

Music, Making, and Meaning: Megan and Me, A Reflection on Practice from Music Therapy in Palliative Care

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Abstract

This case study is about Megan's music therapy journey, as part of her palliative care at Hospice West Auckland. Using first person reflective writing I wish to promote the use of reflexivity and positionality in practice and publications. My reflections aim to capture the essence of how Megan and I worked together in music therapy sessions and highlight the need for flexibility while working in palliative care in a Hospice setting. Furthermore, this article adds to the limited literature in New Zealand on music therapy in palliative care. Megan and I worked together in an out-patient setting, in the patient's home, and via phone/video calling during a Covid-19 lockdown. We engaged in learning to play a popular song, composing a song/music video together with family, exploring different mediums of creative expression during online sessions, and in shared clinical improvisation and reflection together. I draw from the existing literature and I discuss what arose from sessions and the newness that emerged over 12 months of music therapy. My personal reflections are woven into the writing to offer perspective and insight into my experience.

An Initial Reflection

I felt pulled to write this story because I was so proud of how the work unfolded and how music guided me, and Megan appeared to feel the same way. But it has taken a long time to get it on paper. A plethora of reasons, the physical ones are easy to articulate. However, I can see now that I have been held up by that which is less tangible.

I realised my memory had clouded, painted with positivity; The sense of honour that I was the lucky therapist picked for the job, the romantic story line of Megan's therapeutic journey, how she was so brave as she leaned into her life with a terminal illness... "stop" I hear a quiet voice inside me. I take a moment to breathe...

Pain, melancholy, an empty feeling emerges... is there space for new feelings, after all this time? Memories arise, and feelings not yet felt take over. I hear a voice, as if it were mine, I have heard it so many times before; allow all the emotions to be present. This feels like therapy 101, I humbly return to the basics.

From this place, one that feels connected, I continue.

I (Libby, the author) have referred to myself in the first person, intending to acknowledge positionality and my relationship to this work at all times. I use italics to show my personal reflections. Megan's family allowed me to share her journey in music therapy and asked me to use her name.

Context: The Place(s) and The People

Hospice

Hospice West Auckland (HWA) is a community-based palliative care service, offering specialist medical, psychosocial and spiritual care for people diagnosed with a life-limiting illness. HWA seeks to offer holistic care to patients, clients, carers, family and those bereaved.¹ HWA's interdisciplinary

¹ The term *patient* is used to identify a person admitted to service with specialist palliative care needs, and *client* is to acknowledge a carer or family member receiving psycho-social services for grief and loss support or bereavement services.

team provides services (medical, psychosocial and educational) to individuals and groups settings in the community and in outpatient clinics (Hospice West Auckland, n.d.).

The music therapy position is situated within the social care team, focusing on psycho-social care. I worked with the counsellor, integrative therapists (offering massage, aromatherapy, and lymphedema massage), arts therapist, rongoā Māori practitioner, and spiritual advisor. We worked independently and collaboratively within our team and with other teams (such as the doctors, physiotherapists, nursing team and social workers). Patients and clients could be referred to several services over the course of their time with HWA.

Libby

After graduating in 2013, I began working as a Registered Music Therapist (NZ RMTh) in New Zealand, working with children in private and school settings. Years later, the social care team manager at HWA approached me to see one patient on a short-term contract. It is important to note that music therapy was not new to HWA at this time, having hosted student placements and employed Claire Molyneux NZ RMTh, who scoped out a music therapy position two years prior and planted the seeds so the position could continue.² My time at HWA grew from one hour a week as a contractor to three days employed over the course of five years. At the time of my employment, only two other music therapists were employed in a Hospice setting in New Zealand. Several other hospices were able to have contracting music therapists as a part of their interdisciplinary or multidisciplinary teams. I work using a humanistic (Ansdell, 2018) and improvisational music therapy (Bruscia, 1989) approach, also drawing on psychodynamic principles (Kim, 2016).

Megan

From our first meeting, Megan struck me as creative, passionate, caring, playful, and a lifelong learner. From our conversations, it appeared she loved her family, friends, pets and 21-second-long hugs. She spoke with

² I remember, on my first day onsite at HWA, being shown a computer file filled with resources and guidance created by Claire Molyneux and being incredibly grateful for all that she had set in motion.

confidence and gratitude about her successful career. Megan was referred to Hospice with a terminal illness in her late forties. She remained active with her palliative care specialist and support networks. Megan lived and was cared for at home by her husband, children (teenagers and young adults) and family, with medical support from her GP and Hospice.

