

REPORT

Special Feature | Music therapy in dementia and end-of-life care: Mediterranean perspectives

Music therapy in dementia and end-of-life care: A report from Italy

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ABSTRACT

This report outlines the fundamental phases and factors that have contributed to the development of music therapy in Italy, from 1970s up to the present day, paying particular attention to the context of dementia and end-of-life care. Drawing on knowledge and experience of the Italian music therapy schools and professional associations, the paper explores the development of music therapy in dementia care, from the first interventions in the 1980s in residential care homes across the country to the several qualitative and quantitative research projects available today. Another focus is about the growth of the hospice movement in Italy and the inclusion of professional music therapists in multidisciplinary teams involved in palliative care and pain management. Music therapy started to be used sporadically in hospices from the end of the 1990s and since 2000 many Italian studies of music therapy in end-of-life care are annually presented in national and international conferences. Finally, the reports looks at the future and explores the various music therapy projects that have been increasing and developing in different contexts.

KEYWORDS

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MUSIC THERAPY IN ITALY

Professional associations

Music therapy was introduced for the first time in Italy midway through the 1970s, more specifically at the National Bologna Conference in 1973. The Italian Association of Music Therapy Studies (A.I.S.Mt) [Associazione Italiana Studi di Musicoterapia] was then formed in 1975 and, a few years

later in 1981, after several experts began to structure and define music therapy, the first training course was founded in Assisi. Subsequently, many different Associations and training courses arose and the Italian Confederation of Music Therapy Associations and Courses (CONF.I.A.M) [Confederazione Italiana Associazioni e Scuole di Musicoterapia] was founded in 1994.

Numerous factors contributed to the development of music therapy both as an area of practice and as an area of knowledge. Around the 1980s and throughout the 2000s, it was essential to draw on the knowledge and theories of key European and American academics who were active in the music therapy field. Therefore, many publications, including those translated into Italian, were made available. Lectures and supervision were organised involving prominent music therapists such as Juliette Alvin, Rolando Benenzon, Kenneth Bruscia, Leslie Bunt, Edith Lecourt, Paul Nordoff, Clive Robbins, Mary Priestley, and Tony Wigram. Some of these music therapists visited Italy during this time (Scarlata, 2015).

A growing number of trained professionals began to use music therapy in new contexts and increased awareness amongst other professional fields. The collaboration between music therapists and other professionals provided an opportunity to disseminate more knowledge about music therapy and its application in different areas, allowing them to learn from each other and their practice and experience. "Music therapy gradually became a recognized and accredited practice spread throughout the country, and music therapists are now present and appreciated within the various social-educational, rehabilitative and therapeutic teams" (European Music Therapy Confederation [EMTC], 2020).

At the end of the 1990s four professional associations for music therapists were formed: Federazione Italiana Musicoterapeuti (FIM) [Italian Federation of Music Therapy] in 1998, Associazione Italiana Professionisti della Musicoterapia (AIM) [Italian Association of Professional Music Therapists] in 2002, Associazione Italiana Registro Musicoterapia (AIRem) [Italian Association of Register of Music Therapists] in 2003, and the Associazione Punto di Svolta [Turning Point Association] in 2004. These organisations act as a reference for music therapists, providing information regarding music therapy practice, training and events.

Moreover, to guarantee the continuing professional development of their music therapists, the Italian professional associations regularly organise continuing professional development courses, congresses and workshops, involving foreign colleagues such as Leslie Bunt, Jos De Backer, Cheryl Dileo, Amelia Oldfield, Hanne Mette Ridder and Tonius Timmerman. Additionally, based on my observations, the participation of Italian music therapists, and in particular AIM members, at international music therapy congresses has increased in the past seven years.

Training programmes

One of the fundamental tasks and aspects that the professional associations have been working on is the definition of educational criteria. The associations have been promoting local undergraduate training courses as well as some postgraduate training courses throughout Italy.

