Horizon J. Hum. & Soc. Sci. Res. 8 (1): 185 – 195 (2026)

Journal of Humanities and Social Sciences Research
www.horizon-JHSSR.com

Conceptual-Theoretical
Peer-reviewed | Open Access

At the Threshold of the Inner Jungle: from Juliane Koepcke´s Trauma Re-signification to Music Therapy in Palliative Care

Erica F. Alio-Warr*
DIPLOMA Hochschule, Germany

ARTICLE INFO

Article history
RECEIVED: 23-Dec-25
REVISED: 27-May-26
ACCEPTED: 04-Jun-26
PUBLISHED: 15-Jul-26

*Corresponding Author
Erica F. Alio-Warr
E-mail: info@alio-warr-institute.com

Citation: Erica F. Alio-Warr (2026). At the Threshold of the Inner Jungle: from Juliane Koepcke´s Trauma Re-signification to Music Therapy in Palliative Care. Horizon J. Hum. Soc. Sci. Res. 8 (1), 185–195. https://doi.org/10.37534/bp.jhssr.2026.v8.n1.id1336.p185

ABSTRACT

This conceptual-theoretical article examines the re-signification of trauma and the reconstruction of meaning at the end of life through active and receptive music therapy. Using Juliane Koepcke's limit experience as a phenomenological metaphor, it proposes a parallel with the inner journey of palliative patients, for whom music becomes a symbolic map and a mode of existential orientation. Based on the concept of total pain and on contributions from existential psychology and logotherapy, the article adopts a conceptual and phenomenological analytical approach to examine how musical expression supports emotional regulation, biographical integration, dignity and non-religious transcendence. It draws on the Soul Sound Map framework as an affective, symbolic and spiritual cartography that emerges from the patient's musical history, integrating memory, identity and resonance within the therapeutic process. Active interventions such as improvisation and song writing, and receptive methods that access deep emotional memories, are presented as practical implications for reorganising traumatic experience and restoring narrative coherence. Additionally, through an analysis of Mozart's *Lacrimosa*, the article illustrates how music evokes universal emotions that facilitate a shift from rupture to structure and from collapse to meaning. It concludes that music, in its creative and receptive dimensions, allows patients, even in extreme fragility, to preserve an inner map capable of guiding the final transition toward a meaningful, inhabitable and coherent sense of self.

Keywords: Affective attunement; Existential meaning; Music therapy; Palliative care; Phenomenology; Resonance; Soul Sound Map; Trauma re-signification; Total pain.

1. Introduction

1.1 Background on Palliative Care and Total Pain

How close to death must we be in order to re-signify it in a constructive way? There are moments in life when we are placed before a limit, a vertiginous threshold that, in some way, urges us to activate the processes of existential lucidity required to re-signify the dramatic experience. This is not only a matter of the eruption of an extreme event but of an awakening to the awareness of finitude and to the complexity of the presence of total pain (Saunders, 1990).

Palliative care is defined by the World Health Organization (2002) as a holistic approach that seeks to improve the quality of life of people facing life-threatening illness through the relief of physical, psychosocial, and spiritual distress. Within this framework, Saunders' (1990) notion of total pain integrates these dimensions into a single experiential continuum, emphasising that suffering cannot be addressed effectively unless its physical, emotional, social, and spiritual components are approached in an integrated manner.

From a phenomenological perspective, limit situations such as those encountered in palliative settings often give access to altered states of consciousness in which perception, embodiment, and existential awareness become heightened. As Carel (2016) notes, serious illness reorganises the lived body and reshapes the person's relationship with the world, exposing layers of vulnerability that call for new forms of meaning-making. Authors like Aldridge and Fachner (2006) describe these threshold states as experiential spaces in which sound, presence, and consciousness interact, allowing suffering to be reorganised through altered modes of awareness. Within music therapy, such states resonate with what Stige et al. (2010) characterise as relational and contextual forms of musical experience, where sound becomes a medium through which identity, embodiment, and connection are reconfigured even in extreme fragility.

1.2 Finitude, Illness, and Meaning-Making

Contemporary research in end-of-life care emphasises that, whenever there is an approach that promotes dignity, reflection, and biographical integration, inner movements of meaning can emerge both in the terminal phase and in earlier stages of the process (Breitbart, 2017; Chochinov, 2002). As Frankl (1959/2006) reminds us, it is not death itself that confers meaning, but the attitude with which one faces one's own finitude. This perspective is consistent with the literature that describes the end of life as an inherently multidimensional process, in which physical, affective, spiritual, social, symbolic, and aesthetic dimensions converge and need to be addressed in an integrated way (Saunders, 1990; Mount & Kearney, 2003; Chochinov, 2002; Ferrell & Coyle, 2008).

