

CONVERSATIONS WITH MUSIC THERAPISTS

Scott Snow, MT-BC
Editor

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Conversations with Music Therapists is published three times annually.

- September
- January
- May

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Susan Hess, MA, LPC, MT-BC, is a licensed professional counselor, board-certified music therapist, and meditation mentor, with a Master's Degree in Transpersonal Counseling Psychology, Music Therapy Concentration, from Naropa University. Susan combines music therapy, psychotherapy, sound healing and meditation techniques to promote health, wellness, insight, emotional release and integration of body, mind and spirit. Her expertise includes working with issues of loss, grief, life transition, cancer and illness, spiritual development and creativity. As a Fellow of the Association for Music and Imagery (FAMI), Susan has advanced training in The Bonny Method of Guided Imagery and Music (GIM). This music-listening approach to transformational psychotherapy features deep relaxation and carefully selected pieces of inspired music designed to facilitate inner exploration, discovery and healing. She has also presented nationally and internationally on the subject of music for health and wellness, and is owner and founder of Musixspa™, a community-based music-making wellness program that offers Musixcircles around the Denver area. In addition, Susan offers programs at QuaLife Wellness Community, Kid's Alive and Spa for the Spirit for individuals and families living with cancer. She serves as adjunct faculty and as a mindfulness meditation mentor at Naropa University. She plays music with the Wildchild Stringband, and loves to play and compose music in many styles and genre. She works out of a private office in south-central Denver.

SS: Would you describe your position and responsibilities?

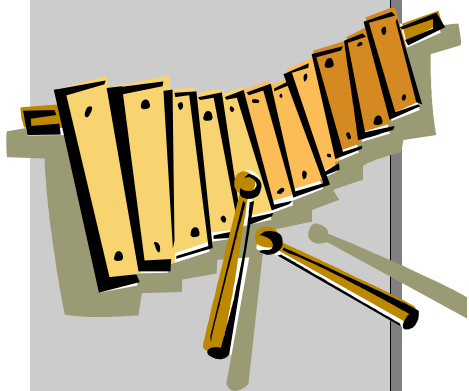
SH: At this point, I am self-employed. I am the owner of my business called Music for Health which also sponsors another business called Musixspa. I am the music therapist, programmer, book-keeper, marketer, and advertiser. (continued on page 2)

Daniel Heidt, MS, MT-BC Music Therapist, Palm Beach Hospice Palm Beach, FL

Dan Heidt is the Children's Music Therapist and Bereavement Counselor for Horizons Bereavement Center, a program of Hospice of Palm Beach County (HPBC) in West Palm Beach, FL. His work at HPBC began in April of 2003 working as a team music therapist in patient care for patients in their homes and assisted living facilities. In January of this year, he moved to the bereavement department to work exclusively with children and youth in bereavement. He received his Bachelors of Music Therapy (BMT) in 1998, and his Masters of Science (MS) in Music Therapy in 2002, both from Radford University, in Radford, VA. Dan is one of 10 full time board certified music therapists currently employed by Hospice of Palm Beach County.

SS: Would you describe your position and responsibilities?

DH: I am a Music Therapist and Bereavement Counselor for children and youth for a hospice bereavement department in West Palm Beach, FL. I meet with children, grandchildren, or any young family member of hospice patients. Additionally, I meet with children from the community who have experienced the death of a loved one. (continued page 6)



SUSAN HESS CONTINUED

I've recently been working as a university instructor at Naropa University. I was covering for Laurie Rugenstein, who went on sabbatical.

SS: You are a board certified music therapist with a master's degree in music therapy and you are a Fellow of the Association of Music and Imagery. It's obvious you have a very solid foundation in conventional music therapy. You work a lot in the wellness community. Do you ever have to defend what you do as a result of being categorized with music practitioners who may not have the foundation that you work from?

