Noted with Honor: Intersections Between Theology, Music Therapy, Psychotherapy, and Original Music Compositions for Hospice Patients

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NOTED WITH HONOR: INTERSECTIONS BETWEEN THEOLOGY,
MUSIC THERAPY, PSYCHOTHERAPY, AND ORIGINAL
MUSIC COMPOSITIONS FOR HOSPICE PATIENTS

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NOTED WITH HONOR: INTERSECTIONS BETWEEN THEOLOGY, MUSIC THERAPY, PSYCHOTHERAPY, AND ORIGINAL MUSIC COMPOSITIONS FOR HOSPICE PATIENTS

A Thesis Presented to the Graduate Faculty of
Perkins School of Theology
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in
Partial Fulfillment of the Requirements
for the degree of
Doctor of Pastoral Music
by
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ABSTRACT

This thesis investigates the intersections between theology, music therapy, and psychotherapy when creating a music composition that honors a hospice patient’s walk of faith. A pioneer organization inspiring this thesis is Swan Songs in Austin, Texas, where musical moments are created for the patient and family. However, its model is primarily based on collating previously composed pieces for recitals without a personalized honoring of the patient’s witness of faith. Noted with Honor is an emerging non-profit organization that creates an original work that reflects upon the testimony of the patient and forms a new narrative towards the end of one’s life, bringing peace and dignity to this final rite of passage. The author employs an interdisciplinary methodological approach. Besides theology and four types of therapy, some precompositional strategies are also examined: generating musical cryptograms of the patient’s and family members’ names via the French method of solmization, setting the style of the piece within the patient’s preferred sound aesthetic, and mathematically structuring the piece according to the patient’s duration of life and milestones.
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CHAPTER 1:
INTRODUCTION

Premise behind Noted with Honor

Noted with Honor is an emerging non-profit organization that draws upon the fields of theology, music therapy, and three psychotherapies in order to honor a hospice patient’s faith testimony through a narration of their life story in an original music composition. A pioneer organization inspiring this thesis is Swan Songs in Austin, Texas, where musical moments are created for the patient and family.\(^1\) In contrast to Noted with Honor, Swan Songs, Inc. is based on collating previously composed pieces for recitals. Another component usually missing from palliative care and hospice organizations like Swan Songs, Inc. is honoring the patient’s witness of faith with an original composition.\(^2\)

A goal of Noted with Honor is to create a lyrical space for grief and the final preparation for death, acceptance, Kuebler-Ross’s fifth stage of grief and dying.\(^3\) The Noted with Honor process offers the patient and family a life review as “the creation of rites and rituals provides an organized and symbolically meaningful pathway through serious illness to death and beyond.”\(^4\) Sharing the patient’s composition is a life review. In addition to providing a lyrical narration of

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2. Hospice is involved when a terminal diagnosis with a life limiting illness is given. This means a patient has a prognosis of six months or less. Hospice uses pain medication and other psychosocial therapies to reduce the patient’s symptom burden. Palliative care can be defined in two ways. The first and more general way is that palliative care is seen as pain or symptom management. A person can make use of palliative care without being under hospice care. Secondly, palliative care is a distinct discipline separate from hospice care. Often patients will see the palliative care physician in the hospital, meaning their primary issue is pain and symptom management. That does not necessarily mean, however, they have a hospice diagnosis.
the person’s life, the life review is an opportunity to recount the salient experiences and points of accomplishment in the patient’s life. This discussion of a life well lived should take place in the company of family members and loved ones.⁵

The field of music therapy provides research that also affirms this process. Once the piece is shared with the patient and family, the composition will be professionally recorded and sent to the family, reinforcing and reminding them of this ritual. This practice resonates with Loewy & Stewart: “the creation of a recording that either maintains a performance or sound file from the patient’s life or reproduces familiar musical material, is a way of acknowledging the patient’s life experience and can help support the journey toward closure.”⁶

*Noted with Honor* is a collaborative project between Baylor, Scott, and White (BSW) and Vitas Healthcare (hereafter called Vitas). Although performances for Vitas patients are solely comprised of piano and voice, any combination of instrumentalists and vocalists is possible for BSW patients. Most of the current *Noted with Honor* patients come from Vitas, but the author hopes for a more balanced division between Vitas and BSW in the coming years.

**Background to Current Process**

The author participated in a chaplaincy residency during the fall of 2018 at BSW, receiving instruction in patient visits. This course of study also included lessons in trauma and palliative care. The head of the pastoral care department invited me to play piano music for the ICU and oncology wings, invaluable firsthand experience in observing music’s effect on patients. The

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⁵ This concept is based on research in dignity therapy. See Geoffrey Dennis, “Love is Strong as Death: Meeting the Pastoral Needs of the Jewish Hospice Patient,” *American Journal of Hospice and Palliative Care* 16, no. 4 (1999): 599.

instructor for hospice care was from Vitas and served as my connection to the Fort Worth Vitas Bereavement Services Manager.⁷

As a volunteer through Vitas, I was supervised by one of their chaplains during 2020 to engage with a patient.⁸ I scheduled and recorded three listening sessions the patient to hear his life’s testimony and then notated the results into musical sketches.⁹ In the second and third sessions I shared emerging parts of the composition with the patient to receive their feedback. Often I would ask more questions about songs and hymns they enjoyed throughout their lifetime and preferences on certain styles of music in order to secure the composition within the patient’s voice, namely their sound aesthetic and personality. If it was not for the SARS-COVID-19 pandemic, the fourth session would have been the sharing moment: a performance in which the piece was played through once, reflected upon with the patient and family, and then played one more time.¹⁰

Since the onboarding process for becoming a volunteer at Vitas is extensive, I was the only instrumentalist for the compositions.¹¹ There are many compositional possibilities, however, with voice and piano. The Vitas inpatient program at BSW requires an interaction time of one week or under in contrast to Vitas. Additional instrumentalists may participate in the sharing moments with patients and families there. The Vitas chaplain chose the patients. Only patients who identified themselves as “Christian” on their patient profile were eligible for this project. As stipulated by the Institutional Review Board (IRB) of Southern Methodist University,

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⁷ That instructor is the senior chaplain of the Fort Worth Vitas branch; the Bereavement Services Manager paired me with a chaplain, who became my supervisor for the patient visits.
⁸ Due to the COVID-19 pandemic, my first series of listening sessions (February 28, March 6, and March 13) occurred before the mandatory volunteer suspension on March 16, 2020.
⁹ I formed ideas into musical snippets, which were later incorporated into the final version of the composition.
¹⁰ Vitas closed down their volunteer department one day before the performance moment would have occurred.
¹¹ The onboarding process requires a three-hour face-to-face instructional session at the Vitas office, two tuberculosis tests two weeks apart, and four quizzes with scores of 100 percent.
no research occurred on the patients in this study, though this thesis may serve as a springboard for research on human subjects.\textsuperscript{12}

\textbf{Methodology and Structure}
Three chapters of research, one chapter of commentary on a \textit{Noted with Honor} composition, a conclusion, and thirteen appendices comprise the framework for this thesis. The research chapters will demonstrate how the theological reflections (Chapter 2), music therapy findings (Chapter 3), and psychotherapy research (Chapter 4) intersect with the volunteer subjects’ experiences at Vitas. Chapter 5 will include commentary on the author’s original compositional process and the conclusion (Chapter 6) will propose a vision for the future of \textit{Noted with Honor}. Each chapter will connect the \textit{Noted with Honor} compositional process with its research findings, and the whole thesis concludes with appendices exhibiting the scores of the \textit{Noted with Honor} compositions.

The second chapter uses anthropological studies, the Talmud, the Midrash, and theologians’ writings on hope. These will be paired with reflections on biblical passages from both testaments, and the writings of Aquinas and Jürgen Moltmann. Specifically, the chapter explores the theological intersections of \textit{Noted with Honor} by addressing the topics of honor, inclusion, and identity in Paul’s epistle to the Romans, sharing five insights on the death account of Moses (Deut 34), and searching the importance of the \textit{visio beatifica} and the attainment of a glorified body in Aquinas and Moltmann’s writings. The theological insights are applied to the nature and compositional process of \textit{Noted with Honor} throughout the chapter.

\textsuperscript{12} The research plan for this thesis was submitted to the University’s Institutional Review Board in 2019 for research with human subjects but, upon review, was exempted from participation in the IRB process.
Chapter 3 employs research on the end of life from music therapy sources.\(^\text{13}\) This research engages the process of songwriting, the individual elements of music, and the psychological effects of music on dementia. Within this framework, specific dissections on rhythm, meter, pitch, harmony, melody, timbre, lyrics, the voice, improvisation, dementia, mind retention, and songwriting strategies are undertaken. The chapter concludes with possible applications for Noted with Honor.

The fourth chapter surveys research on narrative therapy, storytelling therapy, and dignity therapy. Though some authors critique narrative therapy as incompatible with Christian theology, this section will examine potential points of resonance between the two fields. Unlike narrative therapy, research on storytelling therapy is still in its nascent stage; consequently, much of that section’s content will come from online sources by practicing storytelling psychotherapists. The latest research on dignity therapy will be engaged and the peculiar efficacy of the field within the United States and Canada will be examined.\(^\text{14}\) Topics such as Chochinov’s manualized ten questions, re-authoring identity, the nature of stories, and storytelling techniques are covered. The chapter also ends with some possible applications.

Chapter 5 contains my commentary on a Noted with Honor composition. Many pre-compositional strategies will be used and discussed. Some will include a) employing musical cryptograms of the patient’s and family members’ names via the French method of solmization, b) incorporating parts of hymns and other music particular to their denominational upbringing and life experiences, c) setting the style of the piece within the patient’s preferred sound aesthetic, and d) mathematically structuring the piece according to the patient’s duration of life

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\(^{13}\) *Music Therapy at the End of Life*, edited by Cheryl Dileo and Joanne Loewy (2006), was a primary resource.

\(^{14}\) This is becoming a worldwide therapeutic approach, but research on dignity therapy in Japan and other countries has shown the practice to be relatively ineffective in Eastern countries.
and milestones. My own compositional response to the stories of the people complements these pre-compositional strategies. While I acknowledge my own preferences for nineteenth-century art song and music from the early twentieth-century, I have mostly drawn on specific styles which are the “sound palettes” of the patients. My interviewees expressed preferences for the Western classical music tradition, reflected in my compositions. Experience in using soggetto cavato and the mathematical constructions within J. S. Bach compositions influence my own writing. Each chapter will connect the Noted with Honor compositional process with its research findings.

The sixth and final chapter offers some closing thoughts and recommendations for further research. Part of the former includes imagining a future for the emerging non-profit. Finally, the appendices display the Noted with Honor original music compositions in their entirety, a worksheet for the cryptograms used in the composition, questionnaires for both patients and family members, a summary of the questionnaires, and the confidentiality waiver form.

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15 For example, one may organize a composition so that one hundred measures represent a decade and each key change signifies a major transition in the patient’s life.

16 This technique, first attributed to Renaissance composer Josquin des Prez, employs solmization vowels to carve out notes within a musical subject. It is one of the earliest examples of a musical cryptogram.
CHAPTER 2:
THEOLOGICAL INTERSECTIONS

“When I consider your heavens, the work of your fingers,
the moon and the stars, which you have set in place,
what is mankind that you are mindful of them,
human beings that you care for them?
You have made them a little lower than the angels
and crowned them with glory and honor.”
Psalm 8:3–5 (NIV)

Preface: The Overarching Concept of Imago Dei

The verses above are breathtaking and extraordinary. A person’s stature is insignificant considering the vast universe which God oversees, yet humankind is exalted with attributes of royalty. Furthermore, the Hebrew word for the compared ranking is not angels but God.¹ Regardless of whether one prefers the term “angels” because of its propriety, God holds humanity high in the created order.

This chapter begins with an examination of the relationship between imago Dei and suffering as set forth in Genesis 1 and 3. Then it examines the concept of honor through anthropological insights and the epistle to the Romans. An investigation on the death of Moses using Deuteronomy 34 and ancient Jewish sources follows. The chapter concludes with reflections on hope through the writings of Thomas Aquinas and Jürgen Moltmann.

Humanness actually has its root in God’s creation of people in God’s image. Evidenced in the biblical creation narrative, and especially Genesis 1:26–27, all created things have their

¹ mi’elohim is transliterated as “mi’elohim” and translated as “than God.”
origin in God yet only humankind is formed in God’s image (imago Dei). This chapter connects the concept of imago Dei to the elderly and terminally ill in two specific ways.

First, whether the imago Dei was shattered or severely tarnished in the fall of humanity (Gen 3), a person created in God’s image still has immeasurable worth. This is because God’s worth is intrinsic—inherently part of God’s nature—and thus a human’s worth is also innate. This logic is easy to imagine for a healthy young adult or a newborn baby; but what about a person who is about to die? Is a catatonic nonagenarian still made in God’s image? Earl Dahlstrom asserts, “There is no age before or after which a person’s worth is increased or reduced.” Elsewhere he writes, “The God who loves a baby loves the person in all stages of development. Who or what is to say when human development has reached its apogee?” In other words, when is a person at the prime of their life? Different cultures and generations have certain proclivities in answering this question, but assumptions constantly need reexamining. Especially concerning terminally ill patients, an ongoing discussion of the unexplored facets of the imago Dei is needed, and Douglas John Hall argues that the concept of imago Dei leads to “the mystery of human identity that must be rediscovered by each generation of the believing community.”

Another implication of the imago Dei pertinent to hospice patients is that God suffers with us. Christ, the perfect imago Dei, suffered and consequently, suffering can be re-envisioned. In Genesis 3 we find that humanity corrupted the imago Dei but Christ’s redemption renews

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2 Gen 1:26–27 reads: “Then God said, ‘Let us make humankind in our image, according to our likeness; and let them have dominion over the fish of the sea, and over the birds of the air, and over the cattle, and over all the wild animals of the earth, and over every creeping thing that creeps upon the earth’” (NRSV).
4 Dahlstrom, “Toward a Theology of Aging,” 7.
God’s image in us. In fact, Jesus is depicted in the New Testament as the perfect and consummate *imago Dei*. Numerous passages affirm Christ as the divine image of God (2 Cor 4:4, Col 1:15–17, and Heb 1:3 are some of the clearest examples). This is good news but there is a surprising twist: the divine image of God endured beatings, humiliation, and ultimately crucifixion. Besides the gospel accounts on the passion of Christ, this is easily seen in Isaiah 53:3–5, one of the most eminent suffering servant passages:

> He was despised and rejected by men, a man of sorrows and acquainted with grief . . . Surely he has borne our griefs and carried our sorrows; yet we esteemed him stricken, smitten by God, and afflicted. But he was pierced for our transgressions; he was crushed for our iniquities; upon him was the chastisement that brought us peace, and with his wounds we are healed.

An irony emerges here. The suffering God is the ultimate source of our healing. This is particularly good news for hospice patients who are terminally ill and especially vulnerable. God suffers with us since God in Christ suffered for us, and this allows the concept of suffering to be reimagined.

Granted, the mystery of suffering is difficult to approach, and numerous religions have struggled in responding to the experience of suffering. For some, it is an especially absurd, pointless evil because it seems to diminish human dignity by stealing their autonomy and independence. Consequently, then, suffering tends to be avoided or considered something to be eradicated. However, physical suffering can be infused with meaning that can redeem and

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7 2 Cor 4:4 reads: “In their case the god of this world has blinded the minds of the unbelievers, to keep them from seeing the light of the gospel of the glory of Christ, who is the image of God.” Col 1:15–17 reads: “He is the image of the invisible God, the firstborn of all creation; for in him all things in heaven and on earth were created, things visible and invisible, whether thrones or dominions or rulers or powers—all things have been created through him and for him. He himself is before all things, and in him all things hold together.” Heb 1:3 reads: “He is the reflection of God’s glory and the exact imprint of God’s very being, and he sustains all things by his powerful word.”
8 ESV. All the following Scripture references for this section are ESV.
9 For example, suffering may be bad karma (Hinduism), an inescapable experience (Buddhism), or a lesson for spiritual growth (New Age).
transform it. When Christians suffer, they are not losing intrinsic dignity but, in fact, are being transformed even more into the image of God and Christ. Why? Pain has a mysterious way of expanding the human capacity to grow in love. As one Catholic theologian wrote on the process of sanctification: “the life, death, and resurrection of Jesus reveals that pain and suffering are necessary constituents of this transformative process, not because they are inherently good—they remain a grave physical evil—but because they can challenge the human being to grow into a love that transcends self.”

Although the *imago Dei* and some of its implications have been briefly touched upon, they hold sway over the entire theological chapter. Each of the following three sections will either directly or indirectly address that: 1) God honors humankind as the highest created order in the earthly realm and 2) God suffers with us. Dahlstrom’s words, “A person’s worth is his irreplaceable God-given uniqueness,” resonates with the integral relationship between God and humanity and person to person realized in God’s compassion for the suffering. 3) The third section builds upon this understanding: there is suffering within the Godhead; hope and hopelessness are dialectic. Therefore, hope gives us courage to expect divine empathy in our suffering. These biblical insights on suffering and other concepts that follow provide fertile possibilities for exploring the intersection of theology, palliative care patients, and music composition.

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Epistle to the Romans: Honor, Inclusion, Identity

The epistle to the Romans is a helpful starting point for reflection upon the theological premise for Noted with Honor, as well as the concept of honor itself. One might assume there is no need to construct a framework, but honor—and its counterpart, shame—seem outdated for Christians in the West. In contrast to Eastern Christians, whose group-based cultures are directly affected by these concepts, Western Christians and culture rely more on individualistic values.

Therefore, this reflection on Romans through an anthropological lens will also supplement this often neglected part of Western theology.

From an anthropological perspective, honor is the public acknowledgement of one’s worth in a group; it is essentially a positive social rating that entitles a person to relate to other group members in socially prescribed ways. Honor is dependent upon the evaluation of others and that is partly why this social construct is more prevalent in community-based cultures. This definition raises certain questions: 1) How are God and honor related? 2) Does honor constitute salvation, and if so, on what basis does a human receive honor? 3) What else is integral when honored by God? While navigating these questions, similarities and differences between a Biblical and an anthropological construct of honor will be seen.

Paul states unequivocally that God is worthy of honor and power. Doxological sections appear in Romans and specific verses comment on God’s commitment to Israel (3:3) and powerful character (1:20) as well as other references to these two attribute. For example, God demonstrates his faithfulness by keeping his promises to the prophets and patriarchs (1:2 and

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13 For a recent study on this topic, see Harry C. Triandis, Individualism and Collectivism (Oxfordshire: Routledge, 2018).
15 Specifically in Rom 11:36, 15:8–12, and 16:27.
15:8) while also exhibiting his power by redeeming creation and overcoming all obstacles in loving people (chapter 8). Interestingly, during the time of Paul’s letter, Mediterranean society engaged with at least two particular sources of honor—faithfulness and power. The former is loyalty to a group, where expected actions and mutual responsibilities of all members are met. The latter is social strength, and possession of it does not matter as much as how it is used. Analogous to this anthropological paradigm, God, the powerful Creator, is most honorable because of God’s faithfulness and redemption within both Israel’s and the Gentiles’ salvation history. Applying this to the compositional process of Noted with Honor, God is the supreme honorable being who has been faithful and redemptive throughout history in the lives of palliative care and hospice patients.

Considering whether honor constitutes salvation, Paul turns to the first mention of honor and salvation in Romans 2:6–10: “He will render to each one according to his works—to those who by patience in well-doing seek glory and honor and immortality, he will give eternal life. . . (there will be) glory and honor and peace for everyone who does good, the Jew first and also the Greek” (ESV). Paul’s main point is honor and glory constitute salvation. Many Bible scholars and commentators agree. Jayson Georges claims: “Regardless of how one understands the means of salvation, the nature of salvation is “glory and honor.” On what basis, then, does a human receive this honor? Seemingly paradoxical, especially considering the verse above, Paul

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16 Also see Chapters 3 and 9 in their entirety.
19 DeSilva illustrates how this is the case in the Greco-Roman world, in which benefaction and patronage were prominent. Power was favorably looked upon when used for the benefit of others. David DeSilva, Honor, Patronage, Kinship, & Purity (Grand Rapids, MI: IVP, 2000), 23–120.
20 Jayson Georges, “From Shame to Honor,” 301.
21 Notably, the book of James also wrestles with the question of how faith and works are related.
provides the answer when he inserts grace through a faith matrix (4:4–5) the name of Jesus Christ (5:1–2), rendering the basis of honor as a matter of one’s relationship to Christ.22 As in the words of Moxnes, “[Boasting] is a possibility ‘through our Lord Jesus Christ’ (5.1), for those who are ‘in him.’ Thus, the question of honour and shame is now a question of their relationship to Christ. Christ now defines what is honour and what is shame.”23 In other words, salvation is not simply the imputation of righteousness or spending eternity with Jesus, but rather the removal of sin’s shame and the reception of honor because of faith in Christ.

To connect this assertion with the theological premise of Noted with Honor, inherent within a person’s salvation is glory. Regardless of how many accolades—or lack thereof—a person has received in one’s lifetime, they are worthy of honor.24 Additionally, Noted with Honor compositions are offered without any consideration of the patient’s own genealogy and inheritance, but are simply given as tributes because of the person’s relationship with Christ.

