

“Would You Like a Good Apple?”  
Music Therapy with an Older Adult in Hospice Care

A Music Therapy Case Study  
Joshua Gilbert, MT-BC  
Music Therapist - Board Certified  
Premier Hospice and Palliative Care

**ABSTRACT**

This case study examines the impact of music therapy over a four month period in the life of an older adult on hospice care. It discusses how music played a role in the improvement of the patient’s quality of life during her time with a board certified music therapist.

\*The names of the patient and her family have been changed to respect their privacy.

## **BACKGROUND**

Jane was a 100 year old female who resided at her home in northern Indiana. She was admitted to a hospice program with a primary diagnosis of protein calorie malnutrition, also known as failure to thrive. Jane grew up in Kentucky, and she often spoke of the beauty of the mountains one might find there. When she moved to her farmhouse in Indiana, she worked at home to keep the house, farm, and her two children in order. She played the harmonica but “only knew how to play ‘*My Old Kentucky Home.*’” She also played the organ in the past, but no longer played at the time of assessment. Jane wrote a compilation of poems throughout her life, which captivated her beliefs, hopes, and offerings of advice. Jane had a special kindness about her, which often materialized in her offering a gift even when she did not have much to give. This gift was almost always a “good apple.”

## **ASSESSMENT**

A comprehensive assessment took place during one music therapy visit at Jane’s home. The MT-BC implemented the following interventions during the initial assessment:

Lyric analysis	Song choice
Iso principle	Music assisted reminiscence
Music assisted relaxation	Musical reflection of emotions
Live music listening	

Jane presented with a warm, pleasant affect and reported no pain. She ambulated around her home using a rollator walker without assistance, and sat at the kitchen table during the assessment visit. Jane was alert and oriented x4, and engaged in conversation about life review, music history, and music preferences. Her favorite song was “*My Old Kentucky Home,*” which she knew how to play on the harmonica. Jane spoke about how her faith in God had helped her get through life, and expressed her connection to religious songs such as, “*I’ll Fly Away*” and “*How Great Thou Art.*” She made hopeful spiritual statements, expressing her excitement about “flying away,” because “that will be wonderful.” Jane became teary while listening to standard Christian hymns and expressed feelings of peace and hope about end of life. Jane appeared to be coping appropriately with the end of life process. Upon conclusion of the initial visit, Jane looked at the MT-BC and offered him “a good apple.” After the initial music therapy visit, the following goals and plan of care (POC) were established:

Music therapy visits 2x/month to enhance patient quality of life by providing companionship, and facilitating life review and emotional expression. Patient will interact positively with the music and MT-BC, as well as express her emotions within each visit.

Upon further assessment, Jane displayed occasional shortness of breath while playing the harmonica. She also noted that she had written a series of poems, and agreed to set them to music as a legacy project. The POC was updated to reflect music therapy visits 3x/month and included implementation of active music making, breatherwork, and legacy work within visits. The following goals were added:

(1)The patient will play harmonica for a complete song without stopping due to shortness of breath each time the opportunity is presented by the MT-BC. (2)The patient will engage in legacy work each time the opportunity is presented by the MT-BC.

## **METHOD**

Initially, Jane attended individual music therapy visits two times per month that ranged from 30 minutes to 1 hour. Visits were held at Jane's farmhouse where Jane lived by herself. Jane either sat at her kitchen table, or on her couch in the living room during visits. I chose to focus music therapy interventions on addressing Jane's quality of life as she often reported feeling lonely and bored. Interventions consisted of:

Lyric analysis	Song choice
Iso principle	Music assisted reminiscence
Music assisted relaxation	Musical reflection of emotions
Live music listening	Legacy Work

By participating in these interventions on a regular basis, I believed Jane's quality of life would improve. Song choice, and iso principle were used to facilitate a sense of control for Jane. As a hospice patient, there was so much that sat outside of her control, and I believe giving her the power to choose her music experiences aided in improving quality of life. Using the iso principle to observe and reciprocate Jane's mood, emotions, and vocalizations showed her that she was heard, and that what she felt was important. I used this technique along with musical reflection of emotions to mimic Jane's musical and emotional input. Music assisted reminiscence and lyric analysis were used to discuss the past successes, changes, emotions, and experiences of Jane's

life. The lyrics of familiar songs acted as a doorway to start conversations and remind Jane of experiences she had. Music assisted relaxation and live music listening were aimed at evoking positive affect and enjoyment in musical experiences, as well as addressing Jane's occasional shortness of breath. I believed these outcomes to then lead to increased quality of life.

