

Music as Care and the Protocol *C@ntar*

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2018/19 CFA Arts Lab Fellow

at Boston Medical Center Surgical Unit
September 2018 – May 2019

Submitted June 30th, 2019

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Abstract

My fellowship explored the possibility to envision music as a form of care to BMC's Surgical Unit patients and staff. This translated into over 120 musical interventions in clinical areas, including one-on-one musical interactions with patients and staff following the original protocol Cant@r. The evaluation of this initiative indicates that patients and staff at BMC felt supported by music in their recovery and work, and that they would like such experiences be part of the clinic's day-to-day reality. It also revealed that music can be a narrative medicine tool creating spaces suitable for recovery.

ANAÍS AZUL –Peruvian first generation immigrant Anaís Azul (she/they) is a Boston and San Francisco (USA) Based singer-songwriter, composer, teaching artist. Formerly of diaspora pop band Cathartic Conundrum, Azul currently tours and performs as a solo artist, with Petting Kazoo, and as an ensemble member of social justice choir Voices21c. Described as “stunningly honest and vulnerable,” her artistry engages with music as a tool for community building, cross-genre collaboration, and collective healing.

Azul writes music that is in conversation with jazz harmony, classical melodies, and Latin American singer-songwriter traditions. Their songs are bilingual (Spanish and English) and about mental health, queerness, facing harsh realities and finding inner peace in spite of chaos.

Classically-trained with an experimental spirit, Azul received their B.M in Music Composition and Theory from Boston University with a concentration in piano. Having composed and arranged for theatre and orchestra, Azul composed the music for the award-winning Displaced: A Response to Qurban produced by the Boston Conservatory at Berklee. Her current projects include serving as lead composer for Dance Theatre Surreality in Lauren Hlubny's 7 Gorges (New York, NY) and co-organizer of Weird Folk Fest (Boston, MA). Outside of her performance life, Anaís currently serves as Arts|Lab Fellow at Boston Medical Center and as staff music teacher at Whole Tone Music Academy (Somerville, MA).

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Encountering the Beginning

My ground. A prelude to the protocol.

My name is Anaís Azul and I am a composer, singer-songwriter, and a collaborator. My mission is to use music as a tool for collective healing. I live out my mission by being a bridge between distinct fields of work, musical genres and artistic disciplines.

When I was filling out my application to the Arts|Lab I was trying to think of a project

and structures that I could use to make a musical project come to life. I struggled a lot with writing a proposal because I didn't want to make assumptions about the space. Still, my proposal discussed writing "Musical Affirmations" with patients where they would compose, perform, and collaborate with other patients. In this dream, they would sing and recite their own words and culminate with formally recorded songs.

I still had so many questions about what the fellowship even was, who the patients I'd be working with would be, if they were long-term or short-term patients, if I'd be working with the nurses... I had **a lot** of questions and only applied because mentors and role models in my life said that I would excel at this challenge. I begged to differ but eventually **I wrote a proposal that, more than anything, helped me get a grasp at my expectations regarding what the fellowship would do for the community and me.**



When I arrived to the interview, I was quickly relieved when I found out that having no agenda for the space is the ideal mind-place to embody when coming into a hospital setting. I was relieved to know that I was not bound to my project proposal because people and spaces would inevitably guide the process and alter the outcome.

Even though I was excited to let go of an agenda, my project and my expectations, **there was a lot of internal work that I had no idea I would be interfacing with so deeply along this project.** In this “Final Report” I will be sharing what I’ve learned through mentorship sessions with Moisès Fernández Via (Arts Lab Director), conversations with friends, the way my project developed, the protocol and rituals that I eventually landed on and the way that not only the patients, but also the way that nurses responded to my work being a musician in residence every Tuesday for 8 months in the East Surgical Unit of Boston Medical Center. I will also share evaluation I got from nurses and patients.

Sharing the Process

The Middle. The path.

Expectations - Self Growth - Swimming out of Tentativeness

Before my first day, I gathered 4 times individually with Moisès to reset expectations. It quickly became clear to me that this was not about music. It was about care. And before caring for others, caring for oneself: caring for myself. This meant I had to become aware of my potential, troubles, internal chaos, habitual patterns, and do some internal work. So, to measure how expectations and reality met or didn't, we envisioned a daily ritual to practice at the surgical unit.

Daily Ritual



Every day, I intended to take a deep breath in and out before walking through the threshold into the surgical unit. This was to absorb the new space I was entering and to release my nerves, my day and my thoughts. Then I was to leave my belongings in the patient waiting area to unpack my ukulele and greet the front desk administrator; a smile was key for her and me to properly acknowledge each other. Finally, I'd walk to the only hallway window at the end of the hall and softly improvise solo ukulele finger-picking for 10 minutes or so. Then I'd move to other points in the hallway to do the same. **This was my way of making sure I was greeting the space daily and acknowledging all the people and things that make this floor serve their patients to the best of their abilities.**

It's important for me to note that this ritual was often shortened. Sometimes my ritual ended when I got to the window and nurses, having seen me, summoned me to go to other floors to play for other patients. Sometimes it ended even sooner in the family waiting room. This often happened if there was

someone waiting in there and I felt it would be good to talk to them and play some music with/for them.

Guiding Questions and Living in the Now

Through the fellowship, questions I asked myself started a little more external and “professional”: How will I be able to “handle” the stories of the people I engage with at BMC? How will I approach patients? What do I do if someone doesn’t like my music? Then the internal side of these questions arose: **How do I deal with rejection? Where is my hesitation to take up space coming from? How do I listen to the needs of a space? How are my insecurities being magnified by the hospital? What has made me lose touch with my intuition and what do I need to do to get it back?**

Some of these questions are still in process of being answered but the ones that seem most pertinent to discuss after having gone through the fellowship are the ones pertaining **listening and intuition**. I think without practicing both we are at a loss for being present in the moment. **We are unable to give proper care to ourselves and others if we are unable to connect to the now** and the needs that come with the very moment we are existing in. I know that at least I was unable to do so the first time I went in to visit patients.