The Rationale for this Case Study

In New Zealand, the literature regarding music therapy in palliative care continues to grow. Music therapy in palliative care has been documented by Brooks and O'Rourke (2002), Hepburn and Krout (2004), Squires (2011, 2016), Savage and Johnston Taylor (2013), and Jeong (2016). Other creative therapies are also reported in palliative care, such as art therapy (Halliday, 2016) and multi-modal arts therapy (Marks, 2022), which offer insights into therapy practice and the creative therapies as a part of the interdisciplinary or multidisciplinary team. Jeong's (2016) invitation for further exploration as to how music therapy can support quality of life has encouraged me to think about the techniques I used and their therapeutic benefits, both reported by Megan and observed by me. I have used the structure of a case study, using clinical notes and reflections to describe the music therapy experience from the therapist's perspective.

Megan planted the seed for this case study in what was to be our final session. She wondered aloud whether her experience with a terminal illness could contribute to research in any way. Megan was interested in her learnings throughout her life and palliative care journey and how this might be offered to the world. Megan continued questioning, allowing and revealing new ideas connected to herself and her world experience. She shared this with the people in her life and hoped that her learning might continue on. I had anticipated having another session with Megan to ask for her consent for this case study, but did not get the chance. Megan's health deteriorated quickly over the following month, and we were not able to meet or talk over the phone before she died.

The music therapy literature internationally calls for more research in the palliative care field, specifically about standardised interventions and methods. However, I have found myself stretched thinly over a diverse population. Constantly varying elements – such as location, frequency of sessions, duration of therapeutic intervention, and reasons for referral –

mean that research of this nature is out of reach at present. This case study aims to contribute to the existing literature on music therapy in palliative care in New Zealand as well as promote the use of positionality and reflexivity within academic writing.

Ethical Considerations

After Megan's death, I needed to capture our music therapy journey for my reflective practice. The seed that Megan planted had stayed with me. It felt important to give Megan's family time after her death before I proposed my wish to write about the music therapy sessions. I was also aware of the request I would be making, asking for their consent. I now also wish to acknowledge my own challenges to follow through and the time that has passed since consent was initially given. There is a responsibility to publish with accuracy and integrity, and I am aware of how hindsight and time can alter memory and perception. I asked Megan's husband for consent at the end of 2020, began writing in 2021, got stuck in 2022, and returned with motivation in 2023.

Am I stuck? Looking back I notice my tendency to want to change the way things unfolded, however now I feel back into these memories and wonder if the “stuckness” was part of the process in helping get to a place where I could feel more, reflect with greater insight and be vulnerable enough to express authentically.

I reiterate that Megan's family requested that her name be used, not a pseudonym. The *New Zealand Journal of Music Therapy* usually encourages pseudonyms, to protect people and their stories. On this occasion, Megan's family expressed their wish that her name be used to acknowledge her and what arose from sessions and the significance of her palliative care journey in music therapy. Halliday (2016) came across a similar request, whereby the family saw the publication as a way to acknowledge the loved one's legacy. HWA has consented to this case study and to being named as the organisation involved.

Literature Review

Palliative care seeks to provide specialist services to people living with life-limiting illnesses, to support health and well-being. There is often a focus on symptom and pain management and supporting patients to live every moment (Hospice West Auckland, n.d.). However, there is also a strong emphasis on non-medical interventions to support the wellbeing of the patient and family. Literature on music therapy in palliative care is now readily available on an international level, with Cochrane reviews (Bradt & Dileo, 2010; McConnell et al., 2016), a systematic review (Pérez-Eizaguirre & Vergara-Moragues, 2021) and a scoping review (Nyashanu et al., 2021) all demonstrating a wide range of research and articles.

Music Therapy in Palliative Care

Music therapy is “the planned use of music to assist with the healing and personal growth of people with identified emotional, intellectual, physical or social needs” (Music Therapy New Zealand, n.d.). In the field of palliative care, Pérez-Eizaguirre (2021) found several authors to support the notion that the goal of music therapy was to prevent and alleviate suffering and improve quality of life. Music therapy in palliative care has been found to be a complementary part of the interdisciplinary team approach because it aligns with the holistic approach of palliative care to address the physical, emotional, spiritual and social needs of the patient and families.

Music therapy has been shown to be effective for individuals with life-limiting illnesses, demonstrating positive outcomes in various symptom management and experiential domains. Studies have shown its efficacy in alleviating chronic and acute pain (Gallagher, 2018). Music therapy has been found to effectively reduce anxiety in patients (Hilliard, 2005; Horne-Thompson, 2008) and address shortness of breath (Gallagher, 2001). Furthermore, engaging in music therapy has been linked to an improved quality of life among patients (Hilliard, 2003). It has also been shown to reduce feelings of isolation (Aldridge, 1999), while supporting spiritual connections (Włodarczyk, 2007). Music therapy has also been identified as a valuable intervention for individuals experiencing grief and loss (Dalton, 2005). Music therapy is effective because it draws on a variety of techniques also backed up in the literature explored below.

