THE WINSTON CHURCHILL MEMORIAL TRUST OF AUSTRALIA

Fellowship Report

Christian Heim

2000 Fellow

To study music therapy in hospital settings in Europe

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Executive Summary - Programme - Main Contacts - Pre-fellowship Aims - Lessons Learned - Dissemination of Information - Recommendations - Further Investigation - Acknowledgements.

This is the final report of my Fellowship **'Music Therapy in Hospital Settings'** which was undertaken beginning Sept. 19, 2000. I would like to thank the Winston Churchill Memorial Trust for its support and financial assistance in this valuable opportunity.

Executive Summary

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Christian Heim, 40, has been a lecturer in music at the universities of Wollongong and Newcastle. He has recently completed his Bachelor of Medicine and begins his internship at Wollongong District Hospital in January, 2001. He has completed a PhD in music and has recently released a CD entitled *Prayer Dances.*

This Fellowship investigated the used of music therapy in hospital settings in Europe. Particularly helpful people included Mr Nigel Hartley, of the Nordoff-Robbins Music Therapy Centre, London and Sir Michael Sobell House, The Churchill Hospital, Oxford; Mr Peter Hoffman, music therapist at the University of Witten-Herdecke; Dr Beate Springer, psychiatrist at the Filderklinik, Stuttgart; Ms Guilia Cremaschi, president of the Italian Federation of Music Therapists, Bergamo; Dr Jennifer Josephson of the Goetheanum, Switzerland; and Dr Michael Rissmann, psychiatrist and Mr Christian Ritsch, music therapist, of the Friedrich Husemann Klinik, Buchenbach, Germany.

I witnessed a number of music therapy approaches and found that music therapists in Europe faced the same barriers to acceptance of their work as do music therapists in Australia: lack of quantitative evidence, an often-perceived unsympathetic medical industry and a lack of funding. I learned that, in providing evidence, an emphasis on qualitative rather than quantitative research is helpful.

I observed hospital environments that were 'patient friendly'. These hospitals had a specific philosophy as its basis with a management particularly committed to patient-friendly ideals. I found that there is a cultural element to the use of art therapies and the shaping of the hospital environment. The therapeutic possibilities of music are not well known and the opportunity I had to experience first-hand these therapies remains a veritable treasure. I was also able to locate research into cancer healing using light and music as adjuvants.

I plan to disseminate this information through, conferences, discussions with music therapists and doctors working in palliative care, paediatric clinics, psychiatric settings and medical faculties. Further opportunities will present themselves as I enter the medical industry as a professional. This Fellowship has helped me focus on the care of the whole person in a hospital setting.

Programme

My fellowship programme remained essentially consistent from the time of application to the time of completion. It did, however, undergo a number of fruitful changes. At first I was to spent two weeks in Herdecke, Germany and two weeks in Assisi, Italy. By the time I was ready to fly, research I had undertaken led me to refine the programme. I found a conference on the use of art therapies in palliative care in Oxford and was made aware of exciting relevant research being carried out in Southern Germany. My actual programme became London/Oxford – Herdecke – Stuttgart – Northern Italy – Dornach, Switzerland – Buchenbach, Germany. I found that by visiting more centres I was able to obtain a broader view of the current use of art therapies, particularly music therapy, in hospital settings in Europe. I omitted going to Assisi as the music therapy course I had planned to visit only operated during a few weeks in June. I did, however, manage to contact the coordinator of the course whilst in Northern Italy. I found that people were particularly helpful in referring me to clinics doing similar or even more adventurous work in the field of music therapy in hospital settings and I was very happy to have been able to be flexible during my time in Europe.

Main Contacts

London: Mr Nigel Hartley, music therapist, Nordoff-Robbins Music Therapy Centre; Prof. Sara Hoskyns, Head, Studies in Music Therapy, Guild Hall School of Music.
Oxford: Members of Sir Michael Sobell House, The Churchill Hospital.
Herdecke: Ms Barbara Von Der Howen, music therapist, and Dr Michael Kuhte, neurologist, Herdecke Community Hospital; Mr Peter Hoffman, music therapy, University of Witten-Herdecke.
Stuttgart: Mr David Stewart, eurhythmy, and Dr Beate Springer, psychiatry, Filderklinik, Filderstadt.
Northern Italy: Ms Guilia Cremaschi, president of the Italian Federation of Music Therapists, and Ms Angela Cremaschi, neuro-linguistic programming, Bergamo; Dr Pier Luigi Postacchini, psychiatry, Bologna; Ms Roberta Alverti and Francesca, music therapists, Milano District Hospital and Lecco.
Dornach (CH): Dr Jennifer Josephson, Goetheanum; Lukasklinik, Ita Wegmanklinik.
Buchenbach: Dr Michael Rissmann, psychiatry, Mr Christian and Frau Ritsch and Ms Viola Heckel, music therapists, Friedrich Husemann Klinik.

