

## Insights from a Jewish Hospice Experience

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### ABSTRACT

In this article I describe considerations unique to clients in a Jewish hospice program. These include the historical, cultural and religious significance of Jewish music, as well as the sequelae of this century's Holocaust experience. I provide an overview of Jewish music and Holocaust survivor issues and explain the *Hasidic* manner of prayer through song and dance.

### RÉSUMÉ

Dans cet article, je mets en considération des faits uniques visant la clientèle d'un programme hospitalier juif. A partir d'un point de vue historique, culturel et religieux, j'examine la signification de la musique juive, ainsi que les séquelles qu'on laissé le sacrifice sanglant de l'Holocauste. Je revois la musique juive, les problèmes que doivent affronter quotidiennement les survivants de l'Holocauste, et j'explique la prière hassidisme que l'on retrouve a travers la musique et la danse

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### Introduction

From January to December, 1997, I conducted a home hospice music therapy demonstration study for the Jewish Hospice Program in Toronto that was comparable to other hospital and home-based palliative care programs (Munro and Mount, 1978; Mandel, 1989; Mandel, 1991; Mandel, 1993; West, 1994; Salmon, 1995). Evaluations from patients, family and professional service providers were favourable and the study concluded that the provision of music therapy should continue.

This program was unique because all patients were Jewish and/or situated in Jewish family contexts. I am also Jewish. Patients were able to experience a music therapist who shared their Jewish heritage. Through this demonstration project I was able to increase my sensitivity to the variety of religious and cultural differences among my own people. I will discuss three issues that influenced music therapy service delivery: Jewish music, the Holocaust and the healing capacity of the Hassidic attitude, including the *niggun*.

### Jewish Music

The Jewish calendar year is currently 5762. All Jews descend from the original patriarch and matriarch, Abraham and Sara, but only two of the twelve tribes who were later led by Moses through the Sinai desert from Egypt to Biblical Canaan remain. Within these two extant tribes are two main cultures (Ashkenazi and Sephardi) that do not pertain to this historical tribal affiliation, but to the various milieu influences experienced later during the Diaspora. (Telushkin, 1991)

Ashkenazim (from *Ashkanaz*, Hebrew for Germany) are Jews whose families are from Europe and Sephardim (*Sefarad*, Hebrew for Spain) are Jews whose families are from Spain and the Arab world (e.g., Morocco, Iraq, Yemen). The Ashkenazim and Sephardim have slightly different religious practises. The order of the religious services remain the same, but different patterns of traditional prayer and varieties of customs exist. These cultural differences also pertain to the music (Adler & Bayer, 1973; Shiloah, 1992; Idelsohn, 1992).

The *maqam* ("mode" in Arabic) that supplies raw material on which music of the Sephardic tradition is based is comparable in function to the *steiger* ("scale" in Yiddish) that supplies the raw material on which music of the Ashkenazi tradition is based (Shoah, 1992). Though regional differences occur, eighty percent of Jews today are of Ashkenazi descent and this proportion is even higher in North America (Telushkin, 1991). The music used in the Jewish Hospice Program project in Toronto was entirely of the Ashkenazic tradition. My discussion of Jewish music pertains primarily to this tradition.

Jewish music has a history and a sound distinct from that of western tonal music due to its Semitic-Oriental foundations. A thorough description and analysis is complex and no one formal history or theory of Jewish music exists. Some general characteristics of traditional Jewish music are:

- Vocal music is predominant. Instrumental music was used only as embellishment and accompaniment, for example, for song and dance.
- Music is valued. For example, the Torah or Hebrew Bible is preferably chanted, not read.
- Oral transmission is important. There is no note-for-note notation for Torah chant, rather melodies and "ear marks"

which signify tonal sequences are taught by rote. These "earmarks" predate the neumes of Western tonal music.

