

Threshold Choir: An Interview with Kate Munger by Richard Whittaker

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As I drove up to Inverness on a Saturday morning a light rain fell intermittently and as I neared town, the clouds began to break up a little. Turning off Sir Francis Drake soon I was on Vision Road. Following my jotted notes, the roads became smaller and then the pavement ended. I faced a steep dirt road and wondered if the car could manage it in the rain. And where was I? The car did climb the road and it wasn't long before I was walking up a driveway hidden among the moss-covered trees.

I first heard about Kate Munger and the Threshold Choir from artist Jane Baker. Jane's stories of singing at the bedside of sick and dying persons were powerful. "You have to meet Kate," she told me, and I agreed.

A year had passed. Now I was heading toward a house I hoped was Kate's. I could see scores of potted plants and all kinds of little treasures set out on railings and decks. No identifying house number could be seen, but I climbed the steps and knocked. While waiting, I gazed out across the coastal hills rising above Tomales Bay, a place of oaks, madrones, bay laurel, buckeye and manzanita to name just a few of its flora. By and by a voice from a window called out, "Is it you, Richard?" It was Kate.

Inside, the house was warm and welcoming, full of plants and more things to look at. Kate introduced me to Claudia Goldberg and invited me join them at the kitchen table. Claudia happened to be visiting and was a long-time member of the Threshold Choir. The three of us chatted a little over tea and toast with jam. I felt like I might have been on the other side of the pond. You know, I thought to myself, I like this business of meeting people and talking with them.

Over ten years have passed since Kate Munger founded the first Threshold Choir. Now there are over a hundred. On their Website I read, "The all-women choirs honor the ancient tradition of singing at the bedsides of people who are struggling: some with living, some with dying. The voice, as the original human instrument, is a true and gracious vehicle for compassion and comfort. The choirs provide opportunities for women to share the sacred gifts of their voices at life's thresholds. We have sung at thousands of bedsides, hundreds of memorials and services of remembrances and sent prayers to untold numbers of lives, prayers for healing, for grace, for comfort. Clearly this is the time for this work and we are honored to be doing it." -Richard Whittaker

works: I wonder what are the roots of your connection with singing and voice?

Kate Munger: My mother was a singer. I'm the eldest of five. She sang to each of us. Every night she would come to our bedsides and sing lullabies. So I not only heard my own lullabies when she came to my bed, but I heard her sing to all my brothers and sisters. I was usually the last one.

works: What's your earliest memory of hearing your mother singing to you?

KM: There's no time I can remember that she wasn't singing to us. She grew up a singer. Her mother was in Vaudeville, so she had music in her life. She was a really good choral singer in college and she appropriated that into her parenting. Whenever we'd go on trips, there was a lot of singing in the car. She sang to us when we were sick.

works: Would you say something about that experience of your mother singing to you?

KM: I'll back up one generation and then answer your question. My grandmother sang to my father as well. He remembers my grandmother singing [she sings... "Sail, baby, sail-out upon the sea only don't forget to sail back again to me...]. He remembers, as a tiny child, lifting up out of his body and floating out the window when she sang "sail, baby, sail" and then coming back in when she sang "only don't forget to sail back again to me." So there's a multi-generational thing with lullabies in my family, first of all.

My mother sang the same songs at our bedside. She sang "Tender Shepherd" and then one that's just vocables, a song that goes [sings]. So we got those two songs every time. I don't remember much changing. So I think that there was a delight in sameness, a delight in repetition, a comfort in hearing the exact same songs in the exact same sequence. It must have been like a hypnotic suggestion for my body.

works: I'm touched by your singing. It takes me back to my own experience as a child of my mother singing. It's such a deep memory, I guess.

KM: Yes. Especially when we're this close. If I were singing on stage, it wouldn't be the same. It's the vibrations of my body activating the cells in your body.

works: I think that must be true. I don't suppose people usually think about it on this level-how it's a vibration, even in our cells. It's a form of touch, isn't it?

