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## **Top Ten Tips Palliative Care Clinicians Should Know About Music Therapy and Art Therapy**

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## Top Ten Tips Palliative Care Clinicians Should Know About Music Therapy and Art Therapy

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### Abstract

Palliative care is provided by an interdisciplinary team including physicians, advanced practice providers, nurses, social workers, chaplains, and other disciplines based on need. Music therapists (MTs) and art therapists (ATs) are becoming increasingly available to palliative care teams and are advancing the diverse and unique clinical services available to effectively meet the holistic needs of patients with serious illnesses and their families. This article provides a concrete exploration of clinical music therapy and art therapy within palliative care and hospice paradigms, with discussion of therapists' training and expertise, therapeutic approaches within the setting of interprofessional team-based care, and discussion of evidence-based symptom management and outcomes supporting the inclusion of music and art therapies within medical education and clinical employment.

**Keywords:** art therapy; creative arts therapies; interprofessional care; music therapy; palliative care; psychosocial-spiritual care

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## Introduction

Creative arts therapies have increasingly become integral modalities offered to patients and families living with serious illnesses, as part of hospice and palliative care (HPC) interprofessional teams.<sup>1,2</sup> Creative arts therapies assist patients and caregivers through the establishment of a therapeutic relationship with a credentialed health professional. The creative arts therapist uses various arts media to facilitate meaning-making, direct and indirect expression, and symbolic creativity, aiming to enhance understanding, awareness, and closure for individuals experiencing serious illness.<sup>3</sup> Creative arts therapies encompass multiple forms of therapy, including art, music, dance/movement, poetry, drama, and play.<sup>3,4</sup> Each form of therapy offers its own set of intended benefits based on individuals' clinical needs.

Within the field of HPC, creative arts and expressive therapies are utilized within patients' plans-of-care to advance a person-centered, holistic focus for serious illness and end-of-life care.<sup>1,2,5,6,7</sup> This article focuses on the clinical practices of music therapy and art therapy as they relate to HPC goals and paradigms. In recent years, art and music therapy associations and research initiatives have focused on the inclusion and advancement of evidence-based research within clinical settings, including research related to outcomes and efficacy, assessment validity and reliability, and cross-cultural approaches to these therapeutic modalities.<sup>1,8,9</sup>

A clear understanding of the difference between music medicine (i.e. listening to music provided by healthcare staff and volunteers) and music therapy (i.e. facilitation of individualized, goal-based music interventions implemented by a credentialed music therapist (MT) within a therapeutic relationship) ensures that patients and family members/caregivers receive the appropriate and effective clinical support required based on their emotional, physical, spiritual, psychological, and/or social needs.<sup>10</sup> Similarly, professional art therapy requires art-based interventions to be facilitated by a credentialed art therapist (AT) through which self-expression and reflection via creative, visual modalities foster health and alleviation from suffering, with an overall focus on enhancing one's wellbeing and quality of life amidst a serious illness experience.<sup>11-13</sup> As such, music and art therapies are evidence-based practices which rely on clinical research to guide the interventions and experiences facilitated. They vary substantially from other services, such as entertainment by musician performers and arts volunteers, as the purpose of music and art therapies remain within specialty-level clinical therapy. Having a clear understanding of the roles of MTs and ATs within the interdisciplinary team leads to enhanced awareness of the advantages of including these high-level therapies within the care provided to patients and families to meet complex needs associated with serious illness.

**Tip 1: Art and music therapists are board-certified, licensed, or registered professionals, who are specially trained to provide arts-based interventions in the setting of serious illness and end-of-life care.**

MTs and ATs are specialized health professionals who facilitate music and art interventions to address the physical, emotional, cognitive, and social needs of individuals across the lifespan.<sup>14-16</sup> Their training at the undergraduate (MTs) and postgraduate levels (MTs and ATs) integrates three strands: theoretical underpinnings of human development and health; engagement in research and experiential practices; and supervised fieldwork placements, where the application of knowledge to clinical situations further develops capabilities for assessments and therapeutic formulations.

