

Emergent Mental Health Needs  
during Covid-19 Pandemic  
and Responsive, Tailored Interventions©

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Heartstream Resources for Global Workers\*  
(Heartstreamresources.org is currently moving from PA to NC)

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\*with the collaboration of  
Dr. Elizabeth Eunjung Um, Heartstream (South) Korea (HSRK)  
Dr. Margaret Alag, Heartstream Philippines & Kuwait (HSRP)  
Rev. Richard Steward, Heartstream Associate, Spain  
Ms. LayHwa Teh, M.A. Heartstream Associate, Malaysia  
Dr. Helen Joy Livingston, Taiwan

## About the Author

Dr. Lois Dodds and her late husband, Lawrence E. Dodds, M.D., M.P.H., founded Heartstream Resources for Global Workers in 1992, after having served in Wycliffe Bible Translators and the Summer Institute of Linguistics for 23 years. They served in the rain forest of Peru for 14 years, with Dr. Larry devoted to the medical care and training of Indigenous groups. Lois served primarily in those years as a writer, editor, and counselor, with added roles typical of a “missionary wife” in those days. They reared their three children at Yarinacocha, the center which served over 50 Indigenous groups through linguistics, education, Bible translation, and medical care. Their home there is now part of the university for the Indigenous groups of Peru (Universidad Nacional Intercultural de la Amazonía, at Yarinacocha, near Pucallpa, Peru.)

As a result of their own experiences of burnout, depression, and illnesses of many kinds they began to sense a call to create a place of care for others. Teaching around the globe in about thirty countries, with Operation Impact of Azusa Pacific University, cemented this calling. In every country, in every class, they heard the same refrain: “Wouldn’t it be wonderful if there was some place we could go where they would understand us, where we could have counseling, spiritual care, and medical care all in one place?”

For a decade after returning from Peru the Dodds continued training and teaching worldwide. Larry served as Director of Public Health for Ventura County in California and Lois helped to train almost 1,000 candidates for Wycliffe. They kept going to school themselves at every opportunity, and in 1992 felt ready to create the multi-modal care center. About two dozen international workers participated in the formation of Heartstream. Pennsylvania was chosen as a location due to its friendly cost of living and being within a 500-mile radius of most U.S. mission headquarters.

Lois earned her doctorate at University of California at Santa Barbara. She has an estimated 40,000 hours of counseling experience. Larry earned his medical degree at University of Southern California and gained four specialties in subsequent years. He passed away in 2008.

Dodds’ son David is an epidemiologist and anthropologist, heading up a research department for the State of California. Daughter Kathryn is married to Steve Moore; they serve with WBT globally. Son Michael is a musicologist, composer, and conductor at UNC School of The Arts.

Dr. Dodds received awards from AAACC World Congress: “Outstanding Christian Caregiver” (2017) and “Paris Finner-Williams Award for Excellence in the Advancement of Cultural Sensitivity and Competence” (2019), and with her husband “Shepherd’s Heart” from Pastors to Missionaries, 2003.

## Learning Objectives

Three significant changes in the mental health and other needs of missionaries emerged during the Covid-19 pandemic: 1) greater *intensity*, 2) requiring *immediacy*, 3) spurred by *isolation*. Though I began this anecdotal research in the U.S. for a period of 30 months to discover trends and evaluate therapeutic responses and interventions it became clear through my international partnerships that there is much to learn through what has been happening in various other countries as well. I was able to do this through the collaboration of our International Heartstream Resources Partners. Their observations are included here. The learning objectives have remained the same.

Learning Objectives: As a result of this session participants will be able to:

1. Identify key changes in mental health needs of global workers resulting from Covid-19 pandemic.
2. Evaluate research results from two and a half years of the pandemic regarding needs and responsive therapeutic interventions.
3. Considering the trends, assess one's own counseling approach and tailor services to these needs.

## Summary

During the Covid-19 pandemic three emergent needs stood out regarding the mental health and related needs of international humanitarian workers: 1) greater intensity, 2) requiring immediacy, 3) spurred by isolation. Our records of 30 months' reveal trends. We have explored the needs and therapeutic responses offered by several international partners, from South Korea, the Philippines, Taiwan, Malaysia, Spain, as well as Heartstream Resources in the U.S.