KM: It's contact. We've witnessed and celebrated it at birth and now, with the Threshold Choir, we're witnessing and celebrating it at the other end of life. We think of our songs as lullabies and use that quality of voice, not a big vibrato, very low volume. That's how we sing at bedside, as quietly as we possibly can.

works: I see. How did this begin for you, singing at the bedside of people who were dying or very close to dying?

KM: In November of 1990 I was invited to spend a day with a friend of mine who was dying of HIV Aids. He was comatose, but very agitated. There were chores I had to do in the morning, dishwashing and gardening. And he was a quilt maker so I organized his quilts fabric. When the work was done, I sat down by his bedside and didn't know what to do. I waited and waited. All I knew to do, to calm myself, was to sing. So I sang one song and I sang it for two hours. I sang it over and over again. I watched his breathing slow, and he got much calmer. And I got much calmer, because it was a song that was really soothing to me personally. So as I got comfortable, he got comfortable and at the end of the experience I felt like I'd touched something very deep in myself and given a gift that was unique to me to give. It wasn't baking a pie or doing a chore. It

was the gift of my essence in the form that was most fitting for me.

works: And you saw the calming influence on him.

KM: Yes. And since then, we've seen spiky meters in hospital rooms change into much more gentle readouts and seen people calming very significantly.

works: Is this a consistent phenomenon?

KM: Not all of the time. Sometimes we're invited to a bedside where it hasn't been possible to contact the person, apparently, and we sing on the invitation of someone else. It can be too stimulating for some people and, if you're not a choral music person, if you have terrible associations for some reason with singing like this, there can be all kinds of reasons it might not be appropriate. But by and large, this calming is observable.

works: In those situations, where you can see it's not going well, what do you do?

KM: I finish the song. I say to the person, whether they're comatose or asleep, I bend close and say, "I'm not sure that this is serving you right now, so to be on the safe side I'm going to stop and I'm going to wait. If you want me to continue, you'll let me know somehow and if I don't see any sign about continuing I'll probably say goodbye and thank you very much." And I say lots of blessings and prayers. We try to be really careful about waiting for an invitation from the actual patient. Even though the sound of our singing affects everyone in the room, family members, caregivers, staff, we really try to have the invitation from the person in the bed.

works: That would be primary.

KM: Yes.

works: I'm guessing you must have many memorable experiences at bedside and I'd love to hear some of them.

KM: Okay. The first one that comes to mind involves Claudia here, and it comes very early on. We arrived at a home in Berkeley at the appointed time and the person had died just before. So we were about to leave and the niece of the woman who died said, "We're washing her body. Would you stay and sing while we do that?" So we came in.

There was a niece, two friends of this eighty-five-year-old woman who had known her since kindergarten, a hospice nurse and a hospice aid and they were washing and oiling and dressing this woman's body. So Claudia and I sat at the foot of the bed and sang while these women performed this beautiful, ancient activity that women do, feeling the lineage, the legacy, of women for millennia doing this. It was really strong for me that day. It was an honor to support these women doing something very deep and challenging.

works: I imagine that you've been present at the moment of death many times.

KM: Not so many. In fact people tend not to die when other people are in the room. You say, "I'm going out for coffee" and often people will die when they're finally alone. Sometimes people have a hard time letting go when there are others in the room. We like to sing as close as we can to it, but unless we're asked to sit vigil, we usually don't do that.

works: You're there before death. But sometimes you come afterwards?

KM: Yes. Sometimes we're asked to sing at memorials.

works: I was going to ask if you have any impressions of the atmosphere around death. Is there anything that you would say about that?

KM: The deaths that we are often called for are usually at the end of a long life, someone who is dying at home with family and friends around. To me, the lack of sadness in that context is kind of remarkable. That's not the case in the death of a young person or a baby or even someone middle aged. But at the end of a long, productive life to be surrounded by family and love and peacefulness, there's something strikingly not sad about that.

