

Is Music Therapy an Essential Service? A Personal Reflection on the Significance of Music Therapy in Health Care during COVID-19

[La musicothérapie est-elle un service essentiel? Réflexion personnelle sur l'importance de la musicothérapie durant la pandémie de COVID-19]

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As a music therapist working with older adults, I frequently use music to support creative self-expression by creating original songs with individuals who want to leave a legacy for their family members (Clements-Cortes & Varvas Klinck, 2016), playing familiar music to evoke meaningful memories (Mercadal-Brotons, 2011; Särkämö et al., 2014), and using music to cultivate community in long-term care facilities (Cho, 2018; Davidson & Fedele, 2011). Like so many music therapists who have adapted their practice to meet COVID-19 safety protocols and support the well-being of clients during the pandemic (Pascoe & Clements-Cortes, 2021), I have used music to reduce fear, anxiety, and isolation for individuals living in long-term care who could not see their family or friends, have played “hallway concerts” in which individuals sang as a group from the safety of their rooms, and have played music at the bedside to comfort people who were dying without their family members beside them. During this time, I felt burnt out and scared, and questioned if music therapy should be considered an essential service when infection control was of top priority. It was not until a music therapist supported my grandfather at the end of his life in April of 2020 that I could see the value of this work from a new perspective. In this personal reflection on my work as a music therapist in long-term care during the pandemic, I explore how experiencing music therapy from the perspective of a family member changed my views on the essentiality of music therapy in health care, specifically during COVID-19.

Music therapy has been shown to be an essential ingredient in the well-being of individuals at end of life and of people living in long-term care and other health-care settings (Clements-Cortes, 2016; Mandel et al., 2019; Ray & Mittleman, 2017; Schmid et al., 2018). However, when the pandemic hit Canadian communities in March of 2020, many music therapists (including myself) questioned if their role would continue to be considered essential (Pascoe & Clements-Cortes, 2021). While some contract and private practice music therapy practitioners working in both health-care and community settings moved their practice to online platforms (Pascoe & Clements-Cortes, 2021), the Canadian government deemed all hospital and long-term care workers (including music therapists) essential (Public Safety Canada, 2021). As a music therapist working in long-term care during this time, I felt mixed emotions about this. While I was grateful to be working during a time when so many people had lost their jobs, I also felt scared and anxious, and wrestled with the concept of providing a non-life-saving service during a time when the main priority was keeping COVID-19 out of long-term care. I questioned if providing music and a space for people to express themselves creatively was more important than minimizing the

spread of COVID-19. I also worried about the risk of exposing a resident to the virus. Residents in other long-term care homes were dying in mass numbers, and I could not bear the thought of being a potential reason why a resident died.

About three weeks into the pandemic, I received a call that my grandfather was hospitalized for a stroke. Because of the COVID-19 restrictions at the hospital, I was unable to be with him. I remember sitting at my desk at work that day, head sunk towards the floor, crying. I dreaded going upstairs to the units to visit people who were being kept from their families while my grandfather was being kept from his own. In the last three weeks, I had witnessed the distress and sadness that residents were feeling as a result of being isolated from their families, and I knew that my grandfather would be feeling the same.

My grandfather was a Holocaust survivor who embodied resilience, strength, and courage, despite his parents and seven siblings being murdered in the concentration camps. In the early part of the war, he was shot in the posterior while escaping a train bound for a death camp. He was eventually caught and confined to a cell where he and many others were abused and tortured. He once told me that whichever person was found sleeping closest to the cell door would be killed in the middle of the night. After the war, he spent time in Israel and eventually made a life for himself in Toronto, Canada. He treasured the family he created in Canada and would often say to my sister and me, “You girls are my whole life. The apple of my tree.”

In the summer of 2019, I received a call saying that my grandfather had a stroke. I raced to the emergency room to find my grandfather in restraints with a blank look in his eyes. The doctor informed me that he was agitated and was “antagonizing” hospital staff. After being given antipsychotic medication, he calmed down enough so that the restraints could be removed. However, as the medication wore off, he became agitated again. This time I witnessed what happened when they tried to restrain him. He screamed in a way that has been forever etched into my memory. It was a scream that caused me to cry out for him.

