

## Songwriting as Therapy with Pediatric Patients Undergoing Cancer Treatment

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The purpose of this study is to give an overview of the clinical process of songwriting with pediatric patients undergoing cancer treatment. Many literatures have proved that music therapy aids patients during their cancer treatment to relax, reduce anxiety and feelings of isolation, and promote self-esteem and quality of life and so on. However, among music therapy methods, I found songwriting proved to be very effective method. By using songwriting as therapy with pediatric patients undergoing cancer treatment, songwriting helped patients express difficulties of dealing emotionally with their illness and ongoing aggressive and invasive treatments. Also the process of songwriting established trust and relationship between therapist and patient which promoted normalization of hospital environment. In my case study, patient N has expressed her feelings and thoughts through writing songs about her current life which revolved around treatment of her brain tumor. Moreover, patient N found her creativity and developed ways of getting touch with her inner strength.

*Keywords : Songwriting, Cancer, Children*

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## 소아암환자들을 위한 노래 만들기(Songwriting)의 음악치료적 적용

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이 연구는 노래 만들기가 소아암을 치료받고 있는 과정중의 어린 환자들에게 어떻게 음악치료적인 목적으로 적용되어왔는지를 보여주는 연구이다. 본 연구자는 소아혈액종양학과에서 음악치료 인턴을 하면서 노래 만들기를 통하여 쉽게 표현하지 못했던 자신들의 생각과 느낌을 표현하는 것을 볼 수 있었다. 또한 노래 만들기를 통해 환자와 음악치료사가 깊은 믿음을 바탕으로 건강한 치료적 관계가 형성되었으며, 그 관계는 환자가 병원환경에 좀 더 효과적으로 적응할 수 있도록 도와주었다. 본 연구의 사례연구에서는 환자 N이 소아 뇌종양을 치료받고 있는 자신의 삶에 대한 감정과 생각들을 노래 만들기를 통해 표현하였으며, 더 나아가 환자 N은 자신의 창조성과 내면의 힘(inner strength)을 자신이 만들어낸 음악을 통해 의식함으로써 자존감을 증진시키게 되었다.

핵심어 : 노래 만들기, 암, 아동

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## I . Psychological effects of cancer and its treatment on children

According the American Cancer Society(2008), about 10,730 children under the age of 15 in the United States are expected to be diagnosed with cancer in 2008. The types of cancer that occur in children are different from those seen in adults. The most common childhood cancer is leukemia, which accounts for 32.7 percent of all childhood cancers, followed by brain and other nervous system cancers, which account for 21.1 percent. The other common cancers are neuroblastoma(6.7%), wilms tumor(4.9%), non-Hodgkins lymphoma(4.2%), Hodgkins lymphoma (3.7%), rhabdomyosarcoma(3.5%), retinoblastoma(2.8%), osteosarcoma(2.7%), and Ewing sarcoma (1.4%) (National Cancer Institute, 2008; American Cancer Society, 2008).

No one should doubt the emotional impact of cancer. Regardless of a person's age, race, gender and religion, receiving a cancer diagnosis and undergoing treatment is an overwhelming experience that disrupts all aspects of a person's life. Since childhood cancer is a life-threatening illness that is often difficult to predict or prevent, diagnosis unearths various psychological issues both children and family. Pediatric cancers increase the challenge of major developmental tasks, perhaps causing various psychological issues. Moreover, children's ways of understanding illness and admitting the changes in their lives vary depending on their ages and developmental stages. Therefore, the emotional impact of what they are experiencing should not be underestimated. Each cancer treatment has different side effects on each patient that vary with the type of cancer and aggressiveness of treatment. The following paragraphs describe immediate or long-term psychological issues that commonly affect children with cancer during their treatment.

### 1. Anxiety

During cancer treatment, a child has to go through various unpleasant experiences, encountering procedures and tests that are associated with feelings of pain, unfamiliarity, and fear. Stuber and Seacord(2004) say "Anxiety is a common response to the uncertainty of cancer diagnosis and prognosis, as well as to various aspects of treatment. The recurrent body intrusions, pain, and hospitalizations are particularly difficult for younger children, who do not have the cognitive development necessary to grasp why treatment is necessary".(p.213) Even though anxiety is a normal reaction during cancer treatment, high anxiety associated with cancer

may increase feelings of pain, lead to nausea and vomiting, and may interfere with the patient's quality of life. Most symptoms do not lead to a psychiatric diagnosis, but Adjustment Disorder, Separation Disorder, and phobias might be diagnosed during active cancer treatment. Moreover, pre-existing generalized anxiety can influence on children's phobic responses and also parental anxiety can contribute to the anxiety responses of children.(National Cancer Institute, 2008; Stuber & Seacord, 2004).

