
The Sound of Spiritual Care: Music Interventions in a Palliative Care Setting

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The article describes how music has been integrated into spiritual and supportive care for palliative care patients at Brantford General Hospital (Ontario). Numerous case examples illustrate how a song or piece of music can play a vital role in the spiritual dimension of end of life care. The article expands the concept of the "living human document" by positing that a life story has an accompanying soundtrack: a musical memory and sensorial attunement that can be energized when music is offered at the bedside. The writers suggest that music provides an alternate spiritual language for patients whether or not they have a religious affiliation.

*The power of music to integrate and cure is quite fundamental.
It is the profoundest nonchemical medication.*

Oliver Sacks, "Awakenings" (1980)

*The hills are alive with the sound of music
With songs they have sung for a thousand years
The hills fill my heart with the sound of music
My heart wants to sing every song it hears.*

Maria, in The Sound of Music (Rogers & Hammerstein, 1960)

For many, music awakens the soul. It opens pathways that mystically connect mind, body, heart and spirit. Music endows solitude with sonic grace; it energizes relationships with symphonic light. Moreover, these near-universal qualities are heightened in an end-of-life context. In palliative care settings we have seen music's transformative effects in countless situations. This paper describes how music has been utilized in palliative care in the Brant Community Healthcare System, Brantford General Hospital site. The paper also reflects theologically on the meaning of music in spiritual care. We do not aspire to offer music therapy, a registered profession, but we integrate music into spiritual and supportive care interventions.

In the spirit of the topic, the musical scale as taught by Maria in *The Sound of Music* provides the structure of the essay.

*Doe, a deer, a female deer
Ray, a drop of golden sun
Me, a name I call myself
Far, a long long way to run
Sew, a needle pulling thread
La, a note to follow sew
Tea, a drink with jam and bread
That will bring us back to do...oh oh oh
Do re mi fa so la ti do, so do*

Doe, a deer: Beginning to Sing

When Maria teaches the children to sing, she sings:

Let's start at the very beginning

A very good place to start

When you read you begin with A-B-C

When you sing you begin with do-re-mi.

(Rogers & Hammerstein, 1960)

Do-re-mi-fa-so-la-ti-do, the musical scale, is the basis of melody. "Do" is the *tonic*, the foundation note to which the melody continually returns. In spiritual care the concept of the "Living Human Document" is like the musical scale – the frame of reference to which the spiritual caregiver continually returns. Anton Boisen, the father of the Clinical Pastoral Education movement, proposed the idea that even as a written, sacred text has themes of sin and grace, catastrophe and hope, so also a human life contains these themes and should be attentively "read" in pastoral conversation. Close attention to a person's unique story is the essential theme of care relationships. Caregivers and patients improvise infinite variations on this theme.

What if we combine music with the concept of the living human document? We discover that each human life, like a good movie, has a soundtrack. Interwoven with character, plot and narrative we encounter songs and sounds, melodies and motifs.

A Scottish woman in her late sixties has ALS. Recently hospitalized she encounters Jennifer, an occupational therapist with the same Scottish roots. In their conversation some snatches of melody are sung, evoking pleasure, tears, memory, beauty and a sense of place. Later the chaplain, Bob, joins the music with a cherrywood celtic flute. Jennifer sings "All things bright and beautiful, all creatures great and small, all things wise and wonderful, the Lord God made them all." The celtic flute weaves counter melody through the words. The nearness of death and the poignancy of the illness heighten the sense of wonder and comfort that the music communicates. The husband voices his gratitude.

A 62 year old woman is in her second last day of life. A cancer patient, her breathing is laboured and she struggles to find a comfortable position. Flanked by two daughters and a granddaughter she receives a music visit. After a few folk songs they suggest a Beatles song. The patient gives the 'thumbs up' and a smile. They sing, "When I find myself in times of trouble, Mother Mary comes to me, speaking words of wisdom, Let it Be..." (Lennon, McCartney, 1987). The patient mouths the words of the song. "And in my hour of darkness there is still a light that shines on me, shines until tomorrow, Let it Be." When the song ends the patient smiles and says, "that was beautiful."

