Music Heard So Deeply:

A Music Therapy Memoir

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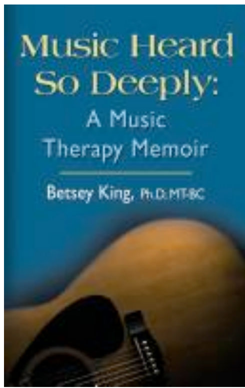

Music is therapeutic, but Music Therapy is a specialized health profession. Music therapists around the world engage their clients and patients in personalized music experiences to provide specific help with learning and healing. This memoir chronicles clinical stories from the author's 30 years of music therapy practice in health care, counseling and education. These stories along with bits of personal history provide one perspective on this fascinating and fulfilling career.

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CHAPTER TWO

The Emergency Department

Many hospitals today are recognizing that music can be a positive addition to a healthcare environment. Some have musicians come and play for their patients and families. Most now have some way for patients to play recorded music in their hospital rooms. This is a wonderful acknowledgment of the important part music plays in our lives. Still, outside of pediatrics (where music therapists are more common), music in healthcare is still primarily a volunteer effort or one that only offers music "at bedside" -- calming music played by a performer. For some patients, this is all that is needed. But if the hospital doesn't have a music therapist, patients in need don't have access to someone trained to develop treatment plans for specific symptoms and track responses.

There are myriad ways in which music therapy can be effective in a medical setting. Research supports the use of music in units like the neonatal ICU, pediatrics, rehabilitation, cardiac care, oncology, and surgery, but each medical system must find a way to pay for it -- and most don't. Even in the areas where research has demonstrated that music therapy reduces the need for

medication, decreases the length of hospital stays, or improves outcomes, insurance coverage is rare. Yet a single music therapist (with a single salary) can have an impact on multiple units of a hospital, benefiting both patients and staff. This is the story of just a single afternoon spent in the pediatric emergency department of a metropolitan hospital. Reading about this and the other medical cases in this book, imagine the impact multiplied into a full week, or a month, or a year throughout an entire medical center.

November
Rochester, New York

The pediatric emergency department was obviously busy when my student and I arrived on Wednesday afternoon. We were there to fill in for the hospital's music therapist who was out with a hand injury. I had just moved to the area become an assistant professor in the local college degree program. This was both a good way to get involved in the community and an excellent place for one of our students to do some clinical training. After we were buzzed into the treatment area, with our guitars in soft cases over our shoulders and bags of instruments in our hands, we had to thread our way past two empty stretchers and one doctor-parent conference on our way to the nurses' station. The charge nurse looked over the list of names in front of her and pointed us to Room 4 down the hall. "They've been here for an hour already," she said, "and I'll bet they would like the entertainment."

Having music therapy in the pediatric "E.D." was new for the hospital; the regular music therapist had only made one visit before her injury. That meant that few of the staff knew anything about it, and might have thought we were supposed to be there as entertainment. Having had varied experiences with doctors and nurses over the years, I wasn't sure whether we would be welcomed, seen as a curiosity, or viewed as a nuisance. My student Christine, meanwhile, was nervous about her first clinical training experience in a medical facility. Lots of uncertainty followed us into the treatment room.

Our first patient was a young boy, about 8 years old. He and his mother were waiting for a doctor to check back in; the boy had received stitches and a shot earlier and he needed to be checked before they could leave. I entered the room alone because I didn't want a child to be overwhelmed by adults. Christine was ready to wait just outside the door until I gave her a signal. I introduced myself.

"Hi. My name is Betsey. I'm a music therapist. We bring music to the rooms here, to help with the waiting and maybe help you relax. Could we play a little bit for you?"

It wasn't unusual to provide a simplified explanation of our role to start, especially for children. Once I finished my assessment –- which in single visits like this I would do in the first few minutes –- I could provide a more specific goal for the music therapy session.

