

# The Harp Therapy Journal

Vol. 25, No. 4

Winter 2020-21

## Rising from the ashes – Australian harpists survive devastating infernos and COVID-19

by Christine Middleton, president, ATHA

Bushfires began in Australia in August 2019, and burned over 27 million acres across Australia, with approximately 3,102 homes destroyed. In addition to human fatalities, many millions of animals were reported to have been killed. Our therapeutic harpists found that playing music helped them through the terrifying crisis in unanticipated ways.

In addition, many healthcare facilities throughout Australia are currently protecting their patients and residents by only allowing family members and essential staff to enter the facility due to COVID-19 infection concerns. That means that most therapeutic musicians are not being allowed to offer live music in such places. The Australian Therapeutic Harpists Association (ATHA) asked their members how they were managing currently in this climate. Were they still providing therapeutic music in a facility or venue and if so, how were they restricting themselves? If they were not allowed to offer their music, then what other ways were they providing therapeutic music to the community?

Here are stories from some of our members.

**Carol Booth**, medical doctor and therapeutic harp practitioner

“When a bushfire broke out in my local area on the mid-north coast of New South Wales, my partner and I began moving our horses from our property to a safer location at the Wauchope Showground. Amid the rushed activity of the bushfire crisis, one of our horses, Oscar, who is blind, became distressed. Confused as to where he was, with smoke everywhere, he began kicking up and putting his foot through the bars, so I decided to see if playing one of my harps would calm him. I began to play Pachelbel’s *Canon in D* and variations and it worked. I could see the music was clearly having a positive, calming and soothing effect on the anxious pony as well as calming myself. Two other horses looked like they were going to have a fight, and I thought, ‘I’ll see if the harp works,’ and it seemed to work.

In addition to moving our animals to safety, we also moved my harps to safety during the bushfires. I’ve got big harps, so they all had to go somewhere safe. I read



Carol playing harp to pony Oscar

that harpist Jenny Smith had volunteered to retrieve and safely store harps for her fellow Tasmanian harpists, whose homes were threatened by the bushfires.

I would consider playing to our blind pony, Oscar, again in the future. I had not tried playing to any of the horses before. When Oscar started kicking up and trying to put his foot through the bars, I was there by myself talking to him but it wasn’t helping. The harp worked. We were camped at the showground for a week before we were able to return home. During that week, as loud noises occurred (trucks and animals being moved) Oscar got agitated quite often. The harp seemed to settle him.”

**Louise Bell**, certified therapeutic harp practitioner

“We live in the New South Wales Southern Highlands and although not directly threatened, the heat, smoke and daily reports of devastation from the catastrophic fires were incredibly distressing. So many were facing the heartbreaking loss of loved ones, animal companions, treasured possessions, homes and businesses. These tragedies also reverberated to a day in November 1968 when my beloved father Leonard Bell died of a heart attack while assisting firefighting efforts as a volunteer in Sydney. He was 45 and our mother Nan was left to raise me and my four sisters, which she did with strength and devotion.

Playing a lot of harp over the summer, my fervent wish for rain evolved into the song “Dreaming of Rain.” I

See ATHA, page 5

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... By the way: I am in the process  
 of finding ways to play for the residents  
 at long-term homes. Because they are  
 restricted to their rooms, we have to find  
 creative ways to 'broadcast' the music  
 to them. So, on nice days, some can  
 come outdoors and sit in widely-spaced  
 rockers while I plug the harp into an  
 amplifier and direct it at open windows  
 for those who can't come outdoors. The  
 funeral home is lending me a battery-op-  
 erated amplifier just in case there are no  
 readily available outdoor power outlets.

I feel so sorry for the residents —  
 many of whom cannot understand why  
 everyone has forgotten them. I am so  
 grateful my mother isn't alive to expe-  
 rience this. She would never be able to  
 understand why we went from a daily  
 visit to no visits at all. So sad, and truly  
 beyond awful for those in their last days.

I am continuing my Open Windows  
 Concerts and was told, at a long-term  
 care residence I have been playing at for  
 the past four years, that I am a 'pioneer'  
 in the field. Several other musicians have  
 adopted the model... and the name,  
 Open Windows Concerts. I believe that  
 people are hungry to go beyond the  
 'virtual' concerts to be found everywhere  
 now.

Ian Hepburn  
 Vankleek Hill, ON, Canada



... On July 1, I sat and read the  
 Summer 2020 *HTJ* cover-to-cover.  
 Congratulations on the extensive *Harping*  
*about COVID-19* article, presenting the  
 overview of past pandemics was a useful  
 prelude to activities today. Also loved the  
 articles by Sunita Staneslow, Mary Ste-  
 vens, Christina Cotruvo and the delight-  
 ful *Turtle* story by David Key... and your  
 beautiful composition *Lamentation*.

Ian Hepburn  
 Vankleek Hill, ON, Canada



I'm always anxious to read the latest  
*HTJ*, but the Summer 2020 issue was  
 especially compelling with your all-en-  
 compassing article on *COVID-19*! This  
 certainly puts things into perspective.  
 I loved hearing what other therapeutic  
 harpists have been doing during these  
 difficult times to continue providing  
 music at a distance. Many thanks!

Lynette Edelson  
 Alta Loma, CA



Wow! You outdid yourself with this  
 issue [F'20 *HTJ*!]! It's wonderful. I loved  
 hearing from all the NSBTM folks, Ian  
 and Tony. And such good information.

Dee Sweeney  
 Centennial, CO



Thank you very much for this  
 wonderful resource. I was espe-  
 cially inspired by the closing  
 statement of your article  
*Harping about COVID-19* in the  
 Summer 2020 issue: "It's a brave  
 new world in which creative and resilient  
 therapeutic musicians, who have been  
 setting the stage for more than a quar-  
 ter-century, continue to strive to provide  
 a musical space to birth a peaceful  
 transformation for all of humanity. Our  
 practices will eventually come back and  
 our services will be needed more than  
 ever. . ."

Thank you for this encouragement!  
 Blessings as you continue to support  
 therapeutic musicians.

