

Laughter and Tears – a students' perspectives on music therapy in palliative Care

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Abstract:

The Music Therapy in Medicine Project pairs University of Windsor Music Therapy students with Windsor Symphony musicians to visit patients in the palliative care and oncology wards at Windsor Regional Hospital. This paper will look at many positive aspects as well as challenges from the perspective of the students involved.

Introduction

The hospital can be a dreary, unhappy place, especially for those who have been diagnosed with a terminal illness. Although palliative care units aim to provide patients with as much physical comfort as possible, emotional and spiritual needs are often overlooked, and individuals tend to be removed from their support network of friends and family. Research has shown that music therapy can be very effective in increasing relaxation and comfort levels (Curtis, 1986, Boldt, 1996, Magill, 2001) as well as quality of life (Hilliard, 2003, Magill, 2001) for patients in a palliative care setting. Music therapy has also been shown to help patients and their families cope with feelings of loss, grief, anxiety, hopelessness, and lack of meaning, as well as pain, disorientation and dementia (Hilliard, 2001). Music therapy can help patients to feel more like themselves and less like patients (O'Callaghan & McDermott, 2004), and can offer moments of release, reflection, and renewal while providing a sense of uplifting and peace (Magill, 2001).

This paper will give a brief overview of the *Music Therapy in Medicine* project, focusing on the benefits for patients and their families, support staff and music therapy team members. We will also discuss the learning experiences encountered by the student therapists involved, as well as the types of music therapy experiences that have been found to be most effective in this particular setting and format.

The Project

Music Therapy in Medicine began as a pilot project in 2003 with the goal of improving the well being of palliative care patients in a large regional hospital in Windsor, Ontario (Curtis, 2004). The project was conceived as a community-

based collaboration between the Windsor Symphony Orchestra and the University of Windsor Music Therapy Centre. Funded by grants from Transition to Betterness, an organization devoted to providing cancer patients and their families with a comfortable and compassionate hospital environment, and Green Shield of Canada, the project was designed to improve the quality of life of hospitalized individuals and their families by pairing University of Windsor Music Therapy students with Windsor Symphony musicians to visit the palliative care and oncology units of Windsor Regional Hospital. These visits aimed to accomplish four main goals: increasing pain relief, relaxation, positive mood, and quality of life.

After pre/post-test scores from the pilot project were evaluated, significant improvement was seen in the areas of pain relief, relaxation, positive mood, and quality of life. As a result, *Music Therapy in Medicine* became a permanent program funded by Transition to Betterness. As of the end of 2005, a total of 149 hospital visits had been made reaching 1,295 individuals (Curtis, 2006).

The students involved in the project are third and fourth year music therapy students at the University of Windsor. In order to be involved in the project, the students participate in orientation both within and outside of the hospital. Up until this point, the professional musicians involved have been string players with the Windsor Symphony Orchestra, and also completed orientation before beginning the project.

The Positive Aspects

In the Music Therapy in Medicine project, music is used as entertainment and also as a form of distraction. Music provides positive stimulation within the hospital environment and can act as a distraction from boredom and discomfort. Music can bring a feeling of light and hope onto the unit, and can influence the mood not only of patients but also of the nurses and support staff. Music Therapy team members often build personal relationships with clients and their families, leading the project to take on a life outside the walls of the hospital.

Benefits for the Patient

Time spent in hospital can be difficult for patients due not only to the illness itself, but also the hospital's sterile environment and lack of privacy. In this setting music provides a framework in which patients and their family members may express difficult emotions. While the music is present, outward showings of emotion can feel more natural and comfortable for some individuals. For many clients, music can evoke fond memories, allowing everyone present to recall joyous times and 'normal' times outside the hospital. Music therapy can also help to increase relaxation, pain relief, positive mood and quality of life.

For their Families

Along with providing an emotional outlet for patients and their family members, the music therapy sessions can also act as respite for family members. Sitting at the bedside of a loved one in the hospital can be very stressful and often family members have appreciated being given a break from the pressures of entertaining or distracting the patient from his/her discomfort. On occasion, family members have taken advantage of having the music therapy team present to exit the room for a few minutes without feeling guilty for leaving the patient alone. More often than not, however, family members will extend their visit in order to enjoy the music with their loved one. Music can also provide an opportunity for families to say goodbye to their loved ones. The experience of helping a husband sing one last song to his dying wife is one that is memorable for everyone present.

For the Staff

The nursing and support staff in the palliative care unit can also benefit from music therapy. The music allows nurses to interact with patients on a non-threatening level. Patients and staff can get to know each other through shared associations and memories that are brought about by the music. These memories and experiences likely would not have been shared under other circumstances. The joy that music brings to the hospital setting can continue even after the music therapy team has ended their visit. On several occasions the music therapy team has left the unit to the tune of nurses and support staff singing as they go about their work in a patient's room or in the halls. Occasionally, the team members arrive to the sound of the staff members singing and are promptly informed "Oh good, music! We've been waiting for you!"

