

# Sound Massage – part of the interdisciplinary rehabilitation of severely ill patients

A look back on more than 10 years of sound therapy in the HELIOS Clinic Leezen

by Nicole Becker

## Flashback from my childhood

Christmas time 1973, Rostock, at the house for deep-sea fishermen . . . seamen who could not return to their families because their ship was to go out to sea again . . . a children's singing group and the youngest, Nicole Rhem (after the marriage of her parents Nicole Becker), who had just turned 3 years old, being pushed to the front next to a seemingly huge, glowing Christmas tree. "Now sing!" She sang: "Silver bells . . ." Hardy men started to tear up, their facial features softened, they even began to laugh. A glance between teacher and child meant that it went well; a caress, deep breath, happiness in the child. Joy, togetherness, emotion. From my perspective today, this is an early conscious memory of how music, singing, sound in the broadest sense, togetherness with others, as well as emotions – sometimes more and sometimes less meaningfully – were always part of my life. My path to becoming an educator and music teacher ultimately led me to music therapy in a neurology and intensive care rehabilitation center for severely ill patients. During the course of my 17 plus years there, the HELIOS Clinic Leezen developed into an acute care facility for early rehabilitation and an interdisciplinary rehabilitation center. It is now the largest weaning center in Germany and the largest clinic providing rehabilitation services in northern Germany.

## Singing bowls – enrichment for my music therapy

In 1999, after I started my music therapy in well-equipped rooms, I participated in a work group for music therapy in neurological rehabilitation. Fascinated, I watched singing bowl therapy being applied to a child in a persistent vegetative state and the child's reaction. This watershed experience inspired me to seek information on the subject and to request funding for a set of singing bowls for the clinic. In light of our mutual trust, management approved the purchase.

At the time, it was not at all a given that "something so exotic" would be accepted in clinics practicing academic medicine. I was astonished and delighted with the newly created opportunities. However, I lacked the all-important theoretic foundation. I searched the literature and luckily found plenty of available knowledge that I could start with: autodidactic, attentive, modified to specific circumstances. Through a music therapy colleague who had completed training in Peter Hess® Sound Massage as well as in music therapy – at whose studio gongs, singing bowls, and other instruments could be experienced – I found inspiration and confirmation to be on the right track. In working with my patients, I received repeated positive feedback. And so, my pioneering work began. But I did not recognize this until much later.



Photo: Archiv Peter Hess® Institute

### Participation on a DVD as an intermediate step

In 2006, the Peter Hess® Institute (PHI) sent a request for filming here in the clinic as well as conducting an interview with me and a patient for a new DVD (Sound Massage according to principles of Peter Hess® in therapeutic practice, Peter Hess publisher, 2006). I accepted since it has always been important to me that academic medicine and complementary therapies reach out to one another and provide multi-professional support to patients in a therapeutic as well as palliative setting. Additionally, I was convinced that the DVD presented a wonderful opportunity for both patients and their families to gain insights into this valuable work. And so, we developed a segment for the DVD in which a former patient, Heike Sy, tells her story. Today, more than 10 years after her hospitalization at the HELIOS Clinic, Ms. Sy reports how she experienced the key piece of the puzzle – sound therapy – as a turning point in her journey of recovery (cf. pp. 42 – 46). She has also presented her story at events such as the Conference of the Association of European Professional Sound Massage Therapists in November 2016.

### Training in Peter Hess® Sound Massage – my therapy becomes increasingly sophisticated

As the filming date approached, during filming, and thereafter, I re-examined my sound therapy methods. At the same time, I had an opportunity to receive financial support through the clinic's own Association for the Support of Seriously Ill Patients e.V. for training at the Peter Hess® Institute (at the time named Institute for Sound Massage Therapy). Said – done!

With my additionally-acquired tools and intense self-experiences, I approached my patients in a new way with sound. I noticed that people who had heretofore never experienced sound therapy described it as "according to textbook." I heard comments like "flowing through", "like waves through the body", "it flows through from bottom to top" etc.

