

BOOK REVIEW

Islene Runningdeer. (2013). *Musical Encounters with Dying*. London: Jessica Kingsley. ISBN 978-84905-936-7

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Introduction

This book is for music therapists, hospice teams, caregivers and medical professionals as well as families supporting their dying relatives and friends. The author shares some gems from her musical experiences with dying patients and their families. For fifteen years the author has found that using music as an expressive and convincing language can help people to understand their impending death and move forward with grace, acceptance and ease. Her hospice-based team provides care by bringing music to people living in a rural area of Vermont with families helping them in that process. Sometimes, whole families join in singing. The music allows the music therapist to get in touch with the whole person, accessing alternate areas beyond the physical that need healing.

Thesis of the Book

Musical encounters with dying people describes their last adventure through the medium of music. The stories and lessons address the difficult emotions involved and the importance of culture while reaching both the rich and the poor in a rural community. The author's work with a hospice team beautifully describes the relationship between the music therapist and the dying person. Visible changes in the patients and their families are seen with musical encounters. Music can be a helpful medicine for people; helping with pain management and assisting the person to be in touch with his/her feelings.

When visiting a residential care home for the most severely physically and mentally disabled population in the country, the book describes how the team uses an array of instruments. For these people, simply seeing someone playing an instrument and hearing music fills the room with novelty and stimulation. Often people are roused from sleep, or others sleep more soundly, emitting loud snores of deep relaxation. Others squeal with joy or wave their arms in response to the music being played. The few who can still speak report greatly enjoying hearing their

favourite songs played. The author's music derives from a variety of repertoires. While she feels most comfortable with classical, she also draws from vintage American music from the '20s -'40s in addition to genres such as Eastern chant, Gregorian chant, Native American spiritual music, rock n' roll, traditional folk music, as well as country music.

Writing style

The concept of the "inner sight" is clearly explained by short case studies demonstrating how emotional insight can awaken comforting dormant emotions. Rather than the sometimes very impersonal style of clinical textbooks, we have here the voice of someone closely tuned-into the lives of the people she supports in a wide variety of situations. Individuals are referred to by name which enables the reader to feel close to the descriptions of the dying person.

When asked to lead a workshop on music therapy, Runningdeer concludes with a listening exercise which is designed to elicit visual imagery and stimulate creativity. When people are sitting relaxed they are encouraged to breathe deeply. Relaxing music is played either on CD or live piano, something that has been specially selected for this group, usually five to seven minutes in duration. Before the music begins, participants are advised to pay close attention to a visual imagery that may appear in their 'inner eye'. They may want to notice if certain emotions or memories are aroused, or if any changes in their body state occur. After the music ends, people are asked to open their eyes and to write down phrases or sentences of what it was that they experienced. After people have reviewed their inner journey their words are collected and a poem is created for everyone to share.

The impressive personal responses to music therapy include one patient's description of visualizing a burly man of Russian descent, dancing and singing all around a large common room packed with other patients in wheelchairs. His daughter informed the author that before the onset of Alzheimer's, he had been a dour, serious man, who had no interest in music whatsoever. The book also describes the

response of an old woman on her deathbed, a former ballet dancer and teacher. As the author played ballet music by Tchaikovsky at her bedside, the woman lifted her arms into the air and “danced” once more. She had been sleeping and unresponsive, well on her way to taking her last breath. The language of music helps to bring to the fore whatever is being concealed or held onto by the person who is suffering. When playing gentle classical piano music in a chemotherapy waiting room, a young woman sitting close to the piano looked up when her name was called, tears streaming down her cheeks. This enabled her to feel deeply what she was experiencing. Simple listening can unlock emotions that need to be expressed.

Organisation of the book

Chapter One looks at historical and therapeutic perspectives of “The Death Song”. American Indians sang death songs to quiet the fear that arises up when the body loses its life force. It was also a prayer for their souls. Singing their last thoughts may have brought some relief and courage. Music helps us to be in the moment and to understand what we are feeling. Fear and struggle at death are not exclusive to the ancient world. They are very much alive in today’s culture of medicalized death and dying. The author has found that those who open themselves to an honest preparation for death can experience an easier, more meaningful end of life. She says that we can continue to learn from the ancient Tibetan and Native American teachings as we face death in the twenty-first century.

