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Music

In September 909, William the Pious, Duke of Aquitaine, was moved by end-of-life contemplations to deed a sizeable tract of land in the verdant valley of Cluny to a Benedictine monk, Berno. William stipulated that the monastery – in the Burgundy region of France – should be free to pursue its spiritual life without interference from his family or local bishops, being accountable only to Pope Sergius III. The philosophy and web of devotional practices that evolved at Cluny was unique in four respects: the recognition given to the human need for beauty, skills in conflict resolution between feudal groups, the tradition of commemoration of the dead and monastic medicine.

In the Cluniac infirmary, manuscripts or *customary* record that dying people were tended to body and soul. The most sublime care was administered by the monks through music and song, in a discipline that is now called music thanatology. The acoustic anointing of dying people with live music at the bedside – usually singing and harp playing – is said to weave ‘tonal substance responsorially over, around, and above the physical body of the patient, from head to toe.’¹

This description comes from the pioneer of music thanatology, Therese Schroeder-Sheker, a musician, clinician and educator in the United States. Schroeder-Sheker traces the inspiration for her work to the 1970s and an encounter with a man she remembers as ‘sometimes vicious, often brittle and selfish.’² The man was dying from emphysema in a care home. He was in pain and unable to swallow. The thick rasping sensuality of distress and foresakenness that engulfed Schroeder-Sheker when she entered his room displaced rational

thinking. Therese climbed into the old man's bed and propped herself up behind him midwife-like, relieving some of his weight. In this intimate cradling, with heads and hearts aligned, Therese began to sing and sway their bodies in rhythm. 'I made my way through the entire *Mass of Angels*, the *Adora te devote* of Thomas Aquinas, the *Ubi caritas*, the *Salve Regina*, the *Mass of the Blessed Virgin Mary*', she recalls.

For all I knew, he could have been Eastern Orthodox or Jewish, because all the residents were Russian émigrés, but I never knew the details of his life. The chants seemed to bring him balance, dissolving fears and compensating for those issues still full of sting. How could they do anything less? These chants are the language of love. The repertoire had become the chalice that held him up into true repose. Long after his heart ceased to beat, I was allowed to hold him.³

There is always mystery in the alleviation of another's suffering. The play of unseen waves and vibrations across skin, bone, hair and muscle that is hearing is believed to be the last remnant of our sensory connection to the world before we die. For the philosopher Gilles Deleuze music is the spiritualization of the body.

When music sets up its sonorous systems and its polyvalent organ, the ear, it addresses itself to something very different from the material reality of bodies. It gives a disembodied and dematerialised body to the most spiritual of entities.⁴

We have yet to fully understand the chemical structures and circuits that underlie hearing, but the molecular biologist Ching Kung has found that for both hearing and touch it all seems to come down to 'a single physical parameter – force'.⁵ To hear is to be touched and to receive. To take in and to resonate with the ambient and sublime presence of others and the world around us. And to do so whether we like it or not.

Noise

As much as the spiritual embrace of music and song can be a repose from the loneliness of dying for recipients of music thanatology, the feral intimacy of sound in the noises of dying and grief can be unwelcome and disconcerting, leading to censorship and control. The earliest European laws that we have recorded knowledge of – the laws of Solon described by Plutarch – suggest that

in sixth-century Athens and in other Greek cities ‘everything disorderly and excessive’ in women’s funeral rites was forbidden.⁶

From the ancient societies of the Mediterranean and Near East to pre-modern Europe, public mourning was a responsibility given over to women, some of whom were hired professionals such as the Roman *praeficae* or the *mekonot* women of the Hebrew bible. Women sang dirges, loosened and tore at their hair and clothes, beat their breasts and scarified their faces. Lamentation marked personal loss. Nevertheless, the academic and musician, Gail Holst-Warhaft cautions that ‘even when performed by women familiar with the dead, the lament is a formal genre intended to arouse an emotional response in the listener. Skill is demanded both in the structuring of the sung poetry, and in the gestures of affect that accompany it.’⁷ As a cultural genre of its time, lamentation could also be used to express a community’s cosmology, its injustices and grief.⁸ The Romans believed that the secretions of women in mourning could nourish the dead in a sonorous enclosing of the circle of life. In the Greek plays of Aeschylus, Sophocles and Euripides, lamentation was dangerous, resurrecting past violations and inciting violence and murder.

In early modern Ireland the poetic ritualized keening at the graveside by barefoot, wild-eyed women hid social critique and subversive messages from the colonial power of the church. ‘This licence was allowed in part’, the literary theorist Kathryn Conrad notes, ‘because the women acted out their grief as if mad.’⁹

The bodily manifestation of grief and loss, then as much as now, can pit women against authority and stoke cosmological and institutional insecurities, even in places of loss. I will tell you something about the difficult side of my work says Camilla, a hospice nurse, before she describes finding herself and her patients unnerved by noisy mourning.