- There is little distinction between art song and folk song. Song is classified as religious or secular.
- Music has a folk music quality using mostly short phrases and rondo form.
- The minor scale is not considered "sad" nor is the major scale considered "joyous."
- There is an emphasis on ornamentation and improvisation.
- Cantorial song and liturgy can be arhythmic. The rhythm is derived from the meter of the text.
- It is modal, comprised of groups of tones within certain scales that can change in the upper register.
- Some modes sound similar to certain Church modes, for example, Dorian, Phrygian, Lydian. The *Ahavoah Rabbah* mode is distinct and is found in both Ashkenazic and Sephardi music. (See Figure 1)

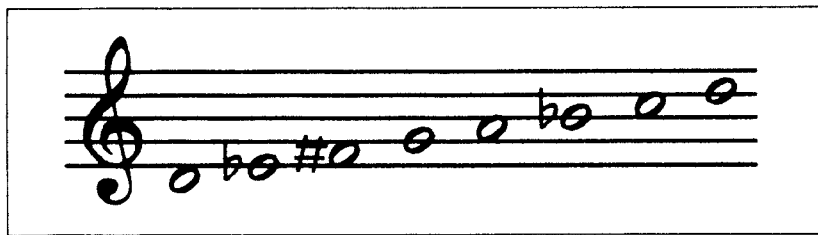


Figure 1

Certain restrictions may pertain to musical performance and participation. Levels of religious observance in individual cases will influence the importance of these restrictions. A Jewish spiritual leader (Rabbi) can provide guidance and direction regarding individual circumstances. Examples of these restrictions are:

- Instrumental music is not played on the Sabbath or Holy Days in some communities. A capella singing is encouraged.
- In the Orthodox tradition a woman does not sing to an observant Orthodox Jewish man.

- Music is not permitted during the year of mourning following the death of an immediate family member.
- Music is restricted prior to and during the observance of *Tisha b'Av* (mid-summer) because this holiday entails fasting and mourning.

Speculations about the healing potential of Jewish music for the Jew evoke the analogy of chicken soup as that which is comforting, familiar and nourishing. A simple, familiar song may provide physical calm, emotional release, social connection and spiritual expression. Work with "Sandra" illustrates the importance of song towards the end of one Jewish woman's life:

*Sandra, aged 49, was referred to music therapy three months before her death because of depression and because music was an important aspect of her life. By the time we met, Sandra had been living with ovarian cancer for three years. She was fully alert and oriented, ambulated independently, but experienced breathlessness and occasional nausea. Progressive weakness caused frustration and a need for assistance with self-care and home-making. Divorced ten years earlier, she lived alone with her son, a full-time university student.*

*When given choices of active and passive musical experiences, Sandra said she wanted to "do something," for example, play the piano again or sing. "I'm doing nothing. This will make me feel better." She requested that I join and accompany her singing. She stressed "upbeat" Jewish and secular song material and also chose poignant and meaningful songs with lyrics that enabled emotional release and self-expression. She evaluated her initial music therapy session as being very helpful in providing comfort and reducing anxiety, stating it "made me forget immediate problems." Despite breathlessness and waves of nausea, she sang enthusiastically throughout the session, along with her son and two visitors.*

*The objectives for Sandra's music therapy treatment were to provide psychosocial support for her end of life tasks, as accomplished through the following goals:*

- *Engage in music for the purpose of connecting with the well and healthy aspect of herself;*
- *Maximize opportunities for choice and control through music;*

- Provide opportunities for closure (life review, reminiscence), engaging friends and family, as possible.

