
Sounding the soul

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As a certified music practitioner (CMP), I play my harp 20 hours a week at the bedsides of patients in the inpatient unit (IPU) of Casa de la Luz Hospice in Tucson, Arizona. Persons in our IPU are there for end-of-life care, symptom management, or respite. The music I play is not for entertainment (although for some patients it is a source of distraction and enjoyment) but for comfort care, which involves relief of anxiety, agitation, or pain; support of the patient's breathing rhythm (rather than the imposition of a musical beat); and, in some cases, accompaniment in the patient's final moments of transition.

At times the patient is alone in the room; at other times, family and friends are present. My task is to create a healing (as opposed to curative or rehabilitative) environment of sound. The Casa de la Luz IPU has nine beds, so I will tell you nine brief stories.

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First, though, I would like to offer an illustrative and supportive metaphor.

If I were to set sail in a boat over unfamiliar waters, I would first study others' navigational maps for whatever information they could afford me. Then I would inquire of local seamen, "What does the weather look like today?" Once the journey was finally underway, I would use sound vibrations (sonar) to continually test the waters for depth or obstacles, to discover the shape of the underwater environment, and to navigate safely and comfortably.

Each day in my CMP work, I first study the recent narrative clinical notes of our nurses, social workers, and spiritual counselors regarding our admitted patients. Then I may chat with a staff member who has worked with any of these patients earlier in the day. Finally, as I enter a patient's room, I turn on my musical sonar.

How does this sonar work? As I approach each patient, I turn on my intention to pay attention and

to create an environment of sound for the physical, mental, emotional, and spiritual comfort and healing of *this particular patient*. Will he or she need slow, regular, rhythmic sound to calm his or her agitation? Will he or she benefit from spacious, arrhythmic sound to create a safe nest for letting go or surrendering? Will this patient benefit more from familiar old tunes that evoke memories or from unfamiliar music as accompaniment to a presently unfolding mystery? As I play, I watch the patient closely, observe any responses or signs of stress or relaxation, listen to the breathing or any speech or vocalizing, and remain constantly open to signs that might tell me how to navigate musically.

I walk into Room 1. The patient has just arrived from a hospital. He is sitting up in bed, alert and oriented, frantically trying to conceal his anxiety by talking and joking. My sonar tells me, "Meet him where he is with a joke," and I say, "Hi, I am the Casa de la Luz Welcome Wagon.

I come bearing harp music. May I come in?" I play old folk and love songs. He sings along, "Oh, give me a home," his deep voice sounding loud in the quiet hospice. His wife says, "Shhhh, don't sing so loud," but I say, "Let him sing." He continues, breathing deeply. I slow the pace gradually until he is resting back on his pillow. He waves silently to me as I leave.

In Room 2, a Hispanic man, robust in appearance, lies actively dying. His buddies from the construction site where he works stand with their backs against the wall. "You bring that harp in, and we're outta here," the biggest guy says to me. My sonar makes me say, "You stay here for one minute. After that you are free to leave." I play a traditional Mexican song; perhaps it's not the best choice for the patient at the moment, but the patient's buddies move closer to the bed, take his hand, and begin speaking softly to him in Spanish. I switch to music more appropriate for the patient. The men stay, perhaps even forgetting that I am there.

The elderly woman in Room 3, here for respite, must endure painful dressing changes on necrotic wounds on her legs. She is almost totally deaf. I sit on the arm of her recliner chair, put my arm around her shoulder, and sing some old songs at a slow, relaxed pace, directly into her "good" ear. She is peaceful throughout the dressing changes.

The patient in Room 4 is non-responsive. His wife says, "This is all too sudden. We haven't had time to say good-bye." I invite her to lie next to her husband in the bed and hold him while I

play in honor of their love. She agrees. I play spacious music with lots of open fifths to support the patient's process, with a few allusions to love songs woven in. When I leave, I tell the wife to continue holding her husband as long as she likes and to let the nurse know to raise the bedrail when she leaves.

The spiritual counselor's notes on the gentleman in Room 5, who is here for symptom control, tell me that the patient has been married for 59 years and loves his church involvement. I play love songs and hymns. He says repeatedly, "Oh, the memories, the memories." After the music ends, he tells me about his wife, who suffers from advanced Alzheimer's. "Who cares if she doesn't remember what she had for breakfast? She remembers our first date and our wedding day."

I have been playing for the patient in Room 6 all week. She died this morning, and now the family is gathering. "Could you play your harp as we bring the grandchildren and great-grandchildren through to say good-bye to Grandma?" They enter the room in a solemn line, the parents holding the hands of the little ones. "See, Grandma has her ankles crossed just like she always did on the couch." They remain after the good-byes, sitting on chairs and on the floor, weeping softly. I maintain a gentle but firm and steady beat with the harp music in order to encourage relaxed breathing. Soon the stories begin, and then the laughter. The harp and I slip out the door.

The patient in Room 7 is a young, accomplished musician, now blind, who is dying of cancer.

Since she can not see me when I enter her room, I am careful to announce my presence, tell her my name, and ask permission to play my harp. There is no response. As I begin playing, she rolls her body away from the sound. Because I believe the sound may have agitated her, I put the harp aside and tentatively 'sing an improvised, wordless song of low, slow tones. She rolls onto her back, lifts her legs in the air, and then lowers them; she again rolls away from the sound, then toward it. I realize that what I first interpreted as agitation might be a dance!

The next day, during the dance, the patient raises her hands in the air and flutters her fingers, then holds them absolutely still. I accompany her movement and stillness with vocal sound followed by silence. The following morning, I drive to work anticipating a new dance and am devastated to find her bed empty. I go to a private place to cry my heart out and then place a memory stone for her in the glass bowl in our hospice chapel.

As I pass by the nurses' station on the way to Room 8, one nurse whispers, "He is very close. He has no family." Setting the harp to a pentatonic scale, I accompany an improvised song of peace, gratitude, and love. Despite periods of peacefulness, the patient still struggles, his breathing labored. I place the fingertips of one of my hands on the patient's chest and sing from my heart to his, "You are not alone. I love you." I sing to him as I might to comfort a tiny baby. His breath slows, and then quiets forever. I sit by his bed for some moments,

thanking him for the honor of being able to love him even for this short time.

"Por favor," I say to the husband and family gathered in the waiting room, "quisiera tocar mi arpa muy suavemente. Está bien?" The entire group follows me into Room 9, where two women sit next to the bed praying the rosary in Spanish. The patient, a young mother with ovarian cancer who is also holding a rosary,

opens her eyes and smiles at the gathering crowd. I play a repeated four-chord sequence and slowly and prayerfully chant the words of the *Dios te salve, Maria* (Hail, Mary). The piece involves lots of repetition. Soon many in the room have caught the simple, repetitive melodic pattern and are humming or singing along. The patient rests peacefully, eyes closed, listening to the voices of her beloved family and friends

praying for her "ahora y en la hora de nuestra muerte" (now and at the hour of our death).

These stories are only nine of many. Each day as a CMP at Casa de la Luz, I am privileged to read the navigational maps and listen to the wisdom of seasoned staff who understand profoundly the weather and waters of comfort care and to then set sail with my harp, sounding my way through its sacred depths.

