

Midlife Musical Musings

Music Therapy and Hospice



Miriam Hendeles

As a music therapist, I am often approached as follows:

"So...what exactly is music therapy? And what do you do as a music therapist?" someone asks me.

"Well, I work with hospice patients in various facilities and private homes," I tell them.

"Wow. That's amazing. These are people who are dying?" they may ask.

"They have been diagnosed with a terminal illness or meet other criteria to be eligible for hospice."

"So wait - what do you do with them?" They want to know.

"It depends on what the specific patient's goals are. Goals range from relaxation to grieving to communication to reminiscence. I design activities and techniques, using songs from their past to elicit responses."

And then "it" comes - The Big Question.

"Wow. But, really, uh, isn't that depressing?" So? Is it depressing?

I hear these questions all the time. Once people hear that I'm a music therapist, they have a variety of questions for me, most notably, "What in the world is music therapy? Is that like when I'm nervous and I turn on some relaxing Mozart in the car?" (Actually, nope - that's not what it is...)

So usually, I give them a brief explanation about music therapy, or I refer them to an article about the populations that music therapists work with, or I set up a lengthy meeting with them, perhaps in the form of an interview about music therapy. Either one of those strategies satisfies the questioner's curiosity.

But, everyone who hears about "hospice" wants to know how in the world one has the stamina or energy to survive an occupation that deals with people who are at the end of life - with people who are dying. How does one face people each day who are at the end of life? How does one reconcile a stage that is feared by many - a period of time worthy of being labeled "depressing?"

Now, there is nothing wrong with curiosity. In fact, I often question my mathematician husband's work with numbers (Isn't it boring?) and my sister's artistic abilities (Isn't it terribly difficult?) All that is normal and expected. But there is something about the word "depressing" alongside music therapy that causes me to reel in defensiveness when questioned. I certainly don't come home from work every day feeling sad. I actually feel greatly rewarded by my work.

So, rather than respond with a yes or no answer, my instinct is to convey the reality - to educate the one querying. Yet,

when I respond to sincere questions, I tend to stumble and produce a lame answer:

"The families are in acceptance mode. They are being told what to expect, and so it is not depressing, but rewarding."

I ramble into some irrelevant explanation about how the families have come to terms with their loved one's situation and are moving forward to help find comfort measures. I discuss the family's perspective -- as if that has anything to do with the mood or state of being I, the therapist, am in - or not.


I defend the label "depressing" as if it is some bad word to be immediately replaced by something more positive or good: Rewarding? Important? Good? Nice?

After several encounters with this dialogue and my pat answers to the curious questioners, I talk to my supervisor. She provides me with some profound insights. She reveals to me that she has also been the recipient of the same questions!

Depressing or Rewarding? That is the Question

According to Webster's dictionary, depressing is defined as a lowering of spirits. Is hospice depressing? Is the care provided for patients at the end of life depressing? I think not. Depression brings us down. And death - ultimately - is part of the cycle of life - life moves forward.

No. Death is not depressing. Is it sad? Absolutely. Is death a part of life? Yes. Is death something we fear? Maybe. Is death something we grieve? Of course. Are Death and hospice sad sometimes? Yes. Sadness (defined as unhappiness, grief, mournful) is something we all experience when working with our patients.

When one is sensitized to and aware of the needs of those in hospice, one can actually feel more joyous to be alive and appreciative of life. Being a part of a hospice team can be called a joyful experience because we are given opportunities to bring comfort and stability to families and patients during tense times. G-d is the Ultimate Comforter. If we can facilitate that comfort through calming and soothing harp music, then that is truly a joyful - not depressing - experience. 

Miriam Hendeles, MT-BC, is a music therapist for hospice patients and a writer for B'nai Magazine and other publications. She's the author of "Mazel Tov! It's a Baby!" and "Best Foot Forward." She's a member of a recently launched website for frum women in midlife, www.jewishwomenofwisdom.org, where frum midlife women connect, communicate, and grow through online and virtual interaction. Miriam keeps busy with her various hobbies and skills, like piano, harp, art, and more recently, physical therapy. She considers this midlife time of life a very exciting period full of lots of growth potential.