

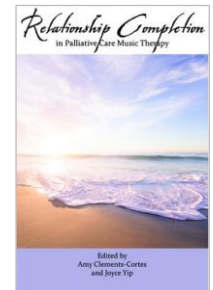
BOOK REVIEW

Relationship completion in palliative care music therapy (Clements-Cortés & Yip, Eds.)

Reviewed by Bob Heath

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Title: Relationship completion in palliative care music therapy **Editors:** Amy Clements-Cortés & Joyce Yip
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REVIEWER BIOGRAPHY

Bob Heath has been a music therapist and community musician for over 20 years. He has worked extensively in palliative and bereavement care and community mental health settings both as a clinician and a teacher. He has presented his work at events such as The Hay Literature Festival and Medicine Unboxed and has published articles in a wide range of publications including *The Lancet* and *The Guardian*. Bob continues to practice as a music therapist and has recently published his first book, *Songs from a Window: End-of life Stories from the Music Therapy Room* [bob@bobheathmusic.com]

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Music therapists working in palliative care become familiar with accompanying people as they search for hope, meaning and peace at the end of their lives. Clients may have very specific goals, the acknowledgment of relationships and love, the healing of personal and transpersonal wounds, the creation of legacy, the search for spiritual meaning, and many more. In describing the developmental stages of life, Erikson (1982) refers to the tension between despair and integrity that often characterises the final end-of-life phase. We may approach the end of our lives with sorrow and regret and yet may finally arrive at a place that he describes as 'integrity,' where, without denying the issues of our lives, we experience acceptance and peace. This intensely human process, one that we will all encounter at some level, is referred to in this book as 'relationship completion.'

Relationship Completion in Palliative Care Music Therapy identifies and defines four pillars of music therapy practice; receptive, improvisational, compositional, and re-creative, and sets out to contextualise each of these approaches within the definition of relationship completion. In exploring each of these techniques, the book draws upon existing literature and case studies and, most helpfully, consistently refers to and considers the impact of illness upon patients and their families. In doing so it creates a thread throughout the book which encourages the reader to reflect creatively on their practice and to think carefully about the choices they make with their clients. The authors also acknowledge that the work of music therapists in palliative and end-of-life care settings can often draw on a very diverse range of methods and techniques, reminding us of the need to retain flexibility and reflexivity in our practice.

The early chapters set out to establish some agreed parameters and definitions such as the musical experience, relationships (therapeutic and social) and the various locations in which the therapy may take place. When considering the importance of relationships in end-of-life care, the

writers stress that the dying experience will touch not only the people who are terminally ill but also the people who are supporting them; “the presence of close, personal, spiritual and healthcare connections is vital at the end of life” (p.10). I would add that this is probably equally true for the therapist as well as their clients.

The chapter titled “Locations of Care, Community Engagement and Music Therapy” is an extremely helpful discussion not only on where the therapy may take place but also on what the benefits and pit-falls might be when offering music therapy in a wide range of settings. The authors discuss the increased emphasis on community music therapy engagement which has taken place over the last 20 or so years and its potential to help normalise death and dying within communities and to, perhaps, help facilitate social transformation. For many people the end-of-life experience may involve periods of time spent in a wide range of different settings. Typically, patients can move from highly clinical settings to community-based services, voluntary services, and hospices, and will often create new and meaningful relationships within each setting. It may also be the case that throughout this journey patients will continue to live at home; the authors reflect on the potential of continuing to live at home to help maintain a sense of normalcy in the midst of illness and distress. Helpfully the authors also remind us about the complexity of these relationships and the steps that therapists will need to consider in order to help facilitate relationship completion. In the chapter on recreational music the authors also acknowledge the growing recognition of the role of music and the arts to reach into some of our more traditional healthcare settings and address some of the aesthetic deprivations that patients may be experiencing.

Throughout the book the definitions of what the authors refer to as “The Foundational Interventions” – music therapy techniques – are written with clarity and in each case, helpful links are provided to the reader for the concepts of relationship completion and how particular approaches may be applied in fairly specific circumstances. It is quite unusual to see music therapy techniques laid out in this way, something I found refreshing and helpful to read.

The book contains a couple of surprises, perhaps more so for therapists based outside of the United States. The first of these is Amplified Cardio-Pulmonary Recording for Music Therapists (ACPR-MT), which I confess was completely new to me. The authors describe how the patient’s heartbeat is recorded in order to create a legacy gift. Other members of the family may add their own heartbeat to the recording to create what can become a lasting legacy and a continuing bond with the deceased.

The second surprise appears in the final chapter and is a discussion on the role of music therapy in Medical Assistance in Dying (MAiD). This particular discussion is included in recognition of the rise in the legalisation of Physician-Assisted-Suicide (PAS) in the United States and acknowledges that this work may involve working with extremely difficult emotions, including those of the therapists themselves.

While this book is predominantly quite technical and clinical, one chapter stands out as unique. In the chapter titled “COVID-19 Trauma – Relationship Completion and Unexpected Death Amidst a Global Pandemic,” Joanne Loewy delivers a highly personal and emotional account of her work with “Jim” and his family. She describes the lengths she goes to dignify Jim’s death and to help his family honour his life. She reflects on the impact of this work, the challenges she faces when considering some of the choices she made and the boundaries she sought to re-define in order to facilitate relationship completion. Given what we have all faced in the last 18 months or so, she offers us a

powerful reminder that our first duty is to respond as human beings and the book is all the richer for including her chapter.

To summarise, *Relationship Completion in Palliative Care Music Therapy* is a well presented, thoughtful and thought-provoking book that will, I believe, help to inform the newcomer to palliative care music therapy and enrich the thinking of the time served therapist.

REFERENCES

Erikson, E.H. (1982). *The life cycle completed*. W.W. Norton.