

An Ethnographical Exploration of Sensory Stimulation in Chinese Hospices

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ABSTRACT

As China's population ages swiftly, there is a growing need for hospice care. This has led to an elevated demand for research exploring the elements of effective hospice care in the region. In this paper, I aim to analyze the role of sensory stimulation in five different hospices in Beijing and Tianjin in increasing the quality of service. Previous research on the role of sensory stimulation in hospice has shown sensory stimulation to enable flexible care approaches that allow for individual expression and the continuation or creation of rituals (Niedzielski et al. 2016). Literature regarding the role of sensory stimulation in hospice or hospices in China is scarce, and literature combining both elements is virtually nonexistent. I aim to fill that gap in this paper using traditional ethnographical methods, such as participant observation and semi-structured interviews. I have determined three primary purposes of sensory stimulation: offering physical comfort, expressing important patient values, and aiding in the grief alleviation of family members. Sensory stimulation serves these purposes through diverse care methods ranging from forest bathing to aromatherapy. My paper is a potential reference for Chinese hospices looking for new ways to incorporate sensory stimulation to improve their services.

Introduction

The courtyard before me is paved with stone and embraced by the sloping roof tiles and dark grey walls of traditional Chinese architecture. The wooden pillars, adorned with red and blue paint, show signs of decline. I could see a dozen residents of Songtang Care Hospital sitting in wheelchairs, many seemingly unconscious. As I walk closer, the soothing sound of old Chinese songs greets me, sung by Mr. Ouyang, a caregiver in his forties. Here at the heart of bustling Beijing, where sounds of honking cars and motorcycles fill the air 24/7, was a place of silence with interludes of song. Later on, Ouyang passes the microphone to a resident in his eighties, who begins to sing a patriotic song. His voice was rough, and his singing was out of tune. Still, he sang loudly, louder than I expected was possible from the frail body of an eighty-year-old. It was a vigorous sound of life in a place engulfed by death.

Above is one of my first experiences with hospice, starting as a volunteer at Songtang Care Hospital, the earliest hospice in China, founded in 1987. Over the summer of 2023, I kept patients at Songtang company by talking, singing, and playing chess. Bonding with the patients at Songtang increased my interest in hospice as an alternative to dying in a traditional hospital. As an Asian American, I am astutely aware of the taboo of discussing death, which has made the establishment of hospice care in China a challenging pursuit. On the other hand, with a rapidly aging demographic, the demand for hospice care is rapidly rising, and along with it, research concerning what effective hospice looks like. (Lu et al. 2018). As a result, over the summer of 2023, I made multiple visits to four different hospitals in Beijing and Tianjin that provide hospice care services, led by Professor Shi of Tianjin Medical University. I was driven by a desire to understand the different mediums hospices employ to improve patients' quality of life. I mainly employed traditional ethnographical methods, including observation, semi-structured qualitative interviews, and participant observation through volunteer work.

In this paper, I argue that sensory stimulation in hospice serves three key functions: as a method for providing entertainment and alleviating pain, as a symbol of important patient values, and as a bereavement strategy.

I will explore how music, food, funeral services, aromatherapy, and forest bathing interact with the five senses to improve the hospice experience. Each section of the paper focuses on a different method of sensory stimulation to highlight the ubiquity of sensory stimulation in hospice. These sections are roughly sorted by the senses they interact with: the first three sections focus on auditory stimulation through music. The two following sections focus on taste and sight, respectively. The final sections focus on aromatherapy and forest bathing, which provide multisensory stimulation. In each section, I will provide firsthand accounts of hospice workers and my own experiences, followed by analysis and secondary literature.