## International Heartstream Collaborators<sup>1</sup>

I am indebted to my colleagues and friends listed on the title page. Each one has added significant information and insights from their lives and ministry experiences during the two and a half years we evaluated. As an International Team of Partners, Heartstream Resources for Global Workers has added valuable resources to the efforts of countless persons aiding global workers around the world, especially during the pandemic. Each partner serves primarily the overseas workers from and in their home countries. In addition, they serve workers from many nations who are ministering within their countries ("host" countries to those from abroad). For example, our South Korean Partner serves any missionaries within South Korea as well as those sent out from South Korea who work around the globe, such as in Papua New Guinea or Kenya.

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<sup>1</sup> I am also indebted to Kim Snyder for preparing excel spreadsheets detailing needs and other information, and to Lori Malone for helping to pull this presentation together.

## Identified Needs and Unique Interventions

I like the way LayHwa Teh, our associate in Kuala Lumpur, summarized the needs. She called them “suddenlies”--“suddenly’s.” This word epitomizes the complexity and urgency of the needs brought on by the pandemic. Her list of fifteen needs and issues serves as a summary of all the country descriptions:

“Burnout, depression, family issues, financial stress, sickness, death of close ones, trauma of sudden deaths, visa issues, trauma of being sent home suddenly, secondary trauma of hearing about colleagues been interrogated on the field, adjusting back to the home country, loss of direction/confused/vulnerable, aloneness (you are alone), isolation especially for singles. If single being pressured to get married in home country and the need to get a job to survive, and if married the need to stay with parents while trying to get a job and find schooling for the children.”<sup>2</sup>

### In the U.S.

When the lockdowns began, our U.S. Heartstream team asked the Lord to guide us in how to care for our constituency around the globe. We felt led to create some creative means of ministering during the pandemic.

### **Music Project**

Touched by the nightly news describing how many people were dying alone because of Covid, their loved ones anguished by not being with them, we decided to create a music program targeted for their needs for comfort and consolation. We wanted to offer a practical, easily accessible resource. Out of this was born “**COVID Comfort -- Prelude to Heaven,**”<sup>3</sup> a one-hour-fifteen minute program of selected, beloved Christian hymns, songs, and Scripture readings which would be recognized by believers in most countries. All the music and readings are original recordings of music and scriptures available in the public domain. The musical productions and dramatic readings were all volunteered, to show love and care for global workers in need. We promoted the program through a local television station and some hospital chaplains.<sup>4</sup> One rewarding benefit of this was that a woman dying alone in Serbia, connected

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<sup>2</sup> LayHwa Teh, personal correspondence, Nov. 13, 2022.

<sup>3</sup> <https://www.youtube.com/watch?v=3ngtxh3GFF4>

<sup>4</sup> Channel 27 in Harrisburg, an ABC affiliate, covered the story narrated by Alicia Richards.

<https://www.abc27.com/news/health/perry-county-psychologist-creates-Covid-comfort-music-project-to-help-people-through-pandemic-related-challenges/> by: Priscilla Liguori

Posted: Jun 24, 2021 / 03:06 PM EDT

Updated: Jun 24, 2021 / 06:38 PM EDT

LIVERPOOL, Pa. (WHTM) — While some have pushed the pandemic to the backs of their minds, COVID-19 deaths and grieving continues. A Perry County psychologist is behind an effort that uses music to help people cope. “Our goal is just to get as many people as possible to listen and find hope and peace,” said Dr. Lois Dodds of Heartstream Resources for Global Workers. (Read more at the end of this paper.)

with the music by her sister in the U.S. She said it brought comfort and peace to her sister during her final days and hours.<sup>5</sup> You can see more of the television text in the endnotes.

### **A new book**

At the same time, since we could not be with our constituency face to face, we decided to write a weekly “blog.” This became a book: *Making the Most of Your Pandemic Emotions*.<sup>6</sup> A popular chapter is “25+ ways to treat your own depression,” complete with illustrations. Interestingly, this book has made its way into prisons, an audience we did not have in mind at the beginning of the project.

### **Intensive Programs with Social Distancing, Masks and Vaccinations**

After having cancelled several programs, we decided to resume our two-week Intensive Care. Using the existing guidelines for social distancing we hosted small groups, requiring vaccinations before attending, daily masking, and temperature taking.<sup>7</sup> Even during meals we spaced our guests at least six feet apart. A few times we hosted a single person or one family for a program.