Having discussed the concept of honor, now we turn to identity and inclusion. When God honors a person with salvation, they receive a new identity and inclusion into an eminent group. Because of their illness and isolation from the world, receiving a new identity and being included are significant theological concepts for terminally ill people who are vulnerable. Ironically, the identities of Christians in Rome during the first century were honored and concealed in suffering and vulnerability. This is because Christian communities had to operate within civic power structures and were expected to conform to society’s prescribed codes of conduct. Not only was

22 The author assumes the reader already has a basic understanding of the Christian faith. For more context within Paul’s epistle, Paul discusses three possible answers—merit, inheritance, gift—and ultimately chooses one. In Rom 2:17–29 Paul discredits both merit and inheritance by pointing to Israel’s hypocrisy (vs. 21–22) and dishonoring of God (vs. 23–24) despite their claimed status and inheritance. Salvation and honor are, rather, gifts by grace through faith (4:4–5).
24 This does not mean that the compositions will not honor a person’s accomplishments.
sacrificing to one’s gods vital in offering due honor.\textsuperscript{25} “Civic sacrifices, too, had this same regard. Without doubt, participation in political life in Greco-Roman cities would require involvement in all aspects of the civic cult.”\textsuperscript{26} If one abstained from sacrificing, he or she could “earn hostility and ridicule.”\textsuperscript{27} Christians sometimes had a difficult decision to make. Withdrawing from the pagan civic sacrifices, however, inherently rendered the formation of helpful alternative identities and societies. Analogously, hospice and palliative care patients involuntarily withdrew from society, thus rendering the private part of their lives as the main means to establish and strengthen their identity in Christ. Paul frames this multifaceted identity in familial terms: beloved of God (1:7), saints (1:7), sons (8:13), children (8:16), and heirs (8:17). Indeed, the preceding argument should resonate with a palliative care patient: despite the vulnerability and suffering they may be experiencing, they are still a cherished son or daughter, saint and heir, loved by God.

In addition to receiving honor, the idea of salvation in Romans is portrayed as inviting a person into a special community.\textsuperscript{28} The question “How can I be saved?” is much less important compared to “Who are God’s people?” in positioning and propelling Romans.\textsuperscript{29} The Christians in Rome, as previously noted above, experienced tension with the civic authorities. This resulted many times in alienation from the majority culture, yet inclusion into another community. This honor of being adopted into an esteemed community has pertinence with the condition of

\textsuperscript{27} Seneca, \textit{Ep.} 5.3–4.
\textsuperscript{28} Romans chapters 3, 4, 9, 10, and 11 are the focal points for this thought.
terminally ill patients. Since hospice and palliative care patients are isolated from the world, creating a composition that stresses their inclusion into God’s community may strengthen their connection between loved ones and their Creator.

**Deuteronomy 34: Four Insights from the Death of Moses**

Despite its enigmatic account in Deuteronomy, the death of Moses provides insights that intersect with the praxis of *Noted with Honor*. Moses was nearing the end of his life and this fact, of course, resonates with terminally ill patients. Jewish tradition, as expressed in wisdom from the Talmud and Midrash, offers a model for spiritually caring for the sick or aging. The sagacity of the rabbinical tradition throughout the centuries provides a framework that is relevant today. This framework yields four areas for our consideration: 1) every death is unique, 2) God is present before and upon death, 3) approaching death is an opportune time to appreciate the future and past, and 4) the dying process itself is a mystery.

**Every death is unique.** The process of dying is distinctive to each person. Since Moses had a uniquely memorable death, Deuteronomy 34 provides a good launching point for this section. Moses, a leader who brought the Israelites out of Egypt and shepherded them to the edge of the Jordan River, had a panoramic view of the promised land atop Mount Nebo before God himself “buried him in the valley in the land of Moab opposite Beth-peor; but no one knows the place of his burial to this day (v. 6).”\(^{30}\) Perhaps just as remarkable are the words a few verses later: “there has not arisen a prophet since in Israel like Moses, whom the LORD knew face to face (v. 10).” According to Jewish tradition, Moses was exemplary enough that he indeed saw

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\(^{30}\) All following quotations are from the English Standard Version (ESV).
God face to face and not just from the back (as in Exod 33:20–23). All these references portray Moses as singular. No one had been buried like or given such status as Moses, and both the Biblical and Midrash writers convey the sense that upon Moses’ death an irrevocable absence was felt.

Like Moses’ death, each person experiences the dying process in a particular way. Each person is a singularity and consequently, upon death an irrevocable absence occurs. Though not as enigmatic or legendary as Moses’ death, the circumstances around each person’s death are unique. Race, ethnicity, gender, socio-economic status, and many other factors contribute to a complex framework in which a person lives. In order to ascertain and integrate the facets of a person’s context into a music composition, a personalized approach is needed. In contrast, a generic piece chosen in one’s honor precludes the opportunity for a detailed, contextual representation of the person’s life. Noted with Honor strives to capture the person’s individuality by scheduling three listening sessions before the performance, utilizing certain precompositional strategies.

**God is present before and upon death.** Moses’ death seemed untimely. He had guided the Israelites all the way to the Jordan River and Deuteronomy 34 states he was a strong, healthy man when he passed away at 120 years old (v. 7). Furthermore, to the Israelites it seemed that he died alone on Mount Nebo, but an encouraging element in the narrative indicates that he did not. God was present and had indeed “buried him” (v. 6). That fact must be viewed here as crucial, and in looking at this text Jewish rabbis actually glean a model in how to care for the

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31 Sifrei Devarim (Sefaria translation) 357.42 reads “When did [God] show [his face] to him? Close to his death—whence we derive that close to death it can be seen.”
32 These strategies are discussed in Chapters 1 and 5.
33 The phrase *his vigor unabated* literally means “his moisture had not departed” and the Talmud (in Bava Metzia 28a and Bava Batra 120a) describes a similar process with Sarah and Jochebed.
dying. There is a term called *livui ruchani*, which is spiritual accompaniment.\(^{34}\) It does not intend to change or fix others, but to walk alongside people who are experiencing joys and sorrows. In other words, a “pastoral caregiver is a witness, companion, and tangible manifestation of God’s caring. Here, *livui ruchani* is often the most powerful thing we can offer.”\(^{35}\)

Also, according to Jewish tradition, Moses died with God kissing him on the mouth, and this idea comes from the literal translation of *at the command of the LORD*, which is “He died at God’s mouth.”\(^{36}\) In other words, God did not give a harsh imperative as a death sentence, but rather lovingly welcomed Moses into heaven. This is a beautiful image, in contrast to the displeasure God had toward Moses (Num 20:12) when he struck the rock twice at Meribah (Num 20:11). God’s presence at the end of life seems to overshadow any of Moses’ past shortcomings. As George Coats says, “It is his presence that transforms an awful fate into a fate that can mean praise for God.”\(^{37}\)

Family members are not always willing or able to be at the patient’s bedside during death. This is especially true for hospice and palliative care patients when the nature of their situations is emotionally overwhelming. Thankfully hospice workers, volunteers, and chaplains can render a ministry of caretaking and presence. The *Noted with Honor* musical collaborator may also serve a ministry of presence. The music compositions will not only portray God as being present upon a patient’s passing,\(^{38}\) but it will be recommended to family members to

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34 The root, *luh*, is used to portray a person who “walks with” someone.
35 Dayle A. Friedman, *Jewish Pastoral Care: A Practical Handbook from Traditional and Contemporary Sources*, 2nd ed. (Woodstock, VT: Jewish Lights, 2010), 359.
36 This can also be found in Moed Katan 28a and Bava Batra 17a.
38 This can be accomplished by creating a God motif which is constantly iterated during the moment of passing.
periodically replay the recording of the composition for the patient. This will remind them that God is always present.

**Approaching death is an opportune time to appreciate the future and past.**

Although the element of appreciating the future will be given more attention in the subsection on hope in this chapter, Deuteronomy 34 supplies a poignant insight to this concept. On Mount Nebo, Moses was given a glimpse of Israel’s future:39 “This is the land of which I swore to Abraham, to Isaac, and to Jacob, ‘I will give it to your offspring.’ I have let you see it with your eyes” (v. 4). According to Jewish tradition, this was indeed a moment of enormous import: “We are hereby taught He showed him the entire world, from the day it was created until the day of the resurrection.”40 God was not only showing Moses the land of Canaan but an eschatological vision as well. In other words, God used the preceding moments before Moses’ death as an opportunity for him to appreciate Israel’s massive, imminent, and ultimate destiny. Furthermore, God reminded Moses of a previous promise to Abraham, creating a moment that connected the future with the past. Directing Moses’ attention to both realities demonstrated God as the sovereign LORD Most High.

Encouraging the terminally ill patient to appreciate the past, present, and future is one of the main objectives of *Noted with Honor*. A music composition is able to capture these components of time in a powerful way, because it can encompass through sound the patient’s upbringing, vocation, and experiences with God. It concludes with a portrayal of paradise, a place where the patient will realize God’s ultimate promise. Just as Moses had an expansive view

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39 Verses 1 through 3 read: “Then Moses climbed Mount Nebo from the plains of Moab to the top of Pisgah, across from Jericho. And the Lord showed him all the land of Gilead as far as Dan, all Naphtali and the land of Ephraim and Manasseh, all the land of Judah as far as the Western Sea, the South, and the plain of the Valley of Jericho, the city of palm trees, as far as Zoar.”

40 Sifrei Devarim (Sefaria translation) 357.18.
of Canaan, the composition is panoramic by nature. Also, the musical tributes may help the patient appreciate the future of their family members or loved ones by spelling out a family member’s vocation or other future aspirations cryptomologically. Finally, the composition emphasizes to the patient that God is sovereign over all aspects of time and consequently the patient’s entire lifetime.41

**The dying process itself is a mystery.** Along with possible fulfillment, death can bring frustration. This is demonstrated in two ways. The first is the place of Moses’ burial. Not only in Deuteronomy 34:6,42 but also according to Jewish tradition, this was a mystery to even Moses: “Some say that even Moses did not know the place of his burial, it being written ‘and no man knew his grave,’ ‘man’ signifying Moses.”43 Secondly, Deuteronomy 34 contains two phrases: “I have let you see it with your eyes, but you shall not go over there” (v. 4), and “Moses was 120 years old when he died. His eye was undimmed, and his vigor unabated” (v. 7). The Talmud describes this phrase as flesh being smooth and unwrinkled.44 Both imply a limitation of the future and in fact, Moses’ death precluded him from experiencing the fulfillment of God’s land promise for Israel, a promise Moses had stewarded a long time despite Israel’s grumblings, rebellions, and attempts to squander it. “Thus Moses embodies the mystery of death that takes away possibilities arbitrarily and randomly, often from those for whom the promise seems most fitting.”45

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41 A motif symbolizing the presence of God could be iterated throughout the entire composition.
42 Which reads: “and he buried him in the valley in the land of Moab opposite Beth-peor; but no one knows the place of his burial to this day.”
43 Sifrei Devarim (Sefaria translation) 357.32.
44 Bava Metzia 87a and Bava Batra 120a.
*Noted with Honor* compositions do not offer rational explanations for the circumstances of death. The use of symbols and metaphors in the compositions help create multi-dimensionality and provide many options for interpretation. In circumstances where the hospice patient is not elderly, the music could be imbued with even more symbols and sound palettes that interweave celebration with poignancy of untimeliness, satisfaction with frustration.

**Aquinas and Moltmann: A Discussion on Hope**

Alongside the priorities of honoring and spiritually accompanying patients, *Noted with Honor* strongly affirms their hope in eternal life. Insights from Thomas Aquinas (using his *Summa Theologica* and commentaries on 1 Corinthians and 2 Corinthians) and Jürgen Moltmann’s *Theology of Hope* and *The Crucified God* guides the rationale for these means since both authors wrote on the concept of hope.

Christianity asserts there is an afterlife and the saints redeemed in Christ will find their eternal abode in heaven.\(^{46}\) Stemming from 1 Corinthians 13:12,\(^{47}\) the *visio beatifica* is the direct visual perception of God and the term has been used by theologians from many traditions throughout the centuries. Aquinas viewed it\(^{48}\) as “the proper and principal object of hope.”\(^{49}\) There is another common hope for Christians, namely, the resurrection of the body in a glorified

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\(^{46}\) Since a discussion on the concept of hell is not conducive for this thesis, the idea of heaven will be the ongoing focus, and directly from the outset, the word heaven has many synonyms—paradise, Zion, and pie in the sky are a few—each with differentiated nuances. To clarify some ambiguity, the term *visio beatifica* (the “beatific vision” in English) will be used.

\(^{47}\) In which those in heaven will see God *face to face*.

\(^{48}\) Sometimes using the words “God himself” as in ST II–II.17.1 or “eternal happiness” in ST II–II.17.2, among others.

\(^{49}\) ST II–II.17.2.
This hope is a praiseworthy one—appropriate for hospice patients—and will soon be interwoven alongside the visio beatifica.\textsuperscript{51}

Concerning the term \textit{hope} itself, Aquinas maintained it is not a feeling. It is “a theological virtue. . . that has God for its object.”\textsuperscript{52} Although a virtue is a habit, the great scholastic expands the definition of a theological virtue:\textsuperscript{53} “a good quality of the mind. . . by which we live righteously. . . of which no one can make bad use. . . which God works in us, without us.”\textsuperscript{54} However, the last part of that definition does not mean that a dying person has no agency. “Thomas takes infused virtue—‘which God works in us, without us’—as the paradigm of virtue, but he acknowledges that the remainder of his definition applies to both infused and acquired virtues.”\textsuperscript{55} In other words, hope is something God gives and something people practice into a habit. Lastly, to helpfully conclude Aquinas’ thoughts: hope attains the visio beatifica as its final cause and “leans on [divine] assistance as its efficient cause,” or means, to reach the beatific vision.\textsuperscript{56}

Indeed, Aquinas’ \textit{Summa Theologica} provides insightful reflections on hope, but in order to associate them more closely with \textit{Noted with Honor}, Aquinas’ commentaries on 1 Corinthians and 2 Corinthians prove helpful; they present Christian hope as giving opportunity for both the visio beatifica and the resurrection of the body. To begin, Aquinas was an Aristotelian who perceived the soul and body as one unit (until death when the two were separated), and he agreed

\begin{footnotesize}
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\footnote{50} Although Jesus mentions a universal resurrection in Matt 22:29–33, the idea at hand originates in 1 Cor 15:35–54, 2 Cor 5:1–5, and briefly in 1 Thess 4:13–16.
\footnote{51} The theological concept of the bodily resurrection may not be appropriate in all cases. It may be reassuring for some, but this idea is becoming less significant for the wide range of people who consider themselves to be Christians.
\footnote{52} ST II–II.17.5.
\footnote{53} ST I–II.55.1.
\footnote{54} ST I–II.55.4.
\footnote{56} ST II–II.17.5.
\end{footnotesize}
with the apostle Paul for the necessity of the bodily resurrection.\(^{57}\) Preceding that event, however, and commencing immediately after death is “the clear vision of God” because it is the reward for the saints’ perseverance.\(^{58}\) Interestingly, Aquinas interprets 2 Corinthians 5:1–4 as the *visio beatifica* because he views the phrase “a house not made with hands” as “God himself,”\(^{59}\) but the soul during this time frame also anticipates a reunification to its body.\(^{60}\) Both hopes are critical. The first encourages the Corinthian church to persevere in the face of death while the second affirms that “Christians will rise with immortal and incorruptible bodies—bodies perfectly enabled to understand with absolute clarity and comprehension the essence of God and the joys of his new creation.”\(^{61}\)

Profitable as it is to employ Aquinas’ thoughts on hope, supplements are needed because hope adds an eschatological dimension to the discussion. These additions can be found in Jürgen Moltmann’s *Theology of Hope* and *The Crucified God*. The thrust of *Theology of Hope* is that hope can be viewed as *adventus* or “advent.” Moltmann’s own definition of that term is helpful: “Future, *adventus, parousia* is that which comes to the present, not something which develops out of it. . . whoever lives in hope, lives by the proclaimed future, already anticipating it in spirit and lifestyle.”\(^{62}\) Thus, hope is not goal-oriented but rather future-oriented. It is future-oriented because the Christian God is one who goes before us, so “the Christian’s posture in the world is that of openness to the future.”\(^{63}\) Although the future is indeed hidden, even seen by some as

\(^{57}\) See 2 Cor 5:1–4, 159; 1 Cor. 15:53–58, 1012–23.

\(^{58}\) See 2 Cor. 4:3–6, 130.

\(^{59}\) See 2 Cor. 5:1–4, 154.

\(^{60}\) See 1 Cor. 15:12–19, 924.


foreboding, the future “is the future of Jesus Christ and can therefore be inferred only from the knowledge and recognition of that historic event of the resurrection of Christ.”\(^{64}\) Evidenced not only from that quote but throughout the entire book, Moltmann squarely centers Christian hope on the resurrection of Jesus.

Hope, however, is not immune to pain and disconcertment. The historic event of Jesus’ resurrection generates a contradiction inside people, because in “the contradictions of the body, in the painful difference between what he hopes and what he experiences, the man of hope perceives that his hoped-for future is still outstanding.”\(^{65}\) This “painful difference” can even result in hopelessness. Hopelessness and hope dialectically coexist, however, for they subjugate and generate each other. This may seem an irresolvable paradox, but according to Moltmann, “unless it apprehends the pain of the negative, Christian hope cannot be realistic and liberating.”\(^{66}\) Indeed, hope confirms anguish and pain as realities; furthermore and perhaps surprisingly, pain is even rooted within the Trinity.\(^{67}\) This symbiotic pairing of hope and hopelessness also renders sensible the situation when a man of hope encounters the inevitability of death yet finds judgment for his suffering. “Hope finds in Christ not only a consolation in suffering, but also the protest of the divine promise against suffering.”\(^{68}\)

Finally, we can trust God’s faithfulness in keeping God’s promises to humanity. One only needs to remember Abraham, Noah, and other biblical figures to affirm this statement. Each of them uniquely experienced God’s promises. Eschatological hope places present realities into a


framework of future possibility. This creates an incongruity but one full of abundant potential. “The hearers of the promise become incongruous with the reality around them, as they strike out in hope towards the promised new future. The result is not the religious sanctioning of the present, but a break-away from the present towards the future.”

Having discussed some of Aquinas’ and Moltmann’s writings, it is now appropriate to reflect on some applications. Noted with Honor compositions are eschatological in nature, ending the patient’s narrative in heaven. Although an attempt to musically portray the visio beatifica is perhaps presumptuous, it is one way to affirm their hope in resurrection. Like the Corinthian church, hospice and palliative care patients are persevering in the face of death. In this setting hope, like all virtues and habits, “remains vulnerable, and without renewed commitments it may wither in trials.”

Moltmann offers many ideas to engage with the concept of hope: hope as adventus and hence future-oriented (not goal-oriented), hope and hopelessness coexisting dialectically, and God’s promise in being faithful through life and death. Although a discussion around hopelessness may easily occur with the patient, perhaps the last one has the most relevance to Noted with Honor. The promise God fulfills on the other side of death encourages a person to approach the end of life with a sense of fulfillment and expectancy. As Earl Dahlstrom writes, “When death comes early it is much harder to accept, but to the aging person whose life has been lived in Christ, Christian hope dispels fear and enables a reaching out in hope to the ‘things unseen.’”

69 Moltmann, Theology of Hope, 100.
CHAPTER 3:
MUSIC THERAPY INTERSECTIONS

“The silver swan, who living had no note,
When death approached, unlocked her silent throat.
Leaning her breast against the reedy shore,
Thus sang her first and last, and sang no more.”¹
Orlando Gibbons

Introduction

Music is a significant gift during the dying experience, and numerous stories exist detailing its powerful effects on the terminally ill.² Scholars and practitioners have investigated the mysterious, healing qualities of music for over a century in what became known as the field of music therapy.³ This chapter focuses on the intersections between music therapy, palliative care, and music composition. First, Noted with Honor does not claim to be a music therapy intervention. It is presumptuous to assert the music compositions created in this process have specific music therapy objectives as I am not a certified music therapist nor perceive myself as one. I endeavor, however, to be informed with music therapy research and to incorporate music therapy insights into the compositions.

A second therapeutic modality with dying patients is music thanatology, pioneered by musician and Benedictine oblate Therese Schroeder-Sheker (b. 1950). In music thanatology, a

¹ An excerpt from “The Silver Swan” madrigal (1612) by Orlando Gibbons. It can be found in many publications, but a specific one is Silver Swan (Boston, MA: Schirmer Music Company, 1929).
harpist performs at a patient’s bedside vigil as the person nears death. The process endeavors to “manage pain relief to the extent that a person will have energy left over to enter into the process of dying, of leave-taking, as deeply and meaningfully as possible” at the moment of death or the threshold of life and death.4

This chapter is divided into four subsections: overview of end-of-life music therapy, compositional elements and music therapy, the potentiality of songwriting, and possible applications for Noted with Honor. The first subsection will examine the concept of people as healers while bringing in the topic of spirituality. The second surveys how rhythm, tempo, meter, pitch, melody, harmony, timbre, and lyrics affect a patient, leading into the following section which exhibits some benefits and strategies in songwriting. The final part offers some resonances between music therapy and the Noted with Honor experience.

Overview of End-of-Life Music Therapy Research

Music therapy used within an end-of-life care plan is defined as the “creative and professionally informed use of music in a therapeutic relationship with people identified as needing physical, psychosocial, or spiritual help, or desiring further self-awareness, to enable increased life satisfaction and quality.”5 Maintaining and increasing quality of life is one of hospice care’s most pertinent goals.6 For terminally ill people, the physical, social, psychological, and spiritual

4 In contrast, Noted with Honor promotes a compositional process and presentation of music for those who are terminally ill, but not at the threshold of death. Thus, music thanatology has limited relevance to other research cited in this chapter.
5 Clare O’Callaghan, “Music Therapy in Palliative Care” in the Oxford Textbook of Palliative Medicine, Nathan Cherny, Marie Fallon, Stein Kaasa, Russell Portenoy, and David Currow editors (Oxford: Oxford University Press, 2015), 547.
dimensions are measures used in assessing quality of life. These dimensions of music therapy serve the needs of dying people, and therapists often employ them with those struggling with life-threatening illnesses.

Although music therapy may be important in promoting quality of life at any age, music therapy for end-of-life care offers many benefits. In working simultaneously with the psychological and physical dimensions in a given experience, music therapy promotes relaxation. On the other hand, exciting rhythmic music can noticeably improve the balance, gait, and coordination of people with Parkinson’s Disease. Of most relevance to Noted with Honor is music therapy research that indicates procedures that can enhance the outcomes of dignity therapy. Combined with dignity therapy, the principles of music therapy may offer a greater feeling of dignity, meaning, and purpose. As one music therapist commented, “Music therapists can learn the techniques associated with dignity therapy and add music therapy aspects to the intervention to maximize outcomes and support life completion tasks.”

