Music Therapy as Psychospiritual Process in Palliative Care

DEBORAH SALMON, McGill University Health Centre, Palliative Care Service, Royal Victoria Hospital, Montreal, Quebec, Canada

Abstract/ This paper proposes a theoretical framework for understanding how music therapy elicits and supports depth experiences in palliative care. The author explores music therapy as a containing or sacred space in which ventures into the realm of psychospiritual awareness may safely occur. The ultimate goal is to facilitate the process of connecting to that which is psychologically and spiritually significant for the patient, thereby transforming experiences of suffering into those of meaning.

Résumé / Cet article propose un cadre théorique permettant de saisir comment la musicothérapie favorise l'émergence d'expériences profondes en soins palliatifs. L'auteure explore la musicothérapie en tant qu'espace contenant ou sacré à l'intérieur duquel l'introspection dans l'univers de la conscience psychospirituelle peut se réaliser de façon sûre. Le but ultime est de faciliter le processus de connexion envers ce qui est psychologiquement et spirituellement significatif pour le patient, transformant ainsi les expériences de souffrance en expériences porteuses de sens.

When a man is singing and cannot lift his voice, and another comes and sings with him, another who can lift his voice, then the first will be able to lift his voice too. That is the secret of the bond between spirit and spirit.

Rabbi Pinchas of Koretz (1)

INTRODUCTION

Music, with its intrinsic capacity for beauty and expression, has been used throughout time to convey the gamut of human emotion and experience. The literature on the use of music therapy in palliative care (2-5) illustrates its remarkable depth and breadth in enhancing the lives of terminally ill people and their families. Music therapists in palliative care regularly describe profound encounters with patients. The work seems to facilitate quick movement beyond ordinary awareness, where disease is prominent, into the realm of spirit and psyche, where the essence of one's voice may be lifted and heard. In these moments of grace, within and after the music, patients appear to access deep places within themselves. They laugh, cry, create, reflect, reminisce...and then they regroup. Further, palliative care patients report feeling better, both physically and emotionally, after music therapy (6).

How does music therapy reach so deeply with such apparent ease? In these moments of grace, what part of the person is being accessed—the psyche or the soul? Or are these artificial distinctions? Perhaps most important, how might music therapy broaden experiences of suffering into those of meaning? What follows is this therapist's attempt to grapple with such questions and ground the clinical work in greater theoretical understanding. The ideas presented in this article have grown out of the author's integration of experience, study, and reflection during 15 years of working as a music therapist in palliative care.

THE CONTAINING OR SACRED SPACE

In music therapy, we begin by creating a "containing space", bound by the presence of patient, therapist, and music (Fig.1). The interrelationship of these three elements serves to form a metaphorical space where the patient can feel safe enough to engage in the therapeutic process, allowing for meaningful experience. The sacred aspect of this interpersonal/musical space lies in its potential for transformation and transcendence.

Bolen writes about the powerfully spiritual dimension of containment in the therapeutic relationship:

[The relationship has to be...a sanctuary, where it is safe to be oneself, to be unguarded, to trust that this vessel can hold the contents...(A space is created) for grace to enter, for love to be present, or for one soul to touch another...I-Thou moments...heal the soul and in turn have an effect on the body. Quality of life is enhanced.... (7)

Kearney likens the containing relationship to the "sacred space" described in ancient Greek healing rituals, and stresses the importance of the caregiver's ability to "be there" with the patient's powerful and often ambivalent emo-
SURFACE AND DEEP AWARENESS

Figure 1 borrows the concepts of "surface" and "deep", here referred to as levels of awareness, from Michael Kearney (11). In the area of surface awareness lies the rational, logical, and literal aspects of self. This, says Kearney, is where the ego experiences control. The area of deep awareness, however, houses the less conscious, intuitive aspects of self—emotions, dreams, symbols, and images. Deep awareness feels chaotic to the ego and is, therefore, resisted.