SH: Part of the reason I created Music for Health and Musixspa was that music therapy is not well-recognized in Denver, Colorado where I live. Music therapy is still very much the frontier. People generally do not know what music therapy is here. There aren't a lot of pre-existing jobs, and many of the jobs that do exist have been created by interns that have come out of Colorado State University and Naropa University. In wanting to work with health and wellness, I found that hospitals in the area were interested but it's a matter of starting a program from scratch which includes getting funding and grants etc... I'm in the process of starting a non-profit status so I can receive those grants. As a way to educate people, I thought I'd offer music therapy to the public at large. I found that when I said we would be doing music therapy with this broader population, most people replied, "I don't need therapy." I asked myself how I could present this so people would be able to gain the benefits of music therapy. Everything we do with populations in need is transferable to the general population, in terms of a preventative approach. I asked myself how I could present it in a way that people would respond and that is how I came up with Musixspa. I explained to people that this was a spa orientation and what we were going to do was going to feel good and be good for you in a broader terminology than saying it is "therapy." However, I'd be using the same techniques as in music therapy. The orientation is working with the five natural elements (water, fire, air, space, earth). So, I find that I don't necessarily have to defend myself. There are people out there who are sound healers who are playing harps in the hospitals and they are not music therapists. At first, I was disturbed that people were doing that but I've come to a position where I believe people are going to do what they are going to do and they are trying to help in whatever way they can. Many doors have opened for me that would not have if I didn't have my credentials. My education gives me a solid ground for people to connect with me. They recognize that I am not just making this up on my own.

SS: I've witnessed tension between a board certified music therapist and a performer at a nursing home. What do you feel about these dynamics?

SH: At first, I was unsure how to feel but I've come to a place where I think everyone has their calling and place in the picture. The music therapist and performer you described are feeling the competitive edge. That is what we are really talking about. As a music therapist, I am competitive as well. I want to reach my market share and in a business sense I want to reach the people I need to in order to provide a living income for myself. At the same time, I feel there is a lot of room for people to cooperate. If we all cooperate with one another it makes for a richer experience for the client. I've been approaching it from a cooperative/collaborative orientation while maintaining my competitive edge with my own training and skills.

SS: I suppose it isn't helping the client to see a music therapist and performer acting negatively towards one another.

SH: No – it's not. If I am truly service-oriented and provide a wonderful interactive music therapy session with a client and then a sound healer comes in with thirty-five crystal bowls, it is not up to me to say, "That's no good." It's just not an effective way to go about it. The proof is whether I can connect with the client in what I do and make them feel better regardless of my education. If I can't do that and the sound healer/performer can, then the client needs to see the healer/performer because that is who they can connect with and feel they have been helped the most.

SS: To what degree do you use guided imagery in your programs?

SH: I use guided imagery a lot. I have a private practice and call it Music for Health and I do Musixspa in community programs. I have a small private practice of G.I.M. clients primarily. In addition, I use guided imagery/music and imagery and the Bonny Method in many ways in the programs I do. I get called into small private situations in hospitals to see clients and I'll use some form of guided imagery there as well, although it is a more tightly guided imagery experience than in my open guided imagery and music experiences. I love G.I.M. and have found it to be a remarkably effective tool for reaching people's inner feelings.

SS: I recall learning a lot about the different levels of music therapy at school. At times, I am hesitant to use any music and imagery because I don't want to do anything I am not trained to provide. What are some music and imagery experiences that would be appropriate for someone with only undergraduate training to incorporate?

SH: Closely guided music and imagery experiences would be appropriate. This means the therapist is talking the client through the imagery. There is documented information about this subject in the health literature primarily through Jeanne Achterberg's work.

SS: I'm not familiar with her work.

SH: Jeanne Achterberg wrote books titled, "Imagery in Healing" and "Rituals of Healing." Her approach is different than the Bonny Method. Imagery in the Achterberg orientation might be, "Imagine yourself walking down a path and imagine the self of your body feeling healthy and strong." She gives guidance to that sort of imagery. The overall sense of guided imagery is to take someone to a beautiful place in nature essentially in words and meanwhile you can play live improvised music. Sometimes, I use a zither harp which is similar to an autoharp. I talk a person through their imagination to a beautiful place in nature that they know. It may be a place in the mountains, on a beach, or in a meadow.