As members of HPC interprofessional teams, MTs and ATs contribute evidence-based interventions to improve quality of life, foster self-expression, and personalize the care of people living with serious illness.<sup>1,2,17-19</sup> Working collaboratively with other interprofessional team members in inpatient and outpatient settings, ATs and MTs engage both patients and their families in the creative process, facilitating emotional processing, meaning-making, and revealing person-centered values, adding expertise to HPC programs.<sup>3,4,15-17</sup> Specifically, music and art therapy experiences have been shown to improve patient and family quality-of-life, psycho-physiological wellbeing, and symptom relief outcomes.<sup>10,20-23</sup> Therapeutic relationships are further enhanced through the use of creative media, which provide meaningful insights around value-based goals of care, psycho-social-spiritual background, and stressors of serious illness.<sup>6,12</sup>

**Tip 2: Music and art therapy are evidence-based, goal-centered, and process-oriented approaches of care in the setting of serious illness, focused on patients' clinical and holistic needs, including individual identities beyond being a patient.**

Evidence-based approaches of music and art therapy are developed from assessments of the patient's clinical needs.<sup>12,25,26</sup> Creative arts therapists draw from fields of both biology and psychotherapy to adapt to their patients' physical and mental needs, while facilitating opportunities for patients to share their unique life stories and aesthetic preferences distinct from their medical histories and diagnosis alone.<sup>5</sup> The creative art therapy process promotes shared decision-making and goals within a relational framework, allowing patients to experience interpersonal connection and validation in the healthcare setting. Creative arts therapists provide patients with choices to support their own needs and preferences, honoring their autonomy and right for self-determination.

Additionally, the relationship with the therapist is an essential aspect of the therapeutic process, whereby the processing of difficult relational and existential struggles often occurs.<sup>12,17,27</sup> In music and art therapy, the creative process may allow for a triangular relationship, in which the creative work serves as a proxy to explore deep-seated emotions. Phenomena of transference and countertransference are also intentionally used to provide insight for patients, especially at the end-of-life.<sup>28</sup> These therapeutic processes can only be experienced within safe holding spaces built through trust, empathy, and positive regard - prerequisites that are central to the practice of professional creative arts therapies.<sup>17,29,30</sup>

**Tip 3: Art and music therapy interventions have been shown to relieve symptoms in patients living with serious illnesses.**

A growing body of evidence shows that art and music therapy interventions relieve symptoms and improve quality of life for those living with serious illnesses. Multiple systematic reviews and meta-analyses have demonstrated a wide range of symptomatic improvement associated with both music and art therapies in medical settings, although findings are limited by a high variance in methodologies and heterogeneous interventions.<sup>10,20-23</sup> Notable randomized-controlled trials of music therapy in palliative care settings include: a study of 200 inpatients receiving palliative care, which demonstrated a significant decrease in pain for a group receiving a music therapy intervention (compared to standard care alone);<sup>31</sup> and a study of 25 participants receiving

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3 inpatient hospice services, which showed a significant reduction in anxiety after a single music  
4 therapy session (as well as reductions in pain, tiredness, and drowsiness in *post hoc* analysis).<sup>32</sup>  
5 A large, randomized-controlled trial of art therapy (for 240 breast cancer survivors) is currently  
6 evaluating outcome measures of pain, fatigue, and depression.<sup>33</sup>  
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8 Both art and music therapy experiences can allow for the externalization of internal states,  
9 such as pain or anxiety, enabling space for reflection. This externalization may facilitate  
10 enhanced symptom understanding, self-awareness, and self-agency. For example, a survey of  
11 participants in a palliative care unit found that an art therapy intervention was perceived as  
12 helpful due to experiences of: “Expressing emotions that otherwise would not come out;  
13 Learning things about me that were hidden; Seeing how colors gain a meaning related to  
14 memories; Feeling the creations come to life; Thinking that the artwork will outlast me;  
15 Broadening my soul, my spirit.”<sup>18</sup> Similarly, a 38-year-old breast cancer patient participating in  
16 art therapy stated: “I have good days and bad days, but after putting this on the paper, I feel less  
17 of the bad in my body.”<sup>29</sup> Importantly, art and music therapy address multiple components of  
18 “total pain”, including the emotional, social, and spiritual/existential needs of individuals  
19 experiencing serious illness.<sup>18,22,27,34</sup>  
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23 **Tip 4: Music and art therapists facilitate person-centered experiences in a supportive,**  
24 **culturally-sensitive, and non-judgmental manner.**  
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26 MTs and ATs are trained to work with patients and families from a range of sociocultural and  
27 spiritual backgrounds.<sup>3,35</sup> These therapists are taught to approach their work from a stance of  
28 cultural humility that allows for ongoing reflexivity and awareness of implicit bias.<sup>35,36</sup> By  
29 recognizing the unique needs and sociocultural backgrounds of each patient, MTs and ATs  
30 intentionally adapt their practice to engage patients in forms of expression that meet their  
31 psychosocial needs. MTs and ATs understand that each individual’s needs and goals are unique  
32 and may change over the course of treatment, necessitating re-assessment and flexibility in  
33 adapting the plan of care.<sup>23,26,28</sup>  
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35 In addition, ATs and MTs are sensitive to the stresses and potential trauma associated with the  
36 experience of serious illness and the end-of-life. MTs and ATs are trained to use creative  
37 engagement, connection, and expression to provide a sense of psychological safety.<sup>2,24,37</sup>  
38 Importantly, therapists are also trained to recognize contraindications of care, aiming to support  
39 the awareness and exploration of defense mechanisms, as well as attend to psychological or  
40 behavioral responses in a clinically appropriate and psychologically contained way.  
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43 **Tip 5: Patients may express their thoughts and feelings more easily through visual and/or**  
44 **auditory modalities, thereby facilitating self-expression and communication in the face of**  
45 **significant physical and mental barriers.**  
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48 In the setting of serious illness, physical, emotional, psychological, and environmental barriers  
49 often hinder effective communication. ATs and MTs can facilitate alternative and creative  
50 strategies to enhance communication. These strategies not only can replace verbal  
51 communication, but may also facilitate deeper and more meaningful communication for any  
52 patient with serious illness (Table 1).  
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54 Intubated patients who are cognitively intact, patients with head and neck cancers, and patients  
55 with neurologic impairments who lose their ability to speak may particularly benefit from  
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creative, non-verbal outlets of communication.<sup>38</sup> Medical trauma and anxiety disorders that stem from illness and treatment can also limit speech, welcoming the use of metaphor and symbol to provide form to inner experiences.<sup>39</sup> Pediatric patients may be especially limited in verbal communication efforts due to developmental sensitivity, maturing coping mechanisms, and limited language, thereby necessitating play-based interventions to encourage expression and establish positive coping strategies.<sup>40,41</sup> Additionally, art and music therapy can promote safe spaces to practice saying goodbye during the pre-bereavement phase.<sup>30,42,43</sup>