The level of anxiety tends to increase and decrease at different stages of treatment. As the treatment becomes more intense and the outcome of each treatment is awaited, the level of anxiety may differ. Stuber and Seacord(2004) say “The course of treatment is a long journey, during which the parents and the child change. They discover the complex reality of what cancer means, its treatment, which can be different from what they had imagined, and its consequences on their lives and also their unknown qualities and weaknesses.(...) The parents and the children may be particularly disturbed when the treatment lasts longer than expected or when it has to be changed, and the children try to perceive the meaning behind the change”. (p.113-114) Many cancer medications and treatments aggravate feelings of anxiety. In particular, high doses of chemotherapy and surgery can create physical and emotional effects. Anticipatory anxiety cannot be ignored because children may have symptoms of distress and concerns that require appropriate intervention(American Cancer Society, 2008; National Cancer Institute, 2008, Stuber & Seacord, 2004).

In response, pediatricians try to create less anxious environments by forgoing the white coats, encouraging children with ‘prizes’ after some kind of required procedure or test, and distracting children during procedures. Also, since anxiety usually comes from unknowns, health professionals try to initiate communication with children and educate children about the illness and the treatment that they are experiencing. Medical play provides children information about various procedures and tests beforehand to minimize any confusion and misunderstanding(Stuber & Seacord, 2004).

## 2. Depressive symptoms

The research(National Cancer Institute, 2008) found that about 15 percent to 25 percent of cancer patients are affected by depression. Stuber and Seacord(2004) claim “Although depressive

symptoms are not necessarily more prevalent in medically ill pediatric patients, depressive symptoms are associated with poorer medical outcome and non-adherence. Thus depressive symptoms should not be routinely dismissed as a ‘normal response to illness’”(p.212) Depression is a rare psychiatric diagnosis among children with cancer, but depressive symptoms do manifest themselves in patients. Being isolated in a hospital room and missing ordinary events, such as school activities or hanging out with friends, may lead to frustration. As a result of frequent hospitalizations or hospital visits, children may feel vulnerable, powerless, and betrayed. Lathom-Radocy(2002) mentions “Illness, especially chronic illness, encourages dependency. One is forced to rely on others even at a time when a child may be at a developmental stage of searching for greater independence and autonomy. Rather than feeling capable, the child may feel vulnerable and helpless, especially if treatment is frequent or illness persists for long periods”(p.226)

Due to cancer treatment such as surgery, chemotherapy, and radiation, changes in physical appearance are inevitable. Especially during the initial phase of treatment, it is hard to accept and cope with changes in physical appearance. McDougal(1997) says in her article that “In general, a poor body image is associated with self-rankings of academic, social, and psychological impairment, low self-esteem, and symptoms of depression”(p.4) Moreover, perception of one's appearance is significantly correlated with depressive symptoms. However, researchers say that as children go through their treatment, feeling different from others becomes as positive factor, leading patients to reformulate their perspectives(McDougal, 1997). Stuber and Seacord(2004) furthermore say that “these children are introduced to death at an earlier age and in a more personal way than most children who have the good fortune to live in peaceful parts of the world. The typical child with cancer will come to know children his or her own age who die during the years they are on active treatment”(p.213)

## II. Songwriting as therapy

In music therapy, songwriting has been implemented as an intervention to address various therapeutic goals. Wigram and Baker(2005) define songwriting in music therapy as, “the process of creating, notating, and/or recording lyrics and music by the client or clients and therapist

within a therapeutic relationship to address psychosocial, emotional, cognitive, and communication needs of the client”(p.16) Much music therapy literature describes the use of songwriting with various populations such as the chemically dependent population(Freed, 1987), learning disabled population(Gfeller, 1987), emotionally impaired adolescents(Edgerton, 1990), abused adolescents(Lindberg, 1995), and so on. In recent years, the value of songwriting, especially with children with cancer, has been considerable; songwriting has helped patients to achieve a sense of mastery, increase self-esteem, relate their hospital experiences, explore their feelings, improve their social interaction, and express their feelings(Aasgaard, 2005; Wigram, 2005; Bailey, 1984, Turry 1999; O'Brien, 2004, O'Callaghan, 1997). Songwriting tends to not have rules to follow, but I learned to develop my own way of achieving the goal of songwriting with each patient. The needs of patients differ; therefore, songwriting should be flexible and adaptable.

## 1. Before songwriting

### 1) Assessment

Children with cancer come to hospitals for treatment. Therefore, during the assessment period, it is important to introduce clearly the roles of music therapy and music therapist to both children and their caregivers. Children and their families may or may not have heard about music therapy; clarifying or reintroducing what music therapy can offer during a child's treatment is a part of the assessment period. For younger children, “therapy” may sound confusing and difficult to understand, so approaching them as a support system is necessary. Compared to other medical staff, who are often associated with unpleasant and painful experiences, being a person who brings a positive perspective is important. If a child is in the initial stages of treatment, the medical chart or other medical staff members such as nurses and doctors are the best means of gathering the medical and general information. As a child is admitted frequently or for longer periods of time, nurses have the closest relationship with the child and family; therefore, hearing from medical staff about how a child is coping with hospitalization and medical treatment is useful in assessment. However, the best way of assessing the child from other sources is through the parents. Parents closely follow every aspect of a child's life, so building a good relationship with parents and other family members who are closely involved in a child's care promotes a positive therapeutic experience with the child.