How a therapist listens to a patient is integral to music therapy. Listening requires using all of one’s senses—hearing the patient’s words, noticing their body-language, and fostering “a

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12 Chapter 4 will examine the uses of dignity therapy, a psychotherapy which relieves patients of existential and psychological distress at the end of their lives.
14 Russell Hilliard, Hospice and Palliative Care Music Therapy 2nd ed. (Cherry Hill, NJ: Jeffrey Books, 2018), 51.
non-judgmental atmosphere giving the patient freedom to express her innermost anxieties and concerns.”\textsuperscript{15} Therapists are indeed tasked to notice and honor the patient’s personality and sound aesthetic while ensuring their own stay open and receptive for input.\textsuperscript{16} In addition to intentional listening, openness, and interest, the music therapist can influence relationships when exhibiting the tangible spiritual qualities of forgiveness, love, peace, and kindness.\textsuperscript{17} These qualities offer a welcoming and accepting atmosphere for the patient to share their story. Simply allowing them to tell their story is itself therapeutic; benefits lie within “simply allowing the teller to tell her tale to a listener without being judged.”\textsuperscript{18} In this way, the music therapist can ultimately serve as a midwife, leading one through the passage of death in notes and rhythms as they would in guiding a birth.\textsuperscript{19}

Spirituality plays a pertinent role in hospice and palliative care music therapy, because dying persons frequently feel addressing spiritual issues is important.\textsuperscript{20} A patient’s illness, however, usually adds another dimension of meaning. For example, suffering may be interpreted as an unavoidable life experience (Buddhism), the consequence of bad karma (Hinduism), retribution from God (Christianity), or a lesson which ultimately leads to spiritual growth (New Age).\textsuperscript{21} Music has a unique capacity because it “offers the creative, lyrical and symbolic means

\begin{thebibliography}{99}
\bibitem{17} W. Dyer, \textit{There’s a Spiritual Solution to Every Problem} (New York: Harper Collins Publishers, 2001), 100.
\end{thebibliography}
to address existential and spiritual needs during the process of dying.”

Intriguingly, patients often make an association between spirituality and music. This association is especially resonant among African Americans, because their worldviews emphasize the interdependence of healthy functioning and the quality of their spiritual lives, which includes music.

**Compositional Elements and Music Therapy**

Music is comprised of many elements. Although inherently interconnected to each other, they can be studied independently. This section provides a survey of the following: rhythm, tempo, meter, pitch, harmony, melody, timbre, and lyrics.

This series of compositional elements begins with a bold statement: “Rhythm is the most central aspect of music that seems to have a universal effect on most human beings, whereas scales and instrumentation are more culturally dependent.”

The reason for this is physiological. Tempo is the speed of rhythm and research has shown that the centrality of rhythm and tempo originates within a person at a very young age; the earliest discernment of heart rhythms create a response basis—slow is associated with calm, fast with excitement. Rhythms shaped into metrical patterns are easier to recall than unmetered rhythmic pulses. Simple rhythms (such as the heartbeat) are easier to remember than more complex rhythms, and rhythms shaped into

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metrical patterns are easier to recall than unmetered rhythmic pulses.27 As a person ages from adulthood into old age, they prefer slower tempos.28

Rhythm is organized into metrical units and various meters inherently render different effects. The time signature of 3/4, known for its swinging motion, is more effective in promoting relaxation when compared to 4/4, which tends to generate a linear motion associated with helping the repetition of rehabilitation exercises.29 The patient’s respiration or heart rate determines some meters and rhythms. There is a process called entrainment, in which a synchronization occurs between an organism and an externally perceived rhythm.30 Therapists may compose slower music that has the effect of lowering a heart rate or rate of breathing. However, according to research, recorded music has less effect on respiration and heart rate than live performance.31

Having discussed rhythm and meter, it is now helpful to define pitch, melody, and harmony separately. Pitch refers to as a certain note. Melody is a linear sequence of single pitches while harmony is the simultaneous combination of pitches to render chords and chord progressions. These three elements—although articulated separately—usually interact with and influence each other, and cultural expectations play a significant role in anticipating the effects of these elements in a therapeutic environment.

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30 There is a large literature on entrainment. For a seminal source on this topic, see P. T. Bason and B. G. Cellar, “Control of the Heart Rate by External Stimuli,” *Nature* 4 (1972): 279–80.
In general, the long-standing Western classical music tradition has aurally conditioned persons in Western culture. For example, pitches arranged in a dissonant interval of a tritone may create emotional tension while a perfect fifth, stability. However, the notion that a major mode—a scale of pitches and the chords constructed therein—induces happiness and a minor mode—another scale of pitches and its chords—renders a sad emotion is subject to many exceptions. Pentatonic music, a five-note scale structure used in many folk songs, Sacred Harp-era hymn tunes and various world musics, further defies placement into happy/sad binary structures. The effect of these scales must be observed in the context of a cultural or religious ritual, tempo, instrumental timbre, and, if relevant, textual association.

For example, many Irish reels are in a minor mode but are celebrative in quality because of their brisk tempo and bodhrán rhythmic patterns. While harmonies—simultaneous sounds—found in traditional Asian musics may have “happy” or “sad” connotations, these are often improvised and are not preferred with this affect in mind. Rather than the binary happy and sad, peaceful or serene music contrasts with agitated or warlike music in some contexts. In all circumstances, personal associations with a given melody may be more or less uplifting regardless of the use of major or minor harmonic modes.

Of the three elements listed, melody and harmony are the best “recallers” of music since melody (especially in singing familiar songs) and harmony can stimulate psychological and

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32 An interesting list of intervals and their emotional qualities are found in Meera Raghu, “A Study to Explore the Effects of Sound Vibrations on Consciousness,” *International Journal of Social Work and Human Services Practice* 6, no. 3 (July 2018): 79.
33 “Musics” is used to designate musical compositions and performances from differing cultural contexts and theoretical systems.
34 The information in this and the previous paragraphs comes from correspondence with C. Michael Hawn, Professor Emeritus of Church Music at Perkins School of Theology, Southern Methodist University (SMU), and director of the Doctor of Pastoral Music program at SMU.
cognitive functions while inducing emotional reactions.\textsuperscript{35} In technical terms, the hippocampus in the brain’s temporal lobe is engaged throughout the “recalling” because memories formed and retrieved for later access are stored there. Also, a melody paired with a text will enhance recall of both the tune and the words; the converse is also true: text or information not put to a melody elicits lesser recall.\textsuperscript{36}

Finally, we turn our attention to timbre and lyrics. Different instruments elicit different emotional responses. In one study, timbre “was a significant predictor of mean ratings of peacefulness and anger.”\textsuperscript{37} Although the effects of timbre are difficult to isolate from pitch, volume, and other variables, flute sounds were closely associated with tranquility while the timbre of strings tended to connote anger. The connection of emotion and timbre is actually quite strong: “Composers select particular instruments (either consciously or intuitively) to convey specific emotional qualities.”\textsuperscript{38} The bassoon’s default perceived character is comical (such as in Sergei Prokofiev’s Peter and the Wolf) and the cor anglais, plaintive (Antonin Dvořák’s \textit{New World Symphony}).\textsuperscript{39} This timbre differentiation is surprisingly found across different musical cultures.\textsuperscript{40}

Lyrics are especially pertinent for patients with dementia and who need memory care. Dassa and Amir have discovered that for those persons in the middle to late stages of

\begin{flushleft}
\textsuperscript{39} Hailstone et al., “It’s Not What You Play, It’s How You Play It,” 2142.
\end{flushleft}
Alzheimer’s/Dementia, singing old, familiar lyrics facilitates memory recall and stimulates conversations. This is because recalling memories associated with those songs depends on a specific region of the brain—the medial prefrontal cortex—functioning well, and that region’s activity is preserved into the late stages of Alzheimer’s.  

A music therapist is able to combine fragments of familiar songs with a new song collaborated between the therapist and patient; poignantly, through lyrics therapists have the capacity to articulate feelings and thoughts for patients who have no ability to sing or speak because of their disease. When comparing vocal versions and instrumental versions of the same songs, vocal versions lead to greater arousal levels in research study participants; this is suspected to occur due to lyric analysis and speech cognition, which access more areas of the brain than instrumental music alone.

**The Potential of Songwriting**

The elements described above can be arranged in different formats and one of those is songwriting. This section addresses the following items: benefits of songwriting and strategies in songwriting. The former includes both psychological and physiological advantages, including the realm of improvised music. The latter explores a songwriting approach of brainstorming on a theme, organizing themes, offering musical elements, and then polishing the composition.

Songwriting is one of many approaches used in end-of-life music therapy. It has the capacity to benefit the patient in numerous ways: providing a medium through which pertinent

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messages are expressed, facilitating perspectives about an illness, and ultimately fostering a
greater appreciation for life. The presentation of a song may lower levels of pain (or at least its
perception) and foster relaxation through an entrainment process and the iso-principle. The iso-
principle is a method of managing a patient’s mood by first providing music that correlates to
their mood or physiology (i.e. fast tempo to a fast heartbeat) but then incrementally changing the
music, assisting the patient in shifting to another psychological and physiological state.

Musical improvisation also has therapeutic potential. Improvised songs offer patients a
safe place for personal and musical discoveries, which may render alternative interpretations of
their situation. Furthermore, lyrics that are tailored to the patient can be particularly effective in
establishing an open relationship while creatively entering into the engagement of patient and
music. It is important, however, to be aware that when grafting an older familiar song into a
newer composition, changes of tempo will impair memory recall for both explicit and implicit
memory; keeping tempo the same will increase likelihood of memory recall.

Music therapists employ different strategies to assist patients in writing songs. Clare
O’Callaghan elaborates on the general steps of songwriting in music therapy.

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1) **Brainstorming.** The music therapist and patient first begin by brainstorming on a selected theme, in which the patient has complete freedom to reflect on their memories and feelings about a specific topic. Topics may include certain life events, the impact of family members, the patient’s relationship with God, among many others.

2) **Organizing ideas.** Next, ideas are first organized collaboratively into related themes and then again during the structuralization process. During this exploratory process “patients’ expressions are ‘echoed back’ as much as possible, and this procedure helps patients and their loved ones to identify the songs as belonging to them, rather than to the therapist.” This also provides the patient a sense of ownership and satisfaction throughout the collaboration.

3) **Offering musical elements.** Next, musical elements are offered, which may include all the elements listed in the previous section: rhythm, tempo, meter, pitch, melody, harmony, timbre, and lyrics. The therapist may suggest melodic material characterized by natural spoken rhythms or exaggerated inflection to help energize the process. Additionally, those techniques may assist the patient in remembering their own song.

4) **Polishing the composition.** Finally, a title is chosen between the patient and therapist before the music is transcribed into manuscript and recorded (therapist alone or both therapist and patient). Rehearsing the piece once or twice before recording can place the more patient at ease in this final step. The order of these four steps of brainstorming, organizing ideas, offering musical elements, and polishing the composition are fairly flexible.

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Resonances of Music Therapy within *Noted with Honor*

Music therapy research informs the *Noted with Honor* process in several ways. Though *Noted with Honor* will not function in place of a music therapy program, it will incorporate some music therapy principles. The author intends to collaborate with a music therapist in the future because the cross-pollination of disciplines and fields inherently offers rich insight. The following section describes five applications from music therapy research to the patient’s preferred sound palette, original keys and tempos, songwriting, lullabies, and playing the performance recording periodically.

*Noted with Honor* strives to set the style of a particular music composition within the patient’s preferred sound aesthetic. This is important because partnering with and investing in the patient’s musical culture may open therapeutic channels. Questions similar to “What are some of your favorite songs?” would be asked in the first meeting between the musical collaborator and the honoree, but the patient’s chaplain may also know some of those answers already. Chapter 4 discusses questions concerning the aesthetic context of the person.

Setting pre-existing pieces in their original keys may be helpful and, if applicable, performing them at the same tempo as the original recordings. This will enhance memory recall consciously and unconsciously. Some research would need to be undertaken to discover this information. For example, what resources (such as a hymnal) did the patient use in their formative years? Does the patient mention both a specific artist and song? If so, can a recording of that artist be found on the Internet?

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53 This also mitigates harmful countertransference. Countertransference is when the therapist transfers emotions to the patient.

54 Halpern, “Effects of timbre and tempo change on memory for music,” 1371–84.

55 Hymnary.org contains many hymnals and thus the keys of hymns.
A short case study concerning one of my patients may be helpful. When I asked my first patient what his favorite songs were, he mentioned one by Red Foley but couldn’t remember the title. He recited, however, some of the lyrics to me: “I was walkin’ in Savannah, passed the church decayed and dim. / There slowly through the window came a plaintive funeral hymn.” Quick research led to me to Red Foley’s “Steal Away,” which was in the key of D-flat major (albeit to a different tuning system) and at a tempo of around 30 bpm. I then asked what some of his favorite hymns were, and he discussed “Just a Closer walk with Thee” at great length. I asked him if he remembered what the hymnal(s) he used looked like. Since the patient was Southern Baptist, his answer that the hymnal was “white” suggested it was the 1975 edition of the Baptist Hymnal. Since it was in the key of B-flat major, I used that key within the Noted with Honor composition.

Songwriting with the patient is invaluable. Research has shown more efficacy in memory recall when lyrics are used as opposed to purely instrumental music and may be a means for the patient to communicate pressing thoughts and feelings. The preponderance of research indicates the voice is an immensely versatile instrument and the most preferred one for healing purposes. It provides an atmosphere for the patient and composer to collaborate. The author intends to follow O’Callaghan’s general songwriting outline.

The implementation of a lullaby towards the end of the music composition may be beneficial. For example, if the patient is in much pain and needs relaxation, the author can end the piece in a lengthy 3/4 section. Research has demonstrated that the swinging motion of 3/4 assists in calming the patient. The connection fostered between musical performance and the

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57 This would honor H. Benson, The Relaxation Response (New York: Harpertorch, 2000).
patient in the process of entrainment may be useful when composing and singing the lullaby. The tempo marking could be situated within the recommended range of heart rate, perhaps helping the patient physiologically.

The musical collaborator should suggest to the patient and family members to replay the recording periodically. Though the use of a recording may not affect the patient’s respiration and heart rates more than live performance, recordings still offer potential efficacy when used as a part of memory care treatment.58 Recordings may be repeated in some sessions with the chaplain or music therapist. Finally, although the author intends to visit the patient at least two times after the performance, the musical collaborator work in closely working with and honoring the patient is completed with the performance.59

To conclude, it is imperative to state that ultimately the musical collaborator’s work does not position itself as a therapeutic performance for the patient, but a collaborative presentation between the two. This is a new category beside Loewy and Stewart’s codifications of a therapeutic and entertaining performance. They write, “It is important to delineate the difference between an entertaining performance and a therapeutic performance. The difference is essentially one of intent, including the physical and emotional stance and clarity of the therapist, and his/her relationship (counter transference) to the patient.”60 Noted with Honor compositions neither address a patient’s issue clinically nor entertain in the usual sense. They are shared in a reflection

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59 Performance may not be the best word since connotations are attached to it. The author does not want to attract attention to himself, but rather portray the moment of sharing as one of collaboration. A “moment of sharing” is an appropriate substitute.
of honor—yes, enjoyed by everyone present—but ultimately are a sacred moment to respect and appreciate the patient.
CHAPTER 4:
PSYCHOTHERAPEUTIC INTERSECTIONS

“As people cross thresholds in life, they’re apt to look around and see how they appear through the eyes of others.”
Joseph Eron and Thomas Lund

This chapter examines three psychotherapies which are helpful in constructing a praxis framework for Noted with Honor. As stated in the previous chapter, I do not claim to be a therapist but aspire to be informed by and about these alternative therapies and to integrate their principles into the Noted with Honor process. This chapter functions as a springboard into further exploration of these psychotherapies, palliative care, and music composition. The four subsections explore dignity therapy, narrative therapy, storytelling therapy, and resonances within Noted with Honor.

Dignity Therapy
Dignity Therapy (DT) is a form of psychotherapy developed by Canadian academic and psychiatrist Harvey Chochinov (b. 1958) since 1990. Chochinov first introduced DT, a psychotherapeutic intervention, to patients experiencing severe illness. To enhance a patient’s sense of their legacy, he created this individualized therapy for the existential and emotional

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needs particularly of adults in hospice and palliative care. Chochinov created a guide or manual for this process, which centers around ten questions. These guide the therapist through interactions with the patient in the initial interview and subsequent sessions. Examples of questions are: What have you learned about life that you would want to pass along to others? What are your most important accomplishments, and what do you feel most proud of? What are your hopes and dreams for your loved ones?

There are five steps to Dignity Therapy. First, the therapist holds an initial meeting with the patient, usually at a hospital, at which the therapist explains the DT process and introduces Chochinov’s ten questions. During the second meeting the therapist guides and records the conversation, which is driven by the ten questions. After that the therapist creates a written narrative by writing down and shaping the verbatim transcript. The third session follows, comprised of a reading of the legacy document and noting any suggestions from the client. Finally, the document is edited and presented to the client.


4 See H. M. Chochinov et al., “Dignity Therapy: A Novel Psychotherapeutic Intervention for Patients near the End of Life,” *Journal of Clinical Oncology* 23, no. 24 (2005): 5520–5. The numbering and pairing of questions have differed throughout the years, but the general full list of questions and statements follows: Tell me a little about your life history, particularly the parts that you either remember most or think are the most important. Are there specific things that you would want your family to know about you, and are there particular things you would want them to remember? What are the most important roles you have played in life (family roles, vocational roles, community-service roles, etc.)? Why were they so important to you and what do you think you accomplished in those roles? What are your most important accomplishments and what do you feel most proud of? Are there particular things that you feel still need to be said to your loved ones or things that you would want to take the time to say once again? What are your hopes and dreams for your loved ones? What have you learned about life that you would want to pass along to others? What advice or words of guidance would you wish to pass along to your son, daughter, husband, wife, parents, other(s)? Are there words or perhaps even instructions that you would like to offer your family to help prepare them for the future? These questions appear in M. Martinez et al., “‘Dignity therapy’, A Promising Intervention in Palliative Care: A Comprehensive Systematic Literature Review,” *Palliative Medicine* 31, no. 6 (2017): 492–509.

5 These five steps can be found in H.M. Chochinov and N.A. McKeen, “Dignity Therapy,” *Handbook of Psychotherapy in Cancer Care*, eds. Maggie Watson and David W. Kissane (West Sussex, UK: John Wiley & Sons, Ltd.: 2011), 79–88.
The literature on Dignity Therapy provides “evidence for DT’s overwhelming acceptability, rare for any medical intervention, especially in psycho-social-spiritual care.”\(^6\) Why is this acceptability the case? The process of creating a legacy document has potential in 1) helping patients reflect upon their lives with acceptance and to create meaning, and 2) improving the patient’s perception of their productivity and contributions to a future generation. Furthermore, “DT . . . has the potential to reduce aspects of stagnation including apathy, poor contribution to others, and preoccupation with [one’s] own needs and [to] reduce aspects of despair such as guilt or regret about past events and a poor sense of accomplishment.”\(^7\)

Research shows that Dignity Therapy has been demonstrated to be more helpful in Canada, Australia, and the United States compared to some other countries, and the reasons for this will soon be discussed. Identifying, recruiting, and retaining seriously-ill patients for DT can be challenging, but this is to be expected in palliative care research in general.\(^8\) One hundred terminally ill patients in Canada and Australia participated in DT. Ninety-one percent indicated feeling at least satisfied, if not highly satisfied, with the process, 76 percent reported a heightened sense of dignity, and 47 percent indicated an increased desire to live.\(^9\) In another study, at follow-up DT participants reported having significantly lower levels of depression and anxiety levels than they had before the therapist started.\(^10\)

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\(^10\) M. Juliao et. al, “Efficacy of Dignity Therapy for Depression and Anxiety in Terminally Ill Patients: Early Results of a Randomized Controlled Trial,” *Palliative Support Care* 11, no. 6 (2013): 481–9.
On the other hand, a Japanese study was abandoned because of the lack of willing recruits. The authors deduced that DT was too confrontative in Japanese culture in which most people are averse to talking about death, and particularly their own. Similarly, Swedish and Taiwanese studies noted a noticeable friction between patients and therapists. In Sweden, participants exhibited conflicting values to those underpinning the DT protocol, and in Taiwan, participants gave feedback such as a preference for “living a moral life and acquiescing to God” instead of “maintenance of pride.” Some researchers conclude, “it would appear that DT is most suited to people and their family care givers from English-speaking individualistic cultures who may be experiencing moderate levels of anxiety or depression towards the end of life.” Furthermore, minority ethnicities within the United States, Canada, and Australia may have, in some cases, similar issues, rendering DT ineffective (i.e. Native Americans and some Asian Americans).

**Narrative Therapy**

Originating in the 1970s, Narrative Therapy was further developed in the 1980s. Narrative Therapy is a psychotherapy which draws on the work of French philosopher Paul-Michel Foucault (1926–1984), Australian social worker Michael White (1948–2008), and New Zealand-based therapist David Epston (b. 1944). It is criticized by some Christians for its

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hyper-individualism and rejection of sin.\textsuperscript{14} Others, however, endorse narrative therapy because of its efficacy in counseling people and for its inherent connections with the Christian faith.\textsuperscript{15} As shown below, most of the debate centers around the role of deconstruction and its reduction of the legitimacy of meta-narratives.