### **Distance Counseling**

For those persons who would not or could not get vaccinated, we offered distance counseling. Though this was not unique, we decided to do it primarily to those whom we had met in person during previous programs. I met online with people from our office in Liverpool, PA, and some of our counselors in other locations counseled from their homes as well. The requests for this service have continued, both for debriefings and for intensive or weekly sessions.

### **Our regular programs**

During the 30 months 70 guests came to Heartstream (up from the 49 projected) for Intensive Care Programs or online counseling with Dr. Dodds. (Additionally, some of our counselors offered online sessions, which are not included here.) Participants’ ages ranged from 8 to 73 (The child age 8 was a full participant with excellent outcomes!). Average age was 50.5. Time on the field ranged from two months to 35 years, with an average of 17.5 years. Those served came from or were located in Australia, Cambodia, China, Dominican Republic, Ecuador, Fiji, Germany, Guatemala, Guinea-Bissau, Honduras, India, Ivory Coast, Kazakhstan, Lebanon, Madagascar, Mexico, Nepal, Panama, Peru, Philippines, Senegal, Somaliland, Southeast Asia, Spain, Sudan, Sweden, Switzerland, Thailand, Togo, Uganda, Ukraine, and the United States.

The needs and issues motivating people to get help were mostly the same as before the pandemic. But there seemed to be greater urgency about the needs, seemingly compounded by the restrictions imposed during the pandemic.

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<sup>5</sup> Nasthasa Bonnemaïson, personal communication.

<sup>6</sup> *Making the most of your pandemic emotions* is available at [www.heartstreamresources.org](http://www.heartstreamresources.org)

<sup>7</sup> We are indebted to Dr. Stanley Haegert of Alongside and Dr. Thomas Krebs of Evangelical Hospital in PA for their help in applying the guidelines.

We cared for more guests with burnout than usual. For several people the extra stresses, especially isolation, led to a re-surfacing of old issues, even those from childhood. Travel became a huge problem due to lockdowns and border closings. This meant some missionaries remained home longer than planned, thus pressuring team mates still on the field and delaying their home leaves. Others had to remain on the field longer, unable to leave, thus not getting the breaks they needed. Housing became a big challenge for those who had to return suddenly and came back without plans in place for housing. Living with family members in the U.S. often added pressure. Several couples we served were literally homeless and moved back and forth to friends or relatives for short periods of time for months on end. It seems churches and agencies were unprepared for the sudden arrivals and had no housing to offer. One family evacuated from Ukraine stayed with various family members until coming to an Intensive Care Program. When each one in that family received a gift of a handmade quilt, they wrapped themselves in them, swirled around dancing. The children gleefully declared, “Now this is the first thing that is our own!” The mom chose a quilt with a print of homes on the backing, to remind her they would have a home again one day. (They had given everything to their local church before leaving Ukraine, to be used for all the refugees flooding into the city.)

People whose ministries involved direct and practical caring for others experienced a huge increase in stress, with some having secondary traumatic stress from the perpetual and urgent needs which surrounded them. Some worked with crisis organizations and became overwhelmed by the needs of those whom they were serving while resources were very scarce.

As for the general population, a huge grief for many missionaries was that people could not travel to be with loved ones who were ill or died. We came to see that this was an issue in every country.

### **South Korea—2,707 Came Home!**

Our partner in South Korea, Dr. Elizabeth (Eunjung) Um, reports amazing statistics, in which are embedded both needs and interventions.<sup>8</sup> (Underlining for emphasis is mine.)

“As of December 2021, the number of long-term missionaries returning temporarily in 2021 was 2,707 (14.42%) out of 18,776 respondents with 152 agencies. The rate of returning due to COVID-19 was 34.3% (<https://krim.org>, Korea Research Institute for Mission, “Korea Mission Report 2021”). Another research (study) found that 90.9% (of) respondents (N=503) replied that they will not leave the field and (will) continue service even in the pandemic situation (*Christian Today Newspaper*, Dec 9, 2021). Those missionaries who chose to come back did so with permission of their sending agency and/or church.

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<sup>8</sup> Dr. Elizabeth Um, Co-director with her husband, Dr. Paul Choi, Heartstream Resources, Korea; personal communication Sept. 2, 2022.