People from Mediterranean countries express emotions much more overtly and that can be uncomfortable. I mean I can think of many families here who have, you know, expressed their grief really, really, rawly and how demanding and challenging that is for us and how nervous it makes us. I remember a Greek man dying and his family were clutching his body and screaming and lying on the floor and you know, were just expressing their grief very, very rawly which we tend not to do and in the context of a bay, that’s quite shocking for other patients and other families. I mean there’s no denying it, it’s not easy for us to

contend with because anybody who expresses their grief really rawly, makes huge demands on our attention.

We all have ideas about what makes a good death don't we? For some, the sensuality of dying well and of grieving is laid out in rites and rituals: chanting from the Buddhist scriptures, Quranic verses recited softly into the ear, anointing with oil or sacred water dropped into a mouth. In institutional settings the rites and rituals that are most readily sustained are those that take up the least space or which do not contravene growing health and safety regulations. Small bells can be rung. Holy Water can be sprinkled. A Tulsi leaf can be placed in a mouth. A dying person can be dressed in an ancestral garment. The burning of incense or candles tends to be prohibited. And for Hindus, for whom being close to the earth at times of death has spiritual significance, mattresses in hospitals are not usually allowed on the floor.¹⁰ Some people, feeling the constraints of institutional dying, tone down or edit death rituals and customs. Through bodily signs – lowered voices, silent tears, synthetic smells – they absorb the 'somatic norm'¹¹ of what is not put into words but which enters and corrals the body: to die well and to mourn *here* is to do so quietly: contain your turmoil and your excesses.

A statement of the *Aim and Basis* of St Christopher's hospice – the first modern hospice – written in the 1960s, asserts that 'dying people must find peace and be found by God, quietly, in their own way'.¹² Peacefulness and quiet are not silence. Yet noise is incongruous, if not antithetical to Western ideas about dying peacefully and with dignity. This is why in hospices and hospitals there are many small routines that attempt to enclose, if not set apart, invasive bodily emissions.

Single-bedded rooms are used to cordon-off noisy mourning and to sequester patients whose bodily surfaces have been eaten away by disease, causing the seeping out of organic matter, waste and smells. Nurses use aromatherapy oils, electric diffusers or air-fresheners to cloak the smell of necrotic wounds or excreta from fistula. Doctors administer anti-cholinergic medication to suppress the death rattle in a dying person, even though the noise of air rattling accumulated mucus in the trachea seems to cause no distress to the patient. The drugs are given to palliate the pain and discomfort of those around the bedside.

World Health Organization:

Acute exposure to noise, particularly for those who are physically vulnerable can be harmful to health. The World Health Organization has found that noise can activate nervous and hormonal responses; blood pressure and heart rate can increase. So too can levels of stress hormones.¹³

Figure 8.1 Air diffuser in hospice ward.

Courtesy: Nadia Bettega

If the battle to stem and control the leaking of sensory matter out of bodies is not always a medical necessity, what is it that is being struggled over? Eve's gripping story provides some insights. Taken from a group interview with hospice nurse managers, it is full of latent knowledge as much as bewilderment.

Eve: In England when people die, we are quiet, or cry occasionally. We do not scream and ululate. We do not, we do not. There's so many assumptions about how to behave and one of the most traumatic things for me was watching a, from the West Coast of Africa, I can't remember the country, um, a young woman dying of HIV and her mother going absolutely bananas and spare, you know with the grief and although I felt very frightened and felt out of control, I remember thinking 'I expect she gets this out of her system better than we do', just because there was a feeling that it was just (makes whooshing sound and sweeps both arms up), you know, it looked, it was so different. It just looked different from our situation and thinking 'what part do we have here?' Not because I'm a white British, but because we're staff and this is a professional situation for us.

Yasmin: Um, can you explain a bit more about that? What's the sort of tension for you about being staff?

Eve: I think that it's, the fact that you're staff seems to imply that you should be in control of the situation and that we should be dictating,

however subtly, or directing how the situation goes. And very often that's not a problem, but when their experience is so very different from ours, the expression for instance, the physical expression and the distress and the levels of vocal expression are so different, um, it's certainly, we realize we're completely superfluous, which is, you can get, you know with a white English family, but it was very, very highlighted it was completely about their needs. Do it their way. You know-

Diana: Which in a ward situation can be at times quite awkward when you've got-

Eve: Yeah.

Diana: to balance the needs of the ethnic minority family-

Eve: It was upsetting-

Diana: against the needs of the other family.

