

To soothe the savage breast: Music therapists and harp therapists at a psychiatric facility

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*Musick has Charms to sooth a savage Breast,
To soften Rocks, or bend a knotted Oak.*

— William Congreve, in "The Mourning Bride," 1697

Can harp therapists and music therapists work together in medical settings? And perhaps, more importantly, should a facility that employs music therapists also employ harp therapists? While the two do work together at some facilities in the U.S., throughout our 17 year history, we at Bedside Harp have experienced varying degrees of resistance to this model. Both of us — Edie Elkan, a Hospital-Certified Master Harp Therapist and founding director of Bedside Harp and Carol Carpenter, a Board-Certified Music Therapist as well as a Hospital-Certified Master Harp Therapist — have for years been committed to making this vision a reality, for we fervently believe that patients, as well as both disciplines stand to reap far more benefits by our coming together than by each of us standing alone.

From earliest times in human history music has been understood to possess unseen powers. Initially thought to heal the spirit and the mind¹, music was later found to affect the body as well². Those using music to soothe, comfort, heal and even transform are known by many names, including music therapists, therapeutic musicians, harp therapists, music thanatologists, sound healers, liturgical musicians and shamans, to name just a few of their appellations. What all of these healers share, whether by using their voice(s), musical instrument(s), drum(s), singing bowl(s), gong(s) and/or tuning fork(s) is the intention to move the recipient from a place of imbalance to one of balance³.

How that balance is accomplished may vary by discipline: Music therapists mostly draw upon evidence-based research to set individualized goals as well as employ many well-tried and documented techniques which address and accomplish those goals; therapeutic musicians tend to work more intuitively, tapping into the inherent healing properties of music, vibration and sound, employing entrainment, resonance, unfamiliar and familiar music. Understandably, there is much cross-over between music therapists and therapeutic musicians in that both may intuitively sense that a particular healing technique is called for in a particular situation. Both may avail themselves of research and supportive literature and documented techniques so easily accessible to all today.

One of the more distinctive differences between the two disciplines has been in the area of education and on-site training. Music therapy programs have for many years adhered to more standardization than have therapeutic and sound musicians. Music therapists undergo a rigorous college curriculum with the intention of training students to adhere to "the clinical and evidence-based use of music interventions to accomplish individualized goals for people of all ages and ability levels within a therapeutic relationship...⁴." Therapeutic music training programs, newer to the scene than music therapy programs, created their curricula independently until several of them came together to establish the National Standards Board for Therapeutic Musicians (NSBTM) and to set minimum standards for member programs. Presently four therapeutic music programs are

accredited by the NSBTM: The Music for Healing and Transition Program (MHTP), The International Harp Therapy Program (IHTP), Harp for Healing and Bedside Harp.

For the past year two Bedside Harp master harp therapists, as well as Edie and Carol, have been working alongside three music therapists at Carrier Clinic. This is a large behavioral health facility in Belle Meade, New Jersey, specializing in inpatient psychiatric and substance abuse addiction treatment for adults, adolescents, teens and older adults, as well as an Electroconvulsive Therapy (ECT) unit. Committed to offering the best care possible, this facility offers patients both allopathic and holistic therapies including art therapy, music therapy, harp therapy, horticulture therapy, dance and movement therapy, yoga and meditation. While we harp therapists were received very warmly by the administration, nurses, social workers and aides, the music therapists initially looked upon us with some degree of skepticism. Their burning question was, if the facility wanted more music, why not hire another music therapist? It's possible that the music therapists weren't exactly sure what we harp therapists did other than use the harp as our only instrument. The facility's then director of social services, Mindy Altshul, LCSW, with Carol and Edie decided, to address this at the start of our working there by meeting with the facility's three music therapists. Our intention was to acquaint them with our discipline and assure them that we could, in fact, work in concert with each other to benefit patients even more than if we were to work with them with only one of our disciplines.

The meeting went mostly well, especially after Carol offered her first-hand account of the differences between the two therapies. She told them: "Being a Board Certified Music Therapist in addition to being a Hospital Certified Master Harp Therapist gives validity to both disciplines, each facilitating the other in the healing work we do at this psychiatric facility. Although we harp therapists are not reading patient records and creating ongoing plans for the patients, we both share the consistent plan of doing no harm. The healing vibration of the harp played in a therapeutic manner can facilitate relaxation which can allow the patient to re-group and come into a state of mindfulness. This can happen with the clients' attention on the harp intervention, or through entrainment which happens at an unconscious level. It has been my experience that the harp played in a therapeutic manner can change the entire atmosphere, not as background music, but as intentional intuitive experiential music for the listener."

With our stipulation that we harp therapists were not to be left alone with a patient or patients, we four harp therapists began playing in this facility's five locked units last May.