Chapter Two of the book describes the way in which the music therapist uses music as a medicine, as a way to help them through whatever it is they may be experiencing as they face the end of life. It takes time for trust to develop between the therapist and the dying person and the tempo is set by the dying person. The therapist has to remain flexible and follow the patient’s lead. As hearing is the final sense to disappear, the music therapist can use the ability to communicate with a patient through this channel until the very last breath is taken. Rather than the amount of time spent in a caring relationship that is important, it is the quality of attention and response to exactly what is needed at the time that leads to truly helping people. The open, attentive, calm way of being in a challenging situation allows trust to develop, either gradually or almost instantly. Trust makes it possible to approach death through relationship, facing it more honestly and calmly. Like a soloist and accompanist, the therapist can make a kind of music together with the patient, until the last notes are sounded and the one who is dying takes their final bow.

Chapter Three describes “Some things the dying need to do”. As most hospice patients have foreknowledge of their deaths, this can lead to an urgent desire to make use of the time left in meaningful ways. The author describes her work with people who approach death in different ways, providing examples of the poems or songs which were important to them. Some people wanted to achieve things, but one man simply wanted to do nothing. The therapist understood that the man was unable to talk and

when he was encouraged to just listen quietly to music, it was hoped that the man realized that doing nothing can be as rich and full as doing everything.

Chapter Four discusses the safety of culture. Each day after our labours we return home to reclaim familiar feelings of safety. We hope to achieve calm and rest so we can meet the challenges of the next day. As we approach death, this longing for safety may be most keenly felt. The author notes that even the most devoutly religious people experience a degree of apprehension and uncertainty about what lies ahead. Culture is just another expression of the idea of “home”, the safe and familiar place. The language of home, whether spoken or sung, fills the air with sounds that soothe and help us to feel safe. Music with special care and attention helps to shed difficult emotional defences which are not helping a dying patient.

Chapter Five describes musical encounters with people who are facing the most emotionally charged predicament of human life. Music which is tuned into the dying person has the very real effect of injecting calm, compassionate, focused energy into a difficult situation. The anger experienced by relatives is often a substitute for other deeper emotions that are not easy to express.

Chapter Six has the intriguing title of “Music as a visual art” which provides very moving descriptions of the power of music to connect with human emotions. The book describes how an elderly lady recalled how her aunt played the piano music of Scott Joplin at the old film theatre accompanying silent films. She remembered how the music carried them through the excitement of the action-packed stories, heightening their emotions and colouring the moving images. Without her Aunt’s music it would have been a very different and lifeless experience. Music can really add colour, energy and emotion to something we are seeing. The author talks about the inner eye which can be awakened by the music, revealing worlds of particular, personal meaning. As the importance of the outer world begins to wane, a door to an inner world can be opened offering wondrous places to explore, enjoy and settle within. Another patient was able to see events in her dreams even though she was blind and sometimes dreamt in colour. The author explained that the patient still had use of her “inner eyes”, even though her outer eyes had been damaged. She was invited to use music and a guided exercise to see what her inner eyes might see. Sitting outside under the shade of a maple tree, refreshed by a light breeze bearing sweet scents of new grass and early flowering plants, the therapist played a Mozart concerto on the CD player. Rosie was asked to close her eyes and imagine walking down a woodland path until she reached a place of special comfort and importance to her. She reported walking along a familiar cow-path from her childhood days. She was absolutely surprised by what she saw and just how vivid and real it seemed. It was a scene of things she hadn’t remembered for many years and it brought her comfort and joy. Rosie learned that she could visit these beloved places whenever she relaxed, put on her favourite calming music and asked her inner eyes to bring her there. This guided imagery with supported vocal and verbal guidance with appropriate music as background sound can help solve particular problems at the end of life.