Narrative therapy sessions begin with the counselor inviting the client to share their story of a difficulty or problem. A story centered on problematic experiences is called a problem-saturated description or a “thin-description.”\textsuperscript{16} When the client has finished their story, the counselor prompts the individual to clarify some details of the problem. This helps the client articulate the implicit aspects of the narrative and supplement the story even more. The counselor asks the client to name their problem, for example anger or hopelessness, assisting the client to feel greater control of their problem and to claim ownership of it. Once this occurs, the problem becomes “externalized” and the client may realize the problem is not an inherent personality characteristic but rather the result of their environment and circumstances.\textsuperscript{17}

The next step is to deconstruct the pattern of their problem-saturated descriptions. This is accomplished through asking the individual to remember instances when they felt the problem was manageable or briefly overcome. These instances are called “unique outcomes.”\textsuperscript{18} The client thus expands the narrative to include unique outcomes. Researcher Wai-Luen Kwok observes

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\item \textsuperscript{14} T. V. Frederick, “Models of Psychotherapy: Implications for Pastoral Care Practice,” \textit{Pastoral Psychology} 58, no. 4 (2009): 351–63.
\item \textsuperscript{16} Martin Payne, \textit{Narrative Therapy: An Introduction for Counsellors}, 2\textsuperscript{nd} ed. (London: Sage Publications, 2006), 11. The opposite of this is a “rich description” and should be identified separately from a “thick description,” a term prevalent in the social sciences and made popular by Clifford Geertz.
\item \textsuperscript{17} A. Morgan, \textit{What is Narrative Therapy? An Easy-to-Read Introduction} (Adelaide, Australia: Ingram Book Company, 2000), 17–31.
\item \textsuperscript{18} See M. White and D. Epston, \textit{Narrative Means to Therapeutic Ends} (Adelaide, Australia: Ingram Book Company, 1990), 15.
\end{itemize}
that, “By positioning clients differently in their narratives, this strategy helps them make a rich description of their experience and offers new possibilities and understanding that can deconstruct or break through a pattern of problem-saturated descriptions in their narratives.”

Counselors use strategies such as “scaffolding conversations” and an outsider witness to offer new perceptions of the problem. Once a new position is taken, counselors encourage continuous telling and retelling of the self-story. In essence, then, narrative therapy deconstructs a person’s problem-fraught story and envisions a new one.

Points of tension exist between narrative therapy and some Christian perspectives. Whereas Christians place their faith in the metanarrative of God’s redemptive story, narrative therapists—who predicate their work on postmodernism—are skeptical of grand narratives, or cultural discourses, because “those who help create the dominant discourses seem to benefit” themselves and create subjugating effects on other people. This is apparent to them because by internalizing culture’s dominant narratives, individuals are said to be denied personal agency. This makes individuals susceptible to a culturally imposed meaning making system, in that they assume that those narratives speak truthfully about their identities.

Narrative therapy is also critiqued for being hyper-individualistic and morally questionable. Narrative therapy asserts that the client is the expert of their life. This assertion is primarily because when persons share their life stories, they inherently interpret meaning from their experiences, and because the tools to

overcome their problems already lie within the patient.\textsuperscript{23} The counselor is more of an observer then and not a moral policeman. For if the therapist acted as an influencer for a certain moral story, it would hinder meaningful therapy, the client’s emotional relief, and genuine agency.\textsuperscript{24}

There are common assumptions, however, between narrative therapy and Christianity. The first is that a person’s life is narratively ordered. Narrative therapy views “narrative” as the means “by which a person interprets the text of her/his life in order to give it meaning.”\textsuperscript{25} Narrative therapy counselors assert that every person can create a preferred account for interpreting their circumstances.\textsuperscript{26} Christian theologians likewise affirm the pertinence of narratives. One such is James McClendon, who suggests that narrative is a tool specifically suited to Christian theology.\textsuperscript{27} Other narrative theologians believe that “narrative . . . is a crucial conceptual category for such matters as understanding issues of epistemology and methods of argument, depicting personal identity, and displaying the content of Christian convictions.”\textsuperscript{28}

The second common assumption is that one of narrative therapy’s ultimate objectives is to restore communality and mutual love, highlighting the reason why rituals and witnesses are used in sessions.\textsuperscript{29} Christianity also stresses the importance of these things, because the Trinity itself represents divine communion.\textsuperscript{30} Because Christians believe that humans are made in the

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\textsuperscript{23} White and Epston, \textit{Narrative Means to Therapeutic Ends}, 69.
\textsuperscript{26} Parry and Doan, \textit{Story Re-visions}, 30.
\textsuperscript{27} James Wm. McClendon, Jr., \textit{Biography as Theology: How Life Stories Can Remake Today’s Theology} (Eugene, OR: Wipf and Stock Publishers, 2002), 158.
\end{flushleft}
image of God (imago Dei), they are fundamentally made for relationship.\textsuperscript{31} As Robert Jenson writes, the goal of humanity is a “mutual community between differentiated persons, foundationally enacted by the Spirit as the love of the Father and the incarnate Son.”\textsuperscript{32} The relationship between persons from different cultural and ethnic backgrounds is modeled in Paul’s call for reconciliation between Jews and Gentiles (Eph 2).

Assuming that we are foremost relational beings, narrative therapies address a person’s identity by asking them “relational identity questions.”\textsuperscript{33} These questions give patients opportunities to see how other people have contributed to their sense of self. Hilde Lindemann Nelson aptly describes identities as “collaborative ventures requiring a number of people to bring them into being.”\textsuperscript{34} From this assumption, a next one easily follows, namely that identity is distributed. Since other people and most likely different places are needed to construct an accurate, well-rounded sense of a person’s identity, one’s self is located in a myriad places—in hospital records, stories told over dinner, degrees and certificates, and social media pages.\textsuperscript{35} Identity is also performed. A person continually constructs their self by their actions in another’s presence. Combs and Freedman note that “Rather than focusing on each individual as an assemblage of relatively fixed attributes that are measurable and stable over time . . . we are literally making each other up moment-by-moment as we move through our interlocked lives.”\textsuperscript{36} This also means that building identity is not a one-off event, but rather a process over time.

With this information about identity in mind, how then does one re-author it? It is accomplished through a positive restructuring of a person’s life story and subsequent reimagination of a future story.\(^{37}\) In other words, by attaching new meanings to past events, a person can envision a different future. Here, the future orientation is important: “significant reformulation must be understood in terms of the future story and not only in terms of a better presentation of the past story.”\(^{38}\) Why is this the case? John Winslade views identity in narrative therapy as constantly \textit{becoming-other}, which is becoming other than what has been.\(^{39}\) Narrative therapy, in general, strives against obsession over what we are while endorsing reflection upon who we are becoming.\(^{40}\)

How does all this apply to hospice patients, especially those with dementia? Persons in this demographic rely less on a personal self-aware identity and more on a socially-constructed one (how others see them).\(^{41}\) The process of losing one’s memory is traumatic, but it can be exacerbated if the patient understands their personal self as significantly different from the social self. That is why it is critical to listen carefully to patients with dementia and first engage with their sense of identity. Furthermore, because of its focus on strengthening one’s preferred view of self, narrative therapy is deftly situated to assist people transitioning into old age—easing the

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\(^{38}\) Meyer and Fourie, “Exploring a narrative approach through music as a pastoral care means to human flourishing,” 5. This article reflects upon many sources, but primarily focuses on J. Müller, \textit{Om Tot Verhaal te Kom: Pastorale Gesinterapie} (Pretoria: RGN Uitgewery, 1996). This quote comes from a section reflecting on Müller.


difference between the socially-constructed and the personally-constructed selves. Additionally, a study has shown narrative therapy to be effective at increasing ego-integrity and decreasing fear of death anxiety in the elderly.

**Storytelling Therapy**

Storytelling therapy, also known as story therapy, is a psychotherapeutic technique used by counselors. Although the act of storytelling has been around for millennia, the eminent American psychotherapist Milton Erickson (1901–1980) has received the most credit for its immense popularity today in the field of psychology. Telling stories can be an effective strategy for many clinical problems, and therapy usually commences by inviting the client to tell a story as it relates to their problems. From the therapist’s perspective, sharing a therapeutic story or anecdote has immense potential because they are “nonthreatening, engage both the conscious and unconscious, foster independence, bypass natural resistance to change, model flexibility, make the presented idea more memorable, and mobilize the problem solving and healing resources of the unconscious.”

Storytelling used as psychotherapy can be either a private or public venture. In the West it has tended to be the former while the latter is prevalent in the East. The benefits of public storytelling are that communication is indirect and metaphorical. Those qualities create room for

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reconstructing meanings and play-space as ideas are “penny-dropped,” allowing people to change when they feel ready.\(^{48}\)

Telling stories is one of the fundamental needs of humankind; through telling stories, we shape our identities and become more fully human.\(^{49}\) The capacity for storytelling is also an essence of human nature which has evolved over time in order to understand the world and ourselves.\(^{50}\) Brain scientist and theorist of consciousness, Antonio Damasio, even asserts that storytelling (primarily through pictures and images) is natural and basic to brain functioning, and hence why TV and film can be addictive.\(^{51}\)

Stories are also powerful because they are hypnotic. Through researching the connection between hypnosis and storytelling, Brian Sturm has codified six categories of descriptions of the “story-listening trance phenomenon”:

- realism (the characters and setting seem real),
- lack of awareness of surroundings or other mental processes,
- engaged receptive channels,
- control of the experience by someone or something else,
- “placeness” (the listener goes into another space), and
- time distortion.\(^{52}\)

In terms of describing specific storytelling techniques in psychotherapy, not much has been published—or more precisely, printed, on the matter. However, Mark Tyrrell, a British

\(^{48}\) Dwivedi, “Therapeutic Powers of Narratives and Stories,” 11.
\(^{50}\) Rob Parkinson, Transforming Tales: How Stories Can Change People (London: Jessica Kingsley Publishers, 2009), 66.
psychotherapist influenced by Erikson, has provided numerous online resources. He recommends that storytellers leverage four specific techniques: building expectancy with metaphor, bypassing resistance through anecdotes and stories, maintaining autonomy by allowing the person to engage ideas in their own space, and offering new perspectives with metaphorical communication.53

Setting aside for a moment its use in a psychotherapeutic setting, storytelling to the elderly is especially important when chronic pain robs persons of their ability to communicate. “Language not only disappears, but you can actually chart its disappearance across the sudden reaching for monosyllables or for the kinds of cries and whispers that one made before one learned language.”54 As shared in Chapter 3, a caretaker or therapist can help express emotions for the person who cannot.

Narratives provide meaning and help make sense of difficult situations.55 Stories are tools that assist caregivers to “attend to humanness amidst the draining, overwhelming, and yes, dehumanizing aspects of giving care.”56 Storytelling has the potential not only to ameliorate the fear accompanying the terminally ill person’s sense of constricted time, but also to ease pain.57 Interactions around stories between patients and caregivers assist the former to search for

purpose, gratitude, and mercy and to sustain a feeling of connectedness.\textsuperscript{58} Encounters such as these also help the patient to manage grief, spiritual emptiness, and aggression.\textsuperscript{59}

**Resonances of these Therapies within Noted with Honor**

The first idea stemming from Dignity Therapy is to incorporate some of Chochinov’s ten guided questions into conversations and then portray the responses musically. For example, upon asking the patient “What are your most important accomplishments?” they may refer to a certificate or a completion of a degree. If they say graduating from college, then I can incorporate the alma mater song from that school into the composition. Another example is setting to music their answer to the question, “Are there particular things that you feel still need to be said to your loved ones, or things that you would want to take the time to say once again?”. I can also incorporate photographs before and after the score, highlighting the significant milestones in the patient’s life.

The second idea comes from narrative therapy. It is important to externalize the patient’s health condition or, in other words, to emphasize that the disease is not the person throughout conversations and the composition. Musically speaking, the musical collaborator can show the transformation of a diseased organ from its current state into its heavenly state. An early motif in the composition might symbolize an irregular heartbeat; that motif changes to a regular, steady


\textsuperscript{59} William Ruddick, “Biographical Lives” Revisited and Extended, *Journal of Ethics* 9, no. 3-4 (2005): 507–10. The proportion of these psychotherapy sections warrants a comment. Unlike Dignity and Storytelling Therapies, Narrative Therapy has been known to be in conflict with some Christian perspectives, so examining that phenomenon rendered the narrative therapy section longer than the other two sections.
heartbeat near the end of the composition to symbolize the person transitioning to heaven where all shall be well and made new. Many other similar possibilities exist.

The process of re-authoring identity through the narrative therapeutic approach is a complex objective. The author does not intend to clinically work through a conversation to re-author one’s identity but extract two insights from that process: the element of becoming who we will be and using an outsider witness. The first has resonance with the process of sanctification, the process of acquiring sanctity. One compositional possibility is to portray the patient’s eternal identity in the composition by emphasizing its glorified state. For example, the motif symbolizing the patient (even before birth) could become progressively augmented rhythmically or ascend chromatically throughout the composition, ending in a dense and massive statement of the motif. Starting and ending with the same material in the same key is another way to accomplish this. A motif can also be constructed by cryptomologically spelling out an identity title (such as saint, beloved, and child of God) and then iterated in both the beginning and concluding sections of the piece, progressively becoming higher or larger throughout. This resonates with Jeremiah 1:5, a text that describes God as knowing Jeremiah (and by extension each of us) even before he was born, and accentuates the patient’s identity as a beloved creation of God, already known before earthly conception and still known and beloved after death.

Another way to approach re-authoring the patient’s identity is by including an outsider witness. A family member or friend can be consulted on the characteristics or strengths of the patient throughout their life, and their answer can be incorporated into the composition. For

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60 “Before I formed you in the womb I knew you, and before you were born I consecrated you” (ESV).
example, if the outsider witness comments on the patient’s godliness or holiness, then a snippet of a hymn tune (NICA EA for “Holy, Holy, Holy”) may be quoted as the patient’s motif.

Storytelling therapy provides two resonances within the *Noted with Honor* process. The first concerns the value of metaphors in storytelling and concomitantly of musical motifs. In talking about the composition to the patient, the musical collaborator is careful in describing things using as many metaphors as possible. Such description can be aided by the use of motifs. Motifs are musical symbols representing something—a person, feeling, or anything else. One motif can represent God while another one can symbolize hope. The more symbols used, the more freedom the patient has with their imagination. The premise of this compositional approach lends itself well to music since ideas within and about music are naturally described in metaphors.

The second insight to emerge from storytelling therapy is the need for the musical collaborator to be conscientious about not imposing their own interpretation over the patient. Of course, after the first play-through of the music, the author will walk the patient through the score, pointing out different cryptograms and motifs. But that will not mean the author’s interpretation of the piece will be the only one. “As one Sufi analogy has it, the teacher does not explain the story for the same reason that the man who sells you fruit does not also peel it and eat it for you.” The author will ask the patient about what they heard and interpreted in the music. Their thoughts will be affirmed and perhaps integrated into the composer’s own interpretation.

The previous three chapters have surveyed how theology, music therapy, and three psychotherapies intersect with the premise of *Noted with Honor*. These intersections undergird

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61 Typically, there are two playthroughs of the composition during the sharing moment and a thorough explanation of the compositional process in between.
the conversations with the patient and the writing of the composition, as will be shown in the next chapter. As one can now see, *Noted with Honor* is a holistic experience with the three fields interwoven in the conversations and music-making between musical collaborator and patient.
CHAPTER 5:
EXAMPLE OF A NOTED WITH HONOR COMPOSITION

“Licht senden in die Tiefe des menschlichen Herzens—des Künstlers Beruf.”
Robert Schumann

This chapter connects the disciplines of theology, music therapy, and psychotherapy to the craft of music composition. The previous three chapters’ insights are now intersected with a practical example of a Noted with Honor composition. This chapter will consist of three sections: compositional style and precompositional techniques, narration of the compositional example, and application of intersections.

Compositional Style and Precompositional Techniques

The styles employed in Noted with Honor compositions are eclectic. One patient may love bluegrass while another may prefer bebop jazz. Even within one person’s aesthetic, there could be a range from big band classics to eighteenth-century Baroque. My own compositional style is influenced by a range of genres: Blues, Swing, Pop, Bluegrass, Country Western, and Western classical music. From the last one mentioned, I am especially fond of nineteenth-century art song and music from the early twentieth-century. For a more precise understanding of my style, my five compositional albums may be found on YouTube.2

The genres listed above, however, are only a small slice of the musics of the world. I acknowledge I may not be able to handle many musical styles foreign to my own experience, and

1 E.W. Fritsch, Musikalisches Wochenblatt, vol. 15, 1884. Translated, it reads: “To send light into the darkness of men’s hearts—such is the duty of the artist.”
2 https://www.youtube.com/channel/UCMiUK8LKpPMrxDNZJfk0uFQ (accessed December 3, 2022)
perhaps my interaction with them is less likely given the limitation of my work and the location of my patients. I am also aware of the current discussion of white supremacy in Western classical music.\(^3\) I do not wish to propagate that any further, although the majority of my pieces will probably be tailored to Caucasians living in and around Dallas, Texas.

My compositional method for *Noted with Honor* patients will be based on precompositional strategies.\(^4\) There are four categories of compositional process I draw upon for each patient’s piece: patient’s favorite songs; pertinent music surrounding the patient’s life; coding the patient’s family member’s names into cryptograms; and mathematical calculations. The bulk of the compositions will consist of the first two in the list, and that information will be ascertained from the three listening sessions with the patient. For example, besides speaking about their favorite music, the patient may reminisce about attending college, going into the military service, or some other experience which has a musical association or connotation.

Having generally described the first step in my precompositional process, perhaps a specific example will illustrate its relevance. Pertaining to the composition exhibited in this chapter, the patient’s favorite songs were the African American spiritual “Steal Away” (1950) sung in a version by Red Foley; “Blue Moon of Kentucky” (1945) by Bill Monroe and the Bluegrass Boys; and “Just a Closer Walk with Thee” (in 1975 edition of the *Baptist Hymnal*).

Since the patient served in the Navy, I included “Anchors Aweigh.” Also, since the patient enjoyed travelling with his wife across the country in his camper, state songs were chosen:

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\(^3\) Philip Ewell, associate professor of music theory at Hunter College of the City University of New York, has done groundbreaking work in this area: Philip Ewell, “Music Theory and the White Racial Frame,” *Music Theory Online* 26, no. 2 (2020).

\(^4\) Precomposition is the stage of the compositional process in which decisions or elements are decided upon before beginning to write the composition. A few items of consideration are structure, style, and length. Some composers choose to write in twelve tone technique or serialism and precompositional processes usually accompany these strategies. For a helpful article demonstrating precomposition see Douglas Rust, “Stravinsky’s Twelve-Tone Loom: Composition and Precomposition in ‘Movements,’” *Music Theory Spectrum* 16, no. 1 (1994), 62–76.
“Oklahoma!” (from the musical *Oklahoma!*) for Oklahoma’s state song, “Home on the Range” for Kansas’ state song, and “You Are My Sunshine” for Louisiana’s state song.

Musical cryptograms are similar to small puzzles. They encrypt a name into a short sequence of musical notes. There are two methods (the Germanic and French) widely used today, and I will use the French system for *Noted with Honor* patients. Its chart is shown below, where letters below the bolded row are encrypted as the bolded letter above it in the column. For example, the letter S would be coded as E in the musical alphabet (Figure 5.1).

<table>
<thead>
<tr>
<th>A</th>
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<td>W</td>
<td>X</td>
<td>Y</td>
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</tr>
</tbody>
</table>

Figure 5.1 French method of generating cryptograms

This system is flexible however, and accidentals can easily be implemented. For example, coding the patient’s name for this chapter’s compositional example goes as such: the patient's name was spelled by using two letters from the first column, one from the second column, and one from the last. This rendered a sequence of A-A-B-G. In the beginning of the composition, I transposed this to D-flat major (using A as tonic in the A-A-B-G sequence) which rendered D-flat- D-flat-E-
flat-C-flat. In the key of D-flat, the C-flat is a flattened seventh scale degree.\(^5\) This is demonstrated following example (Figure 5.2).

![Music notation](image)

Figure 5.2 One way of rendering an accidental in the French method

This is how I encrypted the names of the patient’s parents, wife, children, and grandchildren. These examples are found in Appendix B, but with each name substituted with another name to keep confidentiality. However, the way I encrypted the word “God” was different: God would be rendered G-A-D according to the chart above. In those three notes, I placed G as tonic and consequently the scale degree numbers would be 1, 2, and 5. This cluster is seen throughout the composition in different keys.

Mathematical calculations offer numerous possibilities for integrating patients’ ages and life milestones into compositions. An illustration pertaining to the compositional example will be helpful. The patient was married at the age of 25 and passed away at the age of 93. The ratio of 25:93 divided out is .268. When one applies that ratio to the number of measures (191), the

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\(^5\) Another time I transposed A-A-B-G to G-flat major (using C as tonic in the A-A-B-G sequence) which rendered E-flat-E-flat-F-D-flat.
corresponding measure is 51, where a motif for wedding bells can be placed. Another way of doing mathematical calculations is using time. For example, the composition could be played so that its total time is 9 minutes and 30 seconds. This adds up to 570 seconds. When 570 is divided by 93, the result is 6.129 seconds per 1 year. 25 (the age the patient was married) times 6.129 roughly equals 153 seconds. That means year 25 of the patient’s life would be from 2 minutes and 33 seconds to 2 minutes and 39 seconds.

Narration of the Compositional Example

Having covered the precompositional techniques, we turn to the composition itself found in Appendix A. It commences with the right hand playing the “God motif” in measure 1 (Figure 5.3) before continuing into one of the patient’s favorite pieces, “Steal Away.” As demonstrated in the previous section, scale degrees 1, 2, and 5 constitute the motif; in the key of D-flat Major this would render D-flat, E-flat, and A-flat.

![Figure 5.3 God motif](image)

Notice the motif appears wherever the name “Jesus” is sung, as shown in measures 4 (Figure 5.4).
Another reiteration of “Steal Away” is performed, this time with the patient’s name included, before continuing on into the bluegrass section. The patient enjoyed banjo music while growing up in Oklahoma, where he was also born. Therefore, I emulated the rhythmic figuration of a typical banjo “lick” in the right hand during measures 21 and 22 (Figure 5.6).
I then introduce the names of family members. The mother’s name appears in the piano’s right hand in measure 28 (Figure 5.7) while the father’s name, also in the right hand, in measure 30 (Figure 5.8).
While in Oklahoma the patient was called into the Navy, so “Anchors Aweigh” appears in measure 31. The patient met the love of his life after the Navy. Both the patient’s name and his future wife’s name appear together in the piano’s right hand in measure 50 (Figure 5.9).