Creative arts therapy can restore and invite new modes of communication. Receptive methods, such as listening to preferred music or looking at culturally relevant pieces of art, can communicate integral aspects of patient experiences. In particular, non-verbal expression through art and music allows for saying the unsayable, such as through emotional and somatic interactions, through which physical and emotional cues of the patient guide the creative process and experiences.<sup>28,41</sup> ATs and MTs can provide adaptations to art and music making, and can choose media aligned with patients' physical and cognitive abilities to help patients communicate and share their authentic selves.<sup>30,38</sup> When there are no words, art and music may give voice.

**Tip 6: Music and art therapies are designed to address the core domains of palliative care, enhancing emotional, interpersonal, spiritual, and relational processing.**

Creative expression, within a safe setting in the presence of a qualified therapist, has value beyond the physical realm of care. The practices of professional art and music therapy echo the eight integrative domains of hospice and palliative medicine,<sup>44</sup> supporting both emotional and existential processing (Table 2). For example, a clinically supervised process of connecting to sensory information (known as embodiment) offers multiple psychotherapeutic intentions. Somatic or unconscious information not necessarily accessible through words can be accessed through symbols, lines, and shapes created in visual art<sup>29</sup> and through pitch, timbre, rhythm, tempo, and melodic form in music.<sup>41</sup> Tactile, auditory, and creative engagement with art and music media enables self-soothing and emotional regulation, as well as verbal processing and spiritual reflection.<sup>33,46</sup> Professionally supported art and music-making offer the opportunity to engage in relational and spiritual experiences which celebrate the whole person and unite the body and mind. It is through these interpersonal experiences that patients and caregivers experience increased awareness and understanding of the totality of their illness experience.

Music and art therapy also have the capacity to humanize identity, beyond being a patient, to bring a holistic personal narrative to the forefront of care.<sup>28</sup> Through individualized artistic and musical expression, promoting patient dignity, autonomy, meaning-making, and fostering relationships is possible.

**Tip 7: Music and art therapists provide support to caregivers and loved ones through grief processing, emotional expression, and personal legacy.**

As members of interprofessional HPC teams, ATs and MTs can play a key role in supporting patient's loved ones. Art and music therapy can provide opportunities for caregivers to reduce isolation and engage in processing grief.<sup>26,42,43,47,48</sup> Both modalities have been found to be beneficial for reducing stress, increasing positive affect, and improving spiritual well-being for caregivers.<sup>27,49</sup> Through the therapist's witnessing, holding space, and facilitating both verbal

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3 processing and individualized, arts-based experiences, patients and caregivers are able to  
4 transform their self-perceived burden and suffering into one of enhanced understanding and  
5 closure at the end of one's life.

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7 ATs and MTs are well-versed in facilitating legacy interventions which support memory-  
8 making, distract from pain, and promote improved family communication and social  
9 interaction.<sup>50</sup> In addition to the healing that occurs during the legacy-building process, each  
10 created product can serve as a transitional object for family and caregivers throughout an  
11 extended grieving process.<sup>51</sup> The youngest of family members, in particular, can be difficult to  
12 support in healthcare settings. Art and music therapists are specially trained to allow for children  
13 to access developmentally appropriate tools to express and process emotions. Because art and  
14 music do not rely on language, even a preverbal child visiting their hospitalized loved one may  
15 partake in a creative experience that provides meaningful connection.