SS: So, this type of music and imagery experience doesn't involve a prelude and induction?

SH: No it doesn't. All it requires is to allow the person to close their eyes and calm down and allow them to explore that beautiful place. You can even be as guided as saying "let's go to the seashore" or "let's go to the mountains." It's an archetypal image. An archetypal image is from Jungian psychology and it describes an image that all people can access. Within 5-10 minutes you can take someone to a lovely place and have them walk back from that place.

SS: How do you incorporate imagery into Musixspa?

SH: I incorporated imagery into the drumming portion of the program. I did so as a result of the Remo study (Composite Effects of Group Drumming Music Therapy on Modulation of Neuroendocrine-Immune Parameters in Normal Subjects – Alternative Therapy Health Medicine, 2001). They did a drumming protocol with well people to see what would happen with their immune function. They used blood tests and saw an increase in immune function and decrease in cortisol. I attended the group empowerment facilitation training with Remo. Dr. Barry Bittman was the M.D. on the project and he said when they were doing the study they used many different drumming experiences but didn't show any increase in immune function until they added the guided imagery portion. They called it composite drumming. Initially, they lead some warm-up/ice-breaker activities, call and response, and open drum circle things and end with a guided imagery with drumming. For example, they described going down a river in the tropics. There was a rainforest and people on the bank who welcomed you to the village.

SS: So, the group was playing simultaneously during the imagery?

SH: Yes. The group provided the rhythmic drumming while the facilitator led the group through the imagery. My intent with Musixspa was to help people physically/holistically, so I included a drumming and imagery piece, knowing the proven results of this approach on immune function. This is different from G.I.M. in the Bonny Method. The Bonny Method takes that whole notion of imagery and goes very deeply into it. It extends the music (recorded) out for 30-40 minutes. It has a person do a very deep relaxation going into it. This is not just closing one's eyes but it is the induction of deep relaxation. During the music, the therapist does not suggest a location of where the imagery is taking the client, and by leaving it open there are various things that happen related to the client's intention. Sometimes the psyche of the client goes where it needs to go and the therapist goes there with that person. In drumming imagery the client is following the therapist, and in G.I.M. the therapist is following the client.

SS: Are you saying that with less structure, the client will come up with imagery more on his/her own?

SH: Yes, that's why there is extensive training involved. There could be areas that the client needs to go that are difficult. The therapist needs to go with the client to these places. When a person goes to an area in their psyche that is difficult and the therapist is willing to be with the client, it is very healing and therapeutic for the client in a psychologically supportive way.

SS: What types of people seek G.I.M. treatment?

SH: I find that many are interested in spiritual growth. In terms of marketing, I don't get a huge amount of G.I.M. clients. Many people are unaware of what G.I.M. can do for them. I am constantly in a marketing position of informing people about it. I do provide G.I.M. services at a holistic center/center for the arts and spiritual growth. Many of my clients are professionals and I'm finding that when people help other people, they need help too. They need to keep themselves in very good physical and psychological health. They may come in and do a G.I.M. session or a music and imagery session for their own maintenance, clarity, deepening of their own self-process.

SS: Is art and drawing important in G.I.M.?

SH: Yes. In a regular G.I.M. session, there is the music, induction, prelude, the travel, and the postlude. During the postlude there is usually a mandala drawing. Sometimes, I will post the client's artwork on the wall as we look at it together and it can further inform the music journey. Doing the artwork creates a very full and rich experience for the client. We talk about what's going on for them and do a music travel and go deeply into inner resources.

SS: Does one need a master's degree to begin G.I.M. Training?

SH: Yes. You need to be at least in the process of attaining a master's degree in mental health. Nurses, social workers, counselors, and music therapists can all become certified in G.I.M.

SS: You mean you can become certified in G.I.M. without being a music therapist or musician?