## 2) Building rapport

Before songwriting is introduced, a secure and trusted relationship should be developed between the therapist and the child. Children need to feel encouraged and to have a positive experience with music because their illnesses and treatments are often associated with unpleasant feelings. Therefore, my first goal in working with children with cancer was building relationships. At first, letting the patients explore the musical instruments and develop an interest in any instrument engaged them. Trying new instruments captivated their attention. Also, a person working at the hospital but not as medical staff, a music therapist with various instruments and abilities to play with them, drew their special attention and interest. There are many ways of building relationships in music, but I found improvisation and singing familiar songs to be particularly effective ways of promoting therapeutic rapport.

### (1) Improvisation

Musical improvisation allows people to be spontaneous, creative, and free. Illness wrestles the sense of control from a patient; improvisation brings out inner strength of a sick child. Ansdell (2000) talks about the benefits of improvisation by saying “Starting with improvisation also means that playing music together need not be mediated by previous musical experience, skill on an instrument, or any particular level of mental or physical ability. Improvising allows music-making to begin at a level which is both suitable and possible”.(p.22) In improvisation, there is no need to feel right or wrong; being in the moment and playing freely is all that is needed. Therefore, for the children whose strength is shadowed and disappointed by the treatment and the illness, improvisation is a great way of making a connection.

### (2) Familiar songs

Sharing their favorite or meaningful songs provides opportunities to know the patients better. Everyone has at least one or a few songs that are favorites or meaningful for them, and singing and playing those songs facilitate a natural way of making relationships. Familiar songs bring back memories and stimulate patient feelings and expressiveness. Also, familiar songs bring a sense of security in an unfamiliar hospital environment. Moreover, singing songs is a natural way of expressing and communicating one's emotions. Bailey(1984) says “Through songs, they can communicate their problems, their past or present unsatisfied needs or desires, their happiness,

their loneliness. They can be reminded of sad or happy times, which may provide further insight into present problems, or which may take them away from their immediate discomforts. Through singing and listening to songs, they can learn or teach, can experience or reexperience events and feelings, can auditorially touch and be touched".(p.7) Songs, with their familiar melodies, stimulated rhythms, and a variety of instrumentation and also bring aesthetic pleasure.

## 2. Stages of songwriting

The following stages of songwriting are based on my experience during my internship. The detailed process in each stage varies with patient needs, but the following are the basic steps of songwriting with children with cancer.

### 1) **Introducing songwriting**

Once a safe environment has been created, there are many ways to introduce songwriting. The appropriate time to introduce songwriting varies depending on each child's needs, but it is important to be clear about songwriting as a therapeutic intervention and to maintain the therapeutic aim of songwriting. Since the concept of songwriting is well known in our society, especially by pop cultures(ex. singer songwriter), songwriting in general is familiar to children. However, for the children who had never tried to write songs before, assurance that help was available if needed throughout the process was important. Encouragement and support were critical for children who were less confident before the songwriting.

### 2) **Exploring themes**

There is a vast array of themes that a patient can explore. However, being too abstract might take too much time or confuse a patient. Patients were most helped by focusing on the present, which involved brainstorming. If a patient is lost while brainstorming, the therapist can assess the situation and suggest a meaningful theme. This process encourages patients to think about what they feel and think in a natural way. Moreover, this process provides the therapist opportunities to know the patients better and to offer support.



### 3) Writing lyrics

Writing lyrics is more detailed process where patients put thoughts and feelings into words. Usually, I suggest that a song be comprised of a chorus and several verses. I conceptualize the chorus as the main idea of song; the verses are the more detailed thoughts or feelings. As a result, writing the chorus first and then continuing to write the verses is generally the optimum way to write lyrics. As songwriting happens more often in therapy sessions, patients bring lyrics to the sessions; however, in general, the patient and therapist work together on lyrics. For younger children, more direction and help are needed to articulate their thoughts and feelings. Often children come up with abstract ideas that they need help formulating. Older children and teenagers respond positively to writing. Usually, they have experience in writing from school and think more academically when writing lyrics. From my experience, the therapist becomes a scribe, while the patient concentrates on thinking and formulating words.

### 4) Creating music

Creating music is sometimes a struggle if it falls entirely to the patient, who often does not know how to begin. Before writing lyrics or composing a song, the main elements of music, such as tempo, instrumentation, genre, mode, etc., need to be decided. The therapist often suggests musical ideas and melodies as the patients become more familiar with creating music. Usually, the lyrics influence the quality of music, but focusing on what a patient wants to express in the song helps the patient to decide the detailed elements of music. Two techniques of creating music, using familiar songs as main melodies and improvising spontaneously with chords accompaniment, were a major part of my work.