Auditory Stimulation Through Music at Songtang

Ouyang, who I briefly mentioned in the introduction, is a caregiver at Songtang Hospital in Beijing, the oldest hospice in China. Ouyang is almost fifty and has worked at Songtang for nearly twenty years. Caregiving is often the only job migrant workers like Ouyang can find, and most caregivers I encountered are around forty to fifty and from rural areas. Caregiving at Songtang is arduous work: there are no weekends or vacations, and Ouyang practically lives in the hospital, sleeping with whichever patient needs the most help at night. Since Ouyang can only travel back to his hometown once every year at most, his wife works at Songtang as well; such couples are common at Songtang. Despite the difficulty of his work, Ouyang remains passionate. As Ouyang remarks, “Our job is simply providing these elderly with the most comfort possible. It requires full commitment. You have to enjoy doing that to be a caregiver.” When asked about salary, Ouyang chuckles. “People like us in the caregiving industry are not all that focused on money.”

Aside from assisting patients with basic living activities, Ouyang’s primary way of comforting patients is by singing. Aside from eating and watching television, patients at Songtang who can sit in wheelchairs spend almost all their time in the courtyard with Ouyang. The songs are usually Chinese pop songs from the 60s to 80s. Some songs hold a special meaning for a certain patient. I could tell by how Ouyang would specifically make eye contact with one patient, smiling and walking around them. One patient, a woman in her eighties whose name I never learned, was typically expressionless during my visits. However, she had a favorite song, “When Will You Return” by Teresa Teng (何日君再來). Ouyang would frequently sing this song; those were the only times I saw her smile.

At Songtang, auditory stimulation is not merely provided by singing caregivers; volunteers also play a significant role. The lobby of Songtang features a giant heart made from dozens of blocks featuring organizations that have volunteered at Songtang. During my first time volunteering at Songtang, Ouyang enthusiastically grabbed me from my chair and encouraged me to sing. At first, I was dumbfounded. I could barely sing any Chinese songs. Ouyang smiled, apparently used to this reaction: “It is fine. Half of these patients are barely conscious anyway. Even if you are not a good singer, you are still providing them some stimulation, which is good for them.”

However, sound can also be detrimental to the quality of life in the hospice environment. Mrs. Liu is a woman in her seventies at Songtang and the most cheerful person I have had the pleasure of talking to during my visits. When asked about the most challenging part of adapting to Taikang, she mentions stressful sounds such as family members crying and death rattles. This is the main reason why Mrs. Liu prefers being in the courtyard with Ouyang, where no such sounds are present, over being in her room.

Singing at Songtang is crucial to providing entertainment for patients at a low cost. While the baseline for sensory stimulation at Songtang is preventing patients from descending into unbearable boredom, singing also greatly increases the happiness of some patients. It also serves to combat the negative auditory stimulation mentioned by Mrs. Liu. Most importantly, the usage of music at Songtang aligns well with Songtang’s greatest

strength, volunteering. Songtang is a role model for efficiently providing patients with sensory stimulation, which is crucial for hospices with fewer resources.

Auditory Stimulation Through Music at Beijing Hospital

At Beijing Hospital for the Elderly, the role of music is less prominent and more individualized. One nurse proclaimed: “None of our hospice care services are mandatory. Hospice care is the exact opposite of selling a product. It is mostly listening and observing the patient. The patient must first indicate that they need a service, and then we will provide it.” While some patients may be disinterested in music, others find solace in it. To cater to those who appreciate it, the hospital offers headphones so they can enjoy their favorite songs.

Most people who come here are not that educated and lack the musical talent required for making music. However, we have had a few exceptions where patients enjoyed remaking or creating new music. We are able to provide those people with the ability to continue their hobbies. (Nurse at Beijing Hospital for the Elderly)

At Beijing Hospital for the Elderly, the utilization of music often has a greater effect in enhancing well-being by sacrificing universality. Compared to Songtang Hospital, Beijing Hospital’s personalized usage of music aligns more with the concept of music therapy, defined by the American Music Therapy Association as “the clinical & evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program” (American Music Therapy Association 2005). However, noticeable disparities remain, such as the lack of evidence and credentialed professionals.