Susan Carol  
 Lynchburg, VA



Your article in the Summer 2020  
*HTJ* was the most informative, detailed  
 and full of heart article that I have read  
 on COVID-19! You are an amazing  
 researcher and writer who brings much  
 needed attention to this pandemic that  
 seems to be daily decreasing in people's  
 attention as the world is opening up  
 again unless they are personally affected  
 by the virus itself. To hear the years that  
 the previous pandemics had lasted and  
 that we're now being presented with a  
 novel strain that appears to be stronger  
 than any ever known before, it is amaz-  
 ing to think that we could dismiss it after  
 only three months of lock down. I, for  
 one, will be sharing your article with my  
 personal friends and family (if given your  
 permission) for you have created such  
 a clear understanding of what we are  
 dealing with these days. Thank you!

Christina Tourin  
 Mt. Laguna, CA



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<sup>1</sup> Internship required for certification but not for our certificate program

**ATHA**, from page 1

spent many hours in my studio deeply absorbed in music creation, with harp, voice and keyboard, and the heartfelt intention to offer a sound soothing for the soul in troubled times.” <https://youtu.be/pmER51ipvpY>

**Lyn Evans**, certified therapeutic harp practitioner

“I voluntarily began a self-isolation period for an unknown time due to being in the vulnerable category on two counts – age and chronic illness (asthma). I was blasé about my risk until a colleague impressed upon me the danger for people with lung problems. However, the COVID-19 restrictions in South Australia provided other opportunities for therapeutic music to be delivered.

The Arts in Health at Flinders Medical Centre obtained a grant to fund a YouTube channel for the purpose of uploading videos to provide stress relief and relaxation for staff and patients. I worked from home, recording several videos of mindfulness meditations with harp music and uploaded them to the YouTube channel. Some of the videos were specifically for patients of the Cancer Wellness Centre who could access the videos from home.

I also took the self-isolation period to provide harp music to people walking past my house. I would set up my harp on the front porch with a sign attached to my music stand which read “Corona Cheer-up” and played a range of “happy” familiar tunes. People walking by would wave, stop to chat, smile and take photos. It was a way to connect with strangers and brighten their day.”



**Lyn Evans cheers neighbors**

**Stephanie Franks**, therapeutic harp student

“In Victoria’s East Gippsland, the small town of Buchan, was badly hit, losing many homes and taking damage to surrounding farms. My partner and I were evacuated a number of times from our small property on the outskirts of Buchan as the fire raged around us. Our house and our beloved donkeys, Sancho and Platero, survived the fires. It was a frightening time for all the residents of this picturesque region of Australia. With no water, electricity or sanitation available, there was a large reliance on bushfire support programs.



**Stephanie Franks plays harp to her donkeys Sancho & Platero**

I am part of a small Celtic group with guitar, recorder and harp, who play at local aged care facilities. I found that reading books and playing piano were a great source of comfort to me during this difficult period. I now work as a case manager in a bushfire care support program and find this work an excellent opportunity to assist my local community in a practical way.”

**Deirdre May**, therapeutic harp student

“Faced with the challenge of how I might get my internship hours completed, I came up with a creative new way of presenting my music by making my own YouTube channel and uploading audio recordings of myself playing, to a backdrop of beautiful calming scenes from nature. This resulted in me being invited to play via video link, for young patients and their families in a Children’s Hospice in Queensland. I’m planning to run a webinar to give technical advice on how to link the harp directly into the computer to get the best possible sound to play remotely for patients.”

**Catherine Lyons-Nash**, certified therapeutic harp practitioner

“A group of six harpists (including me) have been meeting on Zoom over the last couple of months to share our experiences, share information and test Zoom’s suitability for playing live music. We called each other, played structured music, improvised music, glissandos and arpeggios, and gave feedback about sounds that do and don’t work. We have had sessions about playing improvised music for people in palliative care, learning to sing while playing harp, and therapeutic harp counseling micro skills.

I have played for two morning stretch sessions that were livestreamed from the Facebook page of the Don Russell Performing Arts Centre, which is run by the city of Gosnells. I played lever harp for the first session and chimes and reverie harp for the second session, while instructors demonstrated gentle stretches for viewers to follow. One of our members played harp at a labyrinth in Bunbury for World Labyrinth Day.”

See ATHA, page 6



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## ATHA, from page 5

**Jenni Sawell**, certified therapeutic harp practitioner

“Like many others, I have found myself “on hold” this year. Although my work will be resuming again shortly at Uniting Care on the Central Coast of NSW, I have been keeping my teaching going via Zoom for those who can manage it. I spent some time during lockdown making videos of myself playing and posting them on Facebook. This was therapeutic for both me and the viewers. I also took part in a global virtual choir, as one of the accompanying instrumentalists.”

**Ruth Shepherd**, certified therapeutic harp practitioner

“The bushfires affected everyone in the two communities I’m involved with. My farm was directly in the path of the fires. Thanks to our local rural fire service, who were miraculously present when the fires came raging down from the mountains, and lots of prayer and meditation, my house and sheds were saved. In my spiritual community, I used my harp to accompany live guided meditations which were aimed at helping release the fear, uncertainty and devastation that people were experiencing because of the fires. The harp adds a layer of beauty and peace to meditations, as one participant said: ‘Such gentle comfort comes from the harp, it soothes my soul.’”

**Bernadette O’Rourke**, certified therapeutic harp practitioner

“Nearly all my aged care facilities have postponed my bedside and small group visits for the time being. Some have taken up my offer of sending a CD/USB of recorded music for the residents to listen to and I will infuse the music with a healing intention.”

**Glenda Underhill**, therapeutic harp student

“I am currently self-isolating and using this time for deep reflection, study and repertoire development.”

**Alison Ware**, certified therapeutic harp practitioner

“The Therapeutic Harp Program continues to support patients and staff at Canberra Hospital during the COVID-19 pandemic. Initially, I modified my service by playing only in more public spaces, general ward areas, the cancer centre and public areas. As the restrictions have been gradually easing, I am now beginning to provide bedside visits as well.”

**Carla Whiteley**, certified therapeutic harp practitioner

“It is certainly a different time that we now live in. The facilities that I provide therapeutic harp music to are still welcoming me but with lots of protocols in place – filling in declaration forms stating that I have not been ill or returned from overseas, nor been with anyone who has had COVID-19. Temperatures are taken upon entry to the facility and it is expected that hands will be sanitized between every area.”

