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The Tune of Palliative Medicine:
exploring music therapy as a palliative intervention and the lessons it teaches on patient-doctor relationships

"…when [Charmides] asked me if I knew the cure of the headache, I answered, but with an effort, that I did know. 'And what is it?' he said. I replied that it was a kind of leaf, which was required to be accompanied by a charm, and if a person would repeat the charm at the same time that he used the cure, he would be made whole; but that without the charm the leaf would be of no avail."

– Socrates, from Plato's *Charmides*

Introduction

I came across this age-old text while reading the work of an author I had not revisited since my sophomore year of college: Plato, author of *Charmides*. Though one could easily say that many things have excited me more in life than the dry pages of an ancient philosophical dialogue, *Charmides* sparked in me an admiration for Plato when I realized that it was one of the first works in history to attest to the power of music (so-called "charm") in medicine. Moreover, it is one of fewer early works to pinpoint a problem that doctors, even 2,500 years later, still struggle to resolve in their own daily practices: failing to treat the patient with his or her "whole" health in mind, the word "whole" encompassing the patient's physical, mental, emotional, and even spiritual needs.

This summer has been one unlike any other I have experienced in the past. With support from the Research Cluster on Science and Subjectivity (RCSS) at Columbia University and under the guidance of Dr. Anthony Lechich, I spent ten weeks interning at Terence Cardinal Cooke (TCC) Health Care Facility, learning what it means to provide "holistic care" to a patient. More specifically, what does it mean to provide palliative care—a form of care that characterizes "holistic care"—to terminally ill patients? I was fortunate enough to go about searching for an answer through a medium that has always remained an influential part of my life: music. Music, though in essence a wholly different kind of material than pills or IV fluids, has proven this summer that it can deliver its own unique medicinal value to patients—one inimitable by drugs, surgery, or other run-of-the-mill medical interventions.

The point of this paper, however, is not to vouch for music—namely music therapy—as the panacea for all medical problems, as Socrates claims to his patient Charmides. I have learned that music therapy, as with any medical intervention, is not without its own weaknesses: it is even more difficult to systematically implement in a health care center than traditional medical practices due to its highly varied nature (Lundin, 1967). Furthermore, its effects on patients are best gauged through qualitative observation rather than through tests and numbers. This makes for an incredibly subjective form of care that would help anyone understand why music therapy is a burgeoning, but only an auxiliary, discipline in the field of medicine.

What I do wish to convey in this paper, however, are the lessons I have learned through the transformative experiences of providing my own form of music therapy to a handful of patients, whom I can now proudly call my—much older and wiser—friends. The greatest limitations to this project are, of course, the small sample size and a lack of a control group to which I can compare my qualitative findings. Thus, given the high risk of bias within the study, my findings should be interpreted with caution. However, I hope that my reflections will nevertheless spark more discussions and hypotheses surrounding the efficacy of music therapy as a palliative intervention. Moreover, I expect that the new insights I have gained, primarily those regarding palliative care and the kind of patient-doctor relationship I wish to have in the future, will influence me in my own medical career soon to unfold.

The Stakes: why music therapy?

Despite a shortage of empirical data supporting the use of music therapy in hospitals, it is without a doubt that music therapists are becoming better integrated into palliative care teams (Hillard, 2005). To understand why, it is crucial to understand first the meaning of "palliative care." Broadly defined, palliative care is a specialty that focuses on a patient's overall quality of life in the midst of an illness (Bruera, 2010). The goals of care of a palliative doctor do not necessarily entail curing the patient of a disease. Rather, the palliative doctor seeks to provide the greatest comfort care possible to the patient, whether or not this means the patient becomes free of illness.

One major reason for the increasing integration of music therapists into palliative care teams is the solidifying belief that music therapy can attend to those patient needs monitored by palliative doctors, perhaps better in some aspects than traditional medicine. Such patient needs include but are not limited to physical, psychological, and spiritual health (Bruera, 2010). Music therapy may cater to those patient needs through five different categorized techniques (Dileo, 2007):

(1) Listening to music
(2) Performing music on an instrument
(3) Improvising music with voice and/or on an instrument
(4) Composing music
(5) Music combined with other modalities (e.g. movement, imagery, art)

Furthermore, music therapy is a safe, relatively inexpensive, and non-pharmacological form of medicine with minimal side effects (Teut, 2014), making it a highly economic form of care in any healthcare setting.

