

Report and reflection by Edward Denniston (Poet in Residence)

on the choral commission for Waterford Healing Arts Trust to celebrate 25 years of the Trust's involvement with University Hospital Waterford.

The work is called *Hospital Voices*.

Hospital Voices comprises of five written pieces: 'Prelude', 'Hands', 'This Is Grief', 'Let Us Presume' and 'The Fine Matter Of Cure'. Once the written text was settled upon, Eric set to work, setting each piece to music. All the pieces were informed by the people I met in the hospital and by 'being around' and by observing. Between each song is an Interlude of voice (patients, staff, volunteers) and of incidental sound knitted into a soundscape from recordings made on the wards and in the corridors. Phrases, verses, sounds were extracted from the base, 'field' recordings and knitted together by our sound engineer, Pat O'Connor.

Initially, when Eric and I first met to discuss the project I was conscious of three important imperatives that arose in the brief and in conversation with the experienced facilitators at WHAT:

1. The notion of celebrating WHAT and the work it's been engaged in for the past twenty five years
2. The need to involve the patients and hospital staff.
3. The stress on process over outcome or end result.

In relation to another project, I'd been reading and thinking about what I call embedded language, or formative word sounds and meanings: scraps we all live with - poems, jingles, songs, hymns, rhymes, prayers - which, almost unbidden, or incidentally triggered, come to the surface - in times of stress, reflection, boredom.

Eventually, in our exchange of possibilities, Eric and I settled on the idea of asking patients to share such deeply ingrained rhymes or songs, which they did. Some were just happy to share and others kindly and willingly sang or recited for recording. Composer Gavin Bryars' composition, 'Jesus' Blood Never Failed Me Yet' - a piece of

extraordinary music I hadn't heard until Eric mentioned it - was certainly an inspiration and influence. To hear an authentic voice speaking or singing for its own pleasure or sadness can be a poignant and arresting experience. I guess we wanted to achieve something similar by juxtapositioning the hospital inspired 'art' experience - words and music - of choral voices with the grounding effect of listening to the weave of hospital sounds and voices. From an early stage I had imagined/heard how these recordings might keep the words and music, animated by a choir of voices, 'real'. By 'real' I mean, that which is impossible not to know: that there is illness and the cessation of illness and healing - of both body and spirit.

The Practicalities

I live near the hospital so it was easy to come and go - on a bicycle - and be around the place even if there wasn't a patient to visit. This hanging around prompted the idea of not only recording voices but also recording ambient sound. I had coffee in the hospital café, visited and spent time in the chapel and the oratory. I sat in the gathering spaces in the foyer and outside the lifts on the two upper floors.

Having the Clinical Nurse Manager as a link 'into' the ward and as the 'approach' person was invaluable. For me, it was reassurance that the patient with whom I was to engage was 'able' for the encounter. This practical help and reminding oneself that the process was all important eased the awkwardness of first encounter. But for me, there was awkwardness, which I know had to do with qualms about intrusion and efficacy - on the patient's behalf.

Chatting to patients (without any need of direction or outcome) about songs and poems from their past, and the way in which one song recollection arbitrarily prompts another, confirmed to me something I'd always felt; that to have a conversation about - tunes, jingle, verses of poetry or song - is a very happy thing to do. One might say it brings about - however momentary - moments of being well, of wellbeing. Here, a cliché is apt: it takes one out of one's self to places that confirm the self. This was strikingly illustrated in almost all my encounters. And of course, conversations were interrupted by

the imperatives of ward routine. Sometimes a good chat might be returned to later, though this wasn't always possible.

Given the universality of experience of how music and language become lodged in our memories, perhaps there is the possibility of other patient-centred projects in the future.

In having had a chat or singing a bit of a song, no matter how much a patient might express willingness to record, she or he didn't always manage it when the time came. When the directionless, ambling chat - without purpose, for its own sake - became a performance for a digital recording machine, there was the inevitable hesitation. Taken as part of the whole experience, this wasn't a 'problem', just one element of the whole process. In a number of cases the patient decided not to sing but happily recited. Because a ward setting is both a public stage space and auditorium, this is understandable. In one four-bed room when a lady did sing her room companions responded with spontaneous applause.

The quality of each recording varied greatly.

Possibilities

My time in the hospital set me thinking about other possibilities for the written and spoken word.

- A well-being poem of the month enlarged and placed in a frame in each lift and in foyer.
- Bedside readers for patients in response to requests (maybe this has been done)
- Given the possibilities of digital mixing and selection - listening booths in gathering places where songs /poems / or short audio stories might be listened to
- A survey of best loved song lyrics from patients loaded on to one file for listening somewhere.
- A small radio/listening device loan system - with head phones.
- A hospital playlist of 'healing' and wellbeing texts.

Other Experiences

I transcribed - without names or details - much of the material (Petitions) in the Petition book in the Hospital chapel. There is much in this book to do with healing, hope, well-being, resilience which is humbling. By the time this was done - discovered - it was too late to use it as the basis text in the poems written for musical composition. I regret not stumbling upon it earlier.

The 'Reflection' workshops I facilitated with the student nurses were enjoyable and enriching experiences.

CODA

One hot sunny day, having come from the Healing Garden, the cranes at work on the new Dunmore Wing put me in mind of Daniel C. Dennett's trope about 'Cranes and Skyhooks'. I thought this apt for what Waterford Healing Arts Trust endeavors to do. Amidst the hard-wired and bolted down chemistry and physics of medical and surgical 'cranes', there are - complementary - 'skyhooks' (attached to nothing and 'unsupportable' Dennett would remind us); fragments of a song, rhyme, poem or prayer - each potentially a boom onto which a patient might just take hold, to have spirit, soul or self buoyed up a little, to have something else happen, beyond the outcome of procedure.

Out of such thinking came the poem, 'On Cranes and Skyhooks'.

My thanks to all at Waterford Healing Arts Trust, especially Claire Meaney and Maeve Butler, both of whom facilitated our project with genuine interest and encouragement.

Edward Denniston

December 2018