SH: That's right.

SS: How much training is required to become G.I.M. certified?

SH: It is a three level training. There are different training centers all over the U.S. Helen Bonny started it. Her training center and the people that have taken over for her are in Kansas. In addition, there are training programs for people who have been certified in G.I.M. but wish to become certified primary trainers. The protocol begins with a level one (weeklong) residential training which often takes place at a retreat center. The location is very important in G.I.M. training. Training should be at a place that is naturally beautiful, to help support the consciousness work. Level one training involves going into the experience, relaxing, and getting away from your daily life. It is an introduction to see if a person is really interested. Level two training carries a pre-requisite of assigned reading and practice sessions with friends or family. You experience what it is like to be a guide for their journey. Level two involves a seven-day residential retreat that goes into more of the experience and provides you with more training on how to guide a client. Level two training is a much deeper experience than level one. When a person decides to pursue level two, they are moving to complete the entire three level program of training

It is a decision to learn G.I.M. as a treatment modality and use it therapeutically (at Mid-Atlantic Institute, anyway). Level three training is broken up into several intensive modules focused on various aspects of G.I.M. There is a requirement to do 75-100 private and/or group sessions, have a certain number of supervisions, and read about fifteen books. You must write assessments of the music programs that are used. Although it is possible for someone who is not a music therapist to become certified in G.I.M., a board certified music therapist has a great advantage in their natural connection to the music and its many nuances. The more the G.I.M. therapist knows the music and how to work with the music during the journey the more effective it is for the client.

SS: It must be fascinating to delve into classical music at this level.

SH: Yes. Helen Bonny put together the foundational music programs and practitioners sometimes create their own lists of musical compositions. Helen's programs are magnificent collections of musical pieces. It is very important to understand how she put these pieces together and why. I got to know a lot of pieces I didn't know. When a client lies down and a therapist plays music for that person, it takes the person to a wonderful place where their inner wisdom comes forward. It's really amazing. I bring some music therapy into it too and use a drum for my induction. I recommend my G.I.M. clients do a five session program to start. I do a G.I.M. session, then we do more of a music therapy session in session two, where we may improvise around the artwork brought up in session one. I intersperse music therapy and G.I.M. sessions.

SS: It must be nice to be able to switch between these different disciplines.

SH: It is. I studied MARI cards, a psychological assessment using artwork. It involves mandala (a drawing made from the reference point of a circle) drawings.

SS: Do you believe there is enough of a focus on spirituality in music therapy training today?

SH: I believe spirituality is a big part of music. Most music therapy programs recognize the inherent spiritual value in music. I'm not sure if it is brought into real concept awareness. I'm not that familiar with how other programs teach this aspect of music therapy, but I know that at Naropa University spirituality was very much a part of the program. The music therapy program was part of a Transpersonal Psychology track. We talked a lot about Transpersonal Psychology and spirituality in terms of the Transpersonal Psychology orientation. We discussed the elements in music with which we connect spirituality. Some years back, the word spirituality entered the spiritual path. We asked what our spiritual paths were and how will we live our lives spiritually. We explored the answers to those types of questions. Individuals must find the answers to these questions for themselves. It also may be through a formal religion like Christianity, Judaism, Buddhism, etc... etc... Music therapy, with its spiritual orientation, can be facilitated well at a church, church group, retreat, or any other meeting place where there is an opportunity to speak openly about spirituality. Guided imagery and G.I.M. get into the side of the person that is healthy and whole. In a Nordoff/Robbins orientation, we call that the "music child" or music person, this part of the person that is healthy and whole. I believe that is very closely aligned with spirituality. What in us is divine? What in us is a part of God, is God? How much better will we feel when we are able to tap into it? How much more able will we be to heal? I feel very fortunate to have been a part of a program where spirituality was very important and discussed openly. The program encouraged us to develop and deepen our own spiritual practice by requiring us to take four semesters of meditation.

SS: What are ways music therapists can get started working in a wellness setting?