The boy's name was Chad. His mother invited us in, but Chad didn't acknowledge us. He was looking at a book filled with pictures of cars, trucks and motorcycles. He was fidgety and probably anxious to go home, but he was uninterested in the idea of listening to or playing music. His mother, who perhaps wondered if they were required to participate, tried encouraging him to talk to me, but I reassured her that it was perfectly okay for him to turn me down. I chatted with her for a few minutes so Chad could see the instruments and get used to me, just in case he only needed some time to decide. He didn't show any interest. Music therapy isn't always needed.

From across the hall came the wailing of a very young patient and, as it continued, the frustrated and increasingly loud voice of a young woman. It seemed that she was losing her ability to stay calm. I said goodbye to Chad and his mother and slipped across the hall.

"Hi," I said, making eye contact with the girl who turned out to be the little patient's mother. She had her son facing her on her lap and he was struggling and crying, a breathing mask over his mouth and nose. She looked ready to shake him in frustration. "I'm a music therapist here at the hospital. Maybe I can help calm him down with some music. Would you like for me to try?"

She looked visibly relieved and nodded. I told Christine to go back to the nurses' station and tell them where we would be.

The little guy, Jordan, was 2 years old and receiving treatment for an asthma attack. He was crying inconsolably, his chubby little arms flying up and down. I called Christine in and told her to grab a paddle drum from my bag and an adapted mallet. A paddle drum looks like its name: a large round drum head with a handle. It has a nice resonance and the handle gives me a lot of flexibility in how I present the drum to patients. My mallet has a handle padded with plumber's insulation so it doesn't require as much of a tight grasp.

I was able to quickly open Jordan's flailing right hand and place the mallet's padded handle inside; he grabbed it automatically as his hand tensed up again, and now the mallet was going up and down in a regular rhythm, synchronized with his gulps of breath between cries. When Christine maneuvered the paddle drum to the right place, we heard a big beat every time his hand flew down. I started half-singing, half-chanting Jordan's name to the beat of his "drumming" and added lyrics about what we were doing.

Jordan, Jordan,
playing on the drum
Mom is holding him
and he's beating on the drum…

Once I'd established a basic eight-bar song in 4/4 time, I repeated it, keeping to Jordan's tempo. When I started the song for the third time, I began to slow the pace of the song almost imperceptibly every measure. Very

gradually, I decreased the tempo and Jordan's beat slowed with me. Within a couple of minutes, his cries had gaps between them and the rhythm of both the cries and his drumbeat had slowed along with mine. Slower, quieter, slower….suddenly his eyes opened and he saw me and suddenly we were back at full volume, full speed crying, and flailing.

Ok. We started again; Jordan hadn't let go of the mallet, so Christine readjusted the drum position and I began singing "his" song again, eventually starting the gradual decrease in tempo. Again, Jordan slowed with me. This time, after a couple of minutes, we got all the way to quiet, Christine removing the drum from beneath his still hand and Jordan's mom stroking his back and talking softly to him.

Peace.

We all sat quietly for a minute or two, and then I began to strum the guitar as Jordan's mom and I talked. I learned that Jordan liked the songs in the children's shows he watched on tv, but that he also liked the soul and blues music his mom listened to. As we talked, Jordan watched us and when his mom took off the breathing mask, he began to babble along with our conversation. When I started a blues progression on the guitar, he smiled and began to move -- though much more like a dance than the flailing of earlier. I changed the rhythmic pattern I was using so there was a pause every measure. (If you say the phrase "beneath the bed"

you'll hear the rhythm I was playing. Think "one, two" after the phrase and you'll hear the two-beat pause.) Each time, I played the pattern and then said "Hi!" to Jordan in the pause. He watched me intently.

When I had repeated the pattern 4 times, I started again, but left the space after without saying anything. In the pause I leaned towards him with an expectant look. He smiled. I leaned back, played the pattern again and leaned forward….

"AH!" he said.

"Bah DAH bah DAH," I played.

"AH!" he said, smiling.