Pre-Fellowship Aims

My aims before the commencement of my fellowship were as follows.

1. I aimed to investigate how music therapy was being carried out in hospital settings in Germany and Italy. I reasoned that information regarding work carried out in English-speaking countries such as Great Britain or the USA would be readily available in Australia. My aim was to go beyond the barrier of language.

2. I wished to see hospital environments that were ‘patient-friendly’ and focussed on the more humane aspects of patient care. This would include the use of art-therapies such as music. Using my expertise in music as a springboard, I wished to investigate the whole issue of art therapies and hospital environments. My aim is, in the future, to become an advocate for the use of art therapies such as music, and for the development of more patient-friendly hospital environments, when evidence validates such measures.

3. I had heard of research being carried out in Europe in which music and light were being used to promote the healing of cancers. I aimed to locate this work.

4. I wished to speak with people about the barriers to communication between doctors and music therapists. As I have a strong background in music and as I am now commencing work as a doctor of medicine, I believe that I would be well positioned to help build a bridge of communication between people whose approach and language may be very different.

5. I aimed to make contact with people who were like-minded in investigating the use of music and other art therapies, and in the development of more patient-friendly hospital environments.

Lessons Learned

1. Music therapy is very helpful in many contexts including general hospital settings, palliative care, children with disabilities and in psychiatry. I witnessed a number of approaches – Nordoff-Robbins, the anthroposophical approach and a method which incorporated neuro-linguistic programming. Each method has its own aims and objectives but ultimately each is tailored to suit the individual patient.

2. Music therapists in Europe faced the same barriers to acceptance of their work as do music therapists in Australia: lack of quantitative evidence, an often-perceived unsympathetic medical industry and the perennial problem of a lack of funding. In Italy, for example, music therapy is not yet recognised as an acceptable occupation.

3. In providing evidence of the effectiveness of music therapy and other art therapies, an emphasis on qualitative rather than quantitative research methods is preferable. The medical industry is fast acknowledging the utility of qualitative approaches. At the University of Witten-Herdecke, qualitative research is a point of focus with clinical psychologist and music therapist Prof. David Aldridge being chair of qualitative research there.

4. Aside from sitting in of a number of music therapy sessions, I was able to observe and take part in healing eurhythmy, art therapy, sing therapy, work therapy sculpture therapy and therapy involving poetry. This gave me a broad appreciation of art therapies. Each has its own particular merit and application.

5. Complimentary and allied therapies can be successfully combined with conventional approaches. At the Friedrich Husemann Klinik in Buchenbach, I was privileged to be able to join a team of doctors in their ward rounds, patient interviews and therapeutic meetings. This enabled me to see the combined utility of art therapies, alternative remedies together with conventional western medication. This was in the context of psychiatric patients and their individual needs. Evidence validating these approaches is becoming available.

6. Hospital environments can be designed to be more patient-friendly. This is a worthwhile objective simply from an aesthetic and humanity perspective. The impact of such modifications on outcomes in patient care is very difficult to measure. This underlines the importance of a qualitative approach. The many conversations I had with patients who had experienced both conventional hospital care and a patient-friendly environment such as in Herdecke, the Filderklinik or the Friedrich Husemann Klinik, attest to the importance of such measures. Some of these measures, such as architectural design, the inclusion of much space, a nature-rich setting and a layout which de-emphasises the clinical aspects of the hospital environment, would need to be thought about at the establishing of a hospital. They would be very costly. Other measures, such as the presence and exhibition of artworks, the holding of music concerts, décor coordination, and refined attitudes towards staff/patient relationships, could be implemented cost-effectively. Extensive use of art, music and clown therapists and so forth, would always be subject to funding restrictions.

7. I found that hospitals set up with a patient-friendly focus often have a specific cultural or religious organisation as its basis with a management particularly committed to patient-friendly ideals. As a rule, a committee exists to increase the funding base of the facility. Each hospital that I visited also qualified for government funding and registration.

8. There is a cultural element to the use of art therapies such as music and the shaping of the hospital environment. Oxford, for example, has a long-standing community tradition of extensive volunteer work. Without this, the hospice at the Churchill Hospital could not survive. The art therapies used in the hospitals I visited in Germany grow out of a cultural heritage that includes a focus on music, poetry and sculpture. In Buchenbach, for example, “work therapies” such as woodcarving, cooking and farm work are employed. These could be seen to grow out of the cultural traditions of the area. Dr Josephson of the Goetheanum in Switzerland explained the importance of this cultural aspect of health care. She suggested that it was quite natural for hospitals in Australia to recognise the utility of physiotherapy and hydrotherapy over, say, music therapy, as the Australian culture has a leaning towards sporting and physical activities rather than towards the fine arts.