The definition of palliative care is also growing to encompass not only the patient in question but also the emotional, psychological, and spiritual health of his or her family members. Thus, another way in which music therapy becomes a form of palliative care is through bereavement support (Clements-Cortés, 2015). Helping family members cope with a death or the stress of caring for a loved one through music therapy is an invaluable service offered by few branches of the palliative care team.

While an abundance of qualitative literature already exists regarding music therapy as a palliative care tool, I hope to offer a more personal account of these known stakes and fine-tune the pros and cons. From my interactions with patients, I have also realized that there is more at stake than merely the palliative effects that come with music therapy; music therapy has taught me that it is possible to connect with one's patient in a way that closes the awkward and arguably harmful patient-doctor relationship gap. The stakes also run from the side of the caregiver as well; just as music therapy has helped me understand through experience the importance of developing a healthy, caring relationship between yourself and the one being cared for, music therapy can help caregivers embrace such a relationship and understand the importance of it in their own medical practice.

The Project

The initial stages

After rapidly developing a strange attachment to the HIV/AIDS discrete unit during my first week at TCC, I spent the next nine weeks persistently venturing out to the unit with a ukulele in one hand and a binder full of oldies lyrics in the other. In the beginning, my intention was to play music with the patients living in the discrete unit merely for my own enjoyment and their entertainment; their lives on the unit seemed peaceful but extraordinarily routine. I brought my ukulele once a week, every Wednesday. After a matter of a few weeks, however, the pattern quickly grew from once a week, to several times a week, to a daily task I looked forward to at work. I was embarking on a project before I even knew what my project was.

*Music therapy as a source of psychological comfort: Eddie**

The discrete unit on the eighth floor is, in my opinion, the most colorful unit at TCC, and much of this is due to the one-of-a-kind patient, Eddie. There is one quality that Eddie has that I wish I had, which is his ability to entertain others in the most fearless, bold way. If there is anyone doing a sassy catwalk down the hallway on the eighth floor—or anywhere for that matter—it's Eddie. If one mistakes a patient for a vivacious, well-dressed 80's model, that patient would be Eddie. If he's also being sappy and romantic, dropping inappropriate jokes and acting out flirty hand gestures all the while, then it's definitely Eddie.

But Eddie, though seemingly fine on the outside, copes with a sorrow and fear that I will never be able to truly understand. Diagnosed with bipolar disease in addition to HIV, Eddie will sometimes cry on my shoulder, fearful of the outside world and what it could do to him. Or he'll pour out his heart at an Alcoholics Anonymous meeting, crying again because he feels little to no sense of self-worth. Or he'll simply lie in his bed in silence, left only with the company of his depressing thoughts.

The key to helping Eddie shed fewer tears during the day was diversion—any time he was spoiled with attention and a fun activity, Eddie was unlikely to slip into his depressive state.

For this reason, my music therapy sessions with Eddie consisted of accompanying his singing with my ukulele and escorting him to Drum Circle on the first floor patio—an activity he had

never gone to before. When we sang, the songs that he would enjoy singing (e.g. "Someone Like You" by Adele, "Time of Your Life" by Green Day, or "Love Story" by Taylor Swift) were all very expressive and, if I had to guess, audial reflections of the passionate emotions innate in Eddie's persona.

It was amazing to witness other energies Eddie possessed that came through via the music at Drum Circle[1]. I learned so much more about Eddie's interests and personality just by observing him dance to the drums in front of young volunteers there—the way he would laugh like a maniac when the volunteers laughed at his dance moves, the way he would take joy in Jesus' (a recreational therapist) embarrassed look after Eddie attempts to dance with him, or the way his face would light up when everyone wants to know who he was or where he came from.