Often we'll start off with some reverential, slow, quiet songs and the family might ask, "Do you have anything upbeat? She really liked baseball." So we'll sing "Take Me Out To the Ballgame" or something lighter, a little rhythmic and a little more celebratory. Because most people in that context are celebrating the life rather than being devastated. The natural folding back of life on itself at the end of a long life is a beautiful thing.

works: It's often a beautiful thing and I have a sense there's something special about the atmosphere around a person, especially in the conditions you describe. Is the beauty you speak of partly about the atmosphere of this time of transition from life to death?

KM: Yes. And there's also an aspect of feeling our way as humans when we're surrounding someone who is dying. There are so few concrete answers or facts about death. But we're all going, "Oh my gosh! Who am I in relationship to this mystery, this unending mystery of what happens to each of us?" But there is no way to know what it is. So I think there are all kinds of aspects and layers, because every death is different. It's time out of time, in a way, for most of us. Even for those of us who have been in that room for hundreds of times. Everyone's impression of what they are going to find is different. It's a very special time.

works: You point out that it's always an unknown territory. Can you say more about how you have to feel your way, about that whole process?

KM: I think it's a place that our culture has ignored. My generation faced giving birth differently than we have for 80 years. My generation is also looking at death this time around very differently. We're creating some structures and some assistance to this time around death. Let's say up to sometime in the 1920s, a dead person was laid out in the parlor and everyone saw the body, and everyone connected with it.

The death of my great grandmother just sort of whooshed by me in a conversation with my family about other things. I got the distinct impression that it was not something we would talk about again. Death was so mysterious and so huge, that it was taboo.

What I'm seeing in all this new end-of-life care is people willing to hang out there, to pull up a chair and ask, how are we going to do this together? Who is the community around this particular death? And how are we going to make this comfortable and meaningful for the person, and slowing for all of us? How are we going to line up the decisions? Who is going to make the decisions? How are we going to know what this person wanted if they didn't say anything ahead of time?

There is just a lot more organization, and now it's okay to talk about it. My

mother died a month ago, Tuesday. She just slumped in her chair. She was 82. She's lived an incredibly beautiful life! She had a beautiful death.

works: Were you there?

KM: I was there within forty minutes. All of my family gathered right away. It's interesting, I'm a death care professional for other families, but I'm only one of five siblings in my own family. So I asked questions, but I gave none of the answers in that context. It was a beautiful experience for my siblings and me.

works: What was the beauty of it, would you say?

KM: We all behaved very, very well [laughs]. We were all very considerate of one another and each of our gifts and our grief in all the aspects of how we were responding to our mother's death. We all stepped forward. Within a day we decided to do a memorial right away. We even collaborated beautifully on this memorial event. Everybody used their best skills. There was a real meshing of who did the computer things, the audio-visual of our mother's voice, who handled the flowers, who did the food and so on.

works: That's an interesting thing about being close to that tremendous event that we all will face. You're describing how it had this harmonizing effect. The sensitivity increases; something really changes in that space close to the death. That's what I experienced when my mother died, the effects on my brothers and me and the extended family.

KM: When your loved was here and now is not here, you really consider who they were and what they stood for, and you want to be in alignment to that.

works: I agree. It was a gift. I happened to be the one of the three brothers who was with my mother for the last days, and I learned things during those few days that were really deep. But I wanted to go back to the subject of negotiating in that unknown territory. In relation to the person who is dying, how do you go about finding your way?

KM: It's there's in every choice of what song to sing, of how to sing. What I think you're asking is best summed up in how when we're alive, we're dealing with things we can touch and feel and see. What the songs do is they give the person who is dying a transition touchstone. A song is a bridge between what we know, what we can feel, and the big mystery. We consider our songs this weightless evanescent, shimmering, ephemeral, yet substantive bridge. So how we choose the songs and how we sing, the words we use and whether we use words at all, all of those things are decisions we make in the moment. It's so helpful to articulate these things that are on my mind. But I don't often sit down to explore them.

works: Yes. It's so interesting. What is the instrument of discrimination that makes the choices? How do those choices get made?

