

Full-Length Article

Crossing the River Styx: *the Power of Music, Spirituality and Religion at the End of Life.*

Barbara Salas¹

¹Newcastle University Medical School, Framlington Place, Newcastle upon Tyne, United Kingdom

Abstract

Dying from a terminal illness involves a period of transition throughout which the person deals with multiple losses, including the loss of one's own life. The awareness of death makes the individual confront spiritual questions that touch the very nature of existence, and music can help intensify that spiritual experience bringing new meaning to the end of life. The reasons why spirituality, religion and music can facilitate the existential quest for meaning and provide an overall improvement of the quality of life at the end of life will be explored. It will be suggested that a humanist approach to end-of-life care in which alleviation of suffering and consideration of the specific needs of the patient, including spiritual care and therapy with music, would be desirable to help patients during the dying process.

Keywords: *terminal care, music, religion, spirituality.*

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Introduction

According to Greek mythology, Orpheus was the greatest of all musicians. After the death of his beloved Eurydice, he decided to go to the land of the dead in an attempt to bring her back to life. But to do that, he had to cross the River Styx. The river separated the realm of the living from the realm of the dead, and it was closely guarded by Charon and the three headed dog Cerberus. Orpheus used his playing of the lyre to charm them, and it was so irresistible that Cerberus felt asleep and Charon transported Orpheus into the underworld to meet Hades, the king of the realm of the dead. When Orpheus saw Hades, he started singing accompanied by his lyre, and the music was so divine that all hell stood still; then Hades allowed Orpheus to take Eurydice back to the world of the living.

Death is a universal feature of human life, and life is shaped by impermanence and finiteness. When confronted with mortality because of a terminal illness, the individual goes through a process that resembles the tasks undergone by those who are grieving the death of a loved one[1]. This experience is called anticipatory grief, and it stands for the physical, psychological and cognitive changes that happen as a consequence of the threat of multiple losses that a person faces

when being terminally ill[2]. The experience of anticipatory grief involves the need to acknowledge the reality of one's mortality; going through the emotional pain associated with the prospect of having to die; the adjustment to the loss of one's identity, status, friendships, independence and ultimately life; and the need to find a way to "relearn" how to live, including death within his own life and finding existential meaning in the challenges and obstacles that come with the illness[3].

Spirituality and/or religion and music are essential and universal features of human life. They have an important role in facilitating the journey of accepting one's death, easing the anticipatory grief and finding peace in it. As it will be argued, this is the case because they share certain characteristics that enable the person not only to perceive death as a *doorway* rather than as an end-wall, but also bring the opportunity to transform life while dying.

Spirituality and Religion

The scholarly world in the field of healthcare research seems to lack a standard definition of what spirituality is, although certain aspects appear repeatedly in the literature[4]. These aspects have been well summarized in the Consensus Conference's definition of "spirituality", which accounts for "the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred"[5]. Spirituality is a universal human dimension, and is independent of institutions, models and traditions. It is both relational and associated with inner strength and peace, and it provides values that function as a standard that guide one's

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Barbara Salas | E-mail: theologyandmedicine@gmail.com | COI statement: The author declared that no financial support was given for the writing of this article. The author has no conflict of interest to declare.

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International Association for Music & Medicine (IAMM).

life. Spirituality can be expressed through various means that include communal practices, individual meditation, enjoyment, or strong adherence to the environment, and it may or may not appear within the religious context[6].

Central elements of the spiritual questions are those related with meaning of life, human existence, and meaning of being. Because spirituality involves questions about meaning, and meaning is closely connected with existence, death is therefore related to spirituality as an event that threatens our current life[7]. Death makes future projects unavailable and questions the validity of our past, as there is a possibility that our achievements, which constitute our legacy, will be forgotten and ignored. However, our awareness of death can shed light into our present and give meaning to our actions, forcing us to stop projecting things into the future and to refocus our attention to search for what is meaningful here and now.

Religion, on the other hand, refers to an institutional system of faith, worship, values, doctrines, rituals, customs and practices that aim to give meaning, provide a sense of connection with others through the community and with God, engage with the mystery of life, and provide a framework within which the believer can understand existence. Religion is also connected with the spiritual dimension of the individual, although a person can be deeply spiritual yet not religious.