"Why do you like dancing at drum circle so much?" I asked him in an interview.

"It's very entertaining, and the people that see me, they enjoy my dance moves… The better the music is, the harder I dance. And I'll work up a sweat. Like there's a club outside." Eddie chuckled.

"How do you feel when you dance?"

"I feel great. I can release anxiety and my thoughts. It takes me away from what's in my head and what's going on that holds me down. It lifts my spirits. And I enjoy entertaining others."

Out of curiosity, I went off on a tangent and asked, "Why would you ask me to escort you to drum circle versus Maggie?" Maggie was the recreational therapist primarily responsible for the patients on the eighth floor discrete unit.

He replied, "Because you're young—not too young, but you're around my generation, and Maggie is staff."

"But I'm staff too! I'm an intern here." I exclaimed.

"But you're not gonna write, in my chart there, which will follow me everywhere, my performance, like my report card. Because you see my whole life has been a report card… I knew you would let me dance and not say 'Sit down, behave. Sit down, behave.'"

"You think Maggie would say that to you?" I asked doubtfully.

"Yeah she does! 'Stay right there, stay right there…'" Eddie would mock.

Though Eddie's response regarding the positive psychological effects of music therapy was unsurprising, his words "my whole life has been a report card" caught my attention. Perhaps Eddie took comfort in music therapy because it also allowed him an opportunity to stray from being a carefully monitored patient. Instead, he could focus on being the vibrant Eddie that he

[1] Video footage of Eddie dancing at Drum Circle (see appendix)

was—something that being confined within the walls of the eighth floor discrete unit made difficult to accomplish.

Music therapy as a source of physical and spiritual comfort: Elena*

One of the first patients I was introduced to by Dr. Lechich was Elena. Elena, though not a resident of the discrete unit, was a legally blind patient on the dialysis unit who suffered from end-stage renal disease, gangrene in the left hand, diabetes, and a boatload of other illnesses. On the day we met, I spent about two hours taking in her life story: her childhood, the depressed mother she grew up with, the abusive marriage that ended in a divorce, being homeless for three years, and the challenges she faced with drug abuse decades ago. But what I will remember best about the bright and loquacious Elena is that she absolutely and positively loves her cats like her own children. I remember she said that day, "I said to the doctor, 'my hospitalization has stripped me of my normal life at home and my independence, but please, do not, I beg you, take my cats away from me for my own health!'"

I started bringing my ukulele to Elena's room midway through my internship with the hopes that it would give her a special activity to look forward to during the day. It was clear from the outset that Elena was drawn to religiously themed songs—the first and only two songs we ever sang together were "Kumbaya" and "Amazing Grace."[2] Other songs that she requested later on but never ended up singing were "Day by Day" from the musical *Godspell* and "Blessed Assurance" by Frances J. Crosby. When I offered to sing other, more secular songs with her, Elena would reply, "Well, if you get me the lyrics maybe, but I prefer these songs more."

Singing with Elena felt different from singing with any other patient at TCC. This is partly due to the fact that Elena had no cognitive impairment, unlike the rest of the patients I interacted with. But the difference was also felt from the way Elena sang each word like her sanity depended on it. Though singing with patients was usually a gleeful experience, with Elena, I could sense solemnity in her voice. She would sit still at the edge of her bed, brows furrowed in concentration, as we would both sing in tune to the ukulele.

Eager to hear through her own words what our singing sessions had meant to her, I interviewed Elena during the last week of my internship. The main theme of Elena's responses, unsurprisingly, dealt with the spiritual component of our singing. When asked, "How has [singing with me this past month] made you feel, and do you think that had any impact physically, emotionally, or spiritually?" Elena responded:

"In all aspects it has, for the simple reason that if I sing alone it is often very emotional because a lot of the times I am worried and distressed and I find it calming… And having had septicemia and all these things and having been on the brink of dying several times, it is very uplifting for me to do spiritual music than it is for me to do secular. I can do both, but I prefer to do spiritual. It is very uplifting. And also it helps you to focus on more positive things… than it would be if I were singing secular. I do not have the same connection with secular music as I do with spiritual music."