**Barbara Wilson**, friend of Australian therapeutic harpists

“After my shortened cruise on “The Golden Princess,” I went into self-isolation for two weeks. When the sun appeared after a week of clouds, I took my harp onto the veranda to practice. Being at a retirement village, I noticed several people walk past on the other side of the road. Many of them stopped to listen and chat from a distance. I let it be known that I would play at 12:30 each day that the weather was fine. This got a few people out walking to hear the music. Many of them were using walking frames, so they had their own seats. The results were humbling. One man, three doors away, is caring for his wife with cancer and was trying to work out how to get the music to his unit. When my isolation finished yesterday, he brought out a chair for me and I was able to play for her. A neighbour with dementia also came out after much coaxing from her husband. The difference it made to those two ladies



**Barbara Wilson serenades neighbors**

was amazing. There was an animation present that had been absent for months. The village has encouraged me to go to the gazebos dotted around the village and play, as long as there are not more than two people off their properties. As the gazebos are at the end of courts, the music reaches six to eight units.” ♡

## Creative coping

by Sarajane Williams

Prior to March 2020, Gloria Galante, CMP, VAHTP, had been performing in concerts, teaching harp students and playing therapeutic harp for patients receiving in-vitro-fertilization transfers and patients with Alzheimer’s Disease. However, as for the rest of us, her routine activities and travel plans were cancelled after the arrival of the COVID-19 virus.

She began to receive calls from many people who were anxious, lonely and stressed about the pandemic, so she decided to provide her harp music and inspirational messages in daily posts to illuminate Peace. For over five months, she arranged music, fulfilled many musical requests, and dedicated pieces to those who had died from COVID on her daily *Heartfilled Harping for Comfort* and *Heartfilled Harping for Life Celebration* Facebook posts.

Moreover, the death of George Floyd moved her to compose a 8:46-minute piece called *The Lockdown Style Suite*, available in print or PDF. ♡

Contact: Ggharp@comcast.net

## Is distance harp therapy a possibility?

by *Lawrence Marie*

Years ago, a bedridden lady had asked me for vibroacoustic harp therapy (VAHT). She lived two hours away and couldn't drive herself, so I thought we could try with Skype. At an appointed time, the VAHT session took place. Even though my client wasn't on the mat, she felt the vibrations in her body so I proceeded as usual. At the end of the session she reported having less pain, feeling more relaxed. We repeated this every week over several weeks but the client wasn't really improving the way my clients usually did when on the mat. This lady had fibromyalgia and I found in the course of my practice that a lot of people with fibromyalgia believe they can't heal. Some people benefit from their ailments, so healing isn't an option for them, they just want to alleviate symptoms a bit. Anyway I decided we should stop the sessions and I shelved the idea of distance healing.

Since then I became a radiesthesis, which means working with pendulums and dowsing rods for healing as well as for finding missing people, water, objects, detecting electromagnetic fields and for asking questions. In time, I was able to do this work at a distance. Reiki practitioners also do distance work so I figured harp therapy is also energy work using sound frequencies instead of light frequencies with therapeutic pendulums for healing. I retired from working with special needs children nearly three years ago, but about 18 months ago a new clientele of children appeared. Most were teenage boys, who at that age don't want to see doctors and they don't want to see me. Their mothers asked if I could help. The initial radiesthesia was successful and then, with one mom's permission, I decided to venture with the harp.

One of the secret ingredients of harp therapy and of any other healing modality, really, is intention, and even more so in distance work. One of the secret ingredients of VAHT is amplification. I knew from my experience with harp therapy and radiesthesia that I was able to connect an intention to someone, otherwise I wouldn't have the results I have had.

As for amplification, quartz crystals have been used for a very long time in industry as amplifiers and transmitters, so I chose a pointed clear quartz crystal, set it

about a foot and a half in front of my harp and used a pendulum to test if an energy line was formed from the harp to the crystal. No, there wasn't any. Then I sat at my harp and focused on my little client whom I hadn't met, but had his photograph. My intention was to send healing of whatever in him needed to be healed. I used the the pendulum to determine which mode I should use and played for about a half hour. Afterwards, using my pendulum, I detected the energy line from the harp to the pendulum and beyond! I texted the mother to tell her I had just worked on her son and she replied: I wondered if you did! He became calmer suddenly. I repeated the session weekly and each time there were notable improvements. So I followed my usual protocol, spacing sessions eventually to two weeks, three weeks and so on.

This young man's initial symptoms included anger (mostly toward his dad and school), anxiety, hallucinations, emotional detachment and irritability. He also smoked cannabis. In time, he became well again. His anger was gone, he was more motivated to go to school, spent time with his parents and was more talkative. His mom said, "I have my son back!"

After that first experience I had the chance to do distance harp therapy with a lady who had been a VAHT client. As usual, we set up her appointments, during which she would lie down and be in a receptive mode. Her experience in terms of what she felt physically and emotionally was so close to what she experienced when in my office, that I was convinced that distance work with the harp was something worth developing. Since then I have refined the sessions and figured out things to add to enhance the sessions. I've discovered that the energy flows for about another 90 minutes after I'm done playing.

During the COVID-19 lockdown, a friend called to ask me if I could help her sister in Guatemala who was having a really hard time with isolation. "I sure can try," I replied, and it felt good to not be limited by physicality or locality.

Distance harp therapy is obviously still in its infancy but I do believe it is something worth exploring.♥

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# Know thyself —

## Rediscovering your sonic identity as a therapeutic musician

by *Silvia Maserati*

Three o'clock in the afternoon. I am starting my therapeutic harp shift at a local hospice. As usual, the service opens with a 30-minute music offering in the corridor. The first notes resonate and heads peek out from behind the doors. Care givers and family members check and see what's going on, to tell their beloved ones, "Ain't that our neighbour's TV?" — "No, no! You won't believe it, there's a woman with a harp in the corridor!" Smiles arise, along with meaningful glances. An old lady in a wheelchair comes closer to stay and listen, her wrinkled chin in her hand, while *Eleanor Plunkett* turns into *Amapola* and the gentle rumba recalls sweet ballroom memories. Later on in the session, Ed Sheeran and Leonard Cohen trade their strings for mine in a couple of tender six-eight ballads, to cradle a young man and his father.

Day by day, my repertoire grows with the music I transcribe and arrange to fulfill my patients requests, nurturing an expertise in choosing a proper selection of familiar tunes as well as for those who can't tell their preferences. Grasping, guessing, sensing the right music for everyone, with no judgement, respecting all genres and tastes, just like an ethnomusicologist would do. That's OK, but what about me, what about my own preferences? How do they relate to this commitment to widen my perspectives and how do they affect me as a therapeutic musician?