This multidimensionality has been widely explored within the phenomenology of illness, where suffering is understood not merely as a biomedical event but as a disruption of the lived body, agency and relational world. Carel (2016) describes illness as a transformation of temporal, bodily and existential horizons, producing a shift in how individuals inhabit their own vulnerability and search for meaning. From a perspective based on both music and consciousness, Aldridge and Fachner (2006) note that altered bodily states in serious illness can open forms of awareness in which sound and presence provide orientation when the usual structures of experience weaken. Complementing this view, Stige et al. (2010) emphasise that musical engagement becomes a relational and contextual practice in which patients reorganise identity, biography and emotional coherence, especially in moments when finitude intensifies experiential fragmentation.

Various authors have shown that, within this complexity, interventions grounded in presence, awareness, and aesthetic expression can meaningfully accompany the experience of total pain and foster processes of meaning and non-religious transcendence (Breitbart, 2017; Kissane, 2012).

1.3 Music Therapy and Existential Care

Within this context, phenomenological approaches to illness highlight that meaning at the end of life is rebuilt through practices that bring together bodily experience, emotional depth, and narrative integration. According to Carel (2016) such integration requires modes of experience that reach beyond the verbal, engaging the sensory and affective layers through which patients rediscover their connection to the world. Aldridge and Fachner (2006) argue that both receptive and active musical experiences can facilitate transitions between ordinary consciousness, altered awareness and transcendent states, while Stige et al. (2010) conceptualise music therapy as a relational, community-grounded and context-sensitive process through which sound becomes a medium for emotional regulation, identity continuity and existential anchoring. Further support for this orientation comes from O'Kelly (2016), who demonstrates that musical engagement can modulate arousal, affective synchrony and autobiographical recall, enabling patients to reorganise their lived experience even when cognitive or physiological deterioration narrows the field of awareness. Together, these perspectives make clear why music therapy becomes particularly suited to the delicate threshold of palliative care, where meaning, presence and fragility converge.

2. Theoretical and Phenomenological Framework

2.1 Trauma, Finitude, and Existential Meaning

It is not merely biological proximity to death that enables deep re-signification, but the approach to an inner limit, a threshold of awareness that can be reached through presence, music, and truly meaningful listening. This intuition may be illustrated through a powerful metaphor: Juliane Koepcke's fall from the sky and the emergence of a limit threshold.

Phenomenologically, such thresholds correspond to what Jaspers (1932/1970) described as "limit situations," moments in which the usual structures of existence break open, revealing a deeper awareness of vulnerability, dependence and existential possibility. These situations often precipitate forms of lucidity that are inaccessible in states of ordinary continuity, preparing the ground for re-signification.

2.2 Phenomenology of Illness and Limit Experiences

On 24 December 1971, the LANSA 508 aeroplane disintegrated in mid-air over the Amazon rainforest. The young Juliane Koepcke, seventeen years old, fell from nearly three thousand metres, still strapped into her seat, and survived (Koepcke & Rothenburg, 2011). She spent eleven days alone in the jungle, injured, disoriented, and exposed to insects, predators, infections, hunger, and the unfathomable vastness of a territory that offered no obvious shelter.

The confrontation with extreme bodily vulnerability reorganises perception, embodiment and temporality, reshaping the individual's orientation to the world in ways that force a new appraisal of meaning (Carel, 2016). Koepcke's experience can thus be read as an existential encounter in which the collapse of ordinary coordinates reveals unfamiliar yet generative dimensions of the self.

Her story could have remained a mere record of horror. However, what emerges over time is a different form of re-signification: a process of inner reorganisation, construction of meaning, and vital reorientation. After surviving, Koepcke not only faced extreme trauma; she also discovered an existential structure of meaning that would shape the course of her adult life. In her autobiography she writes: "The jungle was not my enemy. It was immense, but it also knew how to guide me. The sounds were my signals. The water had a voice, and I followed it" [translated] (Koepcke & Rothenburg, 2011, p. 47).

In phenomenological terms, such moments illustrate how meaning can emerge not from overcoming vulnerability but through listening to it, allowing the world to disclose new forms of orientation. Selfhood may be understood as continuously shaped through encounters that destabilise the familiar, while such disruptions can open pathways to existential reconfiguration rather than mere collapse (Zahavi, 2015).

The Amazon rainforest, sonorous, vibrant, beautiful and hostile at the same time, did not offer her a visible map, but it did provide a soundscape. The murmur of the water, the buzzing of insects, the rhythms of the forest, the echo of her own footsteps, and her breathing formed a system of signals that allowed her to orient herself amid the chaos.

The key was not a compass or a marked path but listening. The map to be followed did not arise from rational thought, but from the capacity to perceive the complexity of the environment and to recognise patterns within an apparently chaotic sonic fabric. This point is crucial: survival depended less on reason than on the sensitivity to listen and respond to what the jungle revealed.

Koepcke's experience clearly shows the phenomenological structure of a limit experience: the abrupt break in vital continuity, the irruption of extreme vulnerability, the reorganisation of priorities, the emergence of unusual existential lucidity, the narrative reconstruction of trauma, and, ultimately, a generative re-signification of meaning. This pattern of trauma offers profound keys for understanding accompaniment at the end of life.