Chapter Seven describes musical encounters with people who are disabled or mentally ill. A 70 year old man, Phillip, had had mental health problems throughout his life, with manic-depression and obsessive-compulsive disorder. He was an accomplished pianist who wrote and recorded his own simple piano pieces. When he was dying, Phillip's close family of relatives sat in a vigil and asked the author to play the piano at his bedside. The book gives a further example. A 36-year-old man with a learning disability and leukaemia, William, was cared for by his parents and the local services. When he felt threatened and scared, he sometimes created public scenes that startled and scared those around him. When the music team brought three large drums one day and encouraged William to play some simple rhythms he was reluctant to strike the drumhead with any force as he was afraid of his own strength and he feared that he might break it. Eventually, William was able to join in and play without the same fear. The very best drum session occurred while William was telling his current story, not paying much attention to what his strong hands were doing. He surprised himself with how easily he was able to channel some of his physical strength in a good way. As William lay dying, the author played peaceful rhythmic music on his CD player as she guided him on a happy train ride through the countryside, speaking close to his ear. As they felt the mesmerizing pulsing clang of the rails together, William raised his arms weakly above his body and kept beat with his hands. He fell into a deep sleep soon after and died the following day.

Chapter Eight "The Rich and the Poor" begins by quoting *Hamlet*, William Shakespeare, Act IV; Scene 3: "Your fat King, and your lean beggar, is but variable service; two dishes, but to one table. That is the end." Each of us is born into socio-economic circumstances not of our own making. Some of us make gains on our origins through hard work, others are born into easy affluence and have no urgent need or desire to make alterations, still others are born into the world with little and often die with even less. Despite different socio-economic settings, one thing was always the same: someone living there was dying and those who loved this person were suffering. Death is the great equalizer. How human beings face the challenges of living and dying is indeed a measure of character. What mattered was how both despair and devotion could co-exist, in equal measure, in difficult circumstances.

Chapter Nine discusses the will to live, the will to die and what happens when there is little or no mind left to take part in the process of living and dying. Sharing the musical experience with Alzheimer's patients in all stages of the disease can lead to some remarkable results. Hearing music, especially live music presented directly to a patient, often interrupts the withdrawn, isolated mental state and redirects focus to the outer world. The music seems to wake people up from a lonely "slumber." Those who cannot speak can often sing, enunciating words very clearly to songs they still remember. Sometimes people rediscover, at least for a moment, the ability to convey simple, meaningful verbal messages such as, for example, "I love you."

In Chapter Ten the author reflects on self-care and "Breathing Life into my Life" by providing music therapy for people in palliative care. She says: "It has taken years for me to attain a good measure of ease and equanimity around end of life situations... I have come to see death as the final stage of development in our lives and much like the midwife who ministers to the birth of a new biological life, I simply minister to the death of a body and the emergence of a soul." She says that offering people a specialized kind of support at such a critical time in life fills her need to do work that makes a positive difference.

Chapter Eleven is entitled "Colophon Lessons and Final Thoughts". According to the Chambers Concise 20th Century Dictionary: "A colophon is an inscription at the end of a book." Dying is usually distressful to people, especially family and friends. Caregiving at home or sitting a long death vigil in a hospital or nursing home is exhausting work. Family members often put their own needs aside at this time, foregoing sleep, food, fresh air and exercise. The author sees her job as coaching the soloist and those around the dying, as if they are a chamber ensemble. The beauty of music tends to stop the action, the chatter, the busy work that often serves as a safe diversion from what's really going on. People need to sit quietly, feel their feelings, remember the important things shared and regenerate their energy so they can truly focus on loving and letting go. The thick defences that rise up when we must confront the death of a loved one are often diluted when the beauty of music arrests motion. Nearness to death gives us a perfect opportunity to learn more about ourselves and each other.

Conclusion

At a time when someone is at the end of life, it is really important for them to review what their life has been about. The author concludes that in order to truly honour end of life and transition into death as the crowning developmental stage of each human being, we must talk about it more, teach about it more, offer more opportunities for people to experience death and dying in safe and well-supported places. All healthcare staff need to be able to explore their own personal issues with dying, their own deaths and the deaths of people in their care. The general cultural fear of death can be quieted simply by bringing it out into the open. There's nothing like direct exposure to the fearful experience for putting things in a more manageable and much less threatening perspective. The aim is for humanity to achieve a new and healthier relationship with death and the dying. This book is a very significant contribution towards fulfilling this ambition, it should be essential reading for everyone working in palliative or hospice care that wishes to increase the person-centeredness of the care that they and their institution provides.

Conflicts of Interest

The author declares no conflict of interest.