National coordination and monitoring of the courses have identified fundamental criteria for organising educational programs and enabled some standardisation across the courses. The educational programme is divided into the following areas: music therapy, music, psychology,

medicine, practical placement and tutoring (Manarolo & Di Franco, 1999).

The publication of the *Norma UNI 11592*, by Ente Italiano di Normazione Italiana (UNI) [Italian Institution of Regulation] (UNI, 2015), created an agreement about music therapy training among the different music therapy associations and schools, with the following criteria: length of training courses in music therapy at least two years (120 credits); entrance criteria an undergraduate degree and excellent knowledge and skills in the area of music, certified by a Conservatory or gained through a non-formal education, as established by the European Qualifications Framework (EQF). In this last case the admission is subject to the evaluation by the public or private school of music therapy.

In the first half of the 1990s, a music therapy course was established in Bologna by Barbara Zanchi and Leslie Bunt which offered Italian music therapists the opportunity to study abroad, initially at the University of Bristol and later at the University of the West of England (Manarolo & Di Franco 1999; Music Space Italy, 2018). Currently, in Italy there are around 30 music therapists who have studied at European universities and obtained a MA in Music Therapy.

In Italy there has been an increase in collaboration between private training courses, music conservatories and universities over the last 15 years. The aim has been to improve the quality of courses and to avoid the danger of self-referencing, which may be present in privately managed courses.

In the last decade, the training in music therapy offered by the conservatories has been very diverse, with regard to structure, level of study and the total amount of hours of instruction. Currently in Italy there are courses of study that issue a Bachelor in music therapy (EQF 6). Moreover, in conservatories and universities, some two-year specialisation courses in Music Therapy (EQF 7) have been started. They are either of first or second level, with different lengths and number of credits issued. These programmes are implemented in several Italian conservatories which also actively collaborate with universities for the instruction of medical and psychological topics as well as with local institutions regarding practical placements and internships. Some courses, even private ones, offer a specific training for a particular context. Fondazione Edo e Elvo Tempia [Edo and Elvo Tempia Foundation], for example, established a training course regarding music therapy in palliative care, while the University of Ferrara and the University of Pavia established courses with a specific focus on music therapy and neurology.

Professional recognition

In Italy the recognition of music therapy as a profession is regulated by Law 4/2013, approved by the Italian government in January 2013 (Gazzetta Ufficiale, 2013). This law recognises the existence of new professions and establishes the characteristics of the professional associations that are constituted in order to enhance the competences of their members and to guarantee and monitor their continuing professional development. The law also establishes that the professional associations must have a clear code of conduct, which includes: transparency in activities and institutions; observation of professional ethics; an appropriate organisational structure and a qualified scientific committee within the Association; clear access to an information point for the clients (Gazzetta Ufficiale, 2013).

After the law's ratification, a UNI working group of professional associations of arts therapies was created. AIM and FIM participated in the working group for the definition of the UNI standard, a technical regulation that defines the specific knowledge, skills and competences that professional arts therapists, including music therapists, must have.

At the moment, the best way to be recognised as professional music therapists in Italy is through membership to a professional association and/or by being appropriately qualified and holding a specific certification in music therapy in accordance with the technical regulation 11592 issued in October 2015 by UNI and approved by Accredia, the Italian Institution of Accreditation.

Currently, one of the most widespread definitions of music therapy in Italy focuses on aspects of research, practice, education, and clinical training that "are based on professional standards according to cultural, social, and political contexts" (Kern, 2011). There are also specific definitions adopted by professionals and by training schools that, depending on the reference model used (Cremaschi-Trovesi, 2001, 2013; Cremaschi-Trovesi & Scardovelli, 2005; Centro Musicoterapia Benenzon Italia, 2014; D'Ulisse & Polcaro, 2000; Lorenzetti & Suvini, 2001; Manarolo, 2012), refer to particular aspects of music therapy rather than the profession in general.

