

The Guitar In Palliative Music Therapy For Cancer Patients

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Author's note: The pronouns 'he' or 'she' are used randomly when referring to the genders of patients, music therapists, nurses or doctors. When describing music therapy experiences with patients, however, the pronouns 'he' or 'she' are used according to the respective patient's actual gender, because it is important contextual information. In order to protect the patients' privacy, their real names have been changed.

Abstract

The music therapist in a cancer hospital is in the unique position to work with patients and their families and friends in ever changing settings and with widely varying therapeutic goals. The therapy might aim to restore a depressed or anxious patient's sense of self or to strengthen the bond between visitors, staff and patient. The therapist might visit the ICU to play for a semi-conscious patient, or else be called to assist a patient and his or her loved ones in the moment of death. In this article it will be demonstrated how the acoustic guitar's versatility, mobility, and its spe-

cial musical and cultural attributes make it an ideal instrument to deliver music therapy in such a wide variety of situations.

Furthermore, the importance of Song, be it Rock n' Roll or Spiritual, in the cancer hospital is discussed, with regard to the acoustic guitar as an exceptionally well-suited instrument for song accompaniment. A case study is presented alongside several case vignettes.

Intorduction

By all accounts the psychological pain a cancer patient is facing is considerable and certainly makes the physical agony of the disease and the medical efforts to cure it much harder to bear. A hospitalized patient is traumatized in multiple ways: by the disease for which she is being treated, and by being in a hospital, torn away from her life, work and loved ones. A patient facing this sort of adversity is likely to be a victim of a depressive or anxious mood. In cancer patients, this condition might be exacerbated by a crushing sense of guilt and defeat. Popular belief has it that cancer is something the patient is responsible for, something he brought onto himself by his lifestyle or, more mysteriously, by his general mental disposition. Regardless whether this is a myth or not, music therapy in palliative care is concerned with the mental anguish the disease causes the patient. If he is convinced he caused his own cancer, he might then feel responsible of curing himself as well, by maintaining a positive attitude, by “fighting” the disease; if he is not able to do so, he might experience himself as a failure. In her book ‘The Human Side of Cancer’, psychiatrist Jimmie Holland quotes one of her patients as saying: “I got really depressed when people said I should think positive. I

thought: ‘If that’s what I have to do to survive, I am never going to make it.’” (Holland, 2000, pg. 13).

Music therapy aims at restoring a sense of self to the afflicted person. The context is therapy, and the means is music. Lucanne Magill, who established music therapy at Memorial Sloan-Kettering Cancer Center in 1973, states that the music therapist tries to soothe the suffering by “allowing persons to be where they are in coping with the illness and allowing them to use their defenses for as long as necessary while at the same time encouraging creative expression of thoughts and feelings.” (Magill, 1984, pg. 9).

THE ADVANTAGES OF USING AN ACOUSTIC GUITAR

The acoustic guitar is an ideal musical instrument to deliver music therapy to cancer patients in a hospital setting. Some of its advantages are purely logistical. In a cancer center, the music therapist has to come to the patient, because many times the patients are too weak to get out of bed and go to a music therapy room. An integral part of music therapy in this setting consists also of visiting patients in the hospital’s Intensive Care Unit (ICU).

THE GUITAR IS MOBILE

An acoustic guitar, contrary to the piano, is portable; in a cancer hospital, this is extremely important: a patient’s schedules may vary according to the demands of his treatment. Often he will receive heavy dosages of pain medication, and might be asleep, dozing or daydreaming, when the therapist comes around. Often there is an unannounced visit from family or friends that takes precedence. The music therapist has to be flexible

and mobile –many times a patient will ask: “Could you come back in half an hour?” With just a guitar and a couple of percussion instruments, the therapist can gladly agree, and try to visit another patient who is on her list.