Auditory Stimulation Through Music at Taikang Hospital

Music can also serve as an important ritual during the death of a patient. Taikang is a major life insurance company with a private hospital in Beijing that offers some of the best high-end hospice services in the country. When I ask a nurse how they cope with a patient's death, she shows me a video. A dying patient lies on a bed surrounded by nurses, caregivers, and family members. They clap slowly in unison and begin to sing a soft song. “At that time, there was no sadness or regret, only a reluctance to let go,” the nurse tells me. Such rituals are common around the world. Taikang encourages singing, for hearing is the last sense to go during the dying process. For family members, singing is a way to reassure themselves that their loved one has passed away peacefully. For nurses and caregivers, this ritual additionally aids their transition to the next patient.

During my visit to Beijing Taikang Hospital, I was incredibly fortunate to come across Chen Ping, the senior vice president of Taikang’s end-of-life care department and the founder of Taikang’s hospice care structure. Mr. Chen passionately expressed interest in utilizing legitimate music therapy, not just music, at Taikang Hospital. “Music therapy IS NOT just singing songs to patients!” His voice echoed in the hallway. Mr. Chen was at Taikang Hospital that day to discuss with doctors a new experimental form of music therapy he found during a visit to Guangdong:

I met someone who created songs with vibrations that resonate with the body. It could supposedly improve the mental health of patients with terminal illnesses and alleviate physical pain. Most hospitals are unwilling to try such an experimental and expensive form of therapy, but since we have enough money for such experiments, I am willing to try it out. (Chen Ping)

At first, I was skeptical, especially since it was based on traditional Chinese medicine. However, Boyd-Brewer and McCaffrey (2004) note that music involving low-frequency sounds does have the potential to reduce physical symptoms and alleviate stress, although additional interdisciplinary research is required. Chen Ping’s enthusiasm indicates the potential of auditory stimulation as a high-end treatment method in hospice aimed at alleviating psychological and physical discomfort.

Taste Stimulation Through Food

Mr. Li was one of the patients in Taikang's hospice care who loved drinking soda for the tingling sensation it left on his tongue. However, he could not drink soda at his previous hospital as his terminal illness eventually caused him to puke it out. The doctor showed me a photo of Li, grinning ear-to-ear, with a dozen bottles of Coca-Cola and Pepsi lined up by his bed. He and the other doctors fulfilled his simple wish of drinking soda by attaching a tube that would suck the liquid out to prevent complications with his digestive system.

I told Mr. Li that nothing could stop him from his right to enjoy tasty things, not even his illness. Mr. Li died after only seven days, but during those seven days, he was constantly smiling. His gratitude towards our hospice team for letting him drink soda is the sort of acknowledgment I need to continue working as a doctor. (Taikang Doctor)

Another resident, Mrs. Liu, had been stuck on a bed for three years after repeated falls before she entered Taikang. Before entering Taikang, she was given a choice to either continue hemodialysis or enter hospice care. By continuing hemodialysis, she could live for multiple more years, but the side effects would mean she would continue to be confined to a bed. On the other hand, hospice care would give her less than a week to live.

Her choice was immediate: "Every extra day stuck on that bed is another day in hell." Mrs. Liu had three major wishes. The first was to finally be able to leave her bed and sit in a wheelchair. The second was to eat jian bing, a form of Chinese crêpes from her hometown of Shandong. The third was to play her favorite song at her funeral. Taikang was able to fulfill all three wishes.

I told her to reverse the order of the first two. This way, in case she accidentally falls while trying to get into the wheelchair, she was at least able to eat the jian bing. She laughed and agreed to eat the jian bing first. (Taikang Doctor)

One nurse at Tianjin Palliative Care Hospital emphasized to me how the needs of patients at the end of their lives were often small like these. While drinking soda or eating jian bing may seem like small things to us, the taste of food has a significant meaning for hospice patients, especially since patients are often unable to eat certain types of foods in traditional hospitals due to health concerns. For Mr. Li, the ability to drink soda symbolized having freedom in his life even as his body failed him. For Mrs. Liu, the taste of jian bing helped her feel at home during the last period of her life. Taikang shows how good food is vital for imbuing meaning into the end of patients' lives.