“Housing and financial needs are ongoing critical issues. Because of Covid, housing needs have been increased... Most sending churches do not equip housing for missionary families.

“Insufficient & inconsistent financial support: Because costs are higher in the home country, a prolonged stay due to Covid situation meant the risk of losing support.... If missionaries were already on home leave when the lockdowns began, they were faced with having to stay home longer, finding it hard to sustain themselves or find a new job.

“Parents experienced challenges, especially difficulty in disciplining their children during the pandemic because of the longer hours they all spent at home. Some returnees’ children were able to access their schools online.

“The most challenged group included those who had to leave their fields because of complex reasons: war, deportation, and visa problem along with Covid-19. Their future and missions are likely uncertain and vague.

“On a broader scale, churches and agencies were affected by the pandemic. For missions, running training programs for candidates and career missionaries became problematic due to government restrictions and lockdown. One director of a training center in Malaysia had to come back to Korea to run programs in temporary venues.

“Churches faced challenges in caring for their missionaries. According to research of KRIM, mission agencies’ closing financial account for 2021 was similar to the previous year. It implies that Korean church maintained missionary support. However, this research was not targeted for the group of returnees, making it difficult to assess their losses.”

A unique help was offered by one large church, who established a half-million dollar “consolation” service, including counseling fees for widows who lost their spouses due to Covid. One very touching story from one mission agency crisis management team (in partnership with their supporting churches) is regarding a missionary wife whose husband was dying of Covid. She was about to give up on medical evacuation because she thought that if her husband died while being flown home, he would die in vain. She was afraid of the moment “when the offering would become useless.” At that time, the care team told her firmly, “Obedience to care receiving is also missionary work.” They reminded her to accept the wisdom of those caring for them. After the crisis was over, the agency provided group & personal debriefings for their crisis management team and the couple, in the partnership with Heartstream Korea. This successful intervention shows an exemplary model of partnership of the mission agency, the sending church, and the member care agency.

Beyond the practical needs created by the pandemic, there have also been high emotional costs. Anxiety, low self-esteem, and feelings of abandonment are common. “Survivor’s

guilt” has surprised some—the mixture of feeling both guilt and appreciation. Persons who had to leave the field unwillingly express these feelings. Besides all that, living in other people’s houses has created physical and emotional discomfort .

### **Philippines and UAE—Overwhelming Need!**

Dr. Margaret Alag heads up Heartstream in the Philippines and also serves widely in Kuwait and the United Arab Emirates, caring for pastors and other Overseas Filipino Workers. She thus has a vantage point across many cultures.

Though we do not usually consider workers who go abroad to sustain their families back home to be missionaries in the usual sense, the Filipino Heartstream team has for years reached out to care for the leaders and members of the churches in various countries, especially to pastors who tend their flocks after themselves working full time paid jobs. In some cases, the OFWs have sent out missionaries from their own overseas congregations or financially support missionaries thus becoming part of the worldwide missions community. Because a high percentage of those who work abroad are believers, they have an incredibly positive impact. We describe them as “tentmakers” or as “doing business as missions.”<sup>9</sup>

Dr. Alag recounts the distresses of the “hundreds” (“perhaps thousands”) who got stuck due to lockdowns and border closings throughout the Middle East. There was “countless suffering and travail among OFWs who were trapped in their transit cities like Dubai or Abu Dhabi enroute to Kuwait or Saudi when all the governments all over the Middle East closed their borders. “Imagine, if you were one of them and had the last dollar in your pocket and had to stay in Dubai for weeks....unimaginable, terrible, indescribable suffering. Borders remained closed for a year or more, with all flights cancelled.”

Many workers in Kuwait and other ME countries experienced "No Work, No Pay" situations when the malls, stores and restaurants closed as ordered by the governments, due to the rising cases of Covid. This led Dr. Alag and her husband to go “into mercy ministry mode” to provide water and to cook three times a week to distribute to the Filipino workers within and around their district, with the help of church leaders. The tragedies and hardships they observed almost led them to burnout.

Another way the Alags responded, while still in Kuwait, was to minister across borders and within Kuwait with online Bible studies, prayer, and worship groups. Even a seminary in Kuwait conducted classes via Zoom. Churches met online due to lockdowns.

Some missionaries in Asia were fortunate in that they were repatriated with the help of the Philippine government, which provided free air transport. Other missionaries' plans of annual vacation, even marriage in the Philippines, had to be cancelled due to the borders closing.

