Canadian music therapist Amy Clements-Cortes offers the reader engaging and beautiful narratives of case studies in palliative care based on the model of relationship completion as outlined by Dileo & Dneaster (2005). This model includes three levels of practice: supportive (palliative end-of-life symptoms like pain, comfort, quality of life); communicative/expressive (i.e., launching and reflective techniques, musical autobiographies, improvisation); transformative (i.e., life review, resolve conflicts and feelings, address spiritual issues). Through the detailed presentation and deconstruction of four poignant case studies (the accompanying CD, Episodes of Relationship Completion, can be purchased through her website, notesbyamy.com), one can readily see the effectiveness of music therapy facilitated relationship completion. The author believes that relationship completion is part of holistic care of the dying. Clements-Cortes describes songwriting, lyric discussion and analysis, life review and the creation of musical gifts as beneficial techniques for assisting persons with relationship completion at end of life. Anchoring her approach in Dileo & Dneaster’s model gives the music therapist a tool to address end-of-life opportunities for relationship completion.

Relationships in this study involve “any relationship that the dying person has a desire to complete that is of an intrapersonal (with oneself), interpersonal (with other people), and/or transpersonal nature (with God, pets, nature etc.) (pp. 22-27) The literature shows that relationship, whether intrapersonal, interpersonal or transpersonal, are highly valued in terminally ill people. According to Byock, there are 10 tasks for the end-of-life. He defines them as:

...sense of completion with worldly affairs, sense of completion in relationships with the community; sense of meaning about one’s individual life; experienced love of self; experienced love of others; sense of completion in relationships with family and friends; acceptance of the finality of life and of one’s existence as an individual; sense of a new self beyond personal loss; sense of meaning about life in general; and surrender to the transcendent and the unknown (p. 3).

Understanding how music therapy can assist in relationship completion, one of these landmark tasks, is the central inquiry of the book. According to Byock, there are five sentiments that permit relationship to reach completion once they are expressed. These are:

“I love you,” “Thank you,” “Forgive me,” “I forgive you,” and “Goodbye” (p. 15).

A secondary question in the book is how music therapists introduce the concept of relationship completion to clients. Clements-Cortes believes that the techniques employed in receptive, creative, recreative and combined approaches of music therapy “are useful with respect to relationship completion in potentially three ways: a) to bring focus or clear thinking to set the work of relationship completion in motion b) to serve as launching points or reflections about relationships, and/or c) to become vehicles or tools for expression of the various sentiments that permit relationships to close.”
Each participant is introduced, mostly in their own words, transcribed by Clements-Cortes from the sessions. Music therapy sessions are described as well as current issues including questions asked by the researcher. Assessment, goals of therapy, transcriptions on “Focusing” (supportive), “Launching” (communicative/expressive), “Vehicles/Tools” (transformative) and “Dying” and reflections on each of these phases, are threaded together with songs, chosen by the patient, the loved one or songs that have been written or improvised as part of the therapeutic process. The songs, and sometimes the responses to the songs, become personally significant in completing relationships.

In the introduction Clements-Cortes details her personal motivation for the research. Chapters 2 and 3 present the constructs, definitions, literature review research, methodology, and procedures. Chapters 4-7 present the four case studies, an analysis of the data and emerging themes, client-composed song lyrics, and artistic pieces that the author composed emerging from the experiences of the participants. Chapter 8 is a cross case chapter, which includes a thematic analysis of participant experience and an examination of the process motifs arising from the progression of participant engagement in music therapy. The cross case chapter is a synthesis of global themes and process motifs. Global themes emerged from the stories of the palliative participants: love, loss, gratitude, growth/transformation, courage/strength, goodbye. Five music therapy process motifs that facilitated relationship completion were identified.

1. Music therapy helps and was valued as a means of sharing the participants’ perception of their situation.
2. Music therapy provides a safe place to become aware of, explore and express feelings.
4. Music therapy techniques provide creative avenues for self-expression.
5. Music therapy provided a vehicle for revisiting and reminiscing.

Chapter 9 is a summary of findings and their implications for music therapists and allied health care professionals in palliative care. Chapter 10 offers a personal reflection by the author as musician, music therapist, music educator, and researcher.

Clements-Cortes concludes that, “each participant worked at and transitioned through every level of practice beginning at the supportive level. Once participants had completed their goals in the transformative phase and their energy decreased, music therapy returned to the supportive level to help participants prepare to ‘let go’ and ultimately die.” She affirms that the fluidity of the Dileo & Dneaster model makes it a useful model for music therapists when relationship completion is a desired goal at end-of-life.

The case studies are creatively told and very engaging, a testimony to the beauty and depth of music therapy in palliative care and an anchor as a methodology in such work.

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