Kenneth I. Pargament understands religion as the “search for significance in ways related to the sacred”[8]. In his definition, “search” refers to the action that individuals take in order to find meaning, which involves discovery of something significant, conservation of what has already been found, and transformation of the search for the content of life. “Significance” implies the notion that people strive to attain existential meaning, which can be objective and subjective. Finally, “sacred” refers to concepts of God and higher powers that function as the source of meaning in the individual’s search for significance.

Spilka et al[9] notice some differences between the nature of spirituality and the nature of religion: firstly, spirituality does not require an institutional framework although it can have it, whereas religion cannot exist without such an institutional reality; secondly, religion (unlike spirituality) always has a public dimension such as signs and symbols that identify it, visible places to worship, and a community; thirdly, a spiritual person does not need to believe in a deity or transcendental reality, whereas religious people in general refer to some form of it; and finally, religiousness invariably involves spirituality, but spirituality does not necessarily involve religion.

Yet spirituality and religion also have common elements: both are multidimensional –including the quest for an ultimate concern, the aim of unifying one’s personhood, the need to have a meaningful identity and purpose, and the search for authenticity—[6]; they are highly changeable with

time and circumstances; they are essential dimensions of the person’s life, especially when facing illness[10]; they allude to a transcendental (or existential) search that enables the individual to find meaning in life and understanding one’s place in the world; and they affect the patients’ quality of life, quality of care and overall wellbeing[11]. Therefore, it can be argued that spirituality and religion refer to the dimension of the individual throughout which the person searches for meaning, regardless whether the meaning is religious or not[12].

The nature of music

Music has a mysterious and abstract nature, which make defining its nature a difficult task. It is the only art that is intangible, yet its power is transcendent and universal: a musical piece is written in a symbolic manner as a score, but its meaning can only be expressed through play. Moreover, its existence in time and space unfolds as it is created, unlike the visual arts, which can be perceived all at once. The musical performance is a subjective interpretation of a score, and the effect of the interpretation is the result of a number of elements, including the listener’s own emotional state, the setting, and the performer’s ability to convey meaning through sound. People’s experiences of the same musical work widely differ, and the meaning that the composer wanted to convey is not embedded in the musical notation in any explicit way. As Gadamer[13] notices, music’s meaning can only be received through a direct interaction with sound – in a similar way as a text, which solely becomes intelligible by reading it.

The experiential impact that music can have on the individual is also mysterious: the performance itself vanishes instantly and forever (unlike for example a work of painting, which can be physically revisited), but it can have a lasting effect on the person despite its immaterial and impermanent nature.

Music as an art can communicate things that are otherwise inexpressible, and it can trigger deep and powerful emotions in a puzzling way, as it lacks explicit semantic content or identifiable elements that resemble the physical world. Music also has the capacity to convey the essence of existence[14] in the sense of connecting with the deepest part of the human being in a very direct, unique, and personal way, while shedding light into the content of one’s life. The experience of music can occasionally be transcendental: when that occurs, the individual is directly faced with life’s most pure beauty and truth, and with the overwhelming feeling of just “being” in the here and now fully – something that could be described as a “holy” moment. It is likely due to these attributes that despite music’s detachment from the physical world in a formal sense (i.e. as it is not an art that can be touched, and it does not exist materially in the world), humans find in music a relatable reality.

Capturing the meaning of music does not necessarily require intellectual engagement as reading a written text would. However, a musician or an individual with musical knowledge is likely to perceive music differently to a neophyte, because elements such as musical form or style can be learnt and recognized, which will subsequently influence the way music is deciphered.

The perception of time is also altered by music: as Savage points out, “music exercises its power to re-describe affective dimensions of experience through creating different worlds in which the ordinary sense of time is surpassed by a ‘time beyond time’ or a feeling of ‘being out of time’ - in short, by ‘eternity’”[15]. In this respect, research[16] has shown that waiting time is perceived to be shorter when there is accompanying music than where there is none, and this is especially marked when the individual enjoys the accompanying piece. The emotional response that music triggers also influences time perception: pieces in a major key are interpreted as “happy” and are often associated with a fast tempo; conversely, pieces in a minor key are generally perceived as “sad” and tend to be played in a slow tempo[17]. Interestingly, both happy and sad music can be experienced as very pleasant. It is this positive valence which has the power to shorten the passage of time[16], making it more enjoyable and bearable and potentially having a positive impact on symptomatic patients that are terminally ill.