Music Therapy Techniques in Palliative Care

Music therapy techniques in palliative care can be placed into four broad categories: receptive, creative, recreative, and combined (Clements-Cortés, 2016). Clements-Cortés provides insight into the development of techniques in palliative care, and the range required in order to meet therapeutic goals. Techniques include listening or playing familiar music, lyric analysis, composition and songwriting, improvisation and playing instruments. Learning to play an instrument or familiar music is less commonly written about in palliative care. However, it can be seen as another technique used to meet the patient where they are comfortable, and offer a focus or project-orientated approach when beginning a new therapeutic relationship (Gill, 2008; Jeong, 2016).

Songwriting is a widely used technique in music therapy with people across the lifespan (Johnson, 2018; Krout, 2006; Moreno, 2021) and in a variety of settings including palliative care. In 1997, O'Callaghan acknowledged the potential songwriting had in palliative care to support therapeutic outcomes. This may include processing, exploring and validating emotions as well as promoting self-expression through verbal and non-verbal means. Furthermore, songwriting in palliative care can be another way for the patient to leave behind a legacy.

Clements-Cortés's (2016) fourth category, "combined", identifies music therapy techniques that may also incorporate other mediums, such as movement, drawing and talking. Drawing in music therapy is not widely documented, with music therapists often guiding the focus towards the shared experience of music making. In Guided Imagery in Music clients are often invited to draw a mandala towards the end of the session in response to the programme of music played to them during the session (Grocke & Moe, 2015). According to Bruscia (1998), we might find drawing in music therapy to fall within one of the following levels of music experience: non-musical, paramusical, or extramusical. In personal correspondence with Andrew Tutty NZ RMTh (June 17, 2023), Claire Molyneux described the use of "mark-making" before or after improvisation in clinical work to "further explore and support the process of illuminating what might be held in the improvisation and vice versa". Further correspondence with Andrew (June 22, 2023), also acknowledged the use of the visual arts in music therapy sessions, over ten years ago, to support developmental goals and a multi-

sensory experience for kids with complex needs: “I have flashbacks of kids and drums and paint flying everywhere.”

Musicking

The term *musicking* (Small, 1998) suggests that music is an active experience, whether listening, creating, performing, practising, or being entertained. It can be a helpful term in music therapy because it offers the notion that everyone present to the music is fundamental to its existence, affecting and contributing to the music regardless of the individual's level of input. Musicking further suggests the idea that music connects us as individuals and collectives, music is not apart from us. Whether patients are active or receptive, the live music experience (together with the music therapist) is felt to be a product of the therapeutic relationship and hence a medium for social exchange, both verbally and non-verbally, inter- and intra-personally.

Ansdell offered, “We begin any musical journey outside ourselves” (2018, p.180); I have often thought the opposite! First, something stirs inside me and then finds its way – consciously or perhaps unconsciously – to be expressed musically. However, my experience of musicking now leads me to observe that the environment, people, and emotions present all contribute to sound, expression and creativity.

I am connected to music most when I feel myself as a woven piece of the music and those musicking with me, rather than being aware first of myself and secondly another person. The latter is a feeling I commonly associate with performing and fosters a strong sense of self-critique and isolation. Being woven into the experience is not to say that I am lost in the music and therapeutic relationship, but rather that I am aware of my role: to be present, clinically informed and guided by my environment.

Music Therapy and Telehealth

Telemedicine and telehealth were not new concepts before the onset of the Covid-19 pandemic and the subsequent safety measures, such as quarantine, isolation, lockdowns, and social distancing. Music therapists had documented and scoped out telehealth opportunities in various settings prior to the pandemic (Baker et al, 2021; Fuller et al, 2019; Vaudreuil et al, 2020). However, in 2020, as the pandemic developed worldwide, there was a surge

in the uptake of telehealth services within the music therapy profession internationally. Music therapists looked to using online and video calling platforms to enable continuity of care (Baker & Tamplin, 2021). The disadvantages appeared many, including the internet connection reliability, time lag or latency of video connection, fatigue of online work for both client/patient or therapist, and challenges around privacy and interruptions during the sessions. However, advantages were also experienced, such as maintaining therapeutic relationships, developing new techniques, and sharing experiences only available online.

The creativity and skills of Registered Music Therapists in Australia and New Zealand enabled them to adapt to the changes brought about by the pandemic and working from lockdown environments (Baker, 2022; Fuller, 2021; Talmage et al., 2020). Post-pandemic, many music therapists now offer services online or via telehealth as part of their practice.