The melody from a patient's favorite song can be used as the melody of a new song. This technique is beneficial especially with patients who are tentative about creating a melody spontaneously. Using familiar songs as a frame work has various advantages. First, a patient does not need any compositional skills. Secondly, familiarity of melody provides security. Knowing the melody well gives a patient confidence when singing and also lessens the amount of time spent creating music.

Improvising with chords accompaniment is a technique where a patient spontaneously sings or plays with the therapist's accompaniment. The therapist and patient decide on a two or three chord progression and then the patient improvises vocally. This provides the patient the

opportunity to sing spontaneously and be creative. Usually, a patient finds the melody when improvising and then repeats that melody setting as a main melody. Repetition creates security and comfort; when a patient finds the main melody and repeats it, the therapist supports them and adds more aesthetic quality by adding embellishments, changing dynamics, etc.

#### 5) Reflection

This stage is where the therapist and patient discuss the song and process the patient's opinion of his or her experience. This might provide the therapist with feedback and help him to evaluate the patient's initial goal of songwriting. A patient can review his experience and express his thoughts. This stage was particularly important for both therapist and patient and was a natural way to close the session.

#### 6) Songbook and CD project

A songbook and recording songs are beneficial in various ways. As more of a patient's songs are written, the patient can have all the songs that have been written in a concrete form such as songbook. This can provide a structure during songwriting process and also the patients can have something tangible to keep and to remind them of their work. Moreover, the songbook can be creatively decorated by patient facilitating opportunities to present their songs in another level of creativeness. Much of the literature(Davies, 2005; Derrington, 2005; Day, 2005; Baker & Kennelly & Tamplin, 2005; O'Brien, 2005) cites the use of recording as a final stage in the songwriting process. Especially, they emphasized that recording written songs provided patients with a reminder of their achievements which increased their self-confidence and self-esteem. Also, it helped patients to validate and reflect on their feelings as well as offering them an opportunity to play their songs to others such as family members in order to share their experiences. I used songbooks and CDs as a part of therapy closure with my patients taking a role of being a symbolic object that the patient can look through after therapy has ended.

### III. Case study of patient N

The following case study illustrates some crucial moments during music therapy sessions with

N. Most music therapy sessions were held in the creative arts room at the Reuten clinic. The creative arts room is used for music therapy sessions and other creative arts therapies. When N was admitted to the hospital, sessions were held in the patient's room and I carried the instruments to the patient's room. N was referred to me by my internship supervisor, who covered N during my absences. When N visited the clinic for a short time and there was no time for a music therapy session, I would chat with her briefly.

My work with N started in November 2007 and ended in July 2008 as I finished my internship. Music therapy with N can be divided into four periods: assessment period, building relationship period, self-expressing through songwriting period, and closure. As N went through these periods, she was able to express her feelings and thoughts regarding her life and cancer treatment.

## 1. Personal history of N

N was a seventeen-year-old African-American female diagnosed with medulloblastoma in 2007. Medulloblastoma is a malignant brain tumor that originates in the cerebellum or posterior fossa, the part of the brain that controls balance, posture, and complex motor functions such as speech and balance. It is the most common malignant brain tumor and accounts for 30 percent of pediatric brain tumors(National Cancer Institute, 2008). In July 2007, she was admitted to the University Hospital's pediatric emergency room presenting frequent vomiting and headaches and was diagnosed with medulloblastoma. She was pregnant at that time. A few days later, an emergent resection of tumor was performed. In August and September, she received two courses of radiation therapy. In October, she was transferred to TCI(Tomorrow's Children's Institute) at Hackensack University Medical Center and began her chemotherapy treatment. In February 2008, her MRI showed that her tumor had relapsed; since then, she has been treated with new chemotherapy.

Patient N remains under the legal custody of DYFS(Division of Youth and Family Services), but she is living with her second foster care family. The foster care parents, Mr. B and Mrs. B., have three biological children: a four-year-old boy, a three-year-old girl, and a five-month-old baby boy. N has a history of running away from home and living on the streets for a year. Currently, she does not attend school due to her medical condition, but she has completed

ninth grade. Due to her radiation therapies in 2007, she presents physical difficulty in controlling her movement especially in walking(ataxia). Moreover, she presents slurred speech.

## 2. Treatment goal

The psychosocial team involved in N's care was comprised of a social worker, a psychologist, an education liaison, and a child life/creative arts therapist(music therapy intern, the author under supervision). At the beginning of N's treatment, the psychosocial team met to establish psychosocial goals and objectives for her treatment:

1) **Goal: Patient and family will positively adapt to the ongoing demands of treatment and manage the emotional impact of illness on their daily lives.**

### 2) Objectives:

- (1) Patient will express and manage her feelings related to diagnosis and treatment.
- (2) Patient will know and be able to access her inner resources and strengths for ongoing coping, increased self-esteem, and better relatedness to peers and therapists.
- (3) Foster parent will establish a working rapport with hospital staff surrounding the psychosocial aspects of childhood cancer.
- (4) Patient's educational needs will be adequately managed while she is unable to participate in a school-based program(Hackensack University Medical Center Tomorrow's Children's Institute Psychosocial Summary and Treatment Plan, 2007).

