

The Use of Songwriting with Patients in Cancer Care:

Case Studies

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Abstract

Cancer is a life-threatening illness that has the potential to impact a patient's life in a myriad of ways. The positive effects of music therapy have been acknowledged by its role and impact during the treatment within comprehensive cancer centers in the United States (Richardson, Babiak-Vazquez, & Frenkel, 2017). Existing studies support the efficacy of music therapy treatment in cancer care, focusing primarily on the following goals: to reduce stress, anxiety, and perception of pain (Magill, 2001). According to the Cochrane review, music interventions that conducted by a well-trained music therapist might have benefits for cancer patients on helping them with anxiety, pain, fatigue and other needs (Bradt, Dileo, Magill & Teague, 2016). Further research indicates that an additional focus on the patient's spiritual journey and expression of his or her process is significant, and vital to the overall therapeutic process (Castelli, Castelnovo, & Torta, 2015). The clinical application of songwriting has been shown to not only support a patient's emotional and spiritual wellbeing, but also encourage an increased sense of self, self-esteem and decision-making (Baker & Wigram, 2005). The present study examines the implementation of songwriting with two patients with cancer in an outpatient medical facility. The analysis details each patient's experience of songwriting while also taking into account the patients' personalities, education levels, cultural backgrounds, and familial histories. Furthermore, an exploration of the author's perspective and clinical experience as it pertains to this population is included.

Keywords: music therapy, songwriting, cancer care

The Use of Songwriting with Patients in Cancer Care:

A Case Study

Being diagnosed with cancer is often a traumatic event in a person's life and typically brings significant changes. Patients may suffer not only physically, but emotionally and mentally as well (Jordá, 2008). Additionally, familial structures are challenged during this time, lending to additional stressors in an already likely stressful situation (Stanczyk, 2011). From existing literature, research has conveyed that patients have ubiquitously reported that thinking about their diagnosis dominates their thought process (Bailey, 1984).

Oftentimes, relaxation methods including meditation are suggested to patients in order to help cope with the various stress and anxiety they may be experiencing. These techniques are common receptive methods in music therapy and are well known and implemented due to the many reported benefits (O'Callaghan, 1996). However, other more active methods of music therapy can also prove helpful in address stress and anxiety in cancer patients. The following case study will examine the efficacy of utilizing songwriting with two patients undergoing different medical interventions for their cancer diagnoses, while highlighting their journeys throughout the songwriting process with the music therapist.

Literature Review

Integrative Health in Comprehensive Cancer Care

Traditional Western medicine practices, such as chemotherapy, radiation, and immunotherapy, have been paramount in treating various forms of cancer (Cassileth, 2014). The National Institute of Health (NIH) established the Office of Alternative Medicine (OAM) in 1992 (Cassileth, 1999). Based on public needs and requests, OAM developed its first office known as the National Center of Complementary and Alternative Medicine, presently as the National Center for Complementary and Integrative Health (NCCIH).

Integrative health continues to develop internationally with an increased number of

hospitals and clinics implementing the foundational principles. In the United States, hospitals and clinics offer integrative health within supportive oncological care treatment modalities (Brauer, Sehamy, Metz, & Mao, 2010). However, there are other countries, such as Korea, where physicians are required to complete additional education and training in order to offer CAM in assisting patients with their unmet needs. Research conveys only 25.5% of Korean health care providers offer integrative health to patients with cancer (Shin et al., 2012). Furthermore, Lim, Vardy, and Dhillon (2017) state that additional studies need to focus on how to integrate supportive care into Australian cancer services successfully and systematically. As the overall trend in medicine demonstrates a shift towards implementing integrative health, the hope is that health care providers continue to remain open to additional training and practices to best support their patients in cancer care.

In her earlier study, Cassileth (1999) noted that music as a part of the integrative therapies can help cancer patients to relieve stress and enhance quality of life. To further understand the implementation of integrative therapies, Cassileth (2014) delineated the differences between integrative and alternative medicine. Integrative treatment is a treatment employed in conjunction with conventional care, whereas alternative treatment is chosen as a replacement of conventional medicine. Integrative treatment is combined with conventional care in order to help manage symptoms associated with the diagnosis and any symptoms acquired during or post-treatment. Cassileth (2014) introduced creative therapies including art, music, dance programs in cancer care in her book and stating that, “the music therapist can help to develop lyrics, improvise with the patient, or simply provide technique and emotional support” (p. 121). Stanczyk (2011) stated that music therapy can be an effective support for cancer patients during treatment process. He also suggested that music therapy is a valuable modality and recommended that it become an offering in rehabilitation programs to promote cancer patients’ wellness.

The Needs of Patients with Cancer

Physiological needs. Physiological needs refer to issues of the body and its functions. The Institute of Medicine (2008) reported that several side effects including health impairment, disability, fatigue, and pain are experienced as stressors reported by patients undergoing various cancer treatments.

Kruse (2003) noted that many physiological side effects arise from chemotherapy medications and radiation treatments. The most common side effects include nausea, vomiting, pain, hair loss, skin irritation, immune system damage, and exhaustion. Kruse (2003) emphasized that side effects can be overwhelming to the point that some patient's wills to live suffers. Liao et al. (2011) found that most patients undergoing these treatments experienced mild to moderate levels of symptom severity, with fatigue, weakness, insomnia, cough, and alopecia being the most severe and common.

Chen et al. (2013) demonstrated that in patients with oral cavity cancer who underwent radiation experienced fatigue, difficulty swallowing, and oral mucositis. These symptoms appeared to be particularly difficult for patients to cope with, as they negatively affected the patient's ability to participate in activities of daily living.

Psychosocial needs. Holland and Weiss (2015) emphasized the importance of awareness of the psychological needs of cancer patient. The Institute of Medicine (2008) examined the psychosocial needs of cancer patients and highlighted the importance of recognizing these needs while offering treatments and services. Further, the authors advocated that recognizing and attending psychosocial needs should be a critical part of quality cancer care. They detailed these needs and the ways in which they manifest, such as the emotions accompanying the illness and treatment, including anxieties, depression, stresses, worries, angers, and sadness. The need to help patients cope with the emotional problems during treatment is emphasized.

According to Middleton (2014), more can be done in current cancer care in order to meet patients' psychological needs, particularly regarding stress and anxiety reduction. Liao et al. (2010) concluded that addressing psychological needs and assessing distress levels is important.

For patients with cancer, based on reviewing many studies from all of the world, Fujisawa (2017) also noted that the most common psychological symptom is depression. The author highlighted that cancer patients should be provided with appropriate care for their depression symptoms, maintain good communication with health providers, and be appropriately encouraged to engage in psychotherapy. Brown and Kelly (as cited by Boldt, 1996) found that some patients encounter changes in levels of independence, sense of self-worth, and daily activities; these psychological aspects should be considered in the treatment process.

Unmet needs. In 2007, the United States Institute of Medicine released a report highlighting that psychosocial needs of patients with cancer were not being adequately met (Schulte, 2014). The report also noted that special consideration regarding meeting the psychosocial and physiologic needs of each patient should be considered and integrated into patient care.

