

# Sound the Soul: Music Therapy and Cancer Patients

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*'In music therapy there is a power, and in that power there is healing'*

Greg, 42 yr old bone marrow transplant patient and cancer survivor (*The Age*, 2003)

## Background of the music therapy program

I have been practicing as a music therapist working with people who have cancer, aged 16 to 90+, at The Royal Melbourne Hospital (RMH) for the past 7 1/2 years. I originally began the program as a pilot during my final year of post-graduate music therapy training (June, 1997) at the University of Melbourne. Throughout our two year course we are placed with practising music therapists, getting hands on experience of all the methods and applications we learn. At times we are able to set up placements with supervision from another discipline. I approached RMH and received enthusiastic feedback from many units, commencing a 6-month pilot music therapy program in oncology, the bone marrow transplant unit, palliative care, early psychosis, and rehabilitation. I was overwhelmed by the support from the medical and nursing staff and other allied health practitioners. It was an excellent opportunity for the units to experience music therapy; perhaps the fact it was free was also appealing, and of course it provided me with an enormous learning curve.

I will always be grateful to the patients that I met in those first six months who guided my practice and embraced this new program with enthusiasm. They gave me precious insights into their struggles and triumphs and certainly reshaped my view of the world. Working in the hospital environment consolidated my belief in the therapy inherent in music, and its ability to connect with people as a universal language that goes beyond words. Seeing the role of music in uplifting their spirits and easing their pain reinforced for me that I had made the right career choice, changing from primarily being a performer to being a music therapist.

I left after the agreed time of six months, which was difficult; however, within two weeks I was offered a permanent paid position. I chose to specialise in cancer care and early psychosis, and over the years both programs have developed, into two separate positions. I remained in cancer care, (oncology, palliative care, the bone marrow transplant service) and I now also work in the eating disorders unit at RMH.

## The current program

The Australian Music Therapy Association defines music therapy as the planned and creative use of music to obtain and maintain health and well being. Bringing music into a hospital environment was, and remains a challenge that I thrive on. The program's philosophy is to meet patients' needs, during diagnosis, treatment and possible palliative stages of care, physically and emotionally, using music and the therapeutic relationship between patient and therapist. I work with the medical and nursing staff towards improving the patients' quality of life whilst they undergo treatment. Patients do not have to be musical to benefit from music therapy. Group and individual sessions are provided and range from half an hour through to one and a half hours and are tailored to patients' needs and degree of illness.

I apply various music therapy methods to meet the patients' emotional, physical and psychosocial needs. They include live music, movement to music, instrumental and vocal improvisation, recorded music with relaxation/ meditation techniques, and guided songwriting. Documented research supports the use of live music to promote relaxation, relieve discomfort, reduce patients' experience of pain, and to act as a positive influence on the immune system in the short and long term. Music therapy-guided songwriting offers opportunities for self-expression, positive experiences and an increased sense of meaning. Controlled studies identify music as being effective in regulating heart and breathing rates, reducing levels of stress hormones and reducing treatment related symptoms such as nausea.

However, perhaps the best way to illustrate the role of music therapy in a hospital is for me to describe a day of my work in an experiential narrative. I find when people visit the program all of the documented theories fall into place. When you actually see and feel the therapeutic impact that music can make on someone who is terribly ill, it is uplifting and humbling. More and more it is in the detail of the music and the subtlety of its delivery that I witness the great physical and emotional changes in the patients. The power of creating music in songwriting has an ongoing therapeutic effect that reaches beyond the session. People come to hospital for medical treatment, not to write songs, yet we have recently released a professionally produced triple CD anthology called *living soul*, comprising original songs written in the music therapy program with cancer patients and available commercially. I will discuss this CD in more detail after telling you about one of my 'days.'

## A typical day of music therapy sessions

*9.00am, on Monday morning, and my day begins. In our shared office, I check in with the Palliative Care team about Ryan (45), a young father with bowel cancer who is in the last stages of his life. Yesterday he wrote a song with me for his three young children. Each verse mentioned them by name, he shared his future dreams and wishes for them, how much he hoped they would always remember his cuddles, how proud he was of them all, and how he would always be watching over them. They're all in to visit him later today. Ryan is very weak, but his pain is under control. It looks like this afternoon could be a good time for Ryan's children to hear his special song.*

*Heading off to the three cancer wards I pick up my guitar, a folder of music (pop songs, love songs, oldies but goodies, you name it, they're in there), a few guided relaxation CDs and recordings of relaxing classical music, as I need to be prepared for different patients' needs.*

*I receive a handover from the nurse unit manager on the bone marrow transplant ward and it sounds like they have had a difficult night. A young female patient, Clara (19), having a transplant for her leukemia, had to be transferred to intensive care due to severe breathing difficulties and she and her family are terrified. She's been having music therapy sessions over the last few weeks of her treatment and always enjoyed live music, so the nurse unit manager requests that I go and visit her to help her cope with her anxieties and also to support the family. There are a few new patients on the ward, at the beginning of their transplants to whom I need to introduce the program. Intensive Care is in the middle of their medical rounds so I decide to meet the new patients first.*

