‘Songs at the end of Life’

David Aldridge

‘These unhappy agents found what had already been found in abundance on Earth - a nightmare of meaninglessness without end. The bounties of space, of infinite outwardness, were three: empty heroics, low comedy, and pointless death. Outwardness lost, at last, its imagined attractions. Only inwardness remained to be explored. Only the human soul remained *terra incognita*. This was the beginning of goodness and wisdom’.

(Vonnegut 1959, p7) *The Sirens of Titan.*

Music and consciousness are things we do. And we can do these things together.

Music is what we do together when we play together as musicians, or partake as listening audiences or when we engage in that sublime activity of dancing. When I write of music here, I should be referring to musics. The notion of one universal music, or some high concept of Music, is not applicable here. Being a passionate traditional folk-singer, an unrepentant addict of early rock and roll, having spent my formative years immersed in rhythm and blues and many adult years ensconced in dark places with juke boxes, then my taste can only be described as low, rather than high, and eclectic, rather than discerning.

While we have personal responses to music, we will also see that musics are also communal activities that bring people together. While being personally expressive, they are also socially expressive. These forms of expression are achieved in performance; in some cultures those forms will be fixed as conventions, in many cultures the actual making of music is something that challenges convention. My earliest recollections are of my grandfather teaching cornet or rehearsing with his brass quartet round the fire at home. Music was something we did like eating and drinking. It was social in its rehearsal and on the bandstand in the park on Sunday afternoon; it was communal in its manifestation.

Achieving con-sciousness, (Latin *con-* with- and *scire* - to know) is the central activity of human knowledge. At the heart of the word is a concept of mutuality, knowing *with* others. Our consciousness is a mutual activity; it is performed. Consciousness is also a means of personal knowing, our self-consciousness. We have interior understandings that are privatised but we also have experiences that are external and socialised. Balancing our internal lives with our social performance is a necessary activity of everyday living.

Performing both music and consciousness are potent ways of achieving this balance of unity of the external and the internal. Music itself has been used in varying forms to achieve changes in consciousness.
While we talk of altered states of consciousness, it is important to state that this position of states to be altered assumes a steady stable state of everyday consciousness, a normative description. Personally, I challenge this normative account, just as the notion of one music is questionable. Maybe we have to consider that our states of consciousness are constantly shifting, sometimes steadily and sometimes abruptly. We are in a steady stream of influences both internal and external from which we filter a state that to most of us appears to be steady. Maybe when that stability of consciousness fails, then we begin to experience mental problems. Practically, a stable state of consciousness offers everyday reality as a consensual and voluntary state; consensual, in terms of relating our activities and senses to those of another person; voluntarily, with choice in a legal sense, yet involuntarily in a physiological sense. Learning to alter our states of consciousness at will promotes our voluntary consensuality. A better understanding of those transient states of consciousness, and the ability to rise above them, in terms of transcendence has been the central feature of many Eastern religions. Being aware of and being able to alter our consciousness at will is not solely the prerogative of ancient mystics, it is an ability that we all can use. Mediation, prayer, breathing and music have all been used in techniques of altering, maintaining and stabilising states of consciousness.

Sense is made, it is an activity. Sensing, too, is performance. We literally make sense of our world in an active way. When we perform music we are making and listening; this is a dynamic cycle of activity. We are not passive organisms but constantly in creation. Culture too is a performance and an extension of our biology. New developments in neurophysiology show that exposure to language develops motor mirror neurons when an active sound is perceived and language evolves from gestures. It is possible for us to know what is happening in the other person, as intersubjectivity, when we resonate with them. The activity of neurons is referred to as firing, and it is this mutual firing that we find in performance. On the basis of this mutuality, we can reflect what is happening to the other person when we perform together. The significance of this understanding is that when we talk about consciousness, then we are essentially talking about inter-subjectivity. Making music together is an active way of changing consciousness that is embodied, that is why music and dance have been such powerful media for cultural and personal expression (Aldridge 1999). We also see that human activity is a performance. Consciousness, or knowing with, is a dialogical activity. We can speak of the ecology of dialogic communication as a mutual dynamic performance. Rhythm is substrate of this ecology; not fixed but dynamic and flowing, and is the basis of music in changing states of consciousness.

**Performative development**

I use the performative metaphor to get away from the mechanical concept of chronological time and a body that can be repaired like a mechanism. We are more like works of art in progress, or better expressed as *working art* in progress. This has implications for the performance of our development. Development is
not simply a process that takes place in babies and small children. We develop throughout our lives, as do our states of consciousness (Aldridge 2004).