In the field of palliative care, the outer jungle that Koepcke traversed can be read as a metaphor for the inner territory travelled by a person in the final phase: a space where familiar paths are lost, uncertainty arises, fragility intensifies, biography is reviewed, radical vulnerability is inhabited, spiritual or existential orientation is sought, and a form of limit is experienced that goes beyond the purely physiological. The literature describes this state as the limit experience, in which the person confronts their own finitude and reconfigures their identity from that expanded awareness (Neimeyer, 2019; van Deurzen, 2015; Krüger, 2016). As in the jungle, this frontier disorients, unsettles, undermines certainties, and exposes vulnerabilities, yet it also becomes a gateway to infinite possibilities of meaning. It is at this threshold, between disorientation and possibility, where the framework of the Soul Sound Map begins to unfold.

Seen from this perspective, limit experiences act as openings where listening acquires existential significance. Such thresholds force a reorientation of selfhood, while identity is not understood as a fixed structure but as a dynamic process shaped by the very encounters that challenge it (Jaspers, 1932/1970; Carel, 2016; Zahavi, 2015). The metaphor of the jungle therefore does not merely illustrate disorientation: it reveals the conditions under which meaning can be renewed at the edge of finitude.

2.3 Music, Consciousness, and Resonance

The therapeutic process also unfolds through what various authors describe as resonance, understood as a dynamic interplay between embodied perception, affective attunement, and interpersonal presence. In phenomenology, Merleau-Ponty (1945) conceptualised resonance as the pre-reflective sensing of another's lived experience through the body's capacity for shared intentionality.

In developmental psychology, Stern (2004) described affective attunement as the capacity to respond to the vitality dynamics of another person in a way that mirrors, transforms, and sustains their inner states. In the context

of musical interaction, Schütz (1951) and later Trondalen (2016) showed that musical co-creation generates forms of relational synchrony that support emotional regulation, identity continuity, and existential coherence. Within palliative care, resonance becomes a relational matrix in which the patient's fragility can be held, recognised, and transformed through the sonic and interpersonal field.

3. Conceptual Development of the Soul Sound Map

3.1 Symbolic and Affective Cartography

The Soul Sound Map has been described as a symbolic, affective, and spiritual cartography that emerges from each patient's musical, emotional, and relational history. It is more than a technique; it is a territory. It is more than a method; it is an attitude. It is more than a one-off intervention; it is a sonic accompaniment that weaves together identity, memory, transcendence, and meaning. This cartography unfolds through meaningful sonic moments, musical landscapes associated with relationships, biographical melodies, silences that condense grief, affective resonances, pulses that hold identity, and sound motifs that connect with dimensions of transcendence.

As developed in *Music Therapy: Consciousness & Transcendence in Palliative Care*, the map operates through a gradual layering of emotional, narrative, and spiritual elements, allowing the patient's musical biography to become an organising principle that links past experiences with present needs and future orientation (Alio-Warr & Álvarez Leija, 2025; Delannoy, 1950).

The concepts presented in Table 1 form the theoretical architecture of the Soul Sound Map framework. Rather than functioning as isolated categories, these dimensions interact dynamically within the therapeutic process, allowing music to operate simultaneously as emotional container, symbolic language, relational bridge, and existential orientation. Together, they establish a phenomenological understanding of music therapy in palliative care in which sound becomes a medium through which identity, memory, suffering, and transcendence may be reorganised into a coherent experiential narrative.

3.2 Resonance and Identity Reconstruction

Within this framework, music does not act on the patient, but with the patient, in an aesthetic relationship of presence in which listening is co-constructed, identity is expressed in vibration, spirituality finds non-discursive channels, awareness expands through resonance, and total pain finds a matrix within which it can be reordered (Alio-Warr & Álvarez Leija, 2025, pp. 50–62).

This relational stance resonates with the symbolic dimension described by Bonny and Summer (2002), where sound becomes a container for emotional and transcendent material, and with the notion of sound legacy explored in intervention models, in which the patient's own sonic narrative acquires continuity, dignity, and meaning for loved ones.

Table 1. *Core Conceptual Dimensions of the Soul Sound Map Framework*

Concept	Concise Definition	Function within the Framework
Soul Sound Map	A symbolic, affective, and spiritual cartography constructed through the patient's musical biography, emotional memory, and existential experience.	Organises identity, meaning, and emotional continuity during end-of-life care.
Trauma Re-signification	The process through which traumatic or existential suffering is reorganised into a meaningful and narratively coherent experience.	Allows patients to reinterpret vulnerability through symbolic and musical expression.
Total Pain	A multidimensional experience of suffering integrating physical, emotional, social, and spiritual distress (Saunders, 1990).	Provides the holistic clinical context for music therapy intervention.
Resonance	A relational and affective synchrony emerging through sound, presence, embodiment, and interpersonal attunement.	Supports emotional regulation, dignity, and therapeutic connection.
Affective Attunement	The capacity to perceive and respond sensitively to another person's emotional and experiential state.	Facilitates trust, containment, and therapeutic presence.
Limit Experience	An existential threshold in which ordinary structures of identity and meaning become destabilised through confrontation with finitude.	Frames palliative care as a transformative existential condition.
Receptive Listening	A guided and emotionally engaged form of listening that activates autobiographical memory, symbolic imagery, and emotional processing.	Enables inner orientation, emotional integration, and existential reflection.
Musical Agency	The patient's active participation in sound-making, improvisation, or song writing as an expression of selfhood.	Reinforces identity continuity, autonomy, and narrative reconstruction.
Non-Religious Transcendence	Experiences of meaning, connection, or existential expansion that are not dependent on formal religious belief.	Supports dignity and spiritual integration at the end of life.