Wedding bells symbolize their marriage (Figure 5.10). Again, this is placed precisely within the twenty-fifth year of the patient’s life according to the mathematical calculations described in the previous section.
Then their three children are born. I incorporate through the piano’s right hand the musical motif for the first child in measure 54 (Figure 5.11), the second in measure 56 (Figure 5.12) and the third in measure 58 (Figure 5.13).

Figure 5.11 Patient’s first child’s name enciphered

Figure 5.12 Patient’s second child’s name enciphered

Figure 5.13 Patient’s third child’s name enciphered
“Just a Closer Walk with Thee” was placed in the middle of the composition since the patient said, “My relationship with God is at the center of my life.” The hymn appears in measure 64. The text of “Just a Closer Walk with Thee” also includes some poignant words for a hospice patient (beginning in measure 80): “When my feeble life is o’er, / Time for me will be no more; / Guide me gently, safely o’er / To Thy Kingdom shore, to Thy shore.”

Another one of the patient’s favorite songs was “Blue Moon of Kentucky.” Emulating the 1945 recording of “Blue Moon of Kentucky” by Bill Monroe and the Bluegrass Boys, there is a slow section followed by a fast one. These sections symbolize the patient’s years of travelling around the nation in his camper with his wife; consequently a few state songs of the states to which they travelled are embedded in the right hand. For example, “Home on the Range,” Kansas’ state song, begins in measure 119 (Figure 5.14).

Since the patient’s grandchildren were born during the years he travelled from state to state, their names begin to appear at measure 112 (Figure 5.15). See Appendix B for how the cryptograms were produced.
Here are some more excerpts which show the state songs embedded in the right hand.

The theme from the musical *Oklahoma!* begins in measure 140 (Figure 5.16).

The Louisiana state song, “You Are My Sunshine,” commences in measure 169 (Figure 5.17).
It should be noted that “Blue Moon of Kentucky” is Kentucky’s state bluegrass song. It served two functions in this composition: one of the patient’s favorite songs and a song for his years of travelling in his camper.

“Steal Away” bookends the piece and the final section symbolizes the patient crossing over the threshold of death into eternal glory. The lyrics to “Steal Away” are especially poignant here (“Ain’t got long to stay here”), because patients are admitted into hospice care with an expectation of living 6 months or less. The patient’s name appears again in the piano’s right hand in measure 178 (Figure 5.18).
The last system shows both the patient’s name and the God motif occurring simultaneously, culminating in the last measure where the material is solely comprised of the two (Figure 5.19).

Figure 5.19 Patient’s name and God motif appearing simultaneously
Application of Intersections

It is important to mention how the intersections described in previous chapters were incorporated into this composition. Understandably I cannot use all them for each *Noted with Honor* composition. However, certain intersections are implemented into this compositional example, namely two from each of the theological, music therapeutic, and psychotherapeutic chapters.

Concerning theological insights, I tried to articulate the patient’s hope for passing over into eternal life by creating a grand and lush sound palette for the final section which symbolizes heaven. As discussed previously, hope is vulnerable and affirmations of a certain hope will mitigate its withering during a trial. Secondly, I purposely inserted the “God motif” into each page of the score in order to represent God’s faithfulness throughout the patient’s entire lifetime. Directing the patient’s attention to the past, present, and future—in which is God always present—hopefully serves as a reminder that God is indeed faithful and sovereign.

I used two music therapy intersections as well. First, I tried to enter the patient’s sound world by internalizing his favorite pieces within my own being. I listened to them on YouTube many times and researched his favorite hymn in 1975 edition of *The Baptist Hymnal*. Then I purposely utilized his favorite pieces as the bulk of material for the composition. Secondly, I copied the tempos and keys from the original songs into the composition. Doing this hopefully would hopefully recall memories in the patient and stimulate conversations by activating the medial prefrontal cortex.

Incorporating insights from the psychotherapy section, I asked the patient some of Chochinov’s ten guided questions. His answer to “What are your most important accomplishments?” was “Finding my wife!” That is why I made the wedding bells measure—and the calculations behind it—such a conspicuous and important part of the composition. I used
another psychotherapy insight: using an outsider witness to find certain characteristics of the patient throughout his life. I called the patient’s daughter and she said the patient, among many attributes, was especially wise. According to the cryptogram chart above, \( W = B, \ I = B, \ S = E, \) and \( E = E. \) Using A as tonic in transposing these four letters into another key, the scale degrees would be 2, 2, 5, and 5. In the key of D-flat major, these notes would be E-flat, E-flat, A-flat, and A-flat. I incorporated this attribute around the first moment when the patient’s name appears in the composition and at other places. Figure 5.20 shows this in measure 7 in the left hand.

![Figure 5.20 The word “wise” enciphered](image)

In summary, one can see how precompositional techniques, as well as theological and therapeutic intersections, were integrated into the piece. A myriad of possibilities exists when coding people’s names into cryptograms and transposing them into different keys. Using mathematical calculations also offers another layer of meaning. Considering the many possible applications from theology, music therapy, and psychotherapy, it would be difficult to create two of the same Noted with Honor compositions. Now we turn to the final chapter which analyzes the questionnaire results from the patients and their families.
CHAPTER 6:
CONCLUSION:
PATIENT SUMMARIES, EVALUATION, AND NEXT STEPS

This chapter provides a vignette of each patient interaction with their composition, an analysis on the compositional process, and a summary of the learning that took place with each Noted with Honor composition. The chapter concludes with an evaluation of the Noted with Honor process and the next steps for the emerging non-profit. The SARS-COVID-19 pandemic greatly affected this research. The Vitas volunteer department closed on March 16, 2020, as a result of the spread of the virus one day before the “performance moment” with my first patient. Though I attempted to skype with the patient, the chaplain with whom I collaborated was overwhelmed and I could not make a connection. This pattern continued into the summer and, unfortunately, the patient passed away in August. The Vitas volunteer department reopened in July 2021, only to shut down again in early August due to the rise of the COVID Delta variant. After communicating with the Fort Worth Vitas Bereavement Services Manager, it was apparent the volunteer department would not likely reactivate until spring of 2022.

My collaboration with VITAS commenced again in May 2022. I reconnectecl with the family of the first patient and presented “A Closer Look with Thee” to the two daughters and son of the deceased. The same chaplain as before, Bryant Matheu, was also present for the life review. I explained the symbolism of the piece before playing and singing it. During the performance some of the family members responded emotionally. Afterwards, the deceased’s

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1 The composition is analyzed at length in Chapter Five. A recording of the composition can be found here: A Closer Look with Thee
daughter and primary caretaker repeatedly shared her appreciation. I gave her both electronic and printed copies of the score. I also sent a professionally rendered recording to her via email to share with the other family members. A week before I met with the next patient, I prepped Chaplain Matheu concerning my proposed procedure for each patient (namely four face-to-face visits with supervision during the first and last visit). The following is a vignette of the first round of *Noted with Honor* sessions this summer.

**Patient 1 Vignette:**

*I walked inside the patient’s house with Bryant, sat down, and the primary caregiver (husband) shared how excited he was about the composition for himself. He kept on speaking, but my mind was inquiring how that miscommunication happened. Since this caregiver is quite loquacious, I let him talk. During that time, which seemed around five minutes, I formed a game plan. When he afforded me a moment to speak I answered, “I have an interesting idea. How about I write a piece for both you and your wife?” He approved the idea, and hence this “double hitter” combination was birthed. It was a welcomed challenge. I attempted to make the structure of their compositions similar. The husband was insistent we craft biographies, so that became the primary aspect of both his and his wife’s compositions. I shared those two compositions with the husband, wife, and Bryant on July 29th. A similar response occurred. The husband cried throughout most of it. It remains a mystery whether the wife, who unfortunately has very severe Alzheimer’s disease, could comprehend what transpired. Afterwards, the husband expressed his gratitude, and I gave him the packet of the studio rendered recording, electronic PDF of the score, and a printed manuscript of the scores.*

Summary Reflection: This first patient experience taught me to be flexible in crafting a composition. I had envisioned a composition similar to the previous one—namely without biographies—but was inspired the caretaker’s desires instead.

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2 See APPENDIX 1: A Closer Look with Thee.
3 Recordings of these two compositions—“Hommage to Mrs. Jane Hamilton” and “Hommage to Mr. Paul Brehmer”—can be found here: Hommage to Mrs. Jane Hamilton and Hommage to Mr. Paul Brehmer
4 See APPENDIX 2: Hommage to Mrs. Jane Hamilton and APPENDIX 3: Hommage to Mr. Paul Brehmer.
Testing the *Noted with Honor* Procedure

After leaving the house I met with Chaplain Matheu, asking him if he had any other patients who would be viable candidates—primarily those who would be able to converse with me during the process. He did not have any suggestions. Not long after that, I had conversations with Joel Watson (Vitas chaplain and third reader for this thesis) and Greg Williams (Vitas services manager). They recommended I reach out to the Dallas and Fort Worth offices. They sent me a list of cognizant patients, from whom I could contact their primary caregivers directly. From this, I received seven patient profiles. I also asked Bryant if it was normal for volunteers to go see patients without the chaplain. He said yes and, furthermore, that is what normally happens. I began by calling three primary caregivers from those profiles. Two responded with interest. One of those became the fourth composition. The following three patient summaries demonstrate different approaches I took with each patient: creating an aural family trees for one, a lyrical obituary reading for another, and a montage of hymns layered over eminent Western classical compositions for the last one.

**Patient 2 Vignette:**

*I collaborated with both the patient and the primary caregiver (daughter) for the musical tribute. The patient’s favorite secular song and hymn were “What’ll I Do?” and “How Great Thou Art” respectively. I decided to create meaning by placing the two songs immediately next to each other. For example, the questions in “What’ll I Do?” are answered in worship by proclaiming the text of “How Great Thou Art.” I also experimented with setting some of the patients’ answers from Chochinov’s list of Dignity Therapy questions to music. That material is placed at the end of the composition, giving the impression that those words are “the swan song” of the patient to her family members. I also created a family tree section in the middle of the composition. The piece*

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5 The first composition, “A Closer Look with Thee” was written for my first Vitas patient, whom I met three times before the pandemic. The next two compositions—“Hommage to Mrs. Jane Hamilton” and “Hommage to Mr. Paul Brehmer”—were created together as a pair for the patient and spouse. This fourth composition, “What’ll I Do? Sing How Great Thou Art” pertains to the Patient 2 Vignette.

6 “What will I do when you are far away and I am blue? What will I do with just a photograph to tell my troubles to? When I’m alone with only dreams of you that won’t come true, what will I do?”
in its entirety seemed to not only emotionally affect the patient and daughter but also me. During the performance moment, I choked up and had to restart one section. Thankfully they received the professionally made recording (with no interruptions!) and a copy of the scores, electronic and printed.7 8

Summary Reflection: My experience with the second patient provided many creative possibilities with the composition’s structure. Juxtaposing two songs (“What’ll I Do?” and “How Great Thou Art”) together and creating a coda with the patient’s original words proved meaningful to them. I employed an interdisciplinary approach between the process of songwriting and asking Dignity Therapy questions. Because of my experience with this patient, I began incorporating Chochinov’s Dignity Therapy questions into my process.

Patient 3 Vignette:

In collaboration with Chaplain Joel Watson, I was introduced to Connie Brown, the daughter of Paul Faulkner, a former Vitas patient who passed away on July 5th.9 This placed the composition purely within the bereavement after death period. Connie preferred to speak over the phone, and I interviewed her through that medium on August 11th. She sent me the obituary from her father’s memorial service and I asked some questions concerning his life. After the phone call, I decided to create a lyrical obituary reading. I incorporated some of Paul’s favorite songs: “Danny Boy,” “My Favorite Things,” and a rendition of Peter C. Lutkin’s “The Lord Bless You and Keep You” by Abilene Christian University (ACU).10 I also included ACU’s alma mater since Paul received his undergraduate degree there. The biggest challenge about Paul’s homage is that I recited the obituary and played the piano at the same time. There was no dubbing over in the recording. I figured to render the timing exactly right, I needed to manage both at the same time. I presented the score and recording to Connie on September 16th and her questionnaire indicated she was very appreciative of her father’s tribute.11 12

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7 A recording of this composition can be found here: What’ll I Do? Sing "How Great Thou Art!"
8 See APPENDIX 4: What’ll I Do? Sing “How Great Thou Art!”
9 Connie has signed the confidentiality waiver.
11 A recording of the composition can be found here: A Life Hitched to the Right Star
12 See APPENDIX 5: A Life Hitched to the Right Star.
Summary Reflection: Unlike earlier experiences with patients’ families, Connie’s circumstances required that I interview her over the phone instead of in person. The conversation took approximately an hour. Although Connie expressed appreciation with the composition, the mission of Noted with Honor is primarily for living patients. One of the primary purposes of composing a Noted with Honor composition is to comfort and encourage the patient in their faith, as well as members of the family.

**Patient 4 Vignette:**

In the middle of the summer, I checked back in with Chaplain Matheu. He was ministering to a family which was not outwardly religious but rather privately spiritual. Bonnie, the daughter and VITAS patient, had posted Facebook videos sharing about her relationship with Jesus. I readily agreed to meet and it was the best decision I made this summer. Bonnie, only a few years older than me, could not talk anymore because of her severe multiple sclerosis. I noticed many paintings of Bonnie in the house, some of them in the impressionistic style. Her grandmother, Myra, painted most of them. I mention all this because I decided to bookend Bonnie’s composition with the impressionistic music of Claude Debussy, namely “The Sunken Cathedral.” Furthermore, I experimented with overlaying hymns on top of music by Bach, Beethoven, and Brahms. Lastly, I encrypted Bonnie’s family names and her favorite places traveled as chords. Since Bonnie could not vocally communicate, I gathered all the information from Elizabeth and Bill, Bonnie’s adopted father. I could tell the process was benefitting Elizabeth emotionally as she became more animated each week. I met with the family for the usual three sessions, a week between each meeting, before the performance moment. On the morning of the third session, however, I called Elizabeth and she sounded a bit concerned. Bonnie had not been eating well that week and her nutrition intake was declining rapidly. I already had the piece fully sketched so I informed Elizabeth we could have a performance moment that day just in case she passed within the next week. Elizabeth thought it was a good idea. It was a moving experience, but paled in comparison to the following week.

Bonnie persevered another week and Elizabeth invited many family members this time. To be specific, five came: Robert (uncle), Betty (aunt), Myra (grandmother), Katie (sister), and Samuel (cousin). Also in attendance was Bryant and Bill. Following the procedures I established, I explained the piece before playing it and answered any questions. Then the moment of sharing happened. I could sense an immense reverence in the room while playing. Afterwards, there was a long moment of silence. Then Robert

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13 Bonnie has signed the confidentiality waiver.

14 Specifically, Bach’s first “Invention in C Major” (BWV 772), the second movement of Beethoven’s “Sonata Pathetique” (Op. 13), and Brahms’ “Intermezzo in A Major” (Op. 118, No. 2). The hymns: “Joyful, Joyful We Adore Thee,” “Beautiful Savior,” and “The Lord’s My Shepherd.”
said, “I have never experienced anything so spiritual in my life.” Everyone nodded in agreement. After a few quiet sentences, the elevated atmosphere lessened. Bryant and I stayed for another hour fellowshipping with the family. As with the other compositions, I presented an electronic and hard copy of the score along with the professional recording.15

Summary Reflection: My experience with the fourth patient highlighted the fact that lives of persons in hospice are fragile—they could pass away before the performance moments. When Bonnie’s mother, Elizabeth, shared with me her failing condition, the possibility of her dying before the performance moment became existential. In light of this, I decided to intentionally practice livui ruchani (the Jewish practice of spiritual accompaniment) with Bonnie, to be spiritually present with her through this passage.16

Reflections on the Noted with Honor Process

The experience with Bonnie and her family was one of the most beautiful and impactful moments of my life. From this encounter, I sensed that I had found my life’s mission. I’m receiving much fulfillment from this journey and feel there may not be a greater privilege than journeying alongside those who are dying. Though this is difficult, time-consuming, and exhausting work, this ministry has become a part of my vocational calling.

My experience with Bonnie and her family marked a beginning and an end. Although it began my intense inner motivation to continue investing in Noted with Honor to make it a non-profit endeavor, it marked an end to my summer working with Vitas. Chaplain Matheu did not have any more patients for me to collaborate with and another conviction solidified: Noted with Honor needs to include people who are not in hospice care.

15 A recording of the composition can be found here: An Artful Tribute to an Artful Soul and see APPENDIX 6: An Artful Tribute to an Artful Soul.
16 See page 17.
For several months I have been reflecting on the potential of Noted with Honor. As a result, I have decided to extend my work beyond hospice patients. There are many people with terminal illnesses who are facing death who need encouragement in their faith. A conversation with my mother towards the beginning of the summer confirmed this idea. My goal was to compose seven compositions this summer for my pilot season. In case I could not fulfill that number through Vitas, I choose three people in my Kansas hometown to honor. I did not know anybody in hospice in Norton, Kansas, so I chose people who were 1) eighty years and older, 2) whose health was declining, and 3) who needed encouragement in their faith. I subjected these people to the same research rubrics as the Vitas patients:

1. Planned for four face-to-face sessions;
2. Used the same format of sessions: 1) the interview, 2) a blend of gathering more information and sharing the progress of composition while receiving feedback, 3) double-checking all the family facts and the performance, and 4) the performance (if needed);
3. Planned for one-hour sessions;
4. Fill out questionnaires.

The only noticeable difference was the time between each session. In general, the space between the Dallas patients’ sessions was a week (totaling about a month). In contrast, the Norton people had their sessions spaced over three months. Two of the three Norton honorees continued to follow that research rubric for the summer. Though I finished the process with the third person and had a meaningful presentation moment with her family, the other two completed the four stipulations above. I will focus on those two people here.
Patients 5 and 6 Vignettes:

I have known Darel Boston and Janice Persinger for about 18 years. Darel is a retired Disciples of Christ minister and has family in the Dallas-Fort Worth metroplex so I met him face-to-face down here besides having in-person interviews in Norton. Janice is a retired schoolteacher and faithful disciple of Jesus (Lutheran Church—Missouri Synod) despite her frequent ailments. After interviewing them on June 15th in person, I prepared their compositions throughout the summer and then presented them on September 9th. I met Darel the day before to double-check the spelling of his family names and other facts. Though I aimed for four sessions with Janice, it totaled three because she had surgeries the times I went up to Kansas and it was challenging visiting her. The day before her performance moment, she had a medical procedure and I could not come the next day. Thankfully she felt good enough for me to come the following day to present her piece in person, accompanied by her husband and son. Both Darel’s and Janice’s performances were momentous occasions. According to both my personal observance and their questionnaires, they felt encouraged and loved through the experience.

Compositionally speaking, Darel’s tribute honors his education by sharing the alma maters of his undergraduate and graduate degrees, as well as acknowledging the three boards on which he has been an officer—Manhattan Christian College and missionary organizations in Thailand and Brazil. He has frequented those two countries often to see the missionaries work in real-time. His composition also portrays the three states where he has lived (Indiana, Kansas, and Texas) while presenting his children’s and grandchildren’s names throughout. I also included his three favorite hymns: “Amazing Grace,” “Just as I Am,” and “To God Be the Glory.”

Janice’s musical tribute commences with a nod to her Scandinavian heritage. Her father is Norwegian and the second movement from Piano Concerto in A Minor by Edvard Grieg, a Norwegian, seemed appropriate. Her favorite hymns, “Holy, Holy, Holy,” “Nearer, My God, to Thee” and “Abide with Me” were incorporated. Janice’s favorite psalm is Psalm 100, a text she wants to be recited at her funeral; consequently, I set that text with the help of an accompaniment pattern by Fernando Ortega. Lastly, I present Janice’s family tree and the four places she lived through chords rather than linear counterpoint. Scores, both electronic and hard copy, besides the professionally rendered recordings, were given to Darel and Janice after the performance moment.

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17 Darel has signed the confidentiality waiver.
18 Janice has signed the confidentiality waiver.
19 I used the melodic contour and accompaniment pattern from “Come, Let Us Worship” on Fernando Ortega’s album The Shadow of Your Wings: Hymns and Songs (2006).
20 A recording of Darel’s composition—“Great Things He Hath Done!”—can be found here: Great Things He Hath Done! and a recording of Janice’s composition—“In Life, In Death, O Lord, Abide with Me”—can be found here: In Life, In Death, O Lord, Abide with Me
21 See APPENDIX 7: “Great Things He Hath Done!” for Darel’s composition and APPENDIX 8: “In Life, In Death, O Lord, Abide with Me” for Janice’s composition.
Summary Reflection: I learned through these two patients that *Noted with Honor* honorees do not necessarily need to be in hospice care. Both Darel and Janice needed encouragement in their faith while they reviewed their lives. I also learned that collaborating with patients monthly is a viable option, though meeting them weekly is ideal.

**Analysis on the Compositional Process**

Creating one *Noted with Honor* composition is extensive. The following process refined throughout the summer and felt solidified by the penultimate patient. After retrieving enough information from the patient in order to begin composing, I completed the following steps.

The first step is to brainstorm. I considered the patient’s favorite musical selections, family member names, and significant life events to create the basic framework of the composition’s structure. For example, their favorite hymn usually ended the composition. If the patient’s family tree was large, I inserted that in the middle of the score. I usually allotted two to three hours for this first step. The following step is to encode all the family names (and if applicable, places lived) into musical notes. This takes about thirty minutes.

Next is composing the “connective tissue” between the large sections of the composition (usually hymns, secular songs, family tree sections). In other words, I aspired to transition smoothly from one main element of the composition to the next through the use of modulations or tempo alterations. I allot two to three hours for this.