Visual Stimulation Through Elaborate Funeral Services

At Taikang, hospice services cater not only to patients but also to their family members to guarantee maximum satisfaction. The postmortem section of Taikang's hospice service is one of the main ways it distinguishes itself as a high-end hospice. I define postmortem services as the combination of bereavement services and deathcare services, starting with embalming.

I was greeted by a strong smell of flowers and herbs as we stepped into the preparation room and a beautiful backlit wall shelf of shampoos, lotions, fragrances, and flowers. On the left side was a washing device resembling a raised bathtub and a row of pink curtains. Hospice patients who died would be washed and clothed in this room, while family members may observe in a separate room. The head of funeral services at Taikang, Mrs. Wang, explains to me:

This is one of the more unique services at Taikang Hospital. Following the death of a hospice patient, the body is moved here and thoroughly cleansed by trained professionals. No private parts are revealed during the entire process, so family members are encouraged to watch in the neighboring room. After the body is

washed, our team dresses the patient up in the funeral clothes (寿衣) they and their family had chosen. Our team's professional makeup artists and embalmers then make the finishing touches. The observation element of the whole process helps a lot with the family's grief. They can see their loved ones being treated with the utmost respect.

The funeral is the final portion of Taikang's hospice services. Mrs. Wang, having coordinated multiple funerals for important Chinese political figures, specializes in luxuriousness. A typical funeral at Taikang is a feast for the eyes, with floral archways, twinkling fairy lights, and golden chandeliers. "Throughout my work as a funeral director, I have always tried to make funerals beautiful, as if it were a wedding," Mrs. Wang tells me. In addition to being extravagant, funerals at Taikang are highly individualized and thus can cater to the needs of patients and families with diverse beliefs. "For a Buddhist, we will put a statue of the Buddha and have monks who will lead chants," a nurse tells me. "For a Christian, we will put a picture of Jesus and have priests who say prayers. One grandpa was very patriotic and wished to be cremated with the Chinese flag. However, since it is illegal to burn the flag, we constructed a flag out of roses and chrysanthemums."

The visual extravagance of funerals at Taikang is a way for the family to express their respect and love for someone important to them. The ritual serves as a reminder to the family that their loved one died in the best way possible, surrounded by a devoted family, and with their final wishes fulfilled. Professor Shi agrees, noting that the more time and effort a family puts into a funeral, the quicker a family returns to a normal life.

Multisensory Stimulation Through Aromatherapy

My visits to different hospices were a learning experience for me and a chance for the hospices to learn from Professor Shi, who led the visits. One of the first things Professor Shi would recommend for hospices that do not already have it is aromatherapy. He told me this: "I was skeptical about aromatherapy at first. Then, I witnessed a patient who had been distressed for days fall asleep ten minutes after aromatherapy."

Aromatherapy revolves around essential oils extracted from plants such as clove, Agastache, and lemon. A common form of aromatherapy done in hospice is applying essential oils through a massage done by a caregiver. During the massage, calming music is constantly playing in the background, and the intoxicating scent of essential oils fills the room. Aromatherapy subjects the patient to a combination of tactile, gustatory, and olfactory stimulation as a powerful and scientifically supported method of calming patients and alleviating temporary pain (Shi et al. 2022; Loius et al. 2002; Kreye et al. 2022; Lakhan et al. 2016).

The stigma around terminal illness is another key factor in aromatherapy. As noted by Lei et al. (2023), this stigma stems from Chinese culture, which puts a heavy taboo on death. Professor Shi cites this as one of the reasons patients enter hospice:

In China, no one wants to be exposed to death or talk about death. Landlords will often ask you whether you are renting the apartment for yourself or someone else. If you are renting it for an elderly person to live in, they will often reject you. The thing they fear the most is a resident dying on their property since, after that, it is impossible to sell the place for a reasonable price. It is often the same thought process for families who might not want to expose their children to death.