**THE GUITAR IS
“CASUAL”**

A music therapist with an acoustic guitar is not obtrusive. Since an acoustic guitar is relatively small and light, the therapist can enter the room of a patient casually, without making a big show indicating that ‘now it’s time for music therapy, let’s be merry!’ (as might be the case if the therapist wheeled a piano into a room). Even an accordion, a violin or an autoharp draws more attention to itself (and, arguably, to the therapeutic purpose of the visit) than a guitar. A guitar seems very much an everyday sight – the important thing is that the patient should never feel pressured or awkward. If she is in a depressed or anxious mood, the last thing she might want is for somebody to come in and “cheer her up” with a song. She should feel absolutely fine about *not* wanting to hear or play music at any particular time. It’s easier to say ‘no’ to a guitar. It is of major importance for the therapist to “ease himself” into the room – if the patient just wants to talk, fine. If he wants the therapist to leave and come back later, fine. If he wants just one song, fine.

**THE GUITAR HAS A
POSITIVE EFFECT ON
STAFF MORALE**

Following David Aldridge, a cancer patient needs an “ecology of treatment at various levels, physical, psychological, social and spiritual” (Aldridge, 2000, pg. 11). Music therapy plays an important role in promoting good social contacts among the caregivers operating at those different levels. Oftentimes, the music therapist will hold a spontaneous mini-concert for the staff – when passing by the nurses’ station with a guitar and obliging to the request ‘Play us a song’. Walking through the hospital corridors with a guitar, ready to play, alters the atmosphere on

the floor considerably. The world of the hospital can become oppressive, obliterating any memory of healthy and happy times. The sound of a guitar in a hospital, even just a faint echo of a few strings being plucked, may serve as a reminder that another world is still possible: a campfire with friends, sitting with a guitar on the beach and singing a song. It is like a single bird singing in a winter forest, invoking the oncoming of spring. This may help to energize patients and staff alike.

THE GUITAR CAN BE SILENT

The acoustic guitar has an unparalleled dynamic range. Only a drum can be played as loudly and as softly. A drum, however, cannot provide harmony and has a very limited capability for melody, whereas the acoustic guitar is capable of polyphony as well as rhythm. A skilled player can evoke a whole back-up band, guitar, bass and drums. And he can play so softly that the sound of his instrument is audible only when the listener is less than an arm's length away. On the other hand, the guitar can be loud enough to provide a harmonic structure for dozens of people singing a song at full volume.

The guitarist's capability to play very softly is especially important in the hospital setting, because many of the rooms in the hospital are designed for double occupancy. There are two beds, divided by a curtain, which means there is very limited privacy for either of the two patients sharing the room. The last thing music therapy should do is worsen the relationship between the patients sharing the room by disturbing a roommate; music therapy might have to take place at extremely low sound levels.

Many times a very welcome effect of music therapy is to put the patient to sleep (especially when the reason for referral is an anxious or overly agitated mood, or pain); guitar music can very naturally "fade out",

become quieter and quieter until it's less than a whisper. I have often played in this fashion for a long time, twenty, thirty minutes – when a patient is dozing, or when the patient is in the ICU. Playing softly, singing softly, creates intimacy with the patient. Music transforms the sick-room, and a meditative space can be built where the patient is free to experience his feelings as they arise.

**THE GUITAR IS
INTIMATE**

The guitar produces an intimate and therefore nurturing sound. Fingers touch on strings made of steel or (in the case of a classical guitar) nylon, producing a sound wave which is amplified by passing through the wooden “corpus”, or body, of the guitar. A guitar imitates the way a human body produces sound. This natural sound of the guitar makes it more accessible to the human ear.

**THE GUITAR IS IDEAL
FOR ACCOMPANYING
THE VOICE**

In all likelihood, all music began with the human voice. Drawing on the example of mother and child, where the voice of the mother becomes the equivalent of bodily contact, Lucanne Magill states that “the human voice is (...) a source for nurturing, for providing the warmth and contact that normally exist between mother and infant. It is an instrument through which we express feelings and thoughts and extend important parts of ourselves.” (Magill, 1984, pg. 7). The music therapist can position himself very close to the patient and play and sing only for him, thereby creating a private space containing only therapist and patient (and privacy is almost impossible to come by in a hospital).

In its frequencies and its capability of polyphony, the guitar is the ideal companion for the human voice . A music therapist can sing and accompany himself on the guitar, singing and playing so softly that it is barely

more than a whisper; yet he is able to play a complete piece of music, regardless of the style.