Music Therapy has also proven to be a successful relaxation tool for the nurses and support staff. The musician and therapist set up in front of the nursing station and encourage the staff to make requests. This allows for the nurses to benefit from the music as much as the patients and to feel more a part of the therapeutic process.

For the Team Members

The *Music Therapy in Medicine* Project has provided unique opportunities for the music therapy team members involved. The project allows the student therapists to work alongside professional musicians and allows the symphony musicians the chance to experience music from a different perspective. This format allows all team members to learn from each other as well as have a form of moral support to assist with building a therapeutic relationship with the clients. Music therapy provides the opportunity for team members to form relationships with patients from many different backgrounds and to hear some wonderful stories of adventures they have had throughout their lives. Music often acts as a catalyst to

spark memories and discussion of past events, leading to conversation that would not take part between the individuals otherwise.

Expansion of the Project

The project has been expanded beyond the hospital setting, with team members being asked to play at weddings as well as funerals. Family member and friends, acting on the requests of the deceased, have asked that the musicians who provided the music therapy services on the unit play certain selections at the funeral service. This reflects the importance not only of the music itself to the patients and their loved ones but also the importance of the relationship built between them and the music therapy team members. Family members of patients who have passed away from cancer are given a CD of songs for healing entitled "We Remember".

The Learning Experiences

At the start of the project, the students involved had limited clinical experience in music therapy. For some involved, this was their first time working with clients outside of a classroom setting and was an intimidating place to begin due to the uncertain nature of each session. When walking into a room, it was impossible to know what to expect. This meant that the student therapists needed to be prepared for anything and needed to be able to build a therapeutic relationship within a very short time frame. Being part of a team is extremely useful in dealing with this challenging situation; not only does the team member provide musical support and bring a whole different repertoire with them, but they also provide moral support and encouragement in a setting where it is easy to feel overwhelmed.

A vast amount of repertoire is needed to feel comfortable and successful in this setting, as is the ability to play by ear. A common strategy that we use when faced with a request that we do not know is "Why don't you sing it for us and we'll play along". We have found that compiling a binder of commonly requested music for various age groups and backgrounds is a good way to start building a repertoire. The collection can then be added onto as needed (which actually means constantly!).

The hospital setting itself also proved difficult to deal with. Having clients in semi-private and ward rooms often meant that those who really wanted to participate in music therapy could not due to the wishes of the other individual(s) in the room. This meant that the music therapy teams needed to become adept at asking permission of everyone in the room in a way that they were more likely to say yes (while still allowing room to decline). It also meant that we needed to be able to respect the wishes of those who really could not deal with having us there.

The peaceful nature of the unit means that certain instruments can simply not be used due to noise restrictions. The instruments that were found to be most appropriate were string instruments (for the symphony musician), guitar, small percussion instruments, tone chimes, and the Q-chord. Staff members were also somewhat of a challenge at times, more so at one location than the other, as Windsor Regional Metropolitan Campus is a much higher-stress environment than the Western Campus. Because of this, the nursing and support staff have taken longer to get to know and appreciate the music therapy team, but from overhearing sessions over time have grown to appreciate the visits and find them beneficial not only for the patients but also for themselves.

One of the obvious challenges faced by anyone working in a palliative care setting is the reality of losing a client. It can be difficult to begin building a therapeutic relationship with an individual when you know you might not see them again. Once you have built a relationship with a client, it becomes even more difficult to watch them suffer and eventually die. This is yet another area in which being part of a team is beneficial; having someone to talk to and confide in while still maintaining client confidentiality is of utmost importance in maintaining your own psychological and emotional health.

The last learning experience faced by the Music Therapy students in this project is the need to complete quick but effective and accurate assessments of clients. This issue was addressed through the development of a basic assessment form derived from the hospital's official form and using a pre-/post-test format; it did still present some moments of uncertainty, however. Patients sometimes seem to be very confused by what is being asked of them, often too far along in their disease or too heavily medicated to understand. In this situation, we have resorted to a more subjective form of assessment, using verbalizations, facial expressions, and body language as indicators. This cannot, unfortunately, be included in the official quantitative data for the project, but can still provide the music therapy team with a fairly accurate knowledge of how the patient is responding.

What Works?

Being new to both this population and music therapy in general, the students involved have tried many different techniques and activities in order to achieve an increase in the four therapeutic goals of pain relief, relaxation, positive mood, and quality of life. This has been a learning process, since many of the techniques learned in the classroom do not transfer well to the hospital environment. We have learned quickly, however, how to adapt when needed. We have learned the need to quickly assess the mood of a room and how to react; humour has been one of our greatest allies, as it can instantly break down the barriers that often exist between patients and the medical staff and allow us to establish a much more intimate relationship through music. Guitar is generally the instrument of choice for the music therapy student, allowing for portability and

the ability to sing while playing. Small percussion instruments and Q-chords have been successfully used at times as well. The symphony musicians at this time are all string players and these instruments fit easily into a hospital setting.

