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Music



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The Power of Music

The Transformed Moment

Susan Mazer

Philosopher Alan Watts described music as “an expanded present.” He had a “thing” about time, about how we experience it, manipulate it, and can use it to gain some semblance of control in a life uncontrollable, and to find peace amid chaos. Perhaps that is part of what inspired me, as a musician, to look past the notes and melodies, the harmonies and phrases, to the way music changes the way we breathe, the space in which we find ourselves. Few of us have not experienced that magical moment after the last note of a song or symphony fades into the air, when all of life holds its breath and sighs in ecstasy. It is in that very moment, that experience of timelessness, of selflessness, when we are one with the moment, that, perhaps, “healing” is evidenced.

If experience counts as evidence and if evidence can be described as much as measured, then my many decades as a harpist have reinforced this most powerful role music plays for most of us: changing time and space, altering the moment, taking our minds away from where we are sitting, removing for a brief time our deepest fears, replacing them with serenity, and unburdening us from our anxiety and concerns, if only for a moment.

Following a full-time career as a performing musician, I moved into health care, hoping that this magical moment might be possible if the environment were created appropriate to the needs of patients. It was not a straight-line process, however. My husband, Dallas Smith, and I performed on oncology units, in emergency rooms, on med-surg floors, and in hospital lobby waiting areas. All of these events were only events. We remained concerned about what happened when the music stopped, when we

were not there at 3:00 a.m.

Music and medicine have been partners for hundreds of years. Beginning with the Aesclepien temples, where the “high tech” of the day included alchemy, prayer,

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nature, music, and drama, the history of medical care has been one that shows the relentless search for effective methods by which physicians can relieve the suffering of their patients and, through miracles not always understood, diseases could be conquered or, at least, survived.

Today’s evidence-based medicine demands science as the sole basis for practice. Nonetheless, when we consider any of the arts, science relying solely on quantifiable measures may be at odds with itself, in part because the human process seems to reveal itself in implications and ambiguities rather than absolutes. The strong push for using complementary and alternative methods to support positive clinical outcomes has

opened the door to revisit the means that patients have used for centuries to comfort, soothe, remedy the symptoms of stress and anxiety, improve quality of living, and enhance physical capacity to fend off disease and illness.

Music therapy researchers have provided more than fifty years of scientific data regarding the positive effects of music on relieving pain, reducing stress, improving immune system response. Sixty years of data have shown that using music as a partner to other clinical protocols renders improved effectiveness, relieves anxiety, and enhances recovery—and that neither method negates the other. Major health care centers of excellence, such as Stanford University Medical Center, UCSF Medical Center, Kaiser Permanente Hospitals, Oakland Children’s Hospital, Johns Hopkins University Medical Center, and Scripps Hospitals and Clinics, include music, art, and other humanities-based tools to improve patient experience and outcomes. M.D. Anderson Cancer Center has a notable and recognized arts program. University of Pittsburgh Medical Center partners with the Pittsburgh Symphony and its members to bring concerts into the hospital on a regular basis.

All of these programs are episodic, when a musician or music therapist works with a patient for a specific amount of time. It was because of the effectiveness of music for patients, and the fact that their needs were not limited to one time of day at one particular hour, that we looked at providing a tool that would bring music to the bedside to be available whenever the patient wanted or needed it.

We noted also that there are ongoing challenges with patients being separated
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down or draw what they felt, thought, and discovered. The immediacy and depth of these kinds of musically generated experiences give the patients a wealth of material to explore in the subsequent group therapy process as they struggle with finding ways to make new beginnings, learn fresh skills, and build hope.

Because my cotherapist, music, is so good at drawing patients into healing experiences, my role as music therapist is to know the patients and their conditions well, so that I can set up musical experiences to allow music to do its work. Maybe we'll sit around a table-sized gathering drum and play together to ease patients out of their isolation; maybe we'll listen to a song and discuss how the lyrics and emotions relate to struggles in our lives. Maybe we'll improvise together on a collection of xylophones to strengthen the experience of being truly in the reality of the present moment and fully attentive to each other. Maybe we'll sing or chant together to rebuild trust, lift spirits, or notice the healing and anxiety-reducing effects of filling our lungs deeply for song.

