

## Philosophy

### Philosophy of Music Therapy Program

The vision of Gilchrist is to “remain the leading provider in end-of-life care by offering the greatest services, people and resources...to foster hope, healing and respect through an unwavering commitment to what we do, through the education of our patients, families and the community through our interdisciplinary teamwork.” In its simplest explanation, music therapy is the use of music (most often live) to help address patient needs and manage symptoms. In hospice, music therapy is another level of care that compliments other disciplines already in place. Music therapy is effective, in most cases, because music is something that most people can relate to. Music can immediately reach our hearing, thinking, and feeling.

At Gilchrist, music therapy provides a safe, non-threatening opportunity for self-expression, an alternative means for finding relief from pain, and a way for developing relationships (both with the therapist and others). Especially in a medical setting, when patients and caregivers really have very little control over what is happening (disease progression, procedures, medication, loss of independence and privacy), music therapy can provide an opportunity to instill control back into the lives of patients and caregivers. When faced with a life-threatening illness and the decision to stop curative treatment, the impact on the patient and caregiver is extraordinary. Along with other members of the interdisciplinary team, the music therapist can still “treat” physical and emotional needs using music.

When a patient is actively dying and the family/caregivers are gathered at the bedside, music can become an essential component of that patient’s care. Often, when a patient is actively dying, breathing becomes labored and heavy, the physical body starts to change in its appearance, and often it becomes a “waiting game.” Those gathered may be experiencing anxiety, sadness, frustration, fear, etc. Offering music at this time, helps to alleviate many of these physical and emotional needs. For the patient, a music therapist can sit at the bedside and use live music to help regulate breathing, provide comfort and relaxation through familiar sound, and offer a supportive presence. Because it is believed that a dying person is still very aware through the sense of hearing, music can be used to let the patient know that they are not alone. For the family, offering choices regarding type of music can help bring some control to the family with regards to what is happening. Families can choose music that they believe the patient would want or choose music that has lyrics which will help to express some of the emotions being felt. By choosing music and engaging with the therapist, the family is given an active role in the patient’s care up to the very end.

In hospice care, a terminal diagnosis that produces a slow, steady decline makes up a large percentage of the population. A disease of the mind that eventually inhibits all functioning can be devastating. Patients and families are not faced with the decision regarding curative treatments, because there are none. Traditional relationships are changed to patient-caregiver. And while other disciplines can address the needs these patients may present with, music therapy is able to provide a substantial amount of the care.

**Case Example:** *A patient with early-onset Dementia had been referred for music therapy. This patient was a wife and mother with children in their early twenties. This patient also had two grandchildren. As the patient began a steady decline including memory loss, the inability to interact, significant weight loss, and loss of ability to care for self, her family began to withdrawal from her care, physically and emotionally. Traditional family roles had been changed and the patient continued to decline to the point where she was no longer verbal, staring at the floor, and needed full assistance with all ADL’s. A referral for music therapy was made based upon the patient’s reaction to music being played in her room on a CD player. The patient’s nurse stated that as soon as the music began, the patient started to hum and tap her feet. Information was gathered from the family regarding what kind of music this patient might respond to. On the initial and follow up visits, this patient, who had little to no communication skills, smiled, laughed, started vocally responding to her name being called and simple questions about the music being asked. The music therapist would sing her favorite songs and sing and play music from when she would have been a very young woman. This patient had an immediate response to music that was unlike any other type of interaction. She would imitate certain pitches in*

*the music and would always be swinging her feet and legs to the music. The patient even started tapping the rhythm of the music on her back and the music therapist was able to adapt the rhythm of the song to match this pattern. This very simple use of music encouraged a new way to communicate with this patient. As the sessions continued, the patient began using her voice more and even spoke a few simple phrases from time to time. At one point, the patient refused to sit down because she wanted to stand so that she could move her whole body to the music. During that session, the patient also reached, for the first time, to press a key on the piano. Sound and music were providing a very simple mode of communication for her: cause and effect. Through the music, the patient was finding different ways of expressing herself.*

Music, no matter how structured or predictable, can be instantly changed to meet the expression of the patient and in doing so allows the therapist to begin to create a relationship that ultimately says, "I'm here and I'm listening." Of the many music therapy techniques taught, through our work, improvising and changing the music to meet the patient where they are currently functioning seems to be the approach adapted the most. Whether singing or playing, using an eclectic approach of Behavioral and Humanistic theories is how we choose to work with patients.

The philosophy of this music therapy program is to meet the patient where they are, physically and emotionally, and try to bring about change using music that can be changed and/or adapted based on the patient's reaction. The therapist working with this unique population must have an absolute sensitivity to how music has been used by the patient, what music has meant to the family, and what effects music might have in the moment. The music therapist must be open to using the fundamentals of music to bring about extraordinary change that will affect the lives of the patient and families they are serving.