

Supporting the dying and seriously ill with sound

My personal experience with death led me to my new career

by Melanie Fuchs

In 2009, my seven-year-old son, Maximilian, died suddenly and unexpectedly. This day changed my life and that of my family – my then ten-year-old daughter and my husband – profoundly. I began to search for meaning of his horrible event. On this journey, I decided very quickly that my future role would be to support psychologically ill and dying patients. During the brief duration of my son's illness (just 12 hours) and our stay in the hospital (8 hours), I recognized several deficits in the care / support of dying patients and their relatives. From this experience arose my wish to become active in this field.

In 2010, I began my education in naturopathic medicine for psychotherapy and hospice care. In my subsequent work, I often found myself in the company of people who were very distressed and anxious. For this reason, I began to search for a relaxation method that would be appropriate for my situation. I found Peter Hess® sound massage and completed the training to become a Peter Hess® sound massage practitioner in 2013. A year later, I also completed the educational and training requirements to be a family and crisis counselor. Today, I work in my own practice for psychotherapy and sound massage in Munich as well as for the Elisabeth Hospice Association Dachau, the Outpatient Pediatric Hospice Munich, and the crisis intervention team "Ruf24" (Call24).

Singing bowls have become an important partner for me

In my work, I always have a singing bowl with me. With it, my patients, their relatives, and I have experienced a great deal:

The patients I visit generally suffer from incurable diseases and it is expected that they will live only a few more months, weeks, or days. During this time, I see my responsibility as honoring the needs and wishes of my patients. In doing so, I like to provide my patients with sound therapy. Working with sound, whether in the aura, i.e., area around the body, or directly on the body of the severely ill or dying and their relatives, is stress reducing and relaxing, and contributes to a sense of wellbeing. These soothing effects have already been documented in several research studies (compare e.g., Koller/Grotz 2010, van den Dool 2010, Imbert 2014, Gramann 2014, Braun/Braun 2015). Whether the patient is at home or in a nursing facility, daily life is generally characterized by uncertainty, anxiety, and fear. These factors are additional stressors for my patients and their families in an already difficult situation. This is where I apply my singing bowls.

Since singing bowls and their sounds and oscillations affect different people in different ways, it is important that especially the severely ill are not "assaulted" with the bowl, but are introduced to this instrument, which may be unfamiliar

to them, very slowly and with great attentiveness. Depending on the condition of the patient, it may be that I begin with simply showing the bowl. If the patient signals interest in it, or is not adverse to it, I proceed to the next step and tap the bowl lightly with the tips of my fingers. If this "resonates" with the patient, I can then tap it lightly with the mallet. Depending on the situation, it is now possible to proceed with a sound massage, as small sound concert, a fantasy journey, etc.

In the following, I would like to present two cases that provide insights into my work with sound for severely ill and dying patients. I was able to support both patients within the context of my work at the Elisabeth Hospice Association Dachau.