In the past 15 years, the practice of music therapy has increased nationwide in various areas. Currently there are around 480 music therapists registered in one of the four professional associations (AIM; AIReM; FIM; Punto di Svolta); however, it is hard to calculate the exact number of music therapists who work, as allowed by the current law, but who are not members of a professional Association.

Alongside an increase in the number of professional music therapists, the contexts in which they work and the projects that they undertake, the work of professional associations has become more and more important and necessary. Professional associations work to maintain high professional standards that will guarantee high quality music therapy interventions and follow developments in the European environment which would impact delivery of music therapy services in Italy.

MUSIC THERAPY IN DEMENTIA CARE

In Italy, music therapy in dementia care began in the 1980s in residential care homes across the country. The first publications (Lorenzetti & Piatti, 1984; Delicati, 1995, 1997; Downie, 1996) reported some music therapy interventions with patients with Alzheimer's disease and suggested observations and reflections aimed to define music therapy as a discipline with specific clinical applications.

As in other music therapy contexts, in the early years in Italy it was essential to differentiate music therapy interventions from simple musical activities, such as musical entertainment or musical listening, already present in many facilities. Therefore, it was necessary to define theoretical frameworks and methodological aspects of music therapy, as well as appropriate methods for the analysis of results collected during music therapy interventions with this group of patients (Lorenzetti & Piatti, 1984; Delicati, 1995, 1997; Downie, 1996).

In that first phase supporting literature was sourced from international studies (Raglio et al., 2001b). From the research of international colleagues it was possible to learn about the effects of music therapy on psychological and behavioural disorders (Brotons & Pickett Cooper, 1996; Clark et al., 1998), cognitive abilities, relational and social competences (Brotons et al., 1997), depression and

overall quality of life for elderly patients with dementia (Smith & Lipe, 1991).

At the end of the 1990s in Florence, a group of 16 music therapists from different Italian cities formed a group to study the impact of music therapy on elderly people with Alzheimer's (Scardovelli, 2003). They analysed their clinical notes to define and further deepen some aspects of their work. From the group's reflections and discussions, several initiatives were created, such as: a conference dedicated to music therapy and Alzheimer's disease, held in Florence in 2000, a volume on music therapy with patients with Alzheimer's disease (AAVV, 2003), a cultural association named Progetto Anziani Musicoterapia (PAM) [Music Therapy for Elderly People] and one of the first websites specifically for music therapy in this context (<http://web.tiscali.it/pamonline/>). The aim was to spread information and provide music therapists working with elderly patients some insights into the Italian context as well as both the national and international studies about music therapy in dementia.

During this period, many topics were addressed and discussed regarding music therapy in dementia: the possibility to open up communication and emotional expression channels through music therapy (Delicati, 1997); the value of memories, the effectiveness of singing, the functionality of narration (Delicati, 1995, 1997; Downie, 1996); the role of sound to stimulate, affecting indirectly the cognitive functions, the organisational aspects and structuring of the setting (in relation to timing, spaces and intervention methods), the intervention methods in the cases of patients with a severe dementia diagnosis, the necessity to define observation protocols and evaluation instruments (Raglio et al., 2001a); the possibility to support communication of a relative with his/her family member in order to recover an affective-relational dimension that could not be achieved otherwise (Delicati, 2000).

At the same time, in different Italian areas, the request for music therapy intervention in residential care homes increased: knowledge about the discipline started to spread and many experiences of Italian music therapists were published (Bonanomi & Gerosa, 2001; Delicati, 2000, 2010; Varagnolo et al., 2004). In this phase, investments from several public institutions involved with elderly people were a strong incentive for spreading the use of music therapy in dementia care. In order to validate music therapy as a non-pharmacological therapeutic or rehabilitative resource for dementia or Alzheimer patients, the first clinical studies and researches on the impact and effects of music therapy were conducted (Raglio et al., 2001a).