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18 **Tip 8: Music and art therapists promote team wellness and cohesion, emotional support,**  
19 **and death processing as integral members of interprofessional healthcare teams.**

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22 Music and art therapy programs can promote interdisciplinary team wellness through acute or  
23 consistent long-term support.<sup>52-56</sup> Professional MTs and ATs have access to a wide range of  
24 resiliency-building approaches, including mindfulness techniques (transforming thoughts,  
25 feelings, and sensations into sound and image), the use of metaphor and creative challenges to  
26 enhance psychoeducation and stress management, collegial support (through shared experiences  
27 of creating), and reflective discussion on emergent insights. Opportunities to mourn patients -  
28 through private expression, group collaborative processes, and exhibitions or performances<sup>57</sup> -  
29 also harness natural tendencies to turn to the arts to address loss.

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31 There are several examples of music and art therapy programs that have been studied in  
32 palliative care settings. A 6-week (18 hour) art therapy-based supervision group for end-of-life  
33 care workers (interdisciplinary clinicians and volunteers) increased emotional awareness while  
34 reducing death anxiety when compared to standard training.<sup>53</sup> In this group, participants  
35 practiced mindful breathing, individual art making, and group discussion according to a  
36 predetermined curriculum that addressed stressors, coping skills, and witnessing patient death.  
37 Similarly, group music therapy, wherein participants created music freely or with structure, was  
38 associated with a significant positive impact on team building.<sup>49</sup>

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40 In addition to benefits from active music creation, even incidental staff exposure to music  
41 therapy sessions has been correlated with improved workplace stress, teamwork, and perceived  
42 patient care.<sup>58</sup> An intervention facilitating music playlists for home use, supplemented by weekly  
43 consultation with music therapists, decreased fear, worry, tiredness, and sadness in clinical staff  
44 in a COVID-19 unit at the University Hospital of Bari, Italy.<sup>59</sup> MTs and ATs provide a range of  
45 much-needed professional support to palliative care teams by acclimating them to creative  
46 processes through meaning-making.

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49 **Tip 9: Evaluating evidence-based practices and patient outcomes will enhance**  
50 **understanding of art and music therapy, while facilitating implementation across care**  
51 **settings.**

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54 ATs and MTs work across the continuum of care offering interventions to address patient and  
55 family specific needs, from the time of initial diagnosis and into the bereavement cycle.<sup>48,60,61</sup>



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3 Furthermore, AT and MT services have been shown to improve overall patient/family  
4 satisfaction in palliative care.<sup>62-64</sup> The adaptive application of these and other supportive services  
5 will be vital as healthcare moves towards value-based payment models.<sup>65,66</sup>  
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7 The global pandemic of 2020 has transformed society and the ways healthcare services are  
8 delivered. With the United States Centers for Medicare & Medicaid Services broadening their  
9 guidelines for telehealth use, it has become a priority for HPC organizations to make changes,  
10 investing financially in the technology to be able to offer this service to their patients. Both AT  
11 and MT national associations have released statements in support of telehealth services and  
12 provided resources for clinicians to ensure standards of practices and ethical guidelines.<sup>67,68</sup>  
13 Using evidence-based knowledge, AT and MTs are developing innovative point-of-care and  
14 virtual services while ensuring patient safety, thereby providing opportunities for interaction and  
15 care for individuals who are experiencing increased social isolation due to COVID-19  
16 restrictions.<sup>59,69-72</sup>  
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18 Despite a reliance on grants, charitable donations, or funding by non-profit foundations, HPC  
19 organizations are beginning to recognize the value of AT and MT services. In the UK, arts  
20 therapists receive statutory and charitable funding, and evidence shows an increase in music  
21 therapy for people receiving end-of-life care.<sup>73</sup> Similarly, in the US, hospice guidelines for  
22 required services consider art and music therapy as “adjunctive therapies” included in estimated  
23 costs without additional reimbursement. Recent efforts have tried to position MT as a core  
24 service in hospice as related to Medicare’s Conditions of Participation (CoPs) required  
25 counseling services.<sup>74</sup> Hospices that employ AT and MTs see positive financial outcomes related  
26 to improved family satisfaction surveys, increased philanthropic support, and marketing  
27 competitiveness within their communities.<sup>61</sup> The inclusion of ATs and MTs in hospice care  
28 enables clinical outcomes for personalized patient care and is an indicator to community  
29 agencies of the organization’s commitment to holistic, evidence-based quality care provision.  
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33 **Tip 10: Art and music therapy professionals contribute to a holistic, team-based approach**  
34 **to medical education complementing hospice and palliative care curricula.**  
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37 Introducing therapeutic uses of the creative arts into clinician training accentuates the  
38 importance of collaborating with ATs and MTs, who utilize evidence-based modalities to ensure  
39 high-quality, patient-centered, and team-based care. Studies have suggested that health  
40 professionals who complete in-service training on how MTs work have increased understanding  
41 of their role in interprofessional teams.<sup>75-76</sup> Medical residents who participate in art therapy  
42 groups with patients develop new sensibilities, appreciate the benefits of the profession, and  
43 experience increased cultural awareness, possibly resulting in mitigation of health care  
44 disparities.<sup>76</sup>  
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46 MTs and ATs can offer their expertise much earlier in medical education. Steeped in the  
47 fundamentals of medical humanities,<sup>78,79</sup> MTs and ATs have collaborated with medical educators  
48 to create curricular content that engages creative processes and intentional reflective exercises to  
49 develop self-awareness and instill compassion in the patient-physician relationship. ATs and  
50 MTs can facilitate accessible holding spaces for medical students to learn how to witness patient  
51 pain and suffering,<sup>80</sup> to reflect on other students’ experiences as a way to better understand their  
52 own emotional reactions to calibrate empathy,<sup>77</sup> and to address personal wellness and stress  
53 management.<sup>82,83</sup> The combined domains of creative arts therapists and hospice and palliative  
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3 medicine specialists represent a unique, transdisciplinary opportunity to add expertise to  
4 communication training and medical humanities curricula.  
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## 6 7 **Conclusion**