In the first example a celtic flute and a hymn of creation gave voice to the cultural roots and spiritual perspective of the patient. In the second case, an iconic Beatles song with a profound message of grace filled the space between patient, family and caregivers. Within each "living human document" these songs were already present in their interior soundtrack. The spiritual care intervention is "incarnational" in the way it gives voice to a patient's pre-existing life soundtrack. The "tonic" to which each music visit returns is this principle of discerning musical possibilities that connect the patient's story with the caregivers' offering from the musical tradition.

Ray, a drop of golden sun: The Music for Patients Program is Born

We hope it is not grandiose to liken music visits to a “drop of golden sun” in the long days of hospital life, but the meaningful and transcendent moments of shared music seem to shine. With the spontaneous encounter with the ALS patient described above the Music for Patients Program was conceived in the Brant Community Healthcare System. In a period of gestation, songs were added to the repertoire and shared with patients and families. The birth of the program came with the writing of a brief internal paper for interdisciplinary staff entitled *Better than Ativan: The Role of Music in Spiritual Care and Psycho-Social Support*. Ativan, the brand name for Lorazepam, is commonly given to alleviate stress and anxiety. This paper’s description of the philosophy and practice of music visits facilitated staff and administration buy-in of the program.

We offer music on the palliative unit once a week and also provide extra visits in critical situations of distress or imminent death. Routine visits typically last five to fifteen minutes. Critical situation visits can be thirty to forty-five minutes. We allow enough time to ensure patients and families have a chance to respond to what they have heard and to have a good moment of closure. Often humour and playful conversation are part of the visit. A prayer or blessing can be offered as appropriate to the individuals. Follow-up visits and staff feedback allow us to gauge the effectiveness and appropriateness of the music experience. Our repertoire includes folk, celtic, religious, country and popular music, as well as some original songs. About eighty percent of the time patients and families say yes to an offer of music at the bedside. We are careful to make sure patients can feel comfortable declining a visit if it is not desired or timely.

The music visit becomes a unique moment in an intentional pattern of supportive care visits. Music visits are often discussed in anticipation (“yes, my daughter will be here Wednesday and she wants to hear it too”) and in retrospect (“dad has been talking about that song every time I see him; it is the most alert he has been all week”).

Me, a name I call myself: Losing Identity during Crisis and Hospitalization

Hospitalization can save your life but temporarily obliterate your identity. Illness attacks not only the body, it also threatens one’s sense of self. “Me,” the “name I call myself” gets called into question. However, just as the transforming power of crisis assails identity, art and music make it possible to integrate crisis events into new dimensions of identity. Music can be the bridge over troubled waters that makes this transformation possible.

A hospital volunteer was injured in a vehicle accident in Malawi, Africa. In the same accident a close friend and traveling companion was killed. The volunteer returned to Canada with minor injuries and emotionally shaken. We were deeply moved by this event and also, in the same week, were saddened by the sudden death of a 43 year old female patient from respiratory failure. From Bob’s grief and distress as a care giver he wrote the song Waves. Bob sent the words to the volunteer and later when she visited the hospital chapel Jennifer and Bob sang it for her. The volunteer found the experience very powerful as the words and music expressed her darkness, disorientation, pain and fragmented hope.

Waves

*waves are sweeping over me
knock me off my feet
take me to the deep
I can’t touch the ground below*

*a hidden undertow
 is pulling me where I do not want to go
 never been, never been, never been here before
 far away, far away, far away from shore
 don't know who I am or what I feel
 would you please tell me none of this is real*
*if I had a raft to float
 some poetic quote
 it could be my life boat
 but it is to no avail
 I have no craft to sail
 every word I hear appears to fail
 never been, never been, never been here before
 far away, far away, far away from shore
 don't know who I am or what I feel
 would you please tell me none of this is real*
*maybe You live inside the sea
 that won't let go of me
 like a lion pacing in captivity
 You are breath where there's no air
 love where there's no care
 sweet song that I hear when no one's there
 never been, never been, never been here before
 far away, far away, far away from shore
 don't know who I am or what I feel
 would you please tell me none of this is real*
*I can only hope You'll take my hand
 pick me up and put me on dry land (Tees, 2007)*

We also shared the song with a 41-year-old woman dying of cancer. She had read the text as part of her supportive care conversations with Jennifer and wanted to hear it. After listening she commented on how profoundly lonely the dying process is and how the song's words articulated her feelings of being overwhelmed. She also connected with the redemptive dimension of the song, the hope that Someone will "take our hand" and "place us on dry land", safe from the turbulent waves of illness and death.