9. The implementation of music therapy or the modification of the hospital environment was more often than not to be the result of efforts by a few highly motivated individuals. A poignant example is the establishment of the University of Witten-Herdecke. This, the only private university in Germany, was set up by a small group of doctors working at Herdecke Community Hospital. They reasoned that the only real way to impact upon doctor attitudes and the practise of medicine was to establish a medical school based upon special principles. The result is a successful university with only one faculty, of medicine and dentistry.

10. Bridges of communication need to be built between music therapists and doctors and a common language needs to be found. During the Fellowship, I was told that the medical industry is by and largely ignorant concerning the therapeutic possibilities of music and other art therapies. The opportunity I had to experience first-hand these therapies and their possibilities was invaluable to me as a doctor and to the cause of supporters of art therapies.

11. I was able to locate the research into cancer healing with light and music – in Dornach, Switzerland. Specific light and music frequencies based upon anthroposophical insights are used as adjuvants in the healing of cancers. Initial results are promising.

Dissemination of Information.

I am now a member of the Music Therapy Association of Australia. Through this organisation I hope to establish contact with music therapists for whom I could become an advocate. At conferences I will be able to share insights I have gained through the Fellowship. I will not become a music therapist myself, but, as a member of the medical industry, I can be a valuable point of contact.

I am already acquainted with directors and workers in palliative care hospices, paediatric clinics, psychiatric settings and medical faculties. I will meet with a number of these people to discuss findings and possible utilisation of music therapies and perhaps even touch upon the subject of manipulation of the hospital environment.

I will endeavour to build on the media coverage my Fellowship has already gained. Through radio interviews and newspaper articles I hope to help bring to the public more of an awareness of music therapy and general change in the health system.

My focus has broadened from music therapy to include considering the whole hospital environment. My area of expertise will remain music. Change in the hospital environment and investigating the use of music and other therapies will be a career issue for me. As I gain in years of clinical experience, so the possibility for implementing change based on evidence will grow. Next year I begin work at Wollongong District Hospital and I trust that opportunities will arise.

Recommendations

Further to recommending that music and other therapies be employed in hospital settings and that hospital environments be modified to become more patient-friendly, I feel that qualitative approaches to researching issues of patient care should continue to gain importance. It is increasingly important that change be based on evidence where possible. I also feel that, in general, the more humane aspects of the hospital experience need to be dealt with more effectively. I believe this could be achieved cost-effectively. The hospital environment includes the working conditions of doctors and nurses. Their satisfaction will lead to better care of patients. We live in an achieve-more-for-less environment of economic rationalism and return maximisation. This is unfortunate enough in the commodities sector, but when the philosophy is extended to include public health and service industries dealing with people in fragile states the situation becomes very sad indeed. This Fellowship has helped me focus on the care of the whole person and emotional, spiritual and even intellectual needs as part of healing in a hospital setting.

I also recommend that, in this highly specialised world, avenues be found to increase communication among seemingly disparate disciplines. To some extent, this need is being fulfilled through conferences and stipends such as the Churchill Fellowships. My concern is that people like myself will be consumed by the need to focus on their chosen specialisation and have little time to devote to the building of communication links. I further recommend that avenues be found whereby people in management,

be it in the private or public sectors, can be encouraged to foster experimentation and the aforementioned communication links even more. Returns in the short-term may be scant, but long-term benefits are potentially enormous.

Further Investigation

As expected, the information gained through the Fellowship has opened the way for more investigation to be carried out while implementing the findings. I need to become more acquainted with the underlying philosophies of Nordoff-Robbins and the anthroposophical approach to medicine. To broaden my horizons I would eventually like to visit Patch Adams' Gesundheit Clinic in the USA. The search for evidence of the effectiveness of art and other therapies will be an ongoing concern. As I grow in my chosen field of medicine, I believe that the area of qualitative research will become a priority for me and that I am at the beginning of a long, worthwhile endeavour.

Acknowledgments

I would like to thank the Winston Churchill Memorial Trust for its existence and continued support of people like myself who wish to make a difference in Australia through the gathering of information overseas. The value of this opportunity cannot be overstated. I would also like to thank Prof. Geoff Cutfield of the John Hunter Hospital, Newcastle and Prof. Robert Constable, Dean of the Faculty of Music, University of Newcastle for their continued support of the medical and musical aspects of my career. I wish to thank my wife and children for their understanding, love, support and companionship during this very intense period. Most importantly, I wish to thank our Creator, from whom all good things come.