Finally, the quality of music to transcend space and time can be powerful and transforming. As Gadamer[18] suggests, music can project variations of possible inhabitable worlds, thus freeing the space in which we physically exist. This is the case because music has the potential to “renew” the space in which it is experienced depending on the mood or feeling that it expresses, and how those messages are received by the listener[15]. For example, Mozart’s Requiem was composed as an expression of mourning and musical exploration of death and dying. Even though this piece was composed in the 1700s in a specific cultural setting, it has long been recognized as a transcendent expression of loss. It crosses boundaries of time and space by evoking the universal human emotion of grief in settings and time periods long removed from the original context in which the piece was composed. Yet at the same time, these universal feelings of grief evoked by the piece are patterned by the individual’s unique cultural milieu, and thus the music will resonate differently with each listener.

Religion, spirituality and music at the end of life

Spirituality and religious beliefs influence the way individuals embrace death because they provide meaning. “Meaning” here refers to what matters most and gives value to an individual’s life, forms its existential structure, and makes life desirable on its own. Meaning also has a relational component which is particularly relevant at the end of life: it can help in restoring one’s relationships with others, and/or one’s sense

of self. And while this may not bring a “cure”, “healing” in the sense of recovery of wholeness can be possible to the very end of life[19]. Moreover, finding meaning in difficult circumstances often reduces or even solves[20] the suffering, because the element that causes suffering is no longer regarded as a threat to the integrity of the person.

The hazard that a terminal illness poses to one’s existence and life meaning forces the individual to rely on a system of tools. That system includes beliefs and practices that can help to make sense of and deal with the existential threat to the person. In this sense, spirituality and religious beliefs provide content to the loss (or losses), and to those who believe in an afterlife they give content to whatever comes after death. Religion in particular removes the uncertainty of death by offering an explanation and an appropriate framework to understand one’s end and its implications, thus granting a sense of reassurance and a narrative that helps with what is otherwise utterly daunting. Depending on the religious denomination the beliefs regarding the afterlife vary, although in general the idea that death is not the “absolute end” is commonly accepted.

One approach[9,19,21] to understanding how religion and spirituality function as tools to provide meaning at the end of life is the idea that the existential threat can be reshaped by using secondary forms of control. This refers to the ability of the individual to change oneself so that the situation is perceived differently altogether. Three forms of control are particularly relevant:

1. **Interpretive control**, which refers to the process of re-interpretation that individuals undergo when facing a major difficulty that feels overwhelming. By giving a new interpretation the problem becomes to some extent under control, and the stressful situation appears to be less threatening.
2. **Predictive control**, which refers to the positive attitude towards future regardless the difficulties in the present. This enables the person to feel that “things will be all right”, switching the focus of concern from the present threatening reality to a better future that is about to come. An example of this is the story of a devout Jew who as a Nazi prisoner in Auschwitz was given the number 145053. When he looked at it, he suddenly realized that he was going to live because the numbers added together totaled 18, and 18 is a number that in Judaism means life. Subsequently he felt that God was speaking to him through the number, and that despite the present difficulties, “everything was going to be okay in the end”[9].
3. **Vicarious control**, which refers to the moment in which due to the inability to cope, the religious individual turns fully to God. By doing so, the deity becomes the support for one’s troubles, and the source of strength that the individual lacks. It is

often the case that identification with the deity gives enough tools to regain the sense of control over an overwhelming situation. For people who are not religious, vicarious control can be exercised by turning to members of the community, friends and/or family, who can be a positive source of support and strength while facing unmitigable suffering.

Music is a vehicle of expression, and as such it conveys meaning[22,23]. This is important for patients at the end of life, as musical meaning has the power to modulate emotions[24], which can be used to shift one's mood or perception of reality – especially when it is unpleasant or difficult. Listening to a particular piece when feeling overwhelmed or sad can help overcome those negative emotions by shifting the focus to a different perception of reality. In addition, the meaning that a musical piece conveys is not exhausted by its experience: on the contrary, as Gadamer suggests[24], repeated exposure to a play of art enables the individual to gain a richer understanding of meaning. That implies that a patient can benefit from the substance of music and even grow spiritually with it by listening to it time and again.

