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ESSAYS/PERSONAL REFLECTIONS

Music, illness, movement, and hope

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A few months ago I received an urgent page from the inpatient scheduler at my hospital, a New York City cancer center: "Can you go see patient G. as soon as possible? He is actively dying, and the palliative care nurse practitioner, Kathy, has requested music therapy."

I went straight to the room, where I found Mr. G. lying in bed and an older woman—his mother, I soon learned—standing close to him with a sorrowful expression on her face. Kathy, the NP was present as well.

Mr. G., a man in his late forties, was gazing at the ceiling without seeming to focus on anything, and his breathing was shallow and irregular. Taking out my guitar, I introduced myself to his mother, saying, "Hi, I'm Alessandro. I'm a music therapist. Would it be okay if I played some soft music?" She consented in a kind and welcoming way, adding, "I live in Chicago, and he lives in New York. I never see him. So I don't know what kind of music he does or doesn't listen to." (I later discovered that she had learned of his cancer and his terrible prognosis only days earlier.)

I'm a music therapist. Many people have never heard of such a thing. Patients and their visitors often have no idea what to make of me when I show up in their hospital room, a tall man in his late forties, in a white lab coat, holding a guitar, pushing a cart with drums and maracas and songbooks, saying, "Hi, my name is Alessandro, I'm a music therapist. Would this be a good time for a visit?" Some patients decline, some say "Yes!" enthusiastically, and some seem bewildered but say "Sure" (though, judging by their uncertain smiles, they don't seem the least bit sure).

In Mr. G.'s room, with his mother at his bedside, I stood at the foot of the bed with my guitar slung over my shoulder, and started softly playing the melody of "This Little Light of Mine." It is a great song, with elements of the blues and a soothing, uplifting quality; at the same time, it is spiritual. The patient's mother smiled in recognition, moving her head slowly to the music while holding her son's hand.

After a while, she turned to me and asked if I knew how to play "Amazing Grace." I said that I did, and began playing. She stood by the bed, leaning toward her son, holding his hand, and singing the song to him in a soft voice.

After several minutes, she cried out in sorrow. The palliative care nurse practitioner stepped into the room and turned off the machines connected to Mr. G.'s i.v. line. In the sudden silence, I realized that the patient had just then died.

The patient's mother was crying, comforted by Kathy and by a family friend. As I went to her to offer my condolences, she told me through tears, "I sang to him as he died."

I want to think that in this instant the music therapy visit helped the patient, that it gave him comfort to hear his mother singing softly to him in the very moment of his death, the way she might have sung to him when he was a baby. I hope it also helped his mother, perhaps giving her a meaningful memory of his last moment and some small measure of comfort.

* * *

The session I've just described is not the norm. Most patients in my hospital, even though often very ill, are receiving curative treatment, and music therapy is prescribed as a complementary therapy. What happens in a session depends solely on the patient. There is no standard procedure other than making sure we focus all our energy on helping the patient through the crisis of illness and hospitalization. We take our cue from the patient alone, and our tool is music.

If the patient is in pain and wants to just drift away for a while and close his or her eyes, I will sit by the bedside and play a light classical piece or improvise something soothing on the guitar. Maybe there is a family member sitting at the bedside who will also benefit from taking some time to rest, to

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find whatever peace is to be had in the private space the music helps create. Oftentimes patients sing along or play along on a drum or xylophone, or else talk about the music they love. Some want to learn to play guitar.

I almost never dream about my work, but once I did, and in the dream I was despairing because I couldn't tell my patients apart anymore—in the ten years since I began doing this work, I have met many people—and suddenly they all blended into one person, these people whose memory I had kept as something sacred.

Waking up, I reminded myself with great relief that in real life I do remember all of them. I remember Dan, a young, soft-spoken, tall man, barely 30 years old, who worked in finance and told me he didn't like it, who had studied German literature and thought of that time in his life as the happiest, who gave me an edition of Goethe's *Faust*.

I remember Joe, a former Navy Seal, a man of 72, who at the very end of his life was struck down with cancer, dementia, and multiple strokes, not eating, really not able to do anything anymore. In his bed, immobilized but vibrant, he delivered an energetic and nimble rendition of Al Jolson's "Sitting on the Top of the World" with me on guitar; Joe was singing, improvising, playing, expressing his joy of life once more in the presence of his wife and daughters, who were gathered around his bed.

