

Chapter 8


What Works Best?

Comparing Music Therapy Approaches in Home Care

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ABSTRACT

There has been growing interest in music therapy as a non-pharmacological home care treatment that decreases pain symptoms, anxiety, and emotional distress. Even though there exists evidence supporting its general efficacy, there remains little investigation into the relative efficacy of different music therapy modalities and the influence of intervention frequency and duration on outcomes. The aim of this study is to perform a systematic review of RCTs and compare the differential effectiveness of music therapy interventions in adult palliative care populations. The main outcomes are pain, anxiety, depression, and quality of life, as measured by validated instruments. Studies were included and were sought through systematic searches of a number of databases for publications up to 2015-2025. The study is expected to identify the most effective forms of music therapy, whether frequency and duration impact effectiveness, and thus inform evidence-based practice recommendations for the integration of music interventions into home care.

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1. INTRODUCTION

Over the last twenty years, music therapy has emerged as a viable option for non-pharmacological intervention in palliative or holistic care which focuses on providing relief for the symptoms and stresses resulting from serious and life-limiting illnesses, improving quality of life for the patients as well as their families and caretakers. The setting for palliative care involves treatment focusing on quality of life rather than “curative intent” which may be administered alongside or mutually exclusively from the holistic approach in which music therapy has become a tenable option. The field of music therapy and the efficacy of this approach is supported by an ever-growing body of research, randomized controlled trials (RCTs), and systematic reviews (Li et al., 2025; Boyde et al., 2024).

Despite the sizeable body of research conducted in the field of palliative music therapy, the field lacks robust comparative evaluations of different therapeutic modalities. Passive receptive listening, guided imagery and music (GIM), vibroacoustic interventions, and active participatory sessions (e.g., singing, playing instruments, composing/songwriting) are often generalized and grouped under the umbrella term “music therapy,” yet they may operate through distinct mechanisms and offer benefits which may be best sourced in different ways, at different times, and different contexts for individuals. For example, receptive listening may be particularly effective for rapid relaxation and symptom management in bedridden patients, whereas active engagement may better enhance mood, self-expression, and social interaction depending on the individual/s. Even vibroacoustic music therapy, which combines auditory and tactile stimulation, has demonstrated short-term effects on subjective well-being and perception of body warmth (S. Bieligmeyer et al., 2018). Not all benefits in this area are exclusively restricted to auditory channels, which in one way exemplifies the diversity of these benefits.

An important factor in the examination of this multi-dimensional study is the amount or “dosage” of music therapy and to what degree it is useful and effective for given circumstances and stages of illness and healing. Session length, intervention frequency, and overall program duration can influence clinical outcomes as suggested by research data. One from a meta-analysis of lung cancer patients (Li et al., 2025) indicates that engaging in music therapy for 30 minutes, one to two times per day, over two to twelve weeks, was associated with significantly greater reductions in anxiety and depression compared to less frequent or shorter intervention. These effects are associated with the physiology and psychology of the patients. These parameters may vary depending on individual patient conditions, modalities, and the targeted outcomes.

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