SH: You need to have a program and you must know how you are using music as a tool for wellness. This is why I created Musixspa. I want to get research behind Musixspa so I have some evidenced-based documentation for it and probably won't do any trainings until I have the research to back it up. It is important to put together your program as a package. Working in a wellness community requires marketing. Your program needs to have a name in order for you to be able to market it. With Musixspa, I moved towards branding. It needs to be something people can recognize. It might be a class like "Music for Stress Release" or "Music, Wellness, and You" for example. The therapist must be clear about what he/she is offering the public in terms of a wellness program. People invite me to come to their retreats and conferences and give a Musixspa as part of the retreat package. For instance, last night I was at a conference that was in town. They wondered what they would do for their Friday night event so we did Musixspa. A woman may participate in Musixspa at a health food store and decide it would be great for her women's group. I go to people's homes or a book club that's having their annual Christmas gathering, for example. I've extended into areas I hadn't even expected.

SS: Would you describe a typical Musixspa experience?

SH: The five natural elements are something that people can easily relate to and they understand what they are going to do. They may not understand what improvisation is, but they understand when I say we are going to play through these five elements. The five elements are recognized in many of the holistic approaches, so that people can identify with them. I might say, "Imagine water" and by doing this it sets up a guided image improvisation in a way. As we go through the five elements, playing with different instruments and dynamics, people really do feel better.

SS: What do people get out of participating in Musixspa?

SH: When I was working into this and coming up with the idea, I was coming out of the drum circle tradition. I found that if I drummed for two hours in a drum circle I was drummed out. The constant rhythm was too much for me over that long a time, but in another way I loved it. I looked at all the wonderful instruments at my fingertips, such as the ocean drum, and I wanted to create an experience that included all of them.

As I got deeper and deeper with studying the other holistic therapies, I realized that each of these carries a different quality of energy. By putting together these different qualities with various instruments, people have a broader experience of different aspects of themselves. It's similar to a drum circle, but people get relaxed with the water and get wild with the fire.

SS: Oh yes – I recall your presentation at the national AMTA conference and group members were really letting loose during the fire improvisation!

SH: (Laughs) Last night I had a group of 45 people and they split up into a few fire circles and people were going wild!

SS: They needed that.

SH: They really did. They had been in a classroom for three days from 9am-9pm and they just needed to let it go. The air improvisation is very good for getting people's bodies vibrating with their voices. There is a spiritual aspect with the bells. When people experience these improvisations based on the natural elements, it accesses a variety of parts of themselves and gives them a more balanced experience. I hear a lot of people describe how good they feel after the Musixspa experience. The other reason I decided to create Musixspa was that one person said she felt as if she had "an emotional bubble bath!" It feels very cleansing on the inside. One of the reasons I like doing Musixspa is that I don't have to be the focus of attention. The energy tends to be on the group – especially during the water improvisation. Everybody takes a role in it. I seem we must find out where we are comfortable energetically/musically because that is where we will shine. Anthony Robbins says "When you shine – everybody else will feel it." We all have unique gifts and one of the things about music therapy that I find fascinating is that we are all very different musically. Musixspa addresses these differences.

SS: You are reminding me of the importance of having a great therapeutic presence.

SH: Yes. We need to be congruent. We don't want to say one thing but believe another. We all go through our doubts in a way, when we develop as a professional. The advantage of doing 100 practice sessions during G.I.M. training is that you become very confident about the value you provide. I'm a total believer in G.I.M. and it makes me even more effective as a therapist.

SS: What do you foresee as the future of wellness and music therapy?

SH: Music therapy has a lot of room to develop even in the straight-ahead therapeutic aspects outside of the wellness genre. Here in Denver, people are just beginning to understand the therapeutic uses of music therapy for people with autism, for instance. There are so many hospitals and nursing homes here that have no music therapy. These are the areas that will grow first and should do so. Music therapy will then move more into the wellness community. People will become more aware of the intentional use of music for their health. We're at the crest of a wave right now. Music and healing has gotten so much publicity nationally. Don Campbell, author of "The Mozart Effect," has been at the forefront of this movement. He is a musician and not a music therapist, but uses music to promote good health. He just outfitted a Colorado hospital with an I-Pod music system that provides programmed music throughout the hospital 24 hours a day.