Far, a long long way to run: Searching for Place

Closely connected to the question, "who am I?" is the question, "where do I belong?" In his acclaimed text *Spiritual Care and Therapy: Integrative Perspectives*, Peter VanKatwyk (2003, 12) writes, "spirituality is marked by the deeply personal experience of finding one's place in the world." When one is physically 'dis-placed' by being hospitalized and spiritually displaced by a health crisis, questions of "the place where I belong" are confronted on new levels.

On the top ten of the palliative charts is John Denver's *Country Roads*.

*Country roads, take me home
 To the place where I belong (1971)*

Music takes us home. Songs provide paths of continuity between well known places and unknown places. John Denver's song mysteriously provides a sense of being "at home" in the music, even as the song conveys a longing for home. In a similar vein, the Woody Guthrie classic *This Land is Your Land* speaks also to our habitation in the universe. The affirmation, "this land was made for you and me," suggests that the landscape we inhabit is a gift from a Creator who is mindful of the human need to be situated in a place

of welcome and belonging. The clinical environment of the hospital can be rich in technological necessities but inevitably and ironically inhospitable from a human standpoint. Good care teams humanize the medical environment as much as possible and music is especially effective in transforming the environment into a place of peace, meaning and laughter.

Sew, a needle pulling thread: Stitching a Garment of Care

If Maria can make clothing from curtains, we can make a garment of care from the fabric of song. The journey of disease and thoughts of death are often heard as discordant sounds that generate angst for all. Can there be resolution? Our lives are like complex compositions that begin in the mother's womb with the beat of two hearts resonating together through a tiny body. Those early rhythms sustain us and can bring comfort. A fretting baby can be soothed by the steady beat of a mother's heart. When we walk towards death we may require many players to help us hear the sounds that will release our souls to that place where souls go. Jennifer reflects on the ALS patient mentioned earlier:

I was asked to team up with my colleague, a chaplain to offer music at the bedside for a patient. The patient was dying from ALS and was in the end stages of the disease. She could no longer speak, had a tracheotomy and was immobilized. As I started to sing our eyes met and we maintained eye contact throughout the music visit. I was deeply moved by the intensity of the contact and was touched when tears escaped from her eyes. It was a poignant moment of humility. Her husband spoke of their life together and shared stories of a brave and dignified individual trapped in a world of disease and institution. The sounds in the room had touched us all and a little bit of soul work was done.

The word "palliative" is derived from the Latin root *pallium* which means "to cloak". At the end of life the care offered envelopes both patient and family with a cloak of good pain management, symptom control, spiritual support, peace and dignity. Time and space are made to grieve, heal and reminisce. We associate music with the sense of hearing, but we have seen that all the senses are stimulated by music. Patients have reported visualizing places from their life stories after hearing a song. Another Scottish woman who had been very quiet engaged in story telling with her sons about family holidays in Scotland after listening to *Loch Lomond*. The family had camped there before immigrating to Canada. Another woman remembered her husband proposing to her on the shores of the loch and recounted the story. We often associate music with food and ambience. For some it is the memory of classical music, a glass of wine and scented candles; for others it may be the memory of a country band, smoky pub and a beer from long ago. Whatever the situation, the memories, the scents, the tastes, they generate chats and good times are remembered. The cloak offers a warm embrace for all who receive. Caregivers also are touched by the cloak, and often feel the blanket of love that surrounds the bedside. Jennifer recalls:

I was asked to sit at the bedside with an elderly Italian man who was journeying with his dying wife of 50 years. He was weeping quietly; his wife was unresponsive and breathing gently. I sang softly "be not afraid, I go before you always, come, follow me and I will give you rest." He started to sing the familiar words with me and we repeated the hymn together as his wife took her last breath and she was released.