[2] Audio recording of Elena singing "Amazing Grace" (see appendix)

Curious of whether the emotional and spiritual benefits of singing translated to any direct physical benefits, I asked, "Do you want to touch upon any physical impacts that you think our singing experience has had?"

"In the physical aspect it would be the same effect as when I practice what I call 'aggressive spiritual meditation.' It helps me sometimes to block out the pain. I could be in dialysis and I may not be singing out loud, but I'm singing in my head. Or I'm thinking about the words of a specific hymn. And it will help me block out the pain."

After spending weeks getting to know Elena's arduous life and her unconditional love for her cats, whom she had not seen for almost three months, there was no way one could not understand Elena's gravitation toward spiritual and physical healing through song.

Music therapy as a means to facilitate socialization: Dominic*

Unarguably the toughest nut to crack, among all the patients I interacted with at TCC, was Dominic. Dominic was a patient on the discrete unit living with the remnants of his professional musical past, literally and figuratively—on his side of the room were stashed a keyboard, a trombone, two electric basses, an acoustic bass, and two amps. I met Dominic while waiting for an elevator on the first floor. He saw me with my ukulele and asked:

"Is that a ukulele?"
"Yep! Sure is." I responded.
"Tell me what the notes are for each string."
"Umm… I believe it's G, C, E, and A."
"Hmph… So the first two strings are a fifth apart." Dominic grumbled.
"…Wait no, they're a fourth apart." I said, perplexed.
"No, they're a fifth apart." He argued.
"What?"

The exchange went back and forth like that until Dominic finally clarified, aggravated, "Look, when you go from C to G, or A to E, they're a fifth apart!"

"Ohhhhh! Sorry, yes you're right. I was looking at it the other way, though. I was going from G to C."

Dominic finally broke out of his frown and smiled, "Yes, in that case they're a fourth apart."

I chuckle when I recall this conversation, because it was symbolic of so many of our interactions later on—I was always looking at things from one point of view while Dominic would see the same thing from another angle. Moreover, nearly every one of our conversations dealt with music theory. When he taught me how to play his original composition, "Long Journey," on keyboard, Dominic could not stop going on and on about why he used the chords he used, their progression in his piece, and the fingering I should use on the keyboard. I could tell he had itched for someone to talk musical jargon with all these years.

And if we weren't talking about music, we were playing it[3]—Dominic on electric or acoustic bass and I always on keyboard, ukulele, congas, and (towards the very end) guitar. Our jam sessions were always full of improvisation. The way Dominic would cue me in all the ways that musicians cue each other in an actual band or orchestra made me feel right at home. He would also snap at me like an old music teacher if I counted wrong when playing his 13/4-signature "Long Journey" on the keyboard: "Count! It's not that hard! You just subdivide by counting seven, then six, seven, then six!" But when I played things just to his liking, he'd break out his rare, warm smile that made me feel like I finally did something right.

But when I did not have my ukulele, or when we were talking somewhere other than in his room full of instruments, I could not rely on Dominic's musical enthusiasm to lead the conversation. Most of the time he had a frown on his face. I was not even able to get an official interview out of him. When I saw him unexpectedly on the first floor one day, I waved at him and greeted with alacrity, "Hey Dominic!" With his default frown in place, Dominic would glance over and respond monotonously, "Hi." Then he'd walk right past me with no interest in continuing our interaction.

To get to the TCC Auditorium, practice, practice, practice

On the ninth week of the internship, I made a last-minute decision to organize a patients-only concert in the TCC auditorium. It took place on the very last day of the internship at 2:30pm, after all the patients had finished lunch and were most likely to feel ready about performing in front of a large crowd.

The week that led up to the concert was one of the most exciting weeks of the internship. Every day, I held rehearsals with a handful of patients, either in the privacy of their own rooms or in the empty auditorium. What was so amazing about these rehearsals was how differently the patients behaved when there was a concrete goal to work towards versus when they merely sang with me for pleasure.