The units we play in are:

- Adolescent Psychiatric Unit: inpatient services to adolescents, ages 12-18, who suffer from emotional, psychiatric and/or behavioral and dual disorders.
- Adult Acute Care Psychiatric Unit: inpatient unit with both voluntarily and involuntarily admitted patients being treated for acute psychiatric conditions.
- Adult Psychiatric and Addiction Unit: short-term inpatient stabilization for patients experiencing psychiatric and/or substance dependence through specialized treatment programs during the acute phase of their illness.
- General Adult Unit: inpatient unit for voluntarily and involuntarily admitted patients, 18-64, dealing with acute psychiatric illness.
- Older Adult/Senior Psychiatric Services: two short-term evaluation and specialized treatment programs are offered to inpatients 60 years and older. The Acute Geriatric program offers specialized treatment for those experiencing an acute phase of psychiatric illness or behavioral disturbances related to dementia. The Active Seniors program offers a specialized treatment program for seniors experiencing acute disturbances from mood, anxiety and/or substance use disorders.
- Electroconvulsive Therapy (ECT): offered both on an inpatient and outpatient basis, ECT is a very effective (80-90% improvement rate) and safe treatment for depression, bipolar disorder, schizophrenia and other

psychiatric illnesses. An ECT treatment series usually consists of six to 12 treatments given three times a week. The attending psychiatrist monitors the patient each day and determines the number of treatments the patient will need.

Maintenance and transitional treatments are often recommended as a means of maintaining a stable mood and preventing a recurrence of symptoms.

Some initial responses we received when playing in these units were:

From patients

- "Wow. Can you believe that she is playing Led Zeppelin?"
- "It's really relaxing, you know. It helps a lot."
- "When did they start music here? Bet they don't have this anywhere else. How wonderful."
- "I lit up when I saw and heard the harp today."
- "Yeah. I love music. Carrier is the best place to receive ECT, and they even have the harp during treatment."
- "This took 15 years off my life! You made me feel young again!"
- "If I win the lottery, I'm going to hire a harp player for every room in my mansion. I want to be always surrounded in harp music. It's relaxing, but happy too."
- "I just couldn't leave because the music was so beautiful and relaxing. You made my week."
- "It is so comforting to have music in here."

From staff

- "We are so happy to see the harpist. The music is so soothing. Thank you."
- "I heard you playing 'Ode to Joy' before and I loved it."
- "Do you mean that you will be coming every Friday? That is wonderful. The harp is something that we all need to have and to hear. It is healing for all of us, not just for the patients."
- "You harpists really make a difference here. When you play in this unit, everyone is so much calmer, even the staff, and this can be a stressful job."
- "Do you know how wonderful it is to have the harp? It means so much to the patients and to all of us. Thank you for being here."

A few of our first encounters

A family of five was sitting in the area, along with a music therapist who was working on her written notes. Everyone seemed to respond positively to the music. The family seemed comforted by the sounds. The male never took his eyes off of the harp the whole time he was in the area. The music therapist told me that the music relaxed her. Staff that walked through the area were very welcoming and thanked me for playing.

A male patient in his 40s came to stand with a younger male patient. He said he was detoxing and either his meds were starting to help him feel better or the music was, but this was the best he'd felt in the past three days. I also noticed two sets of parents who came to visit patients, and both sets came over and told me how beautiful the music was. The nursing staff said (that) the music had a remarkably calming effect on the patients, even the normally disruptive ones. I later learned that the man in his 50s was one of the disruptive patients, but he only complimented me and fell asleep a couple of times while I played.

Another female patient was being carefully monitored as she proceeded to move around the room. When I first noticed her at the beginning of my time in this area, she had picked up a beverage cup from one of the tables that had liquid in it. She proceeded to splash this on one of the nurses that was monitoring her. She appeared to be angry and confused. Seeing her closer to me later I played an Italian folk song for her, and she lingered nearby

but did not speak or make eye contact. A little later I played a hymn for her, which others in the room started to hum along to. This patient was watching my hands on the harp. Finally, much later, this patient approached me one more time, making eye contact and verbalizing. I smiled and continued to play with one hand and reached out to her with my other hand. She took it and smiled at me!!! She then turned and continued on.

I was seated just opposite the nursing station and a young man in his early 20s, a woman in her 40s and a man in his early 50s gathered around me as I took out my harp and began to tune. All asked questions about the instrument, how long I'd been playing and how much it cost. When I started playing, another young man approached and began to ask questions, too. He had some musical background so his questions were more advanced. The woman had played the cello and said that hearing the harp made her want to play her cello again when she got out. Ten minutes after I started, a code blue alarm set many nurses and doctors running through the hallways and many people were upset and confused. I played on, and within minutes everyone was listening to the music again. Those four patients stayed with me almost the entire two hours and took a five-minute break only when I did. They made comments from time to time about how relaxing the music was. The second young man said he'd had a particularly bad day, and the harp music made it 'melt away.'

At one point in the session, a female patient in her 50s began screaming loudly. The other patients gathered around me paid no attention to the disturbance. The patient was escorted into her room which was just off the area I was playing in. Within minutes, she stopped screaming. Later, a familiar staff member observed that the patient was calmed sooner than usual and attributed that to the harp music.

