Music for anxiety in amyotrophic lateral sclerosis/motor neurone disease: A commentary on Horne-Thompson and Bolger’s article.

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This paper is to be welcomed as the first piece of music therapy research with MND/ALS patients to be published. As Horne-Thompson and Bolger remarked there is scant music therapy literature to inform practice or suggest direction for research, although Forrest (2002, 2005) and Petering (2005) have also written and presented on the subject. When so little is known it seemed surprising that this research had such a precise focus. The first author’s previous research paper (Horne-Thompson & Grocke, 2008) found statistically significant results for the reduction of anxiety after a single music therapy session with terminally ill patients. It may have been anticipated that carrying out a similar investigation with MND patients could build on this evidence; this time revising the design and including a comparative element; the methodology fitting the medical model in which the work is situated.

Many different factors make research with MND patients problematic, which could explain the limited literature. MND is comparatively rare, usually has a short disease trajectory and most music therapists meet comparatively few MND patients. A research design that involved large patient numbers would certainly not be feasible for many therapists working in palliative care contexts – it might take me more than 5 years even to meet 21 MND patients. The ethical research design ensured that there were minimal demands on patient energy, but the high attrition highlights the difficulties involved.

As the authors pointed out, the study design had limitations. The central research premise, that anxiety is a problem for most MND patients, was refuted. For, when asked, the patients themselves did not indicate significant levels of anxiety, in line with more recent findings in the literature, which the authors cited.

Care was taken to account for the position of the listening and music therapy sessions within the week of data collection, but no explicit consideration was made about the position of the music therapy session within an on-going relationship. That is, whether this was always the first and only music therapy session the patient experienced or was one in a series. Although single music therapy sessions are not uncommon with terminally ill...
patients the act of measurement itself, in the form of pretest-posttest interventions, may change what is being measured.

I am left thinking that what was missing in this study was a qualitative element. O’Callaghan and Barry (2009) question the whole notion of the superiority of quantitative music therapy research in palliative care. In this study, what might the patients have said about their experience of the effects of music therapy or listening? Including this type of data alongside the detailed and complex statistical analysis of quantitative data in the research report would certainly have had added depth. Therapists who work with MND patients are made aware, by what their patients say, that music therapy is valued in many different and often subtle ways that cannot always be measured by available quantitative research tools. Research is surely often about overturning as well as confirming assumptions. In researching this area myself, I have found that many of my own assumptions about the experience of music therapy have been challenged; findings have included wide-ranging effects in physical, intellectual, psychological and spiritual domains. A great many MND patients literally lose their voice in the course of their disease. How important is it that we include it as we seek greater understanding about our work with this patient group?

This paper opens the way for further research with patients with this disease. Despite the absence of conclusive results from this study, our empirical observations continue to tell us that it is clearly not the case that music therapy is ineffective. Perhaps with these small populations of patients we need to approach research from a different perspective, using qualitative designs, gradually building up evidence and insight.

References