*Sandra's goal for herself in music therapy was to "do something," to participate actively.*

*One week later, during her second music therapy session, Sandra was noticeably weaker and required continuous oxygen. She chose to get up from bed, moved to the living room sofa and again sang enthusiastically throughout her session. She expressed a wish to attend the Song Circle (a group of people who gather weekly in each others' homes to sing) but was now too weak to attend. On a Sunday afternoon two weeks later, 25 people, including singers, friends and family, gathered in her home.*

*Sandra participated in five more music therapy sessions, sometimes alone and sometimes with family members and friends. She became progressively weaker as she approached death. The songs she chose were variously Hebrew camp songs of her youth, songs learned during her travels, and Hebrew and Yiddish songs she had sung with Jewish seniors she had worked with. Sandra participated in eight music therapy sessions during the three months immediately preceding her death. She initially had expressed interest in using music relaxation tapes but song choice and singing were so important to her that more passive music listening never came about. She also declined offers to play the piano or improvise at the piano with me. The "well aspect" of Sandra was vibrantly Jewish and her connection to this was through song.*

This case study illustrates the choice for song in palliative care. That Sandra, herself a piano player, chose "to do" song as her desire to "do something" in the music therapy situation is indicative of the centrality of song to her experience as a Jewish woman. It was not engagement in instrumental music that enabled her to rise from her bed, but song. And it was through song that she chose to communicate with her family and friends.

In contrast to Sandra, the music used with other patients of the Jewish Hospice Program project included a wide variety of vocal and instrumental genres. Jews live within various dominant cultures, partake of, and contribute to, the general cultural life of the communities in which they live, to greater and lesser degrees, depending on the

strength of their religious affiliation and observance. A careful music history, including religious affiliation and secular, cultural preferences is useful. Secular music composed by Jews (e.g., Meyerbeer, Mendelssohn, Offenbach, Mahler, Bloch, Gershwin, Schonberg), however, is not considered "Jewish" because it is not based on the scales and modes inherent in Jewish music (Idelsohn, 1992).

### Holocaust Issues

A sample of Jewish humour summarizes Jewish holidays (i.e., distinct from Holy Days) as "they almost killed us, we survived, let's eat." Sorrow is certainly not unique to the Jewish people. Yet suffering and survival are integral components of the Jewish psyche. The Nazi Holocaust is the greatest contemporary catastrophe experienced by the Jewish people.

Survivors of the Nazi Holocaust are not a homogenous group. Some have survived and thrived while others live and die in the shadow of the horrors they experienced. There are psychological consequences of the Holocaust for survivors and intergenerational effects for subsequent generations (Schulberg, 1997). Considerations that may impact aging Holocaust survivors and their families in palliative care are:

- Lack of role models for aging
- Survivor guilt
- Unresolved grief
- Sensory experiences related to healthcare, which might trigger frightening memories
- Symptoms of Post Traumatic Stress Disorder, for example, chronic anxiety and/or depression, hypervigilance, dissociation, sleep disturbances, psychophysiological disturbances which may manifest. (David & Goldhar, 1999)

Merritt & Schulberg (1995) described the use of the Bonny method of Guided Imagery and Music in healing a child of a Holocaust survivor and a child of a German soldier. They discussed the quality and role of the music used as having the capacity to "hold" the emotional experience particularly for those who have experienced a past of horror and loss: "Great music, which evokes archetypal symbols and images expansive enough to hold collective as well as personal trauma, can be a container for the working through of these heavy issues"

(Merritt & Schulberg, p. 118). Merritt & Schulberg, however, were not working with people who were elderly and/or in the last stages of a terminal illness. Martin (1984) believes we should not be engaging palliative patients for the purpose of achieving insight because we may open up issues that they may not live long enough to work through to resolution. Rather, we must accept that people may die with unresolved issues.

Curt Sachs (Adler & Bayer, 1973) defines Jewish music as "that music which is made by Jews, for Jews, as Jews" (p. 555). Some Jewish people, particularly those who are elderly and/or who survived the Holocaust, may not want to listen to Jewish music played by a non-Jew, claiming that the music lacks *tam* (Jewish "soul"). Some Jewish patients may decline the services of a music therapist who is not Jewish for the same reason. This rejection is neither a criticism of the therapist or the music. Rather, it is an expression of the pain suffered by that person by virtue of their experience of anti-Semitism to some greater or lesser degree.