Megan's Music Therapy

Referral and Overview of Sessions

The HWA spiritual adviser referred Megan to music therapy after a discussion they had together, talking about meaningful experiences. Megan acknowledged her wish to learn how to play *Working Class Man* (Cain, 1985) on the piano, suggesting it was on her “bucket list”. Megan and I worked together for 13 sessions over the course of 12 months, from July 2019 to July 2020. On reflection, there appears to have been three episodes of work; however, during the therapy process, it did not feel as clearly defined.

The frequency of sessions varied, as did the location of sessions. Megan and I had short periods of weekly or fortnightly sessions, many occasions where we might meet monthly, and a long 2-month gap between sessions, due to summer holidays and scheduling issues. We also had to adapt to working online and over the phone during the first Covid-19 lockdown. We met at Megan's home (nine sessions), online/telehealth (three sessions), and once at the HWA therapy room. Horne-Thompson (2003) explores the differences between working in the patient's home and the hospital or in-patient unit and emphasises the importance of adjustments needed in the music therapist's approach. I will explore this in the music therapy sessions section below.

Episode One: Making

Megan was receiving palliative chemotherapy around the time of our first session. Having booked the session in advance, it was not certain that we would be able to meet. On the morning of the session, Megan confirmed that although she was not feeling well, she would like to continue the session as planned.

Session 1

When entering Megan's family home, what stood out was the curation of meaningful objects and memories, all with their place, not overwhelming, but intentional and thoughtful.

Meeting for the first time, we briefly discussed Megan's wish to learn her "bucket list song". My immediate thought was that this would most likely be short-term work, perhaps three or four sessions. Megan would learn her "party song" and end the sessions. Megan had a keyboard that had been gifted to her, and she was new to the instrument and the notion of learning music. We thought about what would be useful and retainable. We agreed that playing the chords and singing the melody would be our approach, rather than developing the skills to play the melody and harmonic accompaniment. We focused on the first verse and the chorus of the song.

Megan decided that she would like to colour code the chords and keys, so she could continue to practise in her own time. Megan's strengths in organisation arose. The keyboard was now covered in an array of coloured sticky notes, a sculpture of sorts, our first experience of creativity together.

My initial concern with Megan's referral was that I was not a music teacher, nor able to teach piano. Unsure that I would be able to offer Megan what she wanted, I found lyrics and basic chords to accompany. Megan's idea to use colour coding in order to be able to practise by herself, left me somewhat unsure about my role and how I would shape future sessions. Post-session practice was not commonly associated with music therapy. Music therapists Jeong (2016) and Gill (2008) refer to learning familiar music in sessions, using an instructional approach. This was new for me; however, it felt important to follow Megan's wish and guide her, as a teacher might, showing her how to play *Working Class Man*.

Session 2

Our second session saw Megan and I continue to explore the song. Megan acknowledged that she had not done any practice since our first session. I was not surprised as there was a lot to take in; returning to the sticky note-covered keyboard was overwhelming for me too. Firstly, we had to understand the chord to play (from the sheet music), followed by finding the colour-coded chords, and then arranging fingers over the notes to press down. It felt taxing, so I offered the idea that we might pick two chords and become familiar with these, alternating between them. This led us to experiment with rhythms and different ways of playing the notes of the chords, simultaneously or arpeggiated. By limiting our musical options, we found more freedom in the music we created.

In this session, I found myself reflecting on my role as a therapist:

Was it my job to find a way to proceed with this “task”, creatively and with motivation? Or was it ok to be listening and feeling into that which wasn't being said? The mental fatigue required to learn the chords and sequence felt draining and laborious. It certainly didn't seem enjoyable. Megan had initially talked about learning “Working Class Man” as a way to bring people together at a party, being able to sing and play the piano for everyone to join in and have fun. I didn't feel like I was doing a great job at making this fun for Megan. I was also aware of the medical treatment and physical fatigue Megan had acknowledged at the beginning of the session. My feeling was that Megan needed to be engaged in music-making that gave her energy, not depleted her resources. As we switched to a playful and arguably more musical approach to learning the song, I questioned whether this was in line with Megan's bucket list request or what I wanted for Megan. Had I taken the referral too literally and tried to teach Megan (as quickly as possible) and ended up practising outside of my skill set as a music therapist? Was this request even realistic?

While writing and reflecting on Megan's music therapy, I remembered a poem I had written during my time at HWA for our interdisciplinary reflective

rounds.³ At the time I had begun to see a theme arising in sessions with several different patients. This poem was an attempt to capture my feelings around what was realistic.