Qualitative and quantitative studies and research

In Cremona at the *Fondazione Sospiro*, the first results of the clinical use of music therapy with dementia encouraged research projects to begin, employing only a qualitative perspective at first and then a quantitative perspective as well. Many of the studies were achieved through the collaboration of public and private institutions (Raglio et al., 2003). Gradually, the research focused on an approach that integrated both a qualitative and quantitative point of view, also organising multi-centre studies that demonstrated the effectiveness of music therapy on psychiatric and behavioural disorders in dementia (Raglio et al., 2008).

Between 2009 and 2010, the care home for the elderly of *Fondazione Centro Assistenza Fermo Sisto Zerbato* led a multi-centre, single-blind, randomised controlled trial that involved 51 elderly people with dementia. It was an experimental study that evaluated the effects of the STAM© protocol (Ceccato et al., 2006, 2009) as an additional intervention in six residential care homes across Veneto

and Tuscany. The research included standardised and observational evaluation instruments, both qualitative and quantitative methods and were used to evaluate the cognitive, behavioural and emotional responses to the intervention (Ceccato et al., 2012). Studies and research have been published in international journals and have been presented at medical and music therapy conferences, both national and international (Ceccato et al., 2006, 2009, 2012; Raglio, 2013, 2014; Raglio et al., 2013).

In the same period in Italy, several literature reviews concerning the use of music and music therapy with dementia were undertaken, focusing mainly on behavioural and psychiatric disorders and the recommendations of the Italian Psychogeriatric Association (Raglio et al., 2012b). In 2017, different studies led by Enrico Ceccato (Ceccato et al., 2012) and Alfredo Raglio (Raglio et al., 2008, 2010a, 2010b, 2012a) were included in a systematic review and meta-analysis (Fusar-Poli et al., 2018) and in the Cochrane review (van der Steen et al., 2017).

In recent years, additional research work involved Ceccato and Raglio (initially as managers for the Italian research site and subsequently as advisors) in the multinational cluster-randomised trial MIDDEL (Music Interventions for Dementia and Depression in Elderly care) carried out by Gold et al. (2019). To the present day, the daily activities carried out by many music therapists in several Italian care homes for the elderly provide strong evidence for the efficacy and inclusion of music therapy as a complementary resource in dementia care, as suggested in the “Manuale di Competenza in Geriatria – Item 4” published by Italian Geriatric and Gerontology Society (SIGG, n.d.).

MUSIC THERAPY IN END-OF-LIFE CARE

The origins of palliative care and the hospice movement are relatively recent, going back to England in the early 1960s when Cicely Saunders had the idea for what would become St Christopher's Hospice; the first institution specifically designed to help terminally ill people. Right from the start there were guidelines regarding the aims of the hospice: to offer personalised treatment plans and manage symptoms of illness, to offer psychosocial and spiritual support, and help to relieve the total pain which is so often presented in the final stage of life (Du Boulay, 1993).

In Italy, the hospice movement is very recent. More particularly it was promoted by Fondazione Floriani, founded in Milan in 1977, which contributed to the creation of Società Italiana di Cure Palliative (SICP) [Italian Society of Palliative Care] in 1986. Fondazione Floriani also promoted the European Association for Palliative Care (1988) organising the first European congress about palliative care and by establishing the European doctors' network for pain management and palliative care.

The first two Italian hospices opened at the end of the 1980s in Brescia and Milan, but since the 2000s their number has increased rapidly and there are currently 246 hospices across Italy. In 2010 law 38/2010 (Provisions to guarantee access to palliative care and pain management) established the minimum criteria and the required organisational structure that a facility needs to have in order to be accredited as a hospice, as well as specifying the level of professional training that hospice staff must have (Gazzetta Ufficiale, 2010).

The construction of purpose-built hospices and the passing of laws about the right to palliative care was only a first step. From the time the first hospices opened, nursing staff and other professional figures sought to increase people's understanding of palliative care, hand in hand with providing

medical attention, relief and support to patients and their families (Federazione Cure Palliative, 2013).

