



Big Bend Hospice
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Music therapy hits the right notes for patients

By Sharon Kant-Rauch • DEMOCRAT STAFF WRITER • July 5, 2009

When the hospice nurse first suggested to Bill Blake that music therapy might be helpful for his wife Delores, his first thought was: It'll be a waste of time.

Delores was only in her 50s, but she had advanced Alzheimer's and hadn't spoken in a long time. That changed the day the music therapist came over with her guitar and a microphone. When they were younger, Bill and Delores had loved to sing karaoke, and the therapist was trying to recreate that time.

She started singing "Crazy," a Patsy Cline song that Delores had loved, and then put the microphone in Delores's hand. Suddenly, Delores was no longer silent and unresponsive. Her face lit up and she sang every word of the song. "It was unbelievable, a miracle," Bill marveled recently, three years after his wife's death.

It's that kind of breakthrough that the music therapists at Big Bend Hospice witness every day — and it's the reason the music therapy program has mushroomed from one therapist in 1999 to eight therapists, plus four full-time interns, today. (One more music therapist position is expected to be filled soon.)

The growth has also been spurred by the music therapy department at Florida State University, which is one of the best in the nation. Science Watch, an organization which tracks trends in research, recently ranked FSU third in research in the arts, partly because of the high number of music therapy articles published by FSU faculty.

"In our partnership with FSU, we've become a national, if not an international, site where we're training people in musical therapy (applications) at the end of life," said Diane Tomasi, community relations director at Big Bend Hospice. "We use it not only with patients, but with those experiencing grief and loss."

Blake can attest to that. Music therapy helped him as much as it did his wife. With encouragement from the therapist, he wrote Delores three songs, two while she was alive and one after she died. The therapist then put music to the lyrics and made him a special CD, which he listened to all the time. In one song he wrote:

We had our ups and downs it's not all been easy, But girl you know I loved you none the less.

There's been water over, under and through the dam, But you stuck by me and now I'll stick by you.

"It was amazing therapy for me," Blake said. "I'm a big fan of music therapy now."

Songs in the key of life

In addition to helping patients and caregivers express feeling that are hard to get to any other way, music therapy can enhance memory, manage stress, calm agitation and alleviate pain.

Jennifer Haskins, the Big Bend Hospice music therapy manager, said one common technique is based on a principle that matches music to a patient's mood. For instance, if a patient is highly agitated, the music therapist will start out playing loud and fast music, and gradually diminish the sound and pace as the patient calms down. Perhaps the biggest factor in using music therapy at the end of life, however, is that the goals are set by the patient and the caregivers, not the therapist. As a result, therapy sessions are tailor-made for each patient.

For Marie Primas-Bradshaw, the sessions are a way for her and her 97-year-old, bedridden mother Marie Louise Primas, to enjoy time together. On a recent visit, Haskins came into Primas' room, a guitar slung across her shoulder. Primas-Bradshaw took out a three ring binder notebook, which contained all the songs she and Haskins have sung for her mother, and placed it on a table near the bed. Primas-Bradshaw held her mother's hand as she and Haskins sang songs such as "Someone to Watch Over Me," "Don't Sit Under the Apple Tree" and "The Impossible Dream."



“‘Side by Side,’ we like that one, don’t we, mama?” Primas-Bradshaw asked, as her mother nodded slightly, her eyes looking at her daughter, then Haskins, then back to her daughter again. When Primas particularly liked a song, she’d breathe out a “Whee!” and her daughter would make a special mark in the notebook. Primas-Bradshaw said ever since a music therapist began coming to the house in September 2008, she’s never missed a session. “It’s a highlight for me, another opportunity to do something pleasant with mama,” she said of the bi-monthly visits. Primas-Bradshaw said her mother had sung many of the same songs to her as a child. Singing them now brought back good memories.

Haskins also helped Primas-Bradshaw make several CDs of her mother’s favorite songs, so Primas could listen to them in between visits. For Mother’s Day, Primas-Bradshaw made an acrostic poem out of her mother’s name and put it to music.

At another patient’s home, Haskins used different techniques. Priscilla Shapiro, 85, was starting to decline rapidly and didn’t have much energy or ability to respond. Nevertheless, Haskins tried to give her choices: “Do you want to sing fast or slow?” “Do you want a Frank Sinatra song or a Bing Crosby song?” “Do you want a red (shaker) or a yellow one?” Then, while singing, “Let Me Call You Sweetheart,” Haskins would let Shapiro fill in the last word of each line as Shapiro’s foot softly tapped the metal foot rest of her wheelchair. After singing “Hello, My Baby,” Shapiro commented, “Not bad, not bad at all.”

Like Primas-Bradshaw, Shapiro’s daughter-in-law Ana Rettig said Shapiro always seem to do better after Haskins’s visits. “Sometimes she’s anxious,” Rettig said, “and the music calms her down.”



Musical passage

Russell Hilliard, hired in 1999 as Big Bend Hospice’s first music therapist, isn’t surprised at the program’s success. He got into the music therapy field himself after seeing how music helped his mother, who had suffered brain damage from an aneurism that left her unable to recognize him.

At the time, he was a music performance major at FSU, but Hilliard went home to Central Florida to help take care of his mother. One day a music therapist asked him if there was a song his mother used to sing to him as a child and he answered, “You Are my Sunshine.” As the therapist sang the song, his mother looked directly at him with tears in her eyes. “It was a very profound moment,” he said during a telephone interview. “I felt that song tapped right into my mother’s soul.”

When he went back to FSU, Hilliard changed his major to music therapy and later worked at Big Bend Hospice for three years. Since then, he’s become a national expert in music therapy at the end of life and is currently the vice president of operations at Seasons Hospice, which has 12 programs in 10 states.

Russell, who has done a review of the research on music therapy at the end of life, said there haven’t been many large, randomized studies on music therapy’s effectiveness in palliative care settings. But so far, every smaller study has indicated that it enhances quality of life, provides relaxation, and decreases anxiety and perception of pain. “There hasn’t been one study that contradicts that,” he said.

Tomasi said Big Bend staffers don’t need big studies to convince them of music therapy’s impact. They see it every day. That’s why, even though insurance doesn’t cover music therapists, Big Bend Hospice is committed to funding its therapists through donations and grants. “Beyond the research, based on what we see first hand, we have become true believers,” Tomasi said.

Sharon Dobbins, who has been a music therapist for Big Bend Hospice for two-and-a-half years, said she is amazed daily at how powerful music can be. “I come in and play the music they prefer and it doesn’t matter what their background or history or socioeconomic status is, at that moment, there’s a connection,” she said.

She particularly remembers an experience with one woman and her husband. The woman, who was dying, requested that Dobbins sing a certain song. As Dobbins sang it, the woman and her husband held hands.

When Dobbins finished, the woman looked at her husband and said, “I love you.”

Then she died.

Even at the end, music can ease the passing.