Barney*, a friendly Puerto Rican patient on the discrete unit, would always sing "Propuesta Indecente" by Romeo Santos with me. His voice was limp, always crackled, and was egregiously off-tune until we got to the chorus, but I never pushed him to improve until we started practicing for the concert. After running through the song once, I would say in Spanish, "That was great Barney! I loved it! But make sure to sit up straight when you sing. It will help you breathe better and your voice will sound a lot prettier. Also, try to sing more loudly and clear. The auditorium is really big and you want your voice to be heard by the whole audience."

"Okay," Barney would respond. He would then move to the edge of his bed, straighten his back all of a sudden, and say, "Again?" When we ran through the song once more, his voice completely overshadowed mine. His eyes would be on me the entire time we sang. I could not say his pitch got any better, but we would work on that in the days to come.

I couldn't help but notice how receptive of my advice Barney was. What was more impressive was that the next few days we rehearsed, he had remembered all the advice I had given him the

[3] Video footage of Dominic performing "Take Five" (see appendix)

previous day—his singing still rang loud and clear over mine. According to Barney, he had also been practicing in his own spare time—I was always pleased to enter his room and find his lyrics sitting atop his bedside table.

Barney was not the only patient whose attitude and behavior changed. Eddie carried his lyrics practically everywhere he went, claiming to be practicing on his own. Dominic of course practiced every day the chords I had written him, and he was insistent on setting precise rehearsal times with me. Others were harder to guide during rehearsals—Sam*, another extremely kind patient on the discrete unit, had trouble remembering to sing louder, at times having difficulty remembering to sing at all. Pedro* was not a bad singer—he had sung in a chorus back in his younger days—but it was a challenge for him to overcome his self-consciousness towards his own voice.

What I have learned from these rehearsals is that having a goal in place—one that is perceived as attainable by the person working towards it—effectively increases the intensity with which one performs a certain activity. Though the moral of the story is far from groundbreaking, I gained some interesting insights when I started drawing parallels between doctor-patient relationships and the teacher-student relationship that I had with my patients. For example, one reason for patient non-compliance stems from a lack of motivation to work towards the goal of having a healthy body and mind (Jin, 2008). The lack of motivation may originate from a patient's disbelief that he or she will get better in time. When I rehearsed with patients, I always made sure to remind them that the whole point of doing these rehearsals was to prepare for a fantastic concert on Friday. Perhaps it was the temporal proximity of the concert that was a better motivator than the idea of the concert itself, but nevertheless, I have always found that patients were willing to work hard during rehearsals when the concert was emphasized. Similarly, doctors should aim to present "health" as an attainable, realistic goal to their patients on a regular basis. For some patients, recovering from their illness is an impossibility. But the positive effects—which I have found to be compliance and optimism—that come with instilling hope in a patient, or at the very least emphasizing to the patient what *can* be done more than what *cannot* be done, far outweighs any positive effects of viewing the prognosis in a negatively realistic manner.

Pedro, the self-conscious singer and a patient on the discrete unit, also taught me firsthand the importance of developing a healthy, caring relationship between yourself and the one you are helping. He and I grew close after constantly running into each other on the sixth floor patio. Pedro was the most reluctant about singing at the concert. He would always exclaim, "My voice sucks! I sound stupid, I can't sing!" But he never denied a rehearsal session with me once. He would instead willingly promise to sing with me, justifying his decision with, "Anything for you, Sophie," which was the same phrase he used to justify his decision to attend a substance abuse support group with me in the past. I still wonder whether Pedro would have attended the support group, or practiced his singing, if we had barely known each other at all. He may have attended the support group at the recommendation of the psychologist at TCC, but I doubt the same would have been the case with singing.