He has several I-Pods programmed with 9,000 pieces of music that come off and on in different waiting areas, ICU's, and lobbies. It could be jazz at night, world music in the morning, etc. He has marketed the idea of using music as a healing modality. He has received national publicity in places like Newsweek and Time magazines.

SS: Isn't there a debate over the research backing up the claims in the Mozart Effect?

SH: Yes. Mr. Campbell is a promoter. He based his statements on studies done in Irvine, CA where college students who listened to Mozart did better on test scores. He took that one study and blew it into this big thing, created CD's, and marketed it. However, in the process he raised the awareness in the public that music can be used for more than recreational listening. Music has a therapeutic value. Regardless of whether the study was accurate or not, he did raise the awareness within the culture. I believe that as awareness continues to increase, music therapy will move forward. Similarly, massage therapy was virtually unknown 25 years ago, except for massage parlors, but has become mainstream. The same thing happened to yoga. There is a place for music therapy to come into the mainstream in the same way. 🎵

For more information visit www.musixspa.com

DANIEL HEIDT CONTINUED

SS: How are children referred to you?

DH: Referrals typically come straight from the families, although we do get referrals from social workers or even community agencies. Bereavement counseling is listed as a part of the hospice Medicare benefit. If a child is exhibiting behaviors or strong emotions a referral is made to the Bereavement Department, and fielded to the Children's Bereavement staff. Initially, we meet with the parent or guardian and do an assessment to further understand the situation and then we meet with the child.

SS: Would you give some examples of interventions you utilize in your sessions?

DH: It depends on the client's age. I see children of all ages, as young as 4 and as old as 17. I like to plan interventions around feeling identification, normalization, and the child's own personal strengths. I encourage them to tell their story and we look towards the future. Sometimes I will involve storytelling with musical characterization. We will sit at the piano and create a theme for the client and family members and then I will add harmonies to create a 'soundtrack' to the story. The kid can help create the mood of the music, the tempo, style, etc., to evoke the right feeling of the story.

SS: It sounds like you really work through the feelings, instead of providing a distraction to the grief they are experiencing.

DH: Absolutely. It is definitely a working through because there is no distracting from the loss these kids are experiencing. My initial intent is to help educate the client as to what grief is all about. I help to normalize the kids' experience and understand that everything they are feeling and experiencing is a part of the grieving process. Each person's process is unique to them and even the child's parents or siblings grieve differently. A person's response to grief is very personal. I try to help the kids realize that their feelings can be worked through and the feelings are not going to stop or go away but it is something they can learn to manage in a healthy way.

SS: How do you cope with working in an environment in which you could be exposed to a great deal of sadness and suffering?

DH: I feel very encouraged when I am with the kids. We all have an innate ability to heal, and kids especially want to feel better. In most cases, the children I meet with are very receptive to what I have to offer. Children are more resilient and better grievers than adults. Children are able to grieve in spurts. They are able to feel sad, happy, and angry in a matter of minutes. Sometimes, a grieving child will experience a lot of sadness and then be ready to go outside to play a few minutes later. Grieving in spurts is a healthier way of dealing with your feelings, as compared to immersing oneself in sorrow as adults often do.

SS: So, if these traumatic experiences are handled in a therapeutic manner it could provide the child with a model of how to react to losses later in life?

DH: Definitely. That is one of the things that is so encouraging to me. These children are learning tools that are going to help them for the rest of their lives. They are learning coping skills such as expressing anger, confusion, and sadness in safe ways.

SS: I suppose all children should be working on developing skills for safe expression of feelings regardless of whether they have major losses in their lives.