La, a note to follow sew: Music at Funeral and Memorial Services

While the primary thrust of our work has been at the bedside, patients and families have requested music at funeral services - the garment of care woven in new patterns.

The integration of palliative music into funeral services has been a profound addition to care interventions, making a seamless garment from bedside to bereavement care. In a particularly poignant instance music was integral to the care of a 27 year-old woman who sustained a head injury in a car accident. When she died after five months of painstaking rehabilitation, the memorial service was held in the hospital chapel. Two original songs had been shared at the bedside and were incorporated into the service.

Valley of Peace

*we are searching for a world we cannot see
following signs in shadows and dreams
on the quiet earth, by singing streams
in the heart of the valley, the valley of peace*

*every time I say goodbye
I stand in the doorway wondering why
but a warm wind blows through the swaying trees
says 'we will meet again in the valley of peace'*

*deep peace to you
until we meet again
deep peace to you,
 alleluia, alleluia*

*I fix my gaze on a distant shore
I don't know what I'm looking for
some sailing ship on silver seas
to carry me away on an ocean of dreams*

*when the night is finally past
and the golden rose of dawn blooms at last
we will awaken from creation's dream
and walk again in the valley of peace*

*deep peace to you
until we meet again
deep peace to you
 alleluia, alleluia (Tees, 2007)*

Still to Come

*be still, o my soul
as the northern waters, dark, deep and clear
you were made for this time
you were made to be here
 these passing days are tears in the rain
 stars that fall in the midnight sky
 all that lies behind will be sifted by time
 measured by things still to come
be still, o my soul...
peace be with you my little one
rest always in my love
the days of your life are lines in a song
beauty sings on and on*

be still, o my soul... (Tees, 2007)

What is noteworthy about these songs is their spiritual thematic in a post-modern vein. They voice spiritual perceptions but make only oblique references to religious themes. The songs articulate the ambiguities of death and loss and our collective search for meaning. In *Still to Come* the first verse articulates the transience of human life.

*these passing days are tears in the rain
stars that fall in the midnight sky
all that lies behind will be sifted by time
measured by things still to come*

This poetic articulation of transience is met in counterpoint by the second verse, which expresses blessing and continuation of existence:

*peace be with you my little one
rest always in my love
the days of your life are lines in a song
beauty sings on and on*

Similarly, *Valley of Peace* expresses that hope that “we will awaken from creation’s dream / and walk again in the valley of peace.” However, the song also arises from a vantage point of human unknowing. “We are searching for a world we cannot see / following signs in shadows and dreams.” Assurance of hope comes not from an authoritative source but from the graces spoken into the days of ordinary life.

Tea, a drink with jam and bread: Meeting Together

In Shakespeare’s *Twelfth Night*, Act II, (1950) Orsino says, “If music be the food of love, play on.” And so we play on, as music has been the sustaining nourishment making countless bedside visits richer, more poignant and more joyful. Sometimes there are wrong notes or poor choices. Occasionally offers of a music visit are met with a what-planet-are-you-from-? look and head shakes. But many meetings shine in memory.

*A 41 year-old man, married with three young children is dying of cancer.
The mother is finding it challenging to involve the kids in hospital visits.
When we learn that the patient likes Bob Dylan we arrange to offer the
song Mr. Tambourine Man, and provide the children with a tambourine
and other percussion instruments. The children get into it, clanging along
with the beat. The three year old girl hands her dad a maracas and he
joins in, smiling. On one level, the music creates a safe space to be
together as a family. On another level, the lines of the song have
unexpected resonance in a palliative care context:*

*Take me on a trip upon your magic swirlin’ ship
My senses have been stripped, my hands can’t feel to grip
My toes too numb to step,
wait only for my boot heels to be wanderin’*

*I’m ready to go anywhere,
I’m ready for to fade
Into my own parade,
Cast your dancing spell my way,
I promise to go under it. (1965)*

The examples go on and on. A seventy-year-old man in his final weeks of life holds hands with his wife and sings every word along with us when we offer Johnny Cash’s *Ring of Fire*. A sixty five year old woman asks for *Memory* from the musical *Cats*.