And off we went, at a relaxed pace so as not to overstimulate our little patient. Christine picked up the drum and provided some gentle backup -- and then, suddenly, there was Jordan's mom with a beautiful voice, singing in response to her son.

"AH!" he exclaimed.
"Sweet boy!" she sang
"AH!"
"sweet sweet boy"
"AH"
"I hear you"
"AH"
"sweet, sweet boy"

The treatment room was alive with music.

We played and sang for several minutes, then had to stop because a nurse and doctor arrived and indicated it was time for Christine and me to move on. But thinking back to why we came into the room in the first place, I made sure to talk with Jordan's mom for a moment about what we did and how she might adapt it at home. I told her, truthfully, that her singing was wonderful and that it might be something that could help Jordan calm down when he got upset. I didn't really think that we could change how they coped with stress in one short visit, but wanted to at least try to give her some ideas.

Christine and I headed back to the nurses' station where we were greeted with smiles. Several of the medical staff commented on what fun it was to hear the music down the hall and what a relief to hear the crying stop. We got an immediate request to go to a treatment room right across from the station. "That girl is having an asthma treatment and her mom is in with her. She got really upset earlier, so maybe the music would help her keep calm."

Already we were getting a more goal-directed referral!

Our new patient was 11 years old; she had long blond hair and was wearing a soccer outfit. She was lying in the bed and still suffering the after-effects of a severe asthma attack. She had a clear mask over her nose and mouth which was delivering medication, but we could see her

chest rising and falling too quickly, her face showing her anxiety. Her mother sat in a chair on the other side of the bed, holding her daughter's right hand. I approached the bed and introduced myself and Christine to both our patient and her mother.

The mother was enthusiastic, the girl -- Marilinda -- hesitant but willing. I pulled my guitar out of the case and begin to improvise a song based on her name, using a pop ballad style. As with Jordan, I didn't worry about rhyming or matching the lyrics perfectly to the rhythm; I just tried to accurately reflect what our patient was thinking and feeling. The first lyrics came out this way:

Marilinda, Marilinda
We're singing your name
Marilinda, Marilinda,
The music is for you.

I continued the song, now changing the lyrics based on ideas from Marilinda and sometimes vocalizing the melody without words. As I did so, I asked Christine to get out some of the instruments we'd brought with us. Soon Marilinda was shaking a small maraca, her mother was tapping a tambourine, and Christine was providing a gentle beat with a drum. I maintained a tempo just a bit slower than Marilinda's breathing and watched as her respirations gradually slowed towards the tempo of the music. As we sang and played, I periodically pointed out our strategies to Marilinda's mother, showing her how

Marilinda's breathing was entraining to the music and how her expressions of anxiety were lessening.

The first twenty minutes of our time together passed with more singing, some talking about Marilinda's favorite music and activities, and trying out some of the other instruments we had, including a small glockenspiel with a rich, resonant sound. The nurse came in and out, checking on the level of medication remaining and taking readings. The music was distracting Marilinda, and relaxing her, but we were also establishing a relationship and a measure of trust.

This trust became important when the doctor arrived and told Marilinda that she needed to have an IV started. It became evident that Marilinda had been through this before; knowing that an IV meant the insertion of a needle into her arm, she started crying immediately, becoming agitated. This, of course, increased the speed of her breathing as she became more and more upset. As her mother comforted her, I began to play quietly on the guitar and soon, with doctor out of the room and the procedure apparently not imminent, Marilinda calmed down.

I knew it was important not to downplay her fears. She still needed to be able to express herself and we had established that the music was hers, reflecting her perspective. I kept the music quiet and began to sing the phrase she had been crying to the doctor: "I don't want it!" Then I added a line and after singing it twice asked if

we could keep it in the song. She agreed, and sang with me, still with some tears in her eyes.

I don't want it
I don't want it
But my lungs say thank you
My lungs say thank you

We repeated this two times and then I moved into playing and singing *What a Wonderful World*, as I encouraged her to relax. Christine harmonized with me and the room became quiet apart from the music and the hissing sound of the medication flowing to Marilinda through her mask.