DH: That would be the ideal, wouldn't it? I've worked with some kids who had an ill parent for a long time. Children that experience a slow and steady decline of a loved one have a better opportunity to prepare for the loss. This doesn't make it easier, mind you, but they can be more aware of their feelings surrounding it. They are able to say goodbye and work on unfinished business. This is not the case for children who experience very sudden losses. Some kids learn as they go and others are wise beyond their years. Some want to know what to do to make things better. But to really answer your question about how I cope, with plenty of supervision, in addition to a large staff of awesome clinicians I know I can go to with any concern, question or situation.

SS: Do you incorporate other mediums besides music in your treatment?

DH: Yes, I've found that a combination of the different mediums is extremely effective for children in bereavement. I don't feel I could create the same opportunities for success if I only used music or talk therapy exclusively. For no other reason than kids are all so different! I have worked with kids diagnosed on the Autistic spectrum, children with special education needs, and children having behavioral disorders, and what I've found is that children dealing with bereavement seem to get the most from this mix of mediums. The music can act as a safety net and if the child isn't ready to talk or can't find the words, I will often encourage them to bang on a drum, or find just the right sound on the electric keyboard – out of 200 choices, by the way; it can take a while – to describe what their grief 'sounds' like. I have several children's books about grief and loss that I will read and process with them, I use journaling techniques with them to help to use writing as an outlet. I am not an art therapist but I do incorporate art experiences, using drawing and sculpture with clay. They can mash clay and form something out of nothing. Loosely applied, they are making a little bit of sense out of something that is senseless.

SS: I'm sure it depends on the individual but would you try to keep things open-ended? Would you invite the child to draw how he feels at that moment?

DH: Everything's in the moment. The important element is where they take it. One week a child might make an amazing breakthrough using music but in the next session the process may take him somewhere completely different. Perhaps the

child will need to sit and talk.

SS: I'm surprised to hear that a majority of the children you work with are willing to explore their grieving process in sessions.

DH: We all want to feel better, Scott. There is, however, that small percent of children I see who are not ready to process. One great thing about our hospice is that there is no time limit to our services. I saw someone today whose mother died five years ago but that person is ready to begin dealing with it now. We meet people at their own level and on their terms. I've actually discharged a few children because I felt they were not ready. I may ask the parent to give me a call when the child is ready. The loss can be too new and fresh for a child to handle.

SS: How would you make that determination?

DH: At the risk of sounding too clinical, sometimes I go with my gut. Also, if they appear stuck in a certain place, not budging, and intervention after intervention doesn't seem to get anywhere, I make the decision, after talking it over with the parent, to stop sessions for a while. I've learned not to bang my head against a wall trying to find that "one magical thing" that will connect with and save every kid. It becomes about me at that point, and that isn't right. If anything, it's planted a seed for later sowing.

SS: You must be a great listener. I'm sure you can't say, "I know exactly how you feel" to a young child who just lost her mother.

DH: Heavens no. One of the first things I do when I see a child is to offer condolences. I'll say I'm really sorry to hear about your mom, or dad or whoever. I commend them for having the courage to come to counseling. It takes a lot of courage to spend time with a complete stranger at a vulnerable time and talk about some very difficult things. Sometimes all I can do is listen. I really try to make sure they understand that what they are feeling is normal, and that what is going on for them isn't weird. I have a lot of great resources that were written by kids. One example is that a kid talks about walking down the middle of a church during his mother's funeral thinking to himself how good it feels that all these people are here to feel sorry for him. He is admitting to that feeling and that can be terrifying. How dare I feel good that all this attention is on me? These feelings are normal and part of the process. 1

SS: What does it do for a kid when they realize they are normal for experiencing the feelings they do?

DH: It lifts a tremendous load. I tell the kids that they can carry stuff around as light as it may seem at the time, but the longer they hold and carry it the heavier it gets. It's like anything. You can carry a pitcher of soda in one hand but after a while it's going to start to feel heavy. I ask children to empty that pitcher a little and give some of that load to me. They are able to say what they need to in confidentiality. They know I am not going to tell Mom and Dad. Sometimes a child will have feelings against their parents. They may blame a parent in some way. They could be scared to say anything about that because they don't want to get into trouble. I tell the child that nothing they say, aside from safety risks, will get back to a parent and it takes a load off.