*Memory
All alone in the moonlight
I can smile at the old days*

*I was beautiful then
I remember the time I knew what happiness was
Let the memory live again (Webber, A. L., 1981)*

An entire family sings *Edelweiss* at the bedside of a highly anxious seventy year old man. During the song fears give way to laughter, through the sound of gathered family voices. A sixty-five year old man curled fetally in pain says yes to a music offer and during an up-beat Gospel version of *Amazing Grace* uncurls, relaxes and beams by the time we get to the “ten thousand years, bright shining as the sun”. The same song, performed in a celtic style with droning guitar low notes, helps a Scottish man to turn the corner in coming to peaceful acceptance that he is living his last days. A 51 year-old ALS patient, voiceless and with very limited movement, uses her suction tube as a conductor’s baton to keep the beat of Johnny Cash’s *Field of Diamonds*.

*field of diamonds in the sky,
worlds are whirling right on by.
are you wondering who am I?
fields of diamonds in the sky. (Cash & Routh, 2000)*

When Jennifer is away a family requests Bob Dylan’s *Make You Feel my Love* (they have read the lyrics in advance) for a 45 year old father of two teens. Bob is a little unsure about singing without Jennifer but since the family has asked decides to give it a try. Serendipitously, one of the teenage friends of the patient’s daughter knows the song by heart and sings it for the patient with the gathered family.

*When the rain is blowing in your face
and the whole world is on your case
I could offer you a warm embrace
to make you feel my love*

*When the evening shadows and the stars appear
And there is no one there to dry your tears
I could hold you for a million years
To make you feel my love (Dylan, 1997)*

That will bring us back to ‘do’: Conclusion

From the heartbeat rhythms in the womb to the final chords at the bedside, the music of creation resounds through human consciousness. Why is this? The mystery of music defies any simple rationalistic answer, but one can suppose that music participates in some spiritual reality that transcends and infuses the world. Two images from the Christian tradition suggest this.

J.R.R. Tolkein in *The Silmarillion* envisions the universe as sung into being.

Ilúvatar [the Creator] said to them: ‘Of the theme that I have declared to you, I will now that ye make in harmony together a Great Music. And since I have kindled you with the Flame Imperishable, ye shall show forth your powers in adorning this theme, each with his own thoughts and devices, if he will. But I will sit and hearken, and be glad that through you great beauty has been wakened into song. Then the voices of the Ainur [akin to angels], like unto harps and lutes, and pipes and trumpets, and viols and organs, and like unto countless choirs singing with words, began to fashion the theme of Ilúvatar to a great music; and a sound arose of endless interchanging melodies woven in harmony that passed beyond hearing into the depths and into the heights, and the places of the dwelling of Ilúvatar were filled to

overflowing, and the music and the echo of the music went out into the Void, and it was not void. (Tolkien, J. R. R., 1999, 3)

This musical beginning of time calls to mind a corresponding image, as the consummation of history as envisioned in the Book of Revelation:

Then I looked, and I heard the voice of many angels surrounding the throne and the living creatures and the elders; they numbered myriads of myriads and thousands of thousands, singing with full voice,

*Worthy is the lamb that was slain
To receive power and wealth
And wisdom and might
And honour and glory and blessing!*

(Revelation 4:11-12, NRSV Bible).

Perhaps, through particular songs and sounds, we eavesdrop on the cosmic music that transcends yet enfolds our lives. Our existence is narrated by these lines from *Still to Come*, “the days of your life are lines in a song / beauty sings on and on.” Living our days between the Alpha and Omega of time, we listen for songs of the spirit and in our unique being we join the Great Music of creation.

Post Script: Second Movement in a Healthcare Symphony

Since creating the music for patients program, we have seen many remarkable new developments. A Music Therapist, Tomoko Okumura, began volunteering at our hospital. Since her work was deeply appreciated by patients, families and staff, we applied for and received grants to fund a part-time program. The program serves palliative, brain injury, mental health and general medical patients with music interventions that provide comfort, meaning, and hope. Seven local agencies contracted through our hospital for similar services. The innovative, multi-site community program is a thriving “daughter program” partnering with Spiritual Care.

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