs during this phase he regretted: not recognizing the good family he had; not making a home for Diane and Beth; and thinking that he had been trapped in his marriage. He expressed regret also for not being there for his sister-in-law and her children when his brother died.

In “Vehicles/Tools,” as Peter continued the process of forgiving himself and was successful, he let go of the guilt and regret and this theme retreated. Peter was now able to focus on thanking his friends and expressions of guilt and regret were now absent from our sessions.

**Sub-theme: Forgiveness**

Forgiveness is a theme that is closely linked with transformation. Peter needed to forgive himself in order to transform and change. As a theme, forgiveness was in the background until the “Focusing” phase. It came to the forefront as we transitioned from “Focusing” to “Launching.” In session six Peter stated that his friends at AA said that a person has to forgive him or herself. Peter was unsure if he deserved or could grant himself forgiveness at this point,
but he wanted to try and so we formalized this wish into the goal of forgiving himself for his past mistakes.

In “Launching,” Peter asked Beth for forgiveness and Peter began the process of forgiving himself which was facilitated by lyric analysis and discussion, and clinical music improvisation. In “Vehicles/Tools,” Peter asked God for forgiveness. As with the themes of guilt and regret, and alcoholism, once Peter had accomplished these things the theme of forgiveness went into the background. It was still present until the end of our sessions together as forgiveness was so closely intertwined with the theme of transformation.

**Theme 3: Friendship**

The theme of friendship arose at the onset of our music therapy process. Peter spoke of the friends he made when he started going to church after being invited by his friend from AA meetings. He stated how affable and welcoming the people at the church had been to him and that their warmth and acceptance felt good. It was in our initial two sessions when Peter told me about himself that I learned about his three remaining friends in this world: Jill, Betty, and Scott. Peter spoke of them throughout the course of our sessions. He would reference them when he sought confirmation for his decisions or if he wanted approval for his choices. For example, when Peter and I set the initial goals for music therapy, Peter said,

*Well, I know Betty and the gang ‘re goin’a think that’s good. Maybe it’ll be.*

Another illustration is when I presented the research study to him in session five and asked him to think about it until our next session. When I asked him in session six if he wanted to participate and subsequently sign the consent form he told me that he spoke to Betty and Jill about the study to get their input on his participation.
In “Vehicles/Tools,” Peter identified with a song he heard me singing elsewhere on the Palliative Care unit, *I Get by with a Little Help from my Friends*. At this point in our process, Peter had worked hard on completing the relationships he initially set out to complete and he identified his desire to now thank his “*only friends in this world.*” Through songwriting Peter was able to express his gratitude to these three friends. It was very important to Peter that his friends attend one of our sessions and to hear the song live in order to fully appreciate the emotions and intention behind the song. He was grateful for having them in his life.

**Sub-theme: Church**

The sub-theme of church contributed to the larger theme of friendship. Peter often referred to church when he referred to his friends and to friendship. When Peter committed to changing his life and he started going to church, it was a friend who brought him there. As Peter spoke of the first encounters at that church he referred to the people he met at that time as his “*new family.*” When Peter became ill he grew angry with God and did not want to go to church any longer. His three closest friends from the church, Jill, Betty, and Scott helped him through his illness. They drove him to medical appointments and visited him weekly at the hospital until his death. While Peter did speak of a few other friends in his life prior to his attending church, these friends had not had a presence in his life for numerous years. His friends from his early years were essentially persons who enabled Peter’s addiction and did not appear to be “true friends” like the ones he had made through church.
Theme 4: Fatherhood

The theme of fatherhood also surfaced at the beginning of our process. As Peter told me about his life, the first thing he mentioned was his marriage and divorce to Diane and his severed relationship with his daughter Beth. Peter had not seen his daughter in 20 years and he believed that this was healthier for Beth.

That is probably for the better. I was never a good father to her.
She knew she’d be better off without me.

When Peter looked closely at the lyrics of the song Lullabye, and we talked more about the meaning behind the song and for whom the song was written, it brought Peter to the realization that there were many things he wanted to tell Beth. He wanted forgiveness for not being the father he should have been to her.

As we entered the “Launching” phase the theme of fatherhood was yet again very prominent as Peter asked to hear the Lullabye song for a second time. Reflecting on the piece helped launch a discussion of the things Peter wanted to say to Beth. These thoughts, feelings, and subsequent extensions of them became the content of the song which Peter wrote for Beth in sessions seven and eight. Peter was pleased that he had written the song and expressed his thoughts and feelings even though Beth would not hear the song. Putting some closure on his relationship with Beth was necessary so that Peter could focus on completing the other relationships he had identified as part of our music therapy process.

As Peter shifted to more of an inward focus in sessions nine and ten, memories of Beth and regrets about his lack of parenting were still present. He accepted the fact that he had not been ready to be a father when Beth was born. He now understood that he spent years being angry about his situation because he felt that he had been trapped and had given up his freedom.
I wasn’t ready to be no dad back then.

It was also during sessions nine and ten through song choice, lyric analysis, and discussion that Peter spoke of his father and mother acknowledging that they had been good role models. He spoke of the untimely death of his brother and the fact that he wished he could have been more supportive to his sister-in-law in helping her raise her children in the absence of his brother.

In “Vehicles/Tools,” the theme of fatherhood went into the background as Peter turned his focus to forgiving himself, closing the door on his battle with alcoholism, asking God for forgiveness, and thanking his friends. Once Peter had accomplished these things he had little energy left and he died shortly after this phase. He did speak of Beth in our interview and acknowledged that songwriting helped him say the things he needed to say to Beth.
Conclusions

In writing my reflections of the various phases of our music therapy sessions, I used quotes from Peter to confirm the examination of my own observations and assessments. There were a variety of music therapy techniques that worked together in aiding Peter to accomplish his goals. The differing levels of music therapy practice were equally important in seeing the goals come to fruition. “Focusing” helped Peter identify what issues were important to him and solidified our goals for the music therapy course of treatment. “Launching” helped Peter focus on what he needed to say to Beth and brought him to the realization that he could forgive himself. “Vehicles/Tools” brought Peter to a place where he asked God to forgive him, and he in turn forgave himself.

With respect to relationship completion the most significant music therapy techniques according to Peter in his experience were: songwriting, song choice, and lyric analysis and discussion. Peter said:

*Um, I think jus’ singing and talkin’ ‘bout all the songs was what was the best part.*

*Well, I guess writin’ the song for Beth and my friends was how I said my stuff to them.*

The lyrics of other people’s songs helped Peter discuss his own feelings and concerns. They helped him come to new awareness and ultimately to transform and accept that he could forgive himself. Writing the song for Beth and the song for his friends proved to be a tool to present and convey those feelings.

In reviewing all the data it appears that the three music therapy techniques that Peter identified as essential to his experience of relationship completion were also the ones that I identified. Clinical music improvisation was also a key technique that allowed Peter to express
feelings that were difficult to verbally express, and hymn singing helped Peter in reflecting and connecting again with God.

Music therapy provided Peter with a place to explore his relationship with Beth, God, and himself. Once Peter wrote the song for Beth he said he felt better about his relationship with her, and commented that he felt like a “big weight” had been lifted from him. Peter was also so pleased to be able to express gratitude to his friends in the writing of *Leavin’ on a Jet Plane*. Overall working hard in our music therapy sessions provided Peter with psychological ease in his last days, and I hope that made his death more peaceful.
There are many things I struggle with in this life.
There are many things I do not understand.
I imagine that is part of the mystery.
Therefore God, I ask you to grant me **faith** to continue to believe in you,
Especially, when I have questions that I do now know the answers to.

I have been intolerant of many things in life, mainly because I lacked insight to see truth and honesty.
I was self-involved and did not take others into account.
I saw only what was going on in my world because I lacked consideration for others.
Therefore God, I ask you to grant me **understanding** to see, appreciate, and accept others,
Especially now, when I must say goodbye to my friends.

I have made so many mistakes.
I made many bad choices in my life.
For wasting numerous chances and so much time, I am sorry.
Therefore God, I ask you to grant me **mercy** to forgive myself,
Especially, when I know you will forgive me.

I have lived much of my life without courage.
I lacked strength to endure both the good and evils of this world.
I turned to the bottle as a way to hide from my lack of courage and to forget my fears.
Therefore God, I ask you to grant me **fortitude,**
Especially now, as I prepare to die and leave this world.

There are many things that have led me astray in this life.
I was blind for many years.
I regret having a lack of vision and a focus.
Therefore God, I ask you to grant me **wisdom** to see what’s there,
Especially, so I do not choose to be blind again.
I have not been of good moral character during my life. I lacked virtues such as integrity, courage, fortitude, honesty, and loyalty. I was a poor role model and father. Therefore God, I ask you to grant me **moral virtue** to be an ethically admirable person, Especially, so I may carry these virtues with me to my next place.

It took me a long time to change my ways, But I finally did even if I only have a few weeks or days left to live. Since I stopped drinking and began reassessing my life, I have gained power back over myself. Therefore God, I ask you to grant me **sanity** so I may be mentally healthy, Especially, so I may have good sense and judgment in my last days.

I have never been an optimistic person, I think that is why I lived much of my life the way I did. I saw only the negative things in life and dwelled on them. I did not recognize all the blessings I had been given. Therefore God, I ask you grant me **hope** in recognizing and appreciating all the gifts and blessings you bestowed on me in this life, Especially now, so that I can appreciate and thank you for them in my last days.

I was never a very loving or affectionate person. I rarely said “**I Love You**” to anyone, least of all myself. I know I may not deserve love but I finally learned to love myself. Therefore God, I ask you to continue to bestow your **love** upon me, Especially, so I know you will be with me when I die and that I will not be alone.

I have tried to make amends to all the people I have harmed. While I did not make them directly with Beth, I hope she knows that I love her. I have made amends with you God. Therefore God, I ask you to grant me **serenity** to ease my conscience, Especially, so that I may die in peace.

It took me a long time to decide to go to church. I thank my friend for bringing me there, and I have met so many others through you God. Church is a place where I can worship my Lord, and I should have taken more time to embrace it while on this earth. Therefore God, grant me **piety** so I may pay worship to you as my God, Especially now, as I want to go to heaven to be with you.

I know that I took a long time in my life to ask you for forgiveness. I wish I could have been wiser and tried when I was younger. I know you will forgive me, and for this I am humbled before your presence. Therefore God, while I may not deserve this next request I am going to ask anyway, Please grant me your unconditional **forgiveness**, so I may enjoy the pleasures of eternal rest.
CHAPTER SEVEN

Case Study Four: Bill and Sarah

Cheers to our Heroes: A case study on the experience of relationship completion with two legendary women.

The following case study is of Bill, a 91 year old male dying of lung cancer. Bill participated in 30 individual music therapy sessions implemented at three levels of practice as defined by Dileo and Dneaster (2005). I begin the case study by describing the clinical music therapy sessions. Bill’s, Sarah’s, and my words from our sessions are part of this presentation. I chose to interview Bill and Sarah in week 15 as Bill had accomplished his music therapy goals at that time.

Following the description of clinical music therapy, I present the thematic analysis of Bill’s and Sarah’s experience in music therapy sessions. This chapter closes with the presentation of the artistic piece that I wrote as a further expression of Bill’s experience.

A note on fonts:

My text.
Bill’s direct words from sessions and the interview.
My words to Bill in our sessions.
Sarah’s words in our sessions.

Introducing Bill

Bill was a 91 year old male diagnosed with lung cancer. He was born in a small farming community in Ontario near the Niagara Peninsula. Bill’s parents immigrated to Canada from
Lithuania to escape persecution. As Jews they were not allowed to own land in Lithuania, and that prompted Bill’s parents to move to Canada to build a new life. When Bill was a child his family moved several times as they began to establish themselves. His father Maury became a wholesale grocer and his mother Rosa took care of Bill and his three siblings. Bill acknowledged his mother’s generosity and explained that she began a hobby of making wine in their basement that she gave to her neighbours.

My dad was always trying to make life better for his family. He worked very hard, but my mother’s energy was legendary. She was the one who managed our family household. She looked after all of us. She was a gem. We (referring to himself and his brothers and sister) used to help out around the house. We each had a set of chores. But my favourite job was stuffing envelopes for my father’s grocery store customers of the store’s special offerings.

My mother was so good at many things. She was a great cook, and she used to have a wine cellar where she pressed grapes and made wine. I used to be her wine tester when I turned 12 or so. I thought I was pretty special having that job.

My mother was also the town nurse. She had many little remedies that she learned, I’m not sure from where, but everyone in the town used to come to her for advice. There was this one time that there were two boys that had rheumatic fever. They stayed with us for probably about a week, and she nursed them back to health.

My dad was the supervisor. He used to order us around, but my mother never let it bother her. They seemed very happy together. They made a nice home for us growing up. Our family was also very musical except for me. My sister Myra played the piano that we had in our parlour and my brother Paul played the violin. They took lessons from the lady who lived down the street. She used to come to our house and then we had concerts on Friday nights. Her husband would sing Cantorial music and Paul and Myra would play for us. Those were fun nights.

When I was about eight my parents thought that I should learn an instrument. Since we already had a piano that was the one they chose for me, and Myra became my piano
teacher so that we didn’t have to pay for more lessons. She was patient with me, but it was just not the right fit for me. I gave up after about a year of trying.

Bill’s parents enrolled the children in public school and Bill and his brothers would go to synagogue every Saturday morning for Sabbath prayers.

_It was a weekly routine. We went to the synagogue for prayers, but my brothers and I were always thinking about the treat we would get afterwards._

_What was that?_

_Well there was a movie house right near the synagogue and sometimes my mother would let us go there after schul. I think it was only six cents to see a performance back then._

_We only went to the synagogue as a family on the Holy Days. (referring to the High Holy Days, Rosh Hashanah, Yom Kippur, etcetera) Other than that my parents never went. We didn’t really follow all the rules. We walked there because we were not allowed to drive, but we didn’t fast. I had cold chicken in my pocket and so did my brothers and we would snack on that when we took a break from praying._

_When I was seven, I was sent to Cheder, you know a Jewish school. I went there until I had my Bar Mitzvah at 13. I don’t remember much from those years but I do remember that the party for my Bar Mitzvah was held in our house. My mother made herring, honey cake, and wine._

_After my Bar Mitzvah, I guess I had done a good job studying with our Rebbe. My parents sent me to Talmud Torah. (name of the school) I remember learning a lot of Hebrew, but I still couldn’t really speak it. The Rebbe from my Bar Mitzvah came to my graduation. When he saw me he began speaking Hebrew very quickly to me. I didn’t know what he was saying, but I knew his Hebrew was perfect and I didn’t answer him back. I just nodded my head. I didn’t want him to know how bad my Hebrew was._

_Did your siblings also go to Talmud Torah?_

_No, I was the only one, maybe because I was the youngest._
After high school, Bill studied law at the University of Toronto.  

It’s terrible to say, but I was actually bored by my studies. I had a quick mind and speedy tongue, but I had minimal interest in torts, or property law.  

Once I graduated I spent three years of Articles to train me to practice. I liked the University of Toronto fine. It was a good school and I joined some clubs there.  

The year after I started law school, I joined a youth Zionist movement that sought to establish a homeland for the Jewish people in Palestine.  

The Holocaust began about nine or ten years after I joined the group. (referring to the Zionist group) Belonging to that group really influenced by life.  

In the summers off from University I worked in a supermarket stocking shelves. Things didn’t come all wrapped up like today. I had to weigh, bag, and wrap the bulk type goods. I lost a lot of weight those summers. It was so hot. 

Bill opened a law office in the late 1940s. He shared this office with two other lawyers.  

I practiced for 40 years, and my career was not highly profitable and often dull. I had to find other things to keep me enjoying life.  

When I started practicing, a beautiful young lady caught my eye while I was enjoying a meal with friends. I was nervous but asked her for her phone number that day.  

When I called her she invited me to her house. I was so nervous. I remember sweating a lot as I rang the doorbell. She was a vision, tiny and beautiful. We dated for a little while and I tried to impress her with talk of my law practice. To my good fortune, that lady became my first wife.  

When she died I was lost but I knew I wanted to live. I was retired and lonely. About two years after she died, I met another wonderful woman, Sarah, and she became my wife.  

Five years prior to the present, Bill received his cancer diagnosis. He underwent radiation and chemotherapy treatments, and his cancer went into remission. When Bill’s cancer returned three years after the initial diagnosis he underwent chemotherapy and radiation again, but these treatments were not successful this time. Bill also developed other health complications such as
pneumonia. He suffered a heart attack, was diagnosed with arteriosclerosis, and was in and out of acute care hospitals. When Bill was admitted to Baycrest his prognosis was three to six months.

*Doctors are a bit like lawyers. They think they know everything. I don’t know if they know much but I have to look to them now for advice. I had a few times in my life when doctors were wrong, so they might be wrong this time too, but I think they are right.*

*They told me I could try another round of treatment, but I don’t want to anymore. I am tired and I have my memoirs to finish now before I die. I don’t want to feel sick from the medications anymore.*

**Music Therapy Sessions**

When Bill came to Baycrest he spoke to the social worker about his love of music and drama and also about the project he had been working on for the last two years. Bill was writing his memoirs. The social worker spoke to Bill about the possibility of participating in music therapy while he was on the unit and Bill expressed an interest in taking part. Bill was not referred to music therapy for a specific issue, but rather the social worker thought he would enjoy participating in a music centered intervention to enhance his quality of life.

**Assessment, Week 1 (Sessions 1 & 2)**

The first two sessions consisted of: gathering background information about Bill; discussing current issues and problems related to Bill’s illness and hospitalization; dialoguing about the potential role(s) and goals of music therapy sessions; discussing music; discussing his memoirs; and me playing piano, and guitar, and singing some of these musical selections.
Bill’s Memoirs

I have been working on this project for the last two years.
I don’t have as much energy as I did before, but I need to finish them.
Would you like to hear some of the stories?
I would love to!
My goodness, that is a large binder of notes that you have.
When I can’t sleep I write down my thoughts and then later I write the thoughts into stories. I spend every morning now writing the stories. I don’t have that many more to write, but I want them to be written.
My wife thinks I am a bit Meshugeneh (crazy in Yiddish) for worrying about this now, but I think it keeps me going. I know I will finish them before I die.

Bill let me look at the binder and he also showed me a book that he had written about ten years prior.

I notice you make reference to music quite a bit in your book. You even have sheet music included from some of your favourite songs?
Music has been a large part of my life. I used to love to go dancing. I was never all that serious a person. I love some of the old songs, and some of the movie songs. You know I loved drama too all my life. When I was in University I joined the drama club. I always wanted to be an actor instead of a lawyer.
Would you like me to sing one of the songs from your book?
Well that would be a nice treat.
Do you want to sing with me?
Absolutely not. I have a terrible voice. You don’t want to hear me sing, you won’t come back. (laughing)

I asked Bill to decide which song he would like me to sing. He choose I Want A Girl.
After I sang the song Bill asked to hear a few others. This facilitated a discussion about his current situation and two marriages.
Rebecca and Sarah

I was so lucky to remarry Sarah. We have had such fun these last years. After Rebecca died (Bill’s first wife) I began to write poetry and stories about our life together. I found that this helped me come to grips with what had happened and it was a way to talk about it.

I have been so blessed in my life to have known such a gentle and courageous woman. I am doubly blessed however as I have been fortunate to meet another amazing woman. I met Sarah at the Holy Blossom Temple at a lunch and learn series. I courted her for less than two months before I proposed marriage to her. She gratefully accepted my invitation and we were off to be married shortly afterwards. She has a wonderful daughter and family. They have been good to me all through my illness. Together her daughter and my daughter paid for our honeymoon trip to Israel.

I worry now about Sarah and Bette. (Sarah’s daughter) She lost her son a few months ago. Sarah is still so upset about the death of her grandchild. We all are. Has anyone helped your family to process and grieve that death?

Sarah refuses to go for counseling and so does Bette. They say they can handle it fine together. And as I said before doctors don’t know everything.

What exactly are you worried about with respect to Sarah?

I am worried that when I die she will not have anyone to help her. I know I am not much help, but she has just lost her grandson and now she will lose me. It will be very hard for her.

Have you thought about having to say goodbye to Sarah?

I’m not very good with goodbyes. I don’t think I’ll say goodbye. It seems so final.

I introduced the research study to Bill during session two as we continued to discuss his relationships with Rebecca and Sarah. He indicated that he was intrigued by the study and agreed to participate. I asked Bill to think about it until our next session but he wanted to sign the consent form that day.
I think you can help me with my memoirs. You probably have some background in drama right?
I do have some. I love to perform.

Well how about this then. Maybe you can help me write some of the stories from my memoirs into a play.
That sounds like a neat idea. I don’t know if I am qualified but I can certainly try.
What would you think about adding songs to the play?

How do you mean?
Well, we could use songs that are meaningful to you and that speak to the stories to include in the play, or we could even write some ourselves.

Write songs? I’ve never written a song. I guess you have.
Actually Bill, it is not that hard to write songs. We can try together if you like.

Why not? It will make the play better I think.
Maybe can we begin by looking at the stories in your memoirs and selecting the ones that you would like to include in the play?

Okay, I will look over all my stories before our next meeting and then we will have a plan.
Super! When you select the stories maybe you can start thinking about what songs might compliment them?

Will do Maestra.

At the end of session two Bill and I established the goals for music therapy sessions. These were:

1. For Bill to write stories for the play based on his memoirs.
2. For Bill to select pre-composed songs and write songs to include in the play.
3. For Bill to complete his relationship with Sarah.
4. For Bill to complete his relationship with Rebecca.
On average, sessions took place two times per week for 60-70 minutes each in the music therapy room at Baycrest. The two assessment sessions and the last four sessions took place in Bill’s room. Bill did not receive any sessions in week five as I was away from the hospital. Bill received a total of 30 sessions.

**My Reflection on the Assessment Phase**

Bill was a man of many stories. He displayed intelligence, grace, and a wonderful sense of humour. In the assessment sessions Bill told me many stories about his life growing up, his career, his marriages, and his children. Each story was extremely fascinating. He had led such an interesting life which included varied and diverse experiences such as traveling, and participation in political, religious, educational, and performing arts groups.

From Bill’s discussions regarding his illness it appeared that he was accepting of the diagnosis but still had healthy expressions of hope regarding the possibility that his doctors did not necessarily know everything about its trajectory.

Bill acknowledged that music had been a large part of his life but that he was not a musician. The book that he wrote and shared with me included musical reflections and stories that were important to him. When his first wife died, Bill was drawn to poetry to help him express his thoughts and feelings surrounding her death. He expressed his gratitude and good fortune in finding love again with his second wife, Sarah.

Bill expressed an urgent need to complete his memoirs before he died. With this goal of writing his memoirs Bill identified that I could help him in using his life’s stories to create a play. When I proposed the idea of including music in the play, Bill stated that music would make the play better and he was willing to try to include music in this project.
Bill’s family was still grieving the loss of Sarah’s grandson and Bill expressed concern over how Sarah and Bette would cope with his death. He recognized that while he may not have played an instrumental part in helping them process and grieve that death, he understood that he was a support to Sarah and when he died he felt that she would be alone. The concerns that Bill expressed are what prompted me to introduce the research study to him. I thought perhaps he might like some assistance in completing his relationship with Sarah, and discussing his death with her.

As we spoke and Bill learned about the potential of music therapy sessions he openly embraced participating in the music therapy research study. Bill appeared to be a man who had been receptive to trying new things throughout his life and he continued to desire growth and learning in his last days. As I discussed the music therapy study with Bill we spoke about the potential of helping him say goodbye to Sarah. We also spoke of the possibility of including Sarah in some of our sessions to help her in saying goodbye to Bill, as well as to discuss her grieving process. Bill expressed enthusiasm about engaging in the study and music therapy process, and said he would speak to Sarah about her impending participation.

“Focusing,” Supportive Music Therapy, Week 2 (Sessions 3 & 4)

During this time as defined by Dileo and Dneaster’s (2005) model of music therapy in palliative care, music was implemented at the supportive level. There was no set structure for these two sessions, other than a closing song. Music therapy techniques included: song choice; lyric discussion and analysis; singing and playing pre-composed music; and life review.
What Are the Stories that Bill Needs to Tell?