KM: For me, it's a gut feeling, just trusting my instincts. It's what song pops into my head after I finish a song. I sit. I breathe. I wait. I ask. And then a song pops.

works: And that's about attending to that person who is before you, right?

KM: Yes. It's about offering them attentive silence. Because what we find is that

while we're singing sometimes people are focusing on the singing and it's between the songs that they can actually integrate and use our singing.

works: So you are really tuning in to see if there is some kind of response.

KM: And it can be teeny tiny, a flicker of an eyelash. So we're watching really carefully.

works: That must be the key thing in a very sensitive condition.

KM: Yes. The things we can observe, that's one thing. Then there are things we can't observe. Sometimes we have to make assumptions, especially with people in coma. We have to remember that it's the limit of our own communication skills that may be the problem. Their signs may be so subtle, so tiny, that we may not get them. So I always assume, no matter what, that I'm being received and heard. I always talk directly to people who are in coma or asleep, or not communicating.

works: That seems a wise assumption. I heard recently of some finding that with a high percentage of people in coma, there was still some awareness, a lot more than had been assumed.

KM: We hear about people waking up from coma all the time and saying, Oh, I loved your singing! It was so important that you came to sing for me. Thank you so much! I loved the song about the stars. Who knew? [laughs] They even remembered the topic.

works: That's amazing.

KM: It happens a lot.

works: So you're watching and always asking, what's the right response now? You trust your gut feeling. We're more than just mental receivers. There's a lot more going on. We receive things in our sensations and our feelings, too. All are avenues of perception, right?

KM: Yes. And these are all shared. Often we'll be at a bedside and after a silence, I'll start another song and my partner who is singing with me will go [she mimes a silent Yes!]

works: Just like that. Does this relate to what we began talking about? That connection as an infant or young child when the mother is singing, and how this vibrates in our cells, our fluids, everything is being touched? It's not just coming in through our ears, this audio exchange. In a way, that's what we're talking about, isn't it?

KM: I think so. It seems like at birth we have it. And we allow it to dissipate. We learn to live with separateness and distraction and all those aspects of the complexity of life in the 21st century. Then we get to have it again, if we're very lucky at the end of our lives.

works: Sometimes people will say when a person dies, "I felt the person was still here." And then at a certain point, they'll say they felt them leave. Have you ever had any impressions like that?

KM: No. I can't say that I have.

works: The Tibetans keep the body, I think it's for 49 days. And there is meditation and so on. They believe that the whole time is an active period for the deceased. We don't think that way in this culture. Do you ever have any thoughts about that period after the moment of death?

KM: I do. I'm deeply in love with cultures that honor death in their specific ways. Especially ones that allow you to take time, allow you to celebrate and to immerse yourself in the full body experience, the full cultural experience of a person's death. This new realm of end-of-life care, part of it is allowing families to let their loved one lie at home in honor for up to three days. With my mother, we put her on her bed and packed ice underneath her and we kept her with us from Wednesday night at 6pm to Friday morning at eleven. It meant that each of my family members, cousins and nephews and siblings could sit with her body for a while and say goodbye.

I don't have a personal relationship with the Tibetan period of 49 days, but I think some graceful period is really helpful rather than whisking the body away in a mortuary vehicle. Phzzzt, it's gone. But it's not really gone. It's only gone from our sight. But to allow for some gentle time to happen, some hours and minutes. I think that's really important.

I really support choir members participating in that home funeral ministry, that home death care. I don't think it has to be handled always by hospitals and coroners and county officers.

works: The Threshold Choir, when you sing together at bedside, afterwards, do you have any kind of follow-up meeting among yourselves?

KM: We do. We'll often sing one or two songs out on the sidewalk to release ourselves back to normal life again, just as we'll often sing a song or two on the sidewalk beforehand. And we've started honoring each team when the person they have sung for has died. So at the next rehearsal, we'll hold the person who died in our hearts and sing and honor the team who sang for that person.

works: Do you have times when you talk about things? I imagine there might be important stories people might have of their own experiences.

