

Double-Strung Harp in the Hospital Music Setting

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By Verlene Schermer

I started playing at El Camino Hospital in Mt. View, California using my 34 string single row lever harp in 2001. At that point, most of my playing was in the hallways and waiting areas, with occasional requests for room visits. Most of the units were within easy walking distance from the elevators at that time, so I didn't need to carry the harp far. But when the position at Stanford Hospital and Clinics opened in 2003, I took my harp in for my interview and audition and realized that I would never survive carrying the harp with such a spread out hospital. I didn't want to switch to a smaller harp because I liked having the flow of left hand accompaniment over a full range of notes, and I didn't want to have to play melodies in a higher octave in order to leave enough room for the left hand accompaniment.

Just before my first day as a Stanford Hospital musician, I was teaching workshops at the Bloomington, Indiana HarpCon, and came across the 58 string double-strung harp by William Rees Instruments in the exhibit hall. In size, it's the same as their 29 string harp. I'd seen double-strung harps before, both larger and smaller than this, but what drew me to this one was that the range was full enough to play the way I want to, but also the size was small enough to easily transport around the hospital and to easily fit into the small rooms. I bought the harp, and then just down the aisle I saw the harp wheels by Music Makers. Jerry fitted my harp case with a strap so that I can wheel in from the parking lot with the harp in its case, and then strap the harp to the wheels for easy transport within the hospital. My two harp colleagues at Stanford Hospital both play 36 string harps and have bought the Music Makers harp wheels for their harps as well.

Even though wheels would make transporting a larger harp around the hospital, I'm very happy playing my double-strung harp in the hospital setting rather than the larger harp. The range of my double-strung harp is four octaves starting from the second G below middle C. I have cheated a bit by tuning the bottom two strings down a whole step on the right hand side of the harp. There is enough space between the pillar and the lowest strings to reach through with my left hand to play the low F, and even to set the G to G# for the occasional accidental... So with that low F on the right hand side, I'm only short three notes at the bottom end and only one short at the top end compared to my 34 string harp -- with the advantage of the smaller size and the flexibility of presetting accidentals.

I play in rooms probably 75% of my 5 hour shift at Stanford, and since Stanford is a University Hospital, the doctors often visit patients with a group of students or residents. When I am in a room with a patient and a group of doctors arrive, I ask if they need for me to leave. Most of the time they reply, "No! Please stay!" and I continue to play soothing music as they meet with the patient. My smaller harp takes up less room than the big harps, so I am almost never asked to leave. Also, nurses can get around me to take vitals, and do other tasks, occupational and physical therapists can work with the patient, and I can also play in a room with a huge family gathered around in end of life situations.

Another advantage to the double-strung harp is that I can play low melodies and accompany with the left hand crossing over the right, even playing the same notes as the melody notes without the left hand cutting off the melody notes. They all continue ringing unless I intentionally damp. This adds to the resonance and fluidity. And having two of each string means that playing a string on one side causes a sympathetic vibration of strings on both sides of the harp that have that note in its overtone series. So, more ring for each note played.

I play a lot of Celtic and folk music at the hospital, but I also play popular songs and familiar oldies. Many of these stay within one key, but several would require lever flips back and forth on a single row harp. With two rows, I can preset the accidentals on one side or the other in order to play melodies or harmonies that step outside the key – with no need to make lever changes during the piece. This allows me to keep my attention on what is going on in the room rather than having to watch my harp to make the lever changes. So the range of musical styles I can play on the double-strung is increased.

If you are considering a double-strung harp, one thing you'll find is that for the same size and range of strings as a single row harp, the double-strung harp will be considerably more expensive. You can check the websites of harp makers that make double-strung harps to see pricing, but as an example a 26 string Dusty strings single row harp is around \$2500, where the double of the same size/range is around \$3500.

Tuning takes twice as long as it would for a single row of the same size, since there are twice the number of strings, and of course if you would be replacing a full set of strings it would also be twice the cost and time. I don't replace strings unless one either breaks or becomes "dead" or difficult to tune. With my harp's light tension, I almost never break a string, and only one or two has needed replacing in 9 years.

A double-strung harp also weighs more than its single row equivalent since there is twice as much hardware and additional bracing. But if you use the harp wheels, that shouldn't be an issue. It's still much lighter than the 34 or 36 string harps.

Also, you may need to think about how much you rely on seeing your strings. If you look at the strings and try to see both sides at once, your vision will blur. So the trick is to only glance at the row you need to see at any given time – let the opposite row be a blur so you can focus on the row your fingers are on. When you play a single row harp, you are most likely focusing more on one hand or the other especially when they are playing more than an octave apart. So this is not that much different – and you can get used to it pretty quickly. You will also need to get used to the fact that since the strings are parallel and you will be looking at them from an angle, the red and blue strings will not appear to be in the right place on the opposite row. From the angle I am playing my blue strings on the left hand side appear to be close to the red strings on the right hand side. That may be disorienting at first but once your muscle memory kicks in, and you learn to focus on one row at any one time, it will not be a problem at all. I am only reminded of this when another harpist asks to try out my harp and they make that observation.

One disadvantage in playing the double-strung is that I do need to make lever changes on the left row since I can't see the right hand side. I have the Truitt levers and the Cs and Fs are slotted so I can feel for those, but it's risky to try to make lever changes on the right hand row. I sometimes miss having the low

C, D, and E when I am playing a piece that I have locked into muscle memory on my larger harp. I have been known to reach for the low D only to find air... But really, those two things are the only real “cons” to using the double-strung harp in the hospital – and the pros certainly outweigh the cons.

I play a lot by ear – which is a good thing since there is not a lot of printed music for double-strung harp available. When I get a request to play a tune I haven’t played on harp but know by ear, I’ll say “Let’s see if that works on the harp.” And then as I play, when I approach an accidental, I flip the lever up on the left hand side and play it with the left hand – and leave it up for the next verse. That works best when the accidentals are in the melody or inner harmonies rather than the bass notes. Often when I can hear that the bass is modulating out of the key, I improvise my way out and say “Well that works up until this part!” and the patient is delighted to have me try a song of their choice even if only the verse and not the bridge. In this case it’s not about playing soothing music, but about interacting with the patient and helping to take their minds off the pain and lifting spirits. We sometimes end up laughing at how un-harp-able a particular song is, and of course, laughter is good medicine as well!

Bio:

Verlene Schermer brings her unique blend of soulful, spirited, and soothing into every tune, from traditional folk, to popular songs, to her own compositions. She plays her double-strung harp at Stanford Hospital and Clinics, including Lucille Packard Children’s Hospital, and the Stanford Cancer Clinic, and plays harp in concerts throughout the US and Europe. She has recorded several CDs of original music, as well as one CD of music she plays on double-strung harp in the hospital setting. In addition to recordings, she has published several books of harp arrangements. For more information visit www.verlene.com.

The contemporary double-strung harp is nothing like the historical double-strung or “arpa de dos órdenes” in that the historical double-strung harps are chromatic, with a diatonic row the full range of the harp, and a short row of the “black keys” on the upper left and the lower right hand sides of the harp. The technique is to reach through the strings to play the accidentals. The modern double-strung harp, which was the brainstorm of harpists Laurie Riley and Liz Cifani in the early 1990s and were built by Triplett Harps and Stoney End Harps, are two rows of diatonic strings with levers on each string. There are articles on the historical arpa de dos órdenes (by Hannalore Devaere) and the contemporary double-strung harp (by Laurie Riley) on the Harp Spectrum website at www.harpspectrum.org.