I’ve been thinking and working hard since you last came. I was looking through my book and my writings and I have tried to pick some stories for the play, but I have not decided on them all. Where should we start?

Well, I did read most of your book Bill, and your life has about 20 plays that we could write. You have so many wonderful stories. Perhaps we could start with you selecting which stories are the most important to you?

They are all important, that is the problem I am having.

What if we pick a period of your life and write the play about that time? What do you think of that idea?

Is there a period of your life that we could focus on?

Perhaps, that is a good idea. My memoirs will include all the stories and the play could be about a part of that.

What is most important for you to express in the play?

Perhaps these last years. My book only has some of those stories so there are some that still need to be told.

That sounds like a good idea? Where should we start?

How about we look at these past 10 years? That time began when Rebecca died.

As Bill decided on the period of time that the play would focus on, we came to the decision to begin the play with the story of Rebecca’s death and funeral. During these two sessions we also selected the important stories from the past 10 years that we would build the play around.

Well, we have to include the funeral of Rebecca. That was the most traumatic thing that has happened to me.

mmm...what else? And of course the story of my courting Sarah.

I think it would be good to write about my second honeymoon, or should I call it a senior-moon? (laughing)
I think we could include my first wedding anniversary to Sarah also. We had such a fun celebration that night.

Would you like to write a song for Sarah to express your love? If so it might be nice to place it with the story of your first anniversary.

Yes, that is a good idea. I have written several poems for Sarah over the past few years. She always likes them, but I have never written a song.

We must include the story of Joseph. (Sarah’s grandson)

Perhaps I should also write the story of Sarah’s 75th Birthday.

I don’t know how I will wrap it up. (referring to the play) That has yet to be decided.

Bill and I decided that he would work on writing some of the stories between our sessions and that he would present them to me as they developed. In session four we began with the first story.

What is the Music that can Augment the Telling of Those Stories?

So we are starting the play with the death of Rebecca. Can you tell me some of that story now!

Rebecca went to the doctor complaining of abdominal pain and general discomfort. They ran some tests and ordered an ultrasound. Not long after, it was confirmed that Rebecca had a malignant tumor. She underwent surgery, only to find out afterwards that the malignancy had spread considerably and there was nothing they could do. Rebecca suffered in considerable pain and was given morphine. Rebecca lost a lot of weight in her last years. She underwent chemotherapy with many adverse reactions. She lost her hair and became frail. She died within six months.

Rebecca was a woman who lit up the lives of so many people. She was intelligent and dignified and she had an extraordinary ability to make friends.

She was a LADY!

She was courageous, graceful, understanding, sympathetic, and loving.

How did you deal with her death?
I wrote poetry to help me. I had a hard time. She was my life companion, my friend.

Should we include a song in tribute to Rebecca? Did you have a special song together for example? We could also write a song about the story of her death? I saw in your book that you wrote a few reflections about her death.

The song must be dramatic. It must be serious. It can’t be chosen lightly, even though she was light spirited and free. I think a dramatic song could open the play.

Should it be a song about her death, or the funeral, or your grieving process, similar to what you wrote in the reflective pieces on Rebecca’s death?

It should be about my thoughts of losing her and having to live life without her love.

Between session three to five Bill wrote the play dialogue to go along with this song. We began writing the song in session five. Bill also created a list of all the important people from the stories he would include in the play. These people became the characters in the play.

In sessions three and four we also looked at some of the songs that Bill had mentioned in his book and I asked Bill to think of other important or special songs that we might include. Bill identified several pieces as we looked through his book together and I played several of these for him. We discussed the lyrics of those songs and Bill said he wanted to think more about the songs before making any decisions. He stated that in future sessions he wanted to continue listening to and discussing music that we could include to augment the play’s stories.

Bill told me that he spoke to Sarah about music therapy and the possibility of involving her in some of our sessions. She was supportive and encouraged Bill to engage in music therapy. We decided to begin our music therapy process by working on the play and Bill would invite Sarah to come to our sessions when we had made some “definitive progress.”
My Reflection on the “Focusing” Phase

In these two sessions Bill was able to create an outline for the play. He identified the important stories that he needed to include. It was an important initial step that Bill decided on the period of his life that the play would encompass. Bill’s life was overflowing with stories which were all important, but it was not possible given the time we had to write and include all of these stories.

At this time we began selecting some of the stories that would be augmented with music. Bill selected important and special songs and I played some of these for Bill. We discussed these songs and their lyrics. Doing this groundwork set up the transition to our next phase of music therapy sessions. Bill seemed comfortable sharing his stories with me and he was open to selecting music to accompany his stories.

As Bill’s ultimate goal was to write his memoirs, it seemed appropriate that we began our music therapy process together by writing the accompanying play. It seemed logical to me that by engaging in this process the important stories at this time in Bill’s life would surface. These stories encompassed relationships that were central to Bill’s life. I thought that by Bill writing the play dialogue and selecting and writing songs to accompany the stories, any issues and expressions to complete these relationships would be expressed. If and when that happened we would engage in discussion about those relationships and about the work and expressions associated with relationship completion.

Bill was goal driven. He wanted to make progress writing his play before inviting Sarah to our sessions. Bill was focused on his memoirs and the play project and it seemed appropriate that he needed to work on this first before Sarah would be part of our process.
As Bill had decided on the direction of music therapy sessions and focused his thoughts and ideas we now moved to the Communicative/Expressive phase of therapy as defined by Dileo and Dnestor (2005). There was no set structure for sessions, other than the closing song which was introduced during “Focusing.” Each of the sessions during “Launching” involved Bill sharing and discussing the stories and dialogue he had written for the play as well as listening and discussing the music that would accompany those stories. We also began writing the song for Rebecca and the love song for Sarah. Music therapy techniques included: song choice; lyric analysis and discussion; singing and playing pre-composed music; songwriting; and life review.

The following excerpts are some of the things that we discussed surrounding the identified stories for the play.

**Courting of Sarah**

This story is a tale of grief, redemption, defeat, and triumph.

It is Sarah and I in our Golden years.

We both lost our spouses and decided to join together to experience life.

I invited Sarah to join me in dinner. She told me later that she was going to decline, but her girlfriends encouraged her to join me.

On that first date, we sipped wine, talked, and discovered each other. We learned that we had actually met about 45 years ago at a wedding of common friends.

Six weeks after that first date, I proposed to Sarah.

I questioned why Sarah would want me, but to my good fortune she did, so I stopped questioning it and went along for the ride.

I was wounded and Sarah healed my soul.

My mind had numbed and Sarah awakened me.

My love of language dimmed, but Sarah inspired me.
Marriage to Sarah

When we met with the Rabbi about our wedding he instructed us to write letters to each other. We gave them to him and read them to each other in our next meeting with him. At the wedding reception I gave a long speech. I spoke about all the friends who had passed and could not be with us. I spoke about being surrounded by family and friends. I knew it was fate that brought Sarah to me, well to the Temple where we met. What if I had not decided to join that club? (Referring to the Lunch and Learn series at the Temple) Then I would not have met this wonderful woman.

The Honeymoon

‘Que sera sera’ comes to mind. I remember saying that as we drove to the airport in our fancy limousine.

We were treated very well in Israel. The hotel had fruit and champagne waiting for us, the honeymooners.

We went to the American Colony Club and stopped at an Arab bazaar. We ate wonderful dinners and had Kosher Chinese food one night at a restaurant close to the hotel.

We went to Yad Vashem, the memorial to the six million Jews who were murdered during the Holocaust. The immediacy of that experience ripped my heart. There was silence between Sarah and I. The children’s memorial was sad. There were candles, but it seemed so dark.

We also went to Tel Aviv. We went to the museum of the Diaspora. It was breathtaking. The exhibits tell the stories.

We went to Jerusalem and had coffee overlooking the Mediterranean Sea.

We passed Maale Adumim, a city started by the young who left, and Maale Adumim is now a city of the old.

We passed Jericho now inhabited by Arabs from Jordan.

We stopped in Haifa for Sarah who had been there previously.

We passed so many places where tributes to Israeli soldiers are mounted, tributes to those who died fighting with Israel’s Arab neighbours.

We went to the neutral zone, between Syria and Israel. It is policed by the U.N.

We went to Cardo, the historic Jewish quarter. Sarah loved the shopping there.
Shopping in Jerusalem is very different from any other place in the world. The quality of craftsmanship and design is beyond belief: silver, gold, gems, and glasswork. That trip went by so fast.

**Bill and Sarah’s First Wedding Anniversary**

I tried to write a poem that we could use for our song for Sarah.

**The Love I Feel for You Sarah.**

Tell me Sarah, say it’s love,
Why dost thou do me favour?
I am unworthy of thy grace.
The gracious smile upon thy face,
My very soul doth savour.

I watch thee bathed in morning sun;
I seek the night’s sweet holding.
Yes, thou has saved this solemn soul,
And caused me to perform a role,
That keeps our world unfolding.

So, at this first anniversary
I celebrate my love for thee,
I say to thee on bended knee,
It is a lasting certainty.
I will love you always!

That is so beautiful Bill. Shall we try to set these words to music?

**Joseph’s Death**

We went to visit Joseph in Israel about a year after we were married. He was not well. He underwent a kidney transplant and died three days later.
The synagogue was overflowing during the funeral service.
He was only 24 and had suffered for much of his life.
But Sarah tells me he really lived with courage, patience, and humour.
Joseph liked to garden. Sarah told me many stories of when he was growing up and she cared for him. He planted many trees and flowers in her garden with her.
The memories of him will surely last.
According to Sarah, he lightened her thoughts after her first husband died.
It is so tragic. For four years Joseph waited for a kidney, only to have the operation prove to be unsuccessful. I told you doctors don’t know everything.
But, he died on the Sabbath, which is a good sign in our faith. The Lord would look after him.
I suffered a heart attack not long after our return from Israel. Sarah stayed by my side during my recovery.

Sarah’s 75th Birthday
On Sarah’s birthday we had a large party with her family and friends. I wrote her a letter that I read out.
It was a milestone birthday. We prayed that Sarah would reach other milestones, 80, 85, and so on. I hope she does because I don’t think I will reach anymore of my milestones.
When was the last time you told Sarah that?
We haven’t talked about that since her birthday. I don’t want to talk about it because she will just tell me that I will reach further milestones and I know I won’t. I don’t think I can talk to her about my death.
Can you write what you might like to say to her about your death and your wishes for her after you die?
I suppose, but what would I do with it?
Would you want to put that in the play?
No. It would make the play about my death then, and that is not what I want it to focus on.
Do you remember that we talked about inviting Sarah to some of our sessions to learn of the progress of your play? When she comes you could read what you have written for her and we could talk about it.

Yes, we could try to do that.
Perhaps there is some music that can accompany this writing and our sessions with Sarah? What are the sentiments you want to express to Sarah?

I want to tell her that I love her, and that she must keep living the years she has.
I want to thank her for our marriage and for her role in bringing me out of my sorrow over the death of Rebecca.
Should we write a song for Lucy expressing your gratitude and love?

Maybe this one can be about gratitude. We are almost finished writing the love song for her and this one can be separate.
When Sarah comes would you like to sing these two songs for her and talk about what comes up?

I think you can sing them for her. I like that idea.

My Reflection on the “Launching” Phase

During this period Bill spent time between our sessions writing stories for the play. We discussed them in our sessions and also began selecting music for them. The ending stories for the play had yet to be decided. As we discussed these stories Bill came to the assessment that there were sentiments that he wanted to express to Sarah and that he could do this through songwriting. He had been hesitant to discuss his death with her, but he was willing to discuss his death in future sessions with her through the use of the songs that he was writing to express his feelings of love and gratitude to Sarah. He thought speaking with her about his death would help her once he died.

Bill clearly identified the sentiments he wanted to express in the play and to Sarah. He accessed those emotions easily and discussed them. Song choice and lyric analysis facilitated
further awareness and expression of those emotions. Songwriting was becoming the tool to express those key emotions and sentiments to Rebecca and Sarah, and song choice and subsequent song selection for the play were providing the pathway to express emotions that were held in his stories.

Bill had worked very hard during this period and his health remained stable which facilitated his ability to write and engage in our sessions. He was making steady and rapid progress on his own in completing his memoirs, and was also progressing quickly in writing the dialogue for the play. Bill left me voice messages in between our sessions reminding me to work on songs, and to think about the stories. He also updated me on his progress in those messages. He was very committed to his play project. Writing gave Bill a purpose and contributed to his self concept. It diverted his attention away from his illness. Once Bill had identified the sentiments that he wanted to express to Sarah we transitioned to the “Transformative” phase of our sessions.

“Vehicles/Tools,” Transformative Music Therapy, Weeks 10-14 (Sessions 17-26)

During weeks 10 to 14, music therapy was offered at the transformative level. Again there was no set structure for music therapy sessions, other than the use of the closing song. Music therapy techniques included: singing and playing pre-composed music; song choice; lyric analysis and discussion; songwriting; life review; and song dedication.

The Play Outline for “Heroes”

Prologue

Act 1  Rebecca’s Song

Act 2  Courting of Sarah
Act 3  Marriage to Sarah
Act 4  The Honeymoon
Act 5  Joseph’s Death
Act 6  Bill and Sarah’s First Wedding Anniversary
Act 7  Sarah’s 75th Birthday
Act 8  To Be Determined.

The Prologue

The Heroes of the story were those people who challenged the somber outlook of all the new ones who would defy the gloom of modern living. Our heroes were the women of awesome measure. They laughed when they should have cried. They wept when they must have chuckled. Through death, damage, and disaster Rebecca and Sarah turned their shoulders squarely into the wind and declared we can beat you at your own game. Hark and well. Two soldiers without uniforms. They may someday be our saviours.

Song Choices and Selection

The Honeymoon.

Well the easiest one to pick is that of the honeymoon. (Referring to the song) It seems natural that we should use that song, because I actually said Que sera sera on the way to the airport. What do you think?

It makes sense to me. I think that is a great idea. Where shall we place it in relation to your dialogue?

I think I (Referring to Bill’s play character) will sing it to Sarah in the limousine on the way to the airport.

Courting of Sarah.

The Courting of Sarah is a hard choice.

In our past sessions we talked about several special songs that the two of you shared. When you think about the dialogue you wrote for that story, do any of those songs fit it or suit the story more than others?
When I read the dialogue between your play characters it seems that the song “It Had to Be You” might fit nicely. I remember when we talked about that song in our last session you commented that it was also one of Sarah’s favourite songs.

Yes, that might be the best fit. Let’s put that one there. We will work it into the date night. It could be a song that is playing at the restaurant.

I love that idea. It is very creative!

Marriage to Sarah.

Another dilemma.
I am not sure what the best choice is for this.
Can you suggest some ideas?
Did you dance to a song at your wedding reception? If so, that might be a nice song to include.

Of course we did. Sarah is a fabulous dancer. We danced to many songs that night.
Do you have any memories associated with one of those songs?
I remember dancing to ‘Tumbalalaika’ out of many songs that we could have picked. I was being the clown that I am, and I sang it to Sarah as we danced. She laughed.
I know that song quite well. It actually talks about courting doesn’t it?
Yes.
Why don’t we sing it together now and talk about if it is the best choice?

Bill sang the song with me. He had trouble remembering some of the lyrics. I told him I would bring the words to our next session and we could decide then if this was the best choice.

At our next session Bill stated that he wanted to use this song for the marriage act in the play and he decided that he would work it into the last portion of his character’s wedding speech. I suggested that it could be a song dedication to Sarah at the end of his speech and Bill liked that idea.
Joseph’s Death.

When you look at the story of Joseph what song comes to mind? Do you see any themes in your dialogue that might help us look for an appropriate song?

Yes, the theme of spring and growth.

Would that include new-life and re-birth?

Yes, I suppose it would.

I remember you telling me that Joseph loved to garden and he helped Sarah to plant flowers in her garden. What about a song about a flower? Did Joseph have a favourite flower or does Sarah?

He loved lilies, lilacs, and roses.

I played several songs for Bill that surrounded this theme. These included: Tis the Last Rose of Summer; Mocking Bird Hill; Longing for Spring; and, The Rose.

‘Tis the Last Rose of Summer.

I like this one because it feels dramatic to me.

However, it seems very sad, maybe it is too sad for the play.

I am torn, the story of Joseph is sad, but he did live life fully while on this earth.

The words I suppose speak to Sarah. She will be the last rose, left all alone without her companions.

Mocking Bird Hill.

Well this is one from my generation.

I like the words and it is happy, but Joseph was young and it does not seem to fit his age well because it is older, and well I don’t know that Joseph would have liked this song.
Longing for Spring.

No this is not the one. I don’t like it as much as ‘Tis the Last Rose.

The Rose.

This is a very good one...Bette Midler has always been one of my favourite singers and Sarah’s too. The song has hope, right?
Yes, the last lyrics speak to that hope don’t they?

Sing that last verse for me again?

‘When the night has been too lonely, and the road has been too long. And you think that love is only for the lucky and the strong. Just remember in the winter, far beneath the bitter snows, lies the seed that with the sun’s love, in the spring becomes the rose.’

Yes, this is the one. (Referring to choosing this song to accompany Joseph’s story) Joseph was not strong due to his illness, but he was loved and he loved others. He is with us in the spring’s new flowers. Sarah will like this way to tribute Joseph. That was a good idea to use a song about a flower. It holds true to Joseph’s story.

Songwriting

Death and Funeral of Rebecca.

You know I am having a hard time with this song. It has to have a different tone than the other songs in the play. It must be dramatic and it needs to be mournful and sad.

It should be more operatic I think.

I played some examples of melodies and heavy block chords in the key of G minor that I thought would reflect the need for the music to sound serious and sad. I introduced the idea of recitativo and aria to Bill and we tried out several possible melodies. Bill and I spent session 21 trying out different melodies and accompaniment patterns until one was just right.
That is the one, that last one, maybe even slower though.

Rebecca’s Song.

Recitative:
He did not know that she had died and in fact had deserted him.
His eyes turned moist as he uttered a smothered prayer.
His voice tearing at the sharp edge of his grief.
She was the most beautiful, the most gracious, most eloquent woman,
He has ever known.

Aria:
Come now gang, pick up the pieces,
We are all given short term leases.
Softly you’re best to understand,
Our lives are like quickened sand.
But dear leader we reply,
You make it seem like endless sky.
That having lost a wife,
To start again to live a new life.

Which satisfies our every need,
So that wounds no longer bleed.
Though a dear mate of many years has left us,
We must still our tears.
And start again, our lives renew.
To we our daily tasks imbue.
With spirits lightened day enhances.
No good captain, not a chance!

Because you see we’re like a tree.
Its branches withered, sap run dry.
The wine of joy, the ecstasy,
No longer there, we oft times cry.
So tell us leader, are we wrong?
Pronouncing we can’t sing your song.
That we are hampered by bereavement.
Why ask us to gestate achievement?

Free Recitative:
You’ve gone to almost every length,
To help us and we admire your strength.
You’d light our way back to the living,
Renew our sense of time and giving.

Bill and Sarah’s First Wedding Anniversary.
You were right. I did not believe you at first, but this song was not that hard to write, was it?
Well I think that is partly because you are a very good poet and you had the lyrics ready from several sessions ago, so we really just had to find a good key, melody, and harmony to set it off.

I think Sarah is going to love it.
Are you still comfortable with inviting her to our sessions?
Yes, I told her the other day about our progress, and now that we have made progress she can come.
So are we going to present both of her songs to her when she comes?
Let’s plan to.
Which do you want to start with?

The Love Song.
Okay, great. Have you asked Sarah about participating in the research study again? I am happy to speak to her about it if you give me permission and are comfortable with that.
Well, let’s see if she accepts my gracious invitation to come this week, then why don’t you talk to her about it then.

Sarah’s 75th Birthday

I think we should write the song based on this poem that I wrote.

I need to change some of the lyrics.

What is it about the lyrics that don’t seem right to you?

I’m not sure if it says everything yet that I want to say.

Do you have a list of the things you want to say?

When I wrote the dialogue for this act of the play, I thought about Sarah’s party where I gave my speech and recited a poem that I wrote at the time. I took most of the ideas for this poem from that speech, what I could remember of it.

Let’s look at the poem and underline all the things that you are expressing. For example in this sentence you say how happy you are to be able to celebrate Sarah’s milestone with her.

As we engaged in this process it became clearer to Bill what sentiments were not as clearly written as he would like, and ultimately the sentiments he needed to include in the revision to the song lyrics.

I have said that I am grateful to be married to Sarah, and grateful that she married me, but I have not thanked her for being her, for being the friend and love that she is.

Would you like to try working expressions of thank you for Sarah being your friend and love into the song? You have expressed your love for Sarah in the love song you wrote for her, but you have not expressly said thank you as of yet in those songs, or in the dialogue that I have read.

Yes, that is true. I say many things but never actually thank you.
Bill, I think that saying thank you very clearly will help Sarah know how much she is appreciated and perhaps you can talk to her about this when she comes to our sessions.

*Can you suggest some melodies that might suit the words at the beginning of the poem? I am happy with that first stanza?*

I played several melodies and simple chordal accompaniments and we wrote the music for the first stanza.

*Okay, now that we have that first bit done I am going to rewrite some of the lyrics before our next meeting, and we can finish the song then.*

We finished writing the song in session 23.

**Planning the Sessions with Sarah**

Bill and I discussed what parts of the play he wanted to share with Sarah in our sessions with her. In our first session with Sarah he wanted to share the story of their first wedding anniversary and he asked me to sing *The Love I Feel for You Sarah* that we wrote to accompany that story. Bill decided that he wanted to introduce the play to Sarah by asking her to read her character’s part from the play followed by me singing.

**Sessions with Bill and Sarah**

Sarah accepted Bill’s invitation and came to session 24. I met Sarah previously on the Palliative Care unit when she was visiting Bill and I was going to have a session with another client. I thanked Sarah for coming and explained what Bill and I had been working towards these past weeks. I also spoke to her about the research study and asked her to think about participating
if she was comfortable. Sarah told us that she thought more about the study when Bill asked her to come to that week’s session.

When Bill asked me again to come, I knew it was important and so I am happy to sign the consent form and participate.

Session 24, Bill and Sarah’s First Wedding Anniversary.
Bill asked Sarah to read from the “First Wedding Anniversary” act from the play as planned. The following excerpt is dialogue of what arose after that reading.

Well Bill, I see your writing is still up to your high standards. That is how I remember our anniversary also.
You have told me some of the stories in your play, but you didn’t tell me that you wrote about our anniversary.
I wanted it to be a surprise.
It is very flattering. I am embarrassed with all this focus on me.
Sarah, you know that I have always written poetry for you. Amy asked me if I wanted to write a song for you and we have.
A song for me?
Yes for you. Who else would it be for?
The words are right there at the end of the dialogue.
I saw them but I thought it was a poem.

I sang the song for Sarah and Bill. Sarah began crying. When the song was finished Bill said:

Now Sarah, I didn’t write the song to make you sad. Please don’t cry about it.
Bill, it is just so thoughtful of you to write this for me.
You know I love you don’t you? I wanted you to know this. It is so hard for me to tell you that sometimes in a serious way, but I want you to know this.
I do Bill and I love you too.
Sarah, we were so lucky to find each other. You really helped give me a new spirit to live.
I am worried about you Sarah. I know you pretend that I am not dying.
You don’t know that you are dying.

Yes Sarah, I do. And, I don’t want you to waste the time you have left after I die crying over it. I want you to find things to give your life purpose and I want you to find people to support and help you. You know I am very worried about you and Bette.

You don’t have to be.

But I am.

If you have a lot of depression when I die, I want you to go to the counselor. Do you promise me? I want you to spend time with your friends and go to the Temple for companionship.

I don’t want to go.

Look Sarah. I don’t want you to promise something that you don’t want to do, but can you think about it more and consider it if it might help you.

Okay.

Session 25, Story of Joseph’s Funeral

Sarah, I spoke to Bill the other day after our session because I wanted to find out what we were going to be discussing or presenting to you today. Bill has written the story of Joseph’s Funeral into his play and I thought it might be a good idea to talk about Joseph’s passing. Bill agreed to this. Is this alright with you?