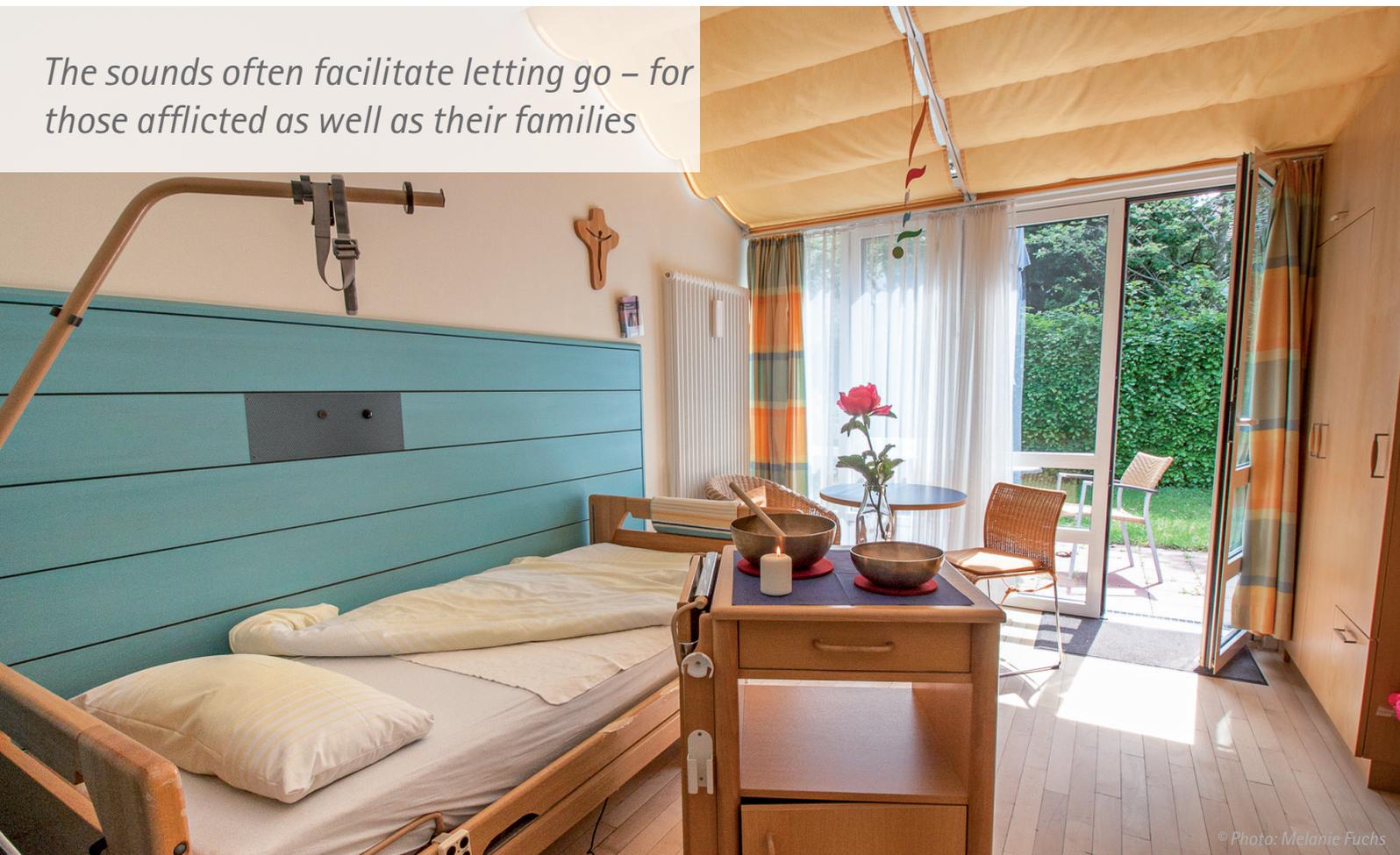
**End-of-life care:
The sounds help in letting go**

A while ago, I supported a 70-year old man who had end-stage cancer. He had been bedridden for weeks and, due to a tracheostomy (surgically implanted external opening of the windpipe) was unable to speak. At my fourth visit with him in the nursing home, he was unresponsive, and his breathing had become irregular and intermittent. First, I sat down next to his bed and talked about recent events

and happenings. Thereafter, I read two seafarer stories to him. His condition remained unchanged. I don't know if he was able to comprehend anything I was saying. For a few minutes, I sat at his bedside in silence. Thereby, the desire to get my singing bowl out of my bag arose. With the words, " I brought something for you today", I placed the singing bowl in the palm of my hand. I walked to the foot of the bed with the bowl. As I stood there, I had the thought that I could tap the bowl over his feet in the direction of his head to present the patient with the option of leaving life on this earth. I must add that both the patient as well as his family wished a timely end. After the first few sounds, his breathing became regular and he visibly relaxed. After the tortures he had endured previously, it was beautiful for me to see this. After a few more sounds, I could observe complete relaxation, whereby my patient peacefully went to sleep forever.

