

David's Harp: Bringing Healing Through Music

Contributed by Barbara Trainin Blank

In Alfred Hitchcock's thriller *Vertigo*, the hero is hospitalized in a catatonic state after witnessing the horrifying death of the woman he loves. The psychiatrist puts on a record of classical music, but the patient's despairing friend (would-be girlfriend) says something to the effect of: "I don't think Mozart is going to help." {mosgoogle right}

It's a powerful image. But fortunately, music therapy has a much better track record than that.

Defining Music Therapy

First, a definition. According to the American Music Therapy Association, Inc. (<http://musictherapy.org>), music therapy is an established health care profession that uses music to address the physical, emotional, cognitive, and social needs of individuals of all ages.

Music therapists assess the well-being, physical health, social functioning, communication abilities, and cognitive skills of clients through musical responses. They then design music sessions for individuals and groups. Working in hospitals, rehabilitation facilities, outpatient clinics, day care treatments, agencies serving the developmentally disabled, senior residences, and schools—as well as in private practice—music therapists participate in interdisciplinary treatment teams along with social workers, doctors, and other professionals to set goals and determine progress.

Music therapy seems to be increasing in appeal as it is applied to new areas—such as wellness programs, neonatal care, prisons, hospices, and dementia units.

Although the roots of music therapy are ancient—think David playing his harp and singing for the depressed King Saul—AMTA says that the 20th-century discipline began after the World Wars. Community musicians went to veterans' hospitals around the country to play for veterans suffering from both physical and emotional trauma and observed their improvement. The first music therapy degree program in the world was established at Michigan State University in 1944. The association itself was founded in 1998, as the merger of two earlier umbrella organizations.

Music therapists must complete an approved college music therapy curriculum—including an internship—and then pass a national exam offered by the Certification Board for Music Therapists. Increasingly, too, social workers and other therapists are seeking music therapy training, and vice versa.

Combining Social Work and Music Therapy

Christine Stevens, who is a board certified music therapist and holds master's degrees in social work and music therapy, came to her interest in the latter through the foster care system in Colorado, where she found that music helped bond kids with attachment disorders to their adoptive parents.

One reason music, as a tool of nonverbal communication therapists can use, is effective is that people "take an active role, even choosing the music they want," says Stevens, based in Valencia, CA. And drums seem to work particularly well because they are "very immediate, easy to play, accessible, and human," she adds. "We're biologically wired to rhythm. We can't hold still when a good beat is playing."

Stevens has found drumming helpful in drug and alcohol recovery, particularly in overcoming resistance. "Drumming draws people into the better parts of their selves," she says. Studies have also shown, Stevens adds, that drumming aids the immune system, counters burnout, and alleviates mood disturbances and chronic pain. And that includes health care professionals and social workers facing burnout who find relief in group drumming.

Barbara Dunn of Clinton, WA, first learned about music therapy from a guidance counselor in high school. Her original plan was to study music therapy and become a psychologist. Later she decided on an MSW, with the intent to "fold" her music therapy into a social work practice. She also studied ethnomusic in New Zealand in an attempt to understand how other cultures use art.

After her master's program, Dunn worked for a while as a medical social worker and incorporated music therapy into her work. "But I really missed the music, so I went back to private practice, where I could more effectively combine the two disciplines."

There's a great deal of flexibility in music therapy, but the type of music matters a great deal. "It is largely determined by the needs of the client and situation," Dunn says. "One person may love a certain style of music or a specific artist...that same music might drive another person crazy. Obviously, it would be counterproductive to use it with that person."

Although music therapists work in a variety of settings, there are individual factors that determine how effective it will be, Dunn says. "For example, it might be less desirable as an intervention if music therapy is offered in a hospital and the patient has been awake all night and needs to sleep. It really has more to do with individual factors that affect someone than with demographics or type of challenge they might be facing."

Music for Healing

On the other hand, soothing live music at the bedside might be just what the doctor ordered to help that exhausted

patient fall asleep.