### **TREATMENT PROCESS: STAGE ONE**

Stage one consisted of three visits, which acted as ongoing assessment visits. Jane's face often lit up when she saw that she had company. She greatly enjoyed getting to know people. She was quick to share in life review and talk about why she enjoyed music. Jane also talked about how specific lyrics related to her life such as those found in "*I'll Fly Away*" and "*How Great Thou Art*." In one instance, after listening to these songs, Jane said, "I wonder what it will be like to die." I encouraged Jane to explore that thought further, and validated her feelings and thoughts. Ultimately, she was content with just wondering, and not knowing, but she had "good feelings" about the dying process. Jane openly shared about her faith in God and how he has helped her throughout her life, saying when she gets to heaven, "it'll be wonderful." Jane expressed a feeling of peace and hope in relation to the end of her life, and did not think she "left anything undone." Jane requested that I learn "*My Old Kentucky Home*" to sing for her.

As Jane engaged in life review in each visit, she often mentioned that she "always wished [she] learned how to play the guitar. But never got around to it." I took this opportunity to facilitate a joyful musical experience through active music making, and provided Jane with a large guitar pick that could be easily held. Jane grasped the pick in her right hand with all five fingers and strummed the strings of my guitar while I played the chord shapes. I initially provided hand-over-hand assist, and then let Jane play at her own tempo, being sure to follow her lead with my singing. She smiled brightly and strummed for approximately one minute on average, then looked at me and said, "Looks like I can play the guitar after all!"

Facilitating active music making and life review seemed to be bringing Jane immense happiness. She often smiled, laughed, and made positive comments about the music and about our playing together. "We should go out on the road and make some money," she often said. In order to allow Jane control over the music we made, I encouraged her to play her harmonica. Initially, Jane became short of breath while playing, and stopped in the middle of musical

phrases to catch her breath. Because of this, I began implementing deep breathing exercises using tempo and chord changes as cues for inhalations and exhalations. After taking 5-10 deep breaths, Jane often played the entirety of “*My Old Kentucky Home*” without needing a break. I also encouraged Jane to improvise on the harmonica while following her lead. I reflected her tempo, articulation, volume, and time signature in my guitar playing, and took notice of minute changes. By mirroring her changes in the music, I was showing her that she was heard, and what she was playing was important and had an impact on what I was playing. She was the leader. I felt this was an important intervention because as a hospice patient, Jane had so much that was out of her control. By giving her a platform to make music, I was hoping to give her back a sense of control.

## **STAGE TWO**

Stage two lasted for seven visits, and began when Jane requested more frequent visits. I decided to increase my visit frequency to three times a month per her request. During this stage, Jane’s son and daughter, John and Sue, were able to attend multiple visits. They shared how Jane often spoke of “that little guy with the guitar” and how much she enjoyed making music. It was during a visit with John that I found out Jane had a book filled with 64 poems she had written throughout her life. I took this opportunity to offer my help in the creation of a legacy project utilizing Jane’s poems. Jane was quick to accept the challenge of setting her poems to music, and expressed excitement to play and record the songs. I continued to include breathwork, harmonica improvisation, and life review in each visit in an attempt to maintain a sense of regularity for Jane. She was beginning to show subtle signs of memory decline, such as repeating herself in conversation, so by facilitating the same or similar interventions in each visit I was hoping to give Jane a predictable experience that would reinforce a stronger memory with each completed visit.

I decided that presenting musical jargon to Jane would not be an effective way to include her in choosing the styles, picking patterns, dynamics, moods, timbres, and time signatures of the songs for the legacy project. Instead, I asked Jane questions related to the overall feeling, emotion, and speed and then presented several versions of live guitar accompaniment for each song. My live presentations of accompaniment consisted of the following:

Tempo: adagio, andante, moderato, allegro

Timbre: hard or soft strumming, finger picking

Style: blues, country and western, folk, bluegrass, country swing

Time Signature: 3/4, 4/4, 6/8, 12/8

Mood: happy, lilty, easy going, sad, dark

Presenting the questions in terms that Jane could understand, and then providing live examples of different combinations allowed her to confidently choose the sound she wanted for each song. Over the course of seven visits, Jane chose the music she wanted for five of the songs in the legacy project. After she chose the music for each song, I practiced setting her poem lyrics to the music outside of our visits. This allowed me to work out the difficulties of finding where the stresses of each syllable fell most pleasantly within the music, and allowed me to use Jane's words unaltered. I then presented each song to her, while encouraging her to play along on her harmonica. Jane often listened to the first few lines and then improvised a harmonica accompaniment, occasionally picking out fragments of the vocal melody line. After practicing the song one or two times together, I recorded us playing on my iPhone upon Jane's request. Jane expressed gratitude for my time with her by offering me apples after each visit until she ran out. She also said, "You have no idea how much I appreciate you coming here" on two different occasions.