For me, the image was created that with the help of the sounds and oscillations of the singing bowl, he was able to let go of his earthly life and embark on his journey. Later, in a conversation with his wife, she indicated that had he been able to choose how he was to die, he certainly would have chosen this particular way.

The sounds often facilitate letting go – for those afflicted as well as their families



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Care of a woman suffering from dementia: Connecting via sound

I cared for an 86-year-old woman in a nursing home who suffered from advanced dementia and heart disease. By the time I visited her for the first time, she had already been bedridden for several weeks and was only able to answer with a "yes" or "no". Often, she looked apathetically towards the ceiling and was unresponsive. At my second visit, I introduced the patient to my singing bowl with the words, "Ms. R., I brought something for you today". When I retrieved my bowl from my bag, her eyes widened, and she carefully reached for the bowl. I was very happy to see this as I did not expect her to be capable of such a reaction. Probably just the beautiful look of the bowl brought the patient out of her apathy. I told Ms. R. that tapping the bowl makes music. Upon this statement, she tapped the outside edge of the bowl gently with her fingers. A soft tone was generated, and Ms. R. was beaming. I took it a step further and retrieved the mallet from my bag and tapped the bowl with it. My patient was now truly excited and made "tapping motions" with her arms herself. I put the mallet in her hand. She tapped the bowl, initially very softly, but soon increasingly harder – it obviously gave her

joy. It filled me with joy, too. The singing bowl successfully enabled me to connect with my dementia patient. I asked her if she could sing. She answered "no". I began to sing "Hänschen klein" (popular German folk/children's song). It didn't take long for Ms. R. to accompany me loudly and clearly. I could not believe it. Even when I stopped singing, she continued the song by herself. We had a lot of fun together. Altogether, we occupied ourselves with the singing bowl for 45 minutes that day, until Ms. R. fell asleep while tapping the bowl – like a young child.

At my next visit, Ms. R. had forgotten about our experience with the singing bowl. Like at my previous visit, I carefully introduced the bowl again to her. She again reacted with excitement and happiness – gone was the apathy of the last few weeks. When we had taken turns tapping the bowl, I placed the singing bowl onto her hand, supported by mine. I tapped it very gently, and to my great surprise, Ms. R. said hesitantly, she could describe the feeling the singing bowl elicited in her hand. Her poorly perfused fingers also turned a little more rosy, a little warmer. Ms. R. and I were very happy. On this day too, we sang "Hänschen klein" together. When I had to leave, she waved and said "bye".

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As a final goodbye, a candle is lit in the room of the deceased – sometimes, the singing bowls are still there ...

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After this visit, I went on vacation for 2 weeks. When I visited Ms. R. upon my return, she was again lying apathetically in bed. She was in such poor condition that I did not get my singing bowl out of my bag but just held her hand. At my next visit two days later, it was the same. But at my third visit, I again retrieved the singing bowl. Ms. R. had no recollection of it. I introduced her to it as for the first time. She watched me intently and suddenly said "key". Initially she tapped the bowl gently, and then really hard. This time, she also tapped against her bed, rail, her head, and nightstand. When she wanted to tap her head again, I stopped her. Ms. R. had lot of fun and we sang again, too. At my next visit to the nursing home, an orderly told me that today, I could find Ms. R. in the community room. I stared at him in disbelief.

I am very happy to be able to provide such beautiful and purposeful work. The positive feedback of my patients and their families strengthens me. I also provide sound therapy for families during their time of grieving, but that is another subject.

He said that no one could understand it. Ms. R. had basically been "declared dead", and now she was doing so well that she could leave her room in a wheelchair. That afternoon, I had coffee with her, and she told me about her garden with plum trees, that she often has nightmares, and she also talked about the odd resident. Unfortunately, Ms. R. passed away a week later. At her funeral, I talked with her daughter and son. Both said that it was very apparent that their mother's condition improved greatly beginning with the time of my visits with her. But Ms. R. did not talk with her family. I was the only one with whom she still had verbal contact – but that was certainly not me, but the singing bowl.

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