So how do we harp therapists work at this facility and what type of music do we offer? For the most part we play in the open areas of the locked units described earlier. In the ECT area, we play for patients before and after their treatments. At times we are invited into a meditation, journaling or art session to play as patients are guided to participating in those activities. Again, with our request to not be left alone with a patient or patients, at least one staff person is present. In most but not all areas, patients can sit down and take in our music. Some speak to us however, and in accordance with our training, we keep our words to a minimum. Should someone ask us about the harp or tune that we're playing, we respond of course. In good weather, we may play in a courtyard just outside the unit.

We also play on days that Court is held. Mindy Altshul, who has recently been promoted to Assistant Vice President of Clinical Quality, describes this scenario best: "Patients are admitted to a psychiatric facility either voluntarily or involuntarily. Involuntarily is based on an objective determination that they are unsafe to themselves or others and are not willing/able to accept that and don't voluntarily admit them-selves for treatment. In recognizing the patients' rights within this legal process, all involuntary patients are provided the opportunity to go before the judge in Mental Health Court who weighs, with treatment team and family feedback where possible, the patients' need for continued commitment and placement at this level of care. Patients who voluntarily admit themselves do not go before the judge. This speaks to the tense and contentious nature of the court proceedings as it is the most 'ill' of the patients who have been placed here involuntarily."

Sometimes the wait for a case to be heard can be as much as two hours, so understandably, the tension level rises. Enter the harp therapist who takes a seat and begins to play, usually familiar tunes intuitively chosen for those present. The difference our music makes is palpable: within minutes the entire energy of the area changes. People are speaking more slowly and softly and remembering to take breaths. Some patients shift their positions and take chairs closer to us. Staff, too, begin to relax, unclench their jaws and even smile.

In the facility's geriatric unit, we mostly play familiar tunes of yesteryear — songs like "Love Me Tender," "You Belong to Me," and "Tennessee Waltz," as well as universal favorites like "You Are My Sunshine," "She'll Be Comin' Round the Mountain," and "Frere Jacques." Often patients — even those with advanced dementia —

hum and even sing along. This can provide a sense of comfort and nurturing, validating the past life experiences of these patients.

Choosing tunes to play in the Adolescent Unit seemed daunting at first but we have found that classics such as, “Puff the Magic Dragon,” “Rainbow Connection,” “Over the Rainbow” and “Can You Feel the Love Tonight” continually evoke good responses. Again, these songs played in a therapeutic manner on the harp can provide comfort, nurturing and validation.

Because we at Bedside Harp are trained to play by ear, if we are able to hum the melody, we can usually pull it in on our harp, so we are always happy to take song requests. Patients respond beautifully to this, viewing it as a special gift to them from us. Those times that we’re asked to play a song unfamiliar to us, we promise the patient that we will learn it and think of them every time we play it thereafter. And we keep our promise to do just that.

Occasionally improvisation and what we call noodling, can also have its place in what we do as harp therapists. This is especially effective during meditation or relaxation groups being led by other staff on the units. Frequently there can be high velocity interactions going on between patients, which can be defused via harp therapy. This can be attributed partially to the sound quality of the harp, in addition to utilizing techniques based on the building blocks of melody, harmony and musical form. Used correctly, these can encourage an experiential freedom, while at the same time lending grounding to that freedom. These are techniques which have been developed and are taught through the Bedside Harp program.

And so now a year into our working at Carrier Clinic, although we have not had many opportunities for hands-on collaboration with the music therapists, they are all friendly toward us, and we believe that they now recognize and even appreciate the differences between our offerings. The staff continues to value us, and patients and families make it clear to us that they very much appreciate our presence. To our great delight we recently received word from Donald Parker, President and CEO of Carrier Clinic that they have found funding for our second year there because of the differences we continue to make with patients and staff. And whether it was by chance or by word of mouth, a second psychiatric hospital which also employs music therapists, has been in touch with us, stating their intention to bring us to their facility.

Indeed, music therapists and harp therapists can and should work together, each using music somewhat differently but equally effectively for the greater good of the patient. Further, it is our hope and intention going forward, to facilitate cooperation, co-measurement and collaboration between the two therapies as we keep in mind the whole reason why all of us do what we do—to promote a better quality of life for all with whom we work, and in so doing, promote a better world for everyone.

¹“And it came to pass, when the evil spirit from God was upon Saul, that David took an harp, and played with his hand: so Saul was refreshed, and was well, and the evil spirit departed from him.” http://biblehub.com/1_samuel/16-23.htm

²The music therapy association’s website, www.musictherapy.org, cites an unsigned article appearing in 1789 as being the first known reference to music’s ability to impact one’s physical state.

³<https://www.mindbodygreen.com/0-17515/what-you-need-to-know-about-sound-healing.html>

⁴<https://www.musictherapy.org/about/quotes/>