I was recently given the assignment of writing my "sonic autobiography." The task disclosed a full set of questions, answers and discoveries. Sonic autobiography is the story of sounds, noises and music that surrounded you from your birth (or even before) to now. And, most important, it is both about the sonic experiences you loved and those you hated.

I'm not afraid to say that every TM should take the time to put on paper his/her personal sonic history. It can be frightening at first and you can feel pretty stuck. Maybe there are too many things to recall and it's easy to get lost in remembrance. What should I begin with? How many pages? Should it resemble a clinical anamnesis, a comedian's monologue or a sentimental novel? For whom am I writing this? The last question is the simplest to answer: you should write it just for yourself, as a self-care practice.

No agenda, no plans, a genuine stream of consciousness is the best approach to let the true essence of your path emerge through sounds. For those scared of the blank page syndrome, here are a few ice-breaker tips: 1. Write a list of the sounds/noises and tunes/songs you like and dislike — just two columns, six items each. Then, relist the items in a chronological order in a single column. Use this list as a framework for your bio. 2. Identify and write down your "sonic milestones:" your mother singing a lullaby to you, your first music lesson as a child, the gift of a beautiful music box from a loved one, attending your favorite band's performance as a teenager. Imagine these are the stones you put your feet on, step after step, through the river of life. Travel again through that path and develop a narration for each stone. Include the slips and hurts that occur in every journey. 3. Start writing the full story abruptly from the middle — "in medias res," as the Romans would say — so that you don't have to confront immediately with a remote and maybe foggy beginning. A casual point in your autobiography is OK for you to start with, and then proceed backward and forward from a comfortable perspective.

It can take a few hours, a few days or months. Once your sonic autobiography is ready, it will be possible to read it multiple times to engage a meaning-making process

or to search for recurring words and themes you may be not aware of. Most important of all, this process will give you the chance to read your experiences as a therapeutic musician in light of your individual path through sound and music.

As my sonic autobiography revealed, my personal sonic journey was a patchwork of styles and genres. I spent 20 years skipping from classical piano to hard rock keyboards, accompanying a long-train dressed soprano during the day and a long-haired, tattooed vocalist the very same night. This alternation made me often feel out of place, as if I were someone who wanted to live more than one life, someone who refused to pronounce an oath of allegiance to a single stylistic party, in order to grab gifts and emotions from different musical worlds.

When I fell in love with the harp in my mid-30's, all these influences flew into my therapeutic music practice. Everything suddenly made sense and everything was — and is — harmoniously in place.

"Know thyself," says a famous inscription on the Temple of Apollo at Delphi. This is an invitation to embrace our path and to acknowledge our limits, so that, by the act of recognizing our sonic identity as a whole, we learn to truly honour and meet in our music the uniqueness and complexity of each human being. ♥

*Silvia Maserati, CCM, is a professional musician, music educator and certified therapeutic harpist in Milan, Italy, serving in critical and palliative care. She supports therapeutic music students as CMCP mentor. This article was previously posted on her blog. Resources for students and practitioners are available on her website: arparama.net.*

# All Through the Night (Ar Hyd y Nos)

Traditional Welsh  
arr. Sarajane Williams

Gently

The first system of musical notation is for the first four measures. It features a treble clef with a key signature of one sharp (F#) and a 4/4 time signature. The melody in the treble clef begins with a quarter note G4, followed by quarter notes A4, B4, and C5. The bass clef accompaniment starts with a half note G3, followed by quarter notes A3 and B3. A dynamic marking of *mp* is placed in the first measure.

The second system of musical notation covers measures 5 through 8. The treble clef continues the melody with quarter notes D5, E5, and F#5, followed by a half note G5. The bass clef accompaniment consists of quarter notes G3, A3, and B3, followed by a half note C4. The system concludes with a double bar line and a wavy line indicating a repeat or continuation.

The third system of musical notation covers measures 9 through 12. The treble clef features a series of chords: G4-A4, G4-A4-B4, G4-A4-B4, and G4-A4-B4. The bass clef accompaniment consists of chords: G3-A3, G3-A3-B3, G3-A3-B3, and G3-A3-B3. A dynamic marking of *rall.* is placed above the final measure of the system.

a tempo

The fourth system of musical notation covers measures 13 through 16. The treble clef melody consists of quarter notes G4, A4, B4, and C5. The bass clef accompaniment consists of quarter notes G3, A3, B3, and C4.

*All Through the Night* - page 2

The musical score is presented in five systems, each with a grand staff (treble and bass clefs) and a key signature of one sharp (F#). The first system shows a piano accompaniment with a steady eighth-note bass line and a treble staff with rests. The second system introduces a vocal line in the treble staff, starting with a 'gliss.' (glissando) on a sixteenth-note scale, followed by a melody of quarter notes. The piano accompaniment continues. The third system features a more active piano accompaniment with chords in the treble staff and a bass line of eighth notes. The fourth system includes a vocal line with a 'rit.' (ritardando) marking and a 'a tempo' marking, with a melodic line in the treble and piano accompaniment in the bass. The fifth system concludes with a vocal line featuring a long, sustained note in the treble and piano accompaniment in the bass.

*All Through the Night* - page 3

The first system of musical notation for 'All Through the Night' consists of two staves. The upper staff is in treble clef with a key signature of two sharps (F# and C#). It features a melody of eighth and quarter notes, often beamed in pairs. The lower staff is in bass clef with the same key signature, providing a harmonic accompaniment of chords and single notes.

The second system continues the piece. The upper staff maintains the melodic line with some triplet markings. The lower staff features a more active accompaniment, including a wavy line in the first measure and various chordal textures.

The third system shows the continuation of the melody and accompaniment. The upper staff has several measures with beamed eighth notes. The lower staff provides a steady harmonic support with chords and moving lines.

The fourth system includes a 'rit.' (ritardando) marking in the first measure of the upper staff. The melody continues with a mix of eighth and quarter notes. The lower staff accompaniment remains consistent with the previous systems.

The fifth system concludes the piece. The upper staff features a melodic phrase that ends with a long note held over the bar line. The lower staff has a 'L.H.' (Left Hand) marking and a trapezoidal dynamic marking. The system ends with a double bar line.