Time is always Time

*I think of all the times when relationships have begun and ended
in a flash*

*Death came quickly or they chose 'no more'. Time felt short
either way*

*I reflect on the grand plans, the intentions to learn or the
emotions too big to process*

I feel the urgency the deep despair that 'time is running out'

*I'm confused at the reality, the picture I see seems rather
different to theirs*

I wonder how can I hold their picture, not mine.

*But wait, their dreams are still big, why would tomorrow change
what they experience today.*

They know something I do not.

*So I need not judge, a grand plan can start today, who knows
where it leads,*

Let's start and see

Session 3

We met together for a third session, and it was apparent that Megan wanted something else from this session. Megan requested that we talk and invited me to sit down in the living room, away from the keyboard. I listened as Megan shared about how music had played a part in her life. This led us back to talking, this time, about *Working Class Man*. Megan and her friend had come up with the dream to sing and play it spontaneously at a party, having fun and compelling others to join in. As we engaged in lyric analysis of *Working Class Man*, meaning and connection emerged. Megan linked her experiences and beliefs to the words.

3 Our reflective rounds were based on the philosophy of Ken Schwartz (The Schwartz Center, <https://www.theschwartzcenter.org>) and offered our interdisciplinary team a place to come together and share difficult emotions and social issues arising from practice, with a focus on relationships.

Other songs and lyrics came into focus as the conversation developed. Megan acknowledged that her music tastes had changed over time and felt that her connection to songs had changed as her life did. Talking about music seemed to help Megan reflect on and process challenging areas of her life relating to health and relationships. Megan explored openly as her memories connected her with significant feelings. What emerged was Megan's creativity: ideas about capturing memories in art form to connect her with family and friends. Megan talked about an album cover she had designed as part of a process-oriented group experience in another setting, as well as creative writing, another avenue for her self-expression. Megan talked about feeling at ease in art making and writing; however, she felt that music-making had not been accessible in the same way. In our sessions Megan often chose to experience the music by listening receptively, rather than playing the instruments.

Further Sessions

The following sessions continued without any focus on learning *Working Class Man*. Instead, we talked about music, creativity and processed the emotions and meanings that arose. I always had a small collection of instruments with me and on several occasions, I asked if I could share a short piece of improvised music on an instrument, such as a sansula⁴, koauau⁵, or another instrument uncommon in everyday popular Western music. The times I offered this were based on clinical observations: as a starting point for the session, as a non-verbal reflective tool, or as a way to share time and process together without using verbal communication.

Usually, I would find myself explaining why I hadn't used music and instead used talking as a prominent part of a music therapy session. How strange then, that I find myself reasoning as to why I used music in a music therapy session.

Using music to begin a music therapy session is common and has been "normal" for much of my time as a music therapist. However, in palliative care, I noticed this was not always what many clients and patients wanted. Beginning with talking, as one might in meetings, appointments or catch ups,

4 A modern development based on the kalimba, with tuned tines suspended over a resonant chamber:

<https://www.hokema.de/products/hokema-sansula-basic>

5 A traditional Māori flute: <https://collections.tepapa.govt.nz/object/325859>

appeared to be Megan's preference. I often wondered if the intensity of music making in palliative care was confronting to the point that patients and clients needed time to warm up into the therapeutic space. Megan and I used music to begin the session on several occasions because she was unsure of what she wanted to say, and perhaps the improvised music helped bring to the surface that which needed to be processed.

Using music as a non-verbal response to the themes and feelings that arose in conversation can be a fairly unusual experience for patients and clients. I have often found myself acknowledging this in sessions before we played. Offering a non-verbal response allowed the patient to interpret meaning for themselves, and I found it led to a conclusion, new insight or pause in the conversation. This allowed feelings and thoughts to emerge that otherwise felt hidden or disguised by words.

Thirdly, I offered music when talking appeared to be fatiguing for Megan. Megan would always acknowledge her energy levels at the start of the session and during the session if she noticed a change. Listening to live or recorded music was a way for us to continue the session without creating cognitive and psychological fatigue. It was a balancing act of engaging in the therapy process to her benefit whilst not depleting her resources and potentially not having energy for the rest of the day. Sharing the time together in music appeared to offer an opportunity for creative, rather than verbal, processing which could reduce fatigue from social interaction, whilst continuing to hold the time and space for therapy.

After four sessions, Megan shared that she had written lyrics to a song. She asked if I would read the lyrics and she gave me insight into the meaning behind the words, although not disclosing all the inside jokes. I enjoyed the mystery. However, her interest in composing this song was not only for self-expression. Megan had a wish to collaborate with members of her family. Megan's sibling had a background in playing, performing, recording, and producing music. Megan invited her sibling and niece along to a session, and they began exploring and experimenting with sounds and styles. We used a variety of instruments to improvise and jam over different chord progressions. Taking turns to choose the tempo, rhythmic patterns, harmonic qualities, and instrumentation. I felt my role was important here to help translate words, feelings and gestures into musical form.