SS: I suppose there would be an awful lot of guilt if someone were to feel relieved or even happy over a loved one's death.

DH: Yes, it can get very complicated. I explain to the children that they may feel a mix of emotions. They may feel confused, angry, sad, happy, or relieved. They may have headaches, stomachaches, loss - or increase - of appetite, too. Sometimes, people experience a great number of emotions simultaneously. It may be hard to know what to feel. All of this is a part of grief. Grief is not just feeling sad. It can be very confusing - especially for a child who may not have the tools to recognize what is happening emotionally.

SS: Do you try to separate these different emotions to deal with them separately?

DH: My goal isn't so much to separate these feelings but to identify and validate them in whatever form they may take, because that is their experience, and it wouldn't be validating for me to break it down in order to make it easier to explain. If the child is unable to express it verbally I'll invite the child to find an instrument in the room that sounds mad. Many times children will go right to a huge gong I have and give it a loud whack and everyone in my department will hear it. The kids love it. I'll invite the child to find an instrument that sounds happy as well. We sometimes do communication experiences where we explore different conversations kids may want to have with family members, empty chair experiences, but through music! It's fascinating.

SS: HPBC's web site (www.hpbc.com) contains some amazing lyrics written by clients of the music therapy department. I was really impressed with the audio recordings as well. Would you share a little about them?

DH: There are a few songs on there written by Robert Krout, past MT Manager of the Music Therapy department and those songs were professionally recorded. Some of the kids' songs were recorded here at our facility with an 8-track digital recorder. We're very fortunate to have a great deal of useful equipment to assist in what we do. Mini-disc recorders also come in very handy in patient care. It's very simple to record a patient care session. If the patient is doing life review, you can burn the songs onto a CD and give it to the patient.

SS: What do you foresee for the future of music therapy in hospice settings?

DH: I am very excited that it is constantly growing. I hope to see music therapy in every hospice setting in the country as a standard element of care. We didn't get to discuss a lot about music therapy in hospice care because I am more in the bereavement department now, but the music therapists in hospice patient care are some of the most effective clinicians in the field. They are part of the interdisciplinary team, consisting of doctors, nurses, CNA's, social workers and chaplains. Each member is an integral part of the team. HPBC serves a census of over 900 patients in Palm Beach County and music therapy

is provided to easily more than half of those patients. Music therapy is one of the most non-invasive therapies you can find. It speaks to the spirit. Back when I worked in patient care, I had a patient once who was self-actualizing right before my eyes. Through the music, she was discovering a lot of answers she never had and wanted to tell everybody. She wanted to tell everyone what she understood. She said she wished others could understand how simple it can be. Music therapists don't ask patients for blood pressure readings or administer injections, or ask them to turn to the side to dress a wound. The patient is very much in charge, which can be the difference between a good dying experience and a bad dying experience. In the near future my job description will include working with the patients in our hospice who are children, providing them the same opportunities for healing in their own processes. Working in Hospice is one of the most dignity-enhancing elements of music therapy treatment. I looked at the preliminary schedule for the AMTA's national conference in Orlando this November and there a lot of hospice-oriented sessions planned. How exciting is that? I and several others in my department will be participating in a panel discussion dealing with hospice music therapy in the interdisciplinary team approach. I'm very excited.

SS: Dan, thank you for doing this interview. I have a great deal of respect for the work you do.

DH: Thank you, Scott! 🎵

For more information visit www.hpbc.com

Footnotes:

1 Krementz, J. (1981). *How it Feels When a Parent Dies*. New York, NY: Alfred A. Knopf Inc.

Recommended Reading:

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Bright, R. (1996). *Grief and Powerlessness*. London, England: Jessica Kingsley Publishers.



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