# The latest vibrations

by Linda Bloom

Almost everyone knows about using vibroacoustic interventions to enhance relaxation and support pain relief, such as this 1996 study from the *Journal of Music Therapy* by Catherine L. Walters, M.M., RMT-BC. Her study explored the effects of vibrotactile stimulation on patients waiting to have planned gynecological surgery. The sample consisted of 39 women who were randomly assigned to one of three groups. The first group received a vibrotactile intervention (VT) by lying on a Somatron mattress. The second group received [recorded] music (M) only, and the third group received no intervention (C). This was done while the patients waited for surgery in the holding area. Vital signs were recorded, as well as pre and post self-reported levels of apprehension. Additional information regarding recovery was collected.

Analysis revealed that the vibroacoustic and music subjects demonstrated less apprehension than the subjects that received no intervention. Walters stated that “VT and M subjects spent significantly less time in surgery and in the postanesthesia unit, than C subjects, and the VT and M groups were also found to receive less post-operative medication than the C group. No significant differences were observed with regard to pre and post intervention physiological data, although VT and M revealed a tendency for a reduction in pulse rate, . . . and the least fluctuation in both systolic and diastolic blood pressure throughout the surgical experience.” She concluded that VT and M interventions appear to be beneficial to the subjects.

Vibroacoustic medicine has come a long way. There are many new uses for this modality, and I would like to list a few here:

## **Vibrotactile Stimulation: Case Study with a Profoundly Deaf Child.**

This study was published in the *Journal of Rehabilitation Research and Development* in

1986, by Anne E. Geers, PhD. The case study reports results following the fitting of a single-channel vibrotactile device called a Tactaid I to a 29-month-old profoundly deaf child, M. Her progress was evaluated over a 14 month period. “The air conduction audiograms of some profoundly deaf children show that these children do not actually ‘hear’ at all; rather they are said to perceive amplified speech from hearing aids via vibrotactile receptors in their ears. This suggests that devices designed to convert changing sound-energy levels into changing levels of tactile stimulation may provide advantages over conventional hearing aids for profoundly deaf children,” Geers said. In the past, hand-held bone conduction vibrators have been used by teachers when interacting with these children, especially in the beginning stages.

The Tactaid I, consists of an electronics package which is worn on the sternum with an elastic harness. The signal from the microphone can be adjusted up to 4000 Hz. The internal gain is automatically adjusted relative to outside noise.

See **Vibrations**, page 13

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## Therapeutic music training in a COVID-19 world

by Mary Stevens, Treasurer, NSBTM

The National Standards Board for Therapeutic Musicians (NSBTM) and the four NSBTM-accredited therapeutic music training programs have been working steadily to adapt to the changes created by the COVID-19 pandemic. There have been many discussions regarding the future of therapeutic music and how it must adapt to the newly emerging realities.

Some certified therapeutic musicians are considered by their facilities to be essential personnel and have been able to continue to work during the pandemic, but many certified therapeutic musicians and students found that the facilities they served were locked down, and the musicians have not been able to have access to patients in those facilities. A panel discussion was held during the on-line Somerset Harp Festival in July 2020 to give a picture of what the world is like now for certified therapeutic musicians. A link to that discussion is available on the NSBTM website homepage <https://www.nsbtm.org/>.

NSBTM has granted the accredited programs flexibility in the bedside hours parameters to make allowances for the lack of access to healthcare facilities. This triggered discussions, which are still ongoing, about the scope of therapeutic music and expanding that scope to include non-clinical settings such as senior retirement complexes, yoga and meditation centers, veterinary clinics and animal shelters, chiropractic and complementary health clinics, offices, and private residences as well as music offered through online platforms and recordings.

Each of the accredited therapeutic music training programs has been working tirelessly to adapt their individual programs to deal with the new realities created by COVID-19. Not all programs have made the same adaptations, so the interested reader is encouraged to contact each program for details specific to that program. Some of the adaptations include:

- Training and conferences that previously required an on-site presence are being adapted to on-line formats.
- Training is being offered or developed in learning online technology and platforms for remote sessions.
- Training is being offered or developed in making good quality recordings.
- The administration of the program is changing to more easily make allowances for local circumstances.
- Time constraints are being relaxed for completion of bedside hours or other program requirements.
- Parameters for bedside hours are being expanded to include:
  - o Settings outside of a healthcare setting
  - o Remote sessions through online platforms
  - o Sessions for family members, friends, and acquaintances
  - o Music in public areas in a healthcare setting (hallways, nurse's stations, building entrances, etc.)
  - o Sessions with videos of simulated bedside situations

The field of therapeutic music grows and expands every time a challenge is met. The NSBTM, Bedside Harp, Harp for Healing CMCP, International Harp Therapy Program (IHTP), and the Music for Healing and Transition Program (MHTP) pledge to continue moving forward, maintaining high standards for therapeutic music training while adapting to constantly changing realities. Dealing with and adapting to the realities of a worldwide pandemic is only one of many challenges that will be faced. Meeting each challenge will make the field of therapeutic music stronger, wiser, and more essential than ever. ♥



## Vibrations, from page 12

M was 24 months old when she was enrolled in the program, and she and her mother attended 50-minute sessions with a teacher each week. She was also fitted with a conventional body hearing aid and was enrolled in a nursery class of five two-year-old deaf children. For the first five months she used the conventional hearing aid only, and didn't make much progress, learning only two words in five months. She began wearing the Tactaid I at the age of 29 months. By the end of the year, M was able to use 11 words and understand 16 words. Her progress continued and by age three years and eight months she was able to use and understand 150 words. She was also able to understand a variety of two-word combinations.

I found it humorous that the study indicated that the Tactaid I required repair at least twice a month, caused by M falling on the device, breaking cords, and spilling food into the device. She was obviously an active child. The problem was solved, by using two Tactaid I devices, allowing her one to wear while the other was in for repair. It is dangerous to base a conclusion on a sample of one or two, however, the Tactaid I shows a degree of acceleration in language development in this case.

**ComTouch: Design of a Vibrotactile Communication Device**, a study by Angela Chang, Eric Gunther and Hiroshi Ishii from MIT Media Lab, Sile O'Modhrain of Media Lab Europe, and Rob Jacob of Tufts University.