The music therapy goal of N was as follows:

1) **Goal: Patient will develop ways of expressing her feelings**

### 2) Objectives:

- (1) Patient will write songs to express her feelings and thoughts
- (2) Patient will pick the phrases and words that match her feelings and will discuss them.
- (3) Patient will improvise with various instruments.

### 3. Music therapy sessions

#### 1) “I am…” - Assessment Period

##### (1) Introduction

When I first met N, she had just been transferred to the TCI from her previous hospital to start her treatment. My goal during the assessment period was to introduce my role as a music therapy intern and to help her adjust to her new hospital environment. N was familiar with the medical environment and procedures such as being admitted to the hospital and staying in the inpatient room. However, she seemed to be concerned about not being familiar with medical staff and the hospital facilities. I tried to comfort her by explaining how she could spend time in and outside of her room(playing video games, watching movies, TV, reading books, and so on). N was receptive about music and was easily engaged in talking about her favorite music, which was “R&B” music, especially any Alicia Keys’ or Beyonce’s songs.

##### (2) Session #1

The first music therapy session was held on the floor in the “Teen Lounge,” where patients, especially older children, could spend time. There was a piano in the lounge, and I brought some instruments such as the drums, the ocean drums, shakers, and the guitar. N told me that she had never played the piano. I explained improvisation and suggested she choose from black keys and white keys to play. She chose the black keys and played the piano using only one hand and one note at the beginning; later she used two and three fingers, playing a kind of chord. I followed her tempo which began slowly and then sped up. She stopped playing, placing her hands on her lap. She did not say anything. I did not ask her anything. Because it was my first music therapy session with her, I wanted to give her space and time to experience music. Also, I did not want to overwhelm her by pressuring her with questions.

After playing the piano, N looked through a song book(R&B songbook) and showed interest in various instruments(cabasa, drum, guitar and shaker). There were no songs that she wanted in the songbook, but she knew the song “Because of You” by Kelly Clarkson. I suggested that N sing the song with me, but she preferred to play a shaker. N seemed intimidated by singing; therefore, I let N decide what she preferred to do. While I was singing the song with the guitar, N was tentatively listening and watching me sing. After the song, she commented “It

was nice.”

The first session provided an opportunity for N and me to get to know each other. After this session, I assessed N as an engaging teenager who liked R&B songs. With physical limitations, N seemed isolated in her room all day watching TV. N’s foster parents often visited her but most of the time she stayed alone in the hospital. I assessed that N needed to feel less isolated during her admission by developing rapport with me, other patients, or medical staff. She needed to feel safe to express her feelings and thoughts.

## 2) “We are…” - Building relationship period

### (1) Session #2

This session was held in the creative arts therapy room in the clinic. N visited the clinic for a physical check-up. My goal for this session was to provide N with the opportunity to explore instruments and to build the relationship in music.

As N looked through the instruments in the room, she pointed out the drum, asking me if she could play it. The drum was a big African style drum that I positioned in front of her. I sat the other side of the drum facing her and initiated playing the drum with a simple steady beat. She started to play it, imitating my rhythm. The drum was big enough for sharing. We played the same rhythm for a while, but later her rhythm and my rhythm became a little different. As the playing continued, N used more complicated rhythms, including syncopation, and she changed her tempo. After playing the drum, N expressed the sentiment “It was fun.”

After playing the drum, I showed N a songbook containing some of her favorite songs (“Irreplaceable” and “Listen” by Beyonce, as well as some Alicia Keys songs). When I initiated singing the songs, she responded positively saying she would try “Irreplaceable.”

This was a significant difference from the last session, when she strongly refused to sing. This indicated to me that she was feeling more comfortable and secure with me in the session. However, she wanted me to sing with her. I accompanied on the piano and we sang the song together. She knew the song lyrics, so she did not have to look at them. Her singing voice was low and she sang quietly, but she sang the song in rhythm. We sang the song several times and while she was singing, she played the piano, pressing a few notes randomly in the lower register of the piano. Our singing stopped after a few times, but I continued playing and she kept playing one note at each time. After the playing ended, N commented that she was Alicia

Keys, and then laughed. I thought N was identifying with Alicia Keys, who always sings while playing the piano. She turned the pages of the songbook and found “Falling” by Alicia Keys. We decided to sing that song as well. I started to play the piano and she started to sing one measure ahead of me becoming more like a musical dialogue. She moved her body along with the song. She was gradually involving more of herself in her music.

In this session, N made a step forward in developing a relationship with me and music. N challenged herself by trying new instruments and singing. She refused to sing in the previous session, but in this session, she challenged herself to sing the song together. She opened up herself more by stating her needs(she wanted to sing her favorite songs and to play the drum). Moreover, singing her favorite songs and improvising with the drum made her develop a positive interaction with me.

### (2) Session #3

N was admitted to the hospital for chemotherapy. The music therapy session was held in the “Teen Lounge” on the floor. This session’s goal was to continue to develop our relationship and to help her express her concerns or feelings about treatment and admission.

