Music to Heal by

On January 8, 2011, a tragedy took place in Tucson, Arizona, while Congresswoman Gabrielle Giffords was holding her first Congress on Your Corner event of the new term. A troubled young man attended the event and fired his pistol at close range, aiming at Giffords. Six people were killed and 13 were wounded, including Congresswoman Giffords. The bullet went through the left hemisphere of her brain and left her in critical condition.

Since news of the tragedy broke, many questions have been raised and debated in political discourse. One of the issues that attracted media and public interest has been Giffords’ recovery. Ten months after the shooting, Giffords’ first interview was televised. In the interview, Congresswoman Giffords talked for the first time publicly about her painful recovery. To many viewers’ surprise, music was a prevailing theme, as it played a significant role in Giffords’ rehabilitation. People began to ask: What is music therapy? How does it work?

According to the American Music Therapy Association (n.d.), “Music Therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program” (para. 1). Different models of music therapy have emerged since its inception in the 1940s, for example: behavioral music therapy, cognitive-behavioral music therapy, Nordoff Robbins, the Bonny Method of Guided Imagery and Music, and Neurologic Music Therapy (NMT). Due to its neuroscience base and systematic, codified therapeutic techniques, NMT has gained popularity in the field of rehabilitation since its conception in the 1990s. The rhythmic chanting and tapping featured in Giffords’ rehabilitation footage was a modified form of Melodic Intonation Therapy, a rehabilitation technique most frequently used by neurologic music therapists and speech-language pathologists to treat Broca’s aphasia.

The gait training shown in the footage is referred to as Rhythmic Auditory Stimulation (RAS). This technique is based on the entrainment effect of rhythm that induces desired movement frequencies. RAS is also used in treatment for gait deficits caused by stroke, Parkinson’s disease, effects of aging, and other causes (Thaut, 2005).

Music is an element commonly embedded in our daily lives. It is used for different purposes every day. Mothers sing lullabies while putting babies to sleep, drivers play energetic songs to stay awake, and social event planners use music to create atmosphere for gatherings. Music seems so “natural” that one might overlook its impact. The story of Congresswoman Giffords’ recovery highlights how music can be used therapeutically. The aging process involves ongoing changes that can affect an individual’s functioning in various dimensions and spectrums. Given the inspiration of using music therapy in rehabilitation, how can we, as nurses, incorporate music to create an effective and innovative way for helping our care recipients manage their health as they age?

Research has demonstrated how music and music activities enhance cognitive function, promote psychological well-being, and facilitate physical activity. While research suggests that playing musical instruments is associated with higher cognitive development in children, scientific evidence also shows that musical training can delay cognitive decline related to the normal aging process through enhancing brain plasticity and preserving brain volume (Wan & Schlag, 2010). Just as being physically active is critical for maintaining function and mental fitness in older adults, music has been found to facilitate physical activity and improve mobility in this population. For example, Nakamura, Pereira, Papini, Nakamura, and Kokubun (2010) found that listening to preferred music during cycling exercise increased exercise duration and reduced the perception of discomfort caused by the exercise. Trombetti et al. (2011) suggested that music-based multitask training improved gait and balance in older adults. Moreover, psychological well-being is an important domain of healthy aging and is highly interrelated with physical and cognitive functions. Listening to preferred music has proven to be effective in improving depressed mood, inducing relaxation, and creating a healing environment for older adults (Chan,
As nurses, we have multiple opportunities to incorporate music into patient care. Perhaps we can suggest that older adults who are also music lovers learn a new song or learn to play a musical instrument in the hopes of maintaining brain sharpness. Maybe we can play music of an individual’s choice to facilitate physical exercise. Because a good mood is highly correlated with efficient cognitive and physical function (Mehta et al., 2007; Pasco et al., 2011; Potvin, Forget, Grenier, Préville, & Hudon, 2011), nurses may suggest older patients use music to improve mood. To maximize patient comfort and relaxation, nurses in acute care settings can ask patients with dementia and their families what kind of music the person enjoys. In a long-term care facility, we can use music to create a therapeutic environment for older adults by playing preferred music on a CD player or radio. If a musical instrument is being played live for older adults, it is important to remember that time together with patients is not just about enjoying the aesthetic of the music but also about having a shared experience and personal connection. Given that music is a universal “language,” it can be used to cross cultural barriers when caring for patients who speak a language different from the nurse.

Given its many therapeutic benefits, music is another effective tool nurses can offer to patients. Music to heal by; let’s give it a try!

REFERENCES

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