While board certified music therapists often involve clients more actively in music as a therapeutic tool, therapeutic musicians provide live music at the bedside, allowing patients or clients to passively receive the music, and sometimes even fall asleep to it. One organization that trains therapeutic musicians is the Music for Healing & Transition Program, Inc.™, which trains and certifies musicians to provide live therapeutic music at the bedside to create a healing environment. These musicians collaborate with health care facilities and community organizations to educate about, and promote research in, the effectiveness of therapeutic music in the healing process and the life/death transition. Those who complete the program (consisting of five weekend modules, 10 book reviews, and a 45-hour internship) are known as Certified Music Practitioners (CMPs).

One social worker who completed the program is Linda Grobman, *The New Social Worker's* editor and publisher (see sidebar). She plays bedside flute music in a hospital and a nursing home.

The program was co-founded by Laurie Riley, a musician who went to visit her sick father in the hospital. He wasn't expected to live through the night. Hesitantly, Riley asked staff in the ICU if she could play the harp for him. They said she could play for five minutes—but after those five minutes, they asked her not to stop, because her father's vital signs were improving with her playing. In fact, Riley's father got better and lived for almost another year.

"Laurie Riley was a pioneer in the movement of live therapeutic music being played at the bedside," says Grobman, who also has degrees in music therapy and social work. "It's different from music therapy. Most practitioners of therapeutic music don't have music therapy degrees. But some of them do." CMPs use the intrinsic elements of live music to create a comforting environment, changing the music as needed to tailor it to an individual's needs, Grobman explains.

Currently heading MHTP, based in Hillsdale, NY, is executive director Melinda Gardiner. A longtime amateur musician and nurse who became involved some years ago in hospice work, Gardiner started in 1987 playing the celtic harp for the actively dying. "Then I heard about MHTP and its founder, who suggested I start classes where I was," says Gardiner.

CMPs who receive training and certification through the Music for Healing and Transition Program tend to be adults with a median age of 50. There are more women than men at this point, although the numbers of the latter are increasing. "They tend to be health care professionals—nurses, social workers, psychotherapists—who want to give back [to the community]," says Gardiner. "We also get a lot of retired music teachers, as well as professional musicians who want to use music in different ways. The health care professionals themselves are often amateur musicians."

Although the harp is commonly used in bedside therapeutic music, the program is open "to all kinds of instruments," says Gardiner. "And to the human voice. We get lots of singers."

MHTP certificate holders often work in hospices, nursing homes, and hospitals. Although music for healing and transition doesn't require the long and intense academic requirements of music therapy, it's a mistake—made by some musicians, Gardiner says—to think that "anyone can do it. The longer I do music healing, the more I realize how much more I need to know," she points out.

One of the challenges for CMPs is entering a conscious person's room and having to "assess" his or her psychological state. "We tell the person he or she doesn't have to listen to the music, but can relax, even fall asleep," Gardiner explains. "Therapeutic music isn't entertainment. We match the music to the person's mood. If he or she is depressed, we may start in that mood, then change the key if the person starts responding. We don't go in and ask the person what kind of music he or she likes, but match it to the heartbeat or breathing."

Music as healing can help a person physically—by lowering blood pressure and reducing pain, offering comfort and peace in a hospice setting, and even helping a person "let go" in the very end stages of life. "It also offers relaxation for family members of hospice patients," says Grobman.

Music as healing has also been used in nursing homes and senior communities for residents with dementia. "Music can in some cases stimulate a person's memory," Grobman points out. "They may not remember what happened five minutes ago, but if they hear a song from the past, they respond. It's more meaningful than [having] the TV on all the time."

CMPs do not have specific therapeutic goals, the way music therapists do, but they are trained to know when they need to call a health care professional into the room, Gardiner adds.

Donalyn Gross, a social worker and certified music practitioner in Longmeadow, MA, who founded an organization called Good Endings, has been a death and dying counselor for 30 years. But it was at a conference some six years ago that she heard about someone playing the harp for the dying, chronically ill, premature babies, and nursing home residents. The longtime piano player decided to pick up David's instrument and has trained with MHTP.