The song took shape over the next few months, as did the collaborative approach between Megan and her brother. Megan offered feedback as her sibling recorded and edited the music and subsequently a music video emerged. It was incredible to watch this unfold and come to life. I never heard the finished product, and although I know it existed, I somehow enjoyed the not knowing. The process was more significant for me.

I wondered – with the song now completed and the difficulty of setting another session time, due to Megan's other commitments and health appointments – was this the end of our work together? I reflected on how the initial referral had been to learn a song and connect with others she loved. The intention had continued, albeit with original material. Megan was now left with the experience of learning a song, connecting and collaborating creatively with her people, and having a music video to show for it. Her album cover, now home to her song.

Two years later, I sat at the piano and improvised, transporting myself back to the experience of this finish, with an unfinished ending:

I started with four fingers on four notes, my hands spread out wide, large gaps between each note. They all sound together and immediately the harmony sends me floating. As the notes pulse together they add lift, like the occasional flap of a gliding bird.

My finger slips and a new rhythm emerges, I follow my fingers, my attention draws towards the physical nature of my play. Perhaps emotional respite. As my fingers begin to move independently from one another, I feel the music once again, the momentum draws my attention, the music mirrors an emotion inside me. I'm floating, light and without a skin to feel my outline.

The music continues, my hands are still spaced while my fingers begin to explore the notes around them, harmony shifts and the notes begin to flood the room, another way to float. Perhaps the musicking has shifted, offering me an opportunity to connect with my outline this time.

The sense of floating is significant here as I wait and remain available for Megan to connect, if she needs.

Episode Two: Meaning

Megan and I connected once again after the summer holiday period (late December to early February). Megan had gone on an overseas holiday and reported feeling well and having enjoyed the summer with family and friends. Megan sounded lively over the phone as she requested we arrange another session together at her home. I remembered Megan saying, "It will be good to catch up," or perhaps it's what I thought. I was delighted that we might meet again after such a long time. It was unusual for me in my role at HWA to have this opportunity to reunite. However, our plan to meet was interrupted by the March 2020 lockdown. Restricted to our own homes, we began to connect, initially over the phone.

Although I remember feeling exhausted after online sessions, I also found a significant amount of newness in sessions and the way that both the client/patient and I interacted. We were both in our respective homes, sharing the same unknowns of the pandemic. Music therapy online required a dynamic shift in session style. In this case I was now talking on the phone, via a headset, connected to my laptop, with my instruments in the room next door.

Drawing on the nature of improvisational music therapy, I looked for ways to connect to my existing patients and clients, as well as those newly referred to the social care team. It was no longer possible to control the privacy of the therapeutic space or assume that we would be able to connect in the same way from in-person sessions to online or over-the-phone sessions. One client decided we would have "drawing competitions"; another suggested we create a "found objects band" (including items no longer needed for palliative care medical intervention, which also offered the client, who was a grandchild, ways to explore their grandparent's terminal condition), whilst others wished to talk on the phone or via Zoom, referring to music on occasion or requesting I play for relaxation or reflection. It was noticeable that children were significantly more adaptable to the changes of online music therapy than adults, whilst young adults demonstrated an ease and preference to using video calling rather than phone call sessions, which was often a preference for adults.

Megan was now thinking about her funeral and how she intended to foster connections between her loved ones and within themselves too. Megan was insightful in the way she thought about her journey with terminal cancer, the

learnings she had, and how she felt she wanted to share this with the world. In particular, Megan was interested in how people might gain from her experience. She wanted for others that which she was experiencing: connection to self. Megan sounded passionate that she would be remembered by feelings as much as by thoughts or memories. She was sincere and grounded as she spoke and expressed herself, this conversation was full of creativity and passion, whilst it also appeared to be challenging emotionally.

As I would in a music-making experience, I listened to the conversation, the tones and quality of sound in Megan's voice, the themes that arose, and the phrases used, which all communicated elements independently like words and collectively like a poem.⁶

Do I respond now? no, maybe wait, I don't think that was a gap left for me.

Which key are we in? Can I possibly know, a topic far from my reality,

The tempo feels right, I can feel her groove, but I'm not sure how to play along.

Her phrasing and 'flow of thought' feels structured, naturally dancing along.

The timbre, intense, so pure and raw drawing straight from the core of her being.

Dynamics? "mezzo piano", yet undulating as her emotions "cresc." and "dim."

You ask me a question, my opportunity to respond and let you know that I have listened.