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9 MTs and ATs, integral members of HPC interprofessional teams, have the training and  
10 expertise to meet patients and families where they are in their serious illness journey. Through  
11 the facilitation of clinically, culturally, and developmentally appropriate assessments and  
12 creative-based experiences facilitated in a nonjudgmental and empathetic manner, ATs and MTs  
13 contribute to a holistic, team-based approach to person-centered, evidence-based care, focused  
14 within the core domains of palliative medicine.  
15

16 The inclusion of MTs and ATs within HPC teams promotes equitable practice and dignity  
17 within a creative, interpersonal realm by meeting key aspects of palliative care through  
18 professionally guided engagement in music and art experiences. The work of MTs and ATs  
19 focuses on relational interactions, emotional experiences, empathy, and valuing presence with  
20 others.<sup>18,84</sup> In the continued fight for social justice, ensuring that patients and families are  
21 experiencing their care in a manner that is congruent with their own cultural, racial, and religious  
22 backgrounds is of paramount importance, and one that is fostered through the contexts of  
23 engagement in music and art therapy. Including these professional therapies as part of the  
24 transdisciplinary nature of HPC further enhances the experiences of patients, families, and staff.  
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TABLE 1. THERAPEUTIC INTENTIONS WITHIN CLINICAL PRACTICE

*Art and music therapists use creative modalities alongside traditional, verbal techniques to enhance communication. These are nonverbal ways that therapists attune to patients, thereby creating a trusting environment that enhances communication. In addition to supporting communication efforts for patients, these therapeutic approaches also communicate valuable messages to the patient by their therapist. Incorporating the use of art and music therapy expands the armamentarium of palliative care clinician communication techniques.*


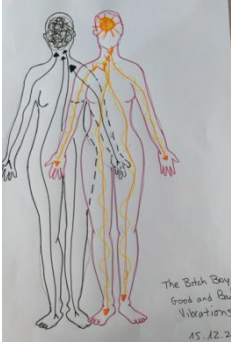
*\*Note that Table 1 does not provide an exhaustive list of possible therapeutic intentions which exist as part of MT/AT clinical practice. Additionally, specific cases discussed in Table 1 are part of the authors' own clinical work.*



Therapeutic Idea	Definition/Intention	Technique/In Practice
Therapeutic Alliance	The deliberate relationship-building between the creative arts therapist and patient. This is the foundation for therapeutic work to occur.	Art and music therapists may have different time constraints than physicians and nurses, allowing more time to build rapport, empathize, and witness patient stories. Unlike many relationships with doctors and nurses, a patient's relationship with a creative arts therapist is one of choice, and can be directed by the patient.
Mirroring	A therapeutic technique used to validate and reflect the patient's experience.	Therapists can mirror patient experiences verbally, by reflecting and validating feelings, or nonverbally, by creating art side-by-side, or co-creating a piece of music. Within music therapy, mirroring is used as a form of <i>clinical improvisation</i> (the "free or guided extemporaneous use of music, undertaken by the therapist and/or client, using a range of tuned and untuned instruments and voice, to maintain or improve health"). <sup>45</sup> Engaging in this relational, creative practice of expressing oneself in-the-moment can lead to increased self-awareness of the patient on his or her own, or in relation to the therapist.

