

## The Case

The following case study presents Maria, with whom I worked from December 2009 until March 2010 and with whom I created a very strong therapeutic relationship and whose eventual death affected me deeply. Music was one of her biggest loves and it played a significant role not only as a means of comfort but also as a way to address issues of the past, connecting with her beloved ones and processing death. In this section I will also talk about the feelings/processes of identification, transference and counter transference that came up during our time together.

Maria was a 32-year-old single patient who came from Eastern Europe/Georgia and who had a history of Chronic Myeloid Leukemia, initially diagnosed in 2005. Up until 2008 she had been receiving different types of chemotherapy. In 2009 a matched unrelated donor was found and she had a bone marrow transplant in December of 2009. Unfortunately, her post transplant course was complicated and she started experiencing side effects from the treatment such as vaginal bleeding and nausea.

### *First session*

When I first met Maria, a few days before Christmas, she was in ICU having developed symptoms of lethargy, hypotension and tachycardia. During our first session Maria was in bed, febrile, vomiting and in terrible pain. Her body was swollen and her skin had this strange, almost grey color. Regardless of her bad condition it was clear that she was a tall, beautiful woman and after speaking with her, it was also clear that she was highly intelligent. Despite her terrible condition, she was willing to have music therapy. When I asked her what kind of music she preferred, she stated that she loved listening to

music and that she liked all kinds. It was striking to me right from the beginning that in spite of her pain and discomfort, Maria always translated from English to her native language for her mother who had come from Georgia to New York to be with Maria when her condition worsened. I still remember her mother sitting in the corner of the ICU room: she was teary, and wore black.

I usually carried a keyboard with me at the hospital to accompany my singing and since Maria had been dealing with a lot of pain and discomfort, I decided to offer some relaxation music at the beginning of our session. I chose a very soft sound in the keyboard called “crystal” and started playing arpeggios using a simple chord progression (I-IV-V). Over that, I vocalized with “a” in a *pp* dynamic, sustaining my voice till the end of my breath. Soon Maria’s breath became calmer and she said that she felt “soothed” (personal communication, December 12, 2009). During this first session she showed great interest in my Greek origin and my studies in Opera. She asked for a Greek song so I sang one by Manos Hadjidakis called “Ximeroni” (Dawning). The translation is as follows:

The cloud brought rain  
and we are left alone  
the rain became hail  
it’s ok, it’s ok... (Goufas, Hadjidakis, 1961)

The only thing I mentioned to her about the song was the title. When I finished singing Maria said that it was beautiful. Her mother agreed and smiled. We finished the session by saying that I would visit her soon.

*Discussion*

According to Diane Austin (2008), when the therapist offers a song to the patient, he/she makes a daring intervention since he/she has to make a quick choice and risks not matching the patient's state. Patients asking for songs might be testing the therapist to see if he/she can "accurately perceive them" (p.189). Given that Maria was in isolation, listening to a Greek song was an opportunity to have a new musical experience. I also believe that this choice created a safety net for both of us: since it was our first session and we did not know each other well, I sang in an unfamiliar language and purposely did not translate the lyrics. I believe that this conscious choice of not translating and also singing *pp* created a soothing music carpet for her that did not necessarily push her to go deep into her emotions or feelings. Nevertheless, even without Maria understanding the lyrics, I felt the song matched her condition and I could tell both from her reaction and her mother's reaction that I had made the right choice.

### *Personal Reactions*

From the first moment we started talking, I could tell that Maria was a very special person. She had a genuine kindness and she seemed to have an advanced education. I also sensed that we had a lot in common. Interestingly, Maria's mother reminded me of some Greek women living in villages who always wear black clothes- the traditional color of mourning-. I cannot deny that watching both Maria and her mother suffering was hard and I made an extra effort to stay focused and try to observe/feel what the patient's needs were. At times, I found myself needing to take deep breaths in order to stay grounded. When I left her room I remember that it took me a while to return to my own, natural rhythm.