Anecdote from Day 2 [see journal entry in Appendix]

I remember asking nurse manager Marilyn Joyce, RN if she had a list of patients that might enjoy some music. I didn’t know what the visiting procedure was at the time and was too scared to go into people’s rooms. I had too much doubt in me. So, she gave me a list of 3 people. I was unable to go into any of the rooms. Some because of what I perceived as “unavailability” and one because she said she didn’t want any music.

Help from a Friend

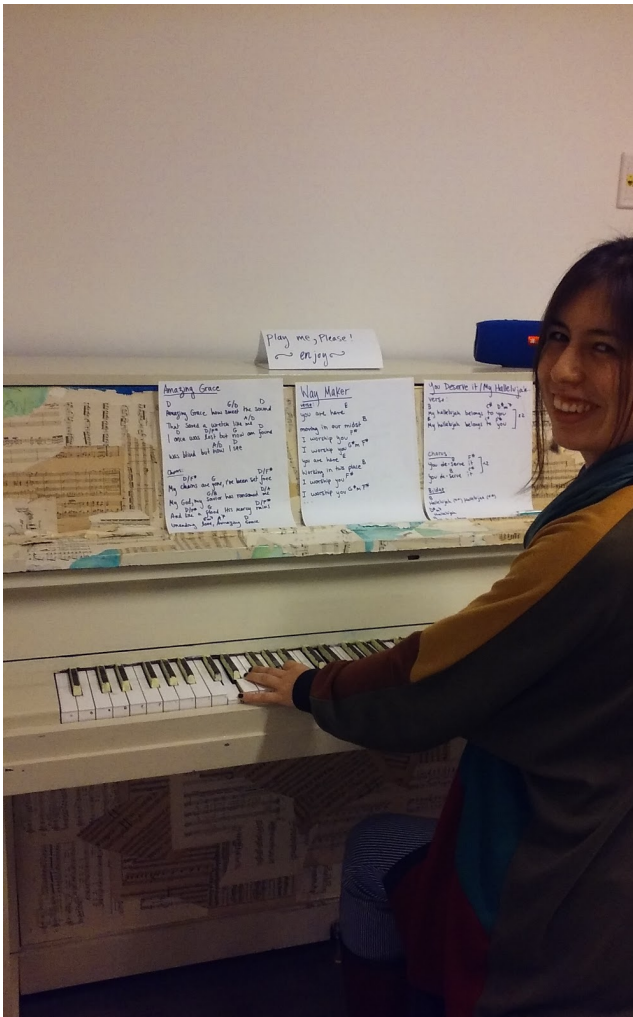
I was distressed about my inability to approach patients and how shy I got by the mere thought of entering their rooms. The first couple of weeks of the residency I was honestly crying a lot-- it was a big learning curve! So, during one of my mini-meltdowns I had my friend Ritchie (They/them) over and told them about feeling rejected by patients and about not knowing how to approach them without an agenda.

Ritchie told me that as a child of 2 nurses, they basically grew up in a hospital. They told me that as a kid they would roam around hospital halls and go into any room that had an open door. They would sit and hang out with patients and ask them what they were watching. Ritchie would also listen to their stories. They would even walk in with a book and just sit in the patient's room while reading it! They suggested that I go into rooms with the real intention of spending time with the patient and with the openness of getting to know someone new.

The childlike qualities of wonder, curiosity, and bravery are the ones I needed to be more present in the now.

It was then that I realized that approaching rooms **asking the patient if they'd like some music was not the point**. Providing company and care was the point. Of course the patient I visited in the anecdote above didn't want to hear from me. I was going in with my agenda to "help" rather than actually helping! I didn't ask the patient how they were doing, if it was okay for me to come in and hang out with them. No. I just asked if they wanted some music and that is a big ask for someone who doesn't know you or what "kind" of music you play.

New Year's Day: A Turning Point



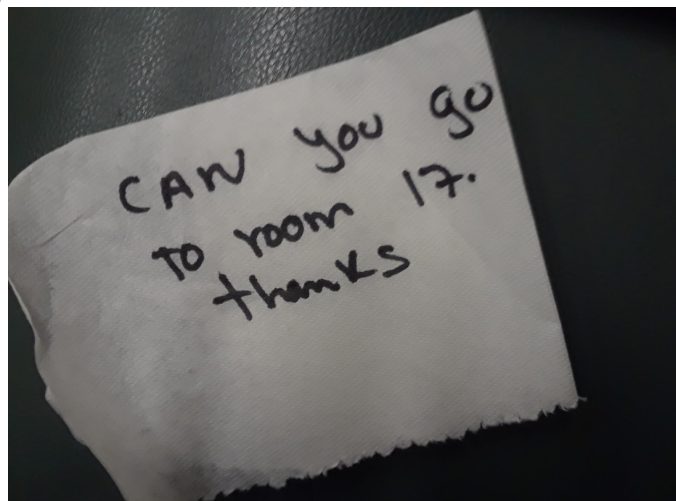
I arrived to BMC around 1pm on New Year's Day and almost did not show up. However, there was something inside of me saying "it's new year's day, people are going to feel lonely and nurses are going to wish they were not there and on vacation instead. It'll also probably be understaffed, so, I should show up". That was the right intuition. **This was the day that I knew the discipline of this work was essential, and on this day I was able to build relationships and open doors into minds new to me.** [see Case Study #2 below].

