



Book review

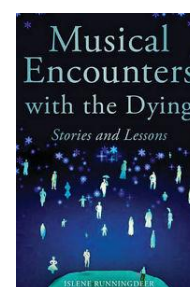
Musical Encounters with the Dying: Stories and Lessons Islene Runningdeer

Reviewed by Ray Travasso

Musical Encounters with the Dying: Stories and Lessons

Islene Runningdeer

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Introduction

Dying and death: it will come upon us all one day, and we would do well to reflect upon *stories and lessons* to equip us with dealing with the various issues and experiences that surround end of life care, so we can maximise quality of life for our music therapy clients and for ourselves. *Musical Encounters with the Dying: Stories and Lessons* by Islene Runningdeer is one of those books which could serve us well in starting to grapple with the many personal and professional and factors when working in end of life care.

The book offers the key ingredients for bringing music into palliative care settings. These include creating a therapeutic relationship, helping clients

to reach final goals, and dealing with difficult emotions. It gives particular attention to supporting vulnerable groups of clients including those with disabilities and mental health issues, as well as working with relatives.

Runningdeer shares ten years' worth of work (2001-2011), providing music therapy in a rural hospice team in Central Vermont (USA), and gives insight into her many personal experiences and music therapy interactions when encountering dying patients and their families.

Before the book gets going, the acknowledgements already draw the reader into lessons of how teams working in palliative care can provide the best end of life care possible. These lessons include: working together as a team,

communicating freely and often with each other, taking care of yourself and each other, and giving the highest priority to the needs of patients and families. This in itself provides a useful challenge to palliative care teams to question whether or not they are optimising teamwork, and hence providing the best care possible. Runningdeer uses the term caregiver and music therapist interchangeably. This enables the book to be accessible for non-music therapists, while also suggesting to the music therapist, that essentially, their role is of a caregiver also.

Structure and content

The book is divided into eleven chapters. Chapter 1 provides some historical and theoretical perspectives on how death songs have been sung throughout history of humankind, through the entire world, including examples of American Indians, Tibetan culture and western Christians. There is a role of the death song in quieting fear, praying for souls, expressing emotions, bringing relief and courage. We hear how American Indians used death songs like medicine to inject power and to help them focus spiritually. Despite the culture, language and styles being different amongst these traditions, Runningdeer asserts that the sensibility is the same “the soul’s longing for wellbeing, the hope for relief from one’s suffering” (p. 31). We are reminded how music may help people to be in the moment and to truly feel what is being felt, as opposed to the common reaction of repressing emotions.

The book highlights the responsibility of sometimes being asked as a music therapist to choose a deathsong for a client and having to trust in one’s own judgement for how to provide this. This can be a challenge. I question however the author’s belief that we will always get the deathsong right:

“but I have come to believe that the power of any number of gentle songs, those that get to the heart of what we all seem to long for at life’s end, the soul’s well-being, will always be right” (p. 34).

Subsequently I was relieved to see in chapter 2 that Runningdeer does voice that music therapists should expect to make musical mistakes and she reiterated my thoughts in writing that “we are all simply humans, learning and growing all the time, right until the moment we die” (p. 42). All music therapists, those new and those experienced, continually need to be reminded that we can only do our best in a given moment.

In chapter 2 the author discusses how the relationship between the caregiver/therapist and a person who is dying, is at the heart of music therapy. Many academic and musical skills can be learnt during training, however I concur with the author that learning how to be with patients takes years of experience including lots of risks and practice.

Chapter 3 entitled “*Some Things The Dying Need To Do*” draws the reader’s attention to the work of the dying, in which they often need to balance the practical “doing” of certain things in the limited time left, with the challenging emotions of fear, regret, anger and sadness. Runningdeer states that the hard work of facing the end of life is the most difficult thing. This is normally the case but it would be wrong to assume that it is the most difficult thing in life for everyone.

Through my own personal experience of working in both adult and children’s palliative care, I wholeheartedly agree with the author when she says that the power of music can “shine light and joy and calm on a transition that too many in our culture fear and try to ignore” (p. 17). When people ask me if it is depressing working in a hospice, I can unequivocally answer that although the work is deeply moving and traumatic at times, music has the power to bring hope and facilitate joy and peace amongst the pain and relief while the client is dying and their relatives share their last times together.

It was interesting to note towards the end of the book that Runningdeer had also been asked the same question many times, and it was encouraging to be reminded of the beneficial impact of music therapy in palliative care. It aided me to positively reflect further on my work and the significant impact that music therapy makes on the patient, the family, care staff and the community. For some it may be offering tranquil music to calm them or steadying their breathing, providing a means of pain relief, for others reminiscing, reviewing life and making memories (i.e. CDs) to be left behind for others to enjoy, offering opportunities for communication to take place, forgiveness to happen, and laughter to be made and shared. The book highlights the breadth of ways in which music can support both patients and relatives in their time of need, as they face death.

Whilst reading *Musical Encounters with the Dying* I was challenged to consider new ways of working, and broaden my thinking, for example, when reading about the dying patient who wanted to create a volunteer hospice choir that would be on call to sing for the dying and their families. I have previously set up hospice choirs, but this is a new idea to give thought to. I also liked the practical idea of creating a spa experience for clients,

working together with alternative therapists and/or physiotherapists. The music therapy profession must continue to share good practice and ideas, as well as discussing theoretical perspectives.