ComTouch is a proposed vibrotactile device sleeve that fits over the back of a mobile phone, and is a handheld device that translates finger pressure into vibrations. The goal of this device is to help interpersonal communication by adding a tactile channel to the voice. The device is bi-directional and both users can send and receive signals at the same time. The developers postulated that the ComTouch device may be useful to blind and deaf people, as well as for recreational gaming. They were inspired by the act of shaking hands, since the hand provides a single compact space on the body for

See **Vibrations**, page 15

# Helping and healing through therapeutic music

by Nicole E. Anderson

My home state of Massachusetts was hit hard and fast by COVID-19, and by mid-March the state was on lockdown. All of my in-person work was canceled, and like many other TMs, I was left to my own ingenuity to figure out what to do next. I immediately changed course to help from afar, took to my hardly-used YouTube channel, and went live on March 13. I played one of my therapy harps over a low-quality interface, the YouTube platform buffering every handful of minutes, due to its limited capacity to host exponentially more users on a Friday night than ever expected. But no one seemed to care. Everyone who tuned in just needed the music. It's still my most-watched video from the pandemic.

I felt called that evening to continue using video production to reach the hearts and souls of those struggling. Most of the facilities where I normally work were over their heads in crisis mode, not having any space to consider remote harp therapy. So, I turned to my secondary community: the wellness community. In normal years, I spend much of my time accompanying yoga classes and meditation practices. I was also in the middle of a course to become certified as a meditation teacher. I decided to blend meditation and music in weekly YouTube videos. *Serenity Sounds* was born.

Throughout the next several weeks, I dove head-first into production research. I discovered software and equipment that would up my video quality, and I virtually convened with several other TMs who were doing the same. We as a community are always so helpful with one another – something that puts a smile on my face as I realize that, even though we're all over the world, isolating to stay safe, we are all connected through our nurturing hearts. In time, I found my groove with video releases and live streams. Shortly thereafter, I dabbled in offering harp therapy sessions over Zoom, using a \$13 adhesive pickup I purchased on Amazon and one-half of a stereo mic set that I had tucked away in my office. It was as though I blinked and an online business had formed, completely different from anything I had expected, but it was working. I could see from the responses of my clients on the other side of the screen. I could tell from the comments I was getting about my YouTube videos. Then, there is the intangible energy shift that I am always looking out for, the one that feels like our music is entering into the core of the Universe and extinguishing the fire of hate and sadness, even just a little.

In late May, our state governor issued a statewide mask mandate. A normal day for many turned into the start of a grueling journey for myself. I had been keeping healthy and caring for myself this whole time, and so I was blindsided by my sudden inability to think clearly, walk without feeling dizzy, and need to lower my heart rate BPM below the high 80s. I struggled to figure out what had shifted. Days went by, my symptoms worsening, and I was lost in the dark. Until May 30. I remember the exact date because it also happened to be my birthday. I got the gift of a breakthrough. A trauma that I had experienced over two decades ago, that I thought I had worked through, was now exposing new fears, anxieties and panic. When I was younger, I made a poor choice to underestimate the dangers of balloons, and wound up in the hospital. I nearly suffocated as a result of aspirating a piece of balloon into my lungs. The millisecond of the balloon popping in my throat led to over a year of hospital visits, medications, procedures, and a plethora of secondary ailments – chronic pneumonia and an eating disorder, to name a couple. I was in a race against the clock. While I survived an immediate suffocation by what doctors estimate was a millimeter in diameter of the piece of the balloon, I risked severe complications from fluid build-up in my lungs, due to a foreign object lodged in one of my



Nicole E. Anderson, MS, CCM

bronchial tubes.

How this story from my childhood ends is positive, albeit lackluster. One day, months after the incident, my wheezing stopped and my pneumonia dissipated. To this day, we don't know how or when the balloon fragment dislodged. All I know is that the whole debacle left me with reduced lung capacity and an array of psychological reactions that were left uncovered until May 2020. The week after my birthday, I signed onto Zoom with my therapist. Usually tongue-in-cheek, I'd put my Master's in psychology degree to use by fake-diagnosing myself, but this time I was serious. "I have PTSD," I told her. Her reaction, shocked but caring, spurred a difficult conversation of my symptoms, and how the pulmonary effects of COVID, coupled with feeling anxious about having a mask covering my face and the rise of the George Floyd "I can't breathe" protests, led me down a surprise path of daily struggles to catch my own breath. By the end of the therapy session, she was in agreement, and our typical talks of "how well I'm coping with the pandemic" took a drastic turn. My path to recovery – still, and likely to always be, ongoing – took me back to the harp, to my *Serenity Sounds* videos, and into nature, where I began recording inspiring nature scenes to pair with my

**Continued next page**

## Helping, from page 14

music. I needed to dive deep into self-care, thankfully having tools available to me that I gained during my training as a Clinical Musician. For the first time ever, I combined my background in mental health with therapeutic music in a real, tangible way. I offered tools and education to my small group of *Serenity Sounds* viewers. I utilized the platform to express the need for mental health and well-being during this time of struggle. With each word spoken and each string strummed, I began putting my own pieces back together.

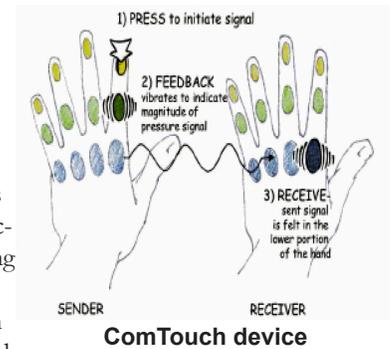
I hadn't shared my story in detail, yet people came out of the woodwork, telling me about their own struggles with anxiety, and how they commended my strong voice advocating for mental health during the pandemic. People who would have never started incorporating harp music into their self-care, began to see how useful it can be as part of a holistic approach to calm and healing. That's when I realized that I had gone from delivering the healing, to being right there with them: raw, human, and certainly not invincible to the effects this ongoing stress has on us all. In a video on gratitude, I discussed being messengers of kindness, and how we do not know the stories of others. So, instead of hate and judgment, we should lead with empathy and compassion. I take that sentiment with me daily, and I can't help but see how similar it is to the mindset we aim to achieve in our work as TMs: Be a messenger of healing. Meet the patient in the moment, wherever they are, and don't make assumptions. And most importantly, be kind. ♥

*Nicole E. Anderson, MS, CCM, is a certified therapeutic musician, life coach and meditation teacher. She provides music for self-care and healing in healthcare and wellness settings. Additionally, she offers online harp therapy and mindfulness tools on her website, [www.harpanwellness.com](http://www.harpanwellness.com). Nicole serves as a mentor for the Harp for Healing Clinical Musician Certification Program and is the founder of Fundamentals with Feeling, a continuing education course platform for therapeutic musicians.*

## Vibrations, from page 13

tactile input and output. Vibration was used to represent touch. It was also chosen because it is presently used in communication devices. Each finger could also be used to output a separate vibration. The ComTouch could be used under situations requiring privacy, or when one desires a quiet environment, such as a library. In instances where remote communication is already taking place, such as a speech or debate, the speaker would be able to talk and get live feedback from his or her advisors. A deaf or blind person could communicate with anyone remotely who has a sense of touch.