Note. Table 1 summarises the core conceptual dimensions of the Soul Sound Map framework and their function within the proposed clinical and phenomenological model of music therapy in palliative care.

The aim of this type of therapeutic intervention is to facilitate emotional expression, reinforce identity, and promote a meaningful spiritual connection in people at the end-of-life stage. The process adopts an approach organised into phases that include initial assessment, therapeutic sessions, and analysis of the impact on patients and caregivers. A reduction in stress is expected, as well as a strengthening of affective bonds and greater integration of music therapy into interdisciplinary care protocols.

3.3 Spiritual and Existential Dimensions

Within the Soul Sound Map, this resonance is intentionally structured: the patient's sonic choices, improvisations, silences, and symbolic gestures are woven into a coherent musical narrative that mirrors their emotional trajectory and spiritual horizon, forming what is described as a "Sound Map of the Soul", a personalised document that captures legacy, continuity, and transcendence.

The proposal is articulated around a concept understood as a symbolic resource that allows the patient's life trajectory to be re-signified and transforms the experience of the end of life into a process of meaning and transcendence. Despite methodological and logistical challenges, the model represents an innovative and humanistic alternative for comprehensive care in palliative settings, highlighting the therapeutic value of music in addressing total pain from a perspective that integrates body, mind, and spirit. In this sense, the idea of non-religious transcendence may also be understood in relation to recent reflections on supraconsciousness and near-death experiences, where consciousness is approached not only as a neurological phenomenon but also as a possible dimension of existential continuity beyond the limits of ordinary embodied awareness (Sans Segarra & Cebrián, 2024).

Its originality, as presented in the original project, lies in its capacity to unify emotional expression, narrative reconstruction, and spiritual exploration into a single therapeutic path, positioning the Soul Sound Map as a conceptual and clinical framework that responds directly to the unmet spiritual needs identified in current palliative practice (O'Callaghan, 2015).

4. Music Therapy Interventions in Palliative Care

4.1 Active Interventions

Just as Juliane Koepcke oriented herself by following the sound of rivers in order to survive in the Amazon rainforest, a person in a palliative process can orient themselves by following the soundscape of their own inner world. In this context, trauma is not restricted to a crisis or a single event; it can arise from the very process of confronting finitude. Existential psychology has shown that the imminence of death generates identity ruptures, profound biographical reviews, anticipatory grief, existential fear, desires for repair, a need for legacy, and a radical reorganisation of priorities, all of which are crossed by an intense search for meaning (Frankl, 2006; Yalom, 2008; Neimeyer, 2019). Music makes it possible for this existential trauma to be heard, named, contained, and transformed, offering a sensitive container in which anguish takes shape, fear can be shared, and total pain becomes inhabitable.

From a phenomenological perspective, this process resonates with the idea that sound can act as a bridge between vulnerability and coherence. Aldridge and

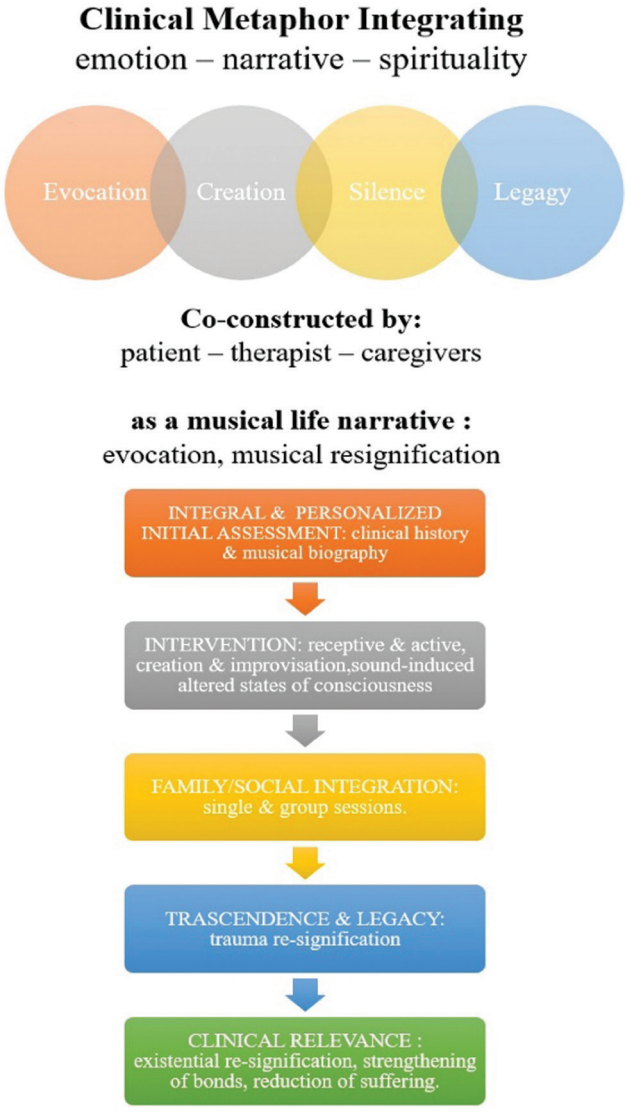

Figure 1. *The Soul Sound Map as an affective, symbolic and spiritual cartography emerging from the patient's musical history and therapeutic process*.