Even today, the general public have little understanding of the philosophy behind palliative care, both from a practical point of view (e.g. how to gain access to palliative care or be admitted to a hospice, or the services that are offered at home) or with regard to ethical issues such as pain management or the patient's rights in the final stages of life (Hospice Casa Madonna dell'Uliveto, 2017, 2018). In order to increase the public's awareness of the reality of palliative care, the Ministry of Health launched a campaign in May 2013 on national television and using information leaflets in hospitals (Ministero della Salute, 2013).

Music therapy in Italian hospices

Music therapy started to be used sporadically in hospices from the end of the 1990s. Music therapists were asked to use their skills to meet the needs of patients and their families, and quickly many hospices began to integrate a music therapist into their multidisciplinary team (Bagnus, 2002; Scardovelli & Ghiozzi, 2003). However, only few articles have been published on this topic in Italy (Bagnus, 2002; Caneva et al., 2003; Scardovelli & Ghiozzi, 2003). As such, in the past 18 years, it was necessary to refer to literature from other countries in order to give a scientific basis to music therapy in this context. Some studies highlighted the clinical effects of music therapy in palliative care (Gallagher et al., 2006; Horne-Thompson et al., 2007), on pain (Krout, 2001) and anxiety (Horne-Thompson & Grocke, 2008), and on quality of life (Hilliard, 2003) and spirituality (Włodarczyk, 2007). Other studies focus on the themes which emerge from therapy sessions and research the themes of grief and loss. David Aldridge (1999) also published a collage of clinical stories written by several European and Australian music therapists, demonstrating a variety of music therapy approaches in palliative care settings and highlighting goals such as creativity, communication, relationship, environment, personal expressiveness and meeting the client in music. These were also very popular in Italy.

Since the beginning of the spread and development of the hospice movement in Italy, music therapy has been suggested to: recover important positive aspects of one's life; improve self-esteem; improve mood; enhance communication and relationships with relatives and caregivers; help the patient to connect with his/her situation and needs, including spiritual ones (Baroni, 2009). Currently, music therapists have to consider several important topics: the definition of criteria to send terminally ill patients to music therapy; the personalisation and quality of care in a bio-psycho-social perspective (that involves a music therapy approach, which is necessarily individual because focused on the patient and his/her family); integrated working within teams and inter-professional communication (Baroni, 2015).

Since 2000, many Italian studies of music therapy in end-of-life care are annually presented in national conferences organised by the Italian Society of Palliative Care (Baroni, 2017; Calanchi, 2017, 2019; Catuogno, 2017; Fucili & Mancini, 2019; Marchi et al., 2019; Menegoni et al., 2019; Parente, 2018a, 2018b; Patzak, 2018; Romito et al., 2018).

One of the most complex topics for music therapists who work in end-of-life situations alongside terminally ill patients concerns the methods used to carry out research and studies in this context. From 2002 to the present day, the Italian scientific literature does not include many articles concerning

the use of music therapy in end-of-life care. Often these publications are qualitative studies and present case studies (Gamba, 2017), working methods and the integration of music therapy in the multidisciplinary team (Rossi & Capolsini, 2013).

Conferences and events

Over the last 20 years, an increasing number of music therapists work in hospices allowing music therapy to spread in this context and creating important opportunities for dialogue with other professionals such as nurses, doctors and psychologists (Trevor-Briscoe et al., 2018).

In September 2012, the first National Congress of Music Therapy and Oncology was held in Biella and was organised by *Fondazione Edo e Elvo Tempia*. Many of the reports presented in the conference have been published in *Musica & Terapia* (Baroni, 2012; Laurentaci & Cifarelli, 2012; Malfatti et al., 2012); a volume entirely dedicated to the application of music therapy in oncology and palliative care.

In 2013, in Biella, the first specialisation course for Music Therapy in Oncology and Palliative Care was introduced by *Fondazione Edo e Elvo Tempia* and was aimed specifically at professional music therapists who wanted to further deepen their education in this context. In 2015 the first Italian volume entirely dedicated to music therapy and oncology was published (Cerlati & Crivelli, 2015). It presented some music therapy activities in oncology and end-of-life care, conducted by both Italian and foreign professionals.

In October 2016, AIM organised the congress *Musicoterapia in oncologia e cure palliative: Struttura e processo di lavoro tra clinica e ricerca* [Music therapy in oncology and palliative care: Structure and work process among clinic and research] and invited Clare O'Callaghan to attend and give two keynote lectures (AIM Congress, 2016). The aim of the congress was to further explore the topics of research and the close connections between practice and research in music therapy with oncological patients, terminally ill and their relatives (O'Callaghan, 2009a, 2009b). On the occasion of the conference, the Association AIM promoted the creation of a study group, *Musicoterapia in oncologia e cure palliative* [Music therapy in oncology and palliative care], which was joined by 20 music therapists from different Italian cities. The group has been operating for three years and it organises training and study days for its members. Cheryl Dileo was invited in 2018 and held a two-day workshop about music therapy entrainment. The group is currently working on the evaluation and dissemination of the results gathered and documented by the music therapists who work in oncology and palliative care; the data collected concern the past three years of the members' work (Trevor-Briscoe et al., 2018).

LOOKING FORWARD

The Italian professional associations are working on different important topics, particularly the communication about the proper practice of music therapy in Italy. Without a doubt, the spirit of collaboration activated between the main professional music therapy associations constitutes a very important foundation for the development of music therapy in Italy. In particular, the associations are continuing the work with the Italian Ministry of Economic Development and Ministry of Health to recognise music therapy at a national level.

With reference to clinical and research areas it is important to point out how far music therapy practice is spreading and how this increase coincides with a significant improvement in quality. This is supported by the significant presence of research projects which consider, among their main aims, the advancement and improvement of clinical practice and the application of music therapy. In fact, in the past ten years music therapy projects have been increasing and developing in different contexts: prison (Rosa, 2014); drug addiction (Navone, 2018); neonatal rehabilitation in the Neonatal Intensive Care Unit – NICU (Cerri, 2015); neurological rehabilitation (Meschini, 2015; Meschini et al., 2017); paediatric oncology (Zanchi, 2015; Zanchi et al., 2018).

Many conferences, study days, and workshops have been organised to focus on the application of music therapy in these contexts. The most recent studies, mentioned above, demonstrate the quality of research being undertaken in Italy. There are two further studies in paediatric oncology and neurological rehabilitation which are worthy of note and are outlined below.

In 2015, at the Istituto Santo Stefano of Porto Potenza Picena, the Music Therapy Observational Tool (MuTOT) was developed (Meschini et al., 2017). Its main aim is to improve music therapy intervention and provide important information for interdisciplinary assessment and treatment of the people in low awareness.

Five years ago, at the paediatric-oncology unit of Bari Hospital, research on the impact of music therapy on anxiety in children undergoing painful procedures was launched. The primary objective of the study was to evaluate the influence of music therapy as a complementary/non-pharmacological intervention to reduce preoperative anxiety and to promote more compliant behaviours during anaesthesia induction. A lower preoperative anxiety score (m-YPAS) was observed in the music therapy group compared with the standard care group. Results support the potential effectiveness of integrating music therapy with a pharmacological approach to reduce preoperative anxiety in painful procedures. More than 90% of medical staff were also very satisfied about the ability of music therapy to distract the patient and support the staff (Giordano et al., 2019).

CONCLUSIONS

To conclude, some considerations on music therapy in dementia and end-of-life care are motivating for the future. In the past six years (since the law on palliative care was approved), a discussion has been developing in Italy about the possibility of offering palliative care to elderly people of 80 years old and over. It is likely that facilities for elderly people will increasingly become providers of palliative care, and that the *terminal suffering* experienced by elderly patients affected by dementia will compel facilities to examine their role in palliative care. When discussing end-of-life care, it is also necessary to consider the physical, psychological and spiritual dimensions, as established by the study group of Società Italiana di Gerontologia e Geriatria (SIGG) [Italian Geriatric and Gerontology Society]. In my opinion, while continuing to implement music therapy in dementia settings, it will also be important to develop new music therapy methods and to examine the role of music therapists in end-of-life contexts.

A further complex topic relates to the potential involvement of music therapists in the 'living will' of patients; Disposizioni Anticipate di Trattamento (DAT) [Advance Healthcare Directive]. It is regulated by a Law 219/2017, recently passed and effective from 31st January 2018, that establishes

the possibility for every individual to express their own intentions regarding medical treatments at the end of life (Gazzetta Ufficiale, 2017). In my experience, some topics often surface during music therapy sessions and help the patient, both young and old, to express his/her own will: the patient's subjective perception of his/her condition, sense of identity, the need for completion, and existential questions about the last days (Baroni, 2009, 2017). It is important to question what specific contribution music therapy can make in this case, helping to enhance the quality of care in a multi-disciplinary team. A challenge for professional associations is to offer Italian music therapists continual professional refresher courses in order to support their daily work in constant contact with these realities.

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Ελληνική περίληψη | Greek abstract

Η μουσικοθεραπεία στην άνοια και τη φροντίδα στο τέλος της ζωής: Μία αναφορά από την Ιταλία

Mariagrazia Baroni

ΠΕΡΙΛΗΨΗ

Αυτή η αναφορά συνοψίζει τις βασικές φάσεις και τους παράγοντες που έχουν συνεισφέρει στην ανάπτυξη της μουσικοθεραπείας στην Ιταλία, από τη δεκαετία του 1970 έως και σήμερα, εστιάζοντας ειδικότερα στο χώρο της άνοιας και της φροντίδας στο τέλος της ζωής. Αντλώντας από τη γνώση και την εμπειρία των Ιταλικών εκπαιδευτικών ιδρυμάτων και των επαγγελματικών συλλόγων μουσικοθεραπείας, το κείμενο διερευνά την εξέλιξη της μουσικοθεραπείας στη φροντίδα της άνοιας, από τις πρώτες παρεμβάσεις κατά τη δεκαετία του 1980 σε γηροκομεία σε όλη τη χώρα έως τις διάφορες ποιοτικές και ποσοτικές ερευνητικές μελέτες που είναι διαθέσιμες σήμερα. Ένα άλλο θέμα διερεύνησης αφορά την ανάπτυξη του κινήματος των ξενώνων ανακουφιστικής φροντίδας [hospice movement] στην Ιταλία και την συμπερίληψη επαγγελματιών μουσικοθεραπευτών στις διεπιστημονικές ομάδες σχετικά με την ανακουφιστική φροντίδα και τη διαχείριση πόνου. Η μουσικοθεραπεία άρχισε να χρησιμοποιείται sporadικά σε ξενώνες ανακουφιστικής φροντίδας [hospices] από τα τέλη της δεκαετίας του 1990, και από το 2000 πολλές ιταλικές έρευνες σχετικά με τη μουσικοθεραπεία στη φροντίδα στο τέλος της ζωής παρουσιάζονται ετησίως σε εθνικά και διεθνή συνέδρια. Τέλος, η αναφορά αυτή εξετάζει τις μελλοντικές προοπτικές και εξερευνά διάφορα μουσικοθεραπευτικά προγράμματα τα οποία αυξάνονται και αναπτύσσονται σε διάφορα πλαίσια.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσικοθεραπεία, Ιταλία, άνοια, φροντίδα στο τέλος της ζωής [end-of-life care]