Third Hand	Through a technique called the third hand, an art therapist provides functional or artistic support to the patient's creative process. <sup>85</sup> Importantly, this support is non-intrusive, and does not impose the ideas of the therapist onto the patient's creative work.	This practice of dynamic, non-verbal support adapts to fit the mental and physical needs of the patient. This may involve simple actions such as taping down a sheet of paper that keeps slipping, more technical assistance, such as co-creating support beams for an unstable 3D sculpture, or more structured partnership, such as working hand-over-hand to guide the patient's lines.
Entrainment	Music therapists may employ a technique called entrainment, whereby a music therapist uses their instrument and/or voice to match a patient's body rhythm, in order to produce a relaxation response and communicate attunement. <sup>86</sup>	In one case example of a woman with late-stage Parkinson's disease and dementia, who was suffering from intense pain, a music therapist matched her music to the patient's moaning syllables and sounds, in order to communicate to the patient that she was heard and understood. Synchronizing with the rhythm of the patient's breathing, and incorporating simple and repetitious melodies, aided the patient to reach a more relaxed state with fewer pain behaviors. <sup>86</sup>

TABLE 2. PSYCHOTHERAPEUTIC INTENTIONS ADDRESSED THROUGH CORE DOMAINS OF PALLIATIVE CARE

*\*The artwork and quotes included in Table 2 are part of the authors' own clinical work.*

Domains of palliative care	Psychotherapeutic intentions	Examples of art therapy	Examples of music therapy
Structure and Processes of Care	Art and music therapists plan interventions as part of interprofessional treatment plans, which vary based on the treatment goals.	In collaboration with other palliative care team members, an art therapist worked with a symptomatic participant, who described the emotional and physical pain she had experienced. She stated that she had not had access to these feelings before drawing them on paper. 	A participant with recent cancer progression was provided with various instruments to participate in an improvised music experience. He reflected that the sound of the drums embodied his heartbeat and his drive to continue “fighting through the storm” of his illness.
Physical Aspects of Care	The modalities of music and art therapy can be utilized both as a distraction from physical symptoms and as assistance in the processing of somatic experiences.	Through guided reflection, a participant developed insight into her experience of pain, describing having both good and bad days, and wished for more balance between the good and bad in her body. <sup>29</sup> 	During a musical dialogue between therapist and participant, the mantra “pain is inevitable, suffering is optional” was used to assist in telling his story after a life-altering and radical amputation.
Psychological and	The individualized process of artistic and	A participant highlighted psychosocial aspects of her	A music therapist created a

<p>Psychiatric Aspects of Care</p>	<p>musical expression promotes patient dignity, autonomy, and meaning-making. Art and music therapists help to connect this process to address psychological aspects of coping with serious illness.</p>	<p>illness course through an illustration of her journey, stating, “I know where I have been and who was beside me, on my way”.</p> 	<p>customized, music-based imagery script for relaxation, with the goal of equipping a participant with a psychological safe space. Her connection to this favorite spot in the mountains brought resolve, joy, and peace during a hospitalization that evoked fear, uncertainty, and anxiety.</p>
<p>Social Aspects of Care</p>	<p>The participatory formats of music and art making interventions are well-suited to fostering relationships between patients, peers, loved ones, and clinicians.</p>	<p>In group art therapy sessions, participants learn to relate to other participants while responding to their artwork, and a trusting relationship is created with the therapist.</p> 	<p>A life's soundtrack of music was created as a gift to family members with thoughtful and mindfully selected songs to send loving messages to each of the recipients. “<i>Wind Beneath My Wings</i>’ will be for my mother because she has always supported me and encouraged me to remain strong.”</p>
<p>Spiritual, Religious, and Existential Aspects of Care</p>	<p>Encouraging patients to engage in relational and spiritual experiences allows for celebration of the whole person and unites the body and mind.</p>	<p>Art making offers the opportunity to engage the body and mind in the art making process. For example, Jon (diagnosed with progressive supranuclear palsy), wrote, “[Art therapy] has become a means of communicating the vitality of my inner life, which I cannot do in any</p>	<p>The patient recalled a difficult life as a fighter - a boxer. Music (<i>The Boxer</i>’ by Simon and Garfunkel) helped him to process a life review and reflect on the ever-evolving creation of the self,</p>