In the beginning, patients were always offered a choice of music therapy experiences including relaxation, music listening, playing games, song writing, drawing, and playing instruments. It was soon found that patients generally preferred music listening over the other choices. This led the student therapists to continue providing choices, be it sometimes only in what type of music they would like to hear. Each student therapist has a long list of songs that clients can choose from but are also willing to play other pieces by ear in order to provide the most variety for the client. This is one of the benefits of being paired with symphony musicians: chances are good that if a client wants a particular piece, one of the team members will have heard it and can come up with at least a somewhat accurate rendition. Many patients and family members ask for specific songs that hold very special meaning. Songs such as *'Wind Beneath My Wings'* and *'Amazing Grace,'* for example, consistently elicit strong emotions in patients and family members. Some patients may request to hear songs that were played at a loved one's funeral, or songs that remind them of their childhood or their spouses. Music is often used as a catalyst for discussion in which patients have the opportunity to discuss the memories and emotions that arise for them while listening to specific pieces of music. It is often beneficial for the patients and the music therapy team to discuss the role that music has played in their lives as well as its perceived importance and value.

Patients are often given the opportunity to play small instruments along with the team members in order to increase active participation and enjoyment. Small instruments such as egg shakers, small hand drums, maracas, bells, and the Q-chord are easily accepted by most individuals and can allow patients and their family members to feel like part of the music making rather than a passive observer.

Song writing has also been used on occasion to help patients express their feelings to their families. Song writing can provide an outlet for the release of anger and despair that patients may feel in regards to their illness. Patients' spiritual and emotional needs are often not met in the hospital setting and many patients suffer this emotional battle in silence. Song writing allows patients to express exactly how they are feeling in their own words, which helps them to release their frustrations in a non-threatening format.

Conclusion

Each of us has thoroughly enjoyed our time working with this project. We have learned not only about music therapy as a profession, but have gained experience working with clients of many different backgrounds and have learned a lot about ourselves and how we work as part of a therapeutic team.

This project has involved several student and symphony musician members since its beginning in 2003:

Music Therapy Students:

Jennifer Bucci (clarinet)
Amanda Farmer (voice)
Emily Finnigan (voice)
Colleen Grew (voice)
Leanne McIntosh (piano)
Sarah Stickney (piano/voice)
Amy Wark (piano)

Windsor Symphony Orchestra Musicians:

Steve Kruse (viola)
Karen McLellan (cello)
Dawn Popovic (violin)
Tino Popovic (violin)
Peter Wiebe (cello)
Dara Zusko (violin)

In closing, we would like to share with you some comments from the people who matter the most, our clients:

*"I thoroughly enjoyed the music provided recently while I was a patient on 4 North at Met. Hospital in Windsor. The songs from Sound of Music and some Christmas carols brought joy to my heart and spirit. A roommate also commented on how lovely the music was. God bless you for your excellent efforts
PS Thank you for coming 😊"*

"The ladies were great"

"Music is always uplifting. It was a fun time. Thank you."

"It was very rewarding. Thank you"

"Seemed to brighten the day. They were delightful."

"Music and pleasant people make a difference to patients"

"Very pleasant young women. Good distraction for patient and helps pass time. Nice to see smiles and hear music."

"Lovely and relaxing"

"A welcome diversion, very enjoyable. We highly recommend this service."

References

Boldt, S. (1996). The Effects of Music Therapy on Motivation, Psychological Well-Being, Physical Comfort, and Exercise Endurance of Bone Marrow Transplant Patients. *Journal of Music Therapy*, 33. 164-188.

Curtis, S.L. (1986). The Effect of Music on Pain Relief and Relaxation of the Terminally Ill. *Journal of Music Therapy*, 23(1). 10-24.

Curtis, S.L. (2004). Music therapy in medicine: Creative collaborations. In Joerg Fachner (Ed.). *Proceedings of the 6th annual conference of the European Music Therapy Congress. Music Therapy Today*, 6(4), 886 - 899.

Curtis, S.L. (2006). Music Therapy in Medicine: 2005, 2nd Mid-Year Report: January 15, 2006. University of Windsor.

Hartley, N.A. (2001). On A Personal Note: A Music Therapist's Reflections on Working with those who are Living with a Terminal Illness. *Journal of Palliative Care*, 17(3). 135-141.

Hilliard, R.E. (2001). The use of music therapy in meeting the Multidimensional Needs of Hospice Patients and Families. *Journal of Palliative Care*, 17(3). 161-167.

Hilliard, R.E. (2003). The Effects of Music Therapy on the Quality and Length of Life of People Diagnosed with Terminal Cancer. *The Journal of Music Therapy*, 40(2). 113-137.

Magill, L. (2001). The Use of Music Therapy to Address the Suffering in Advanced Cancer Pain. *Journal of Palliative Care*, 17(3). 167-173.

O'Callaghan, C., & McDermott, F. (2004). Music Therapy's Relevance in a Cancer Hospital Researched Through a Constructivist Lens. *The Journal of Music Therapy*, 41(2). 151-185.