I would like to hear the story, Bill did tell me he was writing about this for the play.

So shall we read from that act from the play and I will play the song we chose for that story?

Sarah read her character’s part, Bill read his, and I read the other characters’ lines from this act in the play. Afterwards I sang The Rose. There was silence for a few minutes after we finished.

You know I am trying to get stronger for my daughter to help her with Joseph’s death.

I am really trying to accept that it was his time to die and that we must not be sad about his death.
It just seems like a lot of people have died in these past few years since Bill and I were married, many friends and family members.

Sarah, who do you have in your life, either family or friends who will support you when Bill dies?

I am lucky that I have some very close girlfriends who are already helping me by calling me to talk and keep me company. I also have Bette.

I always thought I would die before Bill. Bill you are more of a fighter than I am.

Sarah, I think this is my last fight.

Sarah, part of the reason that Bill chose the song he did for Joseph’s story is that the flower symbolizes new life and hope. What do you think? Would you both like to sing it with me now?

I’m not really a singer you know that, Sarah?

I will try it with you if you sing it one more time first.

When Bill heard Sarah singing the song with me he also joined in. Together we sang the song and began to talk about Joseph and the lyrics.

Joseph used to help me in my garden. He was always such a gentle young boy.

I really believed that when he had his kidney transplant that everything would be okay. A child is the hardest thing to lose and Bette has tried to be strong. I probably could have been stronger too but I felt numb. I am still feeling like something is missing, that I am empty.

When Bill was telling me about Joseph and his passing, he told me that Joseph was helpful to you when your first husband died.

Yes, he was. I think I just kept myself quite busy and I would look after Joseph and he was kind and loving, and so he helped me get over that death. Bette used to have me over for dinner also about two times a week, so I think I had a lot of people around me who were trying to help me get through.

Sarah, it is very important to me that you keep going to Temple and involving yourself in the clubs and lectures. You have some friends there already and it will give you a chance to meet new friends.

I just don’t like to think about the day you die Bill.
It is going to be okay. I want to know that you will be looked after.

Towards the end of that session I asked Bill and Sarah if they would like to sing The Rose again with me. They chose not to sing but wanted to hear it again. I also sang The Love I Feel for You Sarah.

**Session 26, Sarah’s 75th Birthday**

We began this session with a poem that Sarah brought with her.

_I hope it is okay with you Amy. I brought a poem that Bill wrote for me on the anniversary of our first date._

Would you like to read it for us? Is that okay with both of you if I hear it?

Yes. I am trying to remember everything I said.

Isn’t that romantic, that Bill wrote a poem to celebrate our one year date anniversary? It made me feel like a young school girl.

After Sarah read the poem, the couple laughed.

_I am a clown, through and through._

_You are romantic and funny._

_May be now is a good time for another song._

_From your play?

Yes, I wrote a song to go with the story of your 75th Birthday._

_Really? You are full of surprises aren’t you?_  

We read the dialogue from the act in the play about Sarah’s 75th Birthday and then I sang the song for her. The following dialogue surfaced after hearing the song.

_Sarah, do you remember the poem I wrote for you on that Birthday? I was so silly I misplaced that one, but I wrote this song from what I remembered of that poem. I knew there were a few things I need to say to you before I die and I didn’t want to not find the time to say them._
Sarah, I made a list of these things and I put them in the song for you.
Thank you for taking me as your husband.
Thank you for all the nice things you always do, like bringing me your homemade cookies and food.
Thank you for being my friend and my wife.
Thank you too Bill. You are a good husband. It is too bad that we do not have more time.
Thank you for the gift of your writing and music. I feel very loved.

I excused myself from the room at that point explaining that I thought they might like to have time alone, and our session ended there. It seemed that the couple would benefit that day from private time together now that they had expressed many emotions. Bill did not want to share the lyrics of this song titled *Gratitude* in the writing of his case study.

**My Reflection on the “Vehicles/Tools” Phase**

Bill worked very hard during the “Vehicles/Tools” phase. He completed acts one through seven of his play, and continued writing his memoirs. Bill decided to call the play "Heroes" to honour the two most important women in his life, Rebecca and Sarah. As he expressed, these were the most important relationships to him. Bill reflected carefully on choosing songs to accompany the stories in his play. As he stated:

*It is important that the song is the right fit.*

Through song choice, lyric analysis, and discussion Bill reflected on the meanings expressed in the songs we shared, and we discussed the emotions that arose from those ruminations. Bill also engaged in songwriting. He found writing the song *The Love I Feel for You Sarah* easier to write then *Rebecca’s Song*, and his song *Gratitude.*
Writing the song for Rebecca, which for him expressed his feelings of how he would live without her helped Bill in saying a final goodbye to her. Bill had grieved her death, but he wanted to honour her in the play and express the love he felt for her, as well as the loss of living life without her. Expressing his love helped Bill close that chapter of his life and subsequently complete his relationship with Rebecca.

Writing the song *Gratitude* for Sarah enabled Bill to express his appreciation to Sarah for many things such as: being his wife; being his friend; and giving him a reason to engage in life again after the death of Rebecca. Writing this song also facilitated Bill’s awareness of discussing his impending death with Sarah and articulating his wishes for her once he died. By expressing “I Love You,” and “Thank You” to Sarah in the two songs he wrote for her, he was working towards completing his relationship with her. The final thing for Bill to do was to say “Goodbye” to Sarah.

Inviting Sarah to our sessions enabled Bill to verbally express his love to her both in the songs and in the discussions that ensued. Through the reading of the story of their anniversary and my singing of *The Love I Feel for You Sarah*, Bill was able to speak to her about his death and his desire for Sarah to continue to engage in life when he died. Reading the story of Joseph’s death from the play and singing *The Rose* facilitated a discussion of grieving and the importance of seeking support to help a person grieve. These were important things for Bill to discuss with Sarah to help him reduce his anxiety over his death and Sarah’s grieving process. It assisted Bill in communicating to Sarah his desire for her to obtain support and help when he passed away, as well as his wish for her to find new things to put her energy towards.
“Dying” Supportive Music Therapy, Weeks 15 & 16 (Sessions 27-30)

**Interviews**

I asked Bill and Sarah if it was okay to interview them during week 15 and they agreed. Bill’s interview took place in session 27, and Sarah’s interview took place later that day. I brought the interview transcript to Bill for verification in session 28.

**Bill’s Interview.**

The following are excerpts of his interview.

*I really enjoyed our sessions together. They were exciting. We did so much work, and I am so happy with the play. We just need to finish it now, and put the final act in. I think I liked songwriting the most. It was very creative, like poetry writing, but on a higher level. I am so glad that I met you. At times it was hard choosing the right songs, but eventually we found them. I think many issues arose in our sessions. The most important was that of discussing my death with Sarah and talking about the death of Rebecca and Joseph. I also liked reminiscing about the trip Sarah and I took to Israel. My relationship with Rebecca and Sarah are the most important ones to me. There is also the relationship with my daughter, but she has many people to care for her. I was most worried about Sarah. Yes, music was helpful to me. I always have written and that has helped me tell my stories. Now there are stories and songs about my life. I don’t think there were any drawbacks taking part in our sessions. You worked hard and so did I. I wish we could write another play. I want you to bring the play to Sarah and sing the songs for her once I die. Will you do that for me? I want you to promise to finish the play if I don’t write the last act. We talked about what it means to complete a relationship. I had never really thought about completing a relationship before. By learning about the importance of doing this, I*
was able to complete my relationship with Sarah. I feel much better now that I have thanked her for giving me life these last years. I also feel better knowing that I have told her to please seek support when I die. I want her last years to be good.

Songwriting did help me express important feelings and issues with Sarah.

**Sarah’s Interview**

The following are excerpts of her interview.

*I was so happy when the social worker told me about music therapy.*

*When you began working with Bill, his energy seemed to come back to him.*

*He was writing and laughing and enjoying himself again.*

*I am so pleased that Bill wrote the play. He always wrote beautiful poems for me, and he loves drama.*

*Bill really liked songwriting and he even kept my songs a secret. I didn’t know he was writing them. They are so special to me.*

*I have never liked talking about death. I find it very uncomfortable. I am still grieving over the death of Joseph.*

*I think it was important for Bill to talk to me about his death. I am glad he did this. It was hard, but necessary.*

*Music therapy did seem to help Bill and I talk about death and also it gave us a chance to reminisce a little bit.*

*I am glad that I was involved in the sessions. It was a nice experience, one I never thought I would have here in a hospital. It is such a hard place to come to. Everyone knows why they are here, to die. I had a hard time all my life with hospitals. To me people die in hospitals, they don’t live. Bill was able to live while he was here. I think I can say that Bill lived his last days here, instead of saying he died here.*

I brought the transcript of Sarah’s interview to her for verification in week 16.

**Last Sessions**

As defined by Dileo and Dneaster (2005) our last sessions took place at the supportive level of practice. Sessions involved singing and playing pre-composed songs that we had shared
in previous sessions. Sarah was present at our last two sessions and she sang some of the songs with me at Bill’s bedside.

In session 28 after Bill verified the interview transcription I sang a few songs to him for enjoyment and relaxation. Bill asked me to write the final act of the play for him. I decided to write a speech for Bill’s character to deliver. Bill had told me that he had given many speeches throughout his life, both in his work and personal life so this seemed fitting as the final act for his play. Bill liked the idea, but was not able to verify it as I did not finish until the week he died. This speech has become the artistic piece that I wrote to reflect Bill’s experience. Bill died the Monday following session 30.

My Reflection on the Interviews and the “Dying” Phase

Bill and Sarah appeared comfortable discussing the music therapy process with me. Bill expressed his enjoyment of engaging in songwriting and his delight in being able to write his play. He identified that writing and sharing the songs he wrote for Sarah helped him express his love and gratitude for her. Sarah was pleased that she was part of the music therapy process and she felt that music therapy provided Bill with enjoyment in his last days. As she expressed, Bill was engaged in his projects, and he was able to live his last days.

As Bill’s illness progressed, his energy decreased and he had respiratory issues that prevented him from getting out of bed. I provided music for Bill to listen to and enjoy at the bedside. I promised Bill that I would finish the play and bring it to Sarah after he died. I visited Sarah in her condominium several weeks after Bill’s death and we looked at the stories. Sarah was pleased with the final act in the play, “Cheers to our Heroes.”
Music Therapy Treatment Plan Analysis Summary

The following music therapy techniques were utilized with Bill: song choice; lyric discussion and analysis; songwriting, singing and playing pre-composed songs; life review; and song dedication.

As defined by Dileo and Dneaster (2005) music therapy with Bill and Sarah was implemented at the three levels of practice over the course of his sessions. Initially music therapy was introduced to Bill at the supportive level to help Bill focus on selecting the stories that he would include in his play. Through song choice, lyric analysis and discussion, and playing and singing pre-composed songs, Bill began the process of identifying special and important songs in his life. By focusing on the time period for the play we were able to move to the communicative/expressive level of practice.

In this phase Bill began writing the play dialogue and we continued to select songs to augment the stories. Music was providing a method in accessing the emotions that were held in his stories. This process initiated Bill’s assessment that there were sentiments that he needed to express to Sarah, “I Love You,” and “Thank You.” Songwriting was becoming the chosen tool to share those emotions as Bill expressed his love in writing the lyrics for Sarah’s song, The Love I Feel for You Sarah.

Once these two sentiments were identified we moved to the transformative phase of music therapy where music was used to help Bill complete his relationship with Rebecca by writing the song for her and discussing his grieving over her death. Writing Rebecca’s Song and discussing grieving also facilitated Bill’s awareness of the importance of speaking to Sarah about his death and her grieving process. Writing the song Gratitude for Sarah provided the tool for Bill to communicate his appreciation to Sarah.
Sarah joined the music therapy process at the end of the transformative phase. It was essential that Bill and I worked on the play and music before Sarah joined us in sessions. Bill’s private sessions with me provided him with the space and tools to come to clear awareness of how to complete his relationship with Sarah which involved expressing love and gratitude to her. Bill and Sarah were able to complete their relationship through discussing the emotions and sentiments that arose from reading the play and listening to the songs. Once love and gratitude were expressed Bill was able to speak to Sarah about his death, and to convey his wishes for her once he died.

When this was accomplished music therapy transitioned back to the supportive level as Bill’s energy was decreasing and he was becoming weaker. Sarah and I sang at Bill’s bedside during our last two sessions. While the sentiment of “Goodbye” was not expressly said by either in our music therapy process, Sarah accepted that Bill was dying and she spent as much time as possible with him the last two weeks of his life.

**Thematic Analysis: Bill’s and Sarah’s Experience of Music Therapy Sessions Intended to Facilitate Relationship Completion**

When looking back over all of the data sources (my session notes, transcriptions of audio-taped music therapy sessions, the songs used in therapy sessions, the original songs, the interviews, my formal assessment placed in the chart, and Bill’s artistic piece) and coding them, it appears that seven large themes emerged namely: love; gratitude; grieving; urgency; heroes; Judaism; and stories. Within these themes there are two sub-themes. In the section below I will
discuss and unpack the themes and the sub-themes as they unfolded during the course of music therapy treatment and show how the sub-themes contribute to the seven overall themes.

**Theme 1: Love**

Love was a prominent theme that emerged throughout the music therapy process. It surfaced as Bill told me about his marriage to Rebecca and it was present in the story of courting and marrying Sarah. He articulated his good fortune in marrying two wonderful women. Bill expressed that these were the two most important relationships to him, and this awareness directed our course of music therapy to include the goals of completing his relationships with Rebecca and Sarah.

As Bill focused and decided on the stories he would include in “Heroes,” love was at the foundation of each story we discussed. As Bill spoke about Rebecca’s death he expressed the love he shared with her and the wonderful marriage they had. He acknowledged the void that Rebecca’s death left in his life.

*She was courageous, graceful, understanding, sympathetic, and loving.*

In “Launching” we discussed these stories in greater detail and love was very present in his reminisces. In recounting his courting, marriage, honeymoon, and first anniversary with Sarah, Bill spoke of his loving relationship with her. Love was the basis for the song he wrote for Sarah to accompany the story of their first anniversary. Bill’s poem *The Love I Feel for You* *Sarah* is a beautiful expression of his love. The following is an excerpt from that song.

*So at this first anniversary,*
*I celebrate my love for thee,*
*I say to thee on bended knee,*
*It is a lasting certainty,*

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I will love you always.

In selecting the song to accompany the story “Courting of Sarah,” Bill worked the song It Had to Be You into the scene that was based on their first date. Bill had written a poem for Sarah’s 75th birthday, a poem of gratitude and love for her. As Bill had misplaced this poem, he decided to write a new one that we set to music. In discussing and writing this song, Bill identified his wishes for Sarah once he died. He longed for her to engage in life and to surround herself with the love of family and friends. These wishes were an outward sign of his love for her. He did not want her to be lonely or to spend time grieving his death. He wished for her to reach new milestones and to continue living life fully.

I want to tell her that I love her, and that she must keep living the years she has.

In speaking about Joseph’s death Bill said:

Joseph was not strong due to his illness, but he was loved and he loved others.

Joseph loved many things in life. He had a passion for gardening and for studying the Torah. He loved his grandmother Sarah, and his love provided comfort for Sarah as she grieved the death of her first husband.

In planning the sessions with Sarah, Bill wanted to share the story of their first anniversary from his play and to present the love song he had written for her. After Sarah and Bill read from the play and listened to the love song in session 24 they said:

You know I love you don’t you? I wanted you to know this. It is so hard for me to tell you that sometimes in a serious way, but I want you to know this.
I do Bill and I love you too.
Their expressions were affirmations of the love they had for each other as well as acknowledgements that they knew their spouses loved them.

In session 25, as we reflected on Joseph’s death, Sarah acknowledged her love for Joseph. She also recognized that she was supported by loving family and friends when both her husband and Joseph died.

Love was highly prominent in session 26 as Bill presented the song *Gratitude* to Sarah. Sarah had also brought a poem to that session that Bill wrote for her in commemoration of the anniversary of their first date. She commented on how romantic Bill was. Sarah said:

*I feel very loved.*

In Bill’s interview he stated that songwriting helped him express his feelings for Sarah which included the sentiment of love. Sarah’s love was evident in the last two music therapy sessions as we sang songs at Bill’s bedside.

**Theme 2: Gratitude**

Gratitude was a part of all of the stories Bill shared with me. In our assessment sessions Bill imparted feelings of gratitude for being raised by such a good mother. He acknowledged her generosity and caring. There was appreciation of home cooked meals and nursing care that she provided to her family and neighbours. He spoke of the blessing of being part of the good home his parents provided for him and his siblings, a home that was infused with love, music, and Jewish traditions.

Bill also spoke about the blessings in his life having known and marrying two amazing women.
I have been so blessed in my life to have known such a gentle and courageous woman. I am doubly blessed however as I have been fortunate to meet another amazing woman.

Bill also appreciated Sarah’s family, in particular Bette who had supported him throughout his illness.

In “Focusing” as Bill concentrated on the story of Rebecca’s death and funeral, the theme of gratitude was in the background as expressions of love and grief were more prominent. In “Launching,” the theme of gratitude came back to the forefront. There was gratitude in finding Sarah to share his life with after the death of Rebecca, and finding this new lover to inspire, awaken, and heal him.

I was wounded and Sarah healed my soul.

My mind had numbed and Sarah awakened me.

My love of language dimmed, but Sarah inspired me.

As Bill told me about his meetings with the Rabbi when he and Sarah were preparing for their wedding, he was thankful for the support of his loving family and friends and of the Temple that had facilitated his introduction to Sarah. Recounting the story of their honeymoon Bill expressed appreciation for those that died in the Holocaust and for those that died fighting for Israeli independence.

Reflecting on Joseph’s life, Bill was thankful for Joseph’s care and devotion to Sarah as she grieved the death of her first husband. In telling the story of Sarah’s 75th birthday, gratitude was prominent. He wanted to write a song in appreciation of Sarah.

I want to thank her for our marriage and for her role in bringing me out of my sorrow over the death of Rebecca.
As Bill continued to write the play and selected and wrote songs in “Vehicles/Tools,”
gratitude was evident in Bill’s words for the song *Gratitude*.

*I have said that I am grateful to be married to Sarah, and grateful that she married me, but I have not thanked her for being her, for being the friend and love that she is.*

When Sarah joined us in sessions, she expressed gratitude for Bill’s poetry writing, songwriting, humour, and romance. In session 26 Bill expressed the second sentiment he needed to tell Sarah to help him complete his relationship with her, “Thank You.”

*Thank you for taking me as your husband.*

*Thank you for being my friend and my wife.*

In their interviews Bill and Sarah expressed gratitude for taking part in music therapy and acknowledged the role music played in helping them discuss important issues such as Joseph’s death and Bill’s impending death.

**Theme 3: Grieving**

Grieving was a theme that encircled the entire music therapy process with Bill and Sarah. In the assessment phase the theme of grieving surfaced as Bill told me about the deaths of Rebecca and Joseph. Bill identified that writing poetry helped him in processing and ultimately grieving Rebecca’s death. He expressed his anxiety and concern for Sarah and Bette in their difficulties grieving Joseph’s death, and acknowledged that they were both still in a period of bereavement. His worry was prompted by the love he held for Sarah and Bette, and his concerns weighed heavily on him as he was unsure of how Sarah in particular would grieve and cope with his death. In setting the goals for music therapy sessions, Bill focused on completing his relationships with Rebecca and Sarah. Inherent in this process would be grieving the loss of
Rebecca, and grieving the future losses of being separated from Sarah in death and sharing future milestones with her.

In “Focusing,” Bill selected the time period of his life that the play would capture. He decided on the last 10 years which began with his experience of Rebecca’s death and his grieving process at that time.

Well, we have to include the funeral of Rebecca. That was the most traumatic thing that has happened to me.

Through discussing Rebecca’s illness and death, Bill expressed loss over living life without his wife who embodied so many exceptional qualities including: grace, courage, understanding, love, and intelligence. He expressed sadness in the loss of his life partner, companion, lover, and friend. When we began writing the song for Rebecca, Bill noted that the song should be about losing her and having to learn to live without her.

In “Launching,” grief and loss were present in each of the stories we discussed for the play. Bill maintained that the story “Courting of Sarah” was:

...A tale of grief, redemption, defeat, and triumph.

In discussing the story for the “Marriage to Sarah,” Bill spoke of the loss of friends and family who had died and would not be with them on their wedding day or as they celebrated important milestones and events in the couple’s life together. As Bill spoke of his trip to Israel for their honeymoon he conveyed expressions of loss, grief, sadness, and admiration for those persons who lost their lives fighting for Israeli independence and dying in the Holocaust.

The theme of grieving was not as prominent in the sharing of “Bill and Sarah’s First Wedding Anniversary,” but it was still present as Bill reflected on that wonderful day and his love for Sarah. In discussing this story, writing the poem and song for Sarah, Bill was cognizant
of the loss of not sharing more anniversaries with Sarah, and ultimately the loss of being separated from this beautiful person.

The story of Joseph’s death is about death, grief, and coping. Sadness was expressed for the illness that Joseph endured and the pain that was a result of that illness. Grief was expressed for Joseph who waited for a kidney transplant only to have the operation prove unsuccessful. There was also recognition that Joseph had been instrumental in helping Sarah grieve the death of her first husband.

As Bill re-told the story of “Sarah’s 75th Birthday,” he expressed loss over not reaching further milestones in his life and articulated his difficulty in speaking to Sarah about his death. In working towards inviting Sarah to our sessions, Bill wanted to thank Sarah for her role in helping him out of his period of mourning over Rebecca’s death.

In “Vehicles/Tools,” Bill named his play, “Heroes.” In the play’s prologue Bill pays tribute to Rebecca and Sarah for being strong courageous women who were courageous through death, damage, and disaster. As we selected the songs to accompany the play’s stories, grief was in the background as Bill focused on expressions of love in the sharing of the courting, marriage, and honeymoon stories with Sarah. Grief surfaced again as we selected music for “Joseph’s Death” and in the writing of Rebecca’s Song and Gratitude. Rebecca’s Song was about Bill’s grieving process surrounding her death. The song’s lyrics clearly speak to his grief experience.

*His voice tearing at the sharp edge of his grief.*

*Come now friends pick up the pieces.*

*Because you see, we’re like a tree. Its branches withered, sap run dry.*

As Bill worked towards completing his relationship with Sarah, there was grief as Bill became more aware of his need to thank Sarah in preparing for his loss of life. He needed to say
“Thank You” before he died and ultimately, before time ran out. When Sarah joined us in sessions, discussions arose that centered on loss, grieving, and bereavement. In Session 26, grief was in the background as we focused on the story of “Sarah’s 75th Birthday,” and love and gratitude filled the room.

In their interviews, Bill and Sarah acknowledged the role that music had played in helping them discuss loss and grief, and the importance of doing that to facilitate Bill in having a more peaceful death. The grieving theme went into the background as Bill and Sarah shared the last two weeks of his life by Sarah staying by Bill’s side and participating in two music therapy sessions. Love was most prominent in those weeks.

**Theme 4: Urgency**

The theme of urgency surrounded our work in music therapy. This theme presented itself when Bill and I met and he told me about writing his memoirs.

*I don’t have much energy as I did before, but I need to finish them.*

Bill expressed urgency in completing his memoirs before he died as his energy was fading as a result of the cancer. There was a sense of immediacy that drove that project as Bill worked each day writing the stories and jotting down notes at night when he could not sleep as his mind was still working.

There was also a sense of urgency in some of the stories that were part of those memoirs. Bill had participated in many groups throughout his life and there appeared to be a sense of importance in those engagements. He studied and practiced law but there was a necessity for Bill to find more in life and he pursued drama and writing.
Speaking about Sarah and her grieving of Joseph’s death, Bill conveyed pressing concern for Sarah’s ability to continue to process that death with his death looming. He needed to know that friends and family would be there to support her, and he needed to speak to Sarah about his desire for her to seek assistance or counseling in processing Joseph’s as well as his impending death.

