

GRACEFUL PASSAGES

April 15, 2007—First Unitarian Church, Albuquerque

DEATH AND OUR ATTITUDE ABOUT IT

When I was first invited to speak today, I asked for some guidance about the subject matter. I was very graciously told that I could speak on anything I wished. So having been given that permission -- I want to thank all of you for the opportunity to speak about a topic that many of you may be uncomfortable with.

I hope in the process to present some information about death and dying in our society, some experiences I have had as a therapeutic musician that demonstrate the power of music, and some thoughts that may enable you to reflect on the end stage of life with new insight and awareness. We can make choices and exercise responsibility in this “middle stage of life” while we are able and while we care, that hopefully will help create our own graceful passage.

Norman Cousins, editor of the Saturday Review and author of the well-known book, *Anatomy of an Illness*, said

“DEATH IS NOT THE ENEMY; LIVING IN CONSTANT FEAR OF IT IS.”

We all are going to die. That's a given—death and taxes, as the humorist quips. But our society is in denial about death. We warehouse many of our elders in nursing homes. We are so busy in this “middle stage” of our life that we oftentimes simply don't have time for those who are in their “end stage” of life. If those of us here today live long enough, this “end stage of life” --this gradual decline and wearing out of body parts --is likely to happen to all us.

I'd like to share with you a few interesting AND disturbing statistics in order to help us move into a way to think about the end stage of life, which we are all going to encounter if we live long enough.

The life expectancy of people in this country before the 1900's was 47 years. The phrase “long-term care” meant 2-3 generations living in the same house or neighborhood caring for each other.

The current life expectancy of people in this country is stretching into the upper 70's to low 80's -- depending on which set of statistics you see.

60% of all Americans will require some type of long term care in their lifetime.

Currently the average stay in a nursing home is 3 years.

Our medical community views death as a failure. We have the technology and will use it, as well as other extraordinary means, to sustain life without necessarily evaluating the issue of quality of life.

A recent article in the Albuquerque Sunday Journal was entitled
AS DEATH NEARS, HEALTH CARE COSTS SOAR.

It discussed the fact that our culture does not want to accept death as a part of the natural cycle of life. I'd like to quote several excerpts from the article--

”A major reason so much is spent on health care in the United States is that it costs a lot to die here. For example, ¼ of Medicare's annual budget, about \$100 billion, is spent on the beneficiary's last year of life.

..like everything else in health policy, the issue has technological, economic and societal dimensions. It is complicated by family dynamics, the culture of medicine and legal questions, and by personal values, systems, and religious views. “

As more than one physician puts it, ours is the only society in the world that seems to regard death as an option, not a certainty...”

Remember Terri Shiavo? That situation polarized her husband and her parents, politicians, and churches. For a brief moment as news headlines, it forced many of us consider the consequences of leaving our own death as “an option.”

--or to put it another way—totally ignoring the reality of the inevitable.

MUSIC AS MEDICINE

When people ask what I do, I tell them that I am a musician. Most of my work at this stage of my life is as a therapeutic musician. I work with hospice patients—most of whom are “actively dying.” This is a clinical term used to describe a person's last few hours of life as the body shuts down. This statement about my work oftentimes creates a pause, an awkward silence or evokes some rather interesting responses from people such as--

“Oh—I could never do that work. It's too depressing.” OR

“How can you do that kind of work? It must be terribly hard.”

Sometimes I say nothing because people just do not want to go there. Other

times I respond to this by saying that the work is not at all depressing. When I, as a part of an interdisciplinary hospice team, can help create a graceful passage for a hospice patient, it can be a really beautiful experience. The team members refer to it as a “sacred moment” or a “good death.”

Truthfully—this is the most important work I have done. Just about everything in the past 60 years of my life has been in preparation for this work, although I have only recently come to realize it.

The music that I play bedside with an actively dying patient is much different from what most of us think of as music. I frequently use a concept called “entrainment”. This is a term that you see as a concept in physics, engineering hydrodynamics,—just to mention a few disciplines. Google the term entrainment on the Internet and you'll find a great deal more information. But for a very quick, easy-to-understand example as it relates to music—consider if you pat your foot when you hear certain types of music. That's a very simple example of entrainment.

When I work with a patient, I rhythmically entrain with their breathing. I match their breathing pattern. In the final hours of life, there are a variety of breathing patterns as people transition, so I physically breathe with the patient for a short while to get a sense of their rhythm. Then I play that rhythm. About 95% of the time, the breathing rhythm of the patient will slow down, relax, and settle. I see this change within 10-30 minutes. Don't ask me to explain. I cannot. For lack of explanation, I tell patients' families that we should all have someone playing a harp at our bedside—wouldn't that be wonderful.

Let me tell you about Charles , a really dramatic example of the power of therapeutic music. One of our case manager hospice nurses called me to see what I could do with a patient at a nursing home who was actively dying. The nurse's words to me were “He lived a crappy life, and he's dying a crappy death. I've given him all the pain medication I can. See if you can do anything.”

So how's that for putting the fear in an humble musician. I went into Charles' room not knowing what to expect. What I saw was a rather large man thrashing around in bed. Hallucinating maybe? I'm not medically trained, so I really don't know. The chaplain was quietly talking to him, trying to hold his hand. But Charles was fighting his own demons—totally oblivious to the comfort the chaplain was trying to provide. So I carefully positioned myself out of range of the patient—should he leap out of bed or throw his leg over the side of the bed. I thought to myself, “Okay—the harp is insured. If he comes

out of the bed—I drop it and run for the door. My safety is more important.” Now these are not the thoughts I generally have when I approach someone who is actively dying, but this case was pretty unusual. I began to play—not really knowing what to expect, if anything. Charles began to settle down almost immediately. Within 20 minutes, he was calm and asleep. I was amazed. So was the chaplain. I continued to play for a couple of hours and finally left when I couldn't play any longer. Charles died about an hour after I left. Don't ask me to explain. I cannot. I only report what I see and experience. At the team meeting a few days later, the chaplain referred to it as a miracle. That's a bit out of my comfort zone.