Back home, the Filipino Heartstream team went into overdrive to serve their missions community. Ways they ministered included:

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<sup>9</sup>There are 12 Filipino congregations in Abu Dhabi. Some of them send out their own missionaries.

- Providing financial assistance to missionaries in need.
- Prayer became a crucial means of caring.
- Online ministry for missionary couples in burnout situations within the Philippines, using what Dr. Meg calls "Intensive Care counseling approach." The design is similar to the Heartstream Intensive Care Program in the US, but it is offered online over a period of 8 weeks for 2.5 hours per meeting. The couples preferred this approach over usual counseling sessions because of the inter-disciplinary approach to healing: Spiritual direction and time for Word study and worship, assessment tools on stress, depression and personality styles; debriefing for emotional care; education/lectures on stress management, relationship matters; advising on ministry direction.
- Medical advice and guidance through Dr. Susan Lim, particularly educating and addressing myths and false ideas about the vaccines.
- Debriefing training for various groups, especially churches. CBN Asia had so many Covid patients and even death among its employees or their families, that the leaders requested HSRP to provide debriefing training for their staff. HSRP created for them a corporate-wide Wellness and Stress Management Program for 300 personnel. They used the Heartstream model of "SPARE" in the weekly online course.<sup>10</sup> This included training in what Dr. Alag calls "active care-listening." Churches became aware of their critical role in caring not only for their missionaries but also for their community in the face of extreme Covid difficulties. One church required all of their church leaders, nationwide, to attend and be trained in debriefing and active caring for their communities. The HSRP program asked them to design care ministries responding to their particular contexts.
- Another service was to create training for two Post-Pandemic Health specialist groups. Group debriefings served best, since there was so much need: debriefers themselves were experiencing burnout. A workshop for Upskilling on Debriefing was offered.
- Offering spiritual care was just as important as meeting practical needs. This included a one-day seminar on Mentoring in Spiritual Disciplines.
- MK help in the form of a two-day Career Counseling seminar with input from an expert on career trends in a multinational firm. This was in response to parents who had to cope with lockdowns in their countries to address their senior high children's needs in planning for their future.

### **Taiwan—"Missionary Refugees"**

Helen Joy Livingston in Taiwan refers to "missionary refugees" when she talks about the needs of missionaries during the pandemic.<sup>11</sup> With friends she created a Clothes Closet to provide for families who had to leave their host countries precipitously, without being able to go all the way to their home countries. She says,

"I listened to so many moms who came in 'looking for clothes' but ended up pouring out their hearts to me. I would open the Clothes Closet in the two hours that my kids were at sport practice after school. And at least three or four moms

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<sup>10</sup> SPARE is an acronym created by Heartstream, referring to five dimensions of human development which need to be attended. S=spiritual, P=physical, A=actualization, R=relational, and E=emotional.

<sup>11</sup> Helen Joy Livingston works with her husband Sam in Taiwan, along with their four teenage daughters. They have served there for thirteen years.

would come and “shop” (for free). Many of these new families arrived in 2019 at the beginning of the pandemic. They came from neighboring countries that were no longer safe for m’s to be there. Their departures from their host countries were often abrupt and awful. Many were interrogated and fled within days. Arriving in Taiwan with suitcases of basically what most would take with them in a fire. Many did not have appropriate clothing for our extreme hot and humid climate. So, as they told me the ages of their kids and what they like or dislike, I would help hunt for clothes--but really, I would listen to how they felt so pressured by their agency to suddenly move to a new and foreign country and ‘start shining and win lots of souls for Jesus.’

“What I was hearing was ‘We are tired. We are human. We’ve been wounded. Who can help our bleeding hearts? What about our kids? They are hurting too but they have to go to school, and no one seems to understand? My husband is overwhelmed trying to bridge the gap of our current reality and putting on a mask for the agencies back home so we can keep our job. We can’t afford one more move. We can’t do that to our kids.’ This was a message I heard over and over no matter what country they fled from.

“Our current center for counseling in Taiwan has ONE female counselor left. She mainly speaks Mandarin and can listen in English but is not fluent. Unless the missionary has an organization with GOOD MEMBER CARE, or they are like us and are intentional about seeking out help (they won’t get care). Sam and I find our help through The Well and Cornerstone in Thailand. We knew from the get-go that if we weren’t intentional about our own wellness, we weren’t going to make it for the long haul. Most missionaries in Taiwan are so scared to reach out for help emotionally because this seems “weak,” and they are fearful of losing their jobs if the mission agency knew the truth.