Note. Conceptual diagram created by the author to illustrate the affective, symbolic, and spiritual dimensions of the Soul Sound Map framework.

Fachner (2006) argue that altered states of awareness induced by music allow patients to reorganise their experience of suffering, while Bonny and Summer (2002) highlight that musical imagery provides a symbolic space in which existential anguish can be processed safely. Similarly, Trondalen (2016) describes musical presence as a relational field in which emotional disruption can be recognised, mirrored, and gradually transformed.

Through such a process, patients can re-signify their life map by means of active and receptive interventions, using music as a pathway through which to reconstruct their inner narrative. In active interventions such as improvisation, singing, the use of small percussion instruments, or song writing, the patient not only expresses emotions but reorganises their experience from a position of agency. Aigen (2005) argues that improvisation enables a "musical reconstruction of the self", in which the sound combinations created at a particular moment reflect, reorganise, and often transform internal affective patterns. Bruscia (2014) notes that active experiences function as living metaphors of the therapeutic process, since by producing sound, the patient also produces meaning, recovering a sense of presence and continuity amid fragility. Recent work on biographical music therapy in palliative care further supports the relevance of musical life review and personalised musical creation as pathways for emotional, spiritual, and psychobiological integration at the end of life (Warth et al., 2021).

Furthermore, intentional musical creation, especially song writing, offers opportunities for biographical integration, emotional legacy, and identity affirmation at the end of life. Magill (2009) showed that song writing in palliative care enables patients to reorganise their life story, transmit meaningful messages, and consolidate closing narratives, supporting what the literature refers to as life review enactment (Bright, 1997). In this way, active interventions ensure that the person is not only a listener to their story, but also an author and creator of new meanings.

These active processes align closely with the symbolic and transcendental dimensions proposed in Music Therapy: Consciousness & Transcendence in Palliative Care, where musical agency is described as a way of reclaiming subjectivity in moments threatened by loss of control. Bonny and Summer (2002) emphasise that intentional sound-making can open pathways to expanded states of awareness, while Aldridge and Fachner (2006) note that musical creation provides a temporal structure that helps reorganise emotional chaos. Additionally, Trondalen (2016) shows that improvisational dialogue in music therapy strengthens intersubjective connection, allowing the patient to experience themselves as relationally anchored even in extreme fragility.

4.2 Receptive Listening

Regarding receptive interventions, their depth does not lie solely in listening to music, but in how the listening takes place. Wheeler (2015) and Bonde and Wigram (2002) show that guided receptive listening facilitates processes of emotional regulation, affective release, non-verbal spirituality, and reconnection with deep memories. From the perspective of musical neurophenomenology, Fachner (2011) explains that receptive music activates sensory, motor, affective, and autobiographical networks at the same time, enabling the patient to experience continuity between past, present, and possibility.

This relational and multi-layered music reception is closely aligned with the symbolic dimension explored by Bonny and Summer (2002), who describe receptive experience as a form of inner journey in which images, sensations, and memories emerge in response to the musical stimulus. Aldridge and Fachner (2006) likewise emphasise that receptive states can open pathways of altered awareness where meaning reorganises itself through sound, while Trondalen (2016) highlights that the therapist's attuned presence helps the patient navigate these inner landscapes safely and coherently.

In listening, therefore, the patient relives, reinterprets, and re-signifies parts of their history, just as a lost traveller follows a sound to find orientation in the thicket. Receptive listening becomes a form of *inner cartography*, a process through which sonic landscapes guide the emotional and existential reorganisation of the patient.

In Music Therapy: Consciousness & Transcendence in Palliative Care, receptive listening is described as an experiential threshold through which patients recover narrative coherence and re-establish continuity with their embodied history. This form of listening becomes an act of meaning-making, allowing biographical fragments to be integrated through symbolic resonance and non-verbal emotional processing (Bonny & Summer, 2002; Aldridge & Fachner, 2006).