*I am worried that when I die she will not have anyone to help her.*

As Bill became engaged in music therapy sessions he expressed his desire to write a play based on his memoirs. Bill craved creativity and alternative methods of expression in his last days. He longed for continued growth and was motivated by his creativity and dedication to leave his mark on this world. He wanted his life to be remembered.

**Theme 5: Heroes**

As defined by Merriam-Webster (2008) the word hero refers to:

- a mythological or legendary figure often of divine descent endowed with great strength or ability; an illustrious warrior; a man admired for his achievements and noble qualities; one that shows great courage; (or,) an object of extreme admiration and devotion. (¶1)

Bill often referred to people in his life as heroes. While I never asked Bill what his definition of the word “hero” was, it appeared that his definition included persons who were admired for their achievements, devotion, and exceptional or unique qualities; and persons who showed strength and courage. From the stories he told me and wrote about, it appeared that many people in his life fit this description. Throughout his life Bill had been surrounded by heroes and his brave and creative facing of death is perhaps its own hero’s journey.
As Bill told me about his parents and his life growing up in Ontario, the heroes theme surfaced. His parents had left Lithuania to escape persecution. They moved to Canada to start a new life and they pursued their dream of owning property and building a good, loving, and stable home for their growing family. Bill’s father established a successful business which afforded the family to move several times, each time into a larger home with additional comforts. Bill’s father was a hero who was admired by his family and friends for his hard work, successful business, courage in moving and starting a new life, and devotion to his family.

*My dad was always trying to make life better for his family. He worked very hard, but my mother’s energy was legendary.*

Bill held great admiration for his mother. He averred that she was skilled in many areas and that their community referred to her as the “*town nurse.*” Without formal training his mother was able to provide medical advice and treatment to her family and neighbours with home-made remedies she has learned throughout her life. Bill’s mother was admired by many. Her care and concern for others, dedication to her family, and work ethic made her a “hero.”

When Bill was in University, he joined a Zionist movement that was created to help establish a homeland for the Jewish people in Palestine. Bill admired these displaced Jewish persons for their courage and perseverance in the face of difficult life circumstances. He also held unwavering respect and honour for those that died in the Holocaust. These persons were heroes who showed courage and strength as they entered war camps and were killed in gas chambers. Bill’s admiration for the Jewish people became even more clearly visible as he spoke about his trip with Sarah to Israel for their honeymoon. They visited Yad Vashem and passed many tributes to Israeli soldiers. The Jewish people who lost their lives fighting for independence, and those who were murdered mercilessly were heroes.
Bill described Rebecca as a woman who was admired by family and friends as well as a person who inspired others. She created a loving home for her family and she was devoted to Bill and her children. Rebecca showed courage and bravery in her battle with cancer as she suffered remarkably from the treatments.

*She was courageous, graceful, understanding, sympathetic, and loving.*

Rebecca was a hero.

Joseph had suffered for a large part of his short life. He was admired by his family and friends for his bravery and passion for knowledge. Sarah held Joseph in high regard for his caring nature that provided her comfort in grieving the death of her first husband.

*But Sarah tells me he really lived with courage, patience, and humour.*

Joseph was a hero.

Bill respected Bette for her commitment to her family and friends, for welcoming him into Sarah’s family, and for staying by his side throughout his illness. He admired the strength she showed after having lost her son. While Bill was concerned for Bette, it was not for a lack of strength or courage that she showed, but rather for the fact that his death (that would occur so close to that of Joseph’s) would place incredible strain on both her and Sarah. For her courage to live life after the death of her son, and for her devotion to family, Bette is a hero.

Bill admired Sarah for many of her qualities. She was a wonderful baker and she always went the extra mile to do nice things for her family and friends, such as baking a batch of cookies to surprise Bill with. He spoke highly of his fortune in meeting such a remarkable woman who was his friend and lover, and who while grieving the death of her grandchild provided understanding and care to Bill in his days at the hospital. Bill maintained that Sarah had given
him back his spirit after losing Rebecca. She was caring and inspirational to both Bill and her family. She showed courage living the past 11 years, losing her first husband, and her grandchild. Bill wrote:

*I am unworthy of thy grace.*

Sarah is a hero.

In my eyes Bill was a hero; however I am aware that Bill’s humble nature would prevent him for seeing himself in this category. Bill had fought in his life for just causes, had survived a heart attack, and persevered in his battle with cancer working tirelessly to finish his memoirs. He showed courage in facing life without Rebecca and sought to heal himself with poetry and new engagements in life. Sarah acknowledged that Bill was admired and loved by his family and friends, and he was respected in the Jewish community. The concern, care, and love that Bill expressed for Sarah and Bette demonstrated his devotion to family. I admired Bill for his pursuit of excellence, and dedication to our music therapy process. Bill was a hero.

Fittingly, Bill titled the play he wrote “Heroes.”

**Theme 6: Judaism**

Bill grew up in a Jewish family. As a child and adolescent Bill went to the synagogue on Saturday mornings for Sabbath prayers. His family went to the synagogue and celebrated all of the Jewish holidays which included: the High Holy Days; Passover; and Shavuot. Bill attended a Jewish school as a child and prepared for his Bar Mitzvah by studying with the Rabbi. The Rabbi had encouraged Bill’s parents to further school Bill in Jewish studies and the Hebrew language, and he was the only child in their family to attend Talmud Torah. Bill had also learned some
basic Yiddish from his parents and spoke enthusiastically about his childhood memories growing up with these Jewish traditions.

Judaism continued to play a role in Bill’s adult life. Bill’s family had cultivated a sense of their Jewish culture and heritage into their children, and as a young adult Bill joined the Zionist movement to help the people of Israel. Bill and Rebecca raised their children in the Jewish faith and culture. After Rebecca died Bill joined the “Lunch and Learn” series at his Temple and it was there that he met Sarah. In “Launching,” Bill told me about their meetings with the Rabbi who guided them in preparation for their wedding. While at Baycrest, Bill was visited by the staff Rabbi who provided counsel and support to him in preparation for his death, and the Rabbi that married Bill and Sarah officiated at Bill’s funeral service.

The values and traditions that Bill had learned and embraced from his engagement in Jewish life were core to his character and the way he presented himself. He was an honourable man who respected and embraced his heritage, and Judaism was a core part of Bill’s stories.

**Theme 7: Stories**

Contributing to the larger theme of stories are the sub-themes of the arts, and living. Bill led a storied life, and our music therapy process is a story. From the day I met Bill he told me numerous stories from all parts of his life. Our music therapy process began with Bill telling me about his memoirs and sharing the book he had written that included stories from his life beginning in childhood. In the assessment phase, Bill explained to me that when he could not sleep he jotted down ideas in a notebook. He used these ideas to write stories. While at the hospital, Bill spent every morning writing stories for his memoirs and once we had established
our music therapy goals which included writing a play, Bill spent the mornings also writing for the play.

In “Focusing,” Bill decided that the play should be based on the last 10 years of his life as he had not yet written all the stories that he needed to from this time period. Bill had stories that needed to be told. In “Launching,” a large part of our time together was spent discussing the stories for his play and Bill continued to write throughout the “Vehicles/Tools” phase. He finished his memoirs but did not finish the last act of his play. I was honoured that Bill asked me to write this for him. When Sarah joined us in sessions Bill, Sarah, and I read selected stories from his play with her. Sarah said:

Well Bill, I see your writing is still up to your high standards.

Stories were a way to express feelings, thoughts, and concerns. Once expressed, Bill was able to discuss his feelings with Sarah directly. In Sarah’s interview she remarked:

I am so pleased that Bill wrote the play. He always wrote beautiful poems for me, and he loves drama.

At Bill’s funeral and shiva many of his family members and friends shared their favourite stories about Bill.

**Sub-theme: The Arts**

Poetry and the performing arts had played a role throughout Bill’s life and they were core to our music therapy process. Bill described his family as musical, while admitting that he was not a musician. He grew up with a brother who played the violin and a sister who played the piano. Myra became Bill’s piano teacher for a year until Bill admitted not having the dedication at that time to learn this instrument. He spoke fondly of the music his family shared at their
Friday night concerts. Bill was also drawn to drama and joined an acting club in University. He stated that he had wanted to be an actor as opposed to being a lawyer.

In the assessment phase Bill said:

*Music has been a large part of my life. I used to love to go dancing.*

Bill expressed enthusiasm about participating in music therapy sessions and embraced the opportunity to write a play based on his memoirs, a play that would include both songs that he would write and pre-composed songs. Bill averred that songs would make the play better.

When Bill told me about Rebecca, he acknowledged that he had been drawn to poetry to help him process his feelings over losing her. Bill had also written poems for Sarah in celebration of special events. In “Focusing,” Bill decided to write a song for Sarah based on a poem he would craft about their first wedding anniversary.

*I have written several poems for Sarah over the past few years. She always likes them, but I have never written a song.*

It was also during this time that we began the process of assessing what music would augment Bill’s play by engaging in lyric discussion and analysis, song selection, and songwriting. As we continued this process in “Launching” and “Vehicles/Tools,” it was becoming clear to Bill that music was adding a new dimension to his stories, one that he was pleased with. Bill stated that music was adding emotion to the stories, and his stories were told more thoroughly with the musical additions. The process of adding music to the new stories brought Bill to fresh insights about his stories, and it also brought him awareness of feelings and thoughts that he needed to express to Sarah.

In Bill’s interview he told me that he was happy with the play.
I think I liked songwriting the most. It was very creative, like poetry writing, but on a higher level.

He was aware of the role that music played in helping him share his stories and come to new assessments that facilitated needed discussions with Sarah.

Yes, music was helpful to me. I always have written and that has helped me tell my stories. Now there are stories and songs about my life.

The arts contributed to the larger theme of stories as they provided additional tools for expression. Bill wanted to complete his memoirs and he became intrigued by also writing a play to share his stories. By writing poems and using music to augment his stories, the stories were more completely expressed. Bill’s stories were a work of art.

Sub-theme: Living

Bill lived life to the fullest. As Sarah stated in her interview:

Bill was able to live while he was here. I think I can say that Bill lived his last days here, instead of saying he died here.

Living contributes to the larger theme of stories as all of Bill’s stories involved engaging in a variety of life experiences. Bill lived his life surrounded by loving relationships. He worked as a lawyer, but always sought out additional pursuits to enrich his life, experiences that would engage him.

His stories contain many lessons on how to live. They are stories of loving, grieving, traveling, celebrating, caring, and playing. Bill lived life in the face of challenges, death, and illness. Bill was very driven to finish his memoirs in order to share his life stories and ultimately leave his mark on this world.
Bill’s stories were an affirmation and example of living life.

**Conclusions**

In writing my reflections on the various phases of our music therapy sessions, I used quotes from Bill and Sarah to confirm the examination of my own observations and assessments. There were a variety of music therapy techniques that worked together in aiding Bill to accomplish his goals. The differing levels of music therapy practice were equally important in seeing the goals come to fruition. “Focusing” helped Bill create the outline for his play and he identified the stories he needed to include. “Launching” helped Bill identify the sentiments he needed to express to both Rebecca and Sarah in order to complete his relationships with them. In
the “Vehicles/Tools” phase, Bill completed his memoirs and was successful in completing his relationships with Rebecca and Sarah.

With respect to relationship completion, the most significant music therapy techniques according to Bill in his experience were: songwriting, and lyric analysis and discussion. Bill said:

*By learning about the importance of doing this, (Referring to relationship completion) I was able to complete my relationship with Sarah. I feel much better now that I have thanked her for giving me life these last years.*

The lyrics of other people’s songs helped Bill express the emotions that were held in his stories more thoroughly. They also helped him come to new awareness about the sentiments he needed to express to Sarah before he died. Writing the songs for Sarah proved to be a tool to present and convey those feelings in order to discuss them with Sarah.

In reviewing all the data it appears that four music therapy techniques were essential to his experience of relationship completion. These were songwriting, lyric discussion and analysis, song choice, and playing and singing pre-composed songs.

Music therapy provided Bill with a place to explore his stories and the tools to bring those stories to life. It also provided him with the awareness of expressing his concerns and sentiments to Sarah in order for him to have a more peaceful death.
Artistic Piece

Cheers to Our Heroes

I want to leave my audience with some words of wisdom. I have been known throughout my life for being verbose, but I am going to leave my mark on this world by making this speech short and sweet.

I am saddened by the absence of some members of my family as I face the last days of my life, yet I rejoice in the presence of others who have kept vigil at my side.
For Sarah, I wish that for everyday she has experienced sorrow, that she will now experience happiness.
For the rest of my family and friends I have a few words of wisdom I would like to impart:
Remember,
Drink the wine of life slowly and with joy.
Be slow to anger and quick to forgive indiscretions.
Remember you have no monopoly on truth.
Retain your friends.
Join with Sarah to celebrate life.
Devote the years left to the enrichment of the day of the other.
Accept with grace and courage, pain, loss, and disappointment.
Remember that each day is the beginning of the rest of your lives.
So, in these words I say goodbye.
I now set sail on uncharted seas.
With all hands on deck, and with the winds in my favour, I will reach the Promised Land.
Cheers to our Heroes!
CHAPTER EIGHT

CROSS-CASE CHAPTER

FLAG: Forgiveness, Love, Appreciation, and Goodbye:
Emergence of Global Themes and Process Motifs Realizing the Power of Music to Facilitate Relationship Completion

Overview

This cross-case chapter provides an opportunity to look at and examine the data from the four cases in new ways. While each case study was very unique, it was important to look at the similarities, differences, and any patterns that emerged when the cases were analysed in this new manner.

This chapter is in two parts: (1) a thematic analysis of participant experience, and (2) an examination of process motifs arising from the progression of participant engagement in music therapy. Part one involves the thematic analysis of the participants’ experience of music therapy sessions. In this analysis the global themes that emerge are fairly overt. They embody the sentiments that are central to relationship completion including: love, forgiveness, appreciation, and goodbye. The themes also augment the required work in preparing to die and transition to one’s next place of being.

The second part of the chapter identifies the process motifs with respect to the participants’ process of engaging in music therapy sessions. This procedure involved a re-examination of all the data sources with a focus on the interviews.
When looking back over all of the data sources for the four cases (which involved re-listening to audio-tapes of sessions and interviews, and re-reading: my session notes; transcriptions of music therapy sessions; song lyrics; the interviews; my assessments; the written case studies; and artistic pieces), I organized the information into new categories as I began to look for similarities, differences, and patterns between the cases. I identified and coded key topics in the data. I also analyzed the themes horizontally (Moustakas, 1994) in order to find global themes and process motifs.

**Thematic Analysis: Participants’ Experience of Music Therapy Sessions Intended to Facilitate Relationship Completion**

In undertaking the thematic analysis it appears that six global themes emerged namely: love; loss; gratitude; growth/transformation; courage/strength; and goodbye. In the section below I will discuss and unpack the global themes as they emerged from this new analysis of all the data sources and horizontal analysis of participant themes.

**Theme 1: Love**

Klinger (1977) explains that when people are asked what makes their lives meaningful, the majority refer to their close, intimate relationships with others. At the end-of-life, people find meaning and purpose by being involved in loving and supportive relationships. These include intrapersonal, interpersonal, and transpersonal relationships, and involve: love and acceptance a person feels for him/herself; love and care from others; and love from God or a higher or spiritual power.
Berscheid and Peplau (1983) maintain most people consider involvement in stable and satisfying relationships as a crucial ingredient of happiness and well-being in life. As this study was centered on relationships, it seems natural that the global theme of love emerged as participants reviewed and told their life stories, a process which involved acknowledging important people who added to their experience of purpose and meaning in life.

Love was an identified theme for Gloria and Jack, Yetta, and Bill and Sarah. Love was part of Peter’s themes of friendship, fatherhood, God, and church, and Peter needed to love himself in order to express compassion for those in his life. Love was the core sentiment that needed to be conveyed by all participants to help them complete their relationships. For Gloria and Jack it was for their relationship with each other; for Yetta love was expressed to help her complete her relationship with her mother, stepmother, and husband. Peter communicated love for: his three friends, being a father, God, the church, and himself. In Bill’s experience love was expressed to Rebecca, Sarah, family and friends, Bette, and Joseph.

**Gloria and Jack**

Love was a prominent theme that encompassed the entire music therapy process for Gloria and Jack. Gloria and Jack articulated their love for each other on a daily basis. Love was the key emotion they needed to express in order to facilitate relationship completion with each other. It was in the “Launching” phase of our process that they both affirmed their need to express the sentiment “I Love You” in order to complete their relationship with each other.

Byock (2004) speaks to the importance of explicitly communicating love to facilitate relationship completion. He states that there are many ways that a person can do this including: tape recording a message, or writing a letter. Gloria not only told Jack that she loved him; she
augmented that expression through the music she shared with him. By Gloria writing the song, *Thank You for Loving Me* she was able to express her love and appreciation to Jack for staying by her side throughout her illness. The concert that she prepared for him was about their loving marriage. The songs selected and played at that concert encompassed messages of love from the memories that emerged from their lived experiences. Gloria dedicated the song *I Love You* to Jack, and the concert was a gift of love for him.

**Yetta**

Yetta exuded love to all those around her. Her gentle spirit and unconditional acceptance of others made everyone feel welcome, appreciated, and loved in Yetta’s current life. She loved engaging in life by: playing instruments, learning, and taking part in art and discussion groups. Re-examining her childhood helped Yetta understand that her mother and stepmother loved her. She wanted them to know that she loved them as well and articulated her love for each of them by writing songs expressing “I Love You.” According to Krout (2004) songwriting is one of many valuable techniques and approaches possible in music therapy. He acknowledges that songwriting provides the client with an outlet by which to share feelings, and clients may decide to write a song for a family member to express their love for him/her.

Yetta’s memories of her life with her husband Sam embraced love, and Yetta demonstrated love for her son Paul and his wife Beth. Love was present in many of the songs that we shared during our music therapy sessions, in her musical autobiography, and in the original songs she wrote.
**Peter**

As a dying person reaches developmental landmarks such as experienced love of self and others, the completion of relationships, the acceptance of the finality of one’s life, and the achievement of a new sense of self despite one’s impending demise one’s life and the lives of others are enriched. (Byock, 1997, p. 33)

Byock’s quote holds true in Peter’s experience. Peter had to absolve himself in order to grant himself permission to ask God and his daughter to forgive him. For Peter to accept that he was deserving of forgiveness he had to begin to love himself and acknowledge the ways in which he had turned his life around.

Peter loved his daughter. He had returned to church in his last few years and was nurtured there by the love of God and the fellowship he experienced from others at the church. When Peter’s cancer progressed and his treatments were unsuccessful he became angry with God as he felt that he had tried to change his life, and now would not have a chance to live as this changed person. As he completed his intrapersonal relationship, and his relationships with God and his daughter, love replaced the anger, and his three loving friends remained by his side until he died. By accomplishing his goals, Peter’s life was enriched and he enriched the lives of his three friends.

**Bill and Sarah**

Bill loved life and he loved engaging in creative endeavours such as poetry writing, dance, and learning. He loved his parents and siblings and was supported early in this life by this loving family. When he married Rebecca they had a loving marriage and his stories about their life reflect that love. Bill met and married Sarah after Rebecca died. He was very much in love with Sarah and expressed his feelings in poems and gestures such as romantic dinners and dates.
Sarah knew that Bill loved her and she felt lucky to have found him after the death of her first husband. Bill felt loved by Sarah’s family and his feelings of concern for Sarah and Bette over their grieving the death of Joseph and his ultimate death were conveyed out of his deep love.

As indicated by O’Callaghan (1995) therapists may introduce the idea of songwriting to patients and or family members to help them: describe important sentiments about someone or to express a message to them; explore creative outlets for self-expression; and/or acknowledge or celebrate special events. As Bill was a highly creative person and enjoyed artistic methods of expression I decided to suggest the idea of songwriting to him in order for him to express his love to Sarah in a new creative way, and to celebrate and honour their marriage.

**Theme 2: Loss**

While easy passages from life do occur, for most people the months and weeks that precede the moment of their death involves effort and inner struggles as they confront the gradual loss of their abilities, roles, and relationships and as they work to achieve some equilibrium in the face of inexorable decline. (Byock, 1997, p. 82)

Periyakoil and Hallenbeck (2002) maintain the process of facing one’s own death involves: mourning separation from loved ones; simple pleasures of life; missed opportunities; and future losses. Mourning and grief were part of the experiences of all participants. In the thematic analysis of the experience of relationship completion for Gloria and Jack, loss was a theme that emerged and was comprised of the sub-themes of: strength/hope; denial; fear/pain; and knowledge. Loss ties into the other participants’ experiences and thematic analyses, and will be unpacked in the section that follows.
**Gloria and Jack**

Gloria and Jack were saddened to accept that Gloria’s death would separate them from each other. They were life partners who had enjoyed many wonderful memories together, memories that they verbally shared in music therapy sessions, and memories that surfaced and were reflected in the music and subsequent discussions. Their grieving entailed appreciating that they would miss out on future events they might have been able to enjoy such as travelling together, walking together on a beautiful evening, and enjoying evenings on their deck.

Being confined to her hospital bed, Gloria missed many simple pleasures of life, such as being able to feel the sun on her face, or to smell the fresh air. She also felt loss in not being able to attend to her personal care. She voiced loss in her role as a teacher caring and guiding others, as others now had to provide personal care for her. Byock (1997) explains “for many people there is no worse pain, no greater suffering, than when they feel that they have lost their dignity” (p. 85). This holds true for Gloria as she became totally dependent on loved ones and strangers for daily care, and pieces of her identity that stemmed from her reputation as a nurturer were slowly fading.

In order to avoid coming to terms with her losses and to protect Jack, Gloria was in denial about her inevitable prognosis in the early part of the music therapy process. Jack was aware that Gloria was dying, but continued to support Gloria’s denial. Gloria’s physical pain and her fear of what each day held for her brought her recognition of the loss of physical ability, energy, and sleep. She was tired and her health prevented her from engaging in life as she had done until the time of her illness.
**Yetta**

As a childhood Holocaust survivor Yetta had experienced many losses throughout her life which began in her childhood. She was separated from her mother during the war and went to live with a Christian family. Yetta did not have a typical childhood. She did not remember playing with other children. At a time when children and adolescents are establishing their identities Yetta was disadvantaged as she never felt a sense of her culture or personhood. She lived in denial for many years and even when the war ended and Yetta grew into a young adult she never felt that she could authentically present herself. She felt like an actress. Yetta lived her life experiencing feelings of a loss of childhood, loss of identity, and loss of her culture and faith.

In music therapy, Yetta was able to re-experience childhood by engaging in music making. Music provided a safe space for Yetta where she could authentically present herself and discuss her losses in order to put closure on them. Salmon (1995) indicates the skills, presence, and music that the music therapist brings to the palliative care clinical situation through various interventions. She asserts that songwriting, improvising, song choice, and lyric discussion and analysis lend themselves well to exploring issues of loss. In Yetta’s music therapy process these techniques were effective in helping her discuss and become aware of the losses she had experienced throughout her life.

**Peter**

The global theme of loss across all participants is tied to Peter’s themes of friendship, fatherhood, and alcoholism. Peter was aware that he had lost out on many opportunities in his life due to his addiction. He averred that he wasted many years and wished he could have those years back. As people come to the end-of-life, Byock (2004) states it is common for them to
have a few regrets and to question what sort of person they have been. He claims that people inevitably wish they could live their lives over again, in an attempt to get it right. This was how Peter felt. Due to his addiction he was not there for his daughter Beth, and he now grieved that he had not been a father to Beth. He was also saddened to say goodbye to his three friends that had supported him throughout his illness.

**Bill and Sarah**

In Bill’s and Sarah’s experience grieving was a theme that emerged, and grieving implies assessing and processing losses. Bill reflected on how he had grieved the death of his first wife Rebecca and in doing so was able to complete his relationship with her. Bill was outwardly concerned for Sarah and Bette regarding how they would grieve his death and the loss that his life would have on their continued process of grieving the death of Joseph.

In Bill’s writing and in our discussions there was loss expressed over missing out on future milestones with Sarah, such as celebrating her 80th birthday, and sharing more years of married life with her. His stories also reported the losses of the Jewish people, who had suffered and died for others’ freedom.