Dr. Livingston relates a deeply moving experience which revealed the depth of needs. She says, “In 2021, the Taiwan Missionary Fellowship (TMF) women’s retreat asked me if I would do a workshop for the ladies. Since I attend Thrive<sup>12</sup>Gatherings online regularly, I told them that I would share a simple ‘Soul Care’ workshop that I learned on Thrive. Fifty women listened and cried and as I led them to do a simple tree exercise thinking about their current roles in life as branches and leaves. Then they were to draw roots of how they were sustaining their self-care and soul care. And many of them had very little root system of self-care and soul-care that could sustain the load they were expected to produce. Their trees were very very top heavy as a missionary, teacher, seminary professor, pastor, mom, etc. When I walked around the room looking at what the women were drawing, and I saw barely ANYTHING for ideas for Self-Care (eating right, sleeping, exercising, etc...), and Soul Care (such as girl time, quiet time, devotional, hiking, etc.)...I told them to pay attention to what happens EVERY

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<sup>12</sup> Thrive is a ministry which provides retreats for missionary women. [www.thriveministry.org](http://www.thriveministry.org)

YEAR in Taiwan when the TYPHOONS come. Life will have typhoons of grief, loss, crisis. In pandemic years, it is one storm after another. Many trees keel over in Taiwan damaging property, blocking roads, etc. But the truth is...to get a tree back in the dirt and let it thrive again is no small thing. I felt like our tree almost flopped over, but as it was swaying; we knew that we had to get out and find shelter rather than allow the wind and storm (spiritual abuse is what that was) to keep rippin' at our roots."

### **Spain—A Voice of Love and A Safe Place**

Pastor Dick and Sue Steward, our Heartstream Associates in Malaga,<sup>13</sup> Spain also tell of profound needs.

"During and after the pandemic and the lockdowns we noticed that we dealt with workers going through loss and its ensuing grief. Some struggled because of having sick and dying loved ones with whom they were not able to be close or to say goodbye. One person, a single woman living in a tough culture and country, really struggled with feeling that there was no one back "home" that really understood her situation and how alone she felt in dealing with the death of close loved ones. She saw her family gathered for funerals where they were able to share their grief and she felt cut off, isolated from the opportunity to grieve with family and friends. None from the family reached out to her to really see how she was doing. I am sure she was not the only one to experience this feeling of being cut off. There was also grief for lost ministries and not being able to be with fellow believers. Others struggled with having to leave the field for a variety of reasons, but all Covid related. For singles, and the extroverted, the isolation and loneliness were exceedingly difficult to endure. We did not have any revolutionary methods for helping, but we did provide a voice of love and concern and a place where they could vent in a safe place and know they were heard and cared for. I think we all realized anew the need for community, for a loving support group."

## Summary

During the Covid-19 pandemic three emergent needs stand out regarding the mental health and related needs of international humanitarian workers: 1) greater intensity, 2) requiring immediacy, 3) spurred by isolation. Our records of 30 months reveal trends. We have explored the needs and therapeutic responses offered by our international partners in South Korea, the Philippines, Taiwan, Malaysia, and Spain, as well as the U.S.

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<sup>13</sup> Pastor Dick and Sue serve as distance staff for Heartstream, as well as for WIM Global. They collaborate with a member care network in Malaga, serving missionaries from around Europe and the Mediterranean.

This is part of Channel 27 commentary:

Even with all of the progress that's been made, finding that peace during the pandemic can be challenging for a variety of reasons, whether you or a loved one are suffering from a variant, you're missing one of the more than 600,000 Americans who died from the virus or you're dealing with physical or emotional long-term effects. The ongoing struggle is what inspired Dr. Dodds to create the [COVID Comfort Music Project](#). It's a full hour and fifteen-minute video on YouTube, full of Christian songs and calming imagery.

"This one person listened to it during her death, and it was very helpful to her and her family," said Dr. Dodds. It's something simple that's value is limitless. Dr. Dodds knows from experience how healing music can be. "Music is powerful to reach to the human spirit," said Dr. Dodds.