Terminally ill patients often fear that others might avoid physical contact with them because they are sick. Tactile stimulation during aromatherapy helps remove such stigma and is another reason why aromatherapy through massage is so effective in Chinese hospices.

Not only does aromatherapy fulfill a dual function in hospice, but it can be implemented in different ways to suit each hospital's needs. At Beijing Hospital for the Elderly, aromatherapy is done by caregiver massages and trained volunteers who wear small aromatic pins while interacting with patients. While volunteer aromatherapy through pure smell is less effective, it is also cheaper and easier to implement.

Multisensory Stimulation Through Forest Bathing

Before I reached the hospice building at Beijing Hospital for the Elderly, I first passed a small pine forest. The air was rich with the resinous scent of aged bark, and an occasional chirp from a distant bird would pierce the silence. Amidst those trees, the world felt still yet vibrantly alive. A nurse later explained to me:

Our forest is a sort of novelty at Beijing Hospital. If you look closely, each tree is marked with a serial number, signifying that it is protected by the government. The forest is actually a common tourist attraction, and we encourage both patients and nurses to spend time there. A few years ago, there was a new nurse here who got very attached to a certain patient. Once that patient died, the nurse fell into depression. The forest was a major factor in helping her recover. They would take long walks in there, taking in the smells and sounds, feeling the touch of the pine bark, and interacting with the small creatures.

Originating in Japan, Shinrin-yoku, or forest bathing, has been proven to improve the physical, psychological, and even spiritual health of participants (Hansen et al. 2017). Forest bathing is especially effective for those with depression, a common occurrence in hospice (Furuyashiki et al. 2019).

At Beijing Hospital for the Elderly, a place where staff must confront death daily, the pine forest serves as a rejuvenating sanctuary—a haven imbued with the enduring pulse of life. Forest bathing is a prime example of how sensory experience can help relieve grief following the death of a patient in hospice. Forest bathing cannot be practiced in every hospital, unlike music and aromatherapy. Instead, it serves as a method for select hospitals to utilize their surroundings to provide effective therapy with virtually zero cost.

Conclusion

I first outlined how music can provide cost-effective entertainment for hospice patients, then showed how music can also be utilized as a part of end-of-life rituals to ease grief. I then briefly considered the possibility of music as a high-end service through Taikang's experimental music therapy method. I explored how taste often symbolizes important values such as normality or freedom for hospice patients at Taikang and how aromatherapy removes the stigma surrounding terminally ill patients. In the final section, I analyzed how Beijing Hospital for the Elderly utilizes its surroundings to provide a unique form of therapy for its patients and staff that interacts with all five senses.

My sections on music and aromatherapy show how sensory stimulation can be done economically through volunteers. I also highlight how elaborate funerals are a high-end hospice service at Taikang and how forest bathing acts as a specialty service at Beijing Hospital for the Elderly.

My research results mostly align with that of Niedzielski et al. (2016), indicating that sensory stimulation is a key component in a vast range of hospice care methods. Niedzielski et al. focus on sensory stimulation's role in personal expression and rituals in the hospice environment. My paper showcases two additional roles: alleviating patients' physical discomfort and family members' grief.

Because of sensory stimulation's ubiquitous presence in hospice care methods and wide-ranging functions, I conclude that sensory stimulation is an irreplaceable aspect of hospice care that ought to be deliberately taken into consideration when planning the future of hospice in China.

Chinese hospitals looking to expand into hospice should look to Taikang's incorporation of funeral services as a potential way of making hospice a profitable pursuit. Existing hospices should start viewing food as not just a matter of nutrition but a vital component for a positive patient experience. Hospices seeking to get into music therapy or aromatherapy may look to volunteers as a starting point.

