Book Review

Relationship completion in palliative care music therapy Editors: Amy Clements-Cortes & Joyce Yip

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Relationships are significant in end-of-life care. Music therapy research and descriptive writing have built a body of knowledge supporting efficacy, enabling clinicians to implement evidence-based practices in their work. While relationships and relationship completion have been studied in end-of-life care, there are no written guidelines based on the best practices of relationship completion in palliative care music therapy. Thus, this is the impetus for this book.Relationship Completion in Palliative Care Music Therapy provides foundational information on relationships, relationship completion in end-of-life care, locations of care, and the scope of the continuum of music experiences. It is written by an international group of experts who collaborated over two years to develop this resource. With particular attention to the importance of equity, diversity, and inclusivity, intercultural competence and anti-oppressive practices are threaded throughout the text with a focus on music therapy techniques for the patient and caregivers. Step by step guidelines are provided for work with children and adults, which are divided into receptive, improvisational, compositional, and recreative categories. Further, a chapter on education and training guidelines is provided, alongside considerations in end-of-life care such as funeral planning, medical assistance in dying, dying alone, and bereavement. This text is a must-read for clinicians, educators and researchers working with the dying and bereaved.

Keywords: End of life; end of life care; palliative care; relationship completion

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Relationship completion is a relatively new area of focus in palliative care that is of growing interest and championed by Dr. Amy Clements-Cortes. This book includes a collaboration of music therapists whose work is inclusive of various models of palliative care, in settings around the world. It is a strong read not only clinicians, but for students, researchers, and others in allied health professions.

Dr. Amy Clements-Cortes, an active member of the International Association for Music and Medicine (IAMM), assembled the authors who included practices and unique outcomes of music therapy, with a theme of relationship completion threading significance in end-of-life care. Dr. Clements-Cortes, together with Joyce Yip, organized a truly international group of experts: Dr. SarahRose Black, Sara Klinck, Chrissy Pearson from Canada; Dr. Lucy Forest from Australia; Dr. Joanne Loewy, Dr. John Mondanaro, Dr. Andrew Rossetti and Brian Schreck from the USA; Marija Pranjic (Croatia-Canada) and Dr. Giorgos Tsiris from the UK.

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According to Clements-Cortes, this book aims to provide written guidelines for music therapy and relationship completion. The prelude (p. xvii) lists and defines the following 10 types of music experiences: environmental music, music for entertainment, recreational, community music experiences, music ensembles, music education and lessons, music medicine, music thanatology, music therapy, and the Environmental Music Therapy (EMT). The book is divided into two parts: more introductory, theoretical, philosophical part (chapters 1 through 8), and a practical part with clear guidelines for working with the adults (chapters 9 through 13) and children (chapters 14 and 15), with a conclusive chapter on Medical Assistance in Dying and Bereavement.

In Chapter 1, the authors Clements-Cortes, Klinck, Forrest, and Yip explore intrapersonal, interpersonal, and transpersonal relationships and the relationship with one's home, country, culture, and community. These relationships are at the forefront of end-of-life care- as human beings belong and connect with others. "Separation from home, family, community, culture and land may become a source of anxiety, fear, grief, and loss" (p. 7). The authors cite Dr. Ira Byock's five essential sentiments that facilitate relationship completion: "I love you," "Thank you," "Forgive me," "I forgive you," and "Good bye" (p. 10). Clements-Cortes wrote (p. 10) that being

close to the end of life intensifies feelings of love, thankfulness, regrets, and forgiveness.

Chapter 2, by Klinck, Forrest, and Tsiris, discusses the importance of various care locations and music therapy in community palliative care. Music therapists may work in hospitals, homes, hospices, and residential care facilities. The authors inform readers of the importance of community engagement in palliative care, emphasizing that bringing people together in hospices can create a place of "comfort and reflection" (p. 19) and thus supports relationship completion. The authors provide a detailed reflection on the benefits and challenges of community palliative care. They point out the added challenge of patients' movement between the settings that can both help and interrupt the relationship completion process.

In Chapter 3, Yip, Clements-Cortes, Pranjic, and Tsiris discuss the scientific evidence of various music experiences such as recreational music, entertainment, and music and medicine. The authors describe research on both adults and children in end-of-life care, pointing at these interventions' potential "to transform the environment and people's experience [...] and enhance people's sense of connection and their engagement in relationship completion work" (p. 29).

Chapter 4 (Klinck, Clements-Cortes, & Black) outlines the interventions that include receptive, improvisational, compositional, and re-creative music therapy and the unique goals that music therapy can help address. Among the receptive methods (interactive listening), the authors' included song song dedications, song legacies, choice, discussion/analysis, music for reminiscence, entrainment, and the Bonny Method of Guided Imagery and Music. Among the improvisational methods, they included the following: empathic improvisation, active vocal/instrumental improvisation, free associative singing, and environmental music therapy (EMT). Finally, in the compositional methods, the authors describe the potency of song composition, songwriting, musical autobiography, and musical life review.