When I went into N’s room, the room was really dark and she was watching TV. I suggested going to the “Teen Lounge” because she was in the room all day. She agreed. When I told N that I had brought the lyrics of “No one” by Alicia Keys and suggested singing the song, she immediately said yes. I started to play the chords and she began to sing as soon as I started to sing. After singing the song, I tried to intervene with lyric analyzing by asking her what phrases or words she liked the most. N said she did not like any words from the song and she did not like Alicia Keys either. She seemed to be firm about not having any favorite words or phrases from the song. I asked the reason but she said she did not know why. I decided to respect her conclusion about not having any favorite words or phrase and turned the subject to Beyonce. She told me she liked her songs but did not like Beyonce as a person. I asked her why and she said, “I just don’t like her.” She seemed to have a hard time finding reasons for not liking them, and I sensed anger. As we were speaking about Beyonce, we decided to sing “Irreplaceable” with my guitar accompaniment. When we arrived at the second verse, I stopped singing and N kept singing alone until the end. After singing the song, I told her that I liked her singing and wanted to hear more. She smiled and seemed to be content

with my comment. I brought up lyric analyzing intervention again, asking if she knew what “Irreplaceable” meant. She said she knew and I asked her what would be irreplaceable to her. She asked me what I meant by that. I told her that something irreplaceable is something unique that you cannot replace with anything else. She said she could not think of anything. Still, she drew back answering with “I don’t know, I can’t think of anything, etc.”

N found Beyonce’s song “Listen.” She said she did not know the melody well, so I sang with her. After singing the song, I asked again if there were any words or phrases that she liked. She finally picked the phrase “It’s only beginning to find release.” I asked her why she liked that phrase. She began to talk about not wanting to be in the hospital and then continued to say that the people in the hospital seemed to not care about her. I said I could understand what she was feeling, that being in the hospital all day and not being able to go out might make her feel badly. Then, I told her that we often feel better when we express those things to other people. She agreed and smiled. I continued to ask what kinds of feelings are not usually expressed. She hesitated, and I said, “How about anger, sadness, worry, fear?” She agreed and we both agreed N could to express those feelings through music more often in the sessions.

N had obvious feelings of anger and frustration over being isolated in the hospital all day. As the session went on, she finally released her feelings by telling me about not wanting to be in the hospital and feeling isolated during the admission. By singing the songs and discussing the lyrics, N was able to express her feelings in a positive, comfortable way.

### 3) “These are my songs”- Songwriting period

#### (1) Session #4

N visited the clinic for a check-up, and the music therapy session was held in the creative arts therapy room.

N asked me where I wanted her to sit and I gave her a chair. I told her that I was thinking of trying something new: songwriting. She immediately said, “Oh, I can’t do that.” She seemed to be very surprised by my suggestion. I assured her that we were going to do it together. N was hesitant about trying to write a song, questioning her ability. Finally, she decided to try it. I suggested starting to think about a theme. She said she did not know. There was long pause and I asked her how she was feeling. She said “Alright” and I asked her



if writing about “feeling alright” was good idea. She said that was ok but she sounded very tentative. I felt I jumped into songwriting without sufficient explanation, which resulted in a lack of involvement and confidence. At the beginning, I asked her questions and then helped her expand the word into a phrase. Later, she became more involved, telling me what she wanted to write. The title was given after the lyrics were written and the music was composed. These are her lyrics:

My family  
 Today, I am feeling alright.  
 Today, I am feeling alright  
 Today, I went to see my family.  
 That’s why I am feeling alright  
 Whenever I see my family,  
 I feel alright, I feel alright

\*F\*\*\*\*, T\*\*\*\*, S\*\*\*\*, M\*\*\*\*, S\*\*\*\*  
 S\*\*\*\*, K\*\*\*\*, R\*\*\*\*, K\*\*\*\*, my family

Today, I am feeling alright.  
 Today, I am feeling alright  
 My family, I love my family.  
 My family, I love my family(Patient N, 2008)

(\* Note: For confidentiality, I used only the initials of family members. Originally, N added each family member’s first name.)

After writing the lyrics on paper, I asked N if she wanted slow or fast music. She said she wanted slow music. I suggested that she give me a beat on the drum. She refused to play, saying that she wanted to sing. I gave her a few choices of the chord progression, such as C Major, G Major, A minor, and F minor. N chose C Major chord progression, and I started with two chords, C- G-. I started improvising spontaneously, using the two chords. As soon as I sang the first phrase “Today I am feeling alright. Today I am feeling alright,” she

immediately followed me. After singing that phrase, we decided to use a repeated melody and add a different melody for her family's names. We then kept singing the last phrase until she wanted to end. We sang the song several times until we became familiar with the melody. Sometimes, I let her sing alone, especially when she was singing her family member's names. She seemed to be very content about her song and said the song was "ok." Since it was the first time that I had tried songwriting as an intervention with a patient, I felt I needed to have a clear structure and directions(e.g., steps of writing a song). However, this song provided N an opportunity to express her feelings about her foster family. I could feel how much N loved and cared about her foster family.