THE GUITAR IS UNIVERSAL

Many genres of beautiful music such as Brazilian Bossa Nova, Spanish Flamenco, Neapolitan Song, the Blues or the American Folk song, are based on the acoustic guitar. The music therapist, tapping these rich traditions, can instantly evoke powerful images, even if she plays at an extremely low level. Playing a Bossa Nova, for instance, might “transport” the patient for a few precious moments onto a tropical beach; equally, a Jimi Hendrix or *Nirvana* song can be played, even softly, evoking memories of the patient’s care-free youth. The therapist can draw on a complete liturgy of church music written for the guitar; he can play a classical piece by Bach, or play a devotional composition, using an Indian *Raga*. Any Beatles song can be played on the guitar, and nobody will miss anything. The music therapist equipped with a guitar can completely trust his intuition and delve into whatever style of music the therapeutic situation warrants. Memorial Sloan-Kettering Cancer Center, being hailed as one of the premier cancer hospitals in the world, attracts a very international population. The music therapist has to be ready to encounter people from all walks of life, from every corner of the world. It might be very soothing for the patient if the music therapist is able to recreate the music of the patient’s place of origin, a Tarantella, a Japanese lullaby, a German folk song. The versatility of the guitar is a crucial advantage.

MUSIC THERAPY AND THE USE OF GUITAR-BASED SONGS

Music therapy in a cancer hospital is really “network therapy”. More often than not, the music therapist entering a room will encounter the patient’s wife, children or parents, his friends, his cousins, colleagues – her network, her community. Nurses, doctors and other staff are an integral part of this network as well. Often, much of the hardship of being hospitalized arises because the patient has to endure the conflict that arises between family members or friends who are committed to the patient’s welfare, but not to each other’s. The music therapist entering the room will have to work through whatever tensions he encounters. Music can bridge the gap between people. A sing-along is ideally suited to release tension, due to the physiological benefits of singing as well as the psychological benefits of singing a familiar, well-liked song and the bonding experience of doing something together. The search for a popular song everyone knows and likes is in itself a pleasurable activity, that might evoke the particular mood, more often than not a joyous one, for which the song is remembered.

ESTABLISHING TRUST BY LETTING THE PATIENT CHOOSE THE SONG

Oftentimes a patient will request a particular song the therapist doesn’t know. An example was “David”, a fifty-three-year old man suffering from gastrointestinal cancer.

David asked, among many other songs, for “Bohemian Rhapsody” a very well known but equally complex song by the band Queen. I made a note, and at the next visit, I was able to play the song for him. David (and his wife, who was there constantly) were astonished and happy that I had gone through the trouble learning this rather complex song. I had promised, and delivered. It was a break-through in our relationship. David felt more comfortable opening up to me and telling me how he really felt.

An initial stage in any form of therapy is establishing trust. In the above-mentioned example, the trust was gained by the therapist's willingness to 'do the homework'; the patient related better to the therapist because there was evidence that he, the patient, was being heard, was being listened to, was being taken seriously.

**SONG CHOICE AS A
MEANS OF SELF-
EXPRESSION**

The particular song a patient chooses helps the therapist in assessing the patient's mood and needs. It is a way for an otherwise reserved patient to express his true feelings. Some patients might feel a need to be brave in order not to burden their loved ones. When working with a music therapist, however, they will ask to hear songs that mirror their emotions hidden beneath an outwardly stoic or upbeat surface. Their choice of song alone might be an effective way to release their feelings.

This is well illustrated in an example of a patient named "Richard", whom I was privileged to work with at Memorial Sloan-Kettering Cancer Center.

Richard was a young husband and father of two sons. His cancer had progressed to the point where there was little or no hope left for him for survival. He never complained, exhibiting stoicism with regard to his pain, while being kind and sincere to everybody on the floor. He never showed how scared and sad he must have felt when it became a certainty that he had to die and leave his apparently very fulfilled and happy life behind. When asked which songs he wanted us to play for him and his wife - who spent every free minute with him - his choice of songs revealed what he seemed to be going through internally. He chose wistful songs, such as *Sugar Mountain* by Neil Young, which tells of the sadness of leaving one's youth behind:

*You can't be twenty, on Sugar Mountain,
though you're thinking that you're leaving there too soon,*

leaving there too soon.