Cohen and Block (2004) explain that the psychological tasks of dying include: grieving; saying goodbye; constructing a meaningful context to one’s life; and letting go. The music therapy process helped Bill negotiate these tasks and come to terms with his losses.

**Theme 3: Gratitude**

Byock (2004) maintains persons living their last weeks and days often express intense gratitude about their lives and thankfulness for the people they have known. Gratitude is a way to
celebrate who we are to one another as well as to recognize the way our lives have been fashioned and inspired by others.

    Gratitude was a theme for Bill and Sarah. Appreciation was a theme for Gloria and Jack, and Yetta. Gratitude ties into Peter’s themes of friendship, and God.

**Gloria and Jack**

Gloria was appreciative of the good life she had lived being married to Jack. She was grateful for their travel experiences, for sharing walks, and romantic evenings. She was now expressly thankful to Jack for caring for her during her illness, and for staying by her side each day at the hospital. She needed Jack to know she was grateful and to express her thanks she wrote the song, *Thank You for Loving Me*. Gloria was also appreciative of the care she was receiving at the hospital and for the friendships she had made over the course of her life.

    Byock (2004) acknowledges even as life is slipping away, people can feel filled with grace and love, and that this aspect of dying, which is an attainable sense of completion and deep peace is especially common to people who have family support that includes humane, loving palliative care. Jack and the palliative care team supported Gloria and facilitated her experience of peace and grace.

**Yetta**

Resembling Gloria, Yetta was also thankful for the care she was receiving now that she was unable to care for herself. Her feelings of appreciation stemmed from recognition of the good people she had met in her life who had nurtured her. These people included her mother,
stepmother, husband, son, and daughter-in-law. Yetta was thankful for being able to engage in activities that nourished her such as creative writing, discussion groups, and music making.

Byock (2004) speaks of how patients practice appreciation at the end of their lives often expressing intense gratitude about their lives and for the people they have known. Yetta practiced gratitude in her last days and was thankful for the good people she had known and been involved with.

**Peter**

Peter was thankful for his three friends whom he met through church. He was appreciative of the friend that brought him to church and to God. He was also grateful for the people who had helped him overcome alcoholism through their guidance at AA. In his last days Peter was pleased that God gave him the ability to change and transform, and he hoped that in death he would be united with God to receive blessings and eternal life. Byock (1997) states, “it is a paradox of dying that a person can seem to grow strikingly in the realms of spirit and of soul as her physical self dramatically shrinks” (p. 233). Peter grew in his spirituality and appreciation of what his spiritual connection brought him.

**Bill and Sarah**

Bill was indebted and spoke at length about the loving people in his life. He was satisfied for being nurtured by a good mother and father who sacrificed for their family to give them a better life. He was thankful for being raised in a Jewish family and for his engagement with the Jewish faith and culture. Bill was grateful for the blessing of marriage with Rebecca and marriage with Sarah. He felt truly loved in these relationships and identified these women as
extraordinary. He felt doubly blessed to have married both of them. Bill was also thankful for his engagements in life with drama, writing, dancing, music, and celebrations. He was thankful for the sacrifices that the Jewish people made so that he could experience freedom and have a homeland in Israel.

Byock (1997) writes about his patient Mo who in Abraham Maslow’s term had “self-actualized,” having mastered critical landmarks within the intrapersonal, interpersonal, and transpersonal realms of the self. Mo “achieved a sense of meaning about her own life and inexpressible sense of meaning or profound appreciation about life in general” (p. 234). Similarly, Bill “self-actualized.” He completed his interpersonal relationships and wrote about his life accomplishments, and in doing so he had a deep appreciation for his life and the people who cared for him.

**Theme 4: Growth/Transformation**

When the human dimension of dying is nurtured, for many the transition from life can become as profound, intimate, and precious as the miracle of birth. (Byock, 1997, p. 57)

In looking to Byock (1996) who defines a set of ten developmental landmarks and ‘taskwork’ for the end-of-life (which include: sense of completion with worldly affairs; sense of completion in relationships with the community; sense of meaning about one’s individual life; experienced love of self; experienced love of others; sense of completion in relationships with family and friends; acceptance of the finality of life and of one’s existence as an individual; sense of a new self beyond personal loss; sense of meaning about life in general; and surrender to the transcendent and the unknown) it is apparent that these participants engaged in this ‘taskwork’ and accomplished these developmental landmarks.
Each participant grew in his/her understanding of the importance of engaging in relationship completion with the key people in their lives. In the interviews all participants were pleased that they had taken part in this process and stated they had not thought about formally working on relationship completion. By completing their identified relationships, each participant experienced growth. For Yetta and Peter, forgiveness was intimately tied to their growth and transformations, for in recognizing that they deserved forgiveness they were able to accomplish their goals of relationship completion.

For Gloria and Bill, supportive family assisted their growth process. Byock (1997) avers it is important for families to recognize the opportunities for growth and development and to help the dying person achieve them. All participants also used their last weeks and days to live as opposed to waiting to die. They were open to growth, learning, and the possibility of transformation.

Growth was an identified theme in Yetta’s experience, and transformation was a theme in Peter’s experience. Growth and transformation are part of Gloria’s and Jack’s themes of love and loss; they are also evident in Bill’s and Sarah’s themes of stories, the arts, and living.

**Gloria and Jack**

Gloria and Jack had shared a wonderful marriage. Neither was prepared for Gloria’s death. They had worked hard to save for their retirement in order to travel and spend time together which would now not happen. While both were keenly aware that the other loved them, it appeared that in the process of relationship completion their love grew deeper as they expressed key sentiments. They grew in their ability to truthfully communicate with each other, and this growth facilitated their interpersonal relationship completion. Growth enabled the
couple to reminisce about their life together, and to express their appreciation for the blessings that were given to them.

Byock (1997) shares a similar journey from his medical practice working with the terminally ill. Byock worked with a family to help them complete their relationship with their father in his last days. They stated,

His illness allowed us, I could say forced us, to talk about the things that mattered: family, our relationships with one another, our shared past, and the unknown future. We reminisced about good times and bad, we cried, and we laughed. We apologized for a host of transgressions, and we granted, and were granted, forgiveness. Through Dad’s illness and in his dying, we all grew individually and together. (p. 25-26)

Gloria and Jack grew individually and together as they completed their relationship with each other, they talked about the things that mattered to them, they cried, laughed, and celebrated their marriage.

**Yetta**

Growth and play were sub-themes of Yetta’s theme of exploration. Yetta grew in her understanding of her childhood and the relationships she had with her mother and stepmother. She recognized that she struggled for many years with a lack of identity. Through exploring and playing, Yetta was able to experience a little of the childhood she missed out on. She authentically presented herself and grew in her personal understanding. Forgiving herself for the way she behaved towards her mother when she was reunited with her after the war transformed Yetta, and provided her with peace regarding her childhood experiences. Byock (2004) states that an important lesson people need to learn is that they are worthy of self-acceptance and of love right now. Yetta learned this lesson as she looked back on her childhood, grew in her self-
acceptance, and appreciated that she was loved by her mother and stepmother, and that she did
deserve that love.

**Peter**

Peter’s experience embodied transformation. Peter went from a place where he was
resistant to assistance from the interdisciplinary team members to fully engaging in music
therapy, by allowing music and the safe space that music therapy created to help him. At the
beginning of our process Peter did not want to hear music. He isolated himself and carried a
large amount of anger. Peter did not feel he was worthy of being helped which can be typical for
people who are struggling in their intrapersonal relationships and self-concept. Tangney and
Dearing (2004) explain “shame and guilt are fundamentally tied to our perceptions of self,” (p.
52) and are the foundation for fluctuations in how we feel towards and about ourselves.

As Peter embraced various music therapy techniques such as lyric discussion and
analysis, and songwriting, he was able to recognize and discuss feelings surrounding his
alcoholism. He expressed guilt and regret over lost time and opportunities. As Peter came to his
assessments he became aware that he had to forgive himself in order to ask others for
forgiveness. Looking to the definition of intrapersonal intelligence by Gardner (1999) which
includes the ability to understand oneself and what motivates oneself, it is evident that Peter
grew in his intrapersonal intelligence. In forgiving himself he truly reflected on how he lived his
life and this brought him new understandings of “who” Peter was and what had caused him to
live his life the way he had. Forgiving himself transformed Peter. Peter grew to new
understanding about the church and God, and his growth afforded him the opportunity to ask
God to forgive him.
Bill and Sarah

Bill engaged in writing his memoirs and the play. This work facilitated growth opportunities for Bill as it provided him with the tools to revisit and retell his life stories in creative ways which now also included using music to augment those stories. It appeared that throughout Bill’s life he embraced learning and in doing so grew to be skilled in a number of areas, such as writing speeches, dancing, and caring and advocating for others.

Bill also grew in his ability to speak to Sarah about his death. Byock (1997) explains for families to help the dying person to grow at the end-of-life it involves talking about things usually avoided, like painful memories, hurt and buried feelings, and the realistic details of dying and death. By Sarah agreeing to participate in the music therapy process with Bill she engaged in these needed discussions with Bill. Music therapy provided the safe place to raise and speak about difficult topics such as death and grieving. Speaking about these issues was necessary for Bill to experience reduced anxiety and to know that Sarah would be cared for in his death.

Theme 5: Courage/Strength

Battling a terminal illness and accepting the prognosis of death requires strength and courage. Each day in its trajectory a terminal illness presents challenges to those it has inhabited. There is the challenge of pain, discomfort, loss of dignity and privacy, to name only a few. Facing these challenges requires strength to live one’s last days, not only physical strength, but psychological and emotional strength to be able to express and process feelings and emotions and accept the losses inherent in dying.

Kane, Brown Hellsten, and Coldsmith (2004) state, “the supportive value of human relationships becomes increasingly important as cure of disease becomes an unrealistic goal” (p.
Reflecting on the National Hospice Demonstration Study’s 1978-1985 results (cited in Kastenbaum, 2004) it is apparent that similar to the participants of that study, this study’s participants drew strength from supportive family or friends, religion, and being satisfied with the help received. The terminally ill persons in the National Hospice Demonstration study drew strength from their closest life companions and most desired their continued companionship to the end as was the case with this study’s participants.

Courage was a theme for Yetta, and strength/hope was a theme for Gloria and Jack. Peter’s engagement in assessing his life required him to be strong and courageous, and Bill demonstrated courage and strength as he strove to see that Sarah would be cared for in his death.

**Gloria and Jack**

Gloria suffered with intense physical pain in her last weeks and days. She required strength to fight and she required strength to let go. Gloria fought death in the early part of our process together. She was not ready to leave Jack. In accomplishing relationship completion with Jack, Gloria became aware that Jack wanted her pain to end and that she would not be giving up by letting go. Gloria battled her cancer courageously, gracefully, and heroically as medication did not ease her suffering. Jack showed courage and strength in coming to the hospital each day to spend the last days he would have with Gloria. The support that Jack demonstrated to Gloria facilitated her strength and courage in facing death.

As recognized by Byock (1997) even though a person’s sadness and depressed mood at the impending loss of all the things and people in their life may be intense, it usually can be treated with non-medical, supportive care, and counselling. Gloria and Jack showed courage in
facing Gloria’s death and accepting the assistance that music therapy could provide them in processing their sadness.

**Yetta**

Yetta required strength to go back and assess her childhood. She was courageous in reflecting on her Holocaust experiences and in finally shattering her silence as these reflections brought difficult feelings and emotions to the surface. Yetta recognized that as challenging as it was to look at that time in her life, she needed to do this to put closure to it. She showed strength in reflecting inwardly on her identity, and courage in authentically presenting. Yetta demonstrated strength and courage throughout her life by overcoming the many challenges she faced such as being separated from her mother, moving to Canada, and losing her husband.

Clinical music improvisation was a significant technique in helping Yetta to shatter her silence. O’Kelly (2002) explains in palliative care, improvisation involves the therapist using his/her technical skill to support, reflect, and encourage the client’s musical creativity and expression. Our music therapy process involved me supporting Yetta’s music and reflecting her expressions musically. This technique required Yetta to be brave and courageous as she listened to the music we created and discussed the difficult emotions that were held in that music.

**Peter**

It is evident to me that Peter would not consider himself to be strong or courageous, however his engagement in the music therapy process required Peter to be brave. Byock (2004) explains unless a person is able to feel their own inherent worthiness, he/she will not be able to feel how much love there is for him/her. As Peter looked back at his battle with alcoholism he
demonstrated depth of character in accepting his role in dependency. He showed courage in reflecting on his relationship with Beth, as this reflection brought feelings of regret, sadness, and loss. Peter demonstrated valour in forgiving himself, as this forgiveness would permit him to complete his relationship with: himself, God, and Beth. In completing the relationship with himself, Peter accepted that he was deserving of love, and the completion of his relationship with God brought him awareness that he was also worthy of God’s love.

Peter had led a life which presented him with many obstacles, some that he imposed himself. In recognizing that he wanted to change the path of his life, he was resilient in returning to AA and beating his addiction. He showed courage in returning to church and making new friends. Peter had the support of his three friends during his illness, but other than these friends Peter was fairly isolated and alone. He showed courage in facing his battle with cancer and asking God to take him to heaven.

**Bill and Sarah**

Bill was the oldest participant in the study and perhaps the strongest. His courage and strength of character allowed him to fight for the disenfranchised and displaced. While battling decreasing physical strength and energy Bill continued to write his memoirs and engaged in writing the play. He had goals and his strength and determination saw those goals come to fruition. Byock (1997) writes about the commonality of terminally ill persons staying alive for a goal, and that reaching the goal gives a person a feeling of completion and completeness, which is an important landmark at the end-of-life. As Bill completed his memoirs he felt that sense of completeness and completion.
Bill provided Sarah with strength, and he acknowledged the role that Sarah played in his life, giving him a new purpose to live after the death of Rebecca. Bill courageously accepted his prognosis and chose his last weeks and days to continue to grow and engage in life.

**Theme 6: Goodbye**

Inherent in accepting one’s diagnosis of terminal cancer is the awareness that one must say goodbye to family and friends, and ultimately to life as the person knows it. Goodbye was an identified theme for Yetta, and Gloria and Jack. For Peter, goodbye was part of his theme of friendship, and in Bill and Sarah’s experience goodbye was evident in Bill’s engagement with writing his memoirs, the play, and revisiting his life stories. While it was difficult to verbally say goodbye for the participants, their actions acknowledged that they were in fact saying goodbye.

**Gloria and Jack**

Over the course of our 20 weeks of music therapy sessions, Gloria and Jack were engaged in relationship completion with each other. This process naturally embodied reflecting, reliving, and ultimately preparing to say goodbye to each other. Magill (2001) speaks of her work with Kate who used hymns and songs to say goodbye to her husband and two children. Similarly, Gloria and Jack used songs to explore and facilitate their experience of relationship completion.

**Yetta**

Through Yetta’s childhood exploration she was able to free many of her emotions in order to process and let go of them. By experiencing freedom and revisiting this difficult period
of her life, Yetta was able to close the chapter on that time period. She was able to say goodbye
to her mother and stepmother. From a psychological perspective Byock (2004) avers it is
possible to complete relationships with people who have died. Compiling the musical
autobiography permitted Yetta to complete the relationship with herself as she prepared to say
goodbye to this world.

**Peter**

Peter did not want to say goodbye to his life. He began to change the course of his life the
past three years and he desired time to live as this changed person. Writing the song for his three
friends to thank them assisted Peter in saying goodbye to them. He also closed several chapters
in his life: his marriage, fatherhood, and his years of alcoholism.

Callanan and Kelly (1997) aver the task work that underlies the transcendent landmarks
at the end-of-life involves developing a new sense of self, and a transformation from a worldly
person to one’s new spiritual identity. Peter engaged in the task work of transformation as he
redesigned himself, became accepting of death, and held onto the promise and hope of being
united with God and living in a new place and state of being.

**Bill**

Bill was preparing to die when I began working with him, and in doing so he wanted to
leave his mark on this earth. Bill sought to be remembered and he urgently worked to complete
the writing of his memoirs. At the end-of-life Byock (2004) explains people often have a
particular need to hear that their actions have made a difference, and that they have made a
contribution. Retelling his stories provided Bill the space to reflect on his past relationships and
accomplishments. Writing his memoirs and sharing his life stories in our sessions confirmed for Bill that his life had made a difference, and that he had made many contributions.

Bill expressed his love for Sarah and honoured her through songwriting which provided Sarah with final gifts to her from Bill, gifts of love, appreciation, and ultimately goodbye.

_Amy_

I said goodbye in my own way with each of the four primary participants. With Gloria, I said goodbye to her singing at her bedside with Jack. I said goodbye to Yetta and wished her a new journey, a new childhood, and a safe transition to her next place of being. I did this through my singing of _Over the Rainbow_ at her funeral. I also sang at Peter’s funeral and said goodbye to him after singing his favourite hymn _Amazing Grace_. I said goodbye to Bill by toasting his writing and asking for him to inspire me to write the last act of his play.

It was important that I formally allowed myself to say goodbye to these four amazing individuals. In doing so, I could officially end my process with each of them, and truly begin reflecting on each participant’s music therapy course of treatment.
Emergence of Process Motifs: Cross-case Analysis of the Procedural Essence of Engaging in Music Therapy

A note on fonts:

My text.
Participants’ and co-participants’ direct words from sessions and the interview.

Following detailed analysis of the data sources and an intensive look at the participants’ interviews, five process motifs emerged from the voices of the participants. These included: (1) music therapy helps and was valued as a means of sharing the participants’ perception of their situation; (2) music therapy provides a safe place to become aware of, explore, and express feelings; (3) music enhances communication; (4) music therapy techniques provide creative avenues for self-expression; and (5) music therapy provided a vehicle for revisiting and reminiscing. The process motifs represent areas of commonality for the participants in their
music therapy process. In the section below I will discuss how the individual experience of participants contributes to the process motifs.

**Process Motif 1: Music therapy helps and was valued as a means of sharing the participants’ perception of their situation**

*Value*

All participants averred that they benefited from participating in music therapy. Music therapy added to the participants’ quality of life and provided opportunities for engaging in life at a challenging and difficult time. Jack said,

> It was quite amazing that while Gloria has been so sick she was able to write the song for me and prepare a concert. She hasn’t been able to do much. I have tried to do crossword puzzles with her to keep her mind busy and active, but that didn’t work too well. I also read to her which she enjoys, but she actually got to do things in music, not just listen to someone else tell her about what they were doing, or what was going on in the world outside of her. I felt really good about being able to provide the music and relaxation sessions for her. They are a nice diversion in our day.

Participants stated that they enjoyed the sessions, and that sessions provided a place for fun and enjoyment. Yetta asked,

> We had a lot of fun didn’t we? I made a lot of noise, and I loved banging on the drums, and all the things we did. There were no rules, just time to let go and enjoy music.

They felt that people in situations similar to their own would also benefit from participating in music therapy. Bill said,
It’s too bad that there is not more money for music therapy because I think it could help a lot of people. Maybe I liked it more than some might because of my enjoyment of drama and theatre, but I know that others would do well to have therapy.

It became apparent to participants as we worked in our sessions the variety of goals that could be accomplished with music. Gloria alleged,

*I have been involved in music activities all of my life and I knew that I learned things by playing the piano, and learning the harp. Things, you know what I mean. More things than just music, like discipline that came from practicing. But, I didn’t think about all the things that we did with music until now. Music and relaxation is an easy link, but talking about the song lyrics and dedicating songs, really was important. It helped me see what some of my feelings really were, and it was easy to see the feelings in other people’s words. Feelings I knew were there but I didn’t want to talk about by myself. Music helped me so much to talk to Jack and say what I needed to.*

Bill also noted the benefits of music therapy.

*Well, I knew it was going to be fun when I met you and you said you could bring me music. I didn’t realize all the work you were going to make me do though. (laughing) I am still a bit impressed with myself, if I am allowed to say so because I never dreamed I would write a song and I have now written several. Thank you for helping me do this. I imagine that you write a lot of songs with other patients here. The songs helped me so much, so I am sure the work you do with others helps them too. It is funny how we think people should go and lie in a bed and wait to die. I am not waiting. I am going to die when it happens. No need to sit here and count the hours and wonder what day it will happen on. That is why it was good that I worked on this play and memoirs. And we also did finish business with Rebecca writing about her death and the song for her.*
Some participants had never heard of music therapy before they began their process, and all participants grew in their awareness of what music therapy could provide as they engaged in sessions. Peter said,

*I never really thought about the stuff that music can do. It's good though.*

Jack noted:

*Like I said before, I had not heard about music therapy. I thought it meant that a musician with some training in caring for the ill would come and play music for Gloria, which I thought was very nice. Once we talked with you and started sessions, I really understood that what you do is very different. You tried to help Gloria decide on what was causing her discomfort now and then you had her and I try activities that would help work on those issues, all rather easily too. Sessions flowed in a way that is different than just talking about your problems.*

Music therapy provided opportunities for participants to continue to thrive and accomplish important goals before dying. It also offered desired distraction from the physical pain associated with terminal illness. For Gloria it also provided relaxation and experiences of beautiful imagery and guided journeys. Once participants accomplished their goals and had worked in sessions for a number of weeks they averred that they felt better about many of the issues that were causing them anxiety and discomfort. Peter commented,

*I never thought ‘bout singing songs to help me feel better. Um, but it sort’a worked.*

Participants acknowledged that their anxiety levels had reduced. Yetta said,

*I feel a lot better now that I finished the songs and wrote my musical autobiography. I feel like I have made peace and amends and that feels proper.*
These reductions in anxiety contributed to decreased psychological discomfort and enabled participants to experience more peaceful deaths and transitions.

Cohen and Block (2004) state that the psychological tasks of dying include: grieving; saying goodbye; constructing a meaningful context to one’s life; and letting go. In a way, in my role as a music therapist with all participants I served as a guide in helping them negotiate these tasks, a guide who through the use of music assisted participants in focusing on their core issues while providing avenues to bring those issues to the surface to process and work through. Dying in psychological peace involved the participants working through these tasks while maintaining a connection to life.

Perception

With new musical tools presented to participants they grew in their perceptions and beliefs surrounding their current situations. Yetta averred,

Music made it easy to talk about my feelings.
The issues that music helped me talk more feely about were the Holocaust memories, and also, the birth of my son and the joy I felt then.

Engaging in music therapy brought participants to new awareness of their lives, their relationships, and their potential for growth and transformation. Bill noted:

I know there are things I have to do before I die. One of course was writing the memoirs. Then you came along and I had a new project, to write the play. Until we talked more about my stories I never thought about working on my relationship with Sarah because nothing in that relationship was wrong. We have really been lucky and not had any big issues or large disagreements. We have the normal ones, but I feel loved by her. So I don’t know that I would have worked on saying I Love You to her in a formal way on my
own. I am glad that music helped me talk to Sarah about grieving, and death. These are hard things to talk about and they are important.

Peter was pleased that music provided him with the tools to transform and complete his intrapersonal relationship.

...But you were right, I feel a lot better 'bout dying now. I finally said sorry to me. That was good ya know.

Music provided new avenues for participants to identify their feelings, and process their losses and impending deaths. Gloria said,

Music therapy did help me to talk about loss and to remember all my beautiful memories of travel and companionship.

It brought them new understandings about the importance of conveying important feelings and issues in order to free them and in turn brought them psychological relief. Yetta exclaimed:

I am free now. I am free. I feel better. I can sing, bang, and dance out my feelings in music therapy.

Music is a multi-sensory experience that enabled participants to reassess some of their preconceived ideas as music exposed them to new truths and understandings. Yetta said:

Some of the songs that others have written really opened my eyes to seeing that a person is never alone...Their songs had a way now to help me heal.
Process Motif 2: Music therapy provides a safe place to become aware of, explore, and express feelings.

In their music therapy processes all participants had feelings that needed to be explored in greater detail. Yetta noted:

Yes, it was important that I talked about my sadness and that I cried as well. I had sick feelings about that time and I feel better now that I talked about them, and banged about them on the drum.

Some of these feelings were already evident to participants and other feelings were identified as they engaged in music therapy. Peter understood,

I knew I was real angry and all but I didn’t know how um, like sad I was too.