Several studies were carried out with prototypes, a chat between people who knew each other, as well as a desert survival problem where the participants communicated with voice and touch, and then touch only, about several survival items. A sample size of 24 college students at MIT was used. The students were not instructed on how to use the interface. The conclusion of the preliminary trial was that there is a relationship between the audio and tactile channels. The vibration was used for emphasis of a point, the beginning of a subject and sometimes the desire to interrupt. 67 percent of the users established their own coding symbols. The ComTouch is under continued development.



### The Institute of Robotics and Mechatronics: VibroTac

The VibroTac is a bracelet containing six vibration segments distributed around the arm. It generates vibrotactile feedback to transmit information to its user. It does not send data. It is designed for use in noisy environments to transmit information, as well as for blind and deaf persons. It was licensed to the Sensodrive Company in 2011. Multiple bracelets can be worn on the same arm, and the intensity of each segment can be set in various frequencies. It can be used to feedback information during virtual reality simulations, give directional hints for navigation, direct attention (an example is air traffic control), and support blind persons.

### Automatic Vibrotactile Device for Interruption of Apnea in Premature

**Infants**, by Mojgan Payombar, Fernando Vera, and Panadda Marayong, California State University.

Apnea in premature infants is a condition where the infant has a pause in breathing which lasts longer than 20 seconds. This has been treated in the past with manual stimulation by a nurse in the intensive care environment. An Automatic Apnea Interruption System for Infants is the answer to this problem, and consists of a vibrotactile unit and a device interface used with a commercial patient monitoring device. The system monitors heart rate and blood oxygen level and activates the vibrotactile system when necessary. The care provider is able to adjust the magnitude and duration of the vibration from the interface. This system provides multimode individualized patient treatment.

### Investigational Treatment of Rheumatoid Arthritis with a Vibrotactile Device Applied to the External Ear, *Bioelectrical Medicine* 2019. Many investigators (see references for names).

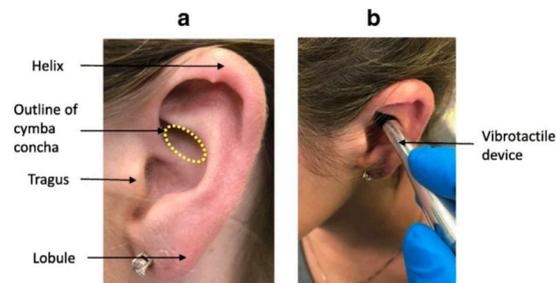
In this study, investigators studied the application of vibrotactile stimulation to the cymba concha of the outer ear in 19 patients. They assessed the effect of vibration in inflammatory response in healthy patients, as well as its effect on disease activity in RA patients. "Rheumatoid arthritis (RA) is a chronic and debilitating disease characterized by extensive joint tissue inflammation. Implantable bioelectronic devices targeting the inflammatory reflex reduce TNF (a pro-inflammatory cytokine) production

See **Vibrations**, page 16

## Vibrations, from page 15

and inflammation in preclinical models of inflammatory disease, and in patients with RA and Crohn's disease," the author stated.

Since neural reflexes control the cardiovascular, pulmonary, gastrointestinal and other systems, recent studies have focused upon the same neural reflex mechanism to study the control of adaptive immunity. The vagus nerve-based inflammatory reflex signals are transmitted to the brainstem. (If you are interested in molecular mediators, signal transduction induced by acetylcholine which increases intracellular calcium and decreases translocation of NF $\kappa$ B, as well as the reduction of the pro-inflammatory cytokines TNF, IL-1 $\beta$  and IL-6 produced by the spleen, please read the study referenced below).



To treat RA, the vibrotactile device was applied to the cymba concha on the outer ear. For Crohn's patients, the device was applied to the gastrocnemius muscle (the calf of the leg). Crossover controls were used. A set of healthy subjects participated in two visits and received vibrotac-

tile treatment in both areas, selected randomly. Subjects participated in two visits, separated by one week, and they were not informed about the order of the respective treatment, and were instructed that both types of treatment were comparable. Blood was drawn pre and one hour post stimulation and a whole blood assay was done.

RA patients were admitted to the hospital for 48 hours and received vibrotactile treatment at the cymba concha twice daily (8:00 a.m. and 8:00 p.m.) for two days. Assessments were performed upon admission, 48 hours and seven days after treatment.

See **Vibrations**, page 20

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# The gift of the Magi

by Hannah R. Brockow

**"All out of darkness we have light  
Which made the angels sing this night."**

— "The Sussex Carol," collected by Ralph Vaughan Williams and attributed to Bishop Luke Waddinge (1628-1691), Bishop of Ferns, Ireland

Many professionals in helping relationships remark that the healing seems to go in both directions. One of us may have the designation of "practitioner," "doctor," or "therapist," but the other of us designated as "client" or "patient" is just as much the agent of change, teaching or healing. This is one of the greatest gifts of the therapeutic arts — the recognition that healing comes through us, and not from us, and the rich insights that come as we meet sorrow and suffering as two human beings on a journey together.

In my practice of harp therapy, this has been true time and time again. In reflection, so many clients have been teachers and healers to me that I almost cannot think of one who was not. I spent a month in slow thought about it, a month in which time seemed to pass more slowly than usual — month six of the coronavirus pandemic in North America.