So the next time you might be feeling like a "rainy day," see if you can get your hands on a recording of Bach's Largo from his Concerto for Two Violins (or another piece of calming instrumental music to soothe the soul). Relax in a comfortable chair and let the music awaken in you images of soothing, cleansing rain. You can decide if you'd like your visualization to include an umbrella or not. **sfm**

Tom Benson received his bachelor's degree in Music Therapy from Michigan State University. During his studies, he interned at Langley Porter Psychiatric Institute in San Francisco. He went on to become a board-certified music therapist and to receive a Guided Imagery and Music (GIM) Level I and II certification. He has worked since 1993 as a music therapist and as the training director of music therapy at Langley Porter Psychiatric Hospital and Clinics at UCSF.

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from the familiar, finding themselves in a hospital room that is laden with technologies over which they have neither control nor understanding, pillows and blankets that are not theirs, surrounded by people whom they do not know. Research has shown that nature is universally familiar and comforting across generations and ethnic or religious backgrounds.

Therefore in 1992, using the television as the delivery system, we started producing the CARE Channel, which includes instrumental music and nature imagery over the full twenty-four-hour day. A closed-circuit television channel, the CARE Channel is available for the patient when needed. It has, from its beginnings, been based on research regarding music, imagery, the required pacing of the day-night cycle, and the value of positive distraction in mitigating pain and anxiety.

Unlike commercial music programming, music on the CARE Channel is original and selected based on the needs of patients to experience minimal stress. Further, the channel has been developed from the outset to transcend issues of age, gender, ethnicity, religion, and culture. Rather, we have looked at the nature of "patient-hood" as universal.

Our hospitals now number almost 400. Many have arts programs, live music, and use the CARE Channel as an environmental component to hold the hand of the patient when the staff is not there. The programming is day- and night-sensitive, uninterrupted, and provides a virtual window to the outdoors.

The stories that come back to us from patients are varied. One woman wrote that her mother was in the emergency room and, in seeing images of a rural lake with ducks, began talking about her childhood. This was a welcome shift from the panic she had been experiencing. The use of the CARE Channel for palliative care, for pain management, and to improve restfulness and sleep has been told and retold. Nonetheless, its availability at the bedside does not dictate how a patient might use it, when, or what it will mean to each one of them. In fact, the outcome is not always the motivation for its use. A patient

may love the nature and be neutral about the music; another may be too ill to watch the television monitor; one may watch it as the last defense against commercial banter. And yet, the outcome is the outcome: patients feel better for reasons unknown.

What does this say about evidence-based medicine? It says that evidence is made obvious in more ways than merely cellular investigation. The very core of being human carries with it strengths of the whole interaction of mind, body, spirit, relationship, and sensory response to caring that is experienced through the arts and music and that may not be accessed only through pharmaceutical modalities.

The many anecdotes that describe how the CARE Channel has been viewed, whether the focus was the images or the music, include measurable outcomes reflecting positive patient experience. Whether patients are in need of less pain medication or they can sleep without sleeping aids, whether an elderly agitated patient calms down without restraints or an Alzheimer's patient is able to focus on mountains and streams rather than wander, the effectiveness of nature and music to create an environment of its own, to transform a hospital room into a therapeutic space and the endless moments of suffering into moments of peace—all of these are as real as any other kind of pharmaceutical intervention. More powerful, however, is the fact that the arts (whether through the CARE Channel or a live performance) embrace and mobilize the consciousness of patients and families, putting the power of healing back into the hearts and spirits of those for whom cure may or may not be possible. **sfm**

Acknowledged as a pioneer in the use of music as environmental design, Susan Mazer is the President and CEO of Healing HealthCare Systems (www.healinghealth.com) and produces the CARE Channel. She is a classically trained jazz harpist, having done her graduate work at Stanford. In her work in health care, she has authored and facilitated educational training for nurses and physicians and is well published in the field of the effects of noise on patients. In March, she will be speaking at the second annual Environments for Aging conference in Tucson, Arizona. She can be reached at smazer@healinghealth.com.