### Sample case – access to patients with brain injury (stroke)

Back then, I received two registrations almost simultaneously for individual music therapy sessions with the additional comment: "relaxation".

For one of the patients, Mr. M., I received valuable, detailed information in advance. He had been a mathematics, physics, and chemistry teacher his whole life, had always been ambitious, impatient, judgmental, dismissive of himself and



*Sound therapy session between Nicole Becker and her former patient, Heike Sy – ten years after rehabilitation.*

situations, inflexible in his thinking, brooding, and suffered from sleep disorders – now, following a stroke, even more so than before. Simply stated, I was requested to: "Please do something with him so that his behavior is healthier for himself as well as more accommodating for all concerned ..." Well, magic is not my arsenal, nor is it my responsibility to change people. However: the background information was very important because Mr. M. "tested" me. So, I met him, addressing his head injury – greeting him while holding a universal singing bowl in my hand, which drew his attention. After a few questions (along the lines of 'what kind of instrument is a bowl' and 'sound is not really synonymous with music') we arrived at the fundamentals of physics with a focus on frequencies. Then our conversation moved to chemistry (what material the bowls were made of, metals). We went on to discuss the German engineer for physical technology, Peter Hess; then talked about the manufacturing process of a singing bowl, and finally reached the topic that various frequencies can be heard from a singing bowl. Every now and then I tapped the singing bowl. All of a sudden, the patient was excited, wanted to hear it, and even feel it on his body. Of course, initially I "played to his strengths", was able to talk in terms of his area of expertise. Then the ice was broken, but I personally never felt that the meeting was that cold. Only the nature of the encounter and ultimately the effects of the sounds were of importance. I visited him one to two times a week while he remained bedridden, until he was at some point able to get to the music therapy room in a wheelchair. There, I modified the sound methods to his condition. After weeks of hospitalization, Mr. M. was able to leave the clinic with only a few assistive devices, slept more regularly, seemed more relaxed, more receptive to encounters with other people, and showed interest in sound therapy beyond the clinical environment.





Photo: HELIOS Klinik Leezen

*Vistiors to the Mecklenburg-West Pomerania Day could experience the sounds for themselves.*

With another patient, Mr. S., I was not lucky enough to have information in advance and had to rely on my first impressions and intuition in our initial meeting. I introduced myself and recognized quickly that we would be able to communicate verbally, but that self-expression through speech would be difficult. The right side of his body was paralyzed and painful. The patient repeatedly fell asleep from exhaustion but made a valiant attempt to remain awake and alert. Here, I simply provided a sound accompanied by a welcoming song. The response: a smile, a soft facial expression, but also a questioning look and mimic. I only provided a little information; intuitively, I also talked about frequencies with this patient. Later, I discovered that this patient also was a mathematics and physics teacher.

One premeditated, targeted application, the other more intuitive. If you were so inclined, you could describe it as information resonating within the room and the therapeutic relationship.

### **Sound therapy: get out of your head and embrace feeling**

In subsequent years, I encountered a remarkably high number of stroke patients who had highly intellectual professions. Coincidence? Almost without exception, these individuals, according to their own statements, found *"the pleasant sensation of feeling your own body in sound"* as well as *"getting out of your head"*, some even *"a pleasant inner emptiness of the mind, no thoughts, no images, no more brooding"* as very relieving.

Ms. B, a hydraulic engineer, subconsciously projected her physical, internal, and once traumatic disease onto the, to her, "bad pelvic singing bowl" (= pelvic bowl). She flatly refused it. While feeling the other singing bowls, placed near or on her body, she increasingly gained confidence, tolerated the pelvic bowl in the same room, during sound consultations, even sounding next to her, and, one day, enjoyed the sound on her abdomen. Over the course of several weeks, she had unburdened herself with the help of the relaxing confidence providers and could now allow the soothing physicality. She made significant progress in fighting her current illness.

### **Meeting curiosity and scepticism with experience and information**

Sound therapy is expanding. I receive continually increasing requests from employees; physicians and nurses gladly present our sound therapies to patients; and I use every opportunity available to explain that sound therapy is not some kind of "guru stuff", but a wonderful and effective method with an established background and history. I encounter a broad spectrum of reactions ranging from curiosity, sneering, and flippant words all the way to real interest.

