

## Book Review

### *Relationship Completion in Palliative Care Music Therapy*

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Music therapy practitioners specializing in palliative care work are likely familiar with Dr. Clements-Cortes's doctoral research conducted in 2009 on "relationship completion" (a term coined by Dr. Ira Byock in 1997) which Dr. Clements-Cortes explored, developed, and applied to her music therapy work. "Relationship completion" is a diametric term that can be difficult to understand at a glance, yet whose definition encompasses the spectrum of the end-of-life experience. As explained in this book, relationship completion does not mean that relationships will ever be complete in the sense that they are ever finished. Predominantly, the clinical term relates to how patients and families express end-of-life sentiments such as love, forgiveness, appreciation, gratitude, and goodbye, as well as how to have a meaningful relationship with loved ones after they have died. Most importantly, relationship completion can be facilitated powerfully by trained end-of-life care music therapists and should be implemented as a rule, hence the heart and motivation of this comprehensive book. Explained in the acknowledgements, this book was born out of the international collaboration of 15 expert music therapists in the end-of-life care field known as the International Special Interest Group (SIG). Evidence was reviewed and the role of relationship completion was determined specifically among traditional clinical interventions of music therapy such as songwriting, active music listening, relaxation, and improvisation. Over an 18-month period, the music therapist collaborators impressively expanded the concept of relationship completion in music therapy from its clinical origins (based on research, ethics, training, and experience) to standardized procedural guidelines.

The preface rightly highlights the lack of formal application of relationship completion within palliative care to date and the need for guidelines based on best practice. While the history and origin of palliative care is explained, I was hoping for more information on the background of the term "relationship completion." This would further ground the reader in understanding why the term was chosen to represent this important work.

The preface is followed by the prelude which is aptly placed and defines the terminology of music experiences that may be found in palliative care settings. This implies that music therapists should be leaders in the realm of palliative care and music. It is important that music therapists become familiar with the terminology and understand the potential and limitations of music experiences with respect to relationship completion. This would enable professional advocacy for appropriate music experiences for patients in end-of-life care.

In this review, my intention is to provide an overview of each chapter. This will allow the

reader to reference specific chapters of interest or read the book in its entirety. I highly recommend that music therapists read this book to gain more awareness about end-of-life care and to aid in your clinical work.

Chapter 1 defines and offers in-depth definitions of the three types of relationships found in the lives of patients as well as relationships between home, country, culture, and community. It offers a refreshing and timely description of how people understand and conceptualize health, illness, death, and dying, and includes the holistic health concepts of Australian and Canadian Indigenous peoples, the immigration/migration experience, migratory trauma, and the impact of hospitalization on community and cultural relationships.

Chapter 2 offers a thorough course in the locations and settings of palliative care and is extremely useful for new palliative care or entrepreneurial music therapists. Experienced end-of-life music therapists who are already familiar with the locations and settings of palliative care could likely move on to Chapter 3 without worrying about missing any new information.

Chapter 3 explains a myriad of musical experiences ranging from recreational and entertainment music to music and medicine. The author anchors these music experiences in their potential clinical applications as well as their empirical limitations related to relationship completion. Overall, this chapter equips music therapists with the knowledge and skill to advocate for the appropriate uses of music experiences for their patients and communities. This could potentially embolden music therapists to be confident leaders and advocates in the field of music, health, and palliative care. I was particularly moved by a statement in the “Live Music and Entertainment Experiences within Hospice and End-of-Life Care” section that reads, “Live music offers emotional support to hospice patients, family members and staff, promoting new and positive memories and creating an asylum to distress and pain” (p. 28).

Chapter 4 highlights foundational interventions used in music therapy as they apply to relationship completion. This chapter is intended for the experienced palliative care music therapist who I recommend read it as a review or for quick reference. However, the chapter does contain foundational information for a beginner music therapist in the field.