Music may also be refused because it is emotionally overwhelming. Ida was an elderly Holocaust survivor who would not accept music during five music therapy sessions in the weeks immediately preceding her death:

*Ida, aged 78, had advanced cancer of unknown origin, cardiovascular problems and was hard of hearing. She lived alone with her husband, whose Alzheimer's Disease was progressing. Both were Holocaust survivors with no children, extended families or close ties to the Jewish community. Ida was referred to music therapy because of severe agitation and anxiety.*

*Ida was agitated and paranoid at our first meeting. It took a few sessions to gain her trust. Ida refused the offer of live music. Her anxiety was capable of exacerbating her heart condition, bringing on an angina attack and necessitating increasing doses of medication. She expressed concern about who would take care of her husband after she died.*

*My plan was to assess Ida's ability to hear music through "Walkman" earphones and recommend taped music for a hospice volunteer to bring to her, hoping that with time and a trusting relationship with one volunteer, she would eventually accept music. Ida*

*appeared to understand the explanation about the earphones. The Walkman earphones, however, induced an anxiety attack that was associated with Holocaust memories. Her eyes were wide open and appeared to be looking at some far away horror, as she repeated, "What they did to me! What they did to me! It was horrible, terrible." With neither live nor recorded music available to me, I simply stroked her hand gently and agreed, "Yes, it was horrible. Yes, it was terrible." Silently, I sang to calm myself and convey this soothing feeling to her. Eventually, she calmed down and slept peacefully.*

*As Ida became more familiar with me, her anxiety and paranoia lessened, but never disappeared. During subsequent sessions I continued to sing to her in silence, gently stroking her hand. She died within four weeks of our first session.*

Ida's distress disturbed me, along with my failure to assuage her suffering. I dreamt about her. I was relieved that she chose not to share specifics of her Holocaust memories with me. Nor did I ask. Perhaps this was a defense -- my fear that I would be unable to contain my own strong reactions to her experience (Danieli, 1984) in that moment. Indeed it was the strength of my reaction that signaled a counter transference rather than a therapeutic choice not to engage her in disclosure so close to her death.

### The Hassidic Healing Attitude

The Hassidim, the "mystical", spiritually Orthodox sect of the Jewish Ashkenazic tradition, is a movement founded in Europe by the *B'al Shem Tov* (1700-1760) and predicated on worship through joy, including song and dance (Telushkin, 1991). Unique to them is the *niggun*, or wordless melody. *Niggunim* (plural of *niggun*) were used extensively during the Jewish Hospice Program project, particularly with end-stage patients.

*Niggunim* are the songs of Jewish mysticism. The Hassidim believed singing to be superior to spoken language because God and humankind alike understand it. The singer uses simple language to express feelings before God that are too delicate or intimate for conventional, verbal language. This singing is emerges from the age-old practices of concentration, fasting, contemplation of certain ideas (*kavannah*, or intention) and rhythmical movement of the body. (Adler & Bayer, 1973)

Dov Ber of Lubavich (1773-1827) discussed three types of melodies:

1. Melody accompanied by words nourish understanding;
2. Wordless melody, *niggun*, in which the singer returns to simple syllables to express feelings too delicate or intimate for conventional, verbal language;
3. The "unsung song," the very essence of music that does not materialize in an actual melody, that is found in the concentration of the mind on the Divine. (Adler & Bayer, 1973)

Greenbaum (1995) explains that the Hassidic Rabbi Nachman of Breslov (1772-1810) taught that cure of the soul is to be found through melody and joy. True health is more than normal body functioning, but entails being vital and alive, not wasting time on negativity, frustration and depression. Melodies are made by picking out the "good notes," the good spirits, and separating them out from the bad.