		other way now. It is as if I have left the depths of despair and climbed to a brighter, sunnier plateau.” <sup>2</sup>	even as the physical body deteriorates.
Care of the Patient Nearing the End-of-Life	Music and art therapists are sensitive to the special needs of those near the end of life, and are adept at creating tailored interventions, including legacy work.	Despite not being in contact with her family, a woman in her mid-60’s used art materials to create keepsakes to be remembered by, including art gifted to her art therapist just prior to her transition to hospice.	A heartbeat recording is a lasting auditory keepsake that captures the unique rhythms and patterns that each individual brings to this world. A customized song was re-written to the rhythm of a participant’s heartbeat to showcase his everlasting love for his young girls, and to remind them of the wishes he had for their lifetimes.
Cultural Aspects of Care	Culture influences both palliative care delivery and the experience of that care by the patient and family, from the time of diagnosis through death and bereavement.	Creative arts therapists are trained to approach patients with a sense of cultural humility; an openness, curiosity, and sensitivity to learn the cultural nuance of the person. Providing culturally affirming and individualized art and music interventions can take many forms while respecting a person’s cultural identity and expression. (See Tip 4)	
Ethical and Legal Aspects of Care	Music and art therapists are trained clinicians who can be involved in advance care planning, regulatory/legal considerations, and other processes to support patient autonomy.	Art and music therapists, as part of interprofessional teams, adhere to professional ethical guidelines, while supporting patient autonomy. This may entail, for example, using the creative process to clarify end of life preferences and decision making, or communicating needs with caregivers and family members.	

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TABLE 1. THERAPEUTIC INTENTIONS WITHIN CLINICAL PRACTICE

*Art and music therapists use creative modalities alongside traditional, verbal techniques to enhance communication. These are nonverbal ways that therapists attune to patients, thereby creating a trusting environment that enhances communication. In addition to supporting communication efforts for patients, these therapeutic approaches also communicate valuable messages to the patient by their therapist. Incorporating the use of art and music therapy expands the armamentarium of palliative care clinician communication techniques.*


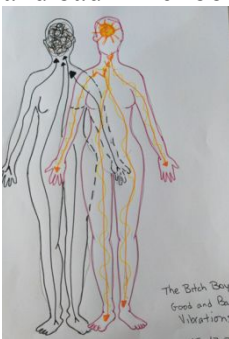
*\*Note that Table 1 does not provide an exhaustive list of possible therapeutic intentions which exist as part of MT/AT clinical practice. Additionally, specific cases discussed in Table 1 are part of the authors' own clinical work.*



Therapeutic Idea	Definition/Intention	Technique/In Practice
Therapeutic Alliance	The deliberate relationship-building between the creative arts therapist and patient. This is the foundation for therapeutic work to occur.	Art and music therapists may have different time constraints than physicians and nurses, allowing more time to build rapport, empathize, and witness patient stories. Unlike many relationships with doctors and nurses, a patient's relationship with a creative arts therapist is one of choice, and can be directed by the patient.
Mirroring	A therapeutic technique used to validate and reflect the patient's experience.	Therapists can mirror patient experiences verbally, by reflecting and validating feelings, or nonverbally, by creating art side-by-side, or co-creating a piece of music. Within music therapy, mirroring is used as a form of <i>clinical improvisation</i> (the "free or guided extemporaneous use of music, undertaken by the therapist and/or client, using a range of tuned and untuned instruments and voice, to maintain or improve health"). <sup>45</sup> Engaging in this relational, creative practice of expressing oneself in-the-moment can lead to increased self-awareness of the patient on his or her own, or in relation to the therapist.

Third Hand	Through a technique called the third hand, an art therapist provides functional or artistic support to the patient's creative process. <sup>85</sup> Importantly, this support is non-intrusive, and does not impose the ideas of the therapist onto the patient's creative work.	This practice of dynamic, non-verbal support adapts to fit the mental and physical needs of the patient. This may involve simple actions such as taping down a sheet of paper that keeps slipping, more technical assistance, such as co-creating support beams for an unstable 3D sculpture, or more structured partnership, such as working hand-over-hand to guide the patient's lines.
Entrainment	Music therapists may employ a technique called entrainment, whereby a music therapist uses their instrument and/or voice to match a patient's body rhythm, in order to produce a relaxation response and communicate attunement. <sup>86</sup>	In one case example of a woman with late-stage Parkinson's disease and dementia, who was suffering from intense pain, a music therapist matched her music to the patient's moaning syllables and sounds, in order to communicate to the patient that she was heard and understood. Synchronizing with the rhythm of the patient's breathing, and incorporating simple and repetitious melodies, aided the patient to reach a more relaxed state with fewer pain behaviors. <sup>86</sup>