KM: We definitely do. And we have a Web Site that is password protected. People will upload a paragraph about an experience they've just had. We have an ongoing blog where that can happen. And in rehearsal, we decompress from bedsides.

works: Now you started this in March of 2000 and now there are how many Threshold Choirs around the world?

KM: I'm not quite sure, but it's over one hundred.

works: Do you have exchange among yourselves?

KM: Yes. We have a director's email list for the directors of each choir. We communicate that way. We have regional gatherings once a year and national gatherings once a year. Then I'm kind of the hub for questions. If there's a good question and a good answer, I'll send it out to everybody. Electronic media has really enabled this work to proceed. We're writing songs on the computer now. Of our repertoire of over 400 songs, nearly half have been written by choir members. So we're activating each other's creativity as well as our big hearts and willingness to put

ourselves in the face of the unknown.

works: Do you get a sense sometimes that any particular piece, I'm sure they must vary, do you get a sense one or another is very special?

KM: Four hundred of them [laughs]. There are ones that are used more often because of a number of different factors. They're easier to sing, easier to remember, more delicious harmonies. Great lyrics. So there are some that get used over and over again. And there are some little orphan songs that we'll go back and look and, "Oh, I forgot about this one Let's sing this one."

works: I know there are those unusual creations that appear with an almost mysterious alignment somehow. They're gifts. You can't sit down and say, now I'm going to create one of these magical works.

KM: Right. And I've noticed as a songwriter that I have to honor and celebrate every single song that I write. Otherwise I won't get to the absolutely special one. I even have to teach the ones that aren't so good to somebody. That way I can hear them. It's like a digestive system. You can't pick what to excrete. I have to figure out a different metaphor than that [laughs]. But you know what I'm saying. You have to honor every creative act along the way. Then there are some that are punctuated by [she whispers] oh, this one is really good. We honor those. I'd say almost fifty percent of our songs are on a core list on our Web Site. The audio file is there. And the song is printed below. Then, anytime a member writes a song, it's put in the repertoire, but not necessarily put on the core list.

works: About a special song, do you get feedback from the people who you are singing to?

KM: When we start a session, we'll sing one or two or three songs from our repertoire, gauge the person's response and ask if they have a special song, special genre, or special era of songs that they like. A lot of people we sing for are 80 and 90 and 100, so we're building up a repertoire of songs from quite a long time ago. But we also invite feedback, if they're verbal.

If they're not verbal, if I'm not sure of the effect of the singing, I might say, "I'm not sure we're having the effect we were hoping for. I wonder if there's any way you could let me know if you'd like me to continue. If there's a physical thing you could do, if there's a blink or a moving of a finger, if you could let me know if you'd like me to continue, I'd really like that." And then if I see something that I think is a response, I'll say, "oooh, I just saw a little flicker. Does that mean you'd like me to continue?" So I'll keep checking in. And sometimes I get signals.

Claudia and I sang for a woman named Margie, it must have been about 2003, and she was apparently comatose. We sang for her, just the two of us. And she went [silently mouths the word, wonderful]. There was no sound. But we could see that was the word. And that was the last thing her family witnessed her communicating. She died very shortly after that. So that was pretty special.

works: When I was with my mother at her last days, she did not seem to recognize me. There was dementia. She had resolved to die, I think. Would not eat or drink anything. And I was racking my brain to think of some way to comfort her and I finally realized that maybe music would help. Somehow I managed to get a CD player and some music from an Episcopalian service. And I put that on quietly in the background.

KM: Probably at the exact right time.

works: My brother had passed on some advice from a friend who was often with people when they died, a woman who had a special gift around that. She told him that sometimes people need permission to die. And at a certain point, I was inspired to speak in a certain way to her and she quietly just died. Then this beatific expression came over her face. It was a great gift. Do you ever see this?