Armes et al. (2009) investigated patients' supportive care needs at the end of cancer treatment. The authors found that the most frequently reported unmet needs were psychological needs and fear of recurrence. According to the results, the authors suggested psychosocial resources as a beneficial tool for survivors to address their unmet needs.

Music Therapy in Cancer Care

Defining music therapy. The American Association of Music Therapy (AMTA) defines music therapy as, "the clinical and evidence-based use of music interventions to

accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program” (AMTA, 2005).

Music therapy serves a wide range of populations, from premature infants to older adults at the end of life (Davis, Gfeller & Thaut, 2008). Under the clinical umbrella, medical oncology care is an important field, one in which many music therapists work. Within this area, music therapists typically focus on offering support to reduce anxiety, decrease symptoms, manage pain, and help patients and care givers express thoughts, and feeling, along with other psychosocial goals. Additionally, music therapy has been shown to provide benefits regarding a patient’s state of mind, level of pain, oxygen saturation, and mood (Jordá, 2008). As a creative arts therapy, music therapy blends clinical application with various forms of music interactions as a means of addressing various goals within physical, psychosocial, and emotional domains. Thus, music therapy can be categorized as supportive, integrative care for patients with cancer (Peterson, 2005).

Music therapy and physiological needs in cancer care. Symptom management is an essential aspect of the music therapists’ clinical work in cancer care. Potvin, Bradt, and Kesslick (2015) found that music therapy had positive effects on symptom management. Standley (1992) found that music therapy helped patients with cancer to reduce nausea and vomiting during chemotherapy. With the development of music therapy research, there are more systematic studies, which can support the physiological benefits of music therapy in oncology care.

Boldt (1996) examined the effects of music therapy with bone marrow transplant patients. In long term results, he found that music therapy interventions were able to help patients reduce pain and nausea levels. Thus, it can be explained that music therapy demonstrated efficacy in increasing physical comfort and relaxation during treatment.

From a collection of clinical studies of music therapy in oncology care, Boyde, Linden, Boehm, and Ostermann (2012) found twelve studies including 922 patients that were conducted between 2001 and 2011. The analysis of the results from these studies demonstrated that active music making and music listening experiences helped patients with cancer reduce cancer-related pain.

Music therapy and psychosocial needs in cancer care. Music therapy interventions have the ability to enhance patients' psychological states in addition to addressing symptom management, and quality of life (Wormit, Warth, Koenig, Hillecke, & Bardenheuer, 2012). Ahmadi (2013) examined the use of receptive music therapy interventions, such as music listening, recognizing that it could be an important role for cancer patients coping with cancer. Further, this intervention might be able to improve mood and life quality in cancer patients.

Rossetti et al. (2017) examined the impact of music therapy on anxiety in patients undergoing radiation therapy. The results validated that music therapy can promote lower anxiety and distress levels in the patients. Another study found that positive effects of music therapy included a decrease in depression and anxiety with patients with cancer (Jasemi, Aazami, & Zabihi, 2016). Boyde et al. (2012) found that active music-making and music listening could help patients to reduce anxiety and exhaustion. In Preissler, Kordovan, Ullrich, Bokemeyer, and Oechsle's (2016) study, researchers conducted 166 music therapy sessions to help the participants get benefits from music therapy and meanwhile examine the main psychosocial needs experienced by the participants. Music therapy interventions were designed according to each individual's situation throughout the process. The results showed that these included emotions and feelings, social environments, and topics related to death and spirituality, all of which were recurring themes during the music therapy experiences.

An important factor to consider when working with patients is their mood. A study conducted found that group music therapy interventions significantly improved self-reported mood for adult oncology patients (Waldon, 2001).

There are a myriad of music therapy interventions, techniques and disciplines that can be applied when working to meet patients' physiologic and psychosocial needs. Songwriting is commonly used in cancer care, as it is widely respected as an avenue in which to help patients express themselves emotionally and spiritually.

Clinical Songwriting

Songwriting in music therapy. Kruse (2003) indicated that the three most common music therapy interventions used with patients were music and relaxation, songwriting, and instrument playing. In her study, all of the participants responded that they used music as an avenue for emotional expression, processing grief and emotions associated with loss, relinquishing attachment to that which cannot be controlled, and maintaining a positive self-identity. As an expressive and creative music therapy technique, songwriting has become widely used when working with various populations.

Baker and Wigram (2005) stated that creating an original song can provide a deep, creative experience for the patient. In addition, the songwriting process can address the complexity of needs for the patient. In a study including analyzing themes in songs written by traumatic brain injury patients, Baker, Kennelly, and Tamplin (2005) found that early and middle adolescent patients preferred focusing on memories; yet early and late adolescent patient groups liked concentrating on self-reflections and raised concerns about the future.

Viega and Baker (2017) conducted a study discussing the meanings of songs written by patients recovering from spinal cord injuries. In this study, the authors used arts-based analysis method to explore the meaning behind the original songs through the process. The researchers state that therapeutic songwriting may decrease depression symptoms and

increase self-identity with patients who need to reconstruct their identity after suffering a spinal cord injury.

Songwriting in cancer care. Current literature supports songwriting as an expressive technique that can be beneficial in addressing patients' psychological, emotional, and psychosocial needs. Working in oncology care, it is common to use songwriting with patients to promote self-esteem, self-expression, reduce stress, and alleviate depression (Mahon & Mahon, 2011). O'Brien (2014) reported that patients conveyed an improved quality of life, physical well-being, and a decrease in depressed mood and tension, after participating in songwriting. Amongst patients treating neurologic cancers, songwriting has been used to assist with emotional processing and the development of positive coping (Dwiggins, Weaver, & Varvares, 2014).

Therapeutic songwriting techniques can be used in wide range of populations and settings, such as with individuals who have experienced childhood abuse, adult psychiatric populations, traumatic brain injury patients, and cancer patients. Edgerton (cited in Baker & Wigram, 2005) described that songwriting can be effective for individuals to achieve the goals for example increasing self-expression, self-esteem and enhancing insight into personal issues.

Songwriting has also been widely used with family and caregivers of patients. Bailey (1984) stated that songwriting offers a meaningful outlet to support patients and their families as they cope with diagnoses, prognoses, and treatment. In Bailey's study, families have often expressed feelings of inner peace through songwriting, and it offers them a way to be involved and supportive throughout treatment, as well. This all lends itself to a potential significant improvement in illness management mechanisms.

The existing research provides a more comprehensive look at other treatment modalities and interventions that may help patients and their families address a myriad of

different goals. As previously mentioned, music therapy uses a variety of techniques to help patients and their caregivers cope with the ongoing challenge of living and treating cancer. Songwriting is an intervention that supports patients in expressing their thoughts, feelings, spiritual needs, while also aiding in increasing social connections, and instilling a sense of self-worth and fulfillment. The primary focus of the following case study is to examine the role of songwriting with two patients in cancer care, emphasizing the psychological, emotional, and psychosocial impact songwriting has had on them throughout the therapeutic process.

Background

Overview of Clinical Environment

The following case studies occurred at my place of employment: an out-patient cancer center in California. It is an outpatient clinic with many resources to help treat patients with various forms of cancer. Not only is medical care provided, but integrative services for patients and caregivers are also offered.