Terminally ill patients, faced with the existential crisis of their own demise, may be less successful in employing habitual defence mechanisms and may feel the "call of the deep", as it were, with greater urgency. Cassell says that "suffering occurs when an impending destruction of the person is perceived; it continues until the threat of disintegration has passed or until the integrity of the person can be restored in some other manner" (12). Ironically, it is the feared realm of depth which has the potential to offer experiences of wholeness, integrity, and meaning. Kearney uses the terms "soul pain" to describe "the experience of an individual who has become disconnected and alienated from the deepest and most fundamental aspects of him/herself", and "soul work" as a quest for wholeness and meaning (11).

Music speaks, or perhaps sings, the language of the deep, evoking imagery and memory, resonating with feeling, and transporting one beyond the bounds of ordinary awareness. As such, it often bypasses habitual defences, providing individuals with easy access to the realm of depth. These depth connections may be of a psychological/personal nature, resonating with the individual's past experiences, relationships, and unresolved issues; or they may be of a spiritual/transpersonal nature, where the music evokes a poignant sense of meaning, beauty, or the Divine. Often, the boundary between the psychological and spiritual is blurred, as when, for example, feelings of intense love are experienced while singing or listening to a significant love song. In music therapy, the patient, therapist, and music move fluidly in and out of the psychospiritual realm, allowing for the safe experience of inner life, and for moments where the presence of meaning and integrity are unmistakable.

The spiral in Figure 1 is inspired by the concept of the "cut log" put forth by Helen Bonny, founder of the Bonny Method of Guided Imagery in Music. Here, the spiral represents movement between surface and deep awareness. Not only does music therapy facilitate ven-
tures into deeper awareness, it also helps bring insights and emotions back into ordinary consciousness where they can be further experienced and explored. Bonny’s “cut log”, using the metaphor of a tree’s core and its rings of growth, provided her with a framework for understanding states of consciousness and a broad range of inner experience through music. She refers to some of these as “transpersonal realms of the sacred and profane which approach peak dimensions”, and to others as:

...less sensational experiences, but of equal or greater importance,...(such as) the evoking of feelings, emotions, ideas, insights, revelations, understandings, conflicts, resistances, etc., which can lead to a newer understanding of one’s life, to a healing of long held grudges, to old tears and new tears aching to be shed, to taking realistic action...(13)

In brief, the three elements of patient, therapist, and music combine to create a containing or sacred space in which the return voyage into depth and back again may safely occur. Such forays into depth are often quite natural, simple, and ordinary. They may last the span of a song or far longer. They may be revealed in the wiping of a tear, the reaching for a loved one’s hand, or the relaxation apparent in a person's face. Sometimes they result in a reduction of physical pain (14,15). While some music therapy experiences facilitate a conscious change in awareness, others may simply leave the patient feeling calmer or in a better mood.

(CD-Rom Segment 2: Lise)

LISE

Lise was a 45-year-old woman with end-stage ovarian cancer, complicated by persistent neuropathic pain. She had lived a reclusive life with her husband Pierre and their little dog Peanut. While on our palliative care unit, the three of them lived together, full time, in Lise’s room.

Lise developed trusting relationships with only a few staff members, and initially told me that the only music she wanted to hear was that of Joe Cocker (which we were able to find for her on CD). Pierre was shy. His interactions with me were short, with minimal eye contact. On the day of the following intervention, Lise was pain-free. To my surprise, she accepted live music in her room and agreed to be videotaped.

I offered Lise a choice of songs from which she chose Un jour à la fois, the French version of One Day at a Time. She stated that her mother had sung that song each day, occasionally adding verses of her own. After singing the song with Lise, I asked what she might say if she were to add a verse. “I would make it romantic”, she laughed. “One day at a time...with my love...” I began playing the music again, leaving spaces for Lise to finish phrases and add her thoughts, occasionally asking leading questions, and incorporating her words into the musical context. Throughout the session, Pierre sat quietly in a corner of the room, watching and listening intently as Lise, with great pleasure, composed the following lyrics:

One day at a time, with my love
high up on the mountain, we’d look out forever

One day at a time, with my love
on top of the mountain, I’d look out forever

One day at a time, oh my God
if the sun would shine there would be lots...of hope within us.