KM: Yes. As a matter of fact, this same gal Margie-you know in our position, we can't ask permission specifically, but if we think that's an issue, I have a song I wrote for that kind of moment. I'll stop and say to the family members, there's a song I'm considering offering to Margie, but I want to check the lyrics with you. The words are "It's alright. You can go. Your memories are safe with us." And Margie's family said, yes, that was what they wanted. But they couldn't exactly say it to her. They couldn't get the words out without sobbing. So Claudia and I sang that song to Margie and she died shortly afterwards. And there was a kind of settling.

So often, especially for people who went through the Depression and have lived lives of the Puritan work ethic, it's really hard to let go of the doing and the control. We have a couple of songs that address that. There's one that goes, "You're in our hearts as we travel near it. Safe journey. Now your work is done." That has been very helpful for some people.

works: Claudia, I know you're a long time Threshold Choir member and I wonder if you'd like to share any special moments when you've been at bedside.

Claudia Goldberg: Well, you've actually touched on two of my very favorites. The time when arrived and the woman had died and we didn't know what to do. There was this magical unfolding of "Oh, let's be there" while this amazing event was going on, the washing of the body. It was new for us. We didn't know what to expect. And it was amazingly gratifying for us all. We didn't know this woman. But we were connected as women doing this ancient task.

There was a time I was called at the last minute and asked if I could go to a choir member's home because her father was dying. I said, sure. I had my book and I drove over there. Her siblings were there. It was kind of tense. There was not a lot of comfort feeling in the room at all. So I just came in and sat for a bit. And after a while I started singing one of the songs. I sang a few songs and could feel an ease coming over the people in the room. One of the sisters said, "You know mom has that hymnal." So they got out the hymnal and they started singing from that. What was so special is that I felt I'd been this bridge to the ease of what was happening. And the room just continued to lighten.

They sang from the hymnal. They started remembering old songs. One of the gals got her guitar. By the time I left, the siblings were talking with each other. It was really amazing, the difference from when I first walked into that room full of tension, nobody knowing what to do, to this real ease of knowing that this was the end and yet being able to rejoice in his life and the songs they had all participated in. It was beautiful.

KM: And we have the added joy of finding that singing together at bedside is one of the sweetest aspects of our relationship together. Our voices kind of intertwine in a way that feels really good and sounds better than any of us separately.

works: That's lovely. I wonder if there's anything you'd like to add.

KM: There's something that goes back to when we were talking before you turned on the tape recorder, I'd like to catch your quote about breaking even with the magazine you're doing.

works: Right. I was saying making money was never the idea. But I was hoping to arrive at a break even with income and expenses.

KM: Yes. Balance. One of the aspects of this work, which I find so challenging and delightful when it works, is walking the line of balance between having confidence in our voices and the humility of offering the voice as a gift, between silence and song, between life and death, between a group experience and a singular individual experience. There are just so many lines of balance. It's there between quiet containment and excited pushing. I feel it in my leadership. I feel it in the growth of this organization. That question is just completely active all of the time. Where is the flow? Where is balance of all these apparent opposites? Everywhere in this work I look for this dynamic of balance.

Here's a personal story of Kate's taken from www.thresholdchoir.org:

I want to tell you the story of singing as Laurel's family said goodbye to their Grandmother Kay. Kelsey, Khalila and I sang "We walk not into the night, we walk but toward the stars" as the simple coffin that the family had decorated was placed at the entrance to the crematorium. The family joined us right away, a great group of strong singers. They held each other and sang as the box went into the flames. Then, outside, we sang "If not love, what are we here for?" Then we sang "It hurts to know we're losing you, don't want to make you stay, so we will hold you while you fly away." Right above us a beautiful red-tailed hawk appeared, hovering, motionless except for the very tips of her wings which held her in place. For about a minute, we sang as we watched her float above us, everyone calling out to the spirit of their mother/grandmother/friend. Then the bird tucked her wings and steeply dove out of sight. One of the little children called "Grandma, come back." She instantly reappeared and hovered again, this time for longer, maybe four minutes while everyone marvelled, clapped, and sang.

Join an Awakin Call this Saturday with Kate Munger. More details and RSVP info [here](#).