Working with Interpreter Services

I found initially that it was easiest for me to connect with the Latin American and Spanish speaking population at BMC. Something about us all speaking a colonized language despite being from very different cultures brings us a closeness and an ease to connect verbally. Because of this, Moisés suggested to put my bilingual skills to use by working explicitly with Spanish speaking patients in addition to my work in the Surgical Unit.

In December, when I started getting lists of patients who had requested Spanish interpretation (this included all patient in the whole Boston Medical Center), I noticed a pattern. Every time I visited a native Spanish speaker from the list, they already had a guest with them. Often times seeing that meant that I was more shy about entering (even if the door was open) because I figured that the patient already had company. I just got very awkward. That awkwardness quickly transformed about 2 weeks in to pure nostalgia and longing. I walked into 3 rooms in a row where Latinx patients had guests with them. That made me think of my mom, and how when she was sick in California, I was a 7 hour plane ride and a 3 hour time difference away from her. How I missed my family deeply. That day, I actually went to the hallway crying and called my mom to tell her I needed to be near her and my dad. I told her that it's amazing the overwhelming support I see Latin American immigrant families give to each other and how much I want to be able to support her and my father and aunt.

I share this because it was a turning point for me to see the cultural differences that I saw throughout the hospital among various ethnicities. It was also important for me to realize that sometimes, even with company, you still need an outside voice to get you out of your head a little bit and to spark whatever joy is still left in a time of hardship. I learned through this process another dimension to the joy I can bring as a musician providing care, especially one empathizing with love for family, however far family may be. The pattern of immigrant families supporting each other was one I held close to my heart.



Creative Research.

The Protocol C@ntar.



After tapping into the “now” and really practicing listening, I started seeing some patterns in the various interactions I had with patients, families, and even the nurses. **Most of the patients were religious, immigrants, low income, homeless, elders, English learners and after a few months I started understanding how the intersections of these identities played.** As a first generation lower-income bilingual immigrant, there were many struggles the patient that I was able to empathize with. There were also some, namely religion, that I learned to empathize with by way of understanding the importance of community, singing in groups, and believing in a higher force that fuels hope. With this entire context, I developed C@ntar.

“C@ntar” (Spanish for “to sing” and “to tell”) **is a form of storytelling and songwriting where, through conversation, I am able to translate thoughts and stories into songs through active listening.** It also encompasses the kinds of interactions I encountered in the Surgical Unit and the forms of care

(“ways to engage”) that were most effective and prevalent. Below, I list them and then share some stories about patients, staff and families that I engages with to show how these kinds of interactions and ways to engage came into play while at the Surgical Unit of Boston Medical Center.

Types of interactions:

- Creative Collaboration
- Cultural Exchange
- Nostalgic Recollection
- Spiritual Uplifting

Ways to engage (by playing...)

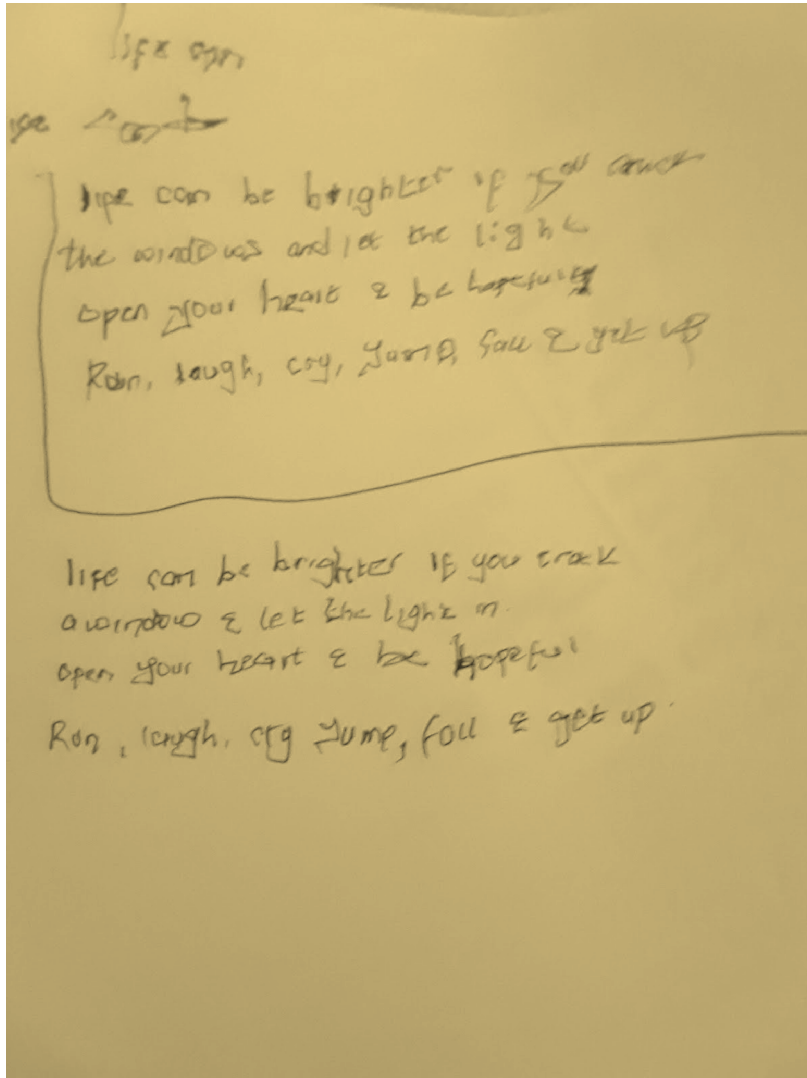
- Original songs (songs I have already written)
- Covers
- Recordings
- C@ntar songs (songs we either write together or that I improvise to tell their story musically)

In the case studies to come, I will use a letter to replace the patient’s name to ensure confidentiality. Additionally, it’s important to note that I’ve made over 120 musical interventions at BMC since starting the fellowship and that these stories only begin to scratch the surface of the stories I came to. More can be found in the song recordings and daily notes [link to google drive in appendix].

