

A New Prescription: A Dose of Live Music for Hospital Patients

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FULL TEXT

By Sumathi Reddy

When Nancy Storino was at Northwestern Memorial Hospital for a week following a stroke, she didn't expect the best medicine to be the strains of a viola.

But over the course of several days the 72-year-old found herself listening to a violist play songs from her favorite artists. Sometimes she sang along. Other times she fell asleep.

"It was very soothing," says Ms. Storino, who is now back home in Lansing, Ill. "It helped with the pain, it relaxed me and put me to sleep. I really, really enjoyed it. It's very comforting for people when they're sick."

Ms. Storino is among 88 patients in a three-month pilot study in the inpatient neurology department at Northwestern. Participants were offered 30- to 40-minute live music sessions over FaceTime by a viola player. The goal of the preliminary study, which ends in late September, was to alleviate the stress and anxiety of a hospital stay, as well as pangs of isolation during the Covid-19 pandemic when there are more restrictions on visitors.

Research shows listening to music activates the regions of the brain used for social engagement. It also reduces anxiety, pain and feelings of loneliness, and elevates mood and energy levels. Pairing words with music can help stroke patients with speech. For Parkinson's patients, music can help with walking and balance. It has been shown to help reduce headaches and increase the threshold for seizures and it decreases agitation in dementia patients. Researchers say live music in hospitals is particularly effective because the musicians can adjust the tempo and volume -- or change the type of music played -- based on patients' reactions.

Karen Peterson is on the National Standards Board for Therapeutic Musicians, the accreditation organization for training programs which certify therapeutic musicians who play music in hospitals, nursing homes and other medical settings around the world. Hundreds of health care facilities use live therapeutic music, she says, including Children's National Hospital in Washington, Kaiser Permanente facilities in California and Baylor University Medical Center in Dallas.

There is a distinction between music therapy and live therapeutic musicians, she says. Music therapists actively engage patients with a specific purpose or goal, whereas therapeutic musicians play music that the patients receive passively. "We are choosing music that's going to create a healing environment to alleviate whatever kind of physical, emotional and mental concerns that might be happening," she says. "Since that patient doesn't have to interact with us, we can provide therapeutic music for patients who are not responsive, who are in labor, or who are actively dying."

Improvisation works well in situations where the patient isn't responsive and the musician wants to avoid playing music that may trigger a bad memory, Ms. Peterson says. High notes can stimulate the brain so are avoided for patients with brain injuries. Dementia patients have strong positive reactions to songs from their youth.

The main benefit, she says, is that music can stabilize vital signs and reduce stress and anxiety. "From a physical standpoint if you are not in pain, not in stress, not anxious, and your vital signs are stabilized, then all of the other therapies can work better in your body," she says.

The Northwestern study was developed by Borna Bonakdarpour, an assistant professor of neurology at Northwestern University Feinberg School of Medicine, and Clara Takarabe, who has been a substitute violist in the Chicago Symphony Orchestra for more than 20 years. Dr. Bonakdarpour, a classically trained pianist, knew Ms. Takarabe from musical performances and collaborations.

Every day, about three patients – being treated for brain tumors, strokes, seizures or other conditions – hear the live music through an iPad. Beforehand, participants answer a music questionnaire to give Ms. Takarabe an idea of their preferences.

Ms. Takarabe selects seven or eight pieces to play, depending on a patient's tastes as well as medical information on the patient. Often it is a mix of songs familiar to the patient and improvisatory music.

Improvisatory, calming music is played for patients who feel anxious. "It's not necessarily all melodic, it could sound like ambient sound," says Dr. Bonakdarpour. Research shows improvisatory music can lower blood pressure and heart rates and slow down breathing. Patients who are cognitively impaired often will be played music from their past, as that engages long-term memory.

Patients complete a survey after the music sessions, Dr. Bonakdarpour says, to see how they liked it. The researchers aren't yet collecting objective data, but if patients like the music they hope to do a larger clinical study involving brain imaging and other data.

Ms. Takarabe says she has had poignant and startling experiences playing for patients. One patient who couldn't speak did a Flamenco-style dance with her arms. A man who had survived a stroke said the music made him feel like a child again. A woman who had had a stroke wept during a song by the jazz musician John Coltrane.

For hospice patients or individuals in great pain, Ms. Takarabe usually opts for improvisation punctuated by silence. "It helps to calm the brain down," she says. For epilepsy patients, she often plays 20 minutes of songs and then improvises for 20 minutes to help them fall asleep.

She remembers Ms. Storino joining in on songs performed by Andrea Bocelli or Celine Dion. "I remember playing 'Don't Cry for Me Argentina' from 'Evita' for her," Ms. Takarabe says, "and she was just singing along and so happy."

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