Among other songs he requested were *Only Love Can Break Your Heart*, by Neil Young, and songs by The Eagles, such as *Desperado* or *Love Will Keep Us Alive*. In choosing songs like these he was able to express his sense of loss.

In the case of Richard, who was well-liked by doctors and staff, the nurses and hospital workers formed an important part of his network, his support system. Music therapy helped in strengthening the bond between the patient and the caregivers by drawing the nurses into the therapy session; this was achieved by merely asking them to come into the room and to sing along. A warm and caring patient-nurse relationship is an important factor in the well-being of the patient.

When Richard left the hospital he felt an overwhelming sadness. His nurses and doctors as well as the music therapists had become like a family. When leaving the hospital he had to face the fact that he would probably never see us again. The hospital had become a second home - even if it was a home where he was in pain most of the time.

Richard died at home, his real home, which he shared with his wife and two kids. His relationships with the staff had been so profound that his nurse made a point in attending his Memorial service, which was held in a town several hours outside of New York City.

THE USE OF SONG AS A RITE OF PASSAGE

The music therapist working in a cancer hospital is often required to help the patients and their families cope with death. The true meaning and weight of spirituality, of a religious belief - or its absence! - in our lives comes into play when faced with death. Death is the one thing we know for certain will happen, while at the same time the *When?* and the *How?* are never to be known before the fact. In our society it is not customary to remind ourselves that we all will die. It is in religious practice, be it

Catholicism or Zen Buddhism, where we prepare ourselves for the moment of our death. Religion gives us rituals, and rituals are important facilitators of a dignified death. A dignified death means truly honoring the belief that death may be a moment of enlightenment: in dying we might have a glimpse of what our life is really about, a glimpse of the Divine. Preparatory rituals such as prayer, the singing of hymns, the visit of clerical professionals dealing with death everyday – all this will help the dying patient and his family to accept death as “an outcome of living”. (Aldridge, 2000, pg. 12) In the absence of a formal religious practice, songs such as *Kumbayah*, *Amazing Grace* or *He’s Got the Whole World in His Hands* can help a patient connect with her spirituality. Singing a spiritual song, and trying to get everyone in the room to sing along, helps the music therapist create an atmosphere in which the suffering patient and her loved ones can find solace in the belief in God. This may be true also for the many people who don’t believe in any form of a Higher Being. The power of some of these spiritual songs can be experienced by the agnostic as well. A good example is *He’s Got the Whole World in His Hands*: its verse is designed for the singer(s) to substitute the phrase *the Whole World* with the names of loved ones. Naming all the friends and the family members is a strong evocation of the strength of a community. It can completely change the atmosphere in the room.

The patient, a woman of about fifty-five years of age, was actively dying. Her family and friends, all in all about a dozen people, had gathered in her hospital room. The music therapist Lucanne Magill, entering the room silently, a guitar slung over her shoulder, started softly playing *He’s Got the Whole World in His Hands*, until almost everybody joined in. Names of loved ones were sung, and people were crying freely. One family member, an elderly lady, presumably the patient’s mother, sat in a corner, somehow isolated, seemingly unable to open up and share her anguish with the others. Suddenly, in the course of the song,

her name was mentioned, sung by everyone present in the room: “He’s got *Grandma* in His Hands, He’s got *Grandma* in His Hands, He’s got *Grandma* in His Hands, He’s got the Whole World in His Hands ...” The woman began to cry as well - finally able to show her sorrow and her need to be consoled.

The song helped the isolated family member connect with the others, to be consoled and to console in return. If the family and the friends come together in such a way, they create a gentle and loving atmosphere in the room. This will support and nurture the dying patient. The music therapist, working with just a guitar, is able to make this intervention spontaneously, when needed, without any preparation.