At present, due to my own severe asthma and the fragility of palliative care patients in the hospital where I practice harp therapy in downtown Montreal, a city with one of the highest per capita COVID-19 death rates in the world, both the patients and I are deemed too vulnerable to be together physically at present. Even visitors and patients to the hospital are heavily restricted; only when the volunteers have clearance to return can we begin to think about Zoom sessions. For now, that



**Hannah R. Brockow provided therapeutic music during Christmas**

moment looks to be many months away. The city is on edge waiting for the arrival of the second wave and living with the many unpredictables of life with the virus.

This will be the first Christmas in several years that I will not be playing for the palliative care unit's holiday buffet on Dec. 25. This festive ritual has become one that I cherish: A long set of seasonal music for the Christmas dinner as the volunteers roll the buffet cart filled with

See **Magi**, page 18



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## Magi, from page 17

finger sandwiches, nuts, cheeses and crudités from room to room, followed by individual harp therapy sessions with patients.

When my supervisor first asked me to play for these events, I was elated. With my father's kidney disease, we had spent so many Christmases in the hospital between 1995 and his death in 2003. My own fragile lungs resulted in hospital Christmases as a child and again as a teen. I knew how lonely and sorrowful a hospital Christmas could be and I just knew that the harp could help make it feel more intimate, more festive and more special.

I've always stayed to play as long as people want, although I had to say a lot of "no"s to wine and champagne that the patients offered me if I wanted to be able to tell the red strings from the blue! One year I visited a cheerful family who had decorated every inch of their mother's room and were enjoying champagne, cheese and crackers. They were my last

Christmas Day clients that day and, finding themselves with no more wine glasses, filled a water tumbler with champagne and handed it to me! Needless to say, upon returning home it was time for a long winter's nap before our family celebration! Here's a video of us in 2018, as Radio-Canada, Canada's national French-language television station, does a Christmas Day report on our celebration while I play "The Sussex Carol" in the background: <https://ici.radio-canada.ca/info/videos/media-8018712/feter-son-dernier-noel-hopital>

Reminiscing on that year, I remember "Murielle" and her family, who insisted that I join them for their holiday feast in the conference room. We had already had several sessions together, and this regal lady, with her sweetness and courage, had absolutely stolen my heart. Two of her sons had come out to greet me as I played seasonal music and invited me to join them. They would not take no for an answer, even when I said I had to get back to my husband and my mother visiting us from South Carolina to prepare our meal. "They'll just have to wait!" Murielle's older son proclaimed. "You're our family now, too!"

As I opened the door to the conference room, the aromas of a home-cooked meal welcomed me. The table was set with a lace tablecloth and antique china; they had set a place for me. Murielle, the matriarch, was at its head, as three smiling generations filled both sides. There was roast turkey, a puree of sweet potatoes, parsnips, potatoes and carrots with cream and nutmeg, green beans with roasted garlic, wine, champagne, salmon mousse, baguette and an array of artisanal cheeses.

"Please," I insisted, "you must let me play for you while you eat!"

The whole family was excited about the prospect of live harp music during Christmas dinner. "It's like being at a king's banquet!" a niece exclaimed. Murielle asked, "But aren't you tired of playing?"

"Not at all!" I exclaimed. "I love Christmas music, and what would make me hap-

See **Magi**, page 20

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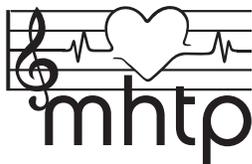
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*Top: Jerilyn Snider, CMP at Elliot Hospital, Manchester, NH (Photo by Peggy Fedor). Left: Carol Spears, CMP at Robinson Visiting Nurse & Hospice, Ravenna, OH.*



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**Magi**, from page 18

pier than anything would be to play your favorite pieces for you!"

We played and sang for an hour, and it turned out we loved the same Renaissance-era Christmas music most of all. As "Lo, How a Rose E'er Blooming" and "Noël Nouvelet" filled the air, a peaceful hush fell over the revelers. If I close my eyes right now, I can see Murielle's face filled with joy, a hospital conference room transformed into a queen's chamber by a stunningly presented feast and the peaceful strains of ancient and perfectly harmonious melodies. Afterwards, I tasted small spoonfuls of the Christmas feast, sipped a little white Burgundy to accompany my salmon mousse, relaxed into their easy conversation and most of all, basked in Murielle's Christmas radiance.

Christmas 2020 won't be like the others. I won't be playing at the hospital and my husband's family and mine won't be with us. We know that at times, we are all sure to feel lonely and sad during this profoundly different holiday season, the first we've all spent apart.

Murielle's last Christmas has come to my mind often as I reflect on this. She gave me a gift worthy of kings at that table.

What Murielle taught me is that Christmas is not dependent on a place or set of circumstances. It is a feeling. It cannot be forced, but the conditions can be set for it to appear, even in the saddest times and even in those in which we feel most afraid. We can start with a favorite melody and the lovely things that please our eyes: my own precious china, your music box, a beloved teddy bear, the ornament your grandmother gave you, my mother's divinity recipe.

We can build our own intentional world of all the love we have given and received, and then let that love flow through us to others however it can. Even if virtually or by phone, we can give refuge to a stranger, or let ourselves be sheltered. Isn't that what happened the very first Christmas, when a frightened family huddled close together in the night, and the miracle of love was there? ♡

*Wishing you a healthful and harmonious New Year!*

**The Harp Therapy Journal**

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**Vibrations**, from page 16

Blood was drawn as above. The authors found that vibrotactile stimulation at the cymba concha affects inflammatory response in the setting of RA, further suggesting that the auricular branch of the vagus nerve is a component of the inflammatory reflex. The same was not true for the gastrocnemius stimulation in the setting of RA. Also, in healthy subjects, it was found that the stimulation decreased cytokines in whole blood cultures. This benefit persisted up to seven days in the majority of patients. ♡

<https://www.healio.com/news/rheumatology/20190417/vibrationstimulation-of-external-ear-alleviates-inflammation-in-ra>

<http://www.cs.tufts.edu/~jacob/papers/dis02.pdf>

<https://asmedigitalcollection.asme.org/medical-devices/article/4/2/027506/433904/Automatic-Vibrotactile-Device-for-Interruption-of>

<https://www.rehab.research.va.gov/jour/86/23/1/pdf/geers.pdf>

<https://www.dlr.de/rm/en/desktopdefault.aspx/tabid-8753#gallery/29307>

<https://academic.oup.com/jmt/article-abstract/33/4/261/940609?redirectedFrom=PDF>

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