I began to develop customized introductory programs for diverse training channels that I repeatedly presented at various events. The programs were directed at, for example, participants of a large nursing conference with direct transmission onto a screen, medical personnel, or interested parties at the HELIOS North presentation on Mecklenburg-

West Pomerania Day. Additionally, sound therapy programs were offered as experience workshops at hospital events and integrated into a prophylaxis training day as well as the employee health day. By now, the last two are annually scheduled events. We also had requests, for more of an artistic form, from the Bröcker massage practice and the Center for Health & Lifestyle.

### Sound therapy for colleagues

Several employees of this hospital became curious about sound therapy upon their first experience of feeling the sounds. At least two asked me for additional information and started training as Peter Hess® Sound Massage practitioners. Some registered months in advance for the training in sound therapy as prophylaxis. A few employees snatch "a quick sound therapy here and there" for a deep breath before entering a room with a patient with multiple comorbidities, or on the palliative unit, where death is a daily companion. The soothing sounds were also able to reduce the pain of back spasms.

One therapist developed such severe abdominal pain in the course of the morning that she should have gone home. However, her commute was about 60 minutes. She could not have managed such a long drive. As crisis intervention, she took the opportunity for a relaxing sound massage. She hoped her cramping would stop. Afterwards, she reported that she let go of all her thoughts during the sound massage. During her subsequent lunch break, she was able to take quick nap, drank something, and was able to return to work the rest of the day.

Similarly, a physician experienced a "first aid situation". Due to a month-old painful ankle injury, she could execute her duties only with great difficulty. Working on her unit, I noticed her laborious gait, repeated breaks, and deep breathing. I asked how she was doing. She gladly accepted my offer of a sound massage and was receptive to the possibility that improvement may occur. The sound massage could not magically heal her ankle, but her pain was reduced, and she could continue to work on the unit more relaxed. Later, she winked and smiled as she recommend a sound massage to a stressed colleague.

### Many small steps lead to the goal

In the course of the last 10 + years, there were many small steps that have led to sound massage or sound therapy becoming an established discipline in our hospital. Curiosity grew, and sound methods were increasingly accepted in our clinic due to:

- repeated opportunities for self-experience,
- sitting in on sound therapy sessions,
- a presentation on Peter Hess® Sound Massage including training opportunities by leading personnel from the HELIOS Academy,
- the experience of relatives during sound therapy with the patient,
- my increasingly more deliberate participation in staff meetings to show contents and visible effects of sound therapy on patients
- professional workshops, and
- the brief sound therapy that is provided to employees here and there.

*Nicole Becker introduces sound methods at a variety of specialty conferences.*



Photo: HELIOS Klinik Leezen





## Typical areas of application

In the meantime, I regularly receive registrations with the remark "sound massage". For what, specifically, usually presents itself in the respective situation. Generally, the multidisciplinary team hopes to attain relaxation for the registered patient, on a physical level if the patient suffers from high muscle tone and pain, on a psychological level if the patient suffers from anxiety = building confidence, trust and more. Occasionally, patients know about singing bowls or have heard of them in the media and now wish to experience them here. The application opportunities are incredibly varied. On a physical level, singing bowls are often applied:

- for body perception / awareness
- to experience and feel your body in a pleasant way
- to feel life in paralyzed body parts
- for pain reduction
- for deep abdominal breathing
- for loosening bronchial secretions
- to support peristalsis
- to re-attain sensitivity in bladder function
- to stimulate perfusion
- for warm feet and the sensation of inner body heat

On a psychological level, typical intentions with regard to cognitive and emotional components are:

- increased attentiveness - in orientation and duration
- shared attentiveness
- sound as enticement to awakening – also from a coma
- sound for calming
- accommodation for missed breaks
- sound sleep
- enabling new thought processes – getting out of a rut
- allowing emotions
- sound and conversation often help to demask seemingly inappropriate behavior or expressions
- instill and strengthen trust and confidence

Sound reaches deeper levels and, if necessary or desired, can stimulate recognition and allow parts of consciousness to rise, which can be used conductively to perceiving, recognizing, accepting, disease processing, and developing ideas for the future.