Ten minutes later, the nurse and two aides arrived, ready to insert the IV and obviously ready for a struggle on the part of their patient. And indeed, when she saw them, Marilinda began to cry and twist away from her mother, becoming more hysterical by the second. I knew the research showing music therapy is effective as a procedural support in medical settings, and I hoped that the relationship I had built with my patient would be helpful now. As the nurse and aides moved to Marilinda's right side to insert the IV, her mother moved to Marilinda's left and stroked her hair. Meanwhile, I encouraged Marilinda to keep her eyes on her mother and me, and I began to sing the song we'd practiced.

I don't want it;
I don't want it
But my lungs say thank you
My lungs say thank you.

Marilinda did not visibly calm down. The aides had to hold her arms, and she continued to cry and pull away. My student, Christine, shrank back at the hysteria in the girl's voice. It was easy to assume that the music was having no effect.

But I remembered Dave, a patient I'd worked with during my time at a rehabilitation hospital. Dave had been severely injured in a helicopter crash and his physical therapy, stretching muscles that had contracted after the accident, had been excruciating for him. His cries and moans filled the physical therapy gym during his half-hour sessions. His physical therapist began to feel the physical and emotional strain of their work, too. She and Dave decided to see if music could help him through the stretching. So, for two weeks, I attended the physical therapy sessions at which he had to kneel, raise up through his thighs and place his forearms on top of a large bolster, straightening from his neck to his knees. I knelt opposite him, put my forearms on the bolster and we looked at each other as we sang his favorite 60's folk songs. Often he was singing through gritted teeth, sometimes he was shouting the lyrics, and most of the time he was sweating up a storm. Still, he asked me to come back time after time and when he was discharged

to outpatient care, he told me, "Thank God for the music. I don't know what I would have done without it."

So I knew that it was possible that the music was helping Marilinda, and I kept singing, and finally the IV was in. She gradually stopped crying, but after the nurses and aides left she began to complain that the needle site was painful. "It's hurting me! It hurts!" she sobbed. I gave her the mallet for the glockenspiel she had been playing earlier, and told her, "Every time it hurts you, hit this as hard as you can." Her first two smacks at the instrument were ferocious, but they became less so as she kept playing. Then, as I started playing a more upbeat accompaniment on my guitar and encouraged her to write some lyrics about how brave she had been, and how much better she was going to feel, she stopped playing and talking about the pain altogether.

Soon afterwards, the doctor made the decision to transfer her to the city's primary children's hospital, and I had Marilinda help me write lyrics about what this would be like. We wrote a verse about the stretcher (and how she didn't want the straps too tight), and about the attendants who would take her (and how we hoped they'd be cute guys!), and then, as we talked about the ambulance, Marilinda herself brought back a thread from the very first song about her name, and sang:

Marilinda, Marilinda,
Going in an ambulance
Taking music with me

The music is for me.

I felt a rush of happiness. How wonderful to hear her taking what we'd offered and making it her own.

As Marilinda was being moved to the gurney and handling it well, her mother approached us. "Thank you," she said. "That helped so much."

"I hope so," I said, "but I know the IV procedure was tough on her."

The nurse interrupted. "No, you don't understand," she told us. "It went so much smoother today. That was the easiest it's ever been." Marilinda's mother nodded in agreement. "I wish there could be music here every time we have an IV put in."

"Me, too!" said the nurse.

After we signed out of the emergency department, my student and I debriefed. The afternoon had provided a wealth of information for Christine. She'd seen that music therapy wasn't always necessary, she'd observed the benefits of a toddler's involuntary and alert responses to rhythm, and she had experienced the power of music to build trust and safety for a scared pre-teen. We both felt that the medical staff had begun to understand the difference between music as entertainment and music as therapy.

INTERLUDE

What is Music Therapy?