Conclusions

Music therapy as a palliative intervention

From my experiences singing and playing instruments with Elena and patients on the discrete unit, I am convinced that music therapy can serve as an excellent means of providing a form of palliative care to patients at any stage of illness. Psychologically, music therapy can serve as a healthy diversion from anxiety and can alleviate the stress of perceiving oneself as a carefully monitored patient in a hospital. Physically, it can distract patients from focusing on pain to focusing on the sound of the music itself, or the meaning of the lyrics that accompany the song. One of the best ways in which music therapy meets the palliative care goals is also through the spiritual aspect—spiritual therapy through song offers a form of care that I believe cannot be mimicked by any physical form of medicine in existence. My experiences have also taught me the social role that music can play in some patients—those that avoid socializing, for any reason at all, may sometimes find themselves more willing to communicate when music is involved, just as Dominic had opened up to me whenever we discussed or played music.

Fine-tuning the pros and cons of music therapy

Though music therapy can offer a world of relief to the patient physically, psychologically, spiritually, and/or even socially, the therapy itself comes with its own set of drawbacks. Robert W. Lundin, author of the book *An Objective Psychology of Music*, states prudently, "The patient's attitude toward the music has a greater effect on the individual than the music itself" (pg. 305). In other words, it is not the tones and sound waves of an instrument that directly heal the patient, but the patient's reaction toward those sounds that initiates the healing. This is precisely what makes music therapy a "mixed blessing" in medicine. Though it can be highly effective, music therapy cannot be characterized as a uniform cure-all for all patients because each patient reacts to the music differently. As exemplified through my narratives, one patient may receive spiritual healing from music therapy while another may derive more psychological relief than spiritual. Thus, we cannot predict what music therapy will bring to each patient, but we can be confident that music therapy, for each individual patient, can deliver something unique to that patient's needs. Such is the beauty and consequence of a highly subjective medium.

I have also learned that music therapy is very much a social interaction—without the enthusiasm and compassion of the person helping to administer the music itself, the therapy alone loses much of its medicinal value. The best kind of music therapy is not one that only requires a working radio, but is one that allows the patient to be comforted by the music as well as by the company and customized support of the person administering it. For this reason, music therapy is a treatment process that requires lots of flexibility, social intelligence, patience, and enthusiasm, making it a much more intricate and difficult form of care than the simple administration of pills or IV fluids.

Lessons on patient-doctor relationships

I am not sure that I would have formed the kind of friendships that I did with Elena and patients on the discrete unit if it were not for all the intimate moments we had together singing and practicing for the final concert. Singing with a patient is a lot like doing stand-up comedy with a

crowd—both allow you to bring sensitive emotions and topics to the table in a socially acceptable manner. This is why I primarily believe music therapy, specifically in the form of singing with a patient, serves as an incredible vessel for communication between the patient and his or her caregiver. When singing with a patient, formal barriers between "patient" and "doctor" are brought down and the relationship between the two develops into a more intimate "care-receiver" and "caregiver" relationship. Though I cannot conclude this with absolute certainty since I am not a doctor, I can say it with some degree of confidence because this was certainly the case as a formal intern assigned to observe and interact with patients. This is not to suggest that all doctors should take up an instrument and begin playing music with their patients—it is merely to point out that a patient may benefit psychosocially from forming such a relationship with a designated music therapist.

Finally, as mentioned through my narratives, music therapy has also demonstrated the importance of emphasizing the end-goal of treatment in a way that instills hope in a patient. Hope, as I have found through my rehearsals with patients, is a state of mind that brings with it optimism and a willingness to work towards a goal, regardless of how difficult it is to achieve. Though there may be some controversy over how much hope for a positive prognosis one should instill in a terminally ill patient, my time at TCC has taught me that it is prudent to find and communicate hope where it is surely valid: hope for a comfortable end-of-life care, for example.

Suggestions for improvement at TCC

Amazingly, TCC is a facility that already has in place wonderful opportunities for patients to partake in musical events. These include Drum Circle, Hearts and Voices (a performance put on weekly by a pianist and a group of singers), concerts in the auditorium, birthday parties, and music sessions with a music therapist in the geriatrics unit.