Show me the road, the road of illusion
the road that’s part of all our illusions

When pain-free, Lise relaxed and became more open to music therapy. Her lyrics seemed to express love for her husband, hope for better days, the belief in a higher power and, possibly, doubt concerning her future. Together, the therapist and the song-form itself elicited and contained this material. Further, the song helped both therapist and patient venture into complexity and ambiguity—the realm of the deep—and to create something of that experience in the realm of the surface.

In the days following the composition of this song, Lise became increasingly somnolent, eventually slipping into a coma. Pierre began to treasure her song and asked me to play it several times. I made him an audio cassette of the session in which Lise and I created the song, and printed out the lyrics for him. On the day of Lise’s death, I was not working, but Pierre asked a pastoral care worker to read the lyrics at Lise’s bedside. My contact with Pierre ended at this point, but the song left with him and, it is to be hoped, Lise’s expression of love and concern continued to provide him with some measure of comfort.

THE PSYCHOSPiritual MUSIC THERAPY PROCESS

Figure 2 illustrates the music therapy process which activates venues into the psychospiritual realm. As music therapists, we come to the patient with a bag of tricks, filled with music-based and verbal techniques which we have
been trained to use. Skillfully chosen and executed interventions stimulate a process whereby the patient experiences and expresses, overtly or symbolically, something of his or her inner self. This entails working (or, in music, playing) with the emergent material. The very act of experiencing and expressing oneself promotes a working-through of issues. These elements—experiencing, expressing, working through—do not necessarily occur in a tidy sequence, but happen in any order or even all at once. Further, the process may or may not involve conscious awareness. Growth can take place at the level of deep awareness without reaching conscious insight.

Within the music therapy encounter, patients seem to experience a fuller sense of self, moving beyond their current situations and accessing a broader psychospiritual realm. Such experiences may take many forms, but generally involve an enhanced sense of one or more of the following:

- meaning, both personal and existential
- relatedness, to self, other(s), or a sense of the Divine
- humour, in which there is optimism, pleasure, and play
- nourishment or a sense of fulfilment
- peace or calm
- acceptance, which may include forgiveness of self or other(s), and a letting go
- love, both the ability to give and receive
- faith or belief in an enduring construct
- beauty, aesthetics, a sense of awe
- hope for self or other(s)
- creativity, which involves release and being present in the moment
- awareness or understanding

In this author’s opinion, the ultimate purpose of the music therapist in palliative care is to provide a safe space in which such connections to the psychospiritual realm may be facilitated, enabling the patient to experience a greater sense of meaning, integrity, and well-being.

Lise, through the process of composing her song, was able to bring some material from her deeper self to the surface, where it could be held, expressed, and heard. While her song touched on issues of love, faith, hope, and illusion, she may also have been reassuring her husband that there was “hope within us”, and that she would “look out forever”, perhaps an attempt to work through some of her concerns for his well-being. The song-writing experience invited Lise, very naturally, to access and give voice to her creativity, love, spirituality, and, perhaps, ambivalence. Aldridge eloquently says:

Rather than the patient living in the realm of pathology alone, they are encouraged to find the realm of their own creative being, and that is in the music. Experiencing the spirit of being human and transcending the vagaries of a failing body or a fearing mind in a fragile world, is an activity that music-making, like prayer and meditation, encourages (17).

CONCLUSION

There may always remain an element of mystery surrounding music’s capacity to access the depths of psyche and spirit. Nonetheless, it is important for music therapists to attempt to ground their clinical work in theoretical understanding. It seems that the therapist, patient, and music combine to create containing and sacred spaces in which the boundaries of ordinary awareness may be expanded. The music therapy process supports this journey into the realm of psyche and spirit, allowing for the transformation of experiences of suffering into those of meaning. Music therapists in palliative care are privileged to work with such a powerful catalyst as music. Our lives and the lives of those with whom we work are enriched by shared moments of integrity and beauty.

REFERENCES