Chapter 5 by Clements-Cortes, Black, Yip, Pranjic, Schreck, and Rossetti discusses the evidence and potential for relationship completion with adults as well as children and intergenerational music therapy. There is support for receptive music therapy (including for Medical Assistance in Dying, or MAiD), improvisational and compositional, and Environmental Music Therapy, but no literature on re-creative music therapy. Overall, there is less literature on palliative care music therapy with children including for the purpose of relationship completion.

Chapter 6 explains the potential of the Bonny Method of GIM in relationship completion. Clements-Cortes is a well-known researcher on this particular topic. Together with Yip, they provide a short but detailed explanation of the application

of the GIM programs in supporting relationships and their completion.

Chapter 7, written by Loewy, stands out in the way it is written: the author uses first-person language in writing a case study about her professional experience working on relationship completion with an unexpected death during the early phase of COVID-19 trauma. It is not theoretical like the previous chapters and reads on one go. Joanne wrote about a long time client she saw in individual therapy and also in a group choir context. An emphasis of holding "a unique place for possibility in its capacity to ignite the human spirit and the love we all share" (p. 70) and doing it most meaningfully before and after the passage of death for all involved people, was highlighted in her use of music therapy for relationship completion.

In Chapter 8, Mondanaro and Tsiris provide a detailed analysis and suggestions for contemporary education of music therapists in palliative care. They stress the importance of keeping current with the contemporary palliative care orientations. I especially liked their focus on spiritual and cultural considerations. The authors suggest "an in-depth exploration of spirituality and its connection to people's experiences of relationship completion" (p. 78), which should go alongside students' exploration of their spirituality to know their own beliefs and comfort and discomfort zones. Sociocultural awareness is also essential for culturally sensitive practices. Another necessary change proposed by the authors is focusing not on the "effectiveness" of music therapy for clients (p. 80) but its impact on families and organizational systems, as music therapy methods can facilitate relationship completion and grief processing of everyone who experienced losses of patients/ clients.

Chapter 9 (Klinck and Clements-Cortes) informs readers about how to introduce relationship completion in adult palliative care. The authors explain who should do it, how, and when it should occur, and they also provide a list of questions to explain relevant to introducing relationship completion and what it should look and sound like. The authors listed various considerations in undertaking relationship completion, such as individual, family, culture, community, practical, logistical, and ethical considerations.

The following four chapters, written by Pearson (10, 12, 13) and Klinck (11), include detailed guidelines for relationship completion in adult palliative care. They all have a similar structure, starting with the assessment/when to use a particular technique, followed by goals, preparation, procedures, observation with ongoing assessment, and adaptations, with the addition of ethical considerations for specific techniques. I found this structure very easy to follow and think that these chapters could be used as a required text in training programs, particularly to prepare students for practical and internships in palliative care and hospice.

The chapter on receptive methods outlines details about music listening, song/music discussion and lyric analysis, relaxation and entrainment, song choice and personalized playlists, reminiscence, and The Bonny Method. In a chapter on improvisational music therapy, Klinck discusses empathic improvisation, active vocal/instrumental improvisation, toning, free associative singing, and Environmental Music Therapy. The final chapters on compositional and re-creative methods follow the same format.

In Chapter 14, Forrest outlines relationship completion and provides key considerations that are relevant to working in pediatric palliative care (PPE). She explains when to introduce relationship completion, and provides a detailed table of direct and indirect approaches to initiate relationship completion (pp. 172-174), reminding us about cultural considerations and how for some families, "there may never be a sense of completion or resolution" (p. 175). Forrest offers another valuable table, "Developmental stages and music therapy goals" (pp. 177-178), which gives clear guidelines on the goals and possible music therapy interventions.

In Chapter 15, Forrest discusses guidelines for receptive, improvisational, compositional, and re-creative methods, with the same structure we saw in the chapters on relationship completion with adults. It is another valuable "textbook" chapter with practical information, that I'd advocate for inclusion in our training programs.

Klinck and Clements-Cortes conclude the book by providing guidelines on using music for medical assistance in dying, funeral planning, relationship completion, and bereavement. The authors provide procedures and discuss specific goals, techniques, and ethical considerations.

"Relationship completion in palliative care music therapy" is a valuable addition to the existing literature on this topic. The book provides essential theoretical and practical information that should be included in the textbook list for music therapy training programs. In addition, its large scoping inclusion reviews music and its potential in healthcare, and offers expansive thinking for milieu team members, in addition to its potential in music therapy.

Biographical Statement

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