⁶ The following musical terms are used in this poem:

Key – a certain group of pitches/notes or scales used in a composition; it helps musicians understand how to harmonise with one another in improvisation and collaborative work;

Tempo – the speed of the music;

Groove – the rhythmic feel of the music;

Timbre – often translated as the "colour of sound"; in this case I am referring to the quality of sound coming from Megan's voice, moving from vibrant to volatile as she expresses herself;

Dynamics – the volume of the music;

Mezzo piano – moderately quiet/soft;

Cresc. – the abbreviation for crescendo, gradually getting louder; and

Dim. – the abbreviation for diminuendo, gradually getting quiet/softer.

Megan had given a lot of thought to her funeral, and it was clear in her well-formed ideas that it was an important part of this journey for her. She was certain she was not going to impose knowledge, but rather offer experiences for people to come to their own knowing. I remember ending this conversation and looking out my window at the vibrant mandarins on the tree and thinking I will remember the essence of this conversation for the rest of my life.

Our next two sessions moved to video calls as the lockdown requirements remained in place. We had talked previously about Megan engaging in her art-making and now online I wondered how we could share the experience of being together in the creative process. Megan had created a space for herself in her garage, her lockdown art studio. We could not make music together due to the time lag, so we trialled musicking and mark-making together, an extramusical experience wherein the mark-making was intended to be affected by the musicking. Firstly, we talked about themes, current thoughts, and ideas that arose, and then I offered music, improvising on an instrument Megan had requested. As Megan heard the music, she created images and words. Acknowledging each other through the screen, we found a way to end together, our body language communicating through the Zoom screen. Following this we reflected back to each other using Megan's experience of the music and the visual images she created. We reflected together on what came up and the experience we had shared, based on the previous discussion and how we felt in the present moment. I was aware that the music I made did not have the same ability to respond to Megan's creation, in the same way that the drawing could respond to the music. I took as much direction from Megan as she would offer, including instrument choice, musical directions, and thematic influences. During our musicking and drawing moments I focussed on the feelings, thoughts and musical desires that arose in me. When we stopped creating together, and Megan had reflected on the process, I responded to her creation by noticing what appeared to have influenced the musicking.

Episode Three: Music

We met once more, in person, and for the first time in my therapy room at HWA. Lockdown had lifted and Megan was full of colour and vibrant as we interacted. She knew how she wanted to spend her energy – having fun, socialising and expressing herself. For the first time in almost a year, Megan

and I played music together. This time our music was completely improvised, a dance of sonic interaction. The music was a conversation, far from performance, and completely shared in expressive quality. Organically, just as a conversation might, the listening role shifted from one to the other and then together. However, what differed from a verbal conversation was the way we could be heard together, anticipating each other's rhythm, a pause, or creating harmony together. Our improvisation came to an end, and I was aware, once again, of how effortless musicking can feel, when the intention is to explore and communicate, rather than produce and perform. The way our improvisation began, unfolded, and returned to the silence became the topic of conversation. Meaning was drawn from the experience from individual and collective perspectives, as we discussed the similarities and differences within the improvisation. Megan referred to her anxiety as she chose an instrument and then began to play, whilst I felt nervous as we embarked on this new experience together. In this way we could process our experience together by first talking about our independent actions, thoughts and feelings that occurred (during and surrounding the musicking), then drawing meaning from the shared improvisation by reflecting on the process as a whole or including other memories and ideas that surfaced as part of the musicking.

This ended up being our final session before Megan died. Unexpectedly, although not uncommon in Hospice work, Megan's health changed quickly after this session, and her family, and the medical team put in a significant effort into symptom management and keeping her comfortable at home.

*I don't think we ever said Good-bye,
how does our story end?
Each day I find you woven in,
where should I begin?*

Discussion: The Therapy Process

Our sessions together varied and felt dynamic to me, shifting to the need and experience in the moment. What became evident was the importance of the therapeutic relationship. Music continued to lead and guide our coming together, but in doing so opened the potential to be flexible, listen, share, feel empowered to explore, and be courageous to process feelings that arose. Zooming out, and looking at the shape of our sessions, it appears we took a

year to find our way to clinical improvisation, using the shared experiences prior, to build trust and eventually a therapeutic relationship with which to explore what was happening interpersonally.

On reflection, learning to play *Working Class Man*, to share at a social gathering, was as much about Megan's wish to facilitate spontaneous singing at a party, as it was perhaps to bring people together and share time and space together musicking. Megan used her song composition to bring her family together, finding ways for people to contribute to the lyrics, music, and video in ways that felt safe and meaningful to them. She did not wait for her health to deteriorate but rather leaned into the opportunity while she had it. After her song was created and recorded, Megan explored what had come from this project. She returned to her sense of self with further insight and inquiry. Horne-Thompson (2003) describes how music therapy in palliative care offers the patient an opportunity to explore music-making and perhaps perform (or produce in Megan's case) which may well lead onto other opportunities to explore parts of themselves at the end of life.