#### (2) Session #5

N visited the clinic for a check-up and the music therapy session was held in the creative arts therapy room. In this session, N wrote her second song which provided N an opportunity to express her love to second foster mother.

Since I was in a process of experimenting various ways of writing songs with my patients, I suggested N to write lyrics while I was improvising on the piano. However, I gave her moments to choose the tempo and general atmosphere of the music which she wanted it to be. She said she just preferred music to be slow like the previous song. I started to play an improvisation on the piano; my left hand played arpeggios and my right hand played a spontaneously created melody. N listened to the piano attentively and said a few moments later, "I love you, mommy. I love you." She paused for a moment and I sang her words while playing the piano. As soon as she said one phrase, I sang that phrase, continuing until the end. After the song was sung, I asked N who was "mommy" in the song. N said Mrs. B, her current foster mother. She continued to say that the song was about her love for Mrs. B and she considered Mrs. B her mother. The following is the lyric of the song called "Love":

Love

I love you.

Mommy, I love you.

Today I love you.  
Today is your Birthday.  
I want to give you a dog  
Since it's your Birthday  
The day you were born

I love you.  
Mommy I love you.(Patient N, 2008)

### (3) Session #6

N was admitted to the hospital due to pneumonia and the music therapy session was held in her room on the floor. In this session, I brought printed sheets that had her songs' lyrics; we called it her "songbook". We spent some time decorating it and N wrote her third song.

N decorated the front page of the songbook with colored pencils. She focused on decorating the page using her favorite colors. Due to N's physical limitation, she had difficulty drawing straight lines or writing words. However, N took the decorating seriously and put true effort into it. After she was done, I asked N if there were someone to whom she wanted to dedicate this songbook. N wrote "Mommy" on the front page. I asked N if the "Mommy" were Mrs. B, and she said anyone. I was a little confused. N explained to me that since she was a foster child, any caretaker could be mommy. Her remark was very touching to me and it was the first time she mentioned being a foster child. I assessed that for N, mommy meant someone who had taken and would take care of her. At the same time, N was longing for a "real mommy" or permanent nurturer. N decided to write her third song. She was more engaged in trying a new song. N started to explore what she wanted to write. N thought for a while, not saying anything except "I don't know." I suggested that because she had been admitted to the hospital due to pneumonia, hospital or pneumonia would be a good theme. She said immediately that she wanted to write about the hospital. The following is the final version of her "hospital" song:

Hospital

It gets you better

There are a lot of doctors at the hospital

Some of them you know and some of them you don't know

There are a lot of places that you can make friends at the hospital

Hospital just makes me feel better

But I don't like hospital

Because hospital just makes me feel better

Since I don't get to watch TV that I want

Since I don't get good food

and they give same thing over and over again,

I don't like hospital.(Patient N, 2008)

After creating the lyrics, I suggested that N make the melody herself. N seemed surprised, questioning whether or not she could sing spontaneously. I supported her by saying there was no right or wrong. N decided to sing. This was a big step toward trusting her potential and taking risks. We decided the tempo, style, and chord progression of the song. Before starting, she hesitated to say the first phrase of the song and stopped me one time, saying, "I am sorry, you can't see me." N covered her face with the paper. I told her I would not see her. She wanted me to give her a cue where she should enter and I gave a sign nodding my head. Then, N started to sing for the first time, improvising vocally. Her shyness before singing disappeared. N began to articulate each word clearly while singing rhythmically. As she sang, she found her rhythmic pattern and followed those rhythms throughout the song. After singing the song, I praised N telling her how well she sang the song. She smiled and seemed very proud of herself. N sang the song several times being very engaged into the song. After singing the song for the several times, N began to talk about why she did not like the hospital food and what she wanted to eat when she went home.

In this session, N articulated clearly about her dislikes and likes of being in the hospital

which was rare before this was rare. The session was a turning point for N. N challenged herself into improvising vocally with the words that she wrote. She had never done that before but she trusted herself allowing her song to be expressive of herself in that moment. As a result, N realized she could make her own melody with her words which increased herself-confidence and self-esteem. Also, N was more comfortable in expressing her feelings about the hospital, her mother, and being a foster child. Moreover, our therapeutic relationship began to solidify based on trust and unique interaction through music that we created together.

#### (4) Session #7

N visited the clinic for a check-up and the music therapy session was held in the creative arts therapy room.

