

Music Therapy Skills Used in Songwriting within a Palliative Care Setting

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Abstract:

This paper describes music therapy skills used in facilitating patients receiving palliative care to write songs. In sessions the music therapist should provide enough structure to allow patients to be as creative as possible. Methods used vary according to the patients' physical and neuropsychological impairments and their needs. The author has found songwriting a valuable medium through which extremely disabled patients may ventilate pent-up feelings, gain support, send messages to special people and feel that they are contributing something unique to this world, thereby gain much pleasure and self-esteem. A music therapist should have the skills to aid patients in realising their songwriting potential.

In this paper the use of songwriting to help alleviate the suffering of those with terminal and/or progressively debilitating illnesses is described. Palliative care is the prime philosophy of care used with this population. This implies that the treatment team directs their efforts at improving the quality rather than the length of time of a patient's survival. Efforts are also made to reduce the suffering of the patient's significant others.

The use of music therapy in palliative care has been extensively described and is regarded by many as a valuable asset to the treatment care team. Many music therapy techniques pertinent to the area have been described. These includes:

- Musically supported psychotherapy, including individual and family work (e.g. Bailey, 1984, Munro and Mount, 1987, O'Callaghan, 1988)
- Collages to Music (e.g. Munro, 1984)
- Musically supported life review (e.g. Bright, 1986, O'Callaghan, 1984)
- Groupwork music therapy (e.g. Short, 1983, Munro, 1984)
- Music and relaxation (e.g. Munro, 1984)
- Guided imagery and music (e.g. Wylie and Blom, 1986)
- Word substitution in songs (e.g. Bailey, 1984)

Literature Review:¹

Another technique not mentioned at any length in the palliative care literature is songwriting. The earliest mention of clients being encouraged to compose music was by Crocker (1952) who described her experiences with emotionally disturbed children spontaneously improvising an opera. In the 1960s music composition was described as a psychotherapeutic approach with psychiatric patients by Ruppenthal (1965) and Castellano (1969). Ruppenthal encouraged psychiatric patients to 'scribble' (improvise) music while the therapist reinforced positive sounds. She said that the technique should facilitate tension release in patients and guide them to higher levels of social organisation and adjustment. Castellano taught groups of psychiatric patients music composition and reported that it helped them to gain improved self-esteem and also reinforced reality testing.

Ficken (1976) reported on the use of songwriting with psychiatric and alcoholic patients, and a group of adolescents. Ficken stated 'It is an activity which can be internalized

¹Only papers describing the use of songwriting in psychodynamically oriented sessions are reviewed here.

by the client leading to socially accepted behaviours'. In describing the use of songwriting with chemically dependent patients Freed (1987) reported that it allowed them to feel supported, have their feelings validated, and that it promoted an increase in self-esteem. To facilitate the songwriting process Ficken and Freed described the method of word-substitution for part or all of the lyrics of an existing song.

Ficken also reported that the clients were encouraged to compose their own songs by first exploring natural speech inflections and rhythms, and then improvisations. The therapist arranged the song by joining song fragments and then provided an accompaniment.

In her paper on 'Music therapy for substance abuse patients' Murphy (1983) described songwriting groups where each member contributed to a song's lyrics through a process of brainstorming. It was intended that this process would encourage patients to develop greater insight about their situation.

Finally, Lane (1988) reported that oncology patients' song compositions were often helpful for other patients facing similar circumstances. Lane tended to encourage patients to write the lyrics while she composed the music.

This author has found that songwriting, appropriately used, can benefit numerous palliative care patients. It can offer them the opportunity to develop increased insight, ventilate pent-up feelings, to reframe destructive beliefs, to develop confidence and improved self-esteem, to be creatively productive, and gain much pleasure. Songwriting can also facilitate an important communication between patients and their significant others.

A Procedure for Songwriting:

How one offers songwriting affects its potential benefit. This author uses aspects of the following procedure when encouraging patients to compose songs. For further descriptions also see the article by Schmidt (1983).

In psychotherapeutic work, once having established an empathic relationship with a patient, suggest something like 'Some patients find it helpful to express such feelings in a verse, sometimes set to music. Have you ever thought about putting your thoughts down . . .?'

The principle of client self-determination should always remain paramount. A client should choose whether he or she would like to