Music can also evoke memories, transporting the listener back to moments associated with a particular piece. This is known in the field of psychology as “reminiscence bump”[25]. Janata et al[26] found that popular songs could elicit autobiographical memories, which were associated with strong emotions. This seems to occur in the medial prefrontal cortex, which functions as a nerve center that enables association between certain musical features with autobiographical memories and emotions[27]. Music's evocative power has been used to help patients with dementia in particular: while they often cannot communicate with words, they may be able to sign a song. This is possible due to the association between music and deep memories, which are not affected by the disease.

Rituals

Religious and spiritual rituals may help to commemorate events, to facilitate the process of reminiscing, or to help communication amid the family members by strengthening the bonds between the terminally ill and his social circle, all of which may be positive in the process of accepting death.

Among all rituals, prayer occupies a central position. Prayer is widely practiced and is regarded as the core of faith[9], and although some psychologists see religious prayer as a form of control[9] in general it is considered a positive tool to cope with difficult circumstances, including a terminal condition. There are many forms of prayer, although the most stable types identified in research are: petitionary, ritualistic, meditational, confessional, thanksgiving, intercessory, self-improvement, and habitual prayer[9].

For those who follow no religious faith, rituals may involve meditation or attendance to particular gatherings or events in which the individual can convey and share his values, beliefs and ethical system. The observance of ritual practices enables the person to keep a sense of identity, connectedness and meaning through actions, which can be helpful in the face of a terminal illness by providing an explanation or a channel to canalize the impending loss. The importance of rituals can be appreciated in that while people who follow a particular faith tradition often draw upon particular liturgies, “those who have no connection with a faith community may still seek ritual expression for their grief patterned upon faith practices”[28].

Different religions have different rituals specifically directed to the dying. For example, the Catholic faith offers prayers and anointment with blessed oil through the sacrament of the sick, and in the Buddhist tradition the body is accompanied all the time until there is a sense that the person's spirit has finally exited the corpse. In many religious traditions it is common to touch or lay hands on the dying person to provide a physical and spiritual connection as death occurs, and the ritual of sitting with the dying in a “meaningful” or “ritualistic” way has an important value across different cultures. Other rituals like the Catholic confession or the Christian reflection on the virtues of faith, love and hope may also bring the individual closer to understanding the nature of the wrongdoing and find ways to change, which may function as means of forgiveness. In Buddhism, the spiritual teacher plays a dual role: he makes sure that the transition is peaceful and calm for the dying, and also teaches family members about the importance of accepting death and resolving conflicts in order to find closure[29]. These tools help those dying and their families to cope with distress, restoring the sense of wholeness and integrity and helping to improve the relationship with oneself and others.

With regards to death itself, rituals vary from tradition to tradition but all share in common the goal of facilitating the transition between life and death. In Judaism, when the person passes away the body is removed to a mortuary and a funeral is celebrated within 24 hours of death. However, if the death occurs on the Sabbath (Friday sundown to Saturday sundown) or on festivals, it is common to request for the body to remain where it is until the end of the sacred period so that its holiness is not compromised[30]. After the funeral, Jews sit “shiva”, which is a period of 7 days from the day of the funeral that enables family members and friends of the deceased to grieve while being supported by the community. In Islam, when the patient is near death a family member or the imam can recite a chapter of the Holy Qur'an, and then the body should be washed and enshrouded in three white sheets. Then the body is interred in a plain pine box[31].

Like prayer and rituals, music enables a spiritual connection between individuals and groups to each other and

to their spiritual dimension[32]. This potential to facilitate communal activity and communication explains why music has a central place in the life of many religious communities[33]. Moreover, music can be a source of ease and calmness: hearing familiar hymns can give spiritual comfort to the dying, and music is often part of ceremonies and rituals around death, thus helping those who are grieving the loss of a loved one.