When we think about development, we often consider this in linear progress like climbing a ladder upwards for the most of our lives with a rapid decline at the end. However, maybe our lives are not so simply performed in a linear progression. Sometimes we regress, to make leaps forward. If we release ourselves from the idea of a developmental ladder of progress, then we can open ourselves to a constellation of stages through which we move during our life course. And, stages are those places where performances can take place. Each stage will be accompanied by an altered state of consciousness.

**Participative performance**

Participative performances are traditionally the basis for healing rituals that include music. Changed states of consciousness are necessary for the healing endeavour. Music as an agent in healing, music in healing rituals and music therapy in cultures of care are all vibrant activities that we can be involved in. We have resources of knowledge that can be shared and pooled. There is no one singular way of understanding this multiplicity of knowledge. Fortunately we are developing research cultures of tolerance that see human knowledge as being many-sided. Together we can orchestrate our knowings into a symphony of wisdom. In this sense, health is a performance that can be achieved. Health is not simply a singular performance; it is performed with others. When we perform together we can begin to understand each other, even without speaking (Aldridge 1990, 2000).

An altered state of consciousness differs from baseline or normal consciousness and is often identified with a brain state that differs significantly from the brain state at baseline or normal consciousness. However, it is not the brain state itself that constitutes an altered state. The brain state is an objective matter, but it should not be equated with an electroencephalogram reading or a magnetic resonance image. If that were so then sneezing, coughing, or sleeping, would be altered states. Such images, or traces, reveal brain activity or inactivity, not consciousness. We can see that changes in the brain occur through modern technology, but this technology does not tell us what the person is thinking about or why.

Our baseline brain states are defined by the presence of two subjective characteristics; a psychological sense of a self at the centre my perception and a sense that this self is identified with my body. States of consciousness, where we lose our sense of identity with the body or with our perceptions are altered states of consciousness. Such states may be spontaneous and brought about by a variety of means; trauma, sleep disturbance, sensory challenges, neurochemical imbalance, epileptic seizure, or fever. They may also be induced by social behaviour, such as frenzied dancing or chanting.

However, these states are representative of a personal, self-consciousness. What we may need is to go beyond this, as all mystical traditions encourage us, to altered states of consciousness where we lose our sense of self and attain that sense of unity with others. This is a difficult message in cultures...
where we look only to develop our selves and attain personal states of knowledge. But we have to ask ourselves, for what purpose is consciousness (Ornstein 1996)? Simply for our own benefit? Although a key element of our survival has been to develop a personal consciousness that separates the self from others and has been critical in the development of modern technological culture, we need a holistic consciousness that complements the personal and analytic approach when we consider the situations that affect humanity as a whole. Ornstein (1996) argues for a mode of consciousness that considers relationship rather than the egocentric self.

Religion, Spirituality and States

Many religions identify the ideal state as an altered state of consciousness: losing one’s body and one’s self, uniting with some sort of Divine Being. The Eastern traditions also encourage a sense of mastery in that we can go beyond fluctuations of consciousness and change states of consciousness. The means of achieving these changes are sometimes meditation but often include activities like music, dance, specialised movements and postures that break the train of sequential verbal thinking. The emphasis here is not on one mode of neither consciousness nor the other but a mastery of varying modes that brings us to a unity of knowledge. This is in effect an extended consciousness where we unite the analytic and the intuitive and has been at the heart of varying spiritual traditions. Spiritual traditions, when made manifest in religious forms, located in their varying localised cultural contexts are simply ways for us to understand the purpose of our lives. Those forms need to be constantly revised in performance and informed through intuition if they are to maintain any present-day reality. That is why many religious forms feel redundant or restrictive because they have achieved a verbal dogma that fails to encourage the intuitive wisdom of current performances (Aldridge 2000, 2004). Once religions, or sciences, begin to say that this is the only way of gaining knowledge then the way to personal experiential knowledge is obstructed.

The same thing goes for understanding music and how it works in performance. We need to play different music in differing contexts with differing people to understand what remains in performing and what is culturally specific.

Songs in music therapy

Music therapy offers meaningful benefits to those facing end-of-life (Magill 2001, 2002). In music therapy, the healing attributes of music reach beyond words. Pain is eased, relaxation and feelings of comfort are promoted, and feelings of fatigue are diminished. Music therapy enhances spirituality in those contending with advanced illness through facilitating four primary aspects of spirituality; transcendence, faith and hope, sense of meaning and purpose and a search for connectedness.

There are many characteristics of music that facilitate a search for meaning and purpose. Music evokes memory and enhances life review, the looking back over one’s life to view the path one has taken. As patients and families partake in this process, there may be a range of thoughts and feelings
that emerge, and there is often renewed insight (Aldridge 1987, 1988, 1998). Unresolved issues and feelings may bring grieving, feelings of anger and sadness. Compassion is essential in this work so as to assist the patient and caregivers in finding resolution and meaning. Through music and with the accompaniment of the music therapist, patients may regain inner peace as they, through the process of life review, gain perspectives on their inner values, strengths and life accomplishments.