A patient of the cancer center is likely to have an extensive medical team involved in the treatment process, including medical oncology, radiation oncology, surgical oncology, and nuclear medicine doctors providing medical care. In addition, complementary supportive cancer care combined with medical care is an option given to patients and their families in order to better serve them. The facility has eight supportive departments including: cancer research, patient navigation, genetic counseling, oncology nutrition, social work services, cancer resource library, wellness, and volunteer services. Music therapy services are included under the wellness program umbrella.

As the music therapist at the cancer center, I offer live environmental music in the main lobby, the waiting room areas on each floor, including the waiting room for patients undergoing radiation, and the infusion center. Each week, I lead three various music therapy

groups for patients undergoing treatment and patients who may be cancer survivors undergoing follow-up tests and check-ups. The groups most ubiquitously conducted are: Music and Progressive Muscle Relaxation (PMR), Group Drumming, and Group Singing. My role at the center enables me to provide services within different departments and collaborate within an interdisciplinary team. For example, I often join the social worker's groups to lead a short, live improvisation musical activity, or provide live music for the meditation group, which is also part of the wellness program.

I am also responsible for working individually with patients who are referred to music therapy. Staff may refer a patient, or a patient may self-refer. When I meet the patient individually, I introduce different music therapy techniques during the initial meeting, while also making an informed treatment plan including timeline and goals, taking into account the patient's needs, desires, and background.

In this paper, I present two music therapy patients, who were both self-referred, and detail their journey through the music therapy process, based on the data collected, organized, and analyzed from my clinical journals. Readers will notice differences in patient backgrounds, specifics around their diagnoses, and their overall journey in battling cancer. For reference, the names of the patients have been changed to honor confidentiality.

Case One: Tracy

Tracy is a 56-year-old female with ovarian cancer who works as a sociology professor at the local college. Tracy was diagnosed in May 2017. She liked creative writing and possessed basic music knowledge such as the differences between keys and chords. Tracy presented with a myriad of various [physiological](#) symptoms associated with her diagnosis, including cramping and nausea as her primary symptoms. Additionally, she worried about how she would manage her workload while undergoing chemotherapy, and a demanding commute to receive treatment, which contributed to feelings of anxiety.

First Stage: August Trust

Tracy was the first patient I met when I started working at the cancer center. She noticed that music therapy was offered at the center, and self-referred, setting up an appointment to meet with me one afternoon in August. I recall feeling nervous and surprised that I would begin working with my first individual client so soon after starting the new position (about two months).

I vividly remember the first impression I had when I saw Tracy at the reception desk in the lobby. Tracy appeared to be her stated age, was Caucasian, and very thin and petite. I greeted her, introduced myself, and then escorted Tracy into a private room to talk. She appeared anxious, as evidenced by fidgeting and her facial gestures. She apologized for being late and disclosed traffic and her long commute as her reason for being sick.

Per my request, Tracy began providing background information. Tracy was the mother of two children and had been dealing with the news of being diagnosed with cancer several months prior to our meeting. Although Tracy claimed to have limited musical skills, she reported that she enjoyed singing. In addition, she expressed her love for creative writing. However, her busy schedule made it challenging to find time to write. Tracy reported feeling very anxious and stressed upon receiving her diagnosis. I recall the emotions showing on Tracy's face at this time. Her voice was tight, and I could see the tears welling up in Tracy's eyes. Tracy said, "I saw the music therapy program flyer, and it said it provides relaxation for patients. I want to try." I validated Tracy and continued by explaining what PMR entailed, including its benefits. Tracy seemed optimistic about this intervention, and I transitioned the room to begin.

I turned off the light and asked Tracy to sit in front of me on a chair and sit comfortably with her arms resting on the chair. As I began the induction phase of the experiential, Tracy began sobbing but was able to self-regulate and gradually calm down as

observed through visual representation and a less tense body language. For the next thirty minutes, I guided Tracy engaging in PMR, tensing and releasing the different muscle groups in her body, letting go of her anxiety.

After finishing the relaxation, I held space for Tracy and waited for her to speak first. She looked at me and said, "I saw a pathway towards the end, and there was a seed that started to grow at the destination." Afterwards, she shared how she felt during the experiential, and what kind of imagery she had experienced. I was surprised to hear of Tracy's imagery, as she imagined with her level of anxiety, that it may be difficult for her to focus on anything aside from her anxiety. I was most impressed by the way in which Tracy detailed the scenes she saw in a very vivid and picturesque way, accompanied with poetic words to describe the scenes.

Before leaving, Tracy took a deep breath and stated that she would like to do this relaxation again the following week. After this initial session, Tracy began coming to music therapy on a weekly basis.

The fourth time Tracy and I met in August, Tracy greeted me with a bright, smiling affect, but still appeared anxious as evidenced by tightness in her voice. Tracy participated in PMR, but afterwards, during processing, she discussed her treatment and the many side effects she was experiencing, including various mental burdens and other struggles she had been facing in her personal life. The rapport between Tracy and I continued to grow and be nurtured through the therapeutic process, as Tracy shared more details about her personal life including interpersonal conflicts and other instabilities in her life. Tracy detailed the struggles in her life and told me that she felt as though she has lost all control of her life. I validated her feelings and normalized her experience. Tracy said that she needed an outlet to release her feelings and struggles. I kept asking her how she would like to express herself, and through

what sort of safe space and container. Tracy pondered a while before settling back on wanting to write creatively and hone the passion she once had.

At this point in the music therapy process, I introduced songwriting to Tracy, and shared how this particular intervention could help her to expose and express her deeper thoughts and feelings. She seemed quite excited about this new technique and expressed willingness to try it. As planned, transitioning to songwriting would begin in September.

Second Stage: September Therapeutic Relationship

For the month of September, Tracy continued coming to music therapy on a weekly basis. A detailed outline of the songwriting process will be discussed below.

First songwriting session. O'Brien (2005) reported that songwriting is a highly relevant and effective therapeutic intervention in cancer care. She used the specific songwriting technique—Guiding Original Lyrics and Music (GOLM)—working with cancer patients to assist them in self-expression and reduce anxieties by cancer. In the GOLM process, patients are guided to brainstorm ideas for lyrics, melodies, styles, keys and other elements of song. O'Brien (2005) stated that the songwriting technique provided patients the means to communicate and express their thoughts and feelings that they usually might not be able to express verbally.

In the first songwriting session, I shared with Tracy that together, we could write original songs on topics that are important and significant to her. I continued by explaining the various steps involved in writing a song, such as choosing a theme, a key for which the song would be played in, a chord progression, melody, and lyrics.

I also shared another type of songwriting intervention using a fill-in-the-blank method. This would allow Tracy to utilize a pre-composed song, take out some of the original lyrics, and fill in her own, thus creating a new connection to the song. I implied that at times this option is suggested as a means to get accustomed to the songwriting process. However,

Tracy said, “I would like to try to write my own lyrics first by myself. In my place, I have a glass working studio. I am able to see the sunset, the lights and the stars from my studio. That inspired me often to make me feel like I need to write something.”