Eve: It was upsetting other families who did not obviously perceive this as the way to do it and all they could hear was the screams and they didn't know whether it was somebody in pain. Well, it was somebody in pain (she laughs), but they, they imagined many things because it was such an unusual thing to happen, um, and what would normally be a very short period of time i.e. viewing the body, coming to see it, being quietly upset, you know um, we put our judgment on what is appropriate sorrow or not, turned into three days of almost festivities, and er, filming the death and playing songs and sort of a mixture between extreme grief and extreme, um merry-making, in a sort of way. I found it deeply disturbing.

There is so much reverberating in this exchange. Not least the compelling urgency of a story that has been waiting to be told, a compulsion where form and content, story and voice, converse with each other. To ululate – from the Latin *ululāre* to howl – is to sing out your grief from the heart lalalalaleesh. The rhythmic dissonance of sound comes from the throat not the mouth. And this story spilled out of Eve, animating not only her voice but her body. Leaning forward as she spoke – with arms gesticulating, both hands at one point holding her head, fingers raking back her hair – there was a palpable sense of the unresolved, full with a shimmering, guttural confusion. If we listen carefully, Eve is telling/showing us something about the meeting of two carnal orders.

What happens when our bodies, public spaces and cultural expectations are breached? Just how much room can we allow others to take up in our communities? What is the right balance between my needs and yours?

Where do grief and loss belong?

Hospice-tality

Hospice buildings are relatively small compared to most hospitals. Those with inpatient care tend to include a mix of shared bays of between four to six beds and single en-suite rooms. In the bays, when someone is nearing death, the dying person and their loving ones, will often be given privacy, should they want it, behind a curtain. I am not sure whether the West African family that Eve is talking about was in a single room or in a shared bay, but I am familiar with the ward and the hospice in which she worked. The cries of the mother would have bounced off the cosy architecture of the building, amplifying and extending the sound. The usual serenity of the ward, like a calm sea, would have been overtaken by a tidal wave of distress. Grief after all, is believed to be a primary force in human vocalization.¹⁴

For those who have been accustomed to noise in life, silence in illness and at times of death can be unsettling. For others, the noise of dying or grieving can be the future coming closer, whispering in the ear and breathing down a neck. It can jangle the nerves and turn the stomach, especially in English cultures where quietness runs deep into the authority of the church and so many national institutions.¹⁵

In late December 2007 and in January 2008, a story about plans by a mosque in Oxford to seek council permission to 'broadcast' the call to prayer using loudspeakers, made the national news. The newsworthiness of the story centred upon threats to Oxford as an idealized site of Englishness, a city of 'dreaming spires'. Articles in the tabloid newspapers *The Sun*¹⁶ and *Daily Mail*¹⁷ used comments garnered from local residents to suggest that an amplified call to prayer would disturb children's sleep, undermine community cohesion and turn the area into a 'Muslim ghetto'. Dr Allan Chapman, who lives close to the mosque, was quoted as saying, 'If this is allowed to go ahead it will be intrusive and distasteful. People will have no choice but to have this message rammed down their throats.'¹⁸

There has been similar disquiet across the globe to the sensual extents of multicultural living, from noise abatement campaigns in Singapore directed at the Islamic call to prayer, funeral processions and church bells, to the support for a referendum proposal to ban the building of minarets in Switzerland in 2009.¹⁹ The threat posed by the sensory evidence of cultural difference is a salutary reminder of what Étienne Balibar and Immanuel Wallerstein call 'differentialist racism', 'a racism which, at first sight, does not postulate the superiority of certain

groups or peoples in relation to others but “only” the harmfulness of abolishing frontiers, the incompatibility of life-styles and traditions.²⁰

Racism will always don new clothes. But Dr Chapman and his confused anatomical metaphors make an important point. Because we do not have ear-lids, there is relatively little choice over what we hear. And because sound is forceful, it fills not only the ear but also the core of the body. The ear is in effect a mouth. We ingest and swallow sound through an aural alimentary canal that travels from the ear and head, through the neck and throat, down into the labyrinthine gut where the distillation of an outside pushes at us from our insides. In those moments when another’s sound knocks around the body, the artifice of human boundedness and self-possession dissolves. We are forced to feel our interdependence, our inescapable susceptibility to others.