Case Study #1: Day 3: 10/30 [from journal entry]

Kinds of interactions: Creative Collaboration, Cultural Exchange

Ways to Engage: Original Song and C@ntar Song



"[Today] I went to my ritual place of playing, and stood there longer than usual, feeling the sun on my back through the windows. After some time, a nurse/maybe doctor by the name of Milan came up to me after exchanging a smile and asked me if I'm visiting a patient. I told her I'm here every Tuesday and she immediately thought of a patient named C on the 7th floor in the family unit.

She told me C is 24 and with sickle cell and that she has been very depressed. She also told me that C loved art. I was ready to go up and got taken up by a 4th year medical student.

I spent about 45 minutes with C and we:

- talked about her family [in Uganda]
- about her chronic illness, and how she has no friends because of it
- I played for her “Present in Pain” (a song I wrote on the spot)
- She wrote a hopeful song lyrics and I set it to music (C@ntar protocol):

“Life can be brighter if you crack a window

And let the light in

Open your heart and be hopeful

Run, Laugh, Cry, Jump

Fall and get up (again)*”

She told me I made her day”

*Recording of this C@ntar song can be found as “Crack a window- C (see appendix)

Reflections on Case Study #1:

Through this process I found out C had always written poetry, just never anything happy (as she put it). When her nurse walked in to see us writing together, she said “I didn’t know you wrote poetry!” **It was at that moment that I realized how important it was that I was there to facilitate connections about humanity, not about medicine. Nurses are too overworked to truly get to know the patients they’re working with,** which is why it’s important for people like me to

be able to be there with the sole purpose of listening and the invitation to create music together.

Additionally, I think it's especially important at BMC that there are more care givers that carry the immigrant experience of learning a new language and being far from family to truly empathize with the patients in the immigrant community. As an immigrant myself, I feel that allowed me to connect with C's struggles in this country better, even though she came from a very different country.

Case Study #2: Day 9 and 10: 01/16/19 [from journal entry]

A Patient with Memory Loss Remembering "Dreams"

Kinds of interactions: Nostalgia Recollection

Ways to Engage: Covers

[On day 9] I improvised a song for T about time.

she was a little guarded, and lost (asking me the same or similar questions over and over again), but pleased. [But on day 10 she said] "You're really good"

In response to me expressing joy at the fact that she remembered all the words to the song "Dreams" she said: "It just came to me".

I visited her 3 times and every time she asked me what I play and asked me how long I've been playing. She was never really smiling, just glad to have company.

This time, she smiled and remembered something, remembered that she was in her 20s when she heard dreams. She was so joyous.

Reflections on Case Study #2

I had seen movies and read articles, but **never in my life had I seen an elder entirely recollect memories by virtue of a song** from their "reminiscence

bulge” (around their late teens and early 20’s). This was one of many moments where I did notice that **it was necessary that this care be provided through music, for it activated a different part of the patient’s brain, not the part that was numbed by repetition.** This assured me that as musicians we have the power to be empathetic; it’s just a matter of listening to whom we are sharing space with.

Artistic/Creative Conclusions

Fruition. How the BMC community felt about my work.

I have sprinkled my conclusions throughout this report, but, here I compile my main findings. Firstly, **the effects of this project exceeded any and all expectations**. Every day nurses smiled at me, I saw the work environment shift, become softer, become more loving, become more aware of people by activating the sense of sound rather than the over stimulated sight and brain calculations that are required in order to properly medicate a patient. They asked me why I didn't play more often. Nurses started requesting songs from me. Nurses would refer me to patients who might benefit from a musical hang out session. A doctor drafted an article about my work in the surgical unit and the effects of music. I spoke to an industry professional at Charles MGH to see about how music can be infused as a care practice there. I held "church" in the family waiting area for a Haitian nurse and an operations staff member. I played Bob Marley songs for a nurse and patient while the nurse joyfully cleaned off blood off of the patient's body. We as a community were able to make hardships into joys. Transform chaos into peace. We were able to sooth amidst stale walls and television.

Personal Transformation:

I transformed too. **I became a listener**. I have become more aware of my privileges as someone who has had access to higher education. I have become aware of how easy it is to become lonely and how important it is to have company through our healing process weather physical, mental, or spiritual. I have learned what my shyness looks like and how it can mask arrogance or laziness. **I have learned that providing care need not be emotional labor if you are working on yourself and the way you receive other people's hardships**. I have learned that there is strength in gentleness and that is a reminder I will take with me wherever I go.

Evaluations

Summary of survey' outcomes

Nurses at BMC Surgical Unit were asked by her unit's manager to fill a survey (see appendix). In a very simple form it asked nurses to rate if music supported their work environment, if so, how often they would like it? and what qualities they assign to the music provided. The responses are surprisingly unanimously in regards to support and frequency, as well as patient overall acceptance of this experiences. It is important to note that the musical interventions took place in a very concrete unit, and always on the same weekday and times (Tuesdays), which is the reason why the focus group was limited to Tuesday shift.

N=17

100% of nurses described my music to be **supportive** to their work.