Music also has the power to create a space where the symbolic meaning of religious rituals is highlighted, and it facilitates sharing and understanding of those rituals among different cultures and locations[33]. Finally, music has a role in the experience of worship itself, as well as in helping the worshiper understand what it means to engage in that communal, experiential ritual and be part of a community.

Hope

Both spirituality and religion offer people hope –i.e. the desire for a future and the belief that that future is possible despite uncertainty[34]– in the midst of crises, in the course of a serious condition and when facing the end of one’s life. At the beginning of the illness spirituality and/or religious beliefs may offer hope for a cure, and when a cure becomes unlikely, they may offer a hope to have comfort, to be surrounded by those who are loved, or to have a peaceful death.

Specific religious beliefs[19] can give people concrete hopes while facing death: Protestants have hope in the concept of salvation in death, and see in Jesus’ dying and raising from the dead a model to understand that participation in His death gives eternal life. Catholics may have hope in a life beyond death, in accordance with the promise that Jesus made regarding the victory over death through resurrection. Jews believe in the resurrection of the body that merges with the soul and hope to continue living through their offspring, and Buddhists’ and Hindus’ belief in rebirth and in the law of karma offers the hope of a possible attainment of *nirvana*.

Finally, the positive influence of religion in accepting one’s death may not only be connected with its assurance of an afterlife, but also with the hope to affirm one’s worth and dignity while still alive.

Music can also convey hope by transporting the listener to a different realm through memory, as explored above, and by changing the relationship with time and space. In particular, music that is religious and spiritual in nature (for example Psalm 23, “The Lord is my Shepherd”) can convey comfort and guidance to the listener, and for those who believe in it, the reassurance of the afterlife.

Framework

Religion also provides an appropriate framework of existential exploration to evaluate and better understand the nature of an undesirable situation, as well as to explain from a broader perspective one’s physical reality as creatures of God or the divine. Doctrines provide clear descriptions of the ultimate

reality, which function as structures to shape and direct people’s lives.

For those who do not follow any particular faith, spirituality underlines one’s sense of “worth” when reviewing one’s past life, family, and friends, as well as the bonds the patient may have with them. As Argyle notices[28], “spirituality is ... not simply an intellectual proposition but consists of cognitive, emotional, and behavioral components that contribute to defining the person and to the way life is experienced”. That is why religion and spirituality can provide a useful framework to consolidate one’s sense of identity in relation to what is perceived as most important in life, and that transcends one’s existence.

Music enables the creation of a safe ontological space. This space enables the person to explore the nature of being, providing a framework where the individual can more deeply understand their feelings and emotions without having the boundaries of words[35]. It enables the analysis of complex thoughts that would otherwise be perhaps difficult to articulate, and it provides a structure to reflect and gain insight into the inner self. This quality, in a similar way as religion and spirituality does, can facilitate the evaluation of a negative situation, and it can help the patient with reframing the meaning of dying and turning it into a more positive experience.

Community

An institutionalized religion involves a community. That may enable devout individuals to lessen their fears through sharing and through the neutralization role of the rituals, traditions and doctrines that can be experienced within a group. Moreover, belonging to a non-religious community may provide a supportive space, and may be a source of strength by empowering association with other members of the group, which can be beneficial at the end of life[36].

Music has had a central role in our evolutionary history, particularly because it encourages social bonding and group cohesion[37]. Music is inherently relational, and at a minimum its experience enables a connection between the composer, the artist and the listener that transcends any physical boundaries. Music can also be enjoyed within a group, can bring people together through dance, and it can create a space where communication is possible without physical interaction. As Cross notices, “music allows each participant to interpret its significances individually and independently without the integrity of the collective musical behavior being undermined”[38].

Guidance

Another function that is specific of religious beliefs and doctrine is to provide guidance regarding ethical decisions. For example, the Catholic Church in the United States publishes the *Ethical and Religious Directives for Catholic Healthcare Service*[39], where the moral doctrine of the

Church is outlined in order to help Catholic healthcare professionals make decisions. In Islam[31], the patient is encouraged to have faith in God rather than in the modern medical treatment, and therefore Islam regards the recitation of the Qur'an during illness to be a health-giving method as important as medicine itself.