Another example of therapeutic music of a much different nature involved Stella.

Stella was actively dying and her family had gathered in her room. As I worked with her breathing (concept of entrainment) she was breathing a perfect $\frac{3}{4}$ pattern, which is a waltz rhythm. I couldn't affect it in any way. Finally, after about 20 minutes, I asked one of her daughters if Stella might have been a dancer. The daughter looked at me in amazement and told me that her mother and dad had been wonderful ballroom dancers. Well, I said, I think your mother is waltzing with your dad right now. I explained to her what I do with the musical rhythm and the patient's breathing. Then I played the Tennessee Waltz to show her how her mother was breathing. It was really amazing and beautiful.

None of us know what happens after death. None of us will know until we walk that path and begin that journey. But the image that family was left with made me feel so good about this work. A grieving family had a wonderful beautiful image of their mom and dad waltzing together again somewhere. Stella passed very soon after that.

THE POWER OF MUSIC

Hearing is the first sense to develop in the womb and the last sense to go when a person dies. I always tell family members NOT to say anything around their loved one they don't want the person to hear—even if their family member is in a coma and appears unconscious-- even if the family member is hard of hearing—because THEY HEAR.

We hear at many different levels with our entire bodies –not just our ears. Live music changes the energy in the room and we can sense this energy at a cellular level. This has been researched, proven and documented. From this, you can imagine the power that music can have in a wide range of life situations--in addition to the end of life. We experience the power of music daily.

I played for the birth of a baby a few years ago. The mother was a hospice nurse that I had worked with and she invited me to be with her at this very special time in what she called her “sacred space.” It was an incredible experience for me. I had not been in labor and delivery since my son was born at Presbyterian Hospital 33 years ago. So at midnight on a cold night in January, 3 years ago at Presbyterian Hospital, I was in the labor and delivery room with Catherine, her husband, and the mid-wife. There was a fetal monitor on the baby before he was born, so I could hear his heart rhythm and entrain with it. Then Catherine would have a contraction and begin to breathe through it. So I would switch over to work with her breathing. I would rhythmically entrain with each of the patterns. When Diego was born, he was a very content, mellow little guy—he didn't even cry, though he was very healthy and very normal. He heard those lullabies and other harp music that I was playing before he made his entrance into this world. My husband quipped that Diego would always love harp music but never really know why.

Another experience that demonstrates the power of music involves a patient who had been an instructor at the Santa Fe School for the Deaf. As I went in his room, there were 2 of his former students visiting him. I introduced myself and briefly explained my work. Both hearing-impaired students communicated with sign language, and one of them could read my lips and had some language capability. After much signing between the students, the student with language ability asked me if the other student could put his hands on my harp. I readily agreed—not knowing what would happen. The student placed both hands on the sound board, and I began to play. A few minutes later, as I watched him, tears started streaming down his cheeks. He was “hearing” the music in his own way, and it touched him in some way that I as a hearing person, could not imagine. We sat there for quite some time—I was playing, he, with his hands on the harp, crying.--the power of music!

Several times I have encountered non-verbal alzheimer patients who would begin to sing with me as I played old, familiar songs such as “Danny Boy” or “You are my Sunshine.” After seeing this happen several times, I learned that music is stored in a different part of the brain from speech.

When I play for groups of people over the age of 50, I usually include “Stardust,” “Over the Rainbow,” and “I'm In the Mood for Love.” These songs take many of us back to a time in our lives when we were younger, maybe in love, maybe ballroom dancing. Individual memories for each of us of a different time and place in our lives –another illustration of the power of music.

I'd like to share one final example of the power of music, which created a

situation of healing for a family at their dying father's bedside. I had played for Willie a few days earlier when his daughter was there. She was his primary caregiver. When I went to see him the second time, Willie's son and daughter-in-law were also there. There seemed to be some family tension, which is not uncommon. After introducing myself and being given permission, I sat in the back of the room and quietly began to play. Very soon I noticed the son start to cry. Then his wife also began to cry. Nothing had been said among the family members. Shortly after that, the son, his wife, and his sister all moved to the bedside together. Then they held hands. After standing like that for a while, they began to pray. I continued to play quietly. I do not know what had created the tension, but I do believe that some kind of healing took place. I would like to think the music facilitated it.

END OF LIFE CHOICES

I have dealt with end of life patients and death on a regular basis over the past 5 years, and this I know. We have choices to make and responsibility to exercise now while we can and while we care. This end of life stage can be a time of tremendous personal, emotional, and spiritual growth—a time of personal and family healing and resolving of family issues—a time to value the forethought and planning you have given to this final part of your life's journey.

Some issues to think about NOW -- health care directives
—these may include a variety of information. medical treatment that you may or may not want; what comfort level you desire; what information you want your loved ones to know—or NOT know.
Donation programs--You may decide to opt in or opt out of organ donation, body donation for research, even skeleton donation. These are all very personal choices and individual decisions that each of us can make NOW in our “middle stage of life”--while we can and while we care.

Hopefully we can create a graceful passage marked by emotional and spiritual healing and growth—maybe even have someone playing the harp at our bedside.
I would wish that for all of us.