100% of nurses would like to have music in the surgical unit **at least once a week.**

86% of nurses described my music to be **soothing.**

100% of interviewed patients described the musical interactions to have supported them in their hospital in-patient experience.

[see appendix for survey details]

Testimonials

"You have an amazing voice...so soothing! You really have a soothing thing about you"

- Patient who was suicidal. The patient said this after I played "Somewhere Over The Rainbow" and "Perfect."

"You made time go so fast while we had to wait!"

- Parents after waiting for their son to get a hospital room

"It's just nice to have something while we're working"

- Workers painting the waiting room

"It's stressful...we all need music"

- Operations manager regarding his job and my music

"That was amazing. that was totally amazing"

- Patient after I had played a song for them

"I love the music"

- Nurse walking down the hallway

"Is this in my insurance plan?!"

- Patient on a walker going back to their room

"Whenever she's here, she always puts a smile on my face"

- Nurse

"When you play the noise level goes down substantially!"

- Nurse Manager

How present am I when I am in pain?
It becomes an internal dance
Is it okay to make it external?
Movement is innate humanity.
I'd be wrong to deny my body's state
Because I am my body
Because I am my body
Pain is really just strength in the works.
Let's make a piece about personal pain
Because personal effects are microcosms
and mirrors of our big picture reality.

[A song about pain that I wrote. I performed it for the patient in Case Study #1]



APPENDIX

Supporting Documents (including C@ntar songs)

Google Drive link:

<http://bit.do/anais-fellowshipdocs>

Includes: photographs, audio files with all songs created for and at BMC and journaling daily notes.

Daily Notes

Day 1 to 13

Day 1: 10.16

Somos iguales and music to start walking to

Elizabeth- from Puerto Rico

Elizabeth had an inflamed mouth and it was hard to see the positive in her situation. I could tell she was making a genuine effort to speak. I asked her where she was from

Her testimonial:

"Linda preciosa...Somos iguales"

"lovely...we are the same"

I agreed with her. We are both Hispanic women in the world.

I told her she was strong. I could only really get through 2 songs:

1. Yo Vengo a ofrecer mi corazon
2. Paz (original song)

I realized my visit was so short because of how much I relied on dialogue and conversation to make it a worthwhile experience. I didnt know what else to play and I didnt want to go into full concert/entertainer mode. I wanted to play her the songs I knew i had that could support her. I also noticed I played the songs slower than usual.

As far as 2 + 1:

2a. I smiled and introduced myself

2b. I asked her if she wanted another song and she said yes

1. I wish I could've found her strengths sooner. I was too shocked by her condition and the divided space.

As I left the room, Adé (a nurse) said "Done already? I was enjoying that! You have a lovely voice, it was relaxing."

I asked her what music she liked and she said "everything"

I think this is a space where I am valued and I want to honor the space and the folks that make up the space as much and even more than they honor me. Their work is immense.

Jesse

As i was getting ready to leave, Jesse and his friend James walked by and asked me about the instrument i had been playing in the halls earlier that day. He was finally walking for the first time in 2 weeks. They sat in the piano room with me and i ultimately asked them if i could play a song for Jesse. I played: "When I'm Up" . i taught them the chorus and they sang along with me. They didnt clap at the end, but, jesse agreed that it was the right song to play and that it couldnt have been done on ukulele.

2 + 1

2a. I welcomed them into the space i was in

2b. I acknowledged the positive shift of being able to walk

1. Next time, i wont put it on the patient as much. Ill ask questions about the music he likes to listen to and then dedicate a song with that intention/genre in mind.

Day 2: 10.23

Building relationships with nurses, Reasonable pushback and Julio

Cate-nurse

Was excited to see me again in the halls, remembered me from last week.

"I wasn't sure that was a ukulele, you were playing it so softly I've never heard it like that before! I thought it was a mandolin"

In response to me telling her about the arts lab "its so good that they do this"

Likes: Hip Hop, House and Ambient music. I will cover Alright or some other Kendrick Lamar song.

We had a great conversation about hip hop and I told her to go to Billys show at the Oberon. Cate likes live band performances.

Carla

"Pense que escuchaba piano, pero eras tu!"

I asked her what song she would listen to on repeat and she said shed get back to me.

Other-nurse walking down the hallway towards me with a walker for a patient:

"I love the music"

Patient regaining ability to walk in the hallway, in response to music:

"Oh no, I have a headache."

So, i left and respected their health.

Patient walking around hall with a nurse:

"Oh, music!"

I asked what he liked.

He said: "Led Zepellin,...but not stairway to heaven"

Seyda- janitor

My daughter plays this at school!

Likes: Arabic Music

Found two useful songs for this place:

1. When I'm up
2. Paz

Marilyn:

"When you play the noise level goes down substantially!"

Patients

28- might like some music

Response: with a visitor

29- 600 pounds, no one wants to take her in, so, she's in the hospital.

Response: asleep

24- trans woman who has been here for 109 days. Very depressed, got stabbed and was left for dead. Sweet family, needs to wait 6 months before seeing about surgery. She would need home care in order to leave the hospital, but, the odds are low.

Response to music: Not right now.

Julio

Just had knee surgery. 80 years old. Saw him exercising in the hallway with his walker. He said he was told to exercise. He was super high energy, especially considering that he had surgery yesterday. I am gonna try and play him a song in Spanish. I helped translate for the nurses. I went to see him in his room and he told me about his 9 kids and his farm in El Salvador. He told me he has 2 great grandsons and a granddaughter in Boston. He seemed very loved and supported and in touch with his family. I ended up improvising a short song for him about his mule "bailarina" and his cows and the family that helps him keep his farm. When I asked him what his favorite music was, he told me he loved Los Tigres del Norte and so I pulled up "el niño y la boda" and played along with the track. He likes it. He thanked me. I think I need to start bringing my bluetooth speaker

Learn:

stand by me

Lean on me

Day 3: 10/30

Creative Collaboration and cultural exchange Day with Catherine and Edwin and Trini Family

I started the day by putting up signs in the family waiting area that say this is the music room.