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References

- Akemi Furuyashiki, Keiji Tabuchi, Kensuke Norikoshi, Toshio Kobayashi, and Sanae Oriyama. 2019. "A Comparative Study of the Physiological and Psychological Effects of Forest Bathing (Shinrin-Yoku) on Working Age People with and without Depressive Tendencies." *Environmental Health and Preventive Medicine* 24 (1). <https://doi.org/10.1186/s12199-019-0800-1>.
- Boyd-Brewer, Chris, and Ruth McCaffrey. 2004. "Vibroacoustic Sound Therapy Improves Pain Management and More." *Holistic Nursing Practice* 18 (3): 111–18. <https://doi.org/10.1097/00004650-200405000-00002>.
- Card, Shika. 2012. "Research Articles: Welcome to 'Pine Tree Hall': An Ethnography of Caregiving for the Elderly in Beijing." *Student Anthropologist* 3 (1): 32–46. <https://doi.org/10.1002/j.sda2.20120301.0004>.
- Gao, Yinyan, Yanping Wei, Wenhui Yang, Lili Jiang, Xiuxia Li, Jie Ding, and Guowu Ding. 2019. "The Effectiveness of Music Therapy for Terminally Ill Patients: A Meta-Analysis and Systematic Review." *Journal of Pain and Symptom Management* 57 (2): 319–29. <https://doi.org/10.1016/j.jpainsymman.2018.10.504>.
- Hansen, Margaret, Reo Jones, and Kirsten Tocchini. 2017. "Shinrin-Yoku (Forest Bathing) and Nature Therapy: A State-of-The-Art Review." *International Journal of Environmental Research and Public Health* 14 (8): 851–51. <https://doi.org/10.3390/ijerph14080851>.
- Hilliard, Russell E. 2005. "Music Therapy in Hospice and Palliative Care: A Review of the Empirical Data." *Evidence-Based Complementary and Alternative Medicine* 2 (2): 173–78. <https://doi.org/10.1093/ecam/neh076>.
- Lu, Yuhan, Youhui Gu, and Wenhua Yu. 2018. "Hospice and Palliative Care in China: Development and Challenges." *Asia-Pacific Journal of Oncology Nursing* 5 (1): 26–32. https://doi.org/10.4103/apjon.apjon_72_17.
- Niedzielski, Oksana K, Gary Rodin, Debbie Emmerson, Job Rutgers, and Kate Sellen. 2016. "Exploring Sensory Experiences and Personalization in an Inpatient Residential Hospice Setting." *American Journal of Hospice and Palliative Medicine* 33 (7): 684–90. <https://doi.org/10.1177/1049909115624398>.
- Paul Victor Patinadan, Geraldine Tan-Ho, Ping Ying Choo, Xinyi Casuarine Low, and Andy Hau. 2021. "'Food for Life and Palliation (FLiP)': A Qualitative Study for Understanding and Empowering Dignity and Identity for Terminally Ill Patients in Asia." *BMJ Open* 11 (4): e038914–14. <https://doi.org/10.1136/bmjopen-2020-038914>.
- Shu, Wan, Qunfang Miao, JieHui Feng, Guanmian Liang, Jing Zhang, and Jinsheng Zhang. 2023. "Exploring the Needs and Barriers for Death Education in China: Getting Answers from Heart Transplant Recipients' Inner Experience of Death." *Frontiers in Public Health* 11 (February). <https://doi.org/10.3389/fpubh.2023.1082979>.
- Shi, Dongmei, Yanhong Shi, Ying Liu, and Jinhua Hong. 2022. "Effect of Image Detection and Analysis and Hospice Nurse Mediated Aromatherapy on Pain in Patients with Advanced Cancer in Intelligent Medical Environment." *Contrast Media & Molecular Imaging* 2022 (August): 1–8. <https://doi.org/10.1155/2022/5111021>.