*John (52), a truck driver by trade, has never had a sick day off work until multiple myeloma invaded his life. I introduce myself and we have a chat about his music tastes (he tell me he loves Roy Orbison's songs), and I explain the program to him. "My job is to use music to help you cope with your treatment. There is research to support using music to reduce stress and improve well being. As part of the program for inpatients we offer group relaxation sessions. Have you ever done anything like that, any guided meditation to music? I also do those sessions individually, and we use live music too. I come and play the guitar, have a sing, maybe we could trot out a few Roy tunes?" John liked the idea of trying relaxation to music, as he had had trouble sleeping. He didn't fancy himself as a singer,*

but he was happy to listen, as he'd already heard me play on 5 West Day ward when he came in for some blood tests a couple of weeks ago. John is keen to come along to the group relaxation session later that morning.

Lisa (42) has been in and out of hospital all last year with acute myeloid leukemia. Coming from Tasmania, she is really feeling the distance. Her husband is staying nearby in one of the support houses with her little son. He's only 3 and he doesn't really understand why mummy is away, so it's good he can be close by, but no visiting at the moment as he has a really nasty cold and the risk of infection is too high. I introduce the program to Lisa, and she likes the idea of live music, and asks to hear some songs now. As Lisa 'loves any music' I start with a ward favorite 'I can see clearly now, the rain has gone.' The song strikes a chord with Lisa and brings a tear to her eye. I support her in the music by continuing to play gentle songs like 'What a Wonderful World' and Lisa's tears begin to really flow and she opens up to me. "I'm terrified, what if I don't make it through? They say I'm going to get really unwell with this treatment, and I've already been so sick; each time I get a bit better, I just get pushed down again. How do people get through this?"

I ask Lisa if she would like to hear some songs that other patients, in similar circumstances like her, have written about getting through the tough times. Lisa is intrigued, and I begin to sing a song written in music therapy by a mother like Lisa, all about picking up the pieces and facing new challenges, and how her family's love helps to keep her strong. Lisa can't believe how true to her own story the song is and she is relieved that someone else understands her pain, and that they coped by picking up the pieces. "That song says everything I'm feeling right now, it's such a relief to know I'm not alone." I play some more songs from other patients and give her the ward copy of living soul to have a listen to in her own time. The session ends with a follow up time planned for the next day, and Lisa says that she might have a go at writing a song with me then.

I contact intensive care and ask if it is a good time to see Clara. Her mother is by her bedside, and the nurse agrees that a music therapy session could be timely. Clara is conscious, her eyes are constantly darting around the room, looking at all the monitors that are attached to her body and her breathing is laboured with the assistance of the machine. Her mother is holding her hand. I take the guitar into the space and gently say hello to Clara and her mother. Clara manages a smile, and her mother is pleased to have some live music. I sit by the bedside and begin playing Clara's favorite songs by Tracey Chapman, Ben Harper, and Norah Jones, keeping the timbre of my voice warm and soothing and gently strumming the guitar. Slowly Clara begins to close her eyes and after six or so songs a sense of peace and calm comes across her face. I continue to play; at times Clara twitches, opens her eyes, looks around, and then gently rests, as her mother strokes her hand. Once Clara has fully settled, I bring the session to a close, and quietly leave the space. I organize a CD player and some of Clara's favorite CDs to come down from the ward to use overnight.

It's time to run the group relaxation session. Only three patients are able to come out of their rooms, as they are the only ones whose blood cell counts are high enough to resist life-threatening infections. The new patient, John, is there and two others who are close to finishing their bone marrow transplants. The session begins with introductions; John is pleased to talk to some people who are on the other side of their treatment. Mary (50) is really looking forward to discharge and Michael (45) assures John that the bad parts of the treatment pass before you know it and he can't praise the care that he received from the staff highly enough. I guide the patients through the session with specially chosen classical and folk music underpinning the relaxation/meditation techniques. There is a section of positive imagery in the middle where they are encouraged to really tune into the music and find a space where their minds can drift away from the hospital, perhaps to a beautiful forest or watching the sunset by the sea. The guided relaxation session concludes and it's time for the patients to return to their rooms for lunch.

After lunch I walk through the day center to catch up with a few patients that have recently been discharged and are coming in three times a week for follow up. Live music is used and a bit of spontaneous singalong begins, as Greg (42) loves Queen and starts to belt out 'We are the champions!' There is plenty of laughter.

I then go to the oncology ward for handover from the nurses. The nurses know about Ryan's song and tell me that Ryan's children are visiting him. The ward has managed to place him in a private room as he is very close to dying. I ask Ryan if he thinks now is a good time to for the 'surprise'. Ryan smiles and tells his children he has a special surprise for them. Jane (4), Phillip (6) and Mark (10) are very curious. "Is it chocolate?" Ryan gives Jane a cuddle. "Not quite, but it talks about chocolate in your verse, Jane."