My experience with Megan in musicking and mark-making opened up a new area of interest for me and technique in my practice as a music therapist. It was the process of reflective practice and writing that helped me identify this interest and be curious as to how it came about and what it offered Megan. It was in my own master's research (Johns, 2013) that I found newness to emerge from meaningful moments in clinical improvisation. The improvised nature of telehealth, together with an existing therapeutic relationship, offered Megan and me an opportunity to grow and develop together.

The title of this article was one of the first things I wrote and evolved as my reflection on practice made it onto the page. Initially, it read "Meaning. Making. Music." This reflected how each word had its part of the story, independent from the others. After the first round of feedback, it was suggested that comers might replace the full stops, I agreed and found myself adjusting the sequence of words to "Making, Meaning, and Music"; my thinking now aligned with the episodic nature of the sessions. The punctuation also offered a sense of flow and connection between the words. As I read, reflected, critiqued, adjusted and extended deadlines, I noticed that the title's sequence might benefit from another rearrange, and I found myself wanting to remove all punctuation and gaps: "Musicmeaningmaking". Music was now at the start to help anchor the writing in the music

experiences, whilst shifting “making” to the end so that it too was perceived as an essential element. However, this seemed to dissolve not only the definition of each word but the meaning too.

Meaning is something that happens inside of us as a result of reflection and time. In this case study, the meaning was created from intra-personal and inter-personal experiences with musicking, mark-making, verbal conversation, and silence. It is also explored as a stage (non-linear) of grieving (Kessler, 2019). Kessler explains that we cannot know how long it will take for meaning to emerge, nor does meaning require an understanding of the experience. As Megan's music therapist, I processed and reflected after sessions and explored the therapy process with my supervisor. Now three years on, I have been intrigued to find the depth of meaning I have created from the experience of writing and reflecting on the therapeutic relationship.

I have thought about the analogy of throwing a net out, and slowly drawing it back in towards you. Perhaps, initially, we might be unsure of what we aim to catch but have an intention to cast, trusting our intuition. Items might get lost or slip through the gaps as we draw the net in closer; perhaps we adjust the speed to avoid losing too much. However, the speed might be necessary, depending on the time allowed. As the net gets closer, we have moments to reflect. We may be challenged by what we see, realising it does belong in our net, or no longer serves us. Confronting, it might be. As the net moves right in close, we might notice items that don't belong in the net and set them free once more. The remaining items could have meaning, be it familiar, unfamiliar, or perhaps surprise at what we find. And then, once the items have been taken from the net, observed, developed, rejected, understood, mistaken, cherished, and acknowledged, we are left with ourselves. Our meaning, our thoughts, our process. Megan cast her net wide, with an intention to learn. It developed into creating, it offered challenges, opportunities to connect, make meaning, explore newness and draw closer to herself. Megan found ways to work with and find meaning in all that she caught and drew in close, living as her body changed and challenged her sense of self and belonging.

Why was I stuck?

I realise now that I desperately wanted to write about Megan and her journey, and I felt shame when I felt my own needs surfacing in the process, 'this is supposed to be about Megan, not me!'. The stuckness was frustrating as I couldn't understand why it existed. I now see it was a helpful pause, encouraging me to explore the interstitial space a little more. As Megan processed and designed her funeral she shared her intention for those attending. She didn't want to be remembered for what she did but how she made people feel, and hoped that experiences at her funeral would bring people together and offer guests insight into their own experiences. I find myself teary with a smile as I realise Megan has led me to write this paper; be overwhelmed with the feelings that she has opened me up to; and fostered insight which I have gained having known her. Although my memories of the music, art and lyrics we created together soften and become distant, my feelings remain vivid.

Conclusion

The primary motivation behind writing this paper was to contribute to the existing body of music therapy literature specific to New Zealand. This case study provides a first-hand reflection on the practice of music therapy within the palliative care setting. The journey with the patient showcased the significance of adopting a client-centred approach and maintaining flexibility in this environment. The therapeutic process unfolded across various settings, including outpatient sessions, the patient's home, and remote sessions during a Covid-19 pandemic lockdown. The collaborative work encompassed diverse activities such as learning to play a popular song, co-creating a song with the patient's family, exploring different modes of creative expression in online sessions, and engaging in shared clinical improvisation and reflection. The experiences detailed in this case study align with existing literature on music therapy, affirming the positive impact of music therapy in palliative care.

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