PLAYING THE BLUES

“Fred”, an African-American musician, was terminally ill with cancer; he was not expected to live through the night. His brother was in the room, as was the brother’s son and his spouse, and a few friends. Fred was breathing through an oxygen mask, taking in large gulps of air with pauses of varying lengths between breaths. Everybody in the room seemed to be quite scared and upset, because it was obvious that Fred was really dying. His brother explained that they were both professional musicians, having toured with some of the most famous Blues musicians in the world. I went over to the bed with my guitar, and very softly, I played a Blues song, *Sweet Home Chicago*. I knew only the first verse of the song:

Oh, baby don't you want to go

Oh, baby don't you want to go

Back to that same old place

Sweet home Chicago.

I played this Blues, softly, for a very long time, while the brother and his son as well as some friends joined in with soft humming. Fred himself started singing, lifting his oxygen mask to do so. His

brother told me, with amazement at the coincidence, that their family was, in fact, from Chicago. This was ‘their’ song.

Fred died the next day. The music had provided a strong moment of reminiscence, of re-connecting with the past that helped the patient and his loved ones cope with the crushing reality that the fight was over. The guitar had sustained the Blues, which for long stretches had been just whispered, for almost an hour; this was possible because it was played so softly that it became even softer than the humming of the machines. It blended with all the other sounds in the room, but it changed the atmosphere completely: it became a room itself, a prayer, played over and over and over, an incessant cycle of grieving and coping. This grieving and coping found its expression in the singular twelve-bar form of the Blues, a ‘question’ of four bars (“Baby don’t you want to go?”), repeated twice, concluded by a four-bar resolution, or ‘answer’ (“Back to that same old place, sweet home Chicago”). With the guitar, the music therapist was able to exactly reproduce the song in all its simplicity and hidden complexity: the original recording of this Blues features nothing but the voice and the guitar of Robert Johnson.

The structure and tradition of the Blues is also very inviting to vocal improvisation. Fred’s brother began to sing about Fred, about himself, about the people in the room, about the music therapist. He vocalized imitating the sound of a harmonica. Fred joined the singing from time to time. Because he was so weak, he couldn’t produce much more than a moan, an exclamation here and there, but he was clearly, consciously, taking part in the music. In this fashion, it can be said that the brothers were having their last jam-session together.

The advantages of the acoustic guitar as listed above were crucial in this particular, one-time session: the music therapist equipped with the guitar was able to be unobtrusive - taking up very little space, playing softly, starting with a Blues riff that was barely audible. When it became clear that relatives and friends responded positively, the therapist made the choice to play a bit louder, while still trying to be unobtrusive. The goal, after all, was not to instigate any monumental change, to release anything, to *do* much. The goal was to *accompany* and therefore to ease the suffering of the dying man and the people who loved him. The Blues, played on an acoustic guitar, provided a very gentle and supporting structure. There wasn't any moment where it had to stop, where the Blues had played itself out. It could have gone on through the night.

THE CASE OF JONATHAN

Jonathan, a student at Tufts University in Boston, Massachusetts, was twenty years old when the doctor at the Student Health Center, whom Jonathan had seen because of headaches, diagnosed him with Leukemia. Immensely creative and intelligent, Jonathan was a very special young man, much loved by his family and friends. I liked him immediately; he was sweet and funny, but also fiercely sincere. He shared this virtue with his brother Josh, who is eight years older. Josh was very devoted to his younger brother's care and spent many hours at Jonathan's bedside. The brothers made a great pair, they had a very dry, no-nonsense New York wit about them that was thoroughly engaging. Josh was deeply involved in Jonathan's musical life. Jonathan was the lead singer of a garage rock band, *Johnny Physical and the Physicals* (<http://www.johnnyphysical.com>), playing venues in Boston¹.

Jonathan was also a big fan of Buddy Holly and Johnny Cash. All of his favorite music was guitar-driven. Josh at this stage functioned as a collector, organizer and distributor of Jonathan's music. He often gave me tapes of Jonathan's concerts. On the brother's request, I turned these tapes - as well as the recordings I did with Jonathan at his bedside - into CD's, using the equipment of my home studio. This helped to give our sessions together an even more 'professional' air, and, as a music therapist, it firmly established me as a committed supporter of Jonathan.