Although I had a different structure in mind to begin the session, I remained flexible to Tracy’s needs and requests and continued to support the beginning stages of songwriting. Tracy was encouraged to brainstorm her ideas and later, she and I could arrange them and organize them as potential lyrics to her song focusing around a central idea.

During this session, Tracy and I decided on a key for the song. Prior, Tracy relayed that there were two verses and one chorus that she could construct from her brainstorming. She imagined the verses in a minor key and requested the chorus to be in a major key. Curious, I asked for the reasoning behind her musical decisions as a means to better understand where Tracy was emotionally through this process. She stated, “I don’t know why I want to choose a minor key for my verses, but I am sure I want something bright and positive for the chorus.” After deciding on the key and the framework of this song, the session was brought to a close with the plan to continue working on lyric formation at the next session.

Second songwriting session. Upon meeting for the second songwriting session, Tracy began expressing some of her current frustrations in life. She discussed her expectation of having a strong support system in place with friends and family. She articulated that this support system would help her to feel cared for as she underwent treatment and emphasized her feelings of exhaustion surrounding her spiritual and emotional wellbeing as she yearned to gain back control of her life and health. Tracy also conveyed that despite these feelings, she was able to find respite in her glass studio, working on her art. After the session, I spoke with her social worker in order to obtain more detailed information about Tracy to give her better support through this process. I found that Tracy was an independent woman who lived

alone and commuted herself between schools and cancer center every week. Except her daughter, Tracy had not shared that she had any friends or other family members coming to visit her while she was having treatments. It reflected what had been shared at the beginning in the session that Tracy looked forward to having support from family and friends.

At this time, I encouraged Tracy to share what she had brainstormed since the last session. She had written down the following words: moon, porch, glass bloom, and kindness. I also asked Tracy what type of direction she saw the song going in based on the keywords, and what overall feelings were associated with them. Tracy reported that to convey a message of nature and peace, she wanted to write lyrics to the verses involving the following terms: moon, porch, glass, bloom, and solar globe. For the chorus, she wanted to convey feelings of kindness as her message to inspire herself and others to be stay positive in moments of tribulation. It was at this moment that Tracy had the idea of turning her abstract sensations into a song and calling it Kindness.

I found it particularly interesting that Tracy chose to have different themes represented in the verses and the chorus of her singing. As the themes were discussed, Tracy and I began to organize the keywords and create meaningful phrases out of them, in an improvisational style. Tracy was encouraged to be as free as possible and find her own flow as she focused on the significance of these words. As she did this, I lightly strummed the guitar chords matching the modes Tracy requested. I prompted Tracy to imagine sitting in her glass studio, and asked what she noticed around her, if any colors stood out in her mind, if there were any particular noticeable smells, and how she was feeling in this space. Tracy looked up suddenly and said, "Yes! The color! I saw the peach aura surround the moon." Her affect shifted, and her eyes grew bright as she picked up the pen and wrote down the first phrase.

When the first line was finished, I encouraged Tracy to sing the first line with the guitar accompaniment. Tracy asked me to continuously strum the guitar, as it was helping her to feel inspired. As I played, Tracy began writing and this time offered the following phrase: “Glass bloom solar globe.”

By the end of the session, two phrases of the singing had been completed. Before ending the session, Tracy expressed that she was excited about what she had accomplished and was looking forward to seeing the established product with music. Continuation of this process would be explored in the upcoming session.

Third songwriting session. In the third session, Tracy appeared eager to get back into songwriting. I began strumming once again while Tracy sang what she had written the previous week as a reminder. Tracy and I took turns singing the phrases written, often adjusting the tempo to see how the lyrics best fit in. One important consideration is the way in which Tracy’s breathing relaxed and slowed when she sang in a slower fashion. I noticed this immediately, and I conveyed to her that this could be used as a means to induce relaxation and decrease stress and anxiety symptoms, as well. Tracy understood and appeared to realize how singing calmed her and made her feel peaceful.

Clements-Cortés (2017) describes a similar process to what Tracy and I experienced, such that active singing and vocalizing might be able to engage the cancer patients in physiological experiences, such as “improved articulation and breath control, and enhanced physical relaxation and comfort” (pp. 339). Physical relaxation and comfort are key points to let patients feel safe and supported to be creative.

Afterwards, Tracy began to share how she had been feeling over the last several days. I listened intently as she spoke. She conveyed that her breast cancer treatment was becoming almost unbearable. Tracy mentioned that she felt tired and depressed since she began the treatment, she could not get interested or be focused in creating activities as usual. Tracy said

she did not know how to communicate her emotions and burden from the treatment. However, singing provided a secure and soothing space for her to express her feelings, which she had been holding in for a long time. She also mentioned that singing with music allowed her to shift her perspective regarding struggles in life. Tracy shared that the music and lyrics helped her to walk down a “new pathway, which will lead to resolution and balance.”

It appeared that at this time that Tracy was undergoing a transition, as evidenced by the personal development witnessed in this session. Tracy wanted to utilize her new positive perspective and focus conveying that message in the chorus of her lyrics. Furthermore, because the song is titled “Kindness,” Tracy wanted to use this word in the last two lines of her chorus. Combined, this resulted in a powerful chorus.

Fourth songwriting session. As writing the lyrics continued, Tracy began to struggle to find the right words. It appeared her momentum had slowed. However, I began asking open-ended questions, as in the first session, to ignite new ideas and help Tracy envision the thoughts in her mind.

I asked Tracy about the atmosphere she wanted to create within her singing, “Remember the picture of the orange aura around the moon used in your other verse? Was there any particular scent accompanied with your vision? Did you notice any small details that also connect to your keywords?” She stared at the first two phrases she had written, and fifteen minutes later, she began writing the third and fourth lines, which led to completion.

Potvin, Bradt, and Kesslick (2015) state that the empathy/support and interpersonal connectivity as the dimensions of the relationship can be nurtured and better support the therapeutic process afterwards. Throughout the writing process, Tracy shared many stories with me, and we were able to build upon our relationship and foster a deep connection. It appeared that Tracy was able to open up more easily each week, as evidenced by an increase

in communicating and expressing her thoughts, feelings, and needs. The finished song is found below.

The moon in the night sky
surrounded with a peach aura
Glass bloom solar globe
hanging on the porch
I am outside gazing at the universe up above me
Smelling sweet, warm grass
like the summer in a bowl
Kindness infuses me with the beauty
Kindness infuses me with the beauty

Third Stage: October Closure

First closure session. The goal for this session was to begin thinking about specific musical elements to add to the song to create flow. I set up the session space with different types of instruments, including small percussion instruments such as egg shakers, tambourine, the triangle, and a guitar, ukulele, and keyboard. As Tracy walked in, she looked excited to see all the instruments displayed for her as evidenced by her facial expression. However, she also seemed reserved as she stated, “I don’t know how to play them.” I took this opportunity to share that in music therapy, there is no judgment and one does not need to consider him or herself a musician to be successful and reap the benefits of active music making or exploring instruments. I invited her to choose an instrument that interested her, and together, we could explore the sound and see if any of the instruments may or may not fit in with the song she wrote. Tracy chose the triangle, and based on this choice, I decided to accompany her on keyboard, matching the two timbres on the keyboard.