After completing the first three steps mentioned above, then I notated all my ideas onto Finale music software. This step requires between eight to ten hours. Then, if I had not done so already in my precompositional brainstorming step, I intentionally insert some of the practical applications mentioned previously in this thesis. Here is a short list of them:

1. Use a motif for God and decide whether to implement it periodically.
2. Place the God motif in a section which the patient passes
3. Encode a “God label” for patient. For example: beloved, child of God, saint, etc.
4. Spell out a family member’s vocation or future aspiration encrypted as musical notes
5. End the piece in heaven
6. Use familiar lyrics and melodies from the patient’s early years
7. Songwrite by setting to music the patient’s answers to Chochinov’s DT questions
8. Attempt adhering to original keys and tempos of songs the patient mentioned
9. End the composition as a lullaby
10. Show musically a physical ailment turning into a healthy state
11. Insert input from an outsider witness about the patient
12. Incorporate mathematical calculations

In total, this step takes between one to two hours. Next, I return to the score and insert dynamics, articulations, and phrase markings (usually one hour to accomplish). I then polish the score visually and adjust some systems to include an appropriate number of measures. If the composition was for a patient who did not sign the confidentiality waiver, then I changed the names and specific places. This last compositional step requires about one hour.

Having completed the score, I practice the piece for both the recording session and the patient’s performance moment. Thirty minutes was the usual time allotted for this. The recording session usually came before the performance moment. I recorded at Highland Park United Methodist Church on the Fazioli grand piano in the sanctuary aided by a sound engineer, typically requiring one hour per composition. I rarely record compositions in their entirety but rather play one-minute segments, which are spliced together later in the studio.

After the recording session, I listened to all the takes and selected the best one-minute segments, requiring another hour. I sometimes spliced the piece together myself using LogicPro,
depending on the length of piece and difficulty of the splicing transitions. If the piece was shorter and the splices were easy to finesse, this step took about two hours. If the piece was longer and I had issues with the splicings, I relied on my sound engineer to assist me. The final steps included slightly editing the score to match the recording and then printing the score for the patient and family.

In total, including the time for patient visits, each composition requires about thirty hours to complete. After following this process through eight compositions, I codified what I learned. First, for secular songs with which I am not familiar, I need to listen to them approximately five times to feel comfortable playing and singing them. Second, delegating the musical notation step (placing notes and rhythms on page) to another composer is a necessity. Notating the score is the most time-intensive and tedious step. I can video myself playing and singing a composition to help the transcriber. Third, when encoding names and places, the best key signature to start with is C Major (no flats or sharps). Then I can transpose it to another key.

**Analyses on Noted with Honor Compositions**

Although one entire composition was analyzed in Chapter Five, a section is needed to articulate some other compositional techniques used in the remaining seven *Noted with Honor* compositions. The following examples do not comprise an exhaustive list of all the other techniques used but rather demonstrate the variety of compositional possibilities.

The biographical compositions—“Hommage to Mrs. Jane Hamilton” and “Hommage to Mr. Paul Brehmer”—included entire Elvis Presley songs within them. Since the couple enjoyed listening to Elvis Presley’s gospel arrangements when they were younger, I included “Crying in the Chapel” and “Swing Down, Sweet Chariot” for Mrs. Hamilton and “In the Garden” for Mr.
Brehmer. The ending of Mrs. Hamilton’s composition depicts Ezekiel’s chariots travelling upwards into heaven while the ending of Mr. Brehmer’s composition is a direct exhortation spoken to Mr. Brehmer.22 Although less unfamiliar with Elvis Presley songs, I conducted research into that genre so I could relate to the patient and caregiver more easily.23

The highlight of the next composition—“What I’ll Do? Sing ‘How Great Thou Art!’”—is the songwriting process. During the initial interview I asked the patient, “Are there words or perhaps even instructions that you would like to offer your family to help prepare them for the future?”24 I set her response to a melody and placed it near the end of the composition. This process reflected an interdisciplinary approach between songwriting and asking Dignity Therapy questions.25 Figure 6.1 demonstrates how I set a melody to the words: “Keep God at the center of your lives, and place your worries and all concerns on him. Thank God for your faith, family, and friends, and all the blessings he showers on us so freely.”

22 “I want to encourage you, Paul. In our sessions together, it became evident you are a faithful husband. You would give anything and everything to bless your wife, and I deeply admire that. You are also full of integrity and your strong faith shines through in conversations. I pray you continue to press on, that you may lay hold of that for which Christ Jesus has also laid hold of you. May you reach forward to those things which are ahead, pressing toward the goal for the prize of the upward call of God in Christ Jesus. Now, please receive this benediction: May the Lord bless you and keep you, and make his face to shine upon you and be gracious unto you. May he lift up his countenance upon you and give you peace. Amen.”
23 See page 36.
24 This is the last question in Chochinov’s Dignity Therapy list of questions. See page 41, footnote 4.
25 See page 33 for the songwriting reference and page 52 for the Dignity Therapy reference.
The process of composing the lyrical obituary—“A Life Hitched to the Right Star”—was mostly straightforward. I read the obituary sent by the daughter of the deceased over carefully selected pieces, all of which were his favorites. “Danny Boy” was placed first since the texture is thin and the song’s lyrics poignantly include: “It’s you must go and I must bide.” The next

26 Imagine a family member of Paul’s saying this to him.
song, Abilene Christian University’s alma mater, was placed second since it coincided with the obituary part pertaining to Paul’s time there. The following song, “My Favorite Things,” was placed third because it synced up well with Paul’s favorite pastimes and his most cherished possession, his family. The piece concluded with a rendition of Peter C. Lutkin’s “The Lord Bless You and Keep You.” This was fitting because this blessing from Numbers 6 served as a benediction to the remaining family members.

“An Artful Tribute to An Artful Soul” is unique for one primary reason. The vocal line, comprised entirely of hymn melodies, is laid over pre-existing Western classical music (with occasional modifications). The following figures will demonstrate the essential structure of the piece: a classical composition is played first, followed by a hymn melody over the same composition. Notice how revisions were made to accommodate the hymn melody (see Figure 6.2). The left hand of the piano part descends in measure 31 in contrast to the ascending figure in measure 10. Figure 6.3 demonstrates how the melody of “Beautiful Savior” precedes the incipit of the Beethoven sonata movement by one beat.

![Invention in C Major by J. S. Bach](image1)

![Joyful, Joyful, Wee Adore Thee](image2)

Figure 6.22 “Joyful, Joyful, Wee Adore Thee” over J. S. Bach Invention in C Major, BWV 772
The penultimate composition—“Great Things He Hath Done!”—demonstrates how the patient’s name, Darel, can be used as a bass line. When encoded into musical notes, Darel becomes DADEE. Then I added the sixth note in the measure to maintain rhythmic motion. Starting in measure 5 (Figure 6.4), notice how the pattern in the left hand based on Darel’s name underlies the two hymns that follow, “Amazing Grace” and “Just as I Am.”

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27 The practice of encrypting names into musical notes can be found in Figure 5.1 in Chapter Five, page 58.
Figure 6.24 Patient’s name as the bass line

Similar to the earlier composition “What’ll I Do? Sing How Great Thou Art!”, I concluded Darel’s composition with his own words, having asked him “Are there words or perhaps even instructions that you would like to offer your family to help prepare them for the future?” Darel’s response to the melody is set to his favorite hymn, “To God Be the Glory,” and placed at the end of the composition.
The final composition displays how names and places can be set as chords. In the previous compositions, almost all family members’ names and the places they lived were set linearly. Notice, however, the notes line up vertically instead of horizontally. See the piano part in measures 128 and 130 (Figure 6.5) and again in measures 183 and 187 (Figure 6.6).
In summary, *Noted with Honor* requires compositional flexibility, including pairing a patient’s words to a melody, crafting a bass line by encrypting the patient’s name, and setting family members’ names in a vertical chord structure.

**Evaluation**

These past four months have provided time to reflect on the future potential of *Noted with Honor*. I currently view *Noted with Honor* as a summertime venture for the near future. My schedule will allow rendering two to three compositions in Kansas and four to five in Dallas.
throughout the summer. If I prepared eight compositions per year, I would have composed 240 selections in thirty years. Hiring transcribers of the songs would allow me to focus on recording the music. A transcriber would save me approximately eight hours per composition, while I learn to record and edit the recordings. That will relieve the stress of depending on sound engineers.

Second, my goal is to minister through *Noted with Honor* to people who need encouragement in their faith. A hospice program easily provides people in that situation. Chaplains Matheu and Watson have been receptive to this ministry, and I intend to keep collaborating with Vitas. At the same time, there are people eighty years of age and older outside a hospice setting who desperately need encouragement in their faith as well. I propose including four groups in the future: a) persons eighty-year-olds and up; b) persons with an advanced terminal illness but not in hospice care; c) preparing “double-hitters”—a composition each for both the person and a family member person; and d) collaborating with persons of faith beyond the Christian community.

Third, I need to collaborate with music therapists. Music therapists usually work in hospitals and less for independent hospice organizations. Hospice wings in hospitals house hospice patients usually only a few days (either passing away or returned home to pass soon after). The Andbe Home, a retirement center in Norton, Kansas, employs a music therapist. The therapist and I are acquainted and I would be honored to collaborate with her, spending one week in Norton each summer, making it an “intensive stay.”

Fourth, as *Noted with Honor* grows, I will likely collaborate with persons of varying cultural/ethnic backgrounds. Thus I intend to study a broader range of musical genres, including musics found beyond the United States. My interviewees expressed preferences for the Western classical music tradition, reflected in my compositions. While this reflects my heritage, I want to
enlarge my understanding of different compositional techniques. Furthermore, passing and death are deep and complex phenomena, welcoming a broader compositional vocabulary.

Fifth, I hope to offer seminars on the Noted with Honor process that could lead to certification for musicians with pastoral sensitivity, both composers and performers. A person would not necessarily need to have proficiency in both areas, as collaboration would be encouraged. I hope to establish a center in which the curriculum is interdisciplinary, including collaboration with chaplains, music therapists, and psychotherapists. The visiting lecturers could generate homework in their own disciplines and equip the trainees with following skill sets: listening deeply to patients, reflecting on how God is present in the Noted with Honor sessions, collaborating with a music therapist and psychotherapist, songwriting with patients, encoding names and places into musical notes, and performing a Noted with Honor composition for the patient and family. Hospice organizations that approve this program could require attendees to complete an organization’s onboarding process and have on-ground experience with hospice patients. The experience may conclude with a four-week internship that includes regular debriefing sessions. Disseminating the learnings of the program could possibly be accomplished through Perkins School of Theology and Meadows School of Music at Southern Methodist University. While others will flesh this process out differently, the core of what I’m passing on is: 1) a working partnership between academia, hospice organizations, and musicians 2) a tailored-made composition for each patient, and 3) a collaborative spirit between the disciplines of theology, music therapy, and psychotherapy.
Questionnaires and Next Steps

In some respects, the responses to the questionnaires were unremarkable. Most answers given were favorable. I can glean one major adjustment from them, however: I think three visits may be the right number of patient visits. It depends on the patient, but in general I can cover most of my objectives in three sessions. The essential structure would be the first session purposed for interviewing the patient, the second session to share and review material, and the third session to perform the piece for patient and family members.

During January to May, 2023, I plan to incorporate Noted with Honor as a nonprofit organization. I will first engage Dr. Maria Dixon, Altschuler Distinguished Teaching Professor of Corporate Communication and Public Affairs at Southern Methodist University, as a consultant in forming a nonprofit. Next, I will consult with the Dallas Center for Nonprofit Management for instruction in setting up an effective nonprofit entity. Then, I will engage sponsors for financial support so that this service may be offered without cost to those who engage the services of Noted with Honor. Finally, I will conduct a search for grants and foundations that might support further research in this area.

As I conclude this thesis, I am thinking of all the Noted with Honor people who have touched my life. Ironically, I feel I am the honored one. Hearing the patients’ life stories have expanded my heart and filled it with more empathy. I am also grateful to God who has orchestrated these Noted with Honor encounters, especially those with Bonnie and her family. It is appropriate, then, to end with a portion of Bonnie’s Noted with Honor composition, which gives one last nod to her while glorifying the Lord of both of our lives.

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28 For a tabulation of the questionnaire answers, see APPENDIX 9: Summary of the Questionnaires.
Beautiful Savior!
Lord of all the nations!
Son of God and Son of Man!
Glory and honor,
praise, adoration,
now and forevermore be thine!\textsuperscript{29}

\textsuperscript{29} Münster Gesangbuch, 1677; trans. Joseph Augustus Seiss, 1873.
APPENDIX 1: A CLOSER LOOK WITH THEE

A Closer Look with Thee (Google Drive)

Stanton Nelson

Score

A Closer Look with Thee

Adagio, suspended in time

Baritone

Piano

pedal ad lib.

Steal a-way, steal a-way,

steal a-way to Jesus

Ain't got long to stay here.

* God motif

* Avig

*W-I-S-E
A Closer Look with Thee

Stole away, stole away,
stole away to Jesus.

*God motif
A Closer Look with Thee

15
mf

B
Steal a-way, steal a-way.

17
Ain’t got long to stay here.

19

accel.

God motif
A Closer Look with Thee

29
B

\( \text{f} \)

\( \text{*God motif} \)

\( \text{*Nready} \)

\( \text{Stand Navy} \)

Pno.

\( \text{mf} \)

\( \text{f} \)

\( \text{mf} \)

32
B

out to sea,

Fight our battle cry;

Pno.

\( \text{*Avig} \)

35
B

We'll never change our course, so vicious foe steer shy y y y! 

Pno.
A Closer Look with Thee

I am weak but Thou art strong; Jesus, keep me from all wrong. *God motif

I'll be satisfied as long as I walk, let me walk close to Thee.
A Closer Look with Thee

B

72

Just a closer walk with Thee, Grant it, Jesus, if You please?

Pno.

72

B

76

Daily walking close to Thee, Let it be, dear Lord, let it be.

Pno.

76

B

80

When my feeble life is o'er, Time for me will be no more; *God motif

Pno.

80
A Closer Look with Thee

Guide me gently, safely o'er
To Thy kingdom shore, to Thy shore.

Just a closer walk with Thee,
Grant it, Jesus, if You please?

Daily walking close to Thee,
Let it be, dear Lord, let it be.
Blue
Moderato (eighth notes are swung)

moon of Ken\-tuck\-y, keep on shin\-in\'-
Shine on the one that's

mp

gone and proved\-true. Blue moon of Ken\-tuck\-y, keep on shin\-in\'-

*God motif (in inversion)

Shine on the one that's gone and left me blue. It was
on a moon-lit night the stars were shin-in' bright. And they whispered from on

*Joady *Oty *Ceggify *Morsoy

high. "Your love has said good-bye." Blue moon of Ken-tuck-y, keep on

*Foggy * Home on the Range

shin-in'. Shine on the one that's gone and provodin'-true. Blue

*God motif (in inversion)
moon of Kentuck-y, keep on shin-in'.
Shine on the one that's

Allegro

gone and left me blue.

Blue moon of Kentuck-y, keep on shin-in'.
Shine

*Oklahoma!
A Closer Look with Thee

on the one that's gone and proved true.

Blue moon of Ken-tuck-y, keep on shin-in'.

Shine on the one that's gone and left me blue.

Twas on a moon-lit night the stars were shin' in' bright.

And they whis-pered from on high, 'You're...
love has said goodbye. 'Blue moon of Ken-tuck-y, keep on shin-in'.

You Are My Sunshine

on the one that's gone and said good-bye.

Steal a-way, steal a-

A Closer Look with Thee
A Closer Look with Thee

way, steal a-way to Jesus

Steal a-way, steal a-way, Ain't got long to

stay here. (hum)

*God motif

*Avig
APPENDIX 2: HOMMAGE TO MRS. JANE HAMILTON

Hommage to Mrs. Jane Hamilton (Google Drive)

Score

Hommage to Mrs. Jane Hamilton

Slowly and Freely

Stanton Nelson

Baritone

Read the first half of Jane's Biography

Piano

8

B

You saw me crying in the chapel. The tears I shed were tears of joy. I know the meaning of contentment, now I'm happy with the

Pno.

*On the repeats, roll this chord. Vamp these 8 measures as long as needed.
Hommage to Mrs. Jane Hamilton

Lord.

Just a plain and__ sin__ple chap__el

where humble peo__ple go to pray. I pray the Lord that I'll grow

strong er as I live from day to day. I've
Hommage to Mrs. Jane Hamilton

26

B

searched and I've searched, but I couldn't find no way on earth to gain peace of

Pno.

29

B

mind. Now I'm happy in the chapel, where people are of one ac-

Pno.

32

B

cord. Yes, we gather in the chapel just to sing and praise the

Pno.
Lord. You'll search and you'll search, but

you'll never find no way on earth to gain peace of mind. Take your troubles to the


chapel, get down on your knees and pray.
Then your burdens will be lighter and you'll surely find the way.

Read the second half of Jane's biography.
Hommage to Mrs. Jane Hamilton

Allegro, $\varphi = 124$

B

Why don't you swing down sweet

Pno.

B

cha-ri-ot stop and let me ride, swing down cha-ri-ot stop and

Pno.

B

let me ride? Rock me, Lord. Rock me, Lord, calm and

Pno.
Hommage to Mrs. Jane Hamilton

B

74

ea - sy, well, I've got a home on the oth - er side. Why don't you

Pno.

79

swing down sweet chari - ot stop and let me ride, swing down

B

84

chari - ot stop and let me ride? Rock me, Lord. Rock me, Lord,
Hommage to Mrs. Jane Hamilton

89

B

calm and easy, well, I've got a home on the other

Pno.

94

B

side

Well, well,

Pno.

99

B

well, well, well, well,

Pno.
Hommage to Mrs. Jane Hamilton

Ezekiel went down in the middle of the field. He

saw an angel work in on a chariot wheel, wasn't so par-

ti-clar 'bout the chariot wheel, just wanted to see how the
Hommage to Mrs. Jane Hamilton

B
chariot feel. Why don’t you swing down sweet chariot stop and let me

Pno.

B
ride, swing down chariot stop and let me ride?

Pno.

B
Rock me, Lord. Rock me, Lord, calm and easy, well, I’ve got a

Pno.

119
home on the other side

well well  

Ezekiel went down and
Hommage to Mrs. Jane Hamilton

1. got on board. Chariot went a bump-in' on (n) down the road.

2. Zeke wasn't so par-ti-cular 'bout the bump-in' of the road, just

3. wanted to lay down his heavy load. Why don't you swing down sweet
Hommage to Mrs. Jane Hamilton

B

179  
I've got a father in the promised land.

Ain't gonn-a

Pno.

179

B

184  
stop un-til I shake his hand.

Rock me, Lord. Rock me, Lord,

Pno.

184

B

189  
calm and easy, I've got a home on the other

Pno.

189
side. Why don't you swing down sweet chariot stop and let me ride,

swing down chariot stop and let me ride? Rock me, Lord.

Rock me, Lord, calm and easy, well, I've got a home on the
Hommage to Mrs. Jane Hamilton

B

Pno.

other side

* God motif

other side

side

* God motif

other side

B

Pno.
Biography

Jane Elizabeth Hamilton was born on March 23, 1947, in Fort Worth at Harris Hospital. Her parents were Gene Hamilton and Susan Hart Smith. Jane was raised primarily by her grandparents, John and Mary Hart. Jane was an only child, though she did have a halfsister named Sally. Three characteristics were evident about Jane, even from her childhood: she was an avid reader, she was business-minded, and she loved people. Jane graduated from Northern Valley High School and then attended the University of Oklahoma, where she graduated in 1970, receiving her bachelor degree in English. She then worked 40 years for American Airlines, first at Love Airfield and then the Dallas Fort Worth International Airport, where she met her future husband, Paul Brehmer. Jane married Paul on April 18, 1985. Their marriage was the highlight of both Jane’s and Paul’s lives. They did everything together and loved each other deeply. They very much enjoyed listening to Elvis Presley’s gospel songs together, one of which was “Crying in the Chapel.”

Jane and Paul had a fun and romantic marriage. They went to plenty of auctions and estate sales, both of them being avid antique collectors. She even enjoyed driving Paul’s pickup truck and dropping him off at work. Paul always admired his wife, especially the fact that Jane was one of the first 6 women taken from reservations and placed in the actual airport at Love Airfield. Her duties ranged from being a ticket agent to providing passenger service to managing baggage claim. On November 12, 2009, she retired. Concerning religion, Jane always lived out a deep faith. She was baptized at the First United Methodist Church in Grapevine, Texas. Jane enjoyed singing in her church choir. She was baptized again at Milestone Church in Keller, Texas, that time with Paul. She loved hearing Charles Stanley and John Hagee preach. Jane will be warmly welcomed into heaven. And who knows? Perhaps a chariot will swing down in the spiritual atmosphere and take her home to the other side.
APPENDIX 3: HOMMAGE TO MR. PAUL BREHMER

Hommage to Mr. Paul Brehmer

Stanton Nelson

**Slowly and Freely**

Baritone

Piano

Read the first half of Paul's biography.

Andante, \( \frac{3}{4} \) = 68

Come to the garden alone

E arpeggio ad lib, c.g.

* Vamp these 8 measures as long as needed.
while the dew is still on the roses, and the voice

hear falling on my ear the Son of God disclosed

A tempo

B7 arpeggio, ad lib.
And the me, and He tells me I am His own.

joy
ej arpeggio ad lib, c.g.

share

G# 7 arpeg. ad lib.
Hommage to Mr. Paul Brehmer

\( \text{B} \)

\[ \text{tar}_{-} \quad \text{-} \quad \text{ery} \quad \text{there} \quad \text{none} \quad \text{others}_{-} \quad \text{has} \]

C\# minor arpegg. ad lib.

\( \text{Pno.} \)

\[ \text{ev}_{-} \quad \text{-} \quad \text{er}_{-} \quad \text{known.} \quad \text{He} \quad \text{speaks} \quad \text{and} \quad \text{the} \quad \text{sound} \quad \text{of} \quad \text{His} \]

dim.

\[ \text{straight} \quad 8\text{ths} \]

\( \text{B} \)

\[ \text{voice} \quad \text{is} \quad \text{so} \quad \text{sweet}_{-} \quad \text{the} \quad \text{birds} \quad \text{hush} \quad \text{their} \quad \text{singing} \]

133
And the melody that He gave to me with-
in my heart is ringing.

And He walks with me and He talks with

B7 arpeggio, ad lib.

E arpeggio ad lib, e.g.
Hommage to Mr. Paul Brehmer

me, and He tells me I am His own. And the

joy
E arpeggio ad lib, e.g.

share
as we

G# 7 arpeg. ad lib.
Hommage to Mr. Paul Brehmer

73

rit.