**GUITAR-DRIVEN MUSIC
AS EXPRESSION OF
VITALITY**

I first saw Jonathan in March 2002. He had just suffered his second relapse of leukemia and was undergoing another round of intense chemotherapy. Over the course of our work together, Jonathan was growing increasingly weak. He had a fungal infection in his lungs and a whole host of minor but bothersome ailments. At our first session together, which Josh videotaped, I quickly realized that Jonathan wasn't going to enjoy religious songs or any of the soft Brazilian music I often play. He needed the music that he loved, a masculine, assertive kind of music, he needed Rock n' Roll - a style relying almost exclusively on the electric guitar. In popular culture, this sound stands for a sort of rebellion against the establishment. As a symbol, it was established in the fifties and sixties, but now it seems rather timeless: from The Rolling Stones to Marilyn Manson, Rock n' Roll music seems to channel anger and frustration

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1. Jonathan, as *Johnny Physical*, was famous for his outrageous stage antics worthy of an Iggy Pop. An anecdote told to me by his father involved his brother Josh visiting a concert of *The Physicals*. Jonathan's father told me how embarrassed Josh, who had gone to the show with a date, had been by his brother Jonathan's especially wild performance that evening. "He even did a thing called 'stage-diving'", Jonathan's father told me. ('stage-diving' describes a performer jumping from the stage into the audience, head-on, confident that the spectators will support him or her with their hands) Later on, when talking to Jonathan's brother Josh, I remembered the story and asked him about it. "Yeah," said Josh, "Jonathan was wild that night. He stage-dived." "But why would this be embarrassing to you? Isn't this a routine part of a rock concert?" "That's true," said Josh. "But they were playing in a coffee shop ..."

as well as vitality and exuberance. For many people, it is the soundtrack of their own coming of age, capable of triggering powerful memories of health and vigor. The guitar, being the main instrument in virtually all of Rock n' Roll, is a symbol for feeling young, free and assertive. This is a precious and nurturing way to feel for most patients in a cancer hospital, who, through the disease and the efforts to cure might have lost their sense of self, their autonomy. There is something tough, vital and indestructible, at least in spirit, in a Rock n' Roll song. I believe that this is a "healing feeling".

EXPRESSING PAIN AND SORROW

Rock n' Roll gives voice to feelings that are universally experienced but expressed only in a veiled form in other styles of popular music. Anger, rage, confusion, bitterness or depression are often channeled in Rock n' Roll songs. Jonathan's song choices reflected his sometimes very depressed mood in the hospital. It may be well summed up in the refrain of *Venus in Furs*, by the sixties' band "Velvet Underground", a song he liked and which we recorded: ([click here for listening MP3](#))

I am tired, I am weary,

I could sleep, for a thousand years

A thousand dreams could not awake me...

A music therapist playing guitar is able to connect with patients who need Rock n' Roll music's honesty. It's guitar music. It's difficult to play a Rock n' Roll song on the piano or on an accordion and retain its feeling. This is why the guitar was of crucial importance to Jonathan's music therapy.

THE MUSIC THERAPY AS GOAL-ORIENTED MUSIC MAKING.

Jonathan's brother made the following statement about the music therapy process:

“From the beginning, Alessandro felt more like a friend than a therapist, their time together felt more like ‘hanging out’ than therapy. I don’t think it really occurred to any of us, except in hindsight perhaps, that what they were doing together was music therapy. I mean, in the back of our minds we realized that this was Alessandro’s job, but during the time they spent together the focus was less on Jonathan’s ‘condition’ than the making of the music. (...) First, they would choose a song to play, then Alessandro would learn it on the guitar, then they would record it together on mini-disc. Their recording sessions were full of laughter but were also intensely serious. When the disc player was running, Jonathan wasn’t in a hospital, he was in a recording studio; he wasn’t infirm, he was full of health and vigor. He wasn’t unfree, he was free.”

