

A photograph showing a woman with blonde hair and glasses, wearing a blue long-sleeved shirt, sitting in a chair and playing a wooden harp. She is looking towards a patient lying in a hospital bed in the foreground. The patient is wearing a white hospital gown with blue polka dots. The background is a plain, light-colored wall with a light switch.

*Healing at the
Bedside Through
Music*

**COMMUNITY
MATTERS**

By Katy Meyers

Many have seen me pushing a chair with my small harp on it around the halls of a hospital or care residence. You may have thought to yourselves, “There’s this afternoon’s entertainment.” I’d like to take this opportunity to expand your view of what I do, by giving you some background on how I came to it and what the goals are.

My story started in 1996 when I decided to learn how to play the harp simply because I was infatuated with its sound—so resonant and melodic. At the time, I didn’t have enough money to buy a harp so I started my “harp fund,” putting any extra dollars into it a little at a time. In early December of 1997, my father died of heart disease. He was not a rich man, but he was able to leave me a couple thousand dollars, giving me the remainder I needed to buy my first harp. With the many delightful activities of the Christmas holidays and children home from school, I was too busy to think much about the harp for a few weeks. On December 30, the kids left to return to their respective places, and I decided to call the only harp-maker (luthier) I was aware of. We talked about the size and style, but when it came to decisions about what wood it should be made of, he had to check his supplies in his shop. So we hung up for bit, with him planning to call me back shortly with more details. It was during this short period of time that I got a shattering call from our son to tell me that he and our daughter (along with 2 friends) had just been involved in a nasty black ice car accident on Lookout Pass. He said he was not hurt much but that his sister was, and she was being airlifted to St. Patrick’s hospital in Missoula. When the luthier called back, I was in a terrible state, and put off making any sort of decision for at least a few weeks. The next thing on our list was to find a car to borrow, as ours was totaled in the accident. Friends of our son stepped up to the plate and let us borrow an extra car indefinitely. We had to get to Missoula to be with our kids!

Upon arrival, our daughter was in the first of about 7 surgeries. Her iliac artery had been sheared, and her bowel was perforated in several places, so those were pieced back together first. She had lost 7 units of blood, and we found out later that she had not been expected to live. It was the next day that we staggered under the burden of seeing the MRI of her spine, which had been completely severed. The stump of it rose up from the pelvic area, with the length of the spine appearing to dangle beside the stump—a horrible parental nightmare. The ensuing time was full of health decisions for our 23 year-old-daughter, in a medically induced coma. The

medical staff deliberated about the next step. Neurological surgeons have a reputation for being bold and confident, and indeed a person would need those characteristics to operate on someone else’s brain or spinal column! We met with her team of neurologists the next day, and they were in a quandary, they said, for they had never repaired an injury of our daughter’s severity. No one in their experience had ever lived through such extreme wounds! In the end a plan was formed, more surgeries performed, and her back was patched back together structurally. But neurologically there was no hope that she would ever have the use of her legs again. There were a few blessings that we clung to in those long days: she did not die, despite the expectations, and she did not have brain damage.

About a week later, the really hard work began, when our daughter was brought out of the drug-induced coma. She was in such intense pain. Any random noise or the gentlest of bumps on her hospital bed could send her off into paroxysms of pain. We had an old family friend who performed Reiki on her almost daily and prayed for her healing. Our daughter found the Reiki to be the most relaxing thing she had experienced since the accident, and looked forward so much to Kathy’s visits. During this time my husband, Terry, and I were knotted up with so much tension and anxiety over our daughter’s situation. Then one day Kathy asked if she could bring a friend with her to the next session. The friend had a harp with her and played quietly in the room while Kathy did her Reiki treatment. Our daughter, Annalysa, was the focus of the music. I was in the room and received the music into my body as a collateral recipient. It was the first time in the months since the accident that I was able to let go of some of that pent up tension. It almost felt as if it was dripping out of my fingertips! It was then that I said to myself that, someday, after I learned to play my harp (which wasn’t even built yet), maybe I could offer that service to someone else. Soon after, I had the strength to call the luthier and finalize the building of my first harp.

Our daughter’s story continued in an upward, although not an easy, trajectory. She was involved in various types of physical therapy modalities for the following year and a half all across the country. During that time, I received my harp and began to learn my way around it. I took lessons for the first couple of years, and after that I worked on my own, went to harp conferences to learn from international workshop presenters, and ultimately went to Ireland itself for

three summers in a row to learn at the Irish Harp Centre from Janet Harbison. I did not forget my silent promise to try to create that sense of peace and soothing for others, and in the year 2000 I began a course of study with the internationally recognized training called Music for Healing and Transition Program (MHTP for short). It took me about a year and a half to complete all the training modules, read the 20 or so books, write the book reports, complete the internship at Immanuel Lutheran Skilled Care Center, make a tape of my playing for various types of patients, and finally take and pass the test. Thus I became a certified music practitioner. But what does that mean?

As a music practitioner, my playing is at the bedside with one patient at a time as the focus. I use a practiced eye to look around the environment for clues as to who this patient is and where they are in their health journey. I look carefully at each person I play for, noticing their breathing rate and ease, their coloring, etc. Before starting to play, I set an intention for the person's healing (not the same as curing), and try to match my breathing rate to theirs. Then I start playing the harp at that same rate. If the person is in pain or agitated, I will very gradually start to slow my playing down, with the hope that through entrainment (a dominant rhythm that gradually causes another to fall into synchronism with it) that person's body rhythms will follow suit. Most people say it is soothing or relaxing. But it is not entertainment. In an entertainment venue the center of focus is the entertainer. In a session like I am describing, the patient or resident is the focus—making it more of a therapeutic session.

Although we know that music has been used as a healing modality for thousands of years (Remember how David played for King Saul to relieve his headaches?), what does modern medicine have to say about it? Well, first of all, we have seen more and more how sound can be used as a diagnostic tool, as in ultra-sound pictures.

The uses and implications of sound are increasing all the time. Dr. Raymond Bahr of Baltimore's St. Agnes Hospital says, "Half an hour of music produced the same effect as ten milligrams of valium." Dr. Oliver Sacks, Neurologist, notes, "music can be a crucially important aspect of therapy." Dr. Brian Seeney of the National Naval Medical Center in Maryland states, "Music has been recognized through research as a safe, inexpensive and effective non-pharmaceutical way to relieve anxiety." Why is live music preferred to recorded music? Live music can respond to the patient's situation and body rhythms immediately and therapeutically. There are many positive effects of live music. "Live music can...reduce blood pressure, accelerate physical healing, stimulate memories, relieve anxiety, induce mental imaging, provide a way to release emotions, reduce stress, facilitate the transition process of the dying, provide a way to express feelings, augment pain management, provide an opening to verbally communicate, aid mental focus, provide a segue for grieving, relieve mental tension, provide distraction, relieve body tension, provide companionship, ease the delivery process of the birthing mother, provide time for contemplation¹, to name more than a few."

I'm pleased that those of you listening in the hallways find it entertaining, but for the patient or resident in the room, it is a therapeutic experience. If you pass by and hear my music, perhaps you could add your own intention or prayer for healing to the notes resonating in the air! **MW**

Katy Meyers currently delights patients and staff with her therapeutic harp music at North Valley Hospital in Whitefish and Immanuel Skilled Care Center in Kalispell.

¹"The Music for Healing & Transition Program" brochure, 22 West End Road, Hillsdale, NY 12529.