4.3 Trauma Re-signification through Musical Experience

In this way, patients benefit from creative activities in which they are able to express themselves, interact, and re-signify their pain through musical interventions. In receptive music therapy work, the interrelation between the composer's emotional expression and the listener's perception leads to profound emotional activations that

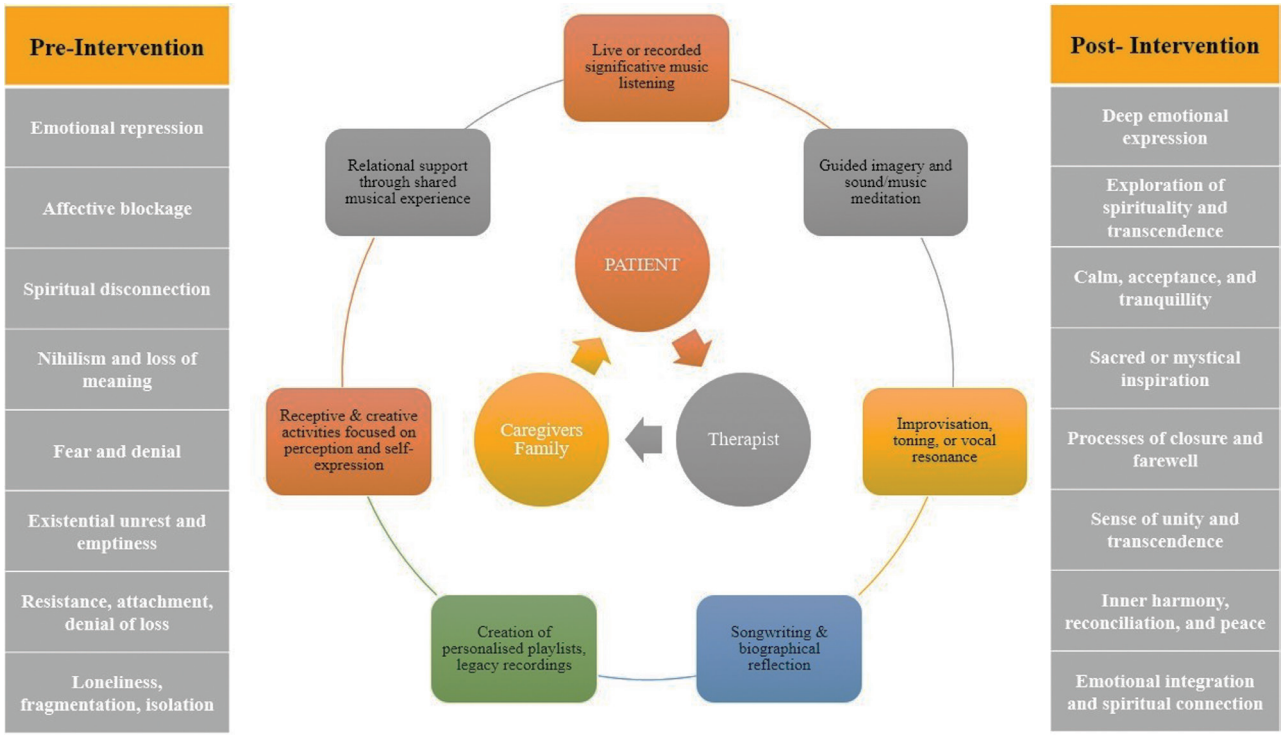

Figure 2. *Trauma re-signification through active and receptive music therapy interventions, highlighting the transition from emotional rupture to symbolic coherence.*

Note. Conceptual diagram created by the author.

remain an object of study in the fields of musicology and the psychology of music (Juslin & Sloboda, 2010). A paradigmatic example of this connection can be found in the *Lacrimosa* from the *Requiem*, KV 626, by Wolfgang A. Mozart.

Here, the aesthetic resonance mirrors what Bonny and Summer (2002) describe as the capacity of certain musical structures to evoke archetypal emotional patterns, and what Aigen (2005) identifies as the emergence of "musical meaning" as a lived, embodied phenomenon. These authors underline that receptive work is not passive listening but a dynamic exchange between the expressive intention of the music and the listener's own symbolic and affective world.

Precisely in this perception form of intimate and aesthetic orientation, the *Lacrimosa* connects directly with the process of re-signification in palliative care. The work embodies a model in which the composer's intention, emotional state, and musical structure converge to produce a piece filled with symbolism and expressive depth. In this sense, the *Lacrimosa* bears witness to the way in which music can operate as a channel of emotional expression that transcends the individuality of the composer and resonates with the collective human experience.

Clinically, music that carries deep symbolic density facilitates access to layers of consciousness that are otherwise difficult to articulate verbally, enabling patients to process existential themes such as grief, transcendence, and finitude (Bonny & Summer, 2002; Aldridge & Fachner, 2006). The *Lacrimosa* becomes, therefore, not only an aesthetic experience but a therapeutic portal through which emotional and spiritual material can be approached with sensitivity and meaning.

Musical Creation as a Pathway to Transcendence

Just as Koepcke listened to the sound of water charting a passage through the jungle, patients listen to music to orient themselves emotionally towards a place where trauma is transformed into meaning. In the *Lacrimosa*, it is possible that Mozart, aware of his own vulnerability, poured authentic emotion into this work. At the same time, the musical structure itself invites the listener to experience those feelings, regardless of the composer's original intention. From a psychological perspective, the idea that a composer transmits a feeling through their work is related to the concept of embodied cognition (Leman, 2008), which proposes that musical expression is not a mere external representation of an emotion, but an extension of the creator's cognitive and affective process. In Mozart's case, composing the *Lacrimosa* in the last days of his life may have allowed him to channel a feeling that goes beyond the strictly personal and reaches the universal: anguish in the face of

the end, resignation before the inevitable, and the search for redemption.