In the setting of end-of-life care, ethical issues may include making clinical decisions like withdrawing advance life support, "Do Not Resuscitate" order, making plans for advance care, or ordering an autopsy. While in some cases[40] institutionalized religions can be a source of distress if the patient is confronted between his own desires and the obligations of his religious faith, in other cases the ethical and doctrinal guidance can remove the responsibility of making a decision away from the patient and families. For example, Judaism does not allow autopsies as it is seen as a mutilation of the deceased body. Therefore, while the question of whether or not an autopsy should be requested may be a source of anxiety and conflict for a non-religious family, a Jewish family will be at peace with not requesting one, in accordance with their religious beliefs.

Transcendence

An essential characteristic of spirituality and religion is transcendence. In the context of end of life, transcendence can have the power to restore the wholeness of the person by placing the individual into a broader context that goes beyond the particular problem that is causing suffering.

Transcendence can be experienced through a particular religious denomination, though in itself as a transpersonal dimension it does not require a religion to emerge. Having said that, some religions like Christianity offer a concrete explanation of suffering by linking pain or loss with the suffering of Christ: through this connection, the religious individual transcends his own pain and suffering is endured. But for patients that are not adhered to specific religious beliefs (or even for atheists), the need to transcend death may be achieved through strengthening particular relationships, leaving certain legacies in the form of narratives or other means, or by accomplishing one's wishes.

Transcendence is also a key element of music, and therefore it can play a relevant role at the end of life[41]. The power to transform the space in which a musical piece is experienced can facilitate coping with an otherwise finite physical existence, and it can help the individual to regain a sense of serenity and peace by evoking past places, times and memories. Moreover, music enables a deep connection with the meaning of life[42], and it helps enhancing one's relationship to spirituality. This can help easing critical transitions, like the one from life to death. It does so by transporting us to a dimension where the unspeakable can be explored.

The promotion of spiritual care at the end of life

While faced with a terminal condition, profound questions about the meaning of life, identity or purpose may emerge and answering these questions is as important as answering those about treatment. As Viktor Frankl points out, suffering destroys when it has no meaning[43].

Spiritual care at the end of life involves most importantly listening to those who are facing a life-threatening situation, while providing a space where the spiritual dimensions of the individual can be expressed, explored and nurtured[28]. This implies acknowledging the patient's beliefs, values, and connections, and helping the individual finding meaning in his life. The provision of spiritual care can be challenging due to its complexity, and while its importance is acknowledged, it often remains unclear how, when and by whom the work should be done[44].

There are a variety of models that assess spirituality in the health care setting. Cobb[28] suggests that spiritual care should include an initial assessment, the identification of needs through the exploration of the patient's faith and/or spirituality, and the supply of resources based on the information gathered previously. Maugens[45] proposes the mnemonic SPIRT as a structured way to explore the spirituality of the patients ("S" for *Spiritual belief system*; "P" for *Personal spirituality*; "I" for *Integration with a spiritual community*; "R" for *Ritualized practices and Restrictions*; "I" for the *Implications for medical care*; and "T" for *Terminal events planning*). In a similar line, Puchalski[46] suggests the mnemonic "FICA" to remember the four core elements of the spiritual history: Faith and belief (e.g. What gives your life meaning?), Importance (e.g. Have your beliefs influenced how you take care of yourself in this illness?), Community (e.g. Are you part of a spiritual or religious community?), and Address in care (e.g. How should this issues be addressed by health care providers?). Finally Ferszt et al[47] developed a tool to evaluate spirituality focusing on four areas of assessment: connection (e.g. Who are the persons or communities you look to for support?); meaning and joy (e.g. What has been most important in your life?); strength and comfort (e.g. Is there anything that is comforting to you now?); and hope and concerns (e.g. Is there anything that you hope for?). All these tools can help the healthcare professional to gain a better understanding of their patient's spiritual and/or religious dimensions.

Some patients will express their spiritual needs through a structured religious faith and in those cases the community or some members of it may provide support. For patients who are not members of a religious denomination or who lack a supportive community it is important to facilitate spiritual care within the healthcare setting. Regardless the religious denomination or lack of it, the providers of pastoral care should offer an auxiliary listening environment, enabling the individual to share the life stories and to reflect upon the

spiritual and/or religious issues that are felt as important at that time.