TABLE 2. PSYCHOTHERAPEUTIC INTENTIONS ADDRESSED THROUGH CORE DOMAINS OF PALLIATIVE CARE

*\*The artwork and quotes included in Table 2 are part of the authors' own clinical work.*

Domains of palliative care	Psychotherapeutic intentions	Examples of art therapy	Examples of music therapy
Structure and Processes of Care	Art and music therapists plan interventions as part of interprofessional treatment plans, which vary based on the treatment goals.	In collaboration with other palliative care team members, an art therapist worked with a symptomatic participant, who described the emotional and physical pain she had experienced. She stated that she had not had access to these feelings before drawing them on paper. 	A participant with recent cancer progression was provided with various instruments to participate in an improvised music experience. He reflected that the sound of the drums embodied his heartbeat and his drive to continue “fighting through the storm” of his illness.
Physical Aspects of Care	The modalities of music and art therapy can be utilized both as a distraction from physical symptoms and as assistance in the processing of somatic experiences.	Through guided reflection, a participant developed insight into her experience of pain, describing having both good and bad days, and wished for more balance between the good and bad in her body. <sup>29</sup> 	During a musical dialogue between therapist and participant, the mantra “pain is inevitable, suffering is optional” was used to assist in telling his story after a life-altering and radical amputation.
Psychological and	The individualized process of artistic and	A participant highlighted psychosocial aspects of her	A music therapist created a

<p>Psychiatric Aspects of Care</p>	<p>musical expression promotes patient dignity, autonomy, and meaning-making. Art and music therapists help to connect this process to address psychological aspects of coping with serious illness.</p>	<p>illness course through an illustration of her journey, stating, “I know where I have been and who was beside me, on my way”.</p> 	<p>customized, music-based imagery script for relaxation, with the goal of equipping a participant with a psychological safe space. Her connection to this favorite spot in the mountains brought resolve, joy, and peace during a hospitalization that evoked fear, uncertainty, and anxiety.</p>
<p>Social Aspects of Care</p>	<p>The participatory formats of music and art making interventions are well-suited to fostering relationships between patients, peers, loved ones, and clinicians.</p>	<p>In group art therapy sessions, participants learn to relate to other participants while responding to their artwork, and a trusting relationship is created with the therapist.</p> 	<p>A life's soundtrack of music was created as a gift to family members with thoughtful and mindfully selected songs to send loving messages to each of the recipients. “<i>Wind Beneath My Wings</i>’ will be for my mother because she has always supported me and encouraged me to remain strong.”</p>
<p>Spiritual, Religious, and Existential Aspects of Care</p>	<p>Encouraging patients to engage in relational and spiritual experiences allows for celebration of the whole person and unites the body and mind.</p>	<p>Art making offers the opportunity to engage the body and mind in the art making process. For example, Jon (diagnosed with progressive supranuclear palsy), wrote, “[Art therapy] has become a means of communicating the vitality of my inner life, which I cannot do in any</p>	<p>The patient recalled a difficult life as a fighter - a boxer. Music (<i>‘The Boxer’</i> by Simon and Garfunkel) helped him to process a life review and reflect on the ever-evolving creation of the self,</p>

		other way now. It is as if I have left the depths of despair and climbed to a brighter, sunnier plateau.” <sup>2</sup>	even as the physical body deteriorates.
Care of the Patient Nearing the End-of-Life	Music and art therapists are sensitive to the special needs of those near the end of life, and are adept at creating tailored interventions, including legacy work.	Despite not being in contact with her family, a woman in her mid-60’s used art materials to create keepsakes to be remembered by, including art gifted to her art therapist just prior to her transition to hospice.	A heartbeat recording is a lasting auditory keepsake that captures the unique rhythms and patterns that each individual brings to this world. A customized song was re-written to the rhythm of a participant’s heartbeat to showcase his everlasting love for his young girls, and to remind them of the wishes he had for their lifetimes.
Cultural Aspects of Care	Culture influences both palliative care delivery and the experience of that care by the patient and family, from the time of diagnosis through death and bereavement.	Creative arts therapists are trained to approach patients with a sense of cultural humility; an openness, curiosity, and sensitivity to learn the cultural nuance of the person. Providing culturally affirming and individualized art and music interventions can take many forms while respecting a person’s cultural identity and expression. (See Tip 4)	
Ethical and Legal Aspects of Care	Music and art therapists are trained clinicians who can be involved in advance care planning, regulatory/legal considerations, and other processes to support patient autonomy.	Art and music therapists, as part of interprofessional teams, adhere to professional ethical guidelines, while supporting patient autonomy. This may entail, for example, using the creative process to clarify end of life preferences and decision making, or communicating needs with caregivers and family members.	



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