Before the session, I was informed by my supervisor on my day off that N had brought a song that she had written at home. As soon as we sat on the chairs in the room, N handed me the song. Below are the lyrics:

When I cry

Sometimes when I cry you love me

I did not know why but you love me

When I think about you I worry

I worry so much that I cry

But I don't know why I cry

I know you will be just fine

So, there is no reason to cry.(Patient N, 2008)

The song was very structured and profound; I could see how much work N had done. I read it through and said that it was a really nice song. I asked her who was “you” in the song and she said, “I don't know; it can be anybody.” I asked if she imagined anybody when she wrote

the song and she said no. N mentioned that she wanted the drum and the piano in the song. I said that like the previous time, I would play the chords on the piano and she would sing. She did not hesitate; instead, she immediately agreed. I asked her about tempo and she said medium. N decided not to play the drum because she said she could not play the drum and sing at the same time. I played a few chords; she chose G major and C major chord progression. N listened to the chords for a moment and started to sing. After N finished the song, I continued to play the piano and sing a few phrases and she joined me. For family reasons, she had to finish the session in a few minutes and we decided to sing the song several times. We sang the song together, and at the end the phrase “There is no reason to cry” was sung for several times and diminished naturally, ending the song. We did not have enough time to discuss the song, but she was very content. N started to use the songwriting more effectively for herself as a way of expressing her feelings and emotions.

#### 4) “N’s songs: To remember me as I was” - Closure

##### (1) Preparing for the closure

Five weeks before ending my internship, N visited the hospital for a check-up and I had a brief conversation with her. During the conversation, I told N that my internship would end in five weeks and I wanted to let her know to allow her enough time for closure. As my supervisor advised me, I told her that music therapy would continue, but I had to leave because I had been working at the hospital as a part of my study. N understood. We decided to make two CDs, one that would have her recorded songs, and one that would have her favorite pop songs.

##### (2) Session #8

Few weeks later, N visited to the clinic for blood transfusion. Due to having the blood transfusion, N had to stay in the infusion room where other patients were sharing the room. After having a conversation about not being able to go to the creative arts therapy room, N and I decided to decorate the two CD covers. She named the CD that had her songs as “N songs: To remember me as I was”. She decorated the cover mostly with heart shape. And then she handed me a song that she wrote at home. The following is the lyric of the song:

The last time

When I see you it would be the last time

The last time I will see you

I miss you my friend because you been nice to me

That why I would miss you for the last time(Patient N, 2008)

N told me this song was about our ending. I looked at the song lyric and as I was reading this lyric I told N that it was so beautiful that I could not say anything. N smiled. She said the music should be slow. As she finished decorating the CD covers, we arranged to have the last music therapy session before my leave.

### (3) Session #9

The last session was held in the creative arts therapy room during her clinic visit. The last session was incorporated with all the songs that she wrote. I gave her the songbook with her last song and the two CDs with her favorite pop songs and her recorded songs. We looked through the songbook remembering how each song was written. N smiled and looked carefully into the songbook and the two CDs. After looking at the songbook and the CDs, I suggested to create music for the song that she wrote last time. N wanted music to be slow and selected a chord progression(G. Em. C. D) from few chord progressions that I played. As I started to play, she began to sing the lyrics. As she sang the song for second time, I began to sing joining her melody. We repeated the last line “I would miss you for the last time” several times ending the song. After the song was finished, I thanked her for what she did since I met N and I told N that I learned a lot from her and our work. She smiled and said “You’re welcome”. I asked her if she wanted to say anything for the last time but she said she did not have anything to say. At that moment, I was little disappointed by her saying she did not have anything to say. However, I realized the song that she wrote and music that she created already said everything that she wanted to say.

#### IV. Conclusion

Cancer during childhood affects tremendously children's lives that since its diagnosis, every aspect of their lives changes. Regardless of a person's age, race, gender and religion, receiving a cancer diagnosis and undergoing treatment is an overwhelming experience unearths various psychological issues both children and family. Especially, since childhood cancer is a life threatening disease accompanying intensive and painful treatment, the emotional impact of what they are experiencing should not be underestimated.

During my internship at pediatric oncology and hematology department, I have experienced that music helps pediatric cancer patients in a variety way providing a combination of psychosocial benefits to enhance the patients' quality of life during their treatment. Especially, songwriting as therapy is an effective music therapy method to express and explore their feelings and thoughts externally. In my case study, songwriting as a therapeutic intervention took a crucial role in music therapy with N who was undergoing cancer treatment. When I first introduced songwriting to N, she lacked confidence about creating a song however, I tried to be supportive by encouraging her and modeling the process of songwriting. As N wrote more songs, she gained her confidence and began to use the songwriting as a way of expressing her feelings. Moreover, the process of songwriting promoted a therapeutic relationship that helped N open up her feelings.

As a music therapy intern, the whole process of initiating, developing and exploring our therapeutic relationship within music was very challenging but also unique and special. Since I was learning from experimenting with songwriting in many different ways in each session, sometimes I thought I was not clear enough in order to support and guide her. However, she was very patient and open to whatever I suggested.

During my internship of a year, I met with so many wonderful and brave children like N. During the most difficult time of their lives, they taught me so many things that I could not adequately describe through words. However, the most important lesson they taught me is that music touches our hearts and our souls.



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- 게재신청일: 2008. 09. 29.
- 수정투고일: 2008. 10. 14.
- 게재확정일: 2008. 10. 28.