I began playing a progression utilizing A minor, E minor, and D minor chords that seemed to fit Tracy's vocal range and abilities and incorporated her desire to start the song in a minor key. Tracy suggested starting the singing on the E minor chord. From her direction, I played the chord progressions started from E minor, she followed and slowly sang the chords I played. I continued playing the chord progressions and repeated this step for a few times until Tracy came up with her own melody. She began humming and gradually incorporating the lyrics into her melody. Initially, she reported feeling afraid to sing out loud. However, she was able to create a gentle and peaceful melody that represented her thoughts and feelings. While Tracy sang, I began arpeggiating the chords, to which Tracy said, "That sounds great!" At this point, Tracy was taking ownership over the songwriting process and making deliberate choices regarding instrumentation, the manner in which accompaniment is played, thus creating what she had envisioned. Tracy was now finding her flow as she successfully articulated the melody for each line of her lyrics.

Baker (2015) detailed that songwriting can illuminate the individual voice and let the individual feel empowered. She also wrote that in the songwriting intervention, the individual would realize that he/she has the freedom and the ability to control the lyrics and music, then use lyrics and music to "speak out" their feelings and thoughts. Considering and comparing the huge transitions and changes occurred on Tracy before and after music therapy sessions, she now was able to get the sense of control and to relax especially while she was freely writing or expressing her emotions and thoughts in music. A sample notation of Tracy's song can be found in Figure 1.

The musical score is presented in two systems. The first system contains measures 1-3, and the second system contains measures 4-6. The vocal line is written in a treble clef, and the piano accompaniment is in a bass clef. The tempo is marked 'And.' (Andante). The piano part features a consistent eighth-note accompaniment with triplets and accents. The lyrics are: 'The moon in the night sky oh surround with peach au - ra Glass bloom so lar glo - be hang ing on'.

Figure 1. “Kindness”, measures 1-4 of an original song composed by Tracy.

Additionally, it appeared that Tracy was feeling more comfortable with the idea of playing the triangle, as she improvised on it while singing. She began to sing louder as I played louder on the keyboard. Her affect continued to brighten, and she appeared as her most authentic self. She tapped her fingers on the table to follow the rhythm, her singing volume became louder and confident, she also nodded her head to follow the singing. From my perspective, it appeared that Tracy was letting go of trying to control her surroundings, and settling into her reality, freely expressing all of herself through lyrics and instruments.

When it came time for this chorus, I switched to a major chord, as Tracy requested. While playing, Tracy looked at me and was able to follow along and keep the flow of the singing, while trying to find a melodic phrase to match the major mode. Playing softly at first, the chorus was repeated several times as the Tracy’s voice and instruments grew stronger. I offered musical support on keyboard, playing the notes of the G major chord in

descending order, to prompt the creation of Tracy’s final melodic line. The second sample notation of Tracy’s song —measures 17 to 22 — can be found in Figure 2.

The image shows a musical score for a song titled "Kindness" by Tracy. The score is presented in two systems, measures 17-22. The key signature is one sharp (F#) and the time signature is 3/4. The score is written for piano and voice. The piano part consists of a steady eighth-note bass line in the left hand and a treble line with triplets and fermatas. The vocal line is in the right hand of the piano staff, with lyrics written below the notes. The lyrics are: "kindness infuses me with the beauty oh beau - - ty". The score includes triplets and fermatas.

Figure 2 “Kindness”, measures 17-22 of an original song composed by Tracy.

At the end, Tracy looked at the lyrics and smiled. She said, “I can’t believe I made a song. It was wonderful! Thank you!” I asked her if she wanted to come back next week, to record the singing so that she could have a copy and listen to it whenever she had feelings of anxiety. She seemed pleased with this idea, agreed, and stated she would like to share it with her daughter.

Second closure session. This session unexpectedly became the last music therapy session, as Tracy’s treatment was ending and she could return back to work. However, recording her finished singing would offer a semblance of closure for both of us. The song was played several times and then recording began. It took several attempts before Tracy was happy with a finished product. Afterwards, both Tracy and I discussed the musical journey that had just experienced together. After her initial lack of confidence to write her own song, Tracy gradually engaged in the interactions and began to trust me and herself to explore during the process. I chose the new challenging but supportive technique to build up the

bonding with Tracy. Upon closure, Tracy shared, “I will keep writing, I feel good when I am able to create something. And I know how important it was for me during my treatment.”

When using a songwriting technique, I created a safe container and space for Tracy to explore, help her express, and empower her inner world. The process did not start smoothly, especially at the beginning. The more Tracy shared, the more I knew that time was needed in order to enter her safe zone. I needed to validate her internal feelings in order to build up our relationship. Tracy needed to be given structural guidance and ideas when she produced her creation. The first several sessions seemed like the process of a baby-learning to walk; beginning as a slow follower, Tracy gradually was able to become a leader in her creating process. A full notation of Tracy’s song can be found in the Appendix A.

Case Two: Lynna

Lynna is a 67-year-old female who worked as a software application manager before her recent retirement. She and her family emigrated from Cuba, and she is the mother of one daughter. She was diagnosed with plasmacytoma and experienced a large amount of physical pain localized on the left side of her pelvis and hip. In addition, she exhibited symptoms congruent with cramping. According to her chart, Lynna was alert and oriented, and cooperated with treatment and interacting with medical staff. Although she was in pain, she did not appear to be in distress.

First Stage: December Trust

First pre-songwriting session. Lynna began receiving individual music therapy sessions in December 2017 through a self-referral process. Our first session began with standard rapport building exercises and relaxed conversation. Lynna shared her love for music and playing piano. She expressed feeling anxious, stressed, and fearful regarding her diagnosis and treatment plan. Lynna believed that music could be an outlet for her to release

tension and fear. I told Lynna about music therapy, specifically utilizing music to induce relaxation, and how it may be beneficial for her based on her needs. She replied, “It has been hard for me to relax since being diagnosed. I hope the music relaxation can help me focus on myself again.”

Based on her needs, I led a longer than average PMR session that lasted thirty minutes. Afterwards, I engaged Lynna in a discussion and prompted her to share her experience melodically through a call-and-response activity, rather than simply talking. This technique was based on Baker’s (2015) introduction of vocal improvisational interplay between the music therapist and the individual, which demonstrated efficacy in helping the individual become more comfortable with the process. During this activity, I observed Lynna matching tones that I sang, which led to her singing improvised words and phrases as I accompanied on guitar. I engaged with Lynna and together we sang in a traditional call-and-response style. This experience fostered the relationship between client and therapist. The more we sang, the deeper our connection began, and the more Lynna was able to open herself up to everything she was experiencing and relinquish control. After several minutes of musiking, she began to harmonize vocally, which added another level of texture to our music.

By the end of the session, Lynna shared that she enjoyed music therapy and the vocal improvisation but was surprised because she did not expect to have such a positive connection to this type of therapy. She assumed she could find a way to incorporate music into her life to help her relax but was unaware of other interventions and activities that could also yield positive results. Lynna scheduled another appointment and left with a renewed sense of possibility.