I play Ryan's song for his children. The three of them sit on his bed and listen to their special verses. The adults in the room, aunts and uncles and Ryan's wife, are all crying, but the kids are smiling. "Great song Dad, can we keep it?" Ryan smiles and tells them, "You can keep the song forever."

The kids ask for more songs and sing to their Dad songs from 'Shrek', Jane sings 'Twinkle, Twinkle' and there are lots of hugs. Ryan thanks me as I am leaving and tells me to remember my 'promise'. I smile, and tell him that I won't forget. His sister comes out to talk to me about the 'promise'. Ryan wants the song he wrote for his children to be played at his funeral along with his favorite song, 'Hallelujah' by Leonard Cohen and some songs from 'Shrek' for the kids. Nobody is sure when the funeral will be, but it looks like it may happen soon.

It's getting close to home time for me, so I take the CD player and CDs for Clara in intensive care to help settle her overnight. Later that evening I receive a message from the hospital on my pager, Ryan has passed away peacefully.

I played Ryan's song for his children at his funeral a few days later.

### **Songwriting in music therapy**

Creating songs in music therapy is a therapeutic for the patients and their families and friends.

All the lyrics are original, directly from the patients' personal stories and I guide them through the songwriting process, drawing out their musical preferences for style, melody, and integrating them into its creation. It is important that they feel a very strong sense of ownership for their song to maximize the therapeutic benefit. The song acts as a record of their experiences at that time and also offers a legacy of thoughts and feelings for loved ones to keep.

### **The CD project**

*living soul* is a culmination of four years of songwriting in my practice with cancer patients and their carers. It's a triple CD anthology featuring 59 songs performed by a top line-up of Australian singers and musicians such as Rebecca Barnard, Hamish Cowan, Kylie Auld and world-renowned harpist Marshall McGuire. *living soul* covers a range of musical styles including pop, country, rock, folk, funk and gospel, all centered on the words of ordinary people with extraordinary stories to share. There are songs of hope, love, laughter, courage, peace, and the will to live. If the patient was able, they would attend the studio during the recording of their song and if not, tracks were bought back to them at the hospital to hear its progress.

Forty Melbourne musicians were involved in *living soul*. I was overwhelmed by their generosity and very moved as many of their lives had been touched by cancer. We recorded the songs at Bakehouse Studios, with Nigel Derricks. Some of the songs involved just acoustic guitar and voice, whilst others called for an entire gospel choir. There are string quartets, tracks with harp, horn sections and a diverse range of singers to match the styles. We were in the studio from November 2002 till June 2003. In August we had a private family and friends launch at the San Remo Ballroom and 600 people turned up. It was a very emotional night as we sang through the tracks, there were lots of laughter and tears as many of the songwriters/ patients had passed away and their families and friends were their in their memory. Many of these people had come to the studio to hear their loved one's song being recorded, which was very powerful. I remember a wife of a deceased patient coming into hear the singer put down the track and she turned to me, with a beaming

smile, tears in her eyes and said, 'Listening to his song, well it's like he's still here. It's an amazing gift. My life is so rich for knowing him'.

We released *living soul* in April 2004 into the stores and we have been receiving great reviews from *The Age* and community newspapers. Tracks have been played on ABC Radio (Radio National, ABC Classics and 3LO-Jon Fayne) and numerous community radio stations, along with extensive interviews. George Negus Tonight did a wonderful coverage of the project and it featured on the Channel 7 News. For all the patients and families involved in writing songs, getting the product out to the public was very important. They wanted to share their experiences, help others and offer hope. When you think that one in three Australians are touched by cancer these songs are very relevant. They also wanted to challenge the myth of the 'big C' and how people cope with illness and their own mortality. The songs are surprising in their positive and uplifting nature and also moving as they come straight from the heart. *living soul* is available in ABC stores, Readings, Cancer Council shops, all good music stores, through RMH and it is distributed by MGM. All funds raised from *living soul* go into supporting music therapy at RMH. I continually use the songs and CDs in my practice as well as they offer comfort and reduce feelings of isolation. On the website ([www.mh.org.au/livingsoul](http://www.mh.org.au/livingsoul)) you can hear examples of the songs and read many of the patients' stories.

Since finishing *living soul* we have already accumulated 32 more original songs that we hope to record in a similar project.

#### **The future of music therapy at RMH**

The next challenge for music therapy at RMH is to continue to expand through different wards and services, offering quality of life experiences through music for all patients and their carers. This is of course pending funding and we are continually approaching foundations for support.

Music therapy can meet the diverse needs of patients and carers and can help to rehumanise the hospitalisation experience. It is uplifting, soothing, creative and fun. It increases our well being and improves our quality of life. 'Illness can touch all our lives, and music touches our souls.'

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