Spiritual care is not about imposing new tools or offering “better” spiritual frameworks, but rather about embracing and valuing the individual’s life, beliefs and experiences[28] in order to enable growth and development from it. This process may require “assistance”, and thus the spiritual care practitioner can provide support and a structure to help the individual make good use of his own resources. Ideally the team should be readily available to give adequate aid, if not by offering it directly, by referring the patient to the appropriate person.

The provision of spiritual care requires certain facilities such as a chapel or a prayer room, sacred texts, prayer mats, and rosaries, among other items, and these should ideally be readily available for the patient. The religious needs may also include the wish to resolve unfinished or unanswered religious questions, and/or to gain a sense of hope about the afterlife. Some patients may express the need to seek for reconciliation, redemption, divine forgiveness, mercy, grace, healing and strength for God, and in order to achieve this the use of a religious support system, religious literature, having visits by the clergy, or performing certain rites may be helpful[48].

Finally, due to the complexity of spirituality and the implications of religious beliefs, those working with patients at the end of life should ideally receive ongoing training in order to acquire the adequate knowledge and skills to help the patient in that dimension.

Therapy with music at the end of life

Music has traditionally played an important role in helping with the dying process[49], especially as part of religious practices at the end-of-life[50]. It is only recently that research is supporting this practice within the healthcare setting[51]. The introduction of complementary models such as therapy with music has been shown[52] to provide spiritual comfort and alleviation of suffering in particular at the end of life, as it helps the individual reconnect with important aspects of existence such as the nature of relationships or the purpose of life. And as explored above, the power of music to convey meaning, evoke memories, facilitate rituals, enable and strengthen interpersonal relationship, convey hope and facilitate a framework to explore human impermanence makes it an ideal vehicle to facilitate the end of one’s life.

Music therapy

Music therapy is a complementary service that is offered in a variety of medical settings, including hospices and palliative care settings. The American Music Therapy Association defines music therapy as the “clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed

professional who has completed an approved music therapy program”[53].

Music therapists are Board Certified (MT-BC) by the Certification Board for Music Therapists (CBMT)[54], and offer tailored interventions using music to facilitate communication, and to provide physical, spiritual and emotional well-being to patients(55, 56). They employ a wide variety of methods, including improvisation, evoking memory, enhancement of life review, creation of audio recordings, relaxation techniques, guided imagery or instrument playing(41, 54).

The therapist involves the participants actively or passively depending on the therapist’s assessment, and on what the patient and their family define as their most immediate need. Goals are made in conjunction with the medical team. Sometimes a patient may request a specific piece that has a unique meaning, while at other times the aim may be to access a memory or emotion associated with a particular song, as a resource or tool for healing. This can then be facilitated by the music therapist, whose aim is to create a safe space where reflection and communication is supported in a non-judgmental way, and where feelings can be validated[55,57]. The abstract nature of music enables conveying complex emotions that can be difficult for the patient to verbalize or express otherwise, and the choice of a particular piece can help with the expression of a deep feeling that may be too daunting or complex to convey in any other way[58].

Music has many therapeutic benefits: it has been shown to reduce anxiety and pain, help with depressive symptoms and improve quality of life[59]. There was also a small reduction in heart rate, respiratory rate and blood pressure, as well as fatigue. In addition, music can be used as a tool to help with the expression of difficult emotions[60], which in turn can improve the patient’s encounter with mortality.

In the palliative care setting, where pain management is often challenging, one study[61] showed that music therapy can significantly decrease the pain scores for the patients in the intervention group. In patients mechanically ventilated, listening to music had beneficial effects on anxiety, and it consistently helped reducing respiratory rate and systolic blood pressure[62]. Finally, music has been shown to promote complex positive emotions such as forgiveness, peace and resolution, which can be especially helpful for patients facing death[63].

Other musical interventions

The term “music thanatology” was coined by Therese Shroeder-Sheker. It refers to a contemplative practice that aims to help patients who are at the end of life achieve a sense of serenity and calmness through music, as if music would pour “over the body like a balm”[64]. The practice has been expanded all over the world through the *Chalice of Repose* Project[65], and trained musical thanatologists use a harp or

their voice to offer dying patients and their families the service of the “music vigil” at the bedside. The aim is to relieve physical symptoms such as pain, and to function as a calming tool so that the transition from living to dying becomes easier, more serene and peaceful, blessed. The vigil also helps process difficult emotions for those who are with the deceased, as listeners can find comfort in the presence of the artistic beauty conveyed by the musician.