Second pre-songwriting session. Lynna arrived for her second session and we began with a quick check-in. Lynna conveyed how her week went and what changes she experienced. She was still feeling stressed and emotionally exhausted. Based on our previous

session, and her musical background, I suggested we transition towards songwriting as a means to express her stress and fears in a new active music-making way. Lynna appeared excited and interested as evidenced by her smiling face and asked a series of questions in terms of the steps we could take to begin this process. I explained the benefits of songwriting so that she would be aware of the rationale behind this clinical decision and understand the benefits this intervention poses regarding her emotional and spiritual wellbeing.

In addition, I detailed the steps involved in the songwriting process. Since Lynna knew how to read music and had basic musicianship and theory skills, she would be able to draw upon those skills as we began songwriting. I asked Lynna to consider what she would like the theme to be and what message she would like to convey in her song. She expressed wanting to write some lyrics while at home over the next several days and then bring them in at the next session.

Second Stage: January Therapeutic Relationship

First songwriting session. Our third session was markedly different energetically. Lynna appeared much more relaxed in this session. I noticed that she made more consistent eye contact and we both smiled more. This represented a shift in the therapeutic relationship, where the bond between client and therapist was strengthening, which has been recognized in the literature (Potvin, Bradt, & Kesslick, 2015). After our regular check-in, Lynna started to share her lyrics with me.

She conveyed that when she sat down in front of the paper to begin writing, she immediately thought of her mother. I started to read her lyrics and shifted my body language to signal that I was open and ready for her to continue sharing about this experience. Lynna continued, “My mom was very sick during this time in Cuba, but she still inspired me. I feel regretful that I didn’t spend much time with her.”

When she shared these stories about her relationship with her mother, she became very emotional and wept. She said that she was unaware of how sick her mother was. She began talking about the things her mother loved, such as looking outside of the window when lying in bed. When Lynna was diagnosed with cancer, her mother's positive attitude through her illness inspired Lynna. She stated, "Even when my mother was very sick, she appreciated life and nature. She tried to stay positive and keep the faith. When I think of that, I feel strong." As I continued reading Lynna's lyrics, the message of love and adoration for her mother stood out. She named this song after her mother's maiden name. The following lyrics represent what's written in the final chorus:

I see what you see

I know what you long for

Green Dove comes

Let us fly

We looked through more of her lyrics, and Lynna said that she wanted to rearrange the order to some of the phrases. Her third verse read as follows:

The wind always outside

No path, no choice

No shadows at your feet

No winter freezes

No turning back

Lynna thought she might want to change the first and last lines. She wanted to add some specific elements to personalize the song more. I recommended that she try to think about a phrase that had a similar meaning to "no turning back," as well as, "the wind always outside." I prompted her to think of ways to convey the same meaning in a way that honors the direction she wanted her song to go in. Lynna eventually decided on the phrase "no spring

hopes” to replace “no turning back,” and used “no blowing wind” to replace “the wind always outside.”

After several rounds of edits, Lynna had written and arranged all of the lyrics to her song:

Green Dove

Dear green dove

With broken wings

An alien world around

And out of reach

I see what you see

I know what you long for

I had broken wings too

No lowing wind

No path, no choice

No shadows at your feet

No winter freezes

No spring hopes

I see what you see

I know what you long for

I had broken wings too

Give my wings back!

Colors will change

I will follow the lights

Joy will fill me again

The world will feel mine

I see what you see

I know what you long for

Green Dove comes

Let us fly!

Second songwriting session. During the previous session, Lynna and I had processed many different emotions and experiences. I was able to connect to her world and understand the trauma she had experienced when her mother was ill, and the effects of the current trauma of being diagnosed with cancer. From this, our relationship continued to deepen. Lynna could now open herself up, be vulnerable, and trust our clinical interactions without resistance or feelings of being guarded.

In this session, we continued working on the musicality aspect of the song. Based on Lynna's request, I played several I-IV-V chord progressions on different minor keys on piano. She selected C minor and $\frac{3}{4}$ time signature in a slow tempo. The choice of these musical elements was important during this process, as music can help the composer represent the anesthetization of the connection between their inner and outer worlds and between their emotions and sensations (Bruscia, 1998). Lynna decided to create the melody around a higher range, suitable for a soprano voice. She relayed that she wanted this song to be "sang beautifully and soaring" to represent her and her mother's unconstrained spirits.

As I played the basic chord progression on piano, Lynna started to hum without any prompting. She was able to freely create a melody that fit well with her lyrics. Although it appeared that she was straining her voice due to the high range, she insisted on keeping the key. It seemed like the key which Lynna insisted helped her represent the relationship and connections of the world between her and her mother. We recorded our improvisation during the session and organized the melody in order to fit into the lyrics, line-by-line.

Third Stage: February Closure

Closure session. In our last songwriting session, we focused on playing and singing together not only on piano but also on ukulele. Lynna brought her new ukulele in her session and expressed wanting to incorporate it into the song while also learning a new instrument. Because of the size and accessibility, Lynna brought her ukulele and started to learn the notes on each string. She required additional knowledge of strumming patterns and practice tips while she learned to finger pick.

I confessed to Lynna that I was not proficient on ukulele, but I would learn so that I could better assist her in her learning process. Together, we made a plan to learn the instrument. We researched online, checked out basic strumming patterns, and began practicing. After a while, we eventually figured out all of the notes present in Lynna's melody and added the ukulele to the accompaniment. Ukulele as a new instrumental sound, compared to piano, helped Lynna express her feelings musically and simply. She shared that she liked the string sound from an instrument, and also thought that the timbre from the ukulele could better support her voice.

Looking at our pathway from the beginning, I realized how far Lynna and I progressed therapeutically. In our first session, Lynna was immersed in the stressful and sad mood; there were a lot of tears in our first session. However, it was very fortunate that she could feel secure and safe to engage in the music experiences and begin to express her

thoughts from PMR sessions. Gradually, Lynna was able to open her heart to describe the deep emotions and regrets related to her mother, and her new perspectives on the relationship with her mother.

From actively grieving her mother's loss, Lynna used a slow and gentle melody to describe her mother and their relationship. Not only did she put the sadness into the music and lyrics, but she also captured her mother's spirits and energies in it. Further, she realized the strong influences her mother made on her when she was organizing her life events and significant inner feelings.

These expressive experiences became her outlet and inspiration through her treatment. I could see that she began to release her tension when she came in to the music therapy sessions. She became more comfortable in the songwriting and singing activities, and I witnessed her affect brightening. A full notation of Lynna's song can be found in the Appendix B.

Discussion

Working with these two patients was a pleasure and quite the journey for me. Furthermore, when I look back on these cases, I find how different the experiences were, even when utilizing similar interventions. Although Tracy and Lynna had different diagnoses, family structures, cultures, work, and education, the general goals and objectives were the same, and both cases resulted in a completed song that allowed each patient to express herself. However, the process for each was unique.

Different Foundational Backgrounds

Each patient had very different life histories. Tracy was a sociology professor at a local college, and Lynna was a software application manager before retirement. Based upon these backgrounds, one of my first inquiries was learning what role music played in their

daily lives. To do this, I needed to listen carefully, observe, and make an informed decision during the assessment process.

