

The Use of Music, Reiki and Empathy in the Palliative Care of “Estelle”

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This editorial summary comprises material presented by the author to the “Empathink” Workshop, 3/6/06.

Estelle’s details are altered to preserve privacy.

This vivacious and outgoing 70-year-old led a courageous, extraordinary life. Financial constraints ended dreams of attending University; instead, Estelle trained as a nurse and married a doctor, becoming involved in his small general practice. The family moved from the country to Melbourne for the education of their children.

After her husband’s death and with children grown-up, Estelle earned a BA with distinction. A natural teacher, she shared her broad knowledge of the arts in weekly classes held in her home. She travelled widely, volunteered in many community activities and helped educate her grandchildren and their friends.

I met Estelle before the onset of her rare, debilitating, fatal neurological illness. After her diagnosis, aware of my Reiki Practice and my interest in music as therapy, she requested my help.

We had four and a half years of treatment with Reiki, empathy, and GIM. This therapeutic combination aimed to relieve Estelle’s physical pain and psychological distress and to facilitate her sense of autonomy as much as possible in an increasingly impersonal and managed medical setting.

Our work, in two stages, spanned 80 sessions.

Stage One included initial assessment followed by two and a half years of 25 intermittent home visits comprising empathic listening, Reiki, and GIM sessions. Estelle retained mobility.

Sessions focussed on alleviating Estelle’s distress, affirming her autonomy and encouraging her grieving for many past and present deep personal losses. There also was distress at having to care for her chronically ill sister in her own home; they remained incompatible because of constant denigration of Estelle right through to her sister’s sudden death 12 months before her own.

Estelle’s first session was GIM using Helen Bonny’s “Quiet” music program: she found herself in a familiar, cherished French setting. Upon entering a church she experienced the light of God. Memories of friends present and departed induced her to probe her own uncertain future. She keenly felt her inability to share her condition with friends. When the music changed, Estelle spoke of coping with her emotions by consciously “blocking them out”. She didn’t want to die, but also did not want to burden her children. Then she visited many of her experiences of grief. The next music change brought enjoyment of “being busy” and pride in her many achievements, leading to current grief at her loss of “fire”, altered perspective, and disappointment regarding reduced energy, despite ongoing efforts to “participate”. A

further music change allowed Estelle to explore her personal philosophy as a spiritual person and feel the strength this brings. Love and joy—of family, friends, fellow man, and nature are fundamental. She is in a quiet place with a sense of home and freedom and the knowing that comes with age.

The second session was silent Reiki, which relieved her physical pain. This was a great change from her usual continual conversation and anxiety. We continued Reiki sessions, thus providing her with quiet healing space for herself separate from the conflicted situation with her sister.

During this gradual deterioration period, Estelle remained at home and maintained much of her independence. Rehabilitation and psychotherapy sessions continued, and she financed various home-helpers with whom she interacted well. Friends took her on various outings. Our relationship was close and empathic.

Stage Two began with the death of her sister; her rapidly increasing deterioration necessitated my more frequent home visits, soon weekly. These, along with higher levels of home care, were maintained for another eight months, and then Estelle's condition required her to be hospitalized, a bitter blow for a determined woman who loved her home, her books and above all, her independence.

Sessions now focused more intensely on her autonomy while her need to be seen as a person in her own right increased with decreasing functioning. Along with Reiki, brief GIM was reintroduced to facilitate her focus and resolve many issues before her death, including her grief at her sister's death and other major losses. Mood swings became frequent as her distress escalated.

Estelle's first, brief hospitalisation was because of exhaustion and "depression" for which she was medicated. But, despite the good levels of care, she felt infantilized by staff, retaliating by discontinuing medication upon her discharge. Furious and extremely distressed when her family ordered a stay in a Respite Care facility, she went there then demonstrated her independence by returning home. She accepted closer monitoring and more home help. Her doctor was unhelpful about rehabilitation, therefore she organized this until sessions proved too tiring, as was the wrangling with some family members over her needs and decisions. Consequently, as she weakened physically, mood changes were more frequent, as were panic and obsessive thoughts.

Reiki calmed her emotions, thus facilitating conversations about time and energy management. Reiki also facilitated her ability to focus upon the music and imagery and was combined with GIM with 10 minutes of music; Massenet's "Scenes Alsaciennes—Sous les Tilleuls" and Canteloube's "Brezairola", selected to align with her love of France. Childhood memories of loving support from grandparents from "before all the do's and don'ts" were evoked. Upon entering a beautiful garden setting (Monet) she felt loose and drained of all tension and expressed her desire to continue this type of therapy.

