

# Singing and Playing Music at the Bedside of the Seriously Ill or Dying

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Before you decide to be with the dying, it is important to first consider your own feelings about death and dying. If you have experienced a recent significant loss, how might that affect your ability to be in the presence of someone who is dying? What can you offer in terms of comfort? Are you comfortable with the knowledge that this is not the time for religious proselytizing? Are you comfortable with silence? Have you explored grief and its many manifestations? Are you prepared to “lean in” to someone else’s suffering? Can you be comfortable with the physical aspects of the environment: the sights, smells, occasional chaos? Attending Hospice volunteer workshops offer a wonderful education and opportunity to consider what to expect at the bedside.

Prepare a list of songs. If this is a family member, you may know songs that were loved by this person. If the patient is alert, he/she may be able to tell you their preferences. Practice them, so that you feel confident sharing them. Be prepared to be flexible! Know that if the patient is actively dying, your music will be different than your song choices with someone who may be more engaged (see below). If the patient is demented, the songs that they will likely most recall and relate to are songs popular when they were between 8 and 20 years old. I keep a notebook of a variety of types of songs: hymns and gospel, country and Western, pop songs of different eras, traditional folk songs, children’s songs. Do pay attention to lyrics! The messages just may not be appropriate to a particular patient. Again, be ready to be flexible.

When you enter the room, be prepared to leave behind any personal concerns, judgments, or agendas. Turn off cell phones. You are offering a gift, and you need to be fully present.

Do refrain from visiting if you are ill in any way. Wash hands or sanitize before and after your visit. Do not bring anything in the room that you will need to put on the floor....travel lightly. Do not use the patient’s restroom or sit on the bed. In some rooms, there may be strong, unpleasant odors. A little Vicks under the nose usually helps.

Roommates can be problematic. I try to immediately greet them, and invite them to listen. I may place my chair so that I am singing/playing for them, as well. But sometimes, there will be a loud TV or angry roommate. This is, after all, also their room. I might enlist the help of staff, or I may just have to let it go, and try another time.

If you are not known to the patient, you have about 9 seconds for them to form an impression of you. When you enter the room, greet the patient and the care partner or family members. Align yourself to the level of the patient. Establish eye contact. Let the patient know that

nothing is expected of them, to just lie back and enjoy the music. Let them know that if they fall asleep, that would be considered a “standing ovation”!

Because you are likely to know this person well, it may be more difficult to avoid much conversation. But bring it back to the singing, and encourage the patient to lie back and listen. Avoid talking about yourself....it’s a great time to just listen. And allow time for silence.

Please do not engage nurses, caregivers, family, etc. in conversation about the patient while in the patient’s hearing even if the patient is not conscious. *Always* assume they can hear you.

If staff comfort or medical procedures need to happen, back off and play quietly, or leave the room. These procedures have precedence. Remember that you should not offer any physical help: water, fluffing pillows, helping to walk. This can be dangerous!

This can be a meditation for you both. I will sometimes use a guided meditation as I play the harp, perhaps to identify and lead the patient to their “happy place”.

If your patient is anxious, begin with more up-tempo music. Then begin adding slower songs, to slow down the breathing and anxiety level of the patient. If I am singing well-known songs, I will sing them very slowly if I see that the patient may be trying to sing along.

When you ask a question, you may find that you need to wait considerably longer for a patient to answer, so take time, and listen carefully.

You can often tell by looking at the patient’s face if they are becoming more relaxed. If the patient appears disturbed, anxious, distraught, annoyed, or otherwise is not reacting well to the music, stop playing, or change the style and/or tempo of the music you are playing. If patient is not able to speak, it may be appropriate to ask for some signal that they are enjoying the music or to ask for the music to end. Sometimes elders try to be polite, and have a hard time asking someone to stop, or to let visitors know they are tired. Therapeutic music does not work for everyone. Don’t take it personally!

Often the patient is hard of hearing. In that case, you may play louder, or you may find that the patient expresses frustration and you’ll need to stop. I often have to go on faith that the music is being heard and is healing. If hearing aids are an option, get help to make sure they are inserted. It can make a big difference to the patient’s enjoyment.

Other family members or the patient may choose to sing with you, and that is usually a wonderful thing, especially if the patient is interactive. I will sometimes bring extra song sheets to better include visitors. Family members may choose to offer suggestions (“Mom loves hymns”) and that can be very helpful. ....but if the patient is actively dying, please see below.

If the patient is actively dying, you may find it best to sing or play quietly. Hum or play *unfamiliar* songs. At this point, the goal is to provide a loving bridge to whatever comes next. Familiar songs may hold a dying patient to what is familiar....and hard to let go. If there is more than one singer, avoid harmonies. Keep conversation minimal. *However*, you are also singing for the family. If they request hymns, that can take precedence over the unfamiliar songs you may have chosen. Everyone in the room is in need of healing.

At the end of the session, *if* you know the person well and if you have permission, find some way to ground. Try holding or rubbing the person's feet. I usually say something to the patient and family when I leave...a blessing, a thought or condolence.

Ground yourself at the end of your session. You may never know your effectiveness. But your presence alone is usually a gift.

For more information on therapeutic music, please visit this page on my web site:

<https://www.lindasongs.com/therapeutic-music>