Generally speaking, the assessment is an opportunity to garner information, including basic psychosocial information in order to gauge where a client may be at in the current state. This includes, but is not limited to education history, support system, employment history, any physical and cognitive difficulties or ailments. It is also important to assess if a client has any musical knowledge or skill, although this of course is never necessary to receive and reap the benefits of a creative arts therapy. It is important to note that assessment is an ongoing process, because of the multi-layer dimensions of being human. A therapist must continuously assess at the start of each session, and this carries over throughout the session, as well. Therapists get to know clients through the time spent with them, and the quality of the interactions. From there, therapists are able to be creative to find different, specific techniques to help and support clients who may be at different points of their journey.

Baker (2015) wrote that a song may reveal the issues or feelings that are not expressed verbally. Further, people may gain insight and clarify their past life experiences through songwriting. Deciding to use songwriting was not my original plan before meeting with either Tracy or Lynna. This method appeared to be most appropriate given the content my clients shared with me, including their needs and desires, and what I gathered after assessing them during our initial sessions. I knew that approaching them with this option was an appropriate clinical decision, as I saw the creativity within, as my clients shared intimate details about their lives with me. I hoped that our relationship would provide them with opportunities to find their inner music, which had been hidden by life's trials and tribulations.

Checking clients' backgrounds in the intake session is crucial but remaining open to the continuation of assessment in regard to their personalities, life stories and personal abilities is more important. In my experience, the ongoing assessment was a key factor that

allowed me to continually be open to their evolving needs and help facilitate music therapy experiences to meet these needs.

Different Working Modes

If assessment is considered as the general foundation for our clinical relationships, I would like to define “working mode” as the music therapist’s implementation, grown from the root of the fundamental base. The working mode will affect how deep the connections between therapist and client is made, how the dynamics in the relationship flow, and how the patient can potentially be engaged throughout the process.

As I got to know my patients more intimately, I slowly introduced them into the world of songwriting and its seemingly endless implications. Frankly speaking, I was not sure how they would respond to the new experience, but decided to support them through the songwriting experience, which I also learned from, as well.

I took on more of a leadership role while working with Tracy. She had a great sense of creativity; however, she was hesitant, insecure, and uncertain, which required me to hold space and support her as she found her own voice in the process. I used the structure and the basic steps of songwriting to guide us in our songwriting sessions, and led Tracy to choose a theme, write lyrics, and choose specific musical elements such as the key, and a chord progression that fit her vision. Under the framework, Tracy was able to freely express and create music.

Working with Lynna was a completely different experience. My role was more of a supporting one within this clinical relationship. Lynna came to music therapy with a foundation of musicianship skills and theory. However, the pivotal aspect of working with Lynna involved breaking down her barriers in regard to dealing with suppressed grief from losing her mother to cancer that she was now battling and providing space for her to express her internal world without constraints.

After introducing the songwriting technique, I let Lynna take ownership of the sessions, while offering support. I listened to her needs and guided her as she made her vision come to life. I provided recommendations when she appeared stuck in the process and offered assistance on arranging lyrics and adding accompaniment via the ukulele.

I did not realize how different the working modes I used between the two clients were until I intentionally recall the experiences in the context of writing their case studies. This led me towards a long reflection on how therapeutic processes differ from client to client. Each individual's personality, education background, family history, musical skills or other facts will all determine the clinical trajectory. According to the individual's situation, as a music therapist, I may reflect upon these situations or facts differently. It implores me to consider completing a more detailed assessment and self-assessment before and during the therapeutic relationship.

Therapeutic Process

Question arose for me as I considered the broad concept of the therapeutic process was when this process begins: Is it from the moment the therapist meets his or her client? Or is the process viewed as something that happens during pivotal moments in therapy? Do clients believe the process begins once they feel they are making progress or improving? To better understand how to answer these questions, I explored these two cases further.

According to what I shared in Tracy's case, she began to share her innermost thoughts, feelings, and emotions, little by little, in each session. It was a slow, but steady progression. However, once she let me be part of her inner world, I knew it was the right opportunity to introduce songwriting as an intervention with which she may effectively connect. Baker (2015) noted that efficacy in the therapeutic process and relationship may manifest in patients engaging through sharing of more personal experiences. On the contrary, Lynna poured her emotions into her song and was less verbally detailed than Tracy. She

shared her stories and released the emotions when we played and reviewed the song together afterwards.

By finding the different avenues in which songs can be written, I realized that the therapeutic processes did not follow any predetermined pattern; each client progressed at her own pace. This is true of any client within any music therapy process. Some may be resistant to the process or have difficulty with the nuance of songwriting. Others may be more poetic in nature, more expressive, and generally excel at the creative task. Each road to songwriting is valid and appropriate, as music therapists always follow and respect the client's journey. Music therapy, through the therapist-client relationship, can create a supportive and insight-oriented environment to engage the patient's experiences (Baker, 2015). For Tracy, we interacted therapeutically from the very beginning of songwriting process. On the other hand, for Lynna, the therapeutic process began when she shared the meaning behind the lyrics and melodies.

Based upon these understandings, I became more aware of the importance of being sensitive and flexible in the clinical setting. This realization is imperative and takes on a significant role regarding the quality of care offered to clients. Ongoing observations, assessments, and self-reflections are necessary and valuable to deepen and promote the therapeutic relationship with patients. The ability to be sensitive and flexible was necessary in order for me to empower myself to feel comfortable and confident in leading and supporting the process.

The Outcomes

I believe it is important not to attach to any preconceived notion or set up unrealistic expectations regarding the outcomes of any therapeutic process and relationship. Being open to any and all clinical outcomes allows the experience the freedom to be how it will be; it breaks free from any constructs that may not honor authenticity and the overall therapeutic

process. Baker (2015) demonstrated that the therapist's role in a songwriting experience within music therapy is to help individuals to identify unconscious inner problems, work through past life experiences, and find meaning through this process. This requires being open and flexible to goals that develop over the course of a course of a therapeutic relationship.

When I begin to look at the outcome, there is another layer I also examined: defining outcomes when it comes to songwriting, specifically. Is a finished song a successful outcome? Does this align with the goals and objectives outlined in the treatment plan? Perhaps a successful and beneficial outcome is for a client to express suppressed feelings through the writing of one verse. What constitutes a positive outcome in songwriting? Is there room within the field for an interpretation of this?

Originally the general goal of using songwriting interventions for my two patients was to help them express their deep feelings and thoughts. Both Tracy and Lynna's inner conflicts were present and vastly different, though both required the same level of focus and processing. Tracy needed to express her feelings about her life in order to empower herself through the treatment, and Lynna needed to express her relationship and its meaning with her mother through the process. Deepening and helping them finding the meaning became more important than the concrete goal of completing a song. Further, I was not rushing to find the result or have a complete song anymore.

I regard songs as an art form our clients create with the help and support of the therapist, lending itself to an authentic outcome that honors each client in his or her process. This includes, but is not limited to, sharing the lyrics written based on a client's story, and the integral therapeutic interactions between client and therapist that influence and contribute to the overall songwriting process.