In Gloria and Jack’s, experience music provided them with the avenue to express their emotions in order to communicate more truthfully with each other and overcome denial regarding Gloria’s illness. Jack said,

It was helpful to me that we used songs to express our feelings to each other and to really talk to each other. For a long time we didn’t speak the truth.

Gloria noted,

It was less scary having the music to help me talk to Jack about dying.

For Yetta, music therapy provided her with a place to identify, vent, explore, and free feelings associated with her childhood and her relationships with her mother and stepmother.

Well, as I banged on that drum and was really loud, I got rid of some of my anger. That felt really great. Somehow, I think playing the drum helped me get to the bottom of my feelings. It is hard to describe, but the drumming helped me find my anger and free it.
Music provided a safe container for Peter to talk about his feelings surrounding his battle with alcoholism and the subsequent losses that were an outgrowth of that battle.

_Yup, it’s true ya know. I didn’ want’a talk ‘bout my past when I got here, but I had’a do it to get better, an’ I think the songs helped me to talk ‘bout my drinkin’ and Beth. I ‘member the day I cried a lot when you came and I got all embarrassed, but I think the music helped me t’a find the feelings I had inside._

Bill was already aware of the feelings he wanted to express to Sarah and for him music therapy provided the tools to do so more completely and effectively.

_Songwriting did help me express important feelings and issues with Sarah._

**Process Motif 3: Music enhances communication.**

Music provided participants with new ways of communicating with themselves and their loved ones. For Gloria and Jack, and Bill and Sarah, music provided a way that was safer and more comfortable to talk about death with their spouses. Sarah said,

_Music therapy did seem to help Bill and I talk about death and also it gave us a chance to reminisce a little bit._

The lyrics of the songs that they shared with their spouses, both pre-composed songs and the original songs they wrote, expressed the key issues and feelings that they wanted to convey. Gloria and Bill both acknowledged that they did verbally articulate feelings of appreciation and love to their spouses, but that music augmented this communication and these expressions were somehow more expressly and powerfully conveyed through the use of song. Gloria stated,

_Jack and I say I Love You to each other every day before Jack leaves. Jack is a very loving man. I am happy though that I wrote the song for him and that he can look at it after I die and remember how much I loved him. That is important to me. The concert too_
was all about love for Jack. He really liked it. He told me many times how special it was for me to work and write a song for him. I know he knows I love him.

Yetta communicated her life story by compiling her musical autobiography. Music helped Yetta speak more freely about her losses associated with the Holocaust and her childhood. She said,

The words of this song you sang ‘Out Here on My Own’ really fit with my experience of childhood. I felt alone so many times. I felt like it was me against the world as well when my husband died.

Writing the songs for her mother and stepmother provided Yetta with the tool to communicate with these two important persons in her life. Her songs conveyed her desire for forgiveness and her love for each of them. Yetta acknowledged,

I feel better now. I can close this chapter of my life, knowing they have heard me and that I love them.
The songs are a tribute to them. This was a good way to keep their memory alive for me and more so for my son and his family.

Peter used music to help him express his feelings of regret with his daughter Beth. He used music to ask for self forgiveness and the forgiveness of Beth and God. Peter articulated appreciation to his friends in writing the song Leavin’ on a Jet Plane, something that he said he would not have verbally been able to say to them. He remarked,

Like I don’t think I could’ave jus’ said thank you and all. Where would it come from? But if it’s in the song then they knows.
Process Motif 4: Music therapy techniques provide creative avenues for self-expression.

In the interviews participants identified the music therapy techniques that were helpful to them and noted that these techniques provided creative avenues to express themselves. Gloria was pleased that she had prepared the concert for Jack as this was a gift for him. The song she wrote and her song dedication to Jack were part of this concert and she was pleased in expressing her feelings through the use of music.

*I liked playing the autoharp, and I liked making the concert for Jack. He really liked that and it was one of the last things that I could give him as a gift.*

In her experience, talking about the lyrics written by others provided her with the words to express herself, words that would have been more difficult to find had she not engaged in this process. Referring to selecting the song *Love Me Tender* to be part of Jack’s concert she said,

*I think the words, ‘You have made my life complete, and I love you so’ are perfect.*

In choosing the song *I Love You*, Gloria said,

*This song helped me say I Love You to Jack so beautifully. I am so happy that you played it for us as I had never heard it, but the words were just right for me.*

Jack found it helpful to use music to express his feelings and he was honoured by the song that Gloria wrote for him. He said,

*It is really meaningful to me that while Gloria was in pain and confined to that bed that she used her energy to write this song for me. That in itself is an act of love.*

Yetta had engaged in creative methods of expression earlier in her life as she wrote poetry and a book about her experience of the Holocaust. Yetta was open to new creative
experiences and eagerly embraced her opportunities for these creative engagements as she worked in our music therapy process. Yetta enjoyed making music and improvising. She said,

> I had such fun banging on those drums. It might not really have been music, but it sure felt good. I also liked the songwriting that we did. It was a creative way to express myself. And, I love my musical autobiography, my musical memoirs. How many people can say they have a musical story?

Peter told me that he enjoyed singing and talking about the songs that we shared in sessions. He was sceptical as we began our process that music would help him, but in his interview he acknowledged the role music played in helping him say the things he needed to say to Beth and his friends, things he would have not have expressed through another method. Peter said,

> Well, I guess writin’ the song for Beth and my friends was how I said my stuff to them.

Bill had engaged in a variety of creative projects throughout his life. He acted, and wrote poetry, speeches, and a book. In his final weeks he completed his memoirs and wrote the play “Heroes.” He openly embraced the opportunity to add music to his play as he felt that songs added to the quality of his play and that the stories were told more completely with the addition of music. He said,

> I think I liked songwriting the most. It was creative, like poetry writing, but on a higher level.

**Process Motif 5: Music therapy provided a vehicle for revisiting and reminiscing.**

The work with each participant included reminiscing and revisiting their stories and various chapters in their lives. Songs that they identified, songs that I brought to sessions, and songs that surfaced from our discussions facilitated reminiscence and life review. As I shared
songs with Gloria and Jack narratives of their marriage naturally surfaced, and in our sessions we spoke about those stories. Doing this provided a way for them to celebrate the important stories and memories in their lives, and it allowed them to relive those highlights even if it was only briefly. In session 21 as Gloria and Jack reflected on the song La Vie En Rose, Gloria said,

"Jack I know you are probably wondering why I picked this song. I did it because I wanted to say thank you to you and I thought this song was light and would remind you of going to see ‘Mamma Mia’ and of all our other theatre trips."

In Yetta’s experience music helped her to look closely at her childhood and her relationship with her mother and stepmother. Music also assisted her in highlighting the important milestones and chapters in her life as she worked to assemble her musical autobiography. In selecting the song to accompany her cancer journey she said,

"I think the ‘Bridge Over Troubled Water’ song is best for the experience of cancer. I really feel that many people have helped with me through this illness. There were people here and before that helped me dry my tears. I was not alone in this fight."

In creating this artistic piece Yetta retold her important stories. This brought her many feelings: sadness, loss, happiness, and joy. She commented,

"I thought that was such a creative little project we did. It is just for me, and I am important. My life has been hard, but I also had many blessings like my husband and son to get me through."

She acknowledged that had she not been involved in music therapy that she probably would not have gone back and looked at her childhood. She was pleased that music helped her do this as said,

"My heart and mind are much less heavy now."
Peter’s entire music therapy process was about reflecting on the past. It was a process he needed to engage in to experience forgiveness and self-love. Peter had resisted assistance from other more conventional approaches to counselling but opened himself to engage in music therapy to help him in his current situation. He said,

*I think it was kind’a weird and all to do this stuff…Um, but it sort’a worked. Ya know what I mean?*

His process was more about revisiting the past than it was about reminiscing, but he did reminisce about important stories that surrounded his memories of Beth, Diane, and his three current friends.

The music therapy process with Bill began through Bill telling me many stories from his past. He easily and freely reminisced and shared them with me. For Bill, music provided a way to augment the important stories in his life and to express them more powerfully than writing alone could do. In writing the song for Rebecca he stated,

*The song must be dramatic. It must be serious. It can’t be chosen lightly, even though she was light spirited and free. I think a dramatic song could open the play.*

Music therapy also provided the opportunity for Bill to assess how he grieved the death of Rebecca and the space to discuss with Sarah how she would grieve his death. In session 24 Bill said the following to Sarah:

*... I don’t want you to waste the time you have left after I die crying over it. I want you to find things to give your life purpose and I want you to find people to support and help you. You know I am very worried about you and Bette.*
Summary

This cross-case chapter presented two approaches to assessing the data sources of all participants. The first part of the chapter involved the thematic analysis of the participants’ experience of music therapy sessions and the identification of the six global themes that emerged from that analysis which included: love; loss; gratitude; growth/transformation; courage/strength; and goodbye.

The second part of the chapter identified the process motifs with respect to the participants’ process of engaging in music therapy sessions. This process involved a re-
examination of all the data sources with a focus on the interviews. The five process motifs that emerged included: (1) music therapy helps and was valued as a means of sharing the participants’ perception of their situation; (2) music therapy provides a safe place to become aware of, explore, and express feelings; (3) music enhances communication; (4) music therapy techniques provide creative avenues for self-expression; and (5) music therapy provided a vehicle for revisiting and reminiscing.

In the following chapter I will present conclusions, discussions, and implications from the knowledge revealed in this study. This will include my own interpretations of the music therapy processes taking into consideration the themes that emerged from each case study and this cross-case chapter.
CHAPTER NINE

CONCLUSIONS, DISCUSSIONS, AND IMPLICATIONS

Relationship Completion: Summary of Knowledge Revealed

Overview

The purpose of this study was to examine palliative care patients’ experiences of music therapy implemented to facilitate relationship completion. The results of this investigation contribute towards an understanding of how music can be helpful to clients who desire to complete relationships at the end of their lives. Through my work with the four participants and two co-participants in music therapy sessions over multiple weeks and interviewing each of them, I was privileged to share in participants’ and co-participants’ understandings and experiences of relationship completion.

I developed four case studies to describe the music therapy process with each participant and sought to represent the participants’ and co-participants’ experiences of engaging in relationship completion within the context of music therapy sessions. By employing narrative research methods I was able to describe, interpret, and understand the complexity held within the multiple data sources that informed each case study.

The rich experiences and understandings revealed in each case study subsequently informed the cross-case chapter where common themes emerged from both the participants’ and co-participants’ experience and their music therapy process.

The results of the research were presented in a highly contextualized manner in chapters four to eight to allow readers, including music therapists, to become informed about the
individual episodes of each participant’s and co-participant’s experience. The results were also displayed in this manner to allow readers to take from those case studies the knowledge and understandings that fit into their own situations, whether it is simply a music therapist using one of my questions from a session that they remembered reading to help him/her introduce the concept of relationship completion to a client, or whether it is a new understanding of the transformative abilities of the dying. I want readers to take from this thesis what resonates and is most important to them. I am pleased that the voice of dying persons is documented and highly present in this thesis, since one of my goals of engaging in this research was to give a voice to the dying.

That being said, I will provide a summary of what I have learned and discuss implications for music therapists and health care professionals. I close the chapter with a discussion of potential future research.

What Have I Learned?

In this section I unpack what I have learned through my engagement and participation in this research study. Expressly, I speak about: the Dileo and Dneaster (2005) music therapy model; dying on an-in patient palliative care unit; the music therapy referral process in this study; music therapy techniques; relationships and introducing relationship completion; case studies and narrative methods; and self care. After each topic I present the implications for music therapists and/or health care professionals.
Dileo and Dneaster’s (2005) Music Therapy Model

Dileo and Dneaster (2005) define three levels of practice in palliative care music therapy including: supportive; communicative/expressive; and transformative. I worked within this model while undertaking this study and it proved to be an effective way for me as the therapist to frame, document, process, and understand what transpired in our music therapy sessions.

The number of music therapy sessions for each participant ranged from 24-35 sessions, and the total number of weeks they were involved in music therapy ranged from 14-20 weeks. Each participant worked at, and transitioned through every level of practice beginning at the supportive level. Once participants had completed their goals in the transformative phase, and their energy decreased, music therapy returned to the supportive level to help participants prepare to “let go,” and ultimately die.

Through my understanding, engagement, and reflection on how this model was used in the study, it appeared that after the music therapy assessment phase was completed, all clients started at the supportive level of music therapy practice. Gloria, Peter, and Bill only had two or three sessions at this level, and Yetta began music therapy at both the supportive and communicative/expressive levels of practice where she stayed for six sessions. The supportive phase for each participant was short partly because as they agreed to participate in the research study and engage in relationship completion, it necessitated music therapy moving to the next level of practice.

As proposed by Dileo and Dneaster (2005), at the supportive level music therapy is used to palliate physical, psychological, and cognitive symptoms, as well as to offer comfort, support, or enjoyment for the patient. This held true in the participants’ experiences. At the supportive level music therapy helped participants focus and identify their important issues and concerns in
order for them to work on addressing these issues in future sessions. This was also a time when a
trusting therapeutic relationship was solidified between myself and each participant. As trust was
established and the course and goals of music therapy sessions were clear, participants
transitioned to the communicative/expressive level of practice.

At the communicative and expressive level, Dileo and Dneaster (2005) explain that music
therapy is implemented to assist the clients in identifying and expressing their emotions, and that
the role of the music therapist is to support and authenticate those expressions for the clients.
Participants in this study worked in this phase of music therapy as outlined by Dileo and
Dneaster by embracing a variety of music therapy techniques including songwriting, and lyric
analysis and discussion to help them identify and express their emotions. Talking about those
emotions brought awareness of the key sentiments they needed to convey to complete their
identified relationships, and it also brought in some cases the identification of new goals. I felt
that both musically and verbally I supported and authenticated emotional expressions for each
participant. The amount of time each participant worked in this level ranged from four to twelve
sessions.

At the transformative level of practice Dileo and Dneaster (2005) maintain two of the key
reasons music therapy is implemented at this stage is to facilitate growth and insight at the end-
of-life. Both participants and co-participants grew in their self-awareness and insights, and they
transformed as they completed their identified relationships. Once again the transformative phase
varied in length for each participant from eight to fourteen sessions.

The Dileo and Dneaster (2005) model is a fluid one, and it is logical that a person can be
working at two levels of practice simultaneously, as Yetta did; or, for a person to transition back
and forth between levels. It was interesting that these participants transitioned sequentially
through the levels as they worked to complete their relationships. I feel this is a highly useful model for music therapists working in end-of-life care, especially when clients identify relationship completion as a goal area for sessions.

Implications for Music Therapists

I situate my music therapy practice within the humanistic model of music therapy. I think it is critical for music therapists to be aware of the models and/or philosophies that they work within. As we provide clinical music therapy to clients we often come to new awareness and understanding of our philosophies of music therapy and the music therapy models that are available for us to work within. As part of being a reflective practitioner it is important to set time aside, perhaps every six months, to truly reflect on the model(s) of music therapy that we operate within and its implications for the clients we work with.

The Dileo and Dneaster (2005) model was the selected model for this study as it is highly applicable to the work I am doing in end-of-life care. It is important for music therapists to choose a model(s) they feel comfortable with and one that can help them frame their music therapy work.

Dying on an Inpatient Palliative Care Unit

At this point in their care plans and illnesses’ trajectories, participants were admitted to an inpatient palliative care unit. Prior to admission and upon arrival on the unit, the palliative care philosophy was explained to them. This description included: a discussion and required acceptance from the patient that he/she would not be resuscitated should they go into cardiac arrest; a discussion that he/she would not be receiving treatments in an attempt to extend life or
to try and cure their disease; and information about the interdisciplinary team, their roles and purpose which include helping patients manage and lessen their symptoms, providing care, and enhancing the patient’s comfort.

Needless to say the perception and identification of this reality presented to participants caused many anxieties to weigh heavily upon them as their days left were increasingly more limited. Many patients are focused on their physical symptoms when they arrive on the unit and learn to adjust to their new environments and new health care providers. This was the case for this study’s participants. Once physical symptoms come under control or stabilize it is a good time for health care professionals to discuss psychosocial concerns with patients.

**Implications for Music Therapists and Health Care Professionals**

Reading the literature on the dying process is important work for all palliative care health professionals. It was through my intensive study and review of the literature that I grew in my understanding of the losses that dying persons undergo. I learned about: what are common losses at the end-of-life; what dying people want and need; and what quality end-of-life care entails. It was through this understanding that I better understood my clients’ experiences. It is vital that we continue to develop ourselves as music therapists and health care professionals by learning from the literature and our work. It is through our individual growth that we can truly be present with clients and we can further understand their issues and experiences.

**Music Therapy Referral Process in this Study**

The social worker is the typical person on the interdisciplinary team that directly discusses family relationships and dynamics with the patients and potentially the patient’s family
members. I was fortunate in this study that the social worker understood the role that music therapy can take in assisting clients with relationship, spiritual, and existential issues. Through her understanding, she was able to refer appropriate participants to the study that would potentially benefit from participating in music therapy.

**Implications for Music Therapists**

Many music therapists working in palliative care will provide their interdisciplinary team with a list of sample goals that could be accomplished in music therapy. I encourage these music therapists to really highlight relationship completion as one of those areas and to perhaps explain to the interdisciplinary team what that process might entail.

Providing in-services and presenting at interdisciplinary rounds are beneficial methods in raising the profile and understanding of the role of music therapy in palliative care. Prior to beginning this research study, I conducted a small pilot project and presented an in-service to the palliative care team where I conducted this study. At that in-service, team members grew in their understanding of what relationship completion was, and how various music therapy techniques would be beneficial in facilitating relationship completion. They were engaged in my presentation and asked many questions which prompted their desire to learn more about music therapy and we began a discussion about future collaborations. By presenting the pilot study to the team and discussing the research study, I obtained their support, and the research project was therefore successfully introduced and implemented.
Music Therapy Techniques for Palliative Care

There were a number of music therapy techniques that were used throughout the study. These included: music listening; song choice; musical life review; musical autobiography; song dedications; performing music; music and imagery; music for relaxation; lyric discussion and analysis; songwriting; instrumental improvisation; vocal improvisation; singing pre-composed songs; instrument playing; music and movement; and music and other arts experiences.

In the interviews with participants and co-participants, I asked them to identify the music therapy techniques that were helpful to them in working towards their goals of relationship completion. All participants and co-participants identified the following three techniques as the most beneficial in their experience: song choice; lyric discussion and analysis; and songwriting. It was through song choice, and discussing and analyzing the words of those pre-composed songs that the participants and co-participants became more aware of their own feelings. Many of them commented that the words of others helped them identify and express their own feelings (both feelings they were aware of, and those that emerged). Each participant also engaged in songwriting. This tool provided them with a creative outlet with which to express their feelings and document important life events and sentiments.

While only Yetta noted that carrying out her life review was a beneficial technique, all participants engaged in this work as part of their process. The process of reviewing the important aspects and stories in each of the participant’s lives surfaced naturally during sessions as they reflected on the lyrics of others and told me stories of which the music reminded them. Therefore, I believe that while it may not necessarily have been framed as life review, this technique did contribute to relationship completion for all participants and co-participants.
Song dedications and the creation of musical gifts was also a core part of each participant’s process. Gloria dedicated a musical concert and the song *I Love You* to Jack; Yetta compiled her musical autobiography, in a sense a musical dedication and gift to herself; Peter dedicated a song to his three friends at the session they attended; and Bill dedicated one of the songs he wrote for Sarah in his “Heroes” wedding speech.

Central to Yetta’s and Peter’s experience was clinical music improvisation. This technique allowed Yetta to free her feelings and experience freedom, and for Peter it helped him express the last remaining feelings he had bottled up in order to “let go.”

To summarize, in the experience of these four participants, songwriting, song choice, lyric discussion and analysis, life review; song dedications; and, clinical music improvisation were the crucial tools.

**Implications for Music Therapists**

It is essential for music therapists to have a variety of music therapy techniques that they feel comfortable in introducing and implementing to best help their clients reach their identified goals. Each client is unique, and thus so is their music therapy process. What works for one client may not work for another. What is important to remember is that the music therapist must take his or her cues from the client in presenting various musical interventions and must continually assess after each session how these techniques are working, and if new techniques should be introduced.

It is helpful for music therapists to read the work of other music therapists to learn how they have implemented various techniques successfully. In this study it surfaced that songwriting, song choice, lyric discussion and analysis, life review, song dedications, and music
improvisation were the vital techniques that worked for these clients. Other music therapists (Krout, 2005; O’Brien, 2004; O’Kelly, 2002; Hilliard, 2001; Magill, 2001; Hogan, 1999a; Salmon, 1995; O’Callaghan, 1997; O’Callaghan, 1995; Bailey, 1984) who have written on their work in palliative care have also noted the benefits of these techniques, and it is through this evidence-based practice that we as music therapists can learn which techniques are beneficial to a large variety of clients, and we can also learn the ways in which these techniques directly help.

I highly recommend songwriting, lyric discussion and analysis, life review, and the creation of musical gifts. It is my experience carrying out this study and having worked as a palliative care music therapist for a number of years that these techniques have proven highly valuable to a large percentage of the clients with whom I have been involved. We must never limit ourselves to only using a few techniques, but fully be present in a client’s experience in order to identify and implement all the techniques available to us. If, for example, a music therapist is not comfortable with a certain technique then it is important for that therapist to build and develop that technique through personal engagement with it. For example, some music therapists feel nervous about songwriting. For those that are just beginning to use this technique, I encourage you to write songs for yourself, beginning by simply changing the lyrics of pre-composed songs, and then reading and learning more about how to create your own melodies and accompaniments.

As we build the literature on music therapy in palliative care I encourage music therapists to write about their clinical work and to share their clinical work through conference presentations and music therapy websites. It is critical that if we are going to grow our profession and specifically palliative care music therapy we need to document the effectiveness of our work. This will provide opportunities for other health care professionals to advocate for our
services, and in doing so we have the potential to be helpful to a larger percentage of those who are dying.

**Relationships**

I learned that supportive relationships were essential to dying persons. Their relations provided them with care, nourishment, fulfillment, and love. I learned how broad the scope of relationships could be, whether it was relations with persons who: have died; were part of a person’s earlier life; or were central relations at the present time. Relationships were identified as important areas of focus by these participants. Their stories encompassed many relationships they had throughout their lives. For these persons to have peaceful deaths it was important that they discussed their relationships in a supportive environment in an effort to enable relationship completion.

*Introducing Relationship Completion to Participants*

Participants in this study stated that they had not formally thought about relationship completion before participating in the research study. As I explained the research study and we talked more about what relationship completion meant, it became very apparent to me, as I suspected, that most people do not think about this process. I am generalizing this statement to “most people” based on my interactions with all people on a daily basis. When various individuals in my life asked me about this research study and I explained it to them, many of them stated they never thought about the importance of relationship completion, and acknowledged that it was something people should devote more understanding and attention towards. Many assume that relationship completion just happens when a person dies or when
they sever their ties to a person, and it seems that the participants in this study did not think about their intrapersonal relationships until we began discussing them.

**Implications for Music Therapists**

While relationship completion can be a difficult subject to introduce to clients, it is an important one to discuss. Although we may not want to cause a client more anxiety by raising difficult issues for him/her, looking at the larger picture it may help them. We must be aware that relationship completion, much like completing a life review, requires a great deal of energy and dedication on the part of the client. Tasks such as these may therefore be too demanding for some at the end-of-life. They require the client to want to engage in these processes, and so as therapists we must be sensitive in introducing ‘taskwork’ such as life review and relationship completion to clients, and always honour the client’s wishes.

Embarking on a discussion with clients about key relationships in their lives was the first step in my learning about who and what was important for them at this point in their lives. It was from those discussions that issues arose and I was able to introduce relationship completion to them, by suggesting the ways it might be helpful to them. This generally involved a discussion of what it means to complete a relationship and then focusing on who they sought to complete relationships with.

**Case Studies and Narrative Methods**

I think the case studies speak for themselves. I learned so much by engaging in writing the case studies using narrative methods. It was through audio-taping music therapy sessions and transcribing them that I came to new awareness as to what had transpired in our sessions.
Directly reflecting on the words of my participants and putting their words in the case studies I believe provides an accurate, rich, and detailed description of their experience.