A graduate professor once told me that the question isn't "What is music therapy?" but rather, "Who is music therapy?" He had a point. Music therapy, like other therapeutic professions, has theories and principles, procedures and protocols. Becoming a music therapist requires university study, clinical training, and certification. Within the profession are distinct schools of thought and a variety of post-graduate training institutes.

But it's easier, and clearer, to define the field by talking about music therapists.

Music therapists are, first and last, musicians -- but while they may play or sing as performers in part of their lives, they do not perform as a part of therapy. Instead, they share music, involving their clients in playing and singing, listening and moving, to help them reach specific goals. Music therapists have a heightened sense of music as communication because they don't simply play or sing *to* someone; they are successful only when that person becomes active in the musical experience,

often revealing an ability or emotion that might not be seen otherwise.

Music therapists use live music. They play the piano, or guitar, or percussion, and they are ready, moment to moment, to change the tempo or key or other aspect of the music to match a person's mood or energy level. They prepare some music in advance, choosing or composing it for an individual need, and improvise other music on the spot, reflecting and affirming the person before them. They know that everyone responds to music differently, and that one size does not fit all. Because of this, they do not promote their music to the public with grandiose promises of healing or educational benefits. In fact, most music therapists don't think beyond the unique needs of the people in the hospital, school, nursing home, veterans' center, hospice, or practice where they work. They share their ideas and strategies through books and journals and conferences.

Music therapists are specifically educated and certified, and their training is rigorous. (All qualified music therapists in the U.S. are designated "MT-BC" – Music Therapist, Board Certified.") For most of them, their preparation begins years before college, as they learn to play an instrument or use their voice, both as soloists and in ensembles. Then they must attend an approved college or university program which will include music, academic, and clinical education. This will culminate in an internship which often lasts half a year or more, and if they graduate successfully, they will take a national

certification exam and maintain their certification with continuing education. Many will continue onto advanced degrees, some to additional certification in specialized areas of practice.

Some music therapists are researchers, carefully examining the effects of music and music therapy interventions in experimental and experiential settings. Most music therapists are clinicians with a caseload of individual and group sessions, but even then they work with a research mindset, attending to each detail of their sessions and making changes based on what they observe. They document their work in order to track its effectiveness and are challenged each day to balance paperwork, session planning, and music practice.

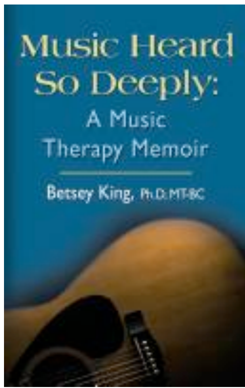
Music therapists are collaborative. Working with educators, for example, they help children with autism deal with sensory and social challenges. Working with physical therapists, they help people with Parkinson's disease move with more fluidity and safety. Working with doctors and nurses, they help patients with cancer cope with the symptoms and emotional toll of the disease and its treatments. Many work in private practice, but always with an awareness of all of the influences in a patient's or client's life.

Music therapists seek to help others. Most start with vague personal convictions about music's ability to "help people" which are tempered and strengthened and changed by their training and education. Music

therapists study the physical and psychological factors that keep people from reaching their full potential, but they accept each person without judgment. They can take whatever a person can do, however small, and include it a part of a satisfying musical whole.

Music therapists use the elements of music, such as melody, harmony, rhythm, timbre -- and activities of music like singing, playing instruments, creating, moving, and listening –- to effect change for their clients. When the triangle of therapist, client, and music comes together in music therapy, it can spark physiological changes, improve cognitive functioning, spur increases in communication, support improved social skills, and touch emotional and spiritual depths. This is not done surreptitiously, as when a grocery store plays music in the hope that you will linger, but rather in an open plan of therapy with specific goals and objectives. Music therapists watch for the outward signs of progress while knowing that music can find and heal inner wounds and private pain.

Music therapists are artists and scientists, but they must be educators, too, because many people still do not know what music therapy is. Advocacy is still a part of almost every music therapist's job. This book is part of that.



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