Reiki with GIM remained the main therapeutic mode along with empathy, and these continued to alleviate all aspects of her distress. She contacted people from her past,

and structured her day with telephone calls, exercise and reading, despite her increasing disability and anguish.

The Adagio from Mozart's Clarinet Concerto became Estelle's mainstay for eight final palliative therapy sessions, and, with a Reiki induction, was instrumental in pain relief as she enjoyed a special spiritual place. She heard the words "everything will be alright" and became serene. She always recognized this music that facilitated access to memory when other parts of her brain no longer functioned.

When Estelle's pain became unmanageable even with her GP's daily visits, she was hospitalized, and this crisis forced her to surrender much of her autonomy. Bouts of paranoia, delusional thinking and aggressive outbursts became behavioural norms. Her medication frequently was changed without her input. She felt she was being treated as though she were absent. There were lapses of empathy from staff and family despite the high level of care. She grieved for the loss of her home, her beloved books, and her control over her bodily functions, thereby adding an intensification of longstanding shame to the desperate mix. 'Small' events, especially those that caused her to think that she "didn't count", triggered huge hurt and rage.

Mirroring her anguish was vital, as was validating her as a person with legitimate needs and rights. Encouraged, she shared her most distressing feelings with two trusted staff members in my presence.

The Reiki sessions, generally accompanied by 'her' Mozart, induced ability to think rationally and work through many issues. Empathic response to her distress eliminated delusions and rage states. Staff encouraged Estelle to be involved in her interests, and gave her hand and foot massage, reinforcing her value as a person.

The palliative phase began when it was time to prepare Estelle for dying. I compiled a tape of her favourite classical music, regularly played for her by staff and family. Reiki/relaxation sessions were interspersed or combined with eight brief GIM sessions using 'her' Mozart Adagio. During the first of these music sessions Estelle had "a profound celestial experience", detaching from her body and pain, instead feeling release, calm, and freedom from her acknowledged explosion point of resentment, frustration and anger.

Ensuing sessions evoked tears, insights into repressed traumas and her present situation, then movement into reconciliation with and acceptance of these. The Mozart continued to move her in many ways and filled her with gratitude and wonder as she stayed peacefully within her music.

Our final session came after some months' hiatus caused by my CFS illness. Estelle showed considerable deterioration, confided she was ready for death; not afraid, just tired and sad. The music evoked the color blue, creating a tranquil space. Surrounded by her loved family, Estelle died peacefully a few weeks later.

Summary

This account describes my privileged therapeutic journey with a remarkable, gifted, courageous lady as she battled to remain whole whilst coping with a devastating fatal illness. Importantly, lapses in empathic attunement led to Estelle's extreme distressed

states, diagnosed as psychotic episodes and medicated, but actually consequent upon non-validation of her perceived experience. During our sessions, once Estelle calmed during empathy, validation, therapeutic touch and the nourishment of a narrow and effective selection of music, she became sufficiently rational to process many of her personal issues as she progressed towards a serene death.

Margaret Lee, MIAA, Australia, trained as a Registered Nurse in the late 1960s, subsequently working in Emergency Care, Palliative Care and Pediatrics. Worked in these capacities and as an assistant in the Music Therapy Department for 20 years in Bethlehem Hospital, near Melbourne. Completed the Bereavement Support Education Course at Bethlehem Hospital, and then for four years was a Volunteer Telephone Counselor for “Griefline”, and also held other related administrative positions.

Spent two years as a Weekend Nursing Supervisor at Rothesay Hostel for the Elderly in Melbourne, and five years as a Support Telephone Counselor for the ME/CFS (Myalgic Encephalitis/Chronic Fatigue Syndrome) Society of Victoria.

In 1995 received the Diploma in Adult Psychotherapy from the Australian and New Zealand Association of Psychotherapy (ANZAP) and currently is a member of this society.

In 2004 completed a certificate course in Guided Imagery and Music, Melbourne, and pursued further study in GIM in 2007.

Currently has a small GIM practice, and runs small, time-limited M&I groups for University of the Third Age (U3A) in Melbourne.

Margaret is secretary of MIAA and edits the MIAA Newsletter “Travelling Notes” and also coordinates a group of GIM students and graduates in online discussions of M&I experiences to specified music programs. She is Secretary of “Empathink” and helps to run an annual Conference in Self Psychology.