After that, I went to my ritual place of playing, and stood there longer than usual, feeling the sun on my back through the windows. After some time, a nurse/maybe doctor by the name of Milan came up to me after exchanging a smile and asked me if I'm visiting a patient. I told her I'm here every Tuesday and she immediately thought of a patient named Catherine on the 7th floor in the family unit. She told me Catherine is 24 and with sickle cell and that she has been very depressed. She also told me that Catherine loved art. I was ready to go up and got taken up by a 4th year medical student.

I spent about 45 minutes with Catherine and we:

-talked about her family

-about her chronic illness, and how she has no friends because of it

- I played for her Present in Pain

- She wrote hopeful song lyrics and I set it to music

"Life can be brighter if you crack a window

And let the light in

Open your heart and be hopeful

Run

Laugh

Cry

Jump

Fall and get up (again)"

She told me i made her day

Edwin heard from a distance and asked me to go visit him. We:

- sang salsa
- made rhythms
- talked about his job in construction and technical help with escalators
- talked about his love for partying (dancing, singing, playing tamboureen and bongos). He plays plena and Rumba when in Puerto Rico. Hes an athlete.
- i played him Soledad and Paz (he made percussion on the furniture and sang along to Paz
- got sass from a nurse who didnt like music

When i got back from lunch:

Trinidadian family Pat and Joseph went into waiting area.

We:

- played amazing grace. 2 nurses peered in and i had them write song requests
- played and talked about parang
- talked about trinidadian music And curry
- talked about music as a seasoning for the day joseph said "you need different music for different times of day"
- i played and sang with them Paz

They said regarding my music "you made time go so fast while we had to wait!"

I sang with them and his son later, songs by Bruno Mars and Humanity, even though he was in pain. They were all super musical and wanted to sing together, they sang in 3 part harmony!

DAY 4: 11/13/18

Day with Elsie, Filipina Grandmother

I arrived an hour later than usual and did not have my ukulele with me. So, i went to the piano and played. Also, it was my first day with no ukulele, so, i tried to think of their way to engage with the space sonically and decided to compile some music on the fly to play through my bluetooth speaker.

Elsie, family member visiting her husband:

Elsie was from the Philippines and she had Been in Boston for 30 years. As we talked in the music room, which was right in front of her husbands room, she told me about how her grandchildren play in the marching band. We saw on the song request list on my door the room number of her husband's room. The sheet said: cannon in D-Lolo. When I asked Elsie about the song request she smile and told me that her grandson probably wrote that because lolo means grandfather in Tagalog. We then talked about Filipino food and places with a high concentration of

Filipino immigrants. I shared about Peruvian food too. Eventually, i asked her what music she liked and she immediately said

Carol, family member waiting:

“Nurses smile when they walk by you playing”

Day 5: 11/20/18

Day with Construction Workers and Daejah

As soon as I walked in i was talking to a Puerto Rican woman. I was chatting with her in spanish and then as I walked into the music room to set my stuff down before making my ukulele rounds, i came across a group of men who were construction workers and technicians. One of them asked me “do you take requests?”. I told him i did and then he asked if I could play Billy Joel, so, i immediately went to my phone to look up chords. I ended up quickly learning “Uptown girl” and singing it for them. They were in and out and some phrases that came up:

Quotes:

“...Beautiful, that was delicious”

“It’s just nice to have something while we’re working”

Singing: “uptown girl”

Main interactions- Creative Collaborations

Day 6: 11/27/18

Day with Jackie and singing with other volunteers

I started with greeting Marilyn and then when i went to put my stuff down in the patient waiting area I saw 2 floater nurses pop on in and they asked me if i could play something. So, I played them Amazing Grace. They smiled and thanked me for the music and told me I had a beautiful voice. I told them that I am here every tuesday and that if they see any patients that would like/ could benefit from some music, that they could let me know.

After they left, i decided to dedicate one of the nurses a song. She had previously informed me that she was fond of gospel music and that she loved to sing. I fought against shyness and played”you deserve out for her.she mumbled among and said i chose the perfect song (even though she corrected new on the lyrics). Then she shared with me a beautiful moment of praise to god where she expressed how much she thought god is good and that he deserves the best.

After that, I my rounds around the floor with my ukulele, knowing that at noon Id have to go check in with Moises and the trio that came in to play for a bit.

Reaction to first playing station: the usual waves and smiles from nurses passing by. Nothing to close, but nothing cold either.

Second playing station: As i went to the next station i got excited because it would mean i could play for evans and i know he appreciates my music and he always asks me to play for longer. This time, when he saw me he hugged me and pulled out a chair for me to sit in as usual. Then, i saw dr. isan and we caught up about the article he said he would write about the effect of music in hospital settings (for which he has sent me a draft). Then i sat and played for a while. I saw down the hall that an older man was undergoing physical therapy and was practicing walking on stairs and using a walker. He commented on my music and how it made him sleepy and then he came into his room with his nurse (which was next to where I was sitting). He smiled at me and told me I should keep playing and that he was lucky to have his room next to where I was playing. I later heard him say to his nurse "is this in my insurance plan"?

I checked in with moises and the trio and then went back to playing a stopping point #2. There, a nurse reached out to me and told me that a patient in room 17, jackie, wanted to hear some music. So, i went in.