In music therapy, the music therapist offers techniques, such as making audio recordings for family members, writing songs of dedication, biographical songs, or songs of hopes and wishes for loved ones, or techniques focusing on songs that nurture the patient’s sense of personal significance. Music can also foster meaningful communication between patients and caregivers and can bring forth tenderness and feelings of love. Through songs particularly, we can find ways of expressing emotions that may seem awkward or banal in ordinary speech, yet they sound acceptable as a song lyric.

A major re-occurring spiritual theme is peace. Patients often long for comfort, relief from pain, peace of mind, relief from interruptions, uncertainties and relief from lack of control.

Lois, age 68, had metastatic cervical cancer and was receiving palliative care for her pain that was proving difficult to manage for the medical and nursing team. She was agitated and angry. She was referred by a doctor who requested music therapy to help her with her pain and agitation. Staff said that she was a ‘difficult patient’ with her incessant demands that somehow always failed to be met. When we went to her room, the patient’s son and friend were in far corners of the room. As the music therapist and colleague entered the room, they ran up and requested ‘Flamenco’ music, stating that this was Lois’s favourite music. The music therapist and her colleague sat near the patient and asked her, ‘What music would help you today?’ Lois answered, ‘I want to be in peace’. Clearly a contraindication to her favourite music!

After listening to her needs and what she had to say about her family, we composed a song for her with a flowing repetitive background using two guitars and two voices. The importance of the two voices was that sometimes we used a solo voice and then sang as a duet. This reflected her own needs to remember her husband’s voice. This technique of song composition using the words, thoughts and desires of the patient is a standard approach in music therapy. The song was improvised and lasted for fifteen minutes.

Her concern as that she was becoming isolated and alone, that she would never feel the love of her husband who had recently died, that she needed forgiveness and that she had become abandoned (despite her friend and son being in the room). In addition, she always came back to the expression that she was waiting. Embedded in this song were phrases that she had used in previous conversation and during the song we asked her if she would like to substitute words or themes. ‘Forgiveness’ was such a word. The usual ward activities continued as we sang and her physician stayed throughout the whole session.
Love is flowing over me, I am waiting.
Love is flowing over you, you are waiting.
Love is flowing over us, we are waiting.

Peace is flowing over me, I am waiting.
Peace is flowing over you, you are waiting.
Peace is flowing over us, we are waiting.

I am reaching out to you, I am waiting
You are reaching out to me, you are waiting,
We are reaching out to you, we are waiting.

I will take you in my arms, I am waiting
You will take me in your arms, you are waiting,
We will take you in our arms, we are waiting.

There’s forgiveness in my heart, I am forgiven
There’s forgiveness in your heart, you are forgiven,
There’s forgiveness in our hearts, we are forgiven.

I will call you to my heart, I am waiting
You will call me to my heart, you are waiting.
We will call you to our hearts, we are waiting.

At the end of the music, obviously in an altered state of consciousness, her physician asked her ‘Where are you now’? Lois replied ‘I am in beauty, I am in peace’.

This example demonstrates the use of the aesthetic characteristics of music to reach another person, help calm agitation and instil feelings of peace. The music reached her and also had a calming effect on the family. During the music, the son moved closer to Lois and faced her, appearing calm and relaxed. Over the next days, the son became more involved in the singing of this song for his mother, and rift between them began to be healed. The lyrics of the song met the patient’s needs and the tempo and dynamics conveyed the state of peace, the state for which she had hoped. Through the use of tenderness in our voices, we offered a contact that she needed that is often easier to achieve in song than in everyday speech.

The impact of metastatic illness can have devastating effects. There may be pain, numerous psychosocial losses, loss of control and overall diminished quality of life. These losses may bring feelings of suffering, characterized by a loss of faith and hope, a loss of a sense of meaning and purpose, and a loss of connectedness. Music helps restore, refresh and promote union - in this sense, encouraging healing as a sense of becoming whole.

* An mp3 recording of this song can be heard at
The spiritual themes that emerge in sessions also carry spiritual significance for those partaking in the sessions; for caregivers, family and friends. The power of music to build rebuild relationship, enhance remembrance, be a voice to prayer and instil peace is evident.

We sometimes forget that the medical and nursing teams have a profound need to resolve their own suffering and renew their sense of purpose. Actively making music reminds us all that something can be done, that there is an available cultural form of expression that allows us to both express ourselves personally and communally. And this is song.

References


Magill, L. (2001) 'The use of music therapy to address the suffering in advanced cancer pain.' *Journal of Palliative Care* 17, 3, 167-172.


For my main work in this field see Aldridge, D. 2000 ‘Spirituality, healing and medicine. London: Jessica Kingsley.

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