Greenbaum, extrapolating from Rabbi Nachman's teachings, uses the musical instrument as a metaphor that is relevant for the professional practice of music therapy and for music therapists, personally. We are the music and we play the music. Like musical instruments, we set air vibrating with our various thoughts, words and actions, both in our inner consciousness and the outer circumstances of our relationships and the situations we face. It is useful in music therapy practise to bring to conscious awareness how we approach the palliative care bedside.

Further speculation by Greenbaum provides a personal reminder that joy can be a choice over melancholy: If our thoughts, words and deeds are notes in the symphony of life, what might we ponder about the melodies of our lives, our themes and motifs? What notes (thoughts and feelings) do we choose to dwell on and which do we ignore? What attitudes do we bring to the situations and events in our lives?

## Summary

I have described insights I gleaned from my experience with the Jewish Hospice Program in Toronto. I hope these descriptions will be of service to music therapists who work with Jewish people. I provided an overview of Jewish music. Jewish song was an integral component of music therapy in Sandra's palliative care. Through Jewish

song she connected to her heritage and experienced an instant sense of belonging to her people and her history.

The Holocaust continues to influence the living and dying of survivors and their families. Music therapy has great potential for addressing the suffering of these Holocaust survivors and their families as well as others who have experienced a history of harm.

Sometimes, as was the case with Ida, this suffering may only be witnessed and not eradicated. Silent song enabled me to remain connected with her and bridge the gap caused by the vicarious anxiety I experienced in my countertransference. Palliative care music therapists must be aware of these issues and their potential influence on patients and themselves, as well as musical restrictions that may be relevant for some Jewish patients.

Improvisation in the *Ahavoh Rabbah* mode will result in music that strikes a familiar "Jewish chord." In addition to Jewish religious and secular music, a music history will reveal favourite non-Jewish secular music that may also be meaningful. The Hasidic *niggun* and the spiritual, healing attitude of Rabbi Nachman of Breslov provide unique tools from a traditional Jewish perspective.

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Contributions to this writing are acknowledged with appreciation from Celia Schulberg, Music Therapist, Saul Irving Glick, Composer, Rabbi Bernard Shulman, Chaplain (Mount Sinai Hospital, Toronto), Rabbi Ronald Weiss, (Chaplain, Jewish Family & Child Service, Toronto) and Rabbi Daniel S. Katz, (Musicologist, Sweden).

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Mary Rykov received undergraduate music therapy training at Capilano College (1980, 1993) a Masters Degree in music therapy from New York University (1995) and currently is fulfilling requirements to be a Fellow of the Association for Music and Imagery. She has initiated music therapy programs for individuals and groups in hospitals, schools and community settings in British Columbia, Alberta and Ontario. She is currently in independent practice through Music Therapy Services in Toronto.

## Music Therapy: Improvisation, Communication and Culture

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## ABSTRACT

The book *Music Therapy: Improvisation, Communication and Culture* by Even Ruud, Professor of Musicology at the University of Oslo, Norway, is reviewed. This book contributes to the theoretical development of music therapy. It explores the relationship between music therapy and the definitions and values associated with such concepts as the nature and meaning of music, the individual, broad health issues in society and qualitative research. These concepts are explored through the author's specialized interests in improvisation, communication and culture.

## RÉSUMÉ

Cet article présente le livre de Even Ruud, *Music Therapy: Improvisation, Communication and Culture*. Professeur de musicologie à l'université de Oslo en Norvège, le livre de Even Ruud contribue au développement théorique de la musicothérapie. Il explore la relation entre la musicothérapie et les définitions et valeurs associées à la nature et au sens de la musique, l'individu, les problèmes de la santé dans la société, et la recherche qualitative. Ces concepts sont discutés à partir d'un intérêt particulier venant de l'auteur pour l'improvisation, la communication, et la culture.

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*Music Therapy: Improvisation, Communication, and Culture* (1997) by Even Ruud, is an illuminating contribution to the theoretical development of music therapy. The book presents a series of thoughtful discussions of fundamental concepts in music therapy including the nature and meaning of music, the individual, health, and qualitative