As stage two progressed, I began to notice Jane becoming less hesitant to play her harmonica. In early visits she said, "I can only play '*My Old Kentucky Home*'" while picking up her harmonica to play, and she was less confident in her improvisational playing. By the end of stage two Jane did not comment on only knowing one song, and she improvised more decisively and confidently. Jane also began expressing a sense of loneliness at the end of stage two. She said, "It gets awful lonely here" during three consecutive visits. She followed up these comments by expressing her hope and peace about going to heaven when she died. These thoughts appeared to bring her joy amid her loneliness. It was because of this that I decided to increase my visit frequency to 4 times a month.

### **STAGE THREE**

Stage three lasted for two visits before Jane passed away, and one bereavement visit to her family after her passing. The hospice company had asked me to acquire video footage of

myself with a music therapy patient for a video to be put on the company website. I knew right away that I wanted to present this opportunity to Jane. During stage three, Jane was often short of breath upon my arrival to visits, and her breathing was increasingly labored. Because of this, I continued to present deep breathing interventions, and interventions involving her playing the harmonica. These interventions led to relaxed, deeper breathing by the end of each visit. I presented the opportunity to make a video recording for the company website to Jane and her family as a way to allow Jane to share her music online to a great number of people. Jane was quick to accept, and we played "*The Best is Yet to Come*" - a song written from one of her poems - for the video. I hoped that this experience would present an increase in self-esteem, and a musical success for Jane. After playing during that visit Jane said she felt "revived." Jane continued to express hope and peace about her life after death in heaven, and she often smiled and said it would not be long until she got there.

During our last visit together, Jane was lying on her bed. Her breathing was labored and shallow with the use of continuous O2 via nasal cannula, and her heart rate was approximately 108 beats per minute, which was reported by the hospice nurse. Upon seeing me, she reached out her hand for me to hold. I believe she knew her time was close. The hospice aide and nurse were present, as well as Jane's daughter, Sue. I played a chain of Jane's preferred music at a tempo of approximately 108 beats per minute in an attempt to sync with Jane's heartbeat. This was a musical way to support her in that moment and express solidarity within the room. I then slowly and incrementally decreased the tempo of the music to offer a more comfortable tempo for Jane's breathing. Jane closed her eyes while listening to the music. Her facial cues remained calm, and her respirations and heart rate remained high. At the end of the visit, Jane held my hand and expressed her deepest and most genuine, "thank you." Jane peacefully passed away in her home four days later. The last song I played for her was "*My Old Kentucky Home*."

After Jane's passing, John asked me to play one of her songs for her funeral service. I was honored to be able to support their family in that way. I offered one visit before the funeral so he and his family could choose which song they wanted me to play. John, Sue, and John's son and his fiancée were present. They chose "*Let Me Finish Well*" and "*My Old Kentucky Home*" for me to play at the funeral. It was during this visit that I offered John, Sue, and John's son a CD

that held recordings of all of the songs Jane and I wrote together. John described the music beautifully, saying, “the poems are like flower buds, and hearing them with the music is like the full blooming of the flowers.” Jane’s family said that having the recordings of the songs was worth more than any gift they could have received.

## **DISCUSSION AND CONCLUSION**

Over the course of 14 visits, Jane exhibited significant signs of improvement in quality of life and self-esteem. When I first began working with her, she was pleasant to talk to, but not eager to engage in the music making process. She appeared to enjoy listening to the music but did not want to play along as she did not want to “mess it up.” As our visits progressed, Jane became less hesitant to engage in active music making, to the point that she quickly accepted playing the harmonica for a video that would be seen by many people online. As our therapeutic rapport increased, Jane opened up to me by expressing her emotions surrounding the life she lived, and the end of her life. She became eager to engage in active music making by playing the harmonica or strumming the guitar, and she expressed a sense of humor, smiled, laughed, and presented with bright affect upon my arrival for visits. Jane’s breathing often appeared deeper and less labored after engaging in active music making and deep breathing, leading her to feel, in her words, “revived.”

John and Sue mentioned that Jane asked when I was returning for another music therapy visit almost every day. They also expressed their own gratitude, and when I gave them a CD of Jane’s songs, they said it was more meaningful than any gift they could have been given. John and Sue’s expression of gratitude, as well as Jane’s anticipation for music therapy visits, her engagement in conversation and active music making, and her observed breathing improvement lead me to conclude that music therapy was a vital part of her end of life care. Jane and her family have been a shining example of why I love my profession.