Jackie's story:

- Injured while on vacation in germany
- Trained dogs
- Has 2 dogs named Briana and Cody
- Loves traveling and learning new things
- Has a curious mind and works with many brazilian folk

I ended up writing her a song based on her story of ger travels in the swiss alps where she went on a gondola up a river through the fog where she saw gigantic cows. She thanked me and really enjoyed that i sang her a song in spanish when she asked me "play something that speaks to you". I played her Paz and an original improvisation with lyrics that said: "Nothing will be your demise if you keep a curious mind. You will stay bright and alive."

Finally, before i left for my break, i came across a man who worked with the chaplain and he asked me if i play music, so, i asked him to sing "waymaker" with me and we had a nice time. He wanted to connect me to the chaplain but Then he didn't come back as 2:30pm, so, hope t see him again. In any case, it becomes clearer each time that many folks have a strong connection to music via spirituality and vice versa. Particularly Christians folks.

Day 7: 12/04/18

Day with Hatian Woman

I arrived to the waiting room to put my stuff down and a woman named Marie was sitting there on her phone, serious and she prompted me to drop my ukulele rounds plan to be with Marie and keep her company in the dim room.

This was a **cultural exchange** kind of encounter. Also a bit of a **spiritual encounter** since she told me she loved gospel music and we sang Way Maker together. I really need to expand my repertoire.

Cultural exchange:

After I asked her if she sang, she told me that was not her domain. I said we can all sing but followed with "well, what do you consider your domain to be?"

She told me about the story of the Haitian independence day/New Years day soup "Joumou Soup" aka pumpkin soup. She told me she loved gardening and baking patties, cakes and meats. She makes her pumpkin soup with turkey.

spiritual:

After singing way maker, I started improvising a song for her based on what she told me. Then I gave her a note card thanking her for sharing about her heritage and wishing her brother a speedy recovery. After she hugged me and said "thank you, thank you ". The room was brighter

Testimonials:

Paul, operations manager regarding his job and the benefit of my position as artist in residence:

"It's stressful...we all need music"

"thank you, thank you "

Creative Collaboration:

Paul then told me he played a bit of piano and so I asked him to play. He then went on to play the piano like a jazz player, super smooth, a lot of 7th and 9th chords . He then started reading the chord chart I had written out of "Amazing Grace" with his own flare. So, I joined him singing the melody and we were able to have a musical moment for him to destress.

This was also the day I was filmed for the BU Medical School holiday video. I got very anxious and felt attacked by all three cameras that were pointed at me. I realized then that

Grumpy nurse shut the door on me while I was playing. She's not usually in that hallway. I think she's burnt out.

Today's conclusion:

It is about creating an environment and about touching a few people.

Day 8: New Years Day

I arrived at around 1pm this time and almost did not show up. However, there was something inside of me saying "it's new years day, people are going to feel lonely and nurses are going to wish they were not there and on vacation instead. It'll also probably be understaffed, so, I should show up". Man, that was the right intuition.

Patient 1: Elaine: A British woman that moved to the US to leave WW2 with her American husband who was a soldier. This was her first time at a hospital since giving birth. She's nearly 93 years old. I wrote her an original song about how she knows her great grandchildren.

Patient 2: unknown: A homeless man that was high spirited. Played Paz with him and he sang along and danced in spite of a major foot problem.

Patient 3: Laurie: She had a very smart son and had had some serious troubles with lawyers. Her son hopes to become a lawyer. I played an original improvised song about her life.

Ade, nurse: "whenever she's here, she always puts a smile on my face"

Laurie: "beautiful, that was very good"

"that's so nice that you come here, people like it...it's good that people like it"
she was teary eyed

fulfilling. filling. joyful. uplifting. yes.

Day 9: 01.08.19

back to the old crew with new energy

"Very soothing, thank you" physical therapist

"I know that's not a violin...I love music...god bless you" -Scott with the oxygen tanks

Patient: relearning how to walk

Walked with a patient who plays ukulele and guitar

Played him "Over the rainbow" and "Im yours".

he hopes to play again when he recovers.

i played him a recording of:

-Choro Bastardo (because he love harmonica)

"We love your music, I love when you're here"

-nurse

Earnest: patient attached to breathing machine:

I played him Paz, he said that he definitely needed to be reminded about how to breathe

he sang along by activating his breathing mechanism, even though he was fully bedridden

applauded, moving foot to the rhythm from bed

"That was amazing. that was totally amazing"

"I wanna go there, to Peru"

while I was playing for him, a nurse stopped in and left me a note asking me to play for a patient who was in a coma.

Mildred:

this woman could not move, barely blinked, could not speak, but, the nurse had faith that she would hear the words and love the music. Mildred's family had compiled a series of poems by robert frost that she liked. I improvised her a song using the text of a robert frost poem. i hope she heard me.

Terri:

Played her recordings of:
Bessie Smith (because she loves the blues)
Told me that she lived by a pond.
she asked me what brought me to the hospital.

i improvised a song for her about time.
she was a little guarded, and lost (asking me the same or similar questions over and over again),
but pleased.

Day 10

01/16/19

A Patient with Memory Loss Remembering "Dreams"

Smiling nurse, good to see you again
"You're in the right place!"- nurse regarding me being right in front of curtis who was our of his
room, across the music room

Curtis:

"Thank you, nice to talk to you" Curtis
I died twice, I've never felt so peaceful
I've been to the hospital 16 times
I never knew what my gift was...im good at organizing, I like organizing. My apartment was
sparkling!

Terri:

"You're really good"
In response to me expressing joy at the fact that she remembered all the words to the song
"Dreams" she said: "It just came to me"
I visited her 3 times and every time she asked me what I play and asks me how long I've been
playing. She was never really smiling, just glad to have company. This time, she smiled and
remembered something, remembered that she was in her 20s when she heard dreams. she was
so joyous.