Chapter 5 describes evidence supporting music therapy practice within the realm of relationship completion work. I believe this chapter would be better placed later in the book (such as where Chapter 8 is found) as I think readers would appreciate receiving a summary of the applications of relationship completion in music therapy before reading about the introduction to implementing relationship completion in Chapter 9 and the guidelines for implementing relationship completion within different music therapy interventions in adult end-of-life care found in Chapters 10 to 13, as well for paediatric end-of-life care found in Chapters 14 and 15. Another critique of Chapter 5 concerns the section about receptive music therapy and MAiD (Medical Aid in Dying). The text explains that physicians and nurse practitioners can administer MAiD “at the individual’s request” (p. 44). This statement could be misleading, especially to music therapists who are not familiar with MAiD procedures. Though everyone has the right to ask for MAiD, not everyone will receive it; that is dependent on a strict criteria of eligibility that is evaluated according to provincial and federal laws. Once deemed eligible, conversations usually take place

between the doctor, patient, family members, and sometimes psychologists and counsellors (Government of Canada, 2021). Therefore, this statement should be clarified—an individual may request MAiD, however eligibility for MAiD varies according to the provincial and federal laws of the individual's residence.

Chapter 6 is an important chapter for situating music therapists in the Bonny Method of Guided Imagery and Music (BMGIM) and offers beautiful case vignettes about the emotional complexities of end-of-life, relationships, and how BMGIM and the music textures help transcend intra/interpersonal and transpersonal relationships. This chapter could be a source of inspiration for music therapists currently practicing BMGIM or those contemplating training in BMGIM. I would recommend that music therapists who are using this book for interventions or who do not have an interest in BMGIM skip this chapter.

Chapters 1 to 6 offer the foundational skeleton of the relationship completion framework and Chapter 7 offers the heart of the work. This chapter might bring readers to tears, grounding the work in the narrative of lived experience. The effect of this chapter was intensified for me when an instrumental piano version of "Swing Low, Sweet Chariot" happened to begin to play softly in the background, heightening my experience of this inspirational and moving chapter.

Chapter 8 directs educators and students in music therapy to themes and topics of palliative care and relationships significant to contemporary education, explaining how palliative care has evolved since it began and recommending how students should learn about palliative care music therapy. I found many points in this chapter to be salient ones that I, as a supervisor, impart to my students. In contrast, I found some of the terminology vague and difficult to follow, such as "spirituality as a boundary object," leaving the reader with no further explanation of what this means. This chapter could likely be a book on its very own and I would hope that the topics presented here could be elaborated on to further assist teachers and students.

Chapters 9 to 16 are akin to the muscle of this book. Chapter 9 gives professional and practical methods for facilitating the relationship completion. Then, Chapters 10 to 16 systematically comb through details of session format, additional ethical considerations, assessment, and when to use specific techniques for relationship completion (including indications and contraindications). Goal areas, preparation, procedures, observation, ongoing assessment, and adaptations for adult and child/adolescent populations are all included. Finally, relationship completion based in each music therapy method ranging from receptive to improvisational to re-creative (active and expressive musical engagement by the patient) music therapy interventions are explained. I think a more consistent use of bullet points and summary tables would increase ease of reading and referencing. The information included in these chapters is highly specialized and potentially exciting for music therapists who are passionate about this work. These chapters also act as a procedural manual that can be referenced by clinicians over the course of a career.

Finally, Chapter 16 is beautifully placed as the final chapter, offering practical and useful guidelines for music therapists supporting or hoping to support patients through MAiD, funeral planning (pre- and post-mortem), and bereavement. This book is a useful therapeutic tool and reference manual for new music therapists entering the field as well as seasoned music therapists.

One of the strengths of this important work is how the information is synthesized as a framework that can apply to all facets of palliative care music therapy. It can be read in its entirety or referred to for specific topics, populations, or music therapy methods. Therefore, as this book offers current best practices in palliative care, I believe that it is essential for all music therapists working in or planning to work in this speciality.

### Reference

Government of Canada. (2021, August 13). *Medical assistance in dying*.

<https://www.canada.ca/en/health-canada/services/medical-assistance-dying.html>

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Samantha Borgal is a Montreal-based music therapist who has been specializing in palliative care music therapy since 2011 in two hospital settings. She also offers home care music therapy and is adept at providing funeral music services. She completed her Master's in Music Therapy in 2015 at Concordia University and she offers supervision to music therapy and art therapy students from Concordia. She is also interested in conducting music therapy palliative care research.