However, the size and scale of TCC inevitably add obstacles and downsides to these recreational events. For example, Drum Circle is a weekly activity that takes place on the first floor patio. Around thirty or so patients are escorted there to play drums and other percussive instruments. The problem, however, is that it is always the same thirty patients that attend Drum Circle, and it seems that the rest of the facility has little to no idea that it even exists. Or, the patients may know that it exists based on the recreational calendar on each floor, but they do not know how to go about asking to attend; Eddie would never have gone down to Drum Circle this summer if I had not encouraged him one random Monday afternoon. To resolve this issue, recreational therapists could post a separate and larger "Weekly Events" poster on each floor[4], listing by day of the week each recreational event that all patients are welcome to attend. In addition, social encouragement from recreational therapists and the nurses, who see patients every day, would also help solve this issue.

The large number of people that any given musical event can accompany is both good and bad. The large number of people affected by these events indicates that TCC attends to a decent portion of the patient population in the facility. However, some patients may benefit more from one-on-one musical activities than large group sessions. Elena is one example of a patient that prefers individualized sessions to group sessions—for one because she was in isolation due to a

[4] Example of a "Weekly Events" poster for each floor (see appendix)

MRSA infection and was not allowed outside her room, and two because Elena is more introverted. For isolated patients like Elena, or patients too ill to travel within the facility, or for those that strongly avoid large group interactions, all of the musical events provided by TCC would make no difference unless one-on-one music therapy can be provided. Music therapists at TCC could thus portion their time so that both needs could be met. The strong volunteer base at TCC could also recruit members willing to provide individual musical attention to patients as well.

Last but not least, it would be fantastic if TCC held more patient-centered talent shows or concerts like the one held at the end of the internship. This is to break the monotony of residing in a health care facility with no consistent contact with family or friends. But the show would also be more than just a form of entertainment for patients—it would allow able patients to feel like they can achieve something despite their illness, despite residing within a health care facility. This again draws back to the idea of instilling hope in patients—the more we view patients' conditions in a positive light, and the better we provide the resources for them to fulfill their goals and maintain the hope, the more we can say with sincerity that we have, in the end, provided the best "holistic" care possible.

*Patient name has been changed to ensure privacy

Appendix

Footnote 1
Video footage* of Eddie dancing at Drum Circle:
https://www.youtube.com/watch?v=xXoaNuNHWc0

Footnote 2
Audio recording* of Elena singing "Amazing Grace":
https://www.youtube.com/watch?v=aow8dOpOz2M

Footenote 3
Video footage* of Dominic playing "Take Five":
https://www.youtube.com/watch?v=VgjxbIt1fHw

***Only those with the link to the video may view the video online**

Footnote 4
Example of a "Weekly Events" recreational poster for each floor

WEEKLY EVENTS

(All TCC patients welcome!)

Mondays
DRUM CIRCLE (2pm) – 1st floor Mona Gold Garden

Tuesdays
POKENO (3:30pm) – 8 Annex dining room

Wednesdays
HEARTS AND VOICES (6pm) – 6 Annex dining room

Thursdays
PATIO ACTIVITIES (1:30pm) – 6 Annex patio

Fridays
BINGO (3:30pm) – 8 Annex dining room

Saturdays
MOVIE NIGHT (7pm) – 1st floor auditorium

Sundays
PATIO ACTIVITIES (1:30pm) – 6 Annex patio

Interview Questions

(Note: these questions were meant to serve as a *general guideline* for conducting the interview and is not an exhaustive list of all questions asked. All responses were recorded.)

Q1. Do you have a musical background? If so, please describe any musical experiences you have had in the past.

Q2. Do you often get opportunities to partake in musical activities here at TCC? "Musical activities" can include any of the following: dancing to music, singing, attending concerts, playing instruments, and/or actively listening to music (e.g. with a radio).

- If so, how regularly do you participate?

- If not, is this something you would prefer here at TCC?

Q3. In the past few months, we have spent a lot of time singing and playing music together. Have you enjoyed these music sessions so far?

- If so, why?

- If not, what about these music sessions did you not enjoy?

Q4. How have singing and playing music over the past 1-2 months affected you physically, emotionally, psychologically, and/or spiritually, if at all?

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