B

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-
Read the second half of Paul's biography.

Not too fast, \( j = 84 \)

Hommage to Mr. Paul Brehmer
Hommage to Mr. Paul Brehmer

We're gonna hold on to each other.
Life can be rough. Sometimes it's kind.
A real good life is hard to find.
But the best one is the one we know, and the faith we have between us makes it grow. Some love lives, and some love don't. We've got the kind
of love we want. It brings us happiness all through the day, and nothin' gonna ever make it go away.

We're gonna hold on.
We're gonna hold on We're gonna

hold on to each other

cr.

Time will tell
Hommage to Mr. Paul Brehmer

155
B
if you're right or wrong
We know we're right
by hold-ing

Pno.

160
B
on.
And the fu-ture is set for you and me,

Pno.

165
B
filled with love, the way we both want it to be.
We're gon-na
Hommage to Mr. Paul Brehmer

179

B

179

hold

on...

We're gonna hold...

Pno.

175

B

175

on...

We're gonna hold...

Pno.

180

B

180

on to each other.

We're gonna

Pno.
Hommage to Mr. Paul Brehmer

185

B

hold

on.

We're gon - na hold

Pno.

185

190

B

on - to each oth - er.

Pno.

190

rit.

mp

196

B

Read my personal exhortation to Paul.

*God motif

Pno.
Biography

Paul Scott Brehmer was born to Matthew John Brehmer and Jean Coupe Miller on Feb. 8, 1949, in Amarillo, Texas. He had an older sister, Dianne. The Brehmer family moved to Weatherford in 1957. Paul attended Weatherford Elementary, Euless Junior High, J. D. Bell High School, and took some classes at Tarrant County Junior College. Paul’s strong work ethic began while baling hay and working at service stations. Then he unloaded new freight from the railway for 23 years. Paul spent 20 years with the Department of Homeland Security in customs at Dallas Fort Worth International Airport, where he met his future wife, Jane Elizabeth Hamilton. Paul married Jane on April 18, 1985. Their marriage brought them supreme joy. They loved each other deeply and shared many common interests. Among them were Elvis Presley and his gospel songs, one of which was “In the Garden.”

Paul and Jane had a strong and vibrant marriage. In fact, they ventured to many estate sales and auctions, being keen antique collectors together. Paul eventually retired on January 29, 2015, and has faithfully journeyed with his wife through the good seasons, as well as the challenging ones. Concerning religion, Paul has a deep faith. In his own words, he always worshipped the Christ. Paul and Jane prayed together and would often say, “Pray together, stay together.” Paul was baptized, along with Jane, at Milestone Church in Keller, Texas. Both of them enjoyed the preaching of Charles Stanley. Paul will be welcomed warmly into heaven, but as long as Jane stays here on earth, “They’re gonna hold on to each other.”

My personal exhortation to Paul:

I want to encourage you, Paul. In our sessions together, it became evident you are a faithful husband. You would give anything and everything to bless your wife, and I deeply admire that. You are also full of integrity and your strong faith shines through in conversations. I pray you continue to press on, that you may lay hold of that for which Christ Jesus has also laid hold of you. May you reach forward to those things which are ahead, pressing toward the goal for the prize of the upward call of God in Christ Jesus. Now, please receive this benediction: May the Lord bless you and keep you, and make his face to shine upon you and be gracious unto you. May he lift up his countenance upon you and give you peace. Amen.
APPENDIX 4: WHAT'LL I DO? SING “HOW GREAT THOU ART!”

What'll I Do? Sing "How Great Thou Art!" (Google Drive)

What'll I Do? Sing "How Great Thou Art!"

Composed by Stanton Nelson

Moderato  What'll I Do? by Irving Berlin

*God motif

(Lyrics directed toward spouse in heaven)

*HETO

What will I do when you are

*Key:

ALL CAPS = Place lived (State, street name, suburb, vicinity, or identifying landmark)
Only first letter capitalized = Family member name (pages 6 through 11)
far away, and I am blue, what will I do?

What will I do with just a photograph to tell my troubles to? When I'm alone with
Voice

Only dreams of you that won't come true, what will I do?

Pno.

How Great Thou Art

Voice

*THUVAM

Then I will sing: O lord my God, when I in awesome

Pno.

Voice

Wonder consider all the worlds thy hands have made, I see the

Pno.
Stars, I hear the rolling thunder, thy power through out the universe distingished.

Wedding Bells

God motif

Played. Then sings my soul, my Savior God to thee, how great thou art, how great thou art! Then sings my soul, my Savior God to thee.
Voice

thee, how great thou art, how great thou art!

Pno.

Voice

Andante

*God motif

Pno.
Voice

\( \text{(Lyrics directed towards God)} \)

What will I do when

Voice

you are far away, and I am
blue, what will I do?

When I'm a-

*lone

With on-

ly dreams of you that

won't come true, what will I do?
Then I will sing, When Christ shall come with shout of ac-cla-
ma-tion and take me home, what joy shall fill my heart. Then I shall
bow in hum-ble ad-o-ra-tion, and there pro-claim, my God, how great thou
art! Then sings my soul, my Saviour God to thee, how great thou art!
Then sings my soul, my Saviour God to thee, how great thou art!
thee, how great thou art,
These are words of advice from the patient to family members.

"Keep God at the center of your
lives, and place your worries and all concerns on him. Thank God for your faith, family and friends, and all the blessings he shows on us so
APPENDIX 5: A LIFE HITCHED TO THE RIGHT STAR

A Life Hitched to the Right Star

I. Danny Boy

Slowly

Start reading Paul's obituary.

II. Alma mater for Abilene Christian University
A Life Hitched to the Right Star

Pno.

29

32

37

42

165
IV. The Lord Bless You and Keep You

A Life Hitched to the Right Star
Obituary

Dr. Paul B. Faulkner, teacher, preacher, counselor, professor, author and entrepreneur, died Tuesday, July 5, 2022, in Grapevine, Texas. He was 92. Depending on the era, Faulkner’s friends and colleagues may remember him as a teacher, minister, colleague, or the much taller half of the Marriage Enrichment Seminar he began with his college roommate and friend, Carl Brecheen. To others he was the freshman Bible professor who could command a full house in ACU’s Cullen Auditorium. Others knew him in his second career as founder of Resources for Living, an employee assistance counseling service. His oldest friends remembered the champion javelin thrower and pole vaulter whose championships included wins or ties three times in his events at the Texas Relays, once at the Drake Relays and twice at the Kansas Relays. He helped the Wildcats win Texas Conference track and field team championships three straight seasons (1950-52) and was inducted into the ACU Sports Hall of Fame in 1994. Inevitably, they remember his voice: big, deep, slow and likely to burst into a long, head-shaking laugh at himself at any moment.

Faulkner was born Sept. 24, 1929, in Fort Worth. He was the youngest of four children born to Fred and Consuelo Faulkner. A track star at Paschal High School, he was headed to Rice University when his older sister persuaded him to go to then Abilene Christian College. He often recalled that she persisted late into the night on the subject until he finally told her, “Fine. If you’ll let me go to bed I’ll go to ACC.” At ACC he began dating fellow Paschal graduate Gladys Shoemaker and they married July 12, 1952, after completing their degrees. And at ACC he met classmate Brecheen, the other great partner of his life, as they walked to church from their dormitory the first week of their freshman year. He earned a master’s degree from ACU in 1961, and later earned master’s and doctoral degrees from Southwestern Baptist Theological Seminary in 1966 and 1968, majoring in psychology. He was a licensed marriage and family therapist and a clinical and supervisory member of the American Association of Marriage and Family Therapy, founding the Marriage and Family Institute at ACU in 1979. For many years, the institute was one of only two nationally accredited MFT programs in Texas. Before and even after joining ACU as a faculty member and for seven years as dean of men, he preached for Churches of Christ in Kansas, North Carolina and Texas. In 1974, he and his lifelong friend Brecheen conducted their first Marriage Enrichment Seminar. Five years later, a seminar at the Abilene Civic Center that drew 1,600 in attendance was videotaped and became part of a video series seen by more than 2 million people worldwide. Over 32 years they conducted seminars in 33 states and seven countries. He retired from the ACU faculty in 1992 after 35 years there but continued teaching as an adjunct professor after founding Resources for Living, a counseling and consulting service for major American businesses including WalMart, McLane Trucking and Kroger Grocery Stores. His syndicated, one-minute radio broadcast, “Making Life Work for Your Family,” was heard on more than 600 stations nationally and he spoke for seminars and national conventions of numerous corporations.
In 1996, he moved the company to Austin and he and Gladys settled in nearby Dripping Springs where they purchased a home on a small ranch they called Cypress Springs. He sold the company in 2008 and retired again. A passion in the last 30 years of his life was supporting minister couples through the Ministers’ Renewal Workshop, a weekend retreat he and Gladys conducted with three other couples, welcoming couples whose life in ministry brought stress or pain that often could not be shared in the churches where they served. The workshops provided a time of healing and counsel. The Ministers’ Support Network, a part of ACU’s Siburt Institute, is heir to that ministry. Faulkner Meditation Garden, an outdoor contemplative space alongside Lunsford Foundation Trail and Faubus Fountain Lake at ACU, was dedicated in 2019 to honor the ministry of Paul and Gladys. He was honored with the ACU Trustees Teacher of the Year Award in 1982. He and Brecheen, together with their wives, received ACU’s Christian Service Award in 2001. He also received Distinguished Christian Service Awards from Harding and Pepperdine universities and an honorary doctorate from Pepperdine. His publications include three books, one of which was co-authored with Brecheen. Of all his accomplishments, his family was most important. He made every effort to build relationship, and provide place for gathering, celebrating, playing, laughing and conversation. He and Gladys traveled the globe with their grandchildren and attended every sporting and musical event they could.

He was preceded in death by his wife, Gladys, his parents, two sisters and a brother. He is survived by two daughters and two sons and their spouses: Debbie and Randy Clinton of Keller; Von and Dorsi Faulkner of Austin; Brad and Denise Faulkner of Henderson; and Connie and Larry Brown of Flower Mound. He is also survived by eight grandchildren: Michael and Nick Catanese, Dylan Faulkner, Hunter and Jessica Clinton, Charles and Hailey Rotenberry; Corban and Haley Brown, Daniel and Brenna Brown, Ashton and Cris Bruyere; and Zane Faulkner; and by seven great-grandchildren: Caden and Charlee Catanese, Campbell and Ford Rotenberry, Violet and Kit Clinton, and Archie Brown.
An Artful Tribute to an Artful Soul

The Sunken Cathedral by C. Debussy

Deeply Calm

Stanton Nelson

*Key: ALL CAPS = Place enjoyed travelling to (name of city)
Only first letter capitalized = Family member name
An Artful Tribute to an Artful Soul

Invention in C Major by J. S. Bach

Moderato

B

Pno.
An Artful Tribute to an Artful Soul

B

Pno.

B

Pno.

B

Pno.
Joyful, Joyful, We Adore Thee

Joyful, joyful, we adore thee, God of glory, Lord of love;

Hearts unfold like flow'rs before thee, op'ning to the sun above.
An Artful Tribute to an Artful Soul

B

35
Melt the clouds of sin and sadness; drive the dark of doubt away.

Pno.

37

Giver of immortal gladness, fill us with the light of day!

Pno.

39

B

*Vernon

*Myra

*CHICAGO

Pno.
An Artful Tribute to an Artful Soul

Sonata in C Minor, Op. 13, 2nd mvt. by L. van Beethoven

Adagio cantabile

B

Pno.

B

Pno.

B

Pno.
An Artful Tribute to an Artful Soul

Beautiful Savior

Lord of all the nations! Son of God and Son of Man!
Glory and honor, praise, adoration, now
An Artful Tribute to an Artful Soul

Intermezzo, Op. 118, No. 2 by J. Brahms

*BWilliam

*Liz

*LAS VEGAS
An Artful Tribute to an Artful Soul

The Lord's My Shepherd

Lord's my shepherd, I'll not want. He makes me
An Artful Tribute to an Artful Soul

139

B

down to lie in pastures green; he

139

Pno.

135

B

leadeth me the quiet waters by.

135

Pno.

140

B

140

Pno.

p

*Jody *Katie *LONDON
An Artful Tribute to an Artful Soul

The Sunken Cathedral by C. Debussy
APPENDIX 7: GREAT THINGS HE HATH DONE!

Great Things He Hath Done!

Stanton Nelson

Easily Flowing, $\frac{4}{4} = 66$

Amazing Grace

Baritone

Piano

*God motif  *Mildred  *Wanda

5

Amazing grace! How sweet the sound that saved a wretch like

10
Great Things He Hath Done!

15
B
me!
like me!
l

Pno.

19
B
once was lost, but now am found; was blind, but

Pno.

24
B
now I see.

Pno.

Patient first felt a relationship with Jesus

Just As I Am
Great Things He Hath Done!

Slightly faster, $\frac{4}{4} = 80$

B

as I am, without one plea, but that thy

Pno.

B

blood was shed for me, and that thou bidst me

Pno.

B

come to thee, O Lamb of God, I come,

Pno.
Great Things He Hath Done!

Alma mater of Manhattan Christian College

Held back, $J = 72$

189
Reprise of Manhattan Christian College's alma mater

Held back, $d = 72$

We offer thee, Man-hatt-an, our pledge of loyalty, for

Christ's eternal kingdom the finest we can be. Our college and our Master to
Great Things He Hath Done!

serve courageously, Manhattan, Alma Mater, hail, all hail to thee.

The National Anthem of Thailand: Phleng Chat Thai

Broadly, $J = 98$
Great Things He Hath Done!

228
B
God be the glory great things he hath done! So loved he the world that he gave us his

Pno.

228

235
B
Son, who yielded his life an atonement for sin, and opened the life-gate that

Pno.

242
B
all may go in. Praise the Lord, praise the Lord, let the earth hear his voice! Praise the
Lord, praise the Lord, let the people rejoice! O come to the Father through

Jesus the Son, and give him the glory, great things he hath done!

My words of guidance that I wish to share are:
Great Things He Hath Done!

Let Jesus be your Lord. Let Jesus, day by day be your

Lord, and give him the glory, great things he hath done!

*God motif

moito rit.
APPENDIX 8: IN LIFE, IN DEATH, O LORD, ABIDE WITH ME

In Life, In Death, O Lord, Abide with Me (Google Drive)

Score

In Life, In Death, O Lord, Abide with Me

Piano Concerto in A Minor, Op. 16, 2nd mvt. by E. Grieg

Stanton Nelson

Andante Cantabile

Baritone

Piano

B

Pno.

13

B

Pno.

*Key:

ALL CAPS = Place lived (State or town name)
Only first letter capitalized = Family member name

206
Stanton's own setting of Psalm 100*

* I must give credit to Fernando Ortega for the accompaniment pattern and melodic shape. I was inspired by his "Come, Let Us Worship" on his album The Shadow of Your Wings.
In Life, In Death, O Lord, Abide with Me

B

Shout for joy to the Lord,

Pno.

all the Earth, and worship the Lord

B

with gladness; come be-

Pno.
In Life, In Death, O Lord, Abide with Me

fore him with joyful songs.

Know that the Lord is God. It is

He who has made us, not we ourselves;
we are His people, the sheep of His pasture. It is

He who has made us, not we ourselves;

we are His people, the sheep of His pasture.
In Life, In Death, O Lord, Abide with Me

Enter His gates with thanksgiving and His courts with praise;
give thanks to Him and praise His name.
In Life, In Death, O Lord, Abide with Me

For the Lord is good and His love endures forever;
His faithfulness continues through all generations.

It is He who has made
In Life, In Death, O Lord, Abide with Me

105
B
__ us, not we our-selves; we are__ His peo-

Pno.

108
B
ple, the sheep of His pas-ture. It is He

Pno.

112
B
who has made us, not we our-selves;

Pno.
Nearer, My God, To Thee

*Adagio*

*Keep the pedal down throughout this entire section.*
In Life, In Death, O Lord, Abide with Me

Near - er, my God, to thee, near - er to thee! E’ven though it
In Life, In Death, O Lord, Abide with Me

148

B

be a cross that raiseth me, Still all my song shall be,

148

Pno.

153

B

nearer, my God, to thee; Nearer, my God, to thee, nearer to

153

Pno.

Abide with Me

158

B

thee! Abide with me! fast falls the even-

158

Pno.
In Life, In Death, O Lord, Abide with Me

B

tide; The dark-ness deep - ens; Lord, with me a - bide!

Pno.

When oth - er help - ers fail and com-forts flee, Help of the

Pno.

help - less, oh, a - bide with me. Hold thou thy cross be -
In Life, In Death, O Lord, Abide with Me

fore my closing eyes; shine through the gloom and point me to the

skies. Heavn's morn-ing breaks, and earth's vain shad-ows flee;

In life, in death, O Lord, a-bide with me.
APPENDIX 9: WORKSHEET OF CRYPTOGRAMS

Step One: Look at the French method of generating cryptograms.

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
</tr>
</thead>
<tbody>
<tr>
<td>H</td>
<td>I</td>
<td>J</td>
<td>K</td>
<td>L</td>
<td>M</td>
<td>N</td>
<td></td>
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<tr>
<td>O</td>
<td>P</td>
<td>Q</td>
<td>R</td>
<td>S</td>
<td>T</td>
<td>U</td>
<td></td>
</tr>
<tr>
<td>V</td>
<td>W</td>
<td>X</td>
<td>Y</td>
<td>Z</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Step One: Encipher God’s name (by subsuming all the letters into the top row).

G = G
O = A
D = D

Step Two: Find a way to transpose GAD into different keys.

If G is tonic in the cryptogram, then:

G = first scale degree
A = second scale degree
D = fifth scale degree

Step Three: Transpose this cryptogram into different keys used in the piece.

<table>
<thead>
<tr>
<th>Into D-flat Major</th>
<th>Into G-flat Major</th>
<th>Into A-flat Major</th>
<th>Into B-flat Major</th>
</tr>
</thead>
<tbody>
<tr>
<td>G = D-flat</td>
<td>G = G-flat</td>
<td>G = A-flat</td>
<td>G = B-flat</td>
</tr>
<tr>
<td>A = E-flat</td>
<td>A = A-flat</td>
<td>A = B-flat</td>
<td>A = C</td>
</tr>
<tr>
<td>D = A-flat</td>
<td>D = D-flat</td>
<td>D = E-flat</td>
<td>D = F</td>
</tr>
</tbody>
</table>

Step Four: Encipher the patient’s name.

A = A
V = A
I = B
G = G
Step Five: Transpose the cryptogram into G-flat Major, D-flat Major, and A-flat Major, assuming C in the original cryptogram is tonic.

<table>
<thead>
<tr>
<th>Into G-flat Major</th>
<th>Into D-flat Major</th>
<th>Into A-flat Major</th>
</tr>
</thead>
<tbody>
<tr>
<td>A = E-flat</td>
<td>A = D-flat</td>
<td>A = F</td>
</tr>
<tr>
<td>A = E-flat</td>
<td>A = D-flat</td>
<td>A = F</td>
</tr>
<tr>
<td>B = F</td>
<td>B = E-flat</td>
<td>B = G</td>
</tr>
<tr>
<td>G = D-flat</td>
<td>G = C-flat</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Step Six: Encipher the names of Avig’s father and mother.

<table>
<thead>
<tr>
<th>Father</th>
<th>Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>N = G</td>
<td>N = G</td>
</tr>
<tr>
<td>R = D</td>
<td>E = E</td>
</tr>
<tr>
<td>A = A</td>
<td>O = A</td>
</tr>
<tr>
<td>K = D</td>
<td>R = D</td>
</tr>
<tr>
<td>Y = D</td>
<td>Y = D</td>
</tr>
<tr>
<td>S = E</td>
<td></td>
</tr>
</tbody>
</table>

Step Seven: Transpose the names of Avig’s father & mother into G-flat Major (assuming C in the original cryptograms is tonic).

| G = D-flat | G = D-flat |
| D = A-flat | E = B-flat |
| A = E-flat | A = E-flat |
| D = A-flat | D = A-flat |
| D = A-flat | E = B-flat |

Step Eight: Encipher the names of Avig’s wife and children.

<table>
<thead>
<tr>
<th>Wife</th>
<th>1st Child</th>
<th>2nd Child</th>
<th>3rd Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>I = B</td>
<td>P = B</td>
<td>T = F</td>
<td>T = F</td>
</tr>
<tr>
<td>L = E</td>
<td>Y = D</td>
<td>A = A</td>
<td>I = B</td>
</tr>
<tr>
<td>T = F</td>
<td>E = E</td>
<td>G = G</td>
<td>C = C</td>
</tr>
<tr>
<td>F = F</td>
<td>G = G</td>
<td>O = A</td>
<td>O = A</td>
</tr>
<tr>
<td>Y = D</td>
<td>D = D</td>
<td>V = A</td>
<td>E = E</td>
</tr>
<tr>
<td></td>
<td>O = A</td>
<td>E = E</td>
<td>Z = E</td>
</tr>
</tbody>
</table>

222
Step Nine: Transpose the names of Avig’s wife and children into A-flat Major (assuming C in the original cryptograms is tonic).

<table>
<thead>
<tr>
<th>B = G</th>
<th>B = G</th>
<th>F = D-flat</th>
<th>F = D-flat</th>
</tr>
</thead>
<tbody>
<tr>
<td>E = C</td>
<td>D = B-flat</td>
<td>A = F</td>
<td>B = G</td>
</tr>
<tr>
<td>F = D-flat</td>
<td>E = C</td>
<td>G = E-flat</td>
<td>C = A-flat</td>
</tr>
<tr>
<td>F = D-flat</td>
<td>G = E-flat</td>
<td>A = F</td>
<td>A = F</td>
</tr>
<tr>
<td>D = B-flat</td>
<td>D = B-flat</td>
<td>A = F</td>
<td>E = C</td>
</tr>
<tr>
<td>A = F</td>
<td>E = C</td>
<td>E = C</td>
<td></td>
</tr>
</tbody>
</table>

Step Ten: Encipher the names of Avig’s grandchildren.