"With the dying, you don't want to play something recognizable," Gross says. "You want them to go out gently, so you improvise—something like Yani, New Age, the sounds of rain or birds. Unless there's a specific request. One time I played nine hours of Elvis."

Playing for the dying sometimes means that the patient may not be conscious, but the family, nurses, or other residents in the hospice are listening. "In such a case, you play according to the breathing patterns of the patient," Gross says. "I've been told by family members that the person died to my music, and they're grateful."

Gross has also participated in vigil teams, volunteers who sit with a dying person for a few hours. "But music really enhances it," she says. "Music relaxes people. It helps them fall asleep."

Gross's work with dementia patients has also underscored the power of music. "They may be confused, but when I do sing-alongs, they know the words to every song."

Music Therapy in the Hospice Setting

Another individual who focuses on similar situations is Chicago-based Russell Hilliard, Ph.D., a board certified music therapist and MSW. Hilliard is vice president of Seasons Hospice and Palliative Care and founding director of the Center

for Music Therapy in End of Life Care. He earned his doctorate in music from Florida State University, which incidentally, offers a Certificate in Arts and Community Social Work program through the school of social work and the schools of music, art, and dance.

Calling music a "very powerful medium," Hilliard recalls a 40-year-old woman living far from home whose children couldn't come to visit. She was dying of breast cancer and asked him to pray for her. Hilliard asked in turn if he could sing her a hymn. As he sang Do, Lord, Remember Me, they held hands and she cried. "It was a cathartic release of emotion," Hilliard says. "Then we had an intensive counseling session."

As part of the assessment team, music therapists help evaluate hospice patients and help them deal with such typical emotions as shock and denial. "We may do lyrics analysis discussion," Hilliard says. "Lyrics may have new meaning (when a person is dying), and verbal counseling may not be adequate."

Music therapists can also help family members write songs for dying parents or children and for patients to record songs they want to leave as their legacy. "Nothing makes it easy, but music can ease the transition for the actively dying patient. It's not okay that the person has died, but it's better than a traumatic death in the ICU."

Music can also add quality to interaction with dementia patients, he says, especially those whose families no longer want to visit because they're not recognized. "When I sing songs, for a moment the patient comes back," Hilliard says.

A Dual Degree

At least one university, in Canada, offers a dual degree program for a baccalaureate in social work as well as in music therapy.

"Our school already had a combined social work and women's studies degree, so we looked at developing a collaboration with the school of music," says Brent Angell, professor and director of social work at the University of Windsor in Ontario.

The dual major program—which confers two degrees that are both fully accredited—enhances the ability for graduates to find jobs, he says. "Students now are looking for value-added degrees—to build their profiles." But it also does a "better job in serving the public." What's more, the joint program is approved by the Canadian Association for Music Therapy (CAMT) and the American Music Therapy Association (AMTA), so an American citizen who trains at Windsor has leverage to find work in the United States.

The Sound of Music in Social Work

Social workers who love incorporating music into their work might consider additional training in music therapy or therapeutic music. But even those not interested in such practices themselves might consider incorporating the services of such professionals in the treatment of the many clients who could benefit from them. For children, elderly clients with dementia, those in chronic pain, terminally or critically ill patients, or people dealing with substance abuse or anxiety, the sound of music may bring both therapy and healing.

For More Information

American Music Therapy Association

<http://www.musictherapy.org>

Barbara Dunn

<http://www.barbaradunn.com>

Good Endings

<http://www.goodendings.net>

Hospice and Palliative Care Music Therapy

<http://www.hospicemusictherapy.org>

Linda Grobman

<http://www.lindagrobman.com>

Music for Healing and Transition Program (includes directory of CMPs)

<http://www.mhttp.org>

UpBeat Drum Circles

<http://www.ubdrumcircles.com>

University of Windsor Social Work

<http://www.uwindsor.ca/socialwork>

Barbara Trainin Blank is a freelance writer in Harrisburg, PA.