Runningdeer, includes many personal and insightful experiences of work with clients offering both creative and supportive ideas to consider. She highlights how her music therapy practice has developed, and how she has also developed realistic expectations of her client relationships. She discusses key qualities a therapist needs including the ability to listen, being flexible, open, humble, strong, calm, helpful, guiding not dominating, able to rely on intuition and using our senses. These are characteristics that need to be developed and are more challenging to be taught.

Runningdeer uses a useful and traditional music therapy analogy of the therapist being a good accompanist to a soloist, in listening, supporting and adding something “beautiful” to enhance the solo line. She grounds the analogy in a palliative context by stating “like a soloist and accompanist, we can make a kind of music together, until the last notes are sounded and the one who is dying takes her final bow” (p. 46). The accompanist can both share in the wonder and experience of the joint music making whilst being prepared for the surprises and need to improvise as appropriate, whilst the entire spotlight continues to be on the soloist, the client who is preparing to die. This analogy can be a helpful reminder to all therapists that the focus of their work should be on their clients. Whilst training, music therapists are encouraged to deeply analyse their work and themselves. I have witnessed the difficult transition from student to qualified therapists, in which the focus of their work and particularly report writing needs to shift to be on the needs of the client, rather than on themselves.

Runningdeer’s work provides some simple suggestions for the practitioner introducing music therapy to those who have little foreknowledge of it; for example music is used as a medicine, as a way of helping the client through whatever it is they may be experiencing. This may be a helpful idea for any therapist who is reflecting upon how to talk about their practice with their clients, relatives and colleagues.

In chapter 4, Runningdeer links the idea of culture, as a kind of home for the patient: “[c]ulture is just another expression of the idea of ‘home’, the safe and familiar place” (p. 66). She goes on to suggest that music therapy is able to “bring culture to the bedside of the dying, thus reinforcing the feelings of belonging, of resting safely within the nest” (p. 66). This is particularly significant as music therapy may occur in the home, hospice, hospital or other setting.

In chapters 5, 7 and 8 the author invites the reader to consider the need to work appropriately in different cultural contexts and with particular client groups, something highly relevant, yet sometimes feared in today’s world. They highlight the shared common experiences that cross all cultures, reminding the therapist that we can always find some common ground in which to work. *Musical Encounters with the Dying* reminds us that music is a language that we all understand on some level and can therefore support building relationships.

Runningdeer writes that she remembers to ask for spiritual guidance before every encounter with a client: “I sometimes imagine a big hawk flying at my side, and I ask for guidance and strength in preparation for the work that’s ahead of me” (p. 142). This may appear controversial to some therapists, however I believe that the role of spirituality within music therapy and particularly palliative care needs to be given more priority and consideration, in order to meet the needs of our clients truly holistically. Runningdeer is not afraid to embrace the spiritual aspects of care and her book encourages us to be open to spiritual guidance, while deeply listening to our patients and ourselves.

Runningdeer elaborates how through the use of music people can become more comfortable with their impending death and be facilitated to move forwards with “grace, acceptance and ease”. The difficult emotions of the dying patient are dealt with in chapter 5, and another useful analogy is used of music being like the wick of an oil lamp, which can draw out emotion like little else and help to bring order to chaos. I can strongly relate to the expression of emotions within a safe environment being central to the work of the music therapist, whether in palliative care or any setting. It is an area that is frequently brought to clinical supervision and that all music therapists need to regularly reflect upon, in terms of how they cope and respond. Chapter 10 then appropriately concentrates on the need for the therapist/caregiver to look after themselves, in order to be able to meet the needs of their clients. It describes the basic requirements of ample rest, plentiful play the need for meaningful work, healthy nutrition, adequate exercise and daily doses of sensual beauty, asserting that each individual needs to find their own solutions to self-care.

Many examples of music therapy are given in which clients and relatives can be facilitated to change negative emotions into positive, from anger and fear, to love and grief. Caution needs to be made however that this cannot always be the experience; the therapist can at times be left with feelings of ambivalence or dissatisfaction. Returning again to the central tenet of the book and

focusing on the client's need, may aid the therapist's reflection process at such times.

The foreword written by Diana Pierce, who was previously the director of Hospice and Palliative Care Central Vermont Home Health and Hospice, speaks of her personal experience of Runningdeer's work, also highlighting the lasting effect of music therapy on staff and the many ways they can learn to support each other through the use of music. I agree that it would have been interesting to hear further reflections on this during the book, particularly as the importance of teamwork is stressed so early on. Perhaps this could be the brief for another book!

Conclusion

I deem *Musical Encounters with the Dying: Stories and Lessons* to be a valuable book for all music therapists, and particularly those working in palliative care. The lessons learnt can be applied generically across the profession and indeed to all caregivers, regardless of music therapy experience. It is a very accessible and practical text, which does not rely on technical language or a research base to reveal its merits. I feel it could be a useful book within both music therapy training and on-going clinical supervision for experienced therapists. It could assist music therapists in looking after themselves, reflecting upon their practice style and key qualities, and being able to focus on their clients' needs, as well as practically considering and reviewing the variety of ways in which they can work.

The overriding message of the book for me is how it shows the need for developing a caring therapeutic relationship focused on the needs of each client, on his/her intentions and purpose, also taking into consideration the cultural context in order to do so. This book can be a useful tool to all in emphasising the basic importance of developing the relationship between therapist and client. It highlights the act of true caring for one's client, and the need to care for both oneself and the rest of the working team first, in order to provide the best quality care possible. *Musical Encounters with the Dying: Stories and Lessons* is a testament to the benefits of quality music therapy provision. It is intrinsic throughout Runningdeer's writing that music can be used as a service to others in a uniquely therapeutic way.

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