I remember Carol, a woman in her sixties who asked me to play the "Bossa Nova" and other Brazilian music. I often played "Leaozinho," the Caetano Veloso song, for her and asked her to close her eyes, focus on her breathing, and then picture herself on a beach, a peaceful, sunny beach, while she was listening—just like the singer of the song, watching his young son, the titular little lion with a blond mane, playing in the sea. She was an elegant and warmhearted woman, and one day, about a month before she died, she began telling me about her experience with our music therapy.

> When I was feeling very bad, it was like a spiritual experience. I am not a religious person, but it's hard to describe it in other terms; it was like a revelation. It's still with me: the beach, my hand in the sand, "Leaozinho"—it just came into my mind when I was really ill and in pain, and I was transported. It's still with me. I was so calm and peaceful and serene—it helped me so much that I could go there."

A few years ago, I was about to go on a long alpine hike in dubious weather, and as I set out in the early morning the owner of the inn where I had been staying said to me, in Italian: "*Stai attento, e ritorna con i piedi per terra*" ["Be careful, and come back with your feet on the ground"]. I've always thought of this comment when thinking about health and illness: to be healthy, to be unharmed means to be able to walk back down from the mountaintop with one's feet on the ground (rather than lying on a stretcher).

Hospitalized persons lie in hospital beds, robbed of vitality and movement, forced to ponder an uncertain future.

Those of us who own—or remember owning—a record player will know the sound of the needle skipping, playing the same nonsensically truncated musical passage over and over. If our life is a song, if our journey through life can be compared to a unique piece of music, we can perhaps take the metaphor further: when we fall seriously ill, our song stops, skips, slows down, sometimes ends midphrase.

Music manifests itself over time; music always points to the future. Listening to a piece of music is to anticipate the next note, the next phrase, the next rhythm, the next harmony—everything in music is about overcoming stasis and moving forward. Notes and harmonies and rhythm want to resolve, to go up or down, to land on the next note or the next beat, before being pulled forward again by a magical power. *If you're happy and you know it, clap your hands*—we all know where to clap our hands when we hear that phrase, and we *want* to clap them.

Researchers are continuously developing more sophisticated ways to understand what happens in the different regions of our brain when we listen to music. In "This Is Your Brain on Music," the neuroscientist and musician Daniel Levitin describes how a part of our brain called the cerebellum fires up when we listen to music—especially when we try to determine the meter of music in order to tap our foot to it. The cerebellum, our "little brain," is located at the back of our neck, right underneath the cerebrum. It weighs only ten percent as much as the rest of our brain but contains more than half the total number of neurons. With regard to evolution, it is the oldest part of our brain, sometimes referred to as our "reptile brain," and it is implicated closely in coordinating and timing our movements. The most efficient gait in humans and animals is rhythmic. The difficulty of movement in people afflicted with Parkinson's disease is instantly recognizable; Parkinson's is accompanied by cerebellar degeneration.

The cerebellum also appears to regulate emotion through pathways into the brain's frontal lobe and the limbic system. And it makes perfect sense, intuitively. We "walk off" a worry; we take a walk to "clear our heads." Movement increases dopamine levels in our brains; studies have shown that listening to music does so as well.

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I think this is one way in which music therapy with hospitalized patients can work incomparably well: when listening to music, we may feel some of the emotions, some of the exhilaration of movement, of walking or running. It gives us the feeling of being mobile, vital, healthy, even when we're bedridden. Perhaps music can help restore our hope and motivate us to do what we can do in order to get better.

The author Oliver Sacks describes an arduously slow recovery from a leg injury—so slow that he lost hope and became profoundly depressed, until one day, a friend brought a cassette player into his hospital room. In it was a recording of Mendelssohn's Violin Concerto in E Minor. On page 93 of "A Leg to Stand On," Sacks writes,

> Suddenly, wonderfully, I was *moved* [italics mine] by the music. The music seemed passionately, wonderfully, quiveringly alive—and conveyed to me a sweet feeling of life. I felt with the first bars of music a hope and intimation that life would return to my leg—that it would be stirred, and stir with original movement, and recollect or recreate its forgotten motor melody. I felt as if life itself was music (. . .)

This is what music therapy may provide for us in times of crisis: to restart the interrupted song, bringing back music, movement, and with it anticipation, hope—a future.

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