



Case: Mrs. D. is a 55-year-old woman with a history of cardiomyopathy. She was placed on a Ventricular Assist Device (VAD) and awaited heart transplant in the hospital for over 50 days. She received the heart transplant and remained in the hospital for about a month post-transplant before moving to an outside facility. Her husband was her main support system in this time, and the Palliative Care Team was consulted for support as well. When asked by the Palliative Care doctors if she would like a visit from the music therapist, Mrs. D. enthusiastically responded “Yes!”

During our first Music Therapy session, Mrs. D. shared that she was a “Sweet Adeline” (a member of a barbershop quartet) and she sings the “Lead.” She led us all in singing every gospel tune we could come up with that day, and played percussion instruments as well. She even sang to staff as they came into the room. Singing is a great tool to use in music therapy because it requires deep breathing, and produces a relaxation response. It is also great for respiratory therapy, and the percussion playing is good for physical conditioning.

Shortly thereafter, I received a phone call from Mr. D., whom I had not yet met. I learned that they had received bad news Mrs. D. was beginning to reject her new heart. He requested I come at my earliest convenience to see Mrs. D., that she needed Music Therapy. When I arrived, I found the two sitting side by side on the hospital bed. I set up in front of them, and we began with requested gospel tunes.

At a time of crisis, people often look for spiritual support, and music is one way people can express their spirituality and feel comforted. Mr. D. began to cry. As the tears flowed down his face, he sang “I once was lost, but now am found, was blind, but now I see.” I once again played every spiritual song I know to support Mr. D through his grief and allow him to safely cry. As Hogan (1999) documented, “music therapy was often experienced spiritually, reaffirming participants’ acceptance of dying, or allowing them to think of life thereafter, awaken to life’s meaning and/or reflect on the fortunate experiences of having shared love and kindness.”

Using all live music in this context is important because the music can be altered to meet the expectations and needs of the patient/family; e.g. faster, slower, louder, softer, changing the instrumentation, and allowing the patient to be the leader or the follower, the director, the performer, or the audience. They are allowed as much choice and control over the situation as they need, because often times they have little choice or control over what is happening to their bodies or the disease process.

As we moved on to oldies, Mr. D. stopped crying and they both started talking about their early romantic days together, how they first met, their children, and grandchildren. The music evoked memories from long ago and facilitated a life review for the couple. They were able to recall memories connected to songs, their first dance, their wedding song, and favorite songs of their children.

Musical life reviews are a way for people to celebrate their lives, their love for each other, and their family traditions. Just as certain olfactory sensations can trigger memories and emotional reactions, auditory sensations (music) are linked to memories and emotions, making the life review process seamless in musical form. Mrs. D. was discharged to another facility a few days later, and I suspect she and Mr. D. continue to sing together, using music to add quality to their lives.

References:

1. Hilliard, R. (2005). *Hospice and palliative care music therapy: a guide to program development and clinical care*. Cherry Hill, NJ: Jeffrey Books.
2. Hogan, B. (1999). The experience of music therapy for terminally ill patients: A phenomenological research project. In R. R. Pratt & D. E. Grocke (Eds.) *MusicMedicine 3: musicmedicine and music therapy: expanding horizons* (pp. 242-254).

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