**Implications for Music Therapists**

I encourage music therapists to assemble case studies of their clinical work. I encourage the reading of narrative methodology and the writing of case studies using this style. I believe that our work is reflected at a deeper level of understanding through presenting it in this manner. I also encourage music therapists to audio-tape some of their sessions and transcribe them as part of reflective practice. While this is a very time-consuming endeavour, it is so valuable to our growth as therapists.

**Self Care**

Working in end-of-life care is a challenging job. On a daily basis music therapists and health care professionals are subjected to death and dying. We witness countless acts of suffering and are asked to walk down the road with our clients as they navigate the last days and weeks of their lives. As we work with clients in “sacred spaces” it is only natural that we may absorb sadness and feel pain. We may question our own deaths and those of our family and friends as clients raise concerns and issues with which we can identify. It is therefore important that we engage in self care in order to prevent burnout. We have chosen to provide care to others, and as caregivers we often neglect ourselves. In neglecting our own needs we eventually will be doing a disservice to our clients as we will not be able to be effective in service provision.
Implications for Music Therapists and Health Care Professionals

I encourage professionals to develop a self care plan. This process involves identifying the stressors in one’s life and the things that add stress in your work environment. If possible, it is essential to reduce stressors and learn to focus on what is most important and what can perhaps wait on one’s “to-do” list. Then it is necessary to identify ways that you can help release some of your stress. This is an individualized process. Some ways might be to engage in a physical exercise program, to use music to help you relax at the end of your day, or writing in a journal. It is important that health care professionals take time to discover what they will do to help them cope and de-stress, and then to stick with that plan.

What Do Music Therapists and Health Care Professionals Still Need to Learn About Relationship Completion?

This study described the experience of four participants’ and two co-participants’ occurrences of various levels of relationship completion. It is hoped that the knowledge gained in this study will help inform the work of music therapists working with adults in end-of-life care. It was a small study, but important because the small size provided the researcher with the ability to bring to the surface in-depth descriptions of this ‘taskwork’ at the end-of-life. It is clearly evident from the lack of literature in this area to date, as discussed in chapter two of this thesis, that there is a great need for future research, and below I will highlight some areas for researchers to consider.
Future Research

(1) What is the role of music therapy in facilitating the grieving process of co-participants after the death of the related participant with whom they completed their interpersonal relationship?

An extension of this study would be for a music therapist to work with participants and co-participants in music therapy sessions, and in addition to work also with co-participants for a period of time after the death of the related primary participant. While co-participants engaged in relationship completion with the participants in the study, it is my opinion that there would be emotions that they may need to express during their mourning to help them complete their grieving process.

Another way to extend or expand our knowledge of relationship completion facilitated by music therapy would be to interview co-participants after the death of the participant at the 6, 12, and 18th month. In addition to these interviews revealing knowledge and descriptions of the grieving process of co-participants, they could be used to acquire information on the role of musical gifts that the participant gave to the co-participant as part of their experience of relationship completion.

(2) What does music therapy look like in facilitating relationship completion in environments other than on inpatient palliative care units?

Music therapists work with terminally ill patients at various stages of their illnesses. For example, an outpatient program at a hospital may offer its clients a music therapy support group for persons who have received a cancer diagnosis. As a person’s disease progresses and he/she enters the later stages of the disease, he/she is often followed by a palliative care physician in the
home. Nursing services or home care services may also be provided on a limited basis to those choosing to die at home. Many patients chose to die at home and never plan on coming to a hospital inpatient unit. Unfortunately as the disease progresses the needs of dying persons become increasingly more difficult for supportive family and caregivers to provide even if the person is receiving nursing care in the home. This often necessitates the person entering an inpatient unit, when their needs cannot be met at home.

Music therapists also work with terminally ill patients in their homes, although this practice is limited at present in Canada due to a lack of funding. It would be beneficial to have a music therapist begin the work with palliative care patients earlier in their disease trajectory as clients may have more energy and ability to focus. This potentially means by providing music therapy sessions in the client’s home and possibly following that client if he/she enters an inpatient palliative care unit.

(3) What do the case studies and work experience of other music therapists working in palliative care look like with respect to relationship completion?

It would be highly beneficial for a researcher to carry out a multi-site replication of this study, where the researcher was not one of the music therapists providing the sessions, but rather worked with the music therapists who would prepare the case studies. The researcher could interview each music therapist to assess their experience in providing the music therapy sessions. Once all the case studies are written the researcher could assess similarities and differences among the participants’, co-participants’, and music therapists’ experiences.

It would also be valuable to learn of the work of music therapists in various countries around the world. Either formally, or informally, is relationship completion an area of focus for
music therapists working in other countries around the world? This type of research could be carried out by surveying, or interviewing music therapists on their practice.

(4) What is the experience of music therapy intended to facilitate relationship completion for a dying child and his/her family?

This study provided detailed knowledge of adults who were dying and completing various relationships. Similar research conducted with dying children and other age groups such as adolescents, young adults, etcetera, would be helpful in understanding what music therapy techniques are beneficial at various stages in a person’s life.

(5) What is/are the role(s) of other palliative care interdisciplinary team members in facilitating relationship completion in collaboration with a music therapist?

This study looked at the work of a music therapist engaging with clients in sessions to facilitate relationship completion. Is there a role for other members of the interdisciplinary team to work in collaboration with a music therapist to provide different tools or techniques to facilitate relationship completion? For example, would it be beneficial for clients to speak about their spiritual issues with a chaplain and then to continue to express those feelings in music therapy by writing a song in order to facilitate transpersonal relationship completion?

Summary

The results of this research study were essentially presented in a highly contextualized manner in chapters four through eight to allow readers, including music therapists, to become
informed on the individual episodes of each participants’ and co-participants’ experience. I believe the rich learning that readers can take from this thesis is directly held within those chapters. Therefore in this chapter I chose to provide a summary of what I have learned, and I used this chapter as a place to discuss the implications for music therapists and health care professionals that emerged from my learning. I concluded the chapter with a discussion of potential future research.
CHAPTER TEN

FINAL THOUGHTS AND REFLECTIONS

A Year in the Life of Amy

Overview

This chapter unfolds in three parts. I begin with some of my final thoughts and reflections on the research study. The second section is a presentation of the song cycle called “Thank You for the Music,” which is based on my process of reflecting on stories in my life that I feel have contributed to my engagement with the arts. The final section is a brief discussion on the music CD that accompanies this thesis.

My Reflections on the Music Therapy Experiences with Participants and Co-participants

I was passionate about this research study from the onset. When I began my doctoral studies I knew I wanted to pursue research in palliative care, and through course work, study, and clinical practice, my desire to understand how music can impact relationship completion surfaced. I went into this study at full steam. This chapter has proven challenging to write in that I feel at a loss for words to describe the music therapy process that I have shared with my participants. As Hartley (2001) states:

Talking and writing about the musical experiences I have shared with patients has, over the years, proved to be a somewhat frustrating venture. How is a language to be found to describe a specific type of musical experience encountered within the confines of music therapy? (p. 136)
Audio-taping Sessions and Transcription

Having worked as a music therapist in palliative care for several years, I acknowledge that the work is challenging, but also extremely rewarding. This research study provided me a new learning and growth experience. Accordingly, I became intrigued by directly placing the participants’ voices in the description of clinical music therapy sessions. In-depth case studies of this magnitude were novel to me. By audio-taping and transcribing the music therapy sessions, I listened to each music therapy journey in new ways. I was able to thoroughly focus on both the participants’ and my direct words, and subsequently to reflect upon and analyze what was said, and how it was said. As part of my regular clinical practices I reflect after sessions with clients. Those reflections are not at the same level of depth as when you transcribe and reflect directly on your exact words, and the exact words of your clients. Contemplating why I had said certain things, and if what I said directed our discussions that day has proved helpful, expressly by assisting me in fine tuning my counselling skills. For this I am thankful.

By transcribing the participants’ and my words, and reading those transcriptions, I came to many new understandings about what transpired in our sessions. By listening to those tapes, I was able to reflect on the many emotions that were present in our sessions. I would not have been able to reflect as completely as I did had I not transcribed those sessions myself. I only wish I had the time to tape and transcribe my daily clinical work, as in doing this I am able to work with my clients at a far deeper and more advanced level. By re-listening to the sessions I was able to appreciate many of their challenges from different stances.

Tape recording obviously presented the challenge of finding the time to transcribe the sessions and interviews quickly. It was not until I was working with two clients in this study simultaneously, and involved with other clients that I began to appreciate how time-consuming
this process was. The nature of working with patients who are dying meant that the transcriptions had to be done right away, generally the same night the session took place.

**Being a Music Therapist in Intimate Spaces**

I strove to be fully present during music therapy sessions with these extraordinary participants. Each one had experienced many challenges in their lives that they overcame, and they were now experiencing the challenge of facing their own deaths. Walking down that road with each of them and their significant relationships has changed the person I am today. It has caused me, on a daily basis, to sincerely think about my own life, my own relationships, and my own death. Rykov (2001) maintains, “We cannot do soul work with others if we are not mining the depths of our souls on an ongoing basis” (p. 190).

I have learned that facing one’s own death can be a time of significant growth and transformation. Reflecting and reassessing one’s own accomplishments and regrets brings many emotions to the surface. These are often difficult emotions to deal with and process. Sometimes people prefer to keep them buried because they can be so complex to work through. Fortunately, music is a powerful tool in being able to both bring those emotions to the surface and subsequently process them.

**Witnessing Suffering**

It is difficult to describe some of the incredible suffering that I witnessed over the span of this study. I observed considerable physical suffering, especially watching Gloria. Gloria’s temperature made her feel like she was “burning up” in her last week, and no amount of medication could bring her relief. The nurses even tried putting her on a bed of ice to help cool
her, but that provided a few minutes of relief only. It was heart wrenching to watch Gloria suffer, and it was challenging to find words to comfort Jack as he suffered by her side.

Yetta and Bill experienced laboured breathing that caused them great physical discomfort at times, and Peter also had physical pain. As Peter’s disease progressed and the cancer metastasized, his left arm swelled. It looked so painful. Peter was exceptionally thin and withering away, but his arm was about two or three times larger than his leg. Sometimes I find it hard to get these images of suffering out of my head. I think as a caregiver, I want to make everyone feel “good.” I want to make things “better,” and there was nothing I could do to help with this physical suffering, and that made me feel at a loss.

I also witnessed psychological suffering. I think Peter experienced some of the worst psychological suffering that I have observed to date. He battled with himself and with God, until he finally became accepting of how his life had played out. It was difficult to be in sessions with Peter at times as I questioned whether I was helping him or compounding suffering. Should I have let him be? Would he be more at ease in his last weeks if he had not met me? When Peter began accomplishing his goals and accepted that he deserved forgiveness I selfishly felt better. I felt that I had used good therapeutic judgement in seeking to use music to help Peter, and this eased my anxiety.

**Being a Part of Participant’s Relationships**

I am so honoured that participants and co-participants were able to trust me and the music therapy process to be able to share such personal expressions and sentiments with each other in my presence. They also shared their deeply personal, painful, and joyful life stories with me, a relative stranger. At times, however the emotions that surfaced from that sharing brought me to
tears, and I felt sadness for many of my participants when I later reflected on our sessions. I wanted them to have the years they so desired to continue to live and engage in life. It made me question fairness in life, and to contemplate why I have been so blessed to be healthy, happy, and comfortable.

Death of Participants

I had worked with these four participants and co-participants much more deeply than many of my clients to date and I felt I really knew and had a connection to them. I attribute this in part to the audio-taping and re-listening to sessions. My time with these participants and co-participants did not solely rest upon when we were having our sessions, but rather it extended into my evenings as I transcribed and assembled case studies and began thematic analysis. I thought about these participants and co-participants each day of the last year that this study spanned, and I still think of them. I suppose I could say that this research greatly consumed a lot of “Amy.” There were many nights that I could not sleep and many nights that I awoke thinking about the participants as I tried to make sense of their suffering.

In a way, some days I feel like I am a companion on death’s journey for my clients. I witness death almost daily when at the hospital. I saw the pain of advancing illness for these participants, the slow physical declines, and the desire to live. I wished I could have stopped the death cycle from completing for these four participants, and I desired for their cancers to retreat into remission.

I knew that each participant was dying and I also had a good sense of how much time each one had remaining, but I was still somewhat shocked to learn the news when each of them
died. I felt great sadness over the death of each of them, and each of their deaths left me with a somewhat hollow feeling in my stomach.

I remember the day I learned about Yetta’s death. I was on my way to a session with another patient when I learned the news. I walked by her room and the door was open. I was going to wave and smile at her, say hello if she were awake, but I saw the empty bed raised high and the room emptied of all signs of Yetta. I stood outside that door for a few minutes knowing what the raised bed meant. The facility painter walked past me and said, “You are right.” I asked him if he had heard if this patient had died, and he said, “Yes.” He remembered how kind Yetta was to him when he returned from surgery a few weeks earlier. He said (paraphrasing) “She always remembered to ask me how I was feeling. It seemed that she died so fast.” I concurred. However, for the palliative care unit, Yetta had actually lived longer than most other patients, and it felt fast because I had so enjoyed my work with her, and I enjoyed getting to know her as a person.

Musical Reflection/Experience for Amy

In reflecting on this investigation and my role in this research, I determined that it was essential that I participate in some type of musical reflection or musical experience that would nourish me, strengthen my musical connection and bring me further self-awareness to facilitate my continued evolution as a music therapist. Rykov (2001) notes, “Caregiver self-awareness is the central competency from which stem all other competencies necessary for quality care provision” (p. 190).

This study is about experience, and my experiences with artistic engagements and my artistic affinities have shaped me. I ask clients to compile musical autobiographies and undertake
musical life reviews, yet I have not done this myself. Therefore, to try to understand more about
this type of experience, I have chosen to write a song cycle about the role and significance of the
arts in my life. I contemplated compiling a song cycle based directly on the experience of my
work in this research study, but I decided to focus on the broader topic because my significant art
experiences have fashioned who I am as a therapist and musician, the therapist who is part of the
music therapy experience with clients in their sessions. I need to connect to this now as I am
somewhat drained from the depth work that was central to each participant’s experience. I ask
clients to look deeply inside themselves, and to share music with me both actively and passively.
It seems fitting that I should also look inside myself, specifically at my relationship with music
and other arts.

I began the process of creating the song cycle by reflecting on stories in my life that I feel
have contributed to my engagement with the arts. I selected the most important stories and wrote
them. I selected songs that would reflect those stories and the emotions that they held. Song
selection involved my listening to recordings of possible songs, playing and singing potential
songs, and looking at the lyrics and/or sheet music of all the music possibilities. After doing this,
I looked closely at each story and listened or played the selected song in order to identify the
themes that surfaced. And so I present, “Thank You for the Music.”
Thank You for the Music

A note on fonts:

My text.
My stories.

“Thank you for the music, the songs I’m singing.
Thanks for all the joy they’re bringing.
Who can live without it, I ask in all honesty, what life would be?
Without a song or a dance who are we?
So I say thank you for the music
For giving it to me.” ¹⁷

Introducing Amy

It seems funny or somewhat cliché to say, but thinking back on my childhood now as an adult, one of the most important and inspirational songs that I have heard among the many in my repertoire is from the pop group ABBA. The lyrics from their song Thank You for the Music (written above) are a metaphor for how I feel about being given the wonderful gift of music in my life, and being in a career where I can share that gift with others. Those words are my anthem. They have guided me subconsciously for many years, and more recently they have been a reflecting point for me, especially when I have had a tough or stressful day. Numerous songs resonate for me, and in this reflective piece I have titled my stories with the names of songs that remind me of them. Put together, they create one of the song cycles in my life. This song cycle is a reflection of the role and significance of the arts in my life, and I have named it, “Thank You for the Music.” Through the stories the themes of identity, fulfillment of psychosocial needs,
healing and the power of music, spiritual connection, and relationship have emerged. I present my stories as they connect to the themes.

Identity

Fame

One of the most amazing and magical experiences for me as a student took place when I was 12 years old. I auditioned and was accepted to be a student at the Summer School for the Performing Arts held at the Centre in the Square in Kitchener, Ontario. The school had just opened and the teachers included high calibre performing artists. The program was only three and a half weeks long but I knew after that experience that I needed to pursue a career in the performing arts. There was an awesome power and fairy-tale feeling that surrounded the rehearsals and the final performance. Just doing the morning warm-up each day on the stage was inspiring. I could feel the energy of the other students and I knew I just wanted to be on that stage. I felt like I was on the TV show “Fame,” which of course I loved and watched religiously each week. Each morning I would carefully select my outfit for the day, which generally involved some type of leg warmers even though it was the summer. One of the vocal coaches at the program gave me a small solo to perform at the show, and I was thrilled!

I feel fortunate to say that I have had a multitude of varied experiences in the arts, many of which have been rich and have taught me a myriad of important life lessons, and ultimately have helped to shape the person that I have become. My strongest connections are with the performing arts: music, dance, and drama. Reflecting on my first associations, I am unable to recall a time when I was not influenced by or involved in the arts, and today I define myself as an artist, music therapist, music teacher, and/or performer because of those connections. If someone asked me to tell them a little bit about myself, one of the first things I would say is that I am a musician, and walking through the hospital corridors where I presently work that is how
others also refer to me: “There’s our music lady.” The arts have had such an impact on my life and my affinity for them is so strong, that I have chosen the career path that I follow today because of them.

**Fulfillment of Psychosocial Needs**

This theme is comprised of many sub-themes including: happiness, passion, beauty, emotional expression, purpose, motivation, communication, and personal space.

**Take A Bow**

I have heard my mother tell people, “Amy used to spontaneously sing and dance around our apartment and she always entertained our company.” My mother tells me she used to love to listen to me when I came home from school because that way she knew exactly what had happened that day. I would go to my room, close the door and basically improvise a drama encompassing the entire events of that school day. All the teddy bears in my room were students with fascinating names like Tobista, and apparently my infamous show opening line was, ‘Now children, this is what we are going to work on today.’

This story gives me pleasure to revisit. Perhaps these first attentive audience members fuelled my passion for performance. The joy that they showed watching me taught me that music and dance bring happiness to others. It appears that as early as four I was born to teach, and I was already practicing my craft. Today I recognize this passion as being very much alive in me, whether I am singing on a stage, or pseudo “performing” in my role as a teacher or therapist.
**Oh What A Beautiful Morning**

My mother frequently woke me up in the mornings for school singing the song, *Oh What A Beautiful Morning*. Singing was a vibrant part of my childhood. In elementary school I sang in the choir and in grade six, I joined the folk choir at my church. I had so much fun learning and singing the songs that I wanted to learn to play guitar so I could accompany myself. My mother who is so supportive of me bought me a guitar that year and one of the girls in the choir taught me a few chords. After that I was off and running and began practicing and teaching myself. I never thought practice was boring, nor do I remember a time when I did not want to practice. The more music I could play, the more passionate I became about music. When I went to high school there were many more “arts doors” that were opened for me. I auditioned for all of the plays and musicals, sang in the choirs, played in band, danced in assemblies, and even joined the “tech” crew. I took vocal and instrumental music. The arts consumed all of my free time. I had a part time job at W.H. Smith Books and between that, school, dancing, church folk choir, and all of the extra-curricular activities I was involved in at school, I did not sleep much. I remember leaving my house early in the morning with two huge bags, one with schoolbooks and the other with my dance attire and/or guitar or flute depending where I was off to. Juggling all these activities turned me into an amazing “multitasker,” a skill that I call upon frequently in my current life. I remember combining my lunch and breaks at the bookstore on Saturdays to run to the dance studio for a stretch class, and running from one rehearsal to the next on weeknights. As if all those “artsy” activities were not enough, I managed to bring the performing arts into my job at W.H. Smith. When the store was not so busy, and just before closing, one of the other staff named Cathy, used to dance around with me. Yes, literally, dance around the store. My busy schedule never fazed me. I wanted to be doing all of it. The more hustle and bustle the better. That attitude still rings true for me today, and I think at times, my family thinks I am nuts. They always say, “You are doing too much. You have to give something up.” But I just can’t bring myself to, because I love all of it.
When I began this reflection these are some of the first reminiscences that came to mind, and retelling these encounters I see quite evidently now how much music attracted me at an early age. My mother singing to me is a memory that I will never forget, and I am convinced that when I am older, even if I have forgotten many other things, if someone sings this song to me I will be able to sing it with them. I believe this because of what I have seen working with the elderly suffering from dementia, and I now know that early musical memories remain deeply rooted even when other memories are lost. This knowledge affects how I practice music therapy, and directs me to include familiar music in sessions from the client’s childhood, ideally in their first language when possible. When I begin working with a new client, it is markedly important for me to learn about their background and to help them reconnect to their musical memories. Many of the goals I am striving towards with my clients are psychosocial in nature. Until now I had not recognized how strongly my affiliation and fulfillment of psychosocial needs influenced my professional practices. The arts touch us deeply and our connection to them is never lost. They help us to fulfill some of our basic human emotional needs such as happiness. These examinations of past events in my life show me that the arts gave me a purpose. They fulfilled me and taught me love and passion for excellence. I have had so many wonderful and happy memories because of my arts experiences, and the arts offer me a safe and blissful place. Reflecting on my days at the bookstore I see that I always found a way to bring the arts into my everyday experiences, and it must have been because engaging in the arts always seemed to provide me with happiness and was a basic need I had to satisfy.
When I was seven years old my mother signed me up for jazz dance lessons at the Morée School of Dance. The studio was located on the top floor of an old warehouse in the downtown core of Kitchener, Ontario. Miss Cora was my teacher. She was bright and full of energy and I just loved watching her demonstrate the dance steps to us. I treasured dancing and going to class each week.

The night of my first recital I remember watching the older girls from the curtain wings. One of the teachers was shooing me away as I am sure I was in the way, but I was so amazed and awestruck. I wanted to be just like them, and I would try to imitate their advanced dance steps in my room at home. There was one dancer in particular, Natalie, who was the most graceful person I had ever seen. She just floated on her feet and I wanted to be just like her. She was beautiful to watch. Her dance steps were not just steps, all her movements were a part of her, an extension, and so much emotion was expressed with each motion she made. Natalie left that year for college and returned a few years later to teach at Morée.

Several years later we were preparing for a performance and Natalie was choreographing a dance to Michael Jackson’s *Smooth Criminal*. Natalie told me how much I had improved over the past year and this motivated me to want to continue to improve. Dance was a powerful motivator for me. I danced several nights a week and on weekends, and had the drive to prepare for dance examinations. I took lessons at that studio up until the time that I went to University. I assisted in several classes and also taught a few in my last year of high school. I knew dance was important to me, but I never realized how much so until I went to University and did not have the time to continue with formal dance study. Whenever I felt overwhelmed or extremely stressed about school and other issues, I would go to the activity room in the basement of the dorm in the later evening when I knew it was empty, and I would dance.
It makes me sad in some ways today to relive the memories of my dance years as it has made me realize again that I greatly miss dance, but I am thankful that I have not lost my spontaneous urge to move to a catchy beat. My sister Kathleen and I like to refer to it jokingly as “interpretive dance,” but in many ways I see now that dancing helped me to communicate non-verbally and express emotions that I may not have otherwise shared or expressed. Dancing for me was like writing in a journal. The movements took me somewhere else, on a journey so to speak and the dance was like a little vacation or escape. Dancing created my personal space, and this space was beautiful. I recognize now that Natalie was a very influential teacher in my life, and I think part of the reason why was that she was imbued with passion for her art form, and her passion was both contagious and inspirational. The important lessons I learned from dance have become infinitely central in my current practice as a music therapist and teacher. A person does not have to say what they feel. There are so many ways to express emotion, and music and dance have taught me this valuable lesson.