The session usually last up to an hour, although it varies depending on the needs of the patient and their relatives. The key is for the musical thanatologist to be aware of the needs of the people present in the “music vigil”, and to create the appropriate musical “prescription” in order to bring physical, emotional and spiritual comfort to the suffering soul. This requires a constant awareness of the individual’s needs, an active engagement between the musician and the patient, and the ability to create a suitable environment in which the therapy can be conducted.

Patients that are critically ill in an intensive care unit (ICU) and are often unable to communicate may also benefit from hearing live music played by professional musicians. One such musician, professional guitarist Andrew Schulman worked alongside music therapist Joanne Loewy, director of The Louis Armstrong Center for Music and Medicine (LACMM) in the surgical SICU (Surgical Intensive Care Unit) at Beth Israel Medical Center. Volunteering in the LACMM, as a ‘resident visiting artist’ for several years, he and the former SICU director of the unit Dr. Marvin McMillen observed how live music helped to brighten the spirits of patients who were critically ill. Andrew Schulman, having directly experienced the positive impact that music could have on critically ill patients, was formerly himself a patient of Dr. McMillen’s and described himself as “clinical dead” in Beth Israel’s SICU. He was resuscitated and put in a medically induced coma and while unconscious, Mr. Schulman’s wife suggested to Dr. McMillen (his attending physician) and the medical team to bring to the SICU Andrew’s iPod with his favorite piece of music, so that Mr. Schulman could listen to it while he was in a coma. That intervention led to an improvement of Mr. Schulman’s health condition. 6 months later and fully recovered, Mr. Schulman returned to the same SICU, where he played for other critically ill patients and witnessed first-hand the effect that music had on them (just like it had had on him). After participating in the LACMM’s Environmental Music Therapy study, Schulman began to witness the changes that developed in fragile patients through live music performance. The concept of a medical musician initiative, which he started with Dr. McMillen is seeking its way years later toward gaining a growing status as a discipline within critical care[66].

A medical musician, according to Schulman, is a “professional concert level musician with pertinent training in critical care medicine, who is a member of the medical team in a critical care unit”[66]. Unlike music therapists, who use

music as a form of psychotherapy and can employ their techniques in a variety of settings, including ICUs, the medical musician focuses on critically ill patients only, and seeks to understand what the patient needs through “observation and intuition” alone [67]. The aim of the musician is to choose the most appropriate piece depending on the patient’s needs in order to help them through their recovery process, based on a wide repertoire inclusive of a number of styles such as classical, folk and traditional music.

Conclusion

Like in the Greek myth of Orpheus, who used his divine musical skills to cross the River Styx and get to Hades in the realm of the dead, music can ease the transition from living to dying. Spirituality and/or religion are also fundamental features of human life, and as such have a central role in the process of anticipatory grief and in finding existential meaning at the end of life.

As argued throughout the essay, religion, spirituality and music are a source of meaning, provide or facilitate rituals, offer a framework to revisit one’s life, convey hope, reinforce the feeling of community and relatedness, can be a source of guidance, and highlight the sense of transcendence that may help the patient to alleviate the suffering and fear of death, and to eventually “die well”.

The centrality of spirituality, religion and music at the end of life reflects the crucial role that values and existential search for meaning play in the healthcare setting, especially in the way people face illness and death. This highlights the importance of shifting the paradigm of the provision of care at the end of life, moving from the common interventionist and technical approach where mainly length of life is praised and death is medicalized[68], to a humanist model in which quality of life, alleviation of suffering and consideration of the specific needs of the patient come to the front line. Spiritual care and therapy with music can help achieve this goal, thus enabling patients to find peace, closure and meaning during their symbolic journey crossing the River Styx.

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Biographical Statements

Barbara Salas is a former professional pianist. She studied Theology at the University of Oxford and is currently a final year medical student at Newcastle University, in the UK. She hopes to pursue a career in intensive care and academic medicine.