The following day when I was sitting beside my grandfather in his hospital room, he apologized to me. He explained that hospitals made him feel like he was back in a concentration camp. He told me he loved me and that I was his “whole life.” When I received the call in April of 2020 that he had had another stroke, I immediately thought of him in those restraints. Later that day, I found out that the hospital had needed to restrain him again. Because of the COVID-19 restrictions at the time, I was not able to be with him. As a granddaughter who played a large role in the care of my grandfather, I was struck with an overwhelming feeling of helplessness. The image from the summer of 2019 kept replaying in my head as I was left wondering if he thought he was back in a concentration camp.

Over the next few weeks, my grandfather’s health continued to decline. He was no longer eating and was moved to the palliative care unit at the hospital. I happened to know the music therapist who worked on the palliative care unit—Christina Weldon—and emailed her to ask if she would be able to see my grandfather. Christina said that she would be happy to see him and asked me what his favourite songs were and if I would like to receive updates on sessions, provided that my grandfather gave consent. I felt a wave of relief wash over me. If I could not be

with my grandfather to give him comfort, at least someone could.

The next day, I received an email from Christina with an update from her first music therapy session with my grandfather: “Hi, Taylor. I just spent some time with your grandfather. I sang ‘My Way’ and spoke your name repeatedly. He appeared to relax his body as I sang, and his eyes remained open and engaged. I will help take good care of him for you and your family.”

I read this email many times over. The image of my grandfather from 2019 was replaced with one of him relaxed, listening to his favourite music, and hearing his granddaughter’s name. It was also the first time I felt appreciation for music therapy from the perspective of a family member. During this time, the only thing that helped my grandfather to relax was music. Having a person with him, singing the music that was important to him and speaking his granddaughter’s name, is what drew him away from feeling like he was in a concentration camp. Without Christina working with my grandfather, I would have lived with this previous image for the rest of my life.

Two days later, I got the call that my grandfather had died. When you cannot be with someone you love as they die, your mind wanders: Did they die in pain? Were they scared? Were they angry? I then received another email from Christina: “Hi, Taylor. My thoughts are with you and your family. I spent 30 minutes with your grandfather this morning. His breathing was heavy, but he seemed comfortable. He moved his arm up towards me a few times as I sang him his favourites.”

I now had a mental picture of how my grandfather died. He died comfortably, listening to his favourite music and reaching towards the person who was with him in his last hours. My grandfather did not die in restraints or feeling as though he was in a concentration camp. He died knowing that he was not alone. Music therapy was a fundamental ingredient in creating this safe and sacred space and was essential to his well-being at the end of his life. Perhaps just as poignant and important, this experience served as a re-awakening for me, both personally and professionally. Not only did it help me cope with my grandfather’s death by giving me a conduit to him—a way to be with him in spirit when I could not be there with him in person—it also transformed how I think about and value my work as a music therapist. I no longer questioned if it was ethical to provide music in long-term care during lockdown, because I realized that music is absolutely essential as a human connector during challenging times.

The story of Christina and my grandfather is just one example of how music therapists all over the country have dedicated themselves to the care and well-being of their clients during the pandemic. Over the past year and a half, music therapists have creatively imagined ways to foster a sense of community in health-care settings when isolation was the main priority. For example, Graylen Howard, a music therapist practising in British Columbia, played music outside in the courtyard of Eden Gardens, a long-term care home, so residents could enjoy music at a safe distance from one another (Jacobson, 2020). Miya Adout, director of Miya Music Therapy, provides virtual telehealth sessions for older adults living at home and in retirement homes in the GTA to help with isolation (Merali, 2020). When British Columbia went into its first lockdown, music therapist Brigit Giesser started a mobile music therapy service through their role with the Ridge Meadows Association for Community Living. Giesser held outdoor therapy sessions for

community members in a variety of outdoor community spaces (Flanagan, 2020). These are a few of what I know are countless examples of the creative and adaptive support that music therapists have offered and continue to offer in the midst of the challenges presented by the pandemic. The dedication to providing music during the pandemic from these music therapists and many others has brought comfort and joy when so much has been taken away. And while I have always believed strongly in the importance of music in people's lives, my experiences during the pandemic and especially with my grandfather in his last days illuminated for me why we do what we do. We provide a space for healing, hope, and comfort when this space might otherwise be impossible to find. It is because of this that music therapy played an essential role in health care prior to the pandemic and will continue to serve an essential role long after.

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