

# *Music for Healing & Transition for Young People*

## **Living with Stress, Helping our Children**

by Marcie Swift



**Marcie Swift at her harp**

Several months ago, on a cold and snowy day, Bruce Gardiner and I entered a thought-provoking phone conversation regarding stress, faith, consciousness, and world events. I was lamenting the rising tide of anxiety within the children and adolescents seen in my psychology practice since 9-11. Something seemed to

have gotten under our collective skin as a society, and I wondered aloud if we had underestimated the continuing reverberations within our youth.

A real support system has not been readily available to youth; and their parents and teachers wondered how best to address their concerns.

I have been in private practice for over 25 years, specializing in the emotional and academic needs of children and adolescents, striving to create bridges between their schools and homes as an encompassing support system.

My long years of advocacy made me yearn recently for the inclusion of youth within the scope of MHTP—whose wonderful program I had just

completed—and within the broader, expanding world of music for healing.

I approached the Somerset Folk Harp Festival Coordinator, offering to present a workshop which would address the emotional and developmental needs of children and adolescents. I wanted to help others better understand how their anxiety, depression, chronic illness or learning problems might be manifested. I hoped that it would lead to the same nurturing musical interventions that were offered to adults. Like others who had become Certified Music Practitioners through MHTP, I marveled at the rapidity of relief from symptoms of pain and stress through the healing sounds of

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### **Marcie Swift** M.Ed., NCSP, CMP

In private practice for over 25 years, Marcie specializes in serving both learning disabled and gifted students, not only as a diagnostician but also as a therapist and advocate. She received her master's degree in educational psychology and certification with honors in school psychology from Temple University.

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music. I hoped to develop similar opportunities for children, on a wider scale, who were ill, anxious or depressed.

MHTP had released a wonderful world of miracles to me, offering a unique and creative intervention to connect meaningfully to those who might otherwise not be easily reached.

Today, as the war in Iraq simmers down, I remain concerned as a clinician about increasing issues of anxiety and depression in children and adolescents. Prior to 9-11, 30 to 60 out of 1000 students were considered to suffer from anxiety. It would not be unreasonable to suspect that these numbers have increased, given recent statistics regarding lack of sufficient treatment facilities or therapists to assist our youth in varying degrees of crisis.

We know now that catching the very first episode of anxiety in a youngster and treating it effectively can prevent further onset of symptoms. If the first episode of anxiety is treated, it is less likely to be repeated. By the second or third episode, the anxiety is much harder to treat. But identifying anxiety in youth can be far more difficult than with adults. Like depression, it is manifested differently at different stages of development and can also be easily masked or denied. Fortunately, many professionals in the fields of psychology and psychiatry are helping families and schools to more readily identify the various symp-

toms of the internalizing disorders of anxiety and depression. Not too many years ago, the profession did not even consider that a very young child might be clinically depressed.



**Marcie Swift at her harp**

What I and many other health care professional have observed since 9-11 is an increasing amount of anxiety among not only youth but among their families, teachers, and administrators. These tensions continue to manifest themselves in a variety of ways that may be sometimes deceptive. As our alert code colors change, so does the manner in which we cope with increasing concerns about many invisible and unpredictable dangers.

At a time when most families are experiencing escalating fears of the unknown consistently fueled by TV images that are presented in "real time," we all could use some basic assistance in managing our stress and helping our children and adolescents to cope as well.

I will describe briefly how anxiety is manifested at a few of the different stages of normal development. Infants and toddlers, for example, will obviously require vastly different approaches by Music Practitioners than school-aged children and teen-agers.

## **Infants & Toddlers**

While it is far more difficult to understand an infant's or toddler's feelings, their lengthy crying bouts and resistance to being comforted may be important clues to underlying anxiety. Loss or increase of appetite and regression in toileting or other developmental milestones are also red flags. Family therapists discovered years ago that infants were far more susceptible to the stress of family conflict than was previously considered.

When considering the impact of war and violence on infants, it is helpful to consider that they will react to a parent's feelings about TV images. Loud noises, big flashes, angry voices, etc. may be frightening to a toddler, especially when the parent is experiencing reactions which are readily communicated nonverbally.

As Music Practitioners, we know that babies and toddlers respond beautifully to soothing tones of voice and instruments. Studies have shown how premature babies sleep and eat better after listening to the therapeutic sound of the live harp. They may even leave the hospital earlier than

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those babies not exposed to such soothing, healing sounds!

### **Ages 5 to 11 Years**

Between the ages of five and eleven, children may show signs of stress by experiencing nightmares and acting out aggressively at home or school. Some may have separation problems, being fearful of saying good-bye at the school bus. Others show lack of interest in school or experience physical complaints such as stomachaches or fatigue.

Children have a right to be protected from issues that they can do little about. Cognitively *they often are not ready to grasp the complexities of conflicts* such as divorce or war. Emotionally they are quite vulnerable to misconceptions and upsets. One very bright, jittery school-aged child with learning disabilities and attentional problems came into my office this month complaining of frightening nightmares. He had even become afraid to sleep alone in his room. I learned that his parents had been glued to the TV with him, watching the war in "real time" including pictures of suicide bombers. "My parents want me to know what is going on in the world but I think seeing suicide bombers is going too far!" said my wise young client. (By the way, when I played just five minutes of arrhythmic harp music for him, he immediately fell asleep!) Later he agreed to let me speak with his parents about more carefully shielding him from any exposure to violence.

### **Adolescence**

Typically we divide adolescence into three stages: early (ages 12-14), middle (ages 15-16) and late (ages 17-19). All three of these stages share the intense movement toward independence as issues of identity are struggled with and ultimately resolved in normal development

These are years when peer competition can increase as well as expectations from schools and homes that intellectual goals be met. For many of our adolescents today, there is far more pressure to succeed in school and far more demand for longer hours on homework or preparation for college acceptance. Parents seem more anxious than before regarding these issues, which has an obvious impact upon their teen-ager.

Students this age may manifest anxiety through excessive worry in general, or anxiety regarding specific situation or events, like fear of flying or test-taking. They may show catastrophic misinterpretation of symptoms and events, coupled with panic attacks. Sometimes obsessions or compulsive behavior is demonstrated. Other signs of stress include hypersensitivity or somatic complaints.

I see many students this age with learning disabilities, anxiety and depression. Often I will be asked to conduct a psycho-educational evaluation, to identify a student's disability and address intellectual, educational and emotional needs. Frequently students with learning problems

suffer decreased self-esteem and low frustration tolerance. Sometimes test-taking becomes problematic. The more they anticipate failure, the more anxious they become. The more anxious they become, the less chance for them to perform optimally. The cycle may seem hard to break.

What is so consistently affirming and uplifting, however, is youth's ability to quickly change and grow! Sometimes I will use my harp in conjunction with relaxation techniques, meditation and guided imagery. Later I might create a personalized tape recording for a client. In that tape I will have created some strong visual images of real meaning to the student, coupled with relaxation techniques and arrhythmic harp music. Having positive, reassuring messages that address specific issues can be a valuable support to more conventional counseling. It does not replace the individual or family counseling, but serves as an important adjunct. Live, therapeutic music can allow the student to relax prior to facing anxiety-provoking events. The tape recordings serve as a "practice" or drill of important concepts, and are sometimes even willingly shared with a parent who might be equally stressed or worried!

There are enormous implications for the creative use of our healing music with our children and adolescents who might be anxious, depressed, disabled, and /or ill. This is a wide, open field, filled with countless possibilities.