The Australian philosopher, Rosalyn Diprose, has named this openness of the body and the relentless exchange between us *corporeal generosity*. The term *generosity* in Diprose’s thinking is laden with ambivalence and asymmetry where ‘the generosity and the gifts of some (property owners, men, wage earners, whites) tend to be recognized and remembered more often than the gifts of others (the landless, women, the unemployed, indigenous peoples, and immigrants).’²¹

This theorizing is helpful in understanding why the grief sung out by the African mother and other relatives is so perturbing for Eve. It is so unsettling in fact that the painful grieving that is the source of the weeping and wailing is almost forgotten. *They didn’t know whether it was somebody in pain* Eve says of the other patients in her ward and then has to remind herself *Well it was somebody in pain*. The ironic laugh that accompanied this almost-forgetting touches, as humour often does, something deeper and uncanny: how is it in a place that aspires not to sequester death, pain and grief away from life and the community, that the sound of maternal loss can be so out of place? *Going bananas and spare* and *being on the edge* are forays into the wild. And at the same time, the feel of such dispossession appears to arouse envy as much fear ‘I expect she gets this out of her system better than we do’. It brings to consciousness the tacit sensory regime of the ward – all that *controlling, dictating and directing* – and its continuity with Western ideals of personhood as self-controlled and privatized.²²

But there is more going on here than cultural difference and the matter of how as the ward manager Eve must regain control of the cacophonous environment. In situations such as this ‘We realize we’re completely superfluous’ Eve says. She continues ‘which is, you can get, you know with a white English family’. That some English families can also render staff superfluous begins to rock the solid *we* of Englishness, opening out Eve’s story to the demands of what might be

heard as 'other-others' – noisy, working-class English families perhaps, or those suddenly overtaken by the visceral force of grief and loss? Let's return to the story at the point at which we left it.

Yasmin: So what was disturbing about it?

Eve: I think the fact that it was so raw. So, um, it felt very frightening because I felt it was on the edge and I guess that feeling is often there, but we're often spared from it because people culturally determine a way to behave and these people are saying, 'No. This is how we want to behave. This is how we would behave. This is how we are behaving.' And that is very frightening if it's different from what, what you perceive as normal.

What hits me time and again with this extract is the 'it was on the edge . . . but we're often spared from it'. Being spared is a curious musty turn of phrase, reminiscent of sacrificial scenes from the Abrahamic religions – of sheep, fattened calves and beloved children. Such scenes have inspired philosophical writing on the ethics of the gift, where gifting has been imagined outside of economies of recognition and reciprocity. Real gifts, some philosophers believe, must go unrecognized on both sides, so there are no expectations. No gratitude. No indebtedness.²³

And what if we start to think of this acoustic mayhem as a gift for Eve? A gift that because it is *so different* in its form and non-compliance – *No this is how we want to behave. This is how we would behave. This is how we are behaving* – brings to the surface the wreckage of the confusions and paradoxes of multicultural living, dying and caretaking: the compromises; the impossible demands and conundrums; the times when routines, rules and convention go out of the window and you find yourself being, doing or thinking something out of the ordinary. Jacques Derrida calls such singular moments 'absolute responsibility'.

Absolute responsibility is not a responsibility, at least it is not general responsibility or responsibility in general. It needs to be exceptional or extraordinary . . . it is as if absolute responsibility could not be derived from a concept of responsibility and therefore in order for it to be what it must be it must remain inconceivable, indeed unthinkable: it must therefore be irresponsible in order to be absolutely responsible.²⁴

This Derridean version of responsibility institutes a simultaneous division and a binding between an unconditional and conditional hospitality, between an unlimited openness to others and the need for laws and regulation as a means of adjudicating between competing demands. The impossibility of accommodating

the needs of a competing array of others is for Derrida the very condition of the capacity to be moved by singularity, so that for one reason or another, routines are sometimes transgressed and *this* mother, *this* family now has the space to mourn, to belong temporarily.

Spontaneous transgressions do not guarantee greater justice or freedom in the future, although they may inspire the pursuit of more workable, conditional solutions or on-the-spot improvisations.

Some hospices have responded to the ‘problems’ of noisy mourning by accommodating grieving families in rooms away from the main wards, so that noise is contained. Grief is annexed. Difference is put in its place. I am not sure what Eve would have made of these developments. And I am not sure how an acoustic refuge from suffering honours the aspiration of the unconditional hospitality of hospices as a *community of the unlike*.²⁵

The monks at Cluny believed that the architectural organization of sound in a place could allow for epiphany – a heeding of the richness and splendour of life and what lies beyond it. Therese Schroeder-Sheker feels that ‘If particular sacred music is sung by a prepared community of liturgical singers in the most appropriate way, an epiphany can occur’.²⁶ The choir space at Cluny is said to materialize this belief. The monastery is renowned for its intricately carved eight capitals – the upper aspects of the stone columns – that surrounded it. The space was called the *deambulatorium angelorum* – the walkway of angels.

Take a look at the ordinary
 Don't need to look at Paradise
 You could be next to
 an angel in disguise

So sings Corrine May.²⁷

‘What makes me think?’ Rosalyn Diprose asks, ‘Something gets under my skin. Something disturbs me’.²⁸