## Sample case – allowing emotions and supporting transformational processes

Mr. K., a male patient who often cries (clinical question: lability of affect), who has dealt with many tragedies, was always in charge, always in control, had suffered a stroke. He was convinced that: "a man doesn't cry". The intent of my sound therapy was getting the patient to embrace emotions as signs of being alive – and as a built-in pressure release valve (reference to prior profession). I supported him with soft sounds, the gong as a confidence provider, the XL bowl for feeling vibrations and self-perception. Our sessions were comprised sometimes only of sound, sometimes of sound and conversation. Ultimately in Mr. K., the thought arose that all the tears of his life so far had to come out; he suddenly assessed crying as relieving, positively clarifying, and as a logical consequence of suppression. Now was the time to let go. Thereafter he felt relieved, was able to accept crying for himself in these difficult times, lived through "the misery" in order to be subsequently clear of mind and ready to develop new life strategies.

## Sample case – facilitating letting go in the dying process

I was particularly touched, and am touched to this day, by application of sound therapy in supporting the dying process. Surprised by its strong effect during the transition or as support in the increasing presence of death, I observed that quite often, following sound therapy – two to five hours later – the following entry is put in the medical record: "exitus letalis" or "time of death: . . . o'clock." One day, a palliative care expert called me in to an extraordinary situation.

My patient was Mr. M., an old man with multiple comorbidities who was no longer awake and was dying but was unable to do so completely. His oxygen saturation, blood pressure, and heart rate were very low, his skin like parchment paper, his nose pointed. I was to help him. His condition sounded awful! I took a deep breath and came to him with small sound rituals that I was introduced to in the PHI seminar "Sound in end-of-life care." But paradoxically, all vital parameters increased; he became livelier, but this abated after our sessions. He could not or did not wish to go yet. For two additional weeks, I provided support with relaxing sounds. Every time, I noticed a little bit of rousing in him. Then I learned something about his family history, the

drama of which was reflected in this event. In the "Tibetan Book of the Dead" I read that something could be whispered into a dying person's ear to make the journey easier for him or her. I gathered my courage and told him that it was time to make a decision: if he wants to live, he has to pull himself together and suffer through months of intense therapy to take care of the matter of importance. Or, he could leave the past in the past and be aware of himself and feel that what he really desires. This was accompanied by the sound of the singing bowls – a healing, African song that can be translated into: "Papa, all is well, you can go." Two hours later, he peacefully went to sleep forever. This memory still touches me deeply. It reconfirmed how valuable and profound supporting people with sound is.

### **My vision has become a reality – thank you!**

From my perspective today, after more than 17 years of music therapy at the HELIOS Clinic in Leezen and many years

of application of Peter Hess® Sound Methods, I have come to realize that integration has already occurred in our clinic. My vision of the future is already being lived, experienced, and implemented here.

To Peter Hess, Emily Hess, all developers and co-designers of Peter Hess® Sound Methods – thank you for such a wonderful tool. I am grateful to the management of the clinic for the trust they have placed in me and the opportunity to apply these complementary therapeutic methods to seriously ill patients and to my colleagues. I also thank the patients I was allowed to accompany for just a short little while with music and sound for their wonderful feedback.

### **My wish for the future**

Within the context of healthcare policy, I continue to hope and do everything in my power to ensure that music, dance, and sound therapy remain accessible and useful to people.

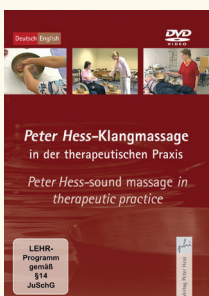


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#### **Notice**

In a segment on the DVD: Sound massage according to principles of Peter Hess® in therapeutic practice (Peter Hess Publisher, 2006) Ms. Sy describes the effect of the sounds from a patient perspective.