Day 11

01.22.19

With Erika

She was upset that i could not remember her name, so i dedicated her a song
Jill Scott- Golden
John Legend- All of Me

"Thanks you" took a video of me

Requests: Lauryn Hill (Everything is Everything or Zion) and a more fleshed out John Legend

She left happier

With Carol

I heard her ranting from the hallway as I approached my usual starting place for playing ukulele. I smiled at her and listened to her rant for a bit before I asked if I could go into the room. After putting on the yellow robe, I sat down and asked her what kind of music she liked. She Said reggae, Bob Marley.

so all in all, some highlights:

- Sing along "3 little birds" "one love"
- she said "my parents would have loved this, they were happy people"
- "you're good at this"
- she told me that when she gets MRI's she always asks for them to ply Bob Marley for her.
- Went from anting about the crappy people at the hospital who weren't helping her to talking about the lovely nurses and staff whose names she had learned.
- After helping her read out loud the note I gave her before leaving, she looked up at me and told me "I love you." she'd the first person that has said that to me since my residency started

With Dozzie

He told me about his family

- 6 kids, college bound and otherwise employed and how many of them went to visit him earlier that day. he loves his family

His hobbies:

- fishing
- watching sports
- used to play basketball

Hls former job:

- used to weld gears for anything from a windshield wiper to washing machine knobs

I wrote a song about his life, and he responded:

"That is beautiful you just wrote a song, that was gorgeous"

Day 12

Started with ukulele

Waga

she's the janitor, and I wrote her a little song taht was rhythmic, because that's what she likes. It said "Waga always knows what to do and where to go"

Carol and Moarie

Spiritual uplifting

Engaging with covers

I had seen Carol the week prior and she had told me she loved Bob Marley. It turns out, nurse Marie did too, so, when I played, they both sang along!

I played:

Bob Marley:

- One love
- No Woman no cry
- Three little birds
- To be loved (recording on spotify)

To be loved was extra special. The nurse requested it since Carol already said she loved Bob Marley. So, when I played the recording, the nurse started dancing while changing the sheets of the bed that were covered in blood. Music made this kind of gross, uncomfortable task into a fun, light hearted task that both the patient and nurse could find lightness and joy in.

Carol said "I love you"

When telling Marie that I had fun in the room

"I had fun too"

Day 13

Attempting with interpreter services, Chilling with Carol

Today started with seeing a doctor in hallway, in a loud whisper: "I love it when your here"

Marilyn said to me "Today the creditors are visiting us and everyone is stressed. I think the music will really help"

Jamila

- Cultural Exchange (From Tanzania, swahili speaker)
 - engaging with recordings (Malaika- Miriam Makeba) she translated the lyrics for me.
 - engaging with active listening songs

"Wow...wow...wow" patient, Jamila said as I sang her a song saying "Jamila means beautiful Malaika (Angel)"

"I understand if you have to see other patients, but, I like when your here" "thank you so much"

It made her breathing rate go up.

I played soothing improvised ukulele music while a technician was putting an IV on her. she said "isn't it soothing?"

Carol

- Creative collaboration
 - engaging with active listening songs
- Spiritual Uplifting
 - engaging with covers

Song written with Carol. She wanted to write a song about nothing:

you can have it all
until you start indulging

And then only certain things
And then it gets less

Can I have less?
A bit

But not nothing

Just a bit

"I love you" -Carol

Observations visiting patients with interpreter services:

- Latin patients are more likely to get family visits. (hypothesis: immigrant families stay tight) all the rooms I visited had family members there. One set I chatted with and they told me how famous and love Carmen is all over the world
- Visiting patients after 3pm is harder because many of them get visits then since that's when kids get out of school.
- I may need to visit interpreter services earlier to get lists and plan my day.
- After visiting the 4th, 5th, 6th, and 7th floor, i can say there is not a calmer more orderly floor than the 4th east surgical unit. The moods are substantially more kind, open, loving, and less stressed. Coincidence?

Other testimonials

Nurse in the room "Yes, it's good, it's relaxing" -shirley, the nurse

"i always go to the fourth floor to listen to you play" -Necca, floating nurse

"So soothing" "Yeah, so soothing" nurses in training in a cohort.

Staff/Nurses and Patient Surveys



2019 NURSE/CARE TEAM/STAFF FEEDBACK FORM

“**Anaís Azul** has brought **music to patients and staff** at Surgical Unit every Tuesday. Can you help us understand **how you experienced it?** Thanks for your time!”

1 / Anaís’ music at Surgical Unit is ...

[Cross X all the words that best describe your experience]

Soothing	Annoying	Joyful	Unnecessary	Neutral
Distracting	Helpful	Nurturing	Indifferent	Stressful
Peaceful	Sensitive	Powerful	Loving	Strong

2 / Is Anaís’ music supportive to you in your work?

YES

NO

3 / How often would you like Music in the Surgical Unit?

Once a week *2-3 times a week* *3-4 times a week* *Everyday* *Never*

COMMENTS Please share any comments, ideas and feedback

2019 PATIENT INTERACTION FEEDBACK FORM



“Today _____, **Anaís** enjoyed a **musical interaction with your patient** in room _____. As their nurse, could you help us understand how that interaction was? Thanks for your time!”

1 / Do you (the patient) feel better after making music with Anaís?

YES

NO

2 / Was the musical interaction with Anaís supportive to you ?

YES

NO

3 / Would you like to repeat that musical interaction with Anaís?

YES

NO

COMMENTS Please share any comments, ideas and feedback

Thank you!