This connection between embodied affect and musical form aligns with Bonny and Summer's (2002) understanding of music as a symbolic container capable of holding emotional states that surpass verbal expression, and with Aldridge and Fachner's (2006) proposal that musical creation offers access to expanded modes of awareness in which vulnerability and meaning coexist. These perspectives suggest that the Lacrimosa operates simultaneously as personal expression and universal resonance, enabling listeners to experience deep emotional material within a coherent aesthetic frame.

From a musicological perspective, the piece is built on a harmonic progression that intensifies the pathos of the fragment. Written in D minor, a key that Mozart also used in other highly emotional works, this choice heightens the expressive character of the piece (Rosen, 1998). The pianissimo opening, with an ascending melodic line in the voices, generates a tension that is resolved intermittently in imperfect cadences, reinforcing the perception of an unfinished plea. The use of hemiola in bar 9 introduces a sense of rhythmic instability, as if the music were fluctuating between sorrow and hope, reflecting the experience of transcendence in the face of death. The orchestration, with violins in quavers, bassoons and trombones in low registers, and a predominantly homophonic choral texture, reinforces the solemnity and expressive depth of the fragment (Taruskin, 2005).

Researchers such as Trondalen (2016) have noted that these structural features of tension, instability, and suspension mirror inner affective movements in patients confronting finitude, allowing the music to function as an externalised emotional process. Bruscia (2014) similarly emphasises that musical form can become a metaphorical framework through which patients explore the dynamics of loss, hope, and transcendence.

The sublime character of the *Lacrimosa* lies precisely in its ability to evoke transcendence without the need for an explicit narrative programme. From a Kantian perspective, the sublime appears when the listener experiences the tension between formal beauty and the immensity of that which is hinted at beyond form (Kant, 1790/2007). In this case, the harmonic progression, instrumentation, and melodic direction shape a feeling of awe that transcends the literal meaning of the liturgical text. The listener does not only hear a lament for the dead but is simultaneously confronted with their own finitude.

This encounter with fragility through aesthetic experience echoes Bonny and Summer's (2002) description of music as a gateway to non-ordinary states of awareness, in which existential material can become symbolically reorganised. Aldridge and Fachner (2006) also point out that such experiences can facilitate shifts in self-perception, allowing patients to approach vulnerability from a position of insight rather than collapse.

What is decisive here, and what allows a comparison with Koepcke, is the passage from lacrima (tear, collapse, fracture) to glory (reordering, meaning, transcendence). As contemporary authors on aesthetics and trauma have argued (Scarry, 1985; Didi-Huberman, 2002; van der Kolk, 2014), the experience of extreme vulnerability can be symbolically reorganised when there is an expressive framework capable of containing it without erasing it. Music, like the survivor's biographical narrative, turns rupture into structure, fracture into form, and trauma into a possibility of meaning.

In this sense, the *Lacrimosa* exemplifies what Aigen (2005) terms "musical meaning-making", a process through which sound transforms emotional rupture into coherence, offering listeners a structured aesthetic field in which traumatic material can be approached safely and symbolically.

In the same way as Koepcke re-read her fall into the jungle not as a sign of horror but as the beginning of a new structure of inner orientation, the *Lacrimosa* seems to transform lament for the dead into a pathway towards emotional transcendence. Mozart does not erase pain; he sublimates it. He does not eliminate the limit; he turns it into a threshold. He does not deny finitude; he gives it aesthetic form. It is precisely this aesthetic transmutation that allows the listener to experience, in their own body, a passage from vulnerability to expansion, a micro-experience of emotional re-signification.

This transformation corresponds to what Bonny and Summer (2002) describe as an aesthetic-spiritual encounter, where music functions both as emotional catharsis and as existential orientation. The listener moves through a symbolic passage in which affect, meaning, and transcendence converge.

In phenomenological terms, what Koepcke experienced as sensitive listening to the jungle, following the sound that guided her, and what the *Lacrimosa* offers as an affective summit (*affektiver Höhepunkt*), share a common structure: a sonic territory that orients in the midst of the limit (Husserl, 1931; Merleau-Ponty, 1945; Waldenfels, 1997). In both cases, sound functions as a matrix of inner reorganisation. The jungle saves her; music saves us in another way, by making the unbearable capable of being heard. The idea resonates with Trondalen's (2016) formulation of music as a relational and orienting field, where sonic patterns help reorganise experience at moments when language and cognition are insufficient.

The *Lacrimosa* can therefore be read as the musical counterpart of the transition that Koepcke describes from collapse to listening, from disorientation to acoustic signalling, from falling to orienting, from fracture to meaning. This is the same movement that underlies the Soul Sound Map, a passage from the "chaotic noise of trauma" to an audible and meaningful structure. Such a movement mirrors the therapeutic trajectory explored in Music Therapy: Consciousness & Transcendence in Palliative Care, where sound serves as the axis through which emotional rupture becomes narratively and spiritually integrated (Bonny & Summer, 2002; Aldridge & Fachner, 2006).