Due to Jonathan’s dedication to creating quality recordings, the music therapy took place in an atmosphere of almost professional focus and concentration. Tape was rolling, both Josh’s video camera and my mini-disc recorder. On that first meeting, Jonathan showed me a few songs by Johnny Cash and Buddy Holly. He had sheet music with the lyrics and chords, but since I was unfamiliar with these songs, Jonathan taught me the guitar parts. He took the guitar and attempted to play them for me, which was very difficult since his fingertips were too tender, a side effect of the chemotherapy. So he sang the parts to me, and it worked. The recordings are startlingly intimate; Jonathan’s voice, on this first session, is still firm, even though it is apparent that he is sick. There is vigor and devotion in his singing. Over the course of a few months, Jonathan and I recorded a whole CD of material.

[click here to listen to Jonathan and Alessandro](#)

[Johnny Cash: Folsome Prison MP3](#)

[Johnny Cash: I guess MP3](#)

[Elvis Presley: Love me tender MP3](#)

Our work together helped Jonathan to experience a sense of mastery and control, which he had been slowly losing during the course of his disease.

THE MUSIC THERAPIST AS A FAMILY THERAPIST AND ALLY

Sadly, Jonathan was growing weaker and weaker, and this is documented in the music we recorded together.

[Buddy Holly: That'll be the day MP3](#)

In the end, all he could do was whisper the lyrics. As Jonathan was losing his battle against both the cancer and the fungal infection of his lungs, we couldn't do our sessions anymore, and the focus of the music therapy shifted. I would play for him while he was sleeping or dozing. At this late stage in the course of Jonathan's illness, the family's needs became more prominent. My role was more that of a therapist to Jonathan's family than a music therapist for Jonathan. His parents were basically living in his hospital room, and they were in deep despair. During my visits to Jonathan, I would spend more and more time talking and listening to them. I believe that all three, mother, father and brother, felt a terrible, albeit irrational, sense of guilt for the youngest family member's deadly disease. I felt that they trusted me – a trust evidenced in the following example: Jonathan would record long diary-type entries by speaking into a small cassette recorder, freely voicing his innermost feelings about himself and his family and friends. Josh asked me to transfer this spoken diary to CD's. I was glad to do it; I was honored that both Josh and Jonathan trusted me to the extent of sharing these private things.

Jonathan died in the summer. Josh built a web site devoted to his brother, where he collected articles and comments of friends and family.

Jonathan's nurse wrote a piece about him as well. In the future, Josh plans to make a documentary film out of all the video footage he has of Jonathan.

THE GIFT OF WORK

Goal-oriented musical practice is a powerful tool in music therapy: there are few activities as rewarding as working on a musical piece and "getting it right". Music is equally generous as it is honest. If you don't put anything into it, it is not going to give you anything back. Music therapy is a means to restore the vitality in a patient, by making him work. Work may be the supreme therapy, in allowing the patient to do something useful, to experience himself as competent.

In Jonathan's case this was even more pronounced because he was a musician and bandleader. The weekly music therapy sessions were precious to him for he could completely enter a world where he was in charge, where he knew exactly what he was doing. For once, he was in control again. His brother Josh wrote:

"He felt that this [the music therapy] was a real collaboration, an extension of the musical journey that was his life, not an interruption from it. Jonathan didn't crave distractions from life, he craved the raw experiences of life itself. That's what [the music therapy] gave him –the ability to transform hospital time into human time. Hence, there is nothing bittersweet about listening to the music they recorded together. It is incredibly powerful, incredibly uplifting, and incredibly rock n' roll."

In conclusion, the acoustic guitar - due to its versatility, mobility, its special musical qualities and cultural attributes - is an ideal choice as the main instrument for music therapy delivery in a cancer hospital. The music therapist with a guitar can freely move about the hospital, adjusting to the unpredictability of hospital routine and the multifaceted needs of patients and their families.

It seems appropriate to close with the words of a patient who was lying in a semi-conscious state in the ICU when he was visited by the music therapist:

“The first thing I responded to in the ICU was this *sound* [the sound of an acoustic guitar the music therapist was playing for him]. It rang out like in a cathedral. I was looking forward to your visits so much. It took me to this place where things were ok.”

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