*Look to the Rainbow*  

*I was in my fourth year teaching voice when I met Jackie. Jackie was eight years old and all I knew about her was that she had been playing the piano for a few years and that she was a little shy. Jackie did not speak to me for the first four months of lessons. Each week she would come for her half-hour lesson and I would greet her and we would begin with a few warm-up exercises. I sang with her for the first few months, and her voice was extremely quiet, but she always sang along and was very attentive. I started encouraging her to sing alone and explained to her that I would start singing and then slowly stop at which point I would like her to continue. It took a little while but she began to feel comfortable enough to sing alone. She still did not speak to me at this point.*

There were some Saturdays when I would wonder, “What am I doing?” I did not think of myself as a scary person, so why was Jackie still so afraid to talk to me? Still, I kept on talking to
her as though she would respond. I am sure she probably thought that I liked to hear my own voice. I think it is funny now that I thought talking would make an uncomfortable situation for me more comfortable, but knowing what I know now, I should have let the music do the communicating. It was not about me and my comfort.

The mid-term recital was quickly rolling around. I was hesitant about Jackie taking part. How was this girl going to sing on a stage when she couldn’t even say hello to me? Her mother was adamant that she take part. I remember speaking to Jackie about the show and together we selected two pieces out of her repertoire to sing. She pointed to the ones that she would perform. I told her that I would be so proud of her if she was able to perform, but that it was also okay if she wanted to wait until the next recital. Jackie just shrugged her shoulders in her usual way.

When the day of the recital rolled around I was nervous for her. I was not sure how she was going to react. I did not want the recital to be a bad experience for her. I did not want to turn her away from the arts. This little girl amazed me. She got on stage and sang her two songs alone. I was accompanying her on the piano, but I wanted to jump off the bench and just cheer her on. It was one of the most awesome experiences I have witnessed as a teacher. I wanted to cry I was so excited and moved by her performance. Singing was Jackie’s way of communicating.

After the recital Jackie’s grandparents came up to me and were so astounded that she performed and sang for an audience of peers and parents. They kept thanking me. I told them that it was not me, it was the music. Jackie loved music and it provided her with enjoyment and pleasure to make music and to perform. Our second lesson after the recital Jackie began talking in her lessons, albeit very minimally, but it was a start. I was fortunate enough to teach Jackie for five years and watch her blossom and grow in her musicality and as a young lady. Her parents were amazed at what the music did for Jackie and the courage it provided her. I was once again amazed at the wonderful power of music. I felt blessed to be able to share my musical passion with this young lady and to use music to create a safe space for her to communicate.
Writing about my experience of Jackie and mulling it over again I would probably approach it differently today. I have come to appreciate how music speaks for us when we are not able, and how it can express so many emotions. I did not have to worry so much for Jackie and I did not have to feel uncomfortable in her lessons. Looking at the experience of teaching Jackie has helped reinforce how the arts can reach deep inside and inspire and motivate a person. The arts were such a powerful motivator for me. Others like Jackie shared this experience. The first of Jackie’s solos at that recital was a song called *Look to the Rainbow*. I will always think of Jackie when I sing or hear that song. Music connects us to many memories, and the emotions of that evening are re-awakened each time I hear that song.

Working with clients on the palliative care unit of the hospital and reflecting deeply about these lessons I have learned, I realize how much music can truly help a person express those thoughts and feelings that are too difficult to verbalize and meet psychosocial needs. I have been fortunate enough to work with a number of clients who welcome me into their lives in their last weeks and days of life, and I have come to understand that this is because of the music that we create and share together. Many times clients might refuse the possibility of having the music therapist visit them, but once I bring my guitar in and we start sharing songs an instant link between us is opened and the music takes these clients on journeys away from their pain, or deeper inside themselves in order to better express their pain and concerns. Clients will often choose songs that reflect themes that they are not able to talk about but nonetheless need to communicate before dying. Songs chosen by the client in these situations often mirror feelings and thoughts they have. Take for example the song, *My Way*, which is a song that clients frequently select. Sometimes they realize the connection to their song choice and want to talk about it, but other times it is best to let the music express those feelings with no dialogue being
needed. My own arts connections have helped me to identify this. For clients to be able to express these feelings before they die is just as important to them as having a peaceful death or as is physical pain management.

Healing and the Power of Music

You Raise Me Up

In grade 12, as part of the co-operative education course at school I worked at three nursing homes, two under the direction of a music therapist helping her lead sessions, and one where I led a music group on my own; and, an English as a Second Language (ESL) adult learning centre where I taught music. Each environment was unique and interesting. I thought it was remarkable that seniors who lived in the nursing homes who could not tell me their names could sing a song with me and remember all the words, sometimes even harmonizing. Those who were crying out and were very anxious were instantly calmed by hearing music. At the ESL classes the students found learning new songs a fun and interesting way to learn the new language. In that same year of high school I had a wonderful teacher Ms. Durrer who taught a class during lunch called “Autonomous Learners.” In it I learned about entrepreneurship, and of course my project was to start the “Clements Academy of the Performing Arts.” Little did I know that years later, I would actually begin my own music studio using a slightly different name: “Notes By Amy.”

I always knew that I struggled with my career choice, but revisiting that year of my life I see my career dilemma came to the forefront at this point. I could not seem to choose one career over another. It would appear now that high school is where I first learned that the arts were an amazing way of connecting with others, and that I wanted to further learn how I could help others using them. Music reaches someone when nothing else can, and it can make learning fun.
I think my new experiences with music’s healing powers must have given me the push to enter University on the music therapy path. I had many opportunities to continue performing at school and I began teaching at theatre camps in the summer, which I loved. It was in my music therapy practicum placements at University that I became more and more aware of the power of music. I worked with autistic children, helping them learn about concepts such as the weather through music. I worked with adults diagnosed with mental illnesses, writing songs to help them express their emotions. I also worked in an institution for young adults with developmental delays. I truly believe in this wonderful “tool” of music that I have at my fingertips, even when others think it is odd or do not believe in music’s healing properties. Interestingly, when sceptics are fortunate enough to experience these healing encounters they often become believers. The arts show them the way as they have shown me.

Upon graduating from University I moved to Toronto and began interning at the Baycrest Centre where I currently work as a music therapist. It was in this year that I also began my teaching studio. Since that time I have had several touching experiences in the arts that have solidified the many beliefs about music that I began to develop in childhood.

*The Greatest Love of All* 23

I have been able to work with numerous clients, writing songs as a final gift for the loved ones they were leaving, and I have received many “gifts” through these musical encounters. Take for example my work with Sarah in the spring of 2007 and a journal entry of mine from July 2007:

*Sarah died of breast cancer at the age of 40. She had two young children and together we wrote and recorded a song for them which they put on the website they created in memory of their mother. Sarah had wanted to create a memory book for her children but*
she did not have the energy to do so. Music gave her the motivation to express her thoughts in a song for her children.

I think back to how weak Sarah was in her last days and it helps me to better understand how music motivated her to complete this work when she could not do it through another method. This hidden power that music has is indescribable, but it is always present. I knew at the time how privileged I was to work with Sarah, but today listening to the song we wrote together all the emotions that were present then have resurfaced. It makes me want to cry. Sometimes I try to protect myself from the depth of the work by trying not to feel, but no matter how much I read about keeping distance from clients, when I work in these sacred spaces with music I have to feel, and so I must learn how to process my feelings better to avoid burnout and feeling overwhelmed.

I definitely see a tension building here. To be an effective therapist I believe you have to feel, but you cannot “feel” too much, so to speak or I will not be helping anyone. I know in school I was taught that you must distance yourself from clients, and sometimes I am able to do that, and I occasionally observe other therapists who seem to be able to distance themselves. However, it does not appear to matter how much I read about keeping distance, there are some clients that I am more drawn to, and the line becomes blurry as to when I am too close or “feeling too much.” Perhaps, it is because I identify more with those clients and I feel fantastic when I am able to help them with music. At other times however, I want to avoid going so deep with clients on their journeys. This creates a strain on me. I know music can help them, and I want to help my clients to the best of my ability, but perhaps I do not delve as deep as I could in a session in order to protect myself. A therapist must always be there for the client. I believe you must meet each client at the stage they are at. Doing so requires the therapist to be fully present.
To meet clients fully means to journey with them and to feel with them. The friction is that music makes me feel so deeply when I am fully present, in a much different way than when talking with a client. Other therapists would disagree with me, but I think music therapists are different from more conventional therapists because of the shared space that is created by the musical exchanges. When I feel I could have done more for a client after a session, I feel guilty, but I think if I did not hold back at times that continuously witnessing others’ sufferings would cause me to leave the profession of music therapy.

**Monday July 21, 2008.** Today I was privileged to see Casey’s face light up when she heard herself sing since losing the ability to speak following her stroke; help Mary express difficult feelings through clinical music improvisation; witness how music motivates Jack (who is so depressed that he sits in his room all day and sleeps) participate in a music group; calm Sam and see him attend to music for 15 minutes instead of wandering because of his anxiety; connect with Annie (who suffers from dementia and can no longer form a sentence) by singing and playing percussion instruments; and, help divert Betty’s attention away from her pain.

Thinking about all these experiences and being honoured to witness them I interpret them today as “gifts” that I receive on a daily basis. Reflecting on my work as a music therapist and seeing the themes that emerge in this reflection, I recognize many of the ideas and beliefs about the arts that I learned as a child and young adult through my lived experiences have become part of my current professional practices. These gifts remind me of the “power of music” and the reasons I chose to become a music therapist shine clearly.

**Spiritual Connection**

Throughout this reflection I make numerous references in both the narratives and their interpretations to a relationship with something bigger than myself, a “spiritual connection” so to
speak. It is something that I am not really able to describe, but it is there indirectly. It becomes apparent to me when I articulate such thoughts as,

*The arts touch us deeply and our connection to them is never lost.* (p. 364)

*It was one of the most awesome experiences I have witnessed as a teacher.* (p. 367)

*...the arts can reach deep inside and inspire and motivate a person.* (p. 368)

I also hear this theme come through when I talk about how dance creates personal space for me, and my reference to “sacred spaces” that are created through music making. For me, the arts create a “presence” and a place to be.

I think I am able to continue to give as an arts practitioner because I am still nourished and stimulated by my involvement with the arts. I am linked to an energy that artistic spaces create and I am driven by that force. At night even when I am very tired, I am often lured to my piano to play and sing songs, songs that are just for me. I might play pre-composed music or my own creations, but I am making that music just for me, and those sessions enrich and recharge me. I derive much pleasure from just sitting and making music. I need the spiritual nourishment of music as much as I need the physical nourishment of food and air.

**Relationships**

Overriding all of the themes that emerge out my lived experiences is that of relationships. This appears to be the most prevalent theme and thread that ties all the events together. Inspirational teachers (including my students and clients) have been present in all of the narratives I have shared, beginning with my most important teacher, my mother. When we share the arts with others we both transmit and receive knowledge and emotion. We become connected or related to something bigger than ourselves. Relationships are of the utmost importance to me,
and perhaps this is the reason that I have chosen to be an arts practitioner working with children and adults. Music, dance, and drama have fostered many wonderful relationships for me, those with teachers, audience members, students, and clients, and were created because of shared experiences. I know that I want to have an impact on others the same way my influential teachers have had on me.

_Coda_

From engaging in this process of compiling a song cycle I have been able to reconnect to the value of music in my life and in the lives of my students and clients. It has helped infuse me with renewed passion to teach music and practice music therapy principles. From the stories I have chosen to share and selected as some of the significant ones in my life, the themes of identity, fulfillment of psychosocial needs, healing and the power of music, spiritual connection, and relationships have become evident.

There will always be days when I question why I have chosen to be a music therapist or if the techniques I am implementing are really helping. It is on those days that I must think of some of these wonderful stories and moments, and those words of ABBA. I have been given the gift of music and I am fortunate to be able to share it with others on a daily basis, and so my song cycle ends back at the beginning.

_So I say thank you for the music_  
_For giving it to me._17

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Episodes of Relationship Completion: Preparing the CD

As a further means of communicating and expressing the results of this research study, I decided to record a CD called *Episodes of Relationship Completion*. This collection of songs is an artistic portrayal of the research study’s results and thematic analyses. I have selected songs to represent each participant’s experiences. The songs represent key sentiments that participants expressed to help them complete the relationships that they identified as significant to them at this point in their lives. In addition to these songs I have recorded the song *Fix You*.²⁴ This song was selected as an expression from me about the process of participating in these music therapy sessions as the music therapist.

I acknowledge the generous support of the Hy and Bertha Shore and Harry and Sara Gorman families in providing partial funding for the production of the CD. I extend my sincere appreciation for this assistance. The Shore/Gorman Award was established by these families to fund Baycrest staff pursuing continued education, writing a book, or developing a product to benefit long-term care.

Please visit [www.notesbyamy.com](http://www.notesbyamy.com) and click on the Research link to find out more about the CD and to request a copy.

I hope that you enjoy it, and that the music helps to convey the sentiments and emotions that were present in our music therapy sessions!

Episodes of Relationship Completion

**Love**

*Gloria and Jack*

I Love You  
Can’t Help Falling in Love with You  
Thank You for Loving Me
For Gloria and Jack, the core sentiment to complete their relationship with each other was to express love. Gloria did this through dedicating the song *I Love You* to Jack. She also celebrated their love in the song *Can’t Help Falling in Love with You*, and she expressed her love and appreciation to Jack in writing the song, *Thank You for Loving Me*.

Yetta needed to forgive herself, and in doing so she re-examined, and re-experienced her childhood feelings and memories. She expressed feeling alone and lived for many years without a sense of her identity growing up as a child survivor of the Holocaust. The song *Out Here on My Own* embodies that sense of aloneness. At the end of her life, Yetta was saying goodbye and *Over the Rainbow* represents her transition from this world to her next place of being.

Spiritual questions were prominent in Peter’s experience, and through hymns Peter identified his need to complete the relationship with himself. *Amazing Grace* was one of the hymns that facilitated his insights and transformation, and helped him forgive himself. Ave Maria was a song that Peter enjoyed hearing as he said it brought him peace.

Bill needed to assess and express his grieving process in the death of his first wife Rebecca. He engaged in this process as he began writing a play about his life. Several songs in the play are in an operatic style and *Habanera* was a song that inspired his original pieces. Bill also desired to express his love and gratitude to Sarah by writing *The Love I Feel for You Sarah*.

For the Coda I selected the song *Fix You* as an expression from me about the process of participating in these music therapy sessions as the music therapist, and also as a way for me to say goodbye to my participants.

Vocals: Amy Clements-Cortés
Piano: Sincere Tung
Editing and Mixing: Ted Onyszczak
Mastering: Andy Krehm
Recorded at: University of Windsor, Windsor, Ontario and Silverbirch Productions, Toronto, Ontario.
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ENDNOTES


The study that you have been asked to participate in has been designed to investigate what the experience of music and music therapy sessions are like for you in helping you address and work through relationships issues, and/or to facilitate relationship completion. If you agree to participate, you will receive individual music therapy sessions two to three times per week. Each session will range from 45 to 80 minutes and will either take place in the music room on the first floor of Baycrest Centre, or in your room for a period of up to six months.

In the initial session, I (therapist/researcher) along with you will set the goals and objectives for our sessions. I will also discuss the potential techniques and music that may be used in upcoming sessions. If you want to invite family and friends to participate in sessions in order to work on relationship issues with them, then you may do so. This person(s) with your permission will be asked to sign a
consent form to participate in the study and the study will be explained to him/her. You do not have to ask anyone to participate in sessions with you.

Listening to music and engaging in music making may involve an emotional response. Reflecting in sessions though music may cause you to experience a wide range of emotions such as joy and happiness, but it can also cause you to experience feelings of sadness or melancholy. If this happens during a session I will try to assist you in working through these feelings. If I feel that you will benefit from speaking to someone else about the feelings you expressed I will ask and/or explain to you that I would like to refer you to someone else such as the unit social worker.

I will be accessing your medical chart in order to obtain information regarding your date of birth, gender, religion, diagnosis and family background. I will be gathering data from a number of sources in order to write a case study that will represent your music therapy sessions and experience. I will collect data from: the music that we use in sessions, for example, the song lyrics, or songs that we have written or discussed in sessions; our discussions during music therapy sessions; my session notes which will consist of the formal music therapy
assessment, weekly session notes, and chart notes; transcriptions of our music therapy sessions; as well as other artistic material or artifacts such as a painting or drawing that you have done during a session, or a journal entry that you have written. Once we are at a point of completing our sessions I will interview you about your experience. This interview will take approximately 30-45 minutes. I will transcribe the interview and I will ask you to verify if it is an accurate account of what you told me.

At the end of the therapy process I will write up a case study about each of the participants’ experiences in music therapy. I will also be writing an artistic piece to go along with each case study. I will bring the artistic piece about your experience back to you for verification to determine if it accurately reflects your experience. If you are not able to verify the information, I will ask for your permission to have a family member or friend that you identify take on that role. If necessary, I will change the artistic piece so that it is true to your experiences.

When you consent to participate in the study, I will assign you a study name. I will keep a paper list of the study participants’ real names and their research names. This list along with all paper research notes will be kept for two years after the study finishes in a locked filing cabinet to which only I will have access. After
that time I will shred all paper notes. All electronic data will be stored on my personal laptop, and password protected. None of the computer files will contain participants’ real names. The electronic data will be deleted seven years after the study has been completed.

It is hoped that the information that is learned about music therapy techniques will help music therapists to work more successfully with patients who would like assistance with relationship issues. There are no known risks associated with your participation. If you consent, audio recordings of music and songs that we create in sessions may be made and given to your family and/or friends, or used in a presentation of the research results. These recordings will not be shared with others or used in a presentation of results if you do not consent.

All information gathered about you in this study will be kept confidential. In a final report or publication of the research results, only the research name that I assign you will be used, and the material will be protected so as to ensure the confidentiality of each participant.

At any time during the study you may withdraw your consent to participate for any reason and you can still receive music therapy sessions if you wish. Your
health care will not be affected if you do not participate in the study or if you withdraw partway through. You may also refuse to answer any particular question you are not comfortable with during the interviews, and to ask that certain things you tell me as the researcher remain between the two of us. Where possible, I will share the results of the study with you at the end of the investigation.

For any additional information, please feel free to contact me the principle investigator:

Amy Clements-Cortes

Baycrest Phone: (416) 785-2500, Extension: 2304

Home Phone: 905-417-4486

e-mail: aclements@baycrest.org

You will keep a copy of this form if you agree to participate. In no way does signing this consent form waive your legal rights nor does it relieve the investigators, sponsors or involved institutions from their legal and professional responsibilities.
If you wish to contact someone not connected with the project about your rights as a research participant, feel free to call Dr. Ron Heslegrave, Chair of the Research Ethics Board at (416) 785-2500, Extension: 2190.

Thank you in advance for your time.

This is to certify that I hereby consent to take part in the study listed above. I agree that the research project has been explained to me, that I have received a copy of this information sheet and consent form, and that I have had an opportunity to ask questions. I understand that all information gathered will be kept confidential, and that participant and/or family names will not be identified in any publication or presentation of the results.

I understand that I have the right to withdraw from the study at any time, without an impact to the care I receive at Baycrest. There are no known risks associated with my participation in sessions. Recordings of songs and composed music may take place during sessions, and these recordings may be given to my family and friends if I grant permission. I may also be asked for permission by the researcher to use the audio recordings in a presentation of the research results.
This researcher has explained to me that she will be accessing my medical chart in order to obtain information regarding my date of birth, gender, religion, diagnosis and family background.

________________________________________________________________________

Name of Participant

________________________________________________________________________

Signature of Participant

________________________________________________________________________

Name of Person Obtaining Consent

________________________________________________________________________

Signature of Person Obtaining Consent Date

Portraits Consent, Version One, November 5, 2007
Appendix B

Participant Information Sheet & Informed Consent Form:
Secondary Participants

Episodes of Relationship Completion Through Song in Palliative Care
Researcher: Amy Clements-Cortes, MusM
          Graduate Student, University of Toronto
          Senior Music Therapist, Baycrest

The study that you have been asked to participate in has been designed to investigate what the experience of music and music therapy sessions are like for your relative/friend in helping him/her address and work through relationship issues, and/or to facilitate relationship completion. This person has invited you to experience these sessions with him/her. Each session will range from 45 to 80 minutes and will either take place in the music room on the first floor of Baycrest Centre, or in your relative/friend’s room for a period of up to six months. You will not be participating in all sessions.

I will be accessing your relative/friend’s medical chart in order to obtain information regarding his/her date of birth, gender, religion, diagnosis and family background experience. I will collect data from: the music that is used in sessions, for example, the song lyrics, or songs that have been written or discussed in
sessions; discussions during music therapy sessions; my session notes which will consist of the formal music therapy assessment, weekly session notes and chart notes; as well as other artistic material or artifacts such as a painting or drawing that either you/your relative/friend have done during a session, or a journal entry.

Once we are at a point of completing our sessions I will interview you about your experience. This interview will take approximately 30-45 minutes. I will transcribe the interview and I will ask you to verify if it is an accurate account of what you told me. I will be gathering data from a number of sources in order to write a case study that will represent the music therapy sessions and

At the end of the therapy process I will be writing up a case study about each of the participants’ experiences in music therapy and I will ask you to tell me if what I have said about your family/friend’s case is how you experienced the events. I will also be writing an artistic piece about the experiences of all participants. I will bring this artistic piece back to your relative/friend for verification to determine if it accurately reflects his/her experience. If he/she is not able to verify the information, I will ask for you to take on that role if he/she has given me permission to do so. If necessary, I will change the artistic piece so that it is true to your experiences.
When you consent to participate in the study, I will assign you a study name. I will keep a paper list of the study participants’ real names and their research names. This list along with all paper research notes will be kept for two years after the study finishes in a locked filing cabinet to which only I will have access. At that time I will shred all paper notes. All electronic data will be stored on my personal laptop, and password protected. None of the computer files will contain participants’ real names. The electronic data will be deleted two years after the study has been completed.

It is hoped that the information that is learned about music therapy techniques will help music therapists to work more successfully with patients who would like assistance with relationship issues. There are no known risks associated with your participation or your relative/friend’s participation. If you consent, audio recordings of music and songs that are created in sessions by you and/or your relative/friend may be made and given to you or other family and/or friends, and/or used in a presentation of the research results.

All information gathered about you in this study will be kept confidential. In a final report or publication of the research results, only the research name that I
assign you will be used, and the material will be protected so as to ensure the confidentiality of each participant.

At any time during the study you may withdraw your consent to participate for any reason. The health care of your relative/friend will not be affected if you do not participate in the study or if you withdraw partway through. You may also refuse to answer any particular question you are not comfortable with during the interviews, and to ask that certain things you tell me as the researcher remain between the two of us. Where possible I will share the results of the study with you at the end of the investigation.

For any additional information, please feel free to contact me the principle investigator:

Amy Clements-Cortes

Baycrest Phone: (416) 785-2500, Extension: 2304

Home Phone: 905-417-4486

e-mail: aclements@baycrest.org

You will keep a copy of this form if you agree to participate. In no way does signing this consent form waive your legal rights nor does it relieve the investigators, sponsors, or involved institutions from their legal and professional responsibilities.
If you wish to contact someone not connected with the project about your rights as a research participant, feel free to call Dr. Ron Heslegrave, Chair of the Research Ethics Board at (416) 785-2500, Extension: 2190.

Thank you in advance for your time.

This is to certify that I hereby consent to take part in the study listed above. I agree that the research project has been explained to me, that I have received a copy of this information sheet and consent form, and that I have had an opportunity to ask questions. I understand that all information gathered will be kept confidential, and that participant and/or family names will not be identified in any publication or presentation of the results.

I understand that I have the right to withdraw from the study at any time, without an impact to the care that my relative/friend receives at Baycrest. There are no known risks associated with my or my relative/friend’s participation in sessions. Recordings of songs and composed music may take place during sessions and these recordings may be given to me or other family and friends of my relative/friend. I may also be asked for permission by the researcher to use the audio recordings in a presentation of the research results.
This researcher has explained to me that she will be accessing the medical chart of my relative/friend in order to obtain information regarding his/her date of birth, gender, religion, diagnosis and family background.

_______________________________________
Name of Participant

_______________________________________
Signature of Participant

_______________________________________
Name of Person Obtaining Consent

_______________________________________  ________________________
Signature of Person Obtaining Consent    Date

Portraits Consent, Version Two, November 5, 2007