<table>
<thead>
<tr>
<th>J = C</th>
<th>O = A</th>
<th>C = C</th>
<th>M = F</th>
<th>F = F</th>
</tr>
</thead>
<tbody>
<tr>
<td>O = A</td>
<td>T = F</td>
<td>E = E</td>
<td>O = A</td>
<td>O = A</td>
</tr>
<tr>
<td>A = A</td>
<td>Y = D</td>
<td>G = G</td>
<td>R = D</td>
<td>G = G</td>
</tr>
<tr>
<td>D = D</td>
<td>G = G</td>
<td>S = E</td>
<td>G = G</td>
<td></td>
</tr>
<tr>
<td>Y = D</td>
<td>I = B</td>
<td>O = A</td>
<td>E = E</td>
<td></td>
</tr>
<tr>
<td></td>
<td>F = F</td>
<td>Y = D</td>
<td>Y = D</td>
<td></td>
</tr>
<tr>
<td></td>
<td>L = E</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Y = D</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Step Eleven: Transpose the names of Avig’s grandchildren into B-flat Major (assuming C in the original cryptograms is tonic).

<table>
<thead>
<tr>
<th>C = B-flat</th>
<th>A = G</th>
<th>C = B-flat</th>
<th>F = E-flat</th>
<th>F = E-flat</th>
</tr>
</thead>
<tbody>
<tr>
<td>A = G</td>
<td>F = E-flat</td>
<td>E = D</td>
<td>A = G</td>
<td>A = G</td>
</tr>
<tr>
<td>A = G</td>
<td>D = C</td>
<td>G = F</td>
<td>D = C</td>
<td>G = F</td>
</tr>
<tr>
<td>D = C</td>
<td>G = F</td>
<td>E = D</td>
<td>G = F</td>
<td></td>
</tr>
<tr>
<td>D = C</td>
<td>B = A</td>
<td>A = G</td>
<td>E = D</td>
<td></td>
</tr>
<tr>
<td></td>
<td>F = E-flat</td>
<td>D = C</td>
<td>D = C</td>
<td></td>
</tr>
<tr>
<td></td>
<td>E = D</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>D = C</td>
<td></td>
<td></td>
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</tbody>
</table>
APPENDIX 10: QUESTIONNAIRE FORMS

Patient Questionnaire

Do you feel more honored and valued because of the Noted with Honor experience?

_____Not at all  _____Very little  _____Somewhat  _____Very much

What aspect(s) of the experience contributed most to your response?

______________________________________________________________________________

How likely would you recommend a Noted with Honor experience to a friend or family member?

_____Not likely  _____Somewhat likely  _____Very likely

Why?

______________________________________________________________________________

How appropriate did you find the length of the sessions?

_____Very long  _____Little Long  _____About right  _____Little Short  _____Very short

How many sessions do you think the Noted with Honor experience needs?

_____Two  _____Three  _____Four  _____Five
Did you feel that you were listened to well?

_____ Yes  _____Somewhat  _____No

How did you find the quality of the music and recording produced?

_____ Very good  _____Good  _____Adequate  _____Poor  _____Very Poor

Was the purpose and process of this experience clear to you?

_____ Yes  _____Somewhat  _____Not at all

Do you have any other suggestions?

______________________________________________________________________________
Family Member Questionnaire

How much more does the patient feel honored and valued because of the Noted with Honor experience?

____Not at all     ____Very little     ____Somewhat     ____Very much     ____NA

Does the family feel more honored and valued because of the Noted with Honor experience?

____Not at all     ____Very little     ____Somewhat     ____Very much

What aspect(s) of the sessions contributed most to this response?

______________________________________________________________________________

How likely would you recommend a Noted with Honor experience to a friend or family member?

____Not likely     ____Somewhat likely     ____Very likely

Why?

______________________________________________________________________________

How appropriate did you find the length of the sessions?

____Very long     ____Little Long     ____About right     ____Little Short     ____Very short
How many sessions do you think the Noted with Honor experience needs?

______Two  _____Three  _____Four  _____Five

Did you feel that the patient was listened to well?

______Yes  _____Somewhat  _____No

How did you find the quality of the music and recording produced?

______Very good  _____Good  _____Adequate  _____Poor  _____Very Poor

Was the purpose and process of this experience clear to you?

______Yes  _____Somewhat  _____Not at all

Do you have any other suggestions?

______________________________________________________________________________
Family Member Questionnaire

How much more does the patient feel honored and valued because of the *Noted with Honor* experience?

____ Not at all  ____ Very little  ____ Somewhat  □ Very much  ____ NA

Does the family feel more honored and valued because of the *Noted with Honor* experience?

____ Not at all  ____ Very little  ____ Somewhat  □ Very much

What aspect(s) of the experience contributed most to this response?

Dad felt very honored + happy that he was chosen for the experience.

How likely would you recommend a *Noted with Honor* experience to a friend or family member?

____ Not likely  ____ Somewhat likely  □ Very likely

Why? Dad memory lives on through music and it's nice to see him in music.

How appropriate did you find the length of the sessions?

____ Very long  ____ Little Long  □ About right  ____ Little Short  ____ Very short
How many sessions do you think the *Noted with Honor* experience needs?

___ Two   ✓ Three   ___ Four   ___ Five

Did you feel that the patient was listened to well?

✓ Yes   ___ Somewhat   ___ No

How did you find the quality of the music and recording produced?

✓ Very good   ___ Good   ___ Adequate   ___ Poor   ___ Very Poor

Was the purpose and process of this experience clear to you?

✓ Yes   ___ Somewhat   ___ Not at all

Do you have any other suggestions?
Patient Questionnaire

Do you feel more honored and valued because of the Noted with Honor experience?

_____ Not at all  _____ Very little  _____ Somewhat  ✓ Very much

What aspect(s) of the experience contributed most to your response?

The work put into the biography,

How likely would you recommend a Noted with Honor experience to a friend or family member?

_____ Not likely  _____ Somewhat likely  ✓ Very likely

Why? Bringing back memories, especially the good ones, grounds a person in reality.

How appropriate did you find the length of the sessions?

_____ Very long  _____ Little Long  ✓ About right  _____ Little Short  _____ Very short

How many sessions do you think the Noted with Honor experience needs?

_____ Two  _____ Three  ✓ Four  _____ Five
Did you feel that you were listened to well?

✓ Yes  ___Somewhat  ___No

How did you find the quality of the music and recording produced?

✓ Very good  ___Good  ___Adequate  ___Poor  ___Very Poor

Was the purpose and process of this experience clear to you?

✓ Yes  ___Somewhat  ___Not at all

Do you have any other suggestions?

________________________________________
Patient Questionnaire

Do you feel more honored and valued because of the Noted with Honor experience?

___ Not at all ___ Very little ___ Somewhat  ___ Very much

What aspect(s) of the experience contributed most to your response?

The juxtaposition of the two songs.

How likely would you recommend a Noted with Honor experience to a friend or family member?

___ Not likely ___ Somewhat likely  ___ Very likely

Why? It does the soul good to hear your feelings put into words and music.

How appropriate did you find the length of the sessions?

___ Very long ___ Little long  ___ About right ___ Little short  ___ Very short

How many sessions do you think the Noted with Honor experience needs?

___ Two ___ Three  ___ Four ___ Five
Did you feel that you were listened to well?

✓ Yes  ___ Somewhat  ___ No

How did you find the quality of the music and recording produced?

✓ Very good  ___ Good  ___ Adequate  ___ Poor  ___ Very Poor

Was the purpose and process of this experience clear to you?

✓ Yes  ___ Somewhat  ___ Not at all

Do you have any other suggestions?
Family Member Questionnaire

How much more does the patient feel honored and valued because of the Noted with Honor experience?

___ Not at all ___ Very little ___ Somewhat ___ Very much ___ NA

Does the family feel more honored and valued because of the Noted with Honor experience?

___ Not at all ___ Very little ___ Somewhat ___ Very much

What aspect(s) of the experience contributed most to this response?

That this experience could definitely be used for their funeral service/celebration of life.

How likely would you recommend a Noted with Honor experience to a friend or family member?

___ Not likely ___ Somewhat likely ___ Very likely

Why? It honors a person’s life in a unique way by memorializing it.

How appropriate did you find the length of the sessions?

___ Very long ___ Little Long ___ About right ___ Little Short ___ Very short
How many sessions do you think the *Noted with Honor* experience needs?

- __ Two  ____ Three  ____ Four  ____ Five

Did you feel that the patient was listened to well?

- ✓ Yes  ____ Somewhat  ____ No

How did you find the quality of the music and recording produced?

- ✓ Very good  ____ Good  ____ Adequate  ____ Poor  ____ Very Poor

Was the purpose and process of this experience clear to you?

- ✓ Yes  ____ Somewhat  ____ Not at all

Do you have any other suggestions?

- *That it could be done for other family members!*
Family Member Questionnaire

How much more does the patient feel honored and valued because of the Noted with Honor experience?

_____ Not at all   _____ Very little   _____ Somewhat   ____ X Very much   _____ NA

Does the family feel more honored and valued because of the Noted with Honor experience?

_____ Not at all   _____ Very little   _____ Somewhat   ____ X Very much

What aspect(s) of the experience contributed most to this response?

It is absolutely amazing how Stanton captured the essence of who Dad was, down to all the details, including what key Dad played the piano in.. I didn’t even know, but he figured it out by our conversations and listening to the funeral service recording (The slide show had my Dad playing the piano in the background). There are so many details he captured that he included in this original piece, even the title has great meaning to us a, the score is titled after a principal for living that my Dad would teach, the songs are my father’s favorite to play on the piano... I could go on..... Thank you, Stanton, this is incredibly impactful and meaningful, I am eternally grateful to have this for our family and ACU. We will request that it is placed in the Faulkner Center experience at Abilene Christian University. Stanton has amazing demeanor with people who are grieving or dealing with loss, excellent ministry, thank you again.

__________________________________________________________________________________________

How likely would you recommend a Noted with Honor experience to a friend or family member?

_____ Not likely   _____ Somewhat likely   ____ X Very likely

Why? ___It captures the essence of who that person was and can be passed on for generations.

__________________________________________________________________________________________

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How appropriate did you find the length of the sessions?

_____Very long   _____Little Long   ____X_About right   _____Little Short   _____Very short

How many sessions do you think the Noted with Honor experience needs?

___X__Two   ____Three   ____Four   _____Five

Did you feel that the patient was listened to well?

___X__Yes   ____Somewhat   ____No

How did you find the quality of the music and recording produced?

___X__Very good   ____Good   ____Adequate   ____Poor   ____Very Poor

Was the purpose and process of this experience clear to you?

___X__Yes   ____Somewhat   ____Not at all

Do you have any other suggestions?

_________________________________________________________________________________________________________
Family Member Questionnaire

How much more does the patient feel honored and valued because of the Noted with Honor experience?

___ Not at all ___ Very little ___ Somewhat ___ Very much ___ NA

Does the family feel more honored and valued because of the Noted with Honor experience?

___ Not at all ___ Very little ___ Somewhat ___ Very much

What aspect(s) of the experience contributed most to this response?

Stanton’s gift of taking in information and putting it together to beautifully reflect and honor a precious life in a meaningful, emotional way.

How likely would you recommend a Noted with Honor experience to a friend or family member?

___ Not likely ___ Somewhat likely ___ Very likely

Why?

Any family would benefit from having their loved one honored in such a beautiful, respectful way.

How appropriate did you find the length of the sessions?

___ Very long ___ Little Long ___ About right ___ Little Short ___ Very short
How many sessions do you think the *Noted with Honor* experience needs?

___ Two ___ Three ___ Four  √ Five

Did you feel that the patient was listened to well?

√ Yes ___ Somewhat ___ No

Definitely

How did you find the quality of the music and recording produced?

√ Very good ___ Good ___ Adequate ___ Poor ___ Very Poor

Perfection

Was the purpose and process of this experience clear to you?

√ Yes ___ Somewhat ___ Not at all

Yes

Do you have any other suggestions?

We feel blessed to have been given this gift and to have met and gotten to know

Stanton.
Patient Questionnaire

Do you feel more honored and valued because of the Noted with Honor experience?

___ Not at all  ___ Very little  ___ Somewhat  ___ Very much

What aspect(s) of the experience contributed most to your response?

I was honored to be chosen  
I felt like I were wanting this to serve as praise to God.

I was respectful and very focused on me  
I felt like the encounter with Stanton is encouraging.

How likely would you recommend a Noted with Honor experience to a friend or family member?

___ Not likely  ___ Somewhat likely  ___ Very likely

IT lifts idea of family, legacy, faith for next generation
The person receiving the honor can glorify God with it.

Why?

How appropriate did you find the length of the sessions?

___ Very long  ___ Little long  ___ About right  ___ Little short  ___ Very short

How many sessions do you think the Noted with Honor experience needs?  
May vary from person to person, for me 2 before or one after seems just right.

___ Two  ___ Three  ___ Four  ___ Five
Did you feel that you were listened to well?

☑ Yes  ___ Somewhat  ___ No

How did you find the quality of the music and recording produced?

___ Very good  ☑ Good  ___ Adequate  ___ Poor  ___ Very Poor

Was the purpose and process of this experience clear to you?

___ Yes  ☑ Somewhat  ___ Not at all

Do you have any other suggestions?

Good Experience

much appreciated

Became clearer as we went along. I have an active memory so I suspect "clear" had more to do with how much I remembered/forgot than with how clearly it was presented.

David Boston
Family Member Questionnaire

How much more does the patient feel honored and valued because of the *Noted with Honor* experience?

____ Not at all  ____ Very little  ____ Somewhat  ___xx__ Very much  _____ NA

Does the family feel more honored and valued because of the *Noted with Honor* experience?

____ Not at all  ____ Very little  ____ Somewhat  ___xx__ Very much

What aspect(s) of the experience contributed most to this response?

I know how special I thought it was that you chose him for part of your project.

How likely would you recommend a *Noted with Honor* experience to a friend or family member?

____ Not likely  _____ Somewhat likely  ___xx__ Very likely

Why? I thought the music was very well done. I know you will be doing great things not only with the music but with your heart for God and compassion for others.

How appropriate did you find the length of the sessions?

_____ Very long  _____ Little Long  ___xx__ About right  _____ Little Short  _____ Very short
How many sessions do you think the *Noted with Honor* experience needs?

_____Two  _____Three  _xx__Four  _____Five

Did you feel that the patient was listened to well?

_xx__Yes  _____Somewhat  _____No

How did you find the quality of the music and recording produced?

_xx__Very good  _____Good  _____Adequate  _____Poor  _____Very Poor

Was the purpose and process of this experience clear to you?

_xx__Yes  _____Somewhat  _____Not at all

Do you have any other suggestions?

_________________________________________________________________________________________________________
Patient Questionnaire

Do you feel more honored and valued because of the *Noted with Honor* experience?

____ Not at all  ____ Very little  ____ Somewhat  ____ Very much

What aspect(s) of the experience contributed most to your response?

______________________________________________________________________________

How likely would you recommend a *Noted with Honor* experience to a friend or family member?

____ Not likely  ____ Somewhat likely  ____ Very likely

Why?

You would have to have musical knowledge to understand it.

How appropriate did you find the length of the sessions?

____ Very long  ____ Little Long  ____ About right  ____ Little Short  ____ Very short

How many sessions do you think the *Noted with Honor* experience needs?

____ Two  ____ Three  ____ Four  ____ Five
Did you feel that you were listened to well?

☑ Yes   ___Somewhat   ___No

How did you find the quality of the music and recording produced?

☑ Very good   ___Good   ___Adequate   ___Poor   ___Very Poor

Was the purpose and process of this experience clear to you?

☑ Yes   ___Somewhat   ___Not at all

Do you have any other suggestions?

______________________________
Family Member Questionnaire

How much more does the patient feel honored and valued because of the *Noted with Honor* experience?

___ Not at all  ___ Very little  ___ Somewhat  ___ Very much  ___ NA

Does the family feel more honored and valued because of the *Noted with Honor* experience?

___ Not at all  ___ Very little  ___ Somewhat  ___ Very much

What aspect(s) of the experience contributed most to this response?

*Incorporating the names of family members into musical choirs*

How likely would you recommend a *Noted with Honor* experience to a friend or family member?

___ Not likely  ___ Somewhat likely  ___ Very likely

Why?

*It would be nice to have a family member or friend have a composition in their honor.*

How appropriate did you find the length of the sessions?

___ Very long  ___ Little long  ___ About right  ___ Little short  ___ Very short
How many sessions do you think the Noted with Honor experience needs?

X Two   Three   Four   Five

Did you feel that the patient was listened to well?

X Yes   Somewhat   No

How did you find the quality of the music and recording produced?

X Very good   Good   Adequate   Poor   Very Poor

Was the purpose and process of this experience clear to you?

X Yes   Somewhat   Not at all

Do you have any other suggestions?

None that I can think of at this time.
APPENDIX 12: SUMMARY OF QUESTIONNAIRES

Patient Questionnaire

Do you feel more honored and valued because of the Noted with Honor experience?

Not at all–0    Very little–0    Somewhat–0    Very much–4

What aspect(s) of the experience contributed most to your response?

1) The work put into the biography.
2) The juxtaposition of the two songs.
3) (Left blank)
4) I was honored to be chosen. Stanton was respectful and very focused on me. I felt he and I were wanting this to serve as praise to God.

How likely would you recommend a Noted with Honor experience to a friend or family member?

Not likely–0    Somewhat likely–1    Very likely–3

Why?

The somewhat likely responder: You would have to have musical knowledge to understand it.

The very likely responders:

1) Bringing back memories, especially the good ones, grounds a person in reality.
2) It does the soul good to hear your feelings put into words and music.
3) It lifts idea of family, legacy, faith for next generation. The person receiving the honor can glorify God in it. The encounter with Stanton is encouraging.

How appropriate did you find the length of the sessions?

Very long–0    Little long–0    About right–3    Little short–1    Very short–0

How many sessions do you think the Noted with Honor experience needs?

Two–1    Three–1    Four–2    Five–0

Did you feel you were listened to well?

Yes–4    Somewhat–0    No–0

How did you find the quality of the music and recording produced?
Very good–3   Good–1   Adequate–0   Very Poor–0

Was the purpose and process of this experience clear to you?

Yes–3   Somewhat–1   No–0

The somewhat responder: Became clearer as we went along. I have an active forgetter so I susept [sic] "Clear" had more to do with how much I remembered/forgot than with how clearly it was presented.

Do you have any other suggestions?

1) (Left blank)
2) (Left blank)
3) (Left blank)
4) God experience and much appreciated.

**Family Member Questionnaire**

How much more does the patient feel honored and valued because of the Noted with Honor experience?

Not at all–0   Very little–0   Somewhat–0   Very much–6   NA–0

Does the family feel more honored and valued because of the *Noted with Honor* experience?

Not at all–0   Very little–0   Somewhat–0   Very much–6

What aspect(s) of the experience contributed most to this response?

1) Dad felt very honored and happy that he was chosen for the experience.
2) That this experience could definitely be used for their funeral service/celebration of life.
3) It is absolutely amazing how Stanton captured the essence of who Dad was, down to all the details, including what key Dad played the piano in.. I didn’t even know, but he figured it out by our conversations and listening to the funeral service recording (The slide show had my Dad playing the piano in the background). There are so many details he captured that he included in this original piece, even the title has great meaning to us a, the score is titled after a principal for living that my Dad would teach, the songs are my father’s favorite to play on the piano… I could go on….. Thank you, Stanton, this is incredibly impactful and meaningful, I am eternally grateful to have this for our family and ACU. We will request that it is placed in the Faulkner Center experience at Abilene Christian University. Stanton has amazing demeanor with people who are grieving or dealing with loss, excellent ministry, thank you again.
4) Stanton’s gift of taking in information and putting it together to beautifully reflect and honor a precious life is nothing short of amazing.
5) I know how special I thought it was that you chose him for part of your project.
6) Incorporating the names of family members into musical chords

How likely would you recommend a Noted with Honor experience to a friend or family member?

Not likely–0  Somewhat likely–0  Very likely–6

Why?

1) Dad Memories lives on through music and its nice to see in music.
2) It honors a person's life in a unique way by memorializing it.
3) It captures the essence of who that person was and can be passed on for generations.
4) Any family would benefit from having their loved one honored in such a beautiful, respectful way.
5) I thought the music was very well done. I know you will be doing great things not only with the music but with your heart for God and compassion for others.
6) It would be nice to have a family member or friend have a composition in their honor.

How appropriate did you find the length of the sessions?

Very long–0  Little long–0  About right–6  Little short–0  Very short–0

How many sessions do you think the Noted with Honor experience needs?

Two–2  Three–2  Four–1  Five–1

Did you feel you were listened to well?

Yes–6  Somewhat–0  No–0

How did you find the quality of the music and recording produced?

Very good–6 (1 responder wrote: “Definitely”)  Somewhat–0  No–0

Was the purpose and process of this experience clear to you?

Very good–6 (1 responder wrote: “Perfection”)  Somewhat–0  No–0

Do you have any other suggestions?

1) (Left blank)
2) That it could be done for other family members!
3) (Left blank)
4) We feel blessed to have been given this gift and to have met and gotten to know Stanton.
5) (Left blank)
6) None that I can think of at this time.
APPENDIX 13: CONFIDENTIALITY WAIVER FORM

Confidentiality Waiver

By signing this form I authorize Stanton Nelson to use and disclose my/my family member’s personal information contained in the Noted with Honor music composition for his doctoral thesis. I understand I do not have the right to revoke this authorization after the doctoral thesis is published. I have signed this form voluntarily, knowing I am under no obligation to do so. I understand that if I agree to sign this authorization, I must be provided with a signed copy of it.

I, ___________________________ (please print name), understand by signing this form, I am confirming that it accurately reflects my wishes.

______________________________________________                   _____/_____/_____
Patient Signature/Authorized Representative            Date
REFERENCES


Sturm, Brian. “The enchanted imagination: Storytelling’s power to entrance listeners.”


Tyrrell, Mark. “4 Powerful Story Therapy Techniques.”