My Perspectives

As I demonstrated in the last section, I had assessed the backgrounds of both women on both musical and nonmusical levels before we dove more deeply into our therapeutic relationship. It is crucial for me to better understand my patients' needs and capabilities or possibilities to achieve their clinical goals. What I learned from assessing my patients in these two cases, was to not limit or define the patient's capabilities or possibilities according to his or her backgrounds. On the contrary, music therapists should seek to discover the trails and connections between the background information to help to engage patients in the music experiences. By being engaged in these moments and observing the action of this process, I utilized aspects of a psychodynamic approach, as outlined by Bruscia (1998). The relationship between myself and these clients was interpersonal in nature and the music reflected not only their progression towards goals but our interactions with one another.

Throughout the treatment process, ongoing assessment is very important. As trust is established, patients often reveal more of themselves throughout the process. Thus, ongoing assessment not only can help music therapists get a better perspective of patients, but also can help them better understand the events and experiences that have shaped patients in the present, and how these past experiences influence the present circumstances.

Besides the fundamental and ongoing assessments, I had adjusted my working styles with two individuals who came with different personalities and contexts. As for each individual, I also was very aware of my working style in order to make sure my reactions were authentic and appropriate for each situation. I equate this ability to choose my working mode to how a vocalist changes vocal quality in order to perform songs from different genres. Personally speaking, my vocal timbre or performing styles are very different depending on what type of songs I sing, in order to give my audience a better listening and engagement experiences. The fundamentals of my voice are constant, but the nuances vary.

My authentic presence is consistent with every patient, but the nuances of how I interact with, respond to, and engage with each client vary. The ability for me to switch my working modes is important to better engage each patient in our music therapy session. Baker (2015) wrote that the therapist should provide a therapeutic guide through the whole songwriting process as an expert musician. Further, the therapist has to be aware of the structure, being responsible to support patients to explore themes unconsciously or consciously.

As I began to recall my journey as a music therapist, I do believe that having my own working style and theoretical foundations are extremely important. The therapeutic process was parallel in nature. My psychological status shifted from anxious, unstable, and worried, to enjoyable, stable and relaxed when I was with my patients. Especially as a new professional, I was concerned about how the clients would value our work. It was empowering for me to validate my own feelings and responses when facilitating sessions. In a supervisee role, music therapists experience the parallel process with patients, as both grow together. Young and Aigen (2010) described that identifying and addressing transferences of both sides during the process, like using musical or verbal processing, yields better understanding of the parallel process.

Each individual is unique, so that each journey may be slightly or completely different. I was able to be open to receive energy and influence from my patients, and those experiences inspired me to be able to embrace the likely unpredictable journey of my future clinic practices.

Conclusion

As a life-threatening illness, cancer has the potential to impact a patient's life in a myriad of ways. Music therapy has abundant techniques to help cancer patients to address both physiological and psychological needs. For cancer patients, paying close attention to

their physical needs is not enough, their psychosocial needs such as finding the outlet to express emotions and spirits are desirable as well. Using songwriting technique can provide a free and welcoming space for patients to express themselves through writing original lyrics, creating melody, and singing and/or playing instruments. My patients had found the authentic self in their writing and songs. Their songs helped them to describe the abstract feelings they could not describe in words, their music helped them release the emotions which they hold on to it so hard before, the therapeutic process helped them find an outlet and to free their deep, authentic and meaningful feelings and thoughts. This integrative and therapeutic songwriting process might be able to give the patient a powerful support and healing space to address their psychosocial needs during the cancer treatment journey.

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Appendix A

Tracy's song: Kindness

The Kindness

♩ = 52

1
The moon in the night sky oh surround with peach

4
au - ra Glass gloom so lar glo - be hang ing on

7
the on the por - ch I am out side

10
gla - zing at the universe up abo - ve

12 2

me smelling sweet

This system contains measures 12 and 13. The music is in G major (one sharp) and 3/4 time. Measure 12 features a vocal line with a half note 'me' and a piano accompaniment of eighth notes. Measure 13 features a vocal line with a quarter note 'smelling' and a quarter note 'sweet', followed by a sixteenth-note triplet. The piano accompaniment continues with eighth notes and includes a sixteenth-note triplet. Dynamic markings include *And.* and *And.* with asterisks. Performance instructions include '6' and '3' above notes, and '3' below notes.

14

warm grass like the summer in a bowl

This system contains measures 14, 15, and 16. The music is in G major and 3/4 time. Measure 14 features a vocal line with a quarter note 'warm', a quarter note 'grass', and a quarter note 'like the'. Measure 15 features a vocal line with a quarter note 'summer' and a quarter note 'in a'. Measure 16 features a vocal line with a half note 'bowl'. The piano accompaniment consists of eighth notes. Dynamic markings include *And.* with asterisks. Performance instructions include '3' above notes and '3' below notes.

17

kindness infuses me with the beauty oh

This system contains measures 17, 18, and 19. The music is in G major and 3/4 time. Measure 17 features a vocal line with a quarter note 'kindness' and a quarter note 'infuses'. Measure 18 features a vocal line with a quarter note 'me' and a quarter note 'with the'. Measure 19 features a vocal line with a quarter note 'beauty' and a half note 'oh'. The piano accompaniment consists of eighth notes. Dynamic markings include *And.* with asterisks. Performance instructions include '3' above notes and '3' below notes.

20

beau - - ty

This system contains measures 20, 21, and 22. The music is in G major and 3/4 time. Measure 20 features a vocal line with a half note 'beau - - ty'. The piano accompaniment consists of eighth notes. Dynamic markings include *And.* with asterisks. Performance instructions include '3' above notes and '3' below notes.

23 3

The musical score consists of two staves, Treble and Bass clef, with a key signature of one sharp (F#).
Measure 23: Treble clef has a quarter note G4, a quarter note A4, a quarter note B4, and a quarter note C5. Bass clef has a triplet of eighth notes G3, A3, B3, followed by a quarter note C4. A fermata is placed over the first two notes of the bass line.
Measure 24: Treble clef has a quarter note D5, a quarter note E5, a quarter note F#5, and a quarter note G5. Bass clef has a triplet of eighth notes C4, D4, E4, followed by a quarter note F#4. A fermata is placed over the first two notes of the bass line.
Measure 25: Treble clef has a quarter note A5, a quarter note B5, a quarter note C6, and a quarter note D6. Bass clef has a triplet of eighth notes G4, A4, B4, followed by a quarter note C5. A fermata is placed over the first two notes of the bass line.
Measure 26: Treble clef has a quarter note E6, a quarter note F#6, a quarter note G6, and a quarter note A6. Bass clef has a triplet of eighth notes D4, E4, F#4, followed by a quarter note G4. A fermata is placed over the first two notes of the bass line.
Measures 27-28: Both staves are empty, indicating a full rest for the remainder of the piece.

Appendix B

Lynna's Song: Green Dove

Green Dove

$\text{♩} = 120$

8 Dear green dove with broken wings an alien world around al -

15 ways the same and out of reach I see what you see I know

22 what you long for I had broken wings too bring my wings back. Co-lors will

29 change I will fo - llow the lights Joy'll fill me again the world'l feel mine

34 I see what you see I know what you long

for Dear green dove let us fly!