5. Discussion

The central aim of music therapy interventions in this context is to facilitate emotional expression, strengthen identity, and promote meaningful spiritual connection in people approaching the final stages of life. From a conceptual and phenomenological perspective, the Soul Sound Map offers a symbolic framework through which the patient's life trajectory may be re-signified and the end-of-life experience transformed into a process of meaning, continuity, and transcendence. Its clinical relevance lies in the possibility of reducing stress, strengthening affective bonds, and supporting the integration of music therapy into interdisciplinary palliative care protocols. Despite methodological and logistical challenges, this model represents an innovative and humanistic alternative for comprehensive care, highlighting the therapeutic value of music in addressing "total pain" from a holistic perspective that includes body, mind, and spirit. This orientation is also consistent with recent evidence suggesting that music therapy may contribute particularly to spiritual well-being among patients with advanced cancer in palliative care (Huda et al., 2023).

Resonance, understood as a profound synchrony between the patient's inner world, the therapeutic accompaniment, and the sonic dimension (Alio-Warr & Álvarez Leija, 2025, p. 58), allows emotions linked to finitude to be felt without collapse, remembered without fragmentation, mourned without getting lost, farewelled without disappearing, and transcended without abandoning reality. Music does not heal in a biomedical sense, but it accompanies, supports, and transforms, and this accompaniment, as Chochinov (2002) notes, preserves emotional and existential dignity at the end of life. From this perspective, the concept of preventive re-signification emerges, in which musical presence makes it possible to reorganise meaning before extreme deterioration, to sustain identity before disorientation, and to accompany fear before crisis, in line with the principles of Meaning-Centred Psychotherapy, which recognises that meaning can be cultivated at any stage of the palliative process (Breitbart, 2017).

Music thus opens a safe threshold, a symbolic anticipation of the vital edge where the person can rehearse emotions, work through grief, rearticulate relationships, and discover new ways of inhabiting their own story. In this context, the jungle metaphor becomes structural. Just as in the Amazon there are no visible paths and orientation depends on sensitive listening to environmental sounds, at the end of life the maps narrow, identity falters, the body falls silent, time becomes dense, and listening becomes the route. "It was the sound of the water that saved me" [translated], wrote Koepcke after surviving the jungle. In the palliative setting, one might say that it is the sound of the soul that orients the final transition (Alio-Warr & Álvarez Leija, 2025, p. 52). Outer jungle and inner jungle share a fundamental truth: their paths are revealed only through listening.

6. Conclusion

The initial question, "How close to death must we be in order to re-signify it in a constructive way?" finds here a more nuanced answer. It is not necessary to move to the biological edge or wait for the imminence of the final stretch. What transforms the experience is not the fact of dying, but the possibility of accessing an inner threshold where existence is heard in a different way, where vulnerability becomes fertile, and where meaning can be reorganised.

At that threshold, the Soul Sound Map functions as a symbolic territory capable of orienting the final transition. Music accompanies, dignifies, sustains, re-signifies, and transforms. It does not erase trauma but turns it into a passage. It does not eliminate total pain but makes it inhabitable. It does not halt finitude, but allows it to be given form, presence, and coherence. Even in the last days, when awareness narrows and the body fades, music sustains the possibility of affirming that, even in extreme fragility, the soul still retains an inner map. And on that map, sound remains its first direction.

Acknowledgements

The author would like to thank the editors and reviewers of the HORIZON Journal for the opportunity to present this conceptual-theoretical work through publication in this esteemed journal.

Funding

The author declares that she received no financial support for the research, authorship, and/or publication of this article.

Declaration of Conflicting Interests

The author declares that she has no competing interests.

Declaration of Generative AI and AI-assisted Technologies in the Writing Process

During the preparation of this manuscript, the author used generative AI and/or AI-assisted technologies only for language refinement, editorial revision, formatting support, and structural organisation. These tools were not used to generate the conceptual framework, theoretical arguments, original ideas, analysis, interpretations, or conclusions of the manuscript. The author reviewed, edited, and approved the final version of the manuscript and takes full responsibility for its content.

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Biographical Statement of Author(s)

Erica F. Alio-Warr is an integrative therapist, lecturer and educational manager with extensive clinical experience in end-of-life and chronic illness support. Her teaching experience at university level has an extensive background both in Argentina and Germany, including work in intercultural education and curriculum/therapeutic design. She also researches neurophysiology of music and learning and integrative health through interdisciplinary inquiry.

Bilingual author and collaborator in applied research, she directs a private praxis focused on integrative therapies, working with diverse clinical teams and academic institutions in Europe and Latin America.

Erica Flavia Alio-Warr
Lecturer, Integrative therapist
Diploma University of Applied Sciences
University Greifswald
Alio-Warr Institute
Germany
E-mail: info@alio-warr-institute.com