Book Review

Voices of the Dying and Bereaved: Music Therapy Narratives by Amy Clements-Cortes & Sara Varvas Klink

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Abstract

An examination of the role of music therapy in end-of-life care and bereavement. The authors focus on grief and loss, taking a client-centered humanistic perspective. The first half of the book deals with end-of-life care: it provides a thematic review of literature, a summary of music therapy techniques, and three case studies by Clements-Cortes. The second half deals with bereavement; it also provides reviews of literature and techniques and three case studies by Klinck, and in addition, presents a group model. Case studies are presented in narrative format in order to honor the voices of the dying and bereaved and fully illuminate the therapeutic process.

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According to urban legend, the virtuoso violinist Itzhak Perlman once said, “You know, sometimes it is the artist’s task to find out how much music you can still make with what you have left.” He said this to the audience after completing a complicated concerto using only three strings. The snapping of a string during a performance would typically be a catastrophic event to a violinist tackling a meticulous solo for a live audience. The violin in this context could represent the failing body, mind, or spirit of the client. Music therapists that serve patients and families at the end of life and beyond creatively use what remains to engage the client physically, psychosocially, emotionally, and spiritually. This takes courage, intention, confidence, therapeutic risks, and years of experience by the seasoned music therapist. Amy Clements-Cortes and Sara Varvas Klinck have accomplished this through their writing of Voices of the Dying and Bereaved: Music Therapy Narratives. This text is a reservoir with succinct background material, current trends, a thorough review of literature, and specific methods of music therapy with expert opinions, and rich case studies to bring to life what transformational music therapy looks like in action!

Dr. Joanne Loewy opens the book with a forward that sets a tone of personal and professional excellence, giving the reader a sense of depth and the profound nature of what this book represents. Death is such an important life event and the authors demonstrate such scholastic, passionate, and precise music therapy interventions which elucidate the instrumental transitions reflected through the outcomes of the clients and families served.

Dr. Clements-Cortes and Ms. Klinck provide a well-organized, one-stop-shop of relevant end-of-life care literature that brings theories into practice and techniques into reality. Chapter one presents nine emergent themes in clinical music therapy practice that are identified in three categories: physical, psychosocial, and whole-person care. The second chapter of the book is a resource for any music therapist working in palliative care. Clements-Cortes constructs with great clarity how a music therapist might approach working with clients and families in palliative care by outlining indications, contraindications, typical goals, preparation, location, music choice, importance of observation and re-assessment, considerations, and adaptations. Selected references are synthesized into a table of emergent themes in palliative care music therapy. As a practicing clinician, it is gratifying to have all of these topics in place, and the generous case studies seal the reader’s understanding of the literature, and theoretical framework. Even though this review of

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common methods is not exhaustive, it is comprehensive and remarkably fleshed out for the front-line therapist. What a gift! Dr. Clements-Cortes uses these emergent themes as framework to dive deeper into the clinical work describing the cases of Janet, Dean, and Melanie. These cases are written so the reader feels like a silent observer at the bedside watching and listening to the mastery of Clements-Cortes’s creative and grounded clinical practice. The use of the client’s written voice through direct quotes allows the reader to have a first-hand account of what took place during the many sessions documented. Every clinical rationale is rooted in theory and referenced. My favorite aspect of these cases are the reminders of the mutually agreed upon goals decided by both Amy and her clients. This refocuses the reader while reminding those who work with this patient population that it is of great importance to create goals together. This is authentic, organic music therapy. Narrative reflections and treatment plan analyses are delivered cleanly to summarize and show significance for what transpires during each of these insightful and unique end of life stories.

Part two of the book plunges in the possibilities and opportunities of continuum of care after a loved one has died. Sara Varvas Klinck mirrors the format of Clements-Cortes’s literature review providing a wealth of knowledge and reminding us that the work does not end when the client dies. It could in fact be the beginning of the “next chapter” where we are reminded as palliative care and hospice music therapists to value this potential work in postloss bereavement with the same importance we do with providing end of life care with the dying.

Klinck documents the power of group work with the three bereaved cases of Nancy, Evelyn, and Ruth. It is striking how many refined music therapy competencies, methods, and interventions are involved in preparing for, observing, reacting and implementing successful group therapy sessions. I applaud the concise format in which this book structures the complexities of the content by keeping it consistent throughout. This breadth of information is digestible and easy to follow because of the way the authors contain the depth of material.

Conceptualizing a working model for music therapy bereavement groups is a commendable and much needed task. Speaking for the field of music therapy, I am grateful for the authors’ hard work. I know this first hand as someone who has been serving the bereaved for a decade—to quote Sara Klinck, “the nonlinear, complex, and multi-faceted nature of grief and bereavement” is at times overwhelming. Breaking it down into eight weeks is again, sensible and digestible, and unlike most grief work, embodies a goal-oriented focus. The weekly outlines are helpful to anyone hoping to recreate this work in a group setting. Klinck demonstrates a variety-based multi-strategy model for facilitating bereavement groups that is logical and grounded in theory. Topics are semi-structured allowing for the reality of working with humans to evolve naturally through inherent group dynamics. Flexibility is an art and it is mentioned throughout this book to maintain real-life usage of the content. Music therapy especially in a group setting is messy—and like Ms. Varvas Klinck states— it is a privilege and often humbling. There is so much to learn from our clients and from this book!

I give Dr. Amy Clements-Cortes and Ms. Amy Varvas Klinck a standing ovation much like the audience did at the mythical Itzhak Perlman concert for taking the mystery out of this work and understanding how unbelievable outcomes are attainable through focused theory based clinical work by patient, passionate, and brilliant music therapists! The authors have helped us to discover out “how much music you can still make with what you have left” and then as importantly, how we can use what remains to transform lives no matter how sick or grief struck we become. Thank you for having the courage to create this body of work and for creating a resource that will be celebrated by the clinical field of medical music therapy and people who serve the terminally ill and bereaved!

To quote the authors, “This book in its entirety reflects who we are as music therapists, what we offer to our clients, and how our clients choose to use music as a vehicle for expression, care, and inner healing at the end-of-life and beyond.”

Biographical Statement

Brian Schreck, MA, MT-BC has been professionally serving patients and their loved ones in palliative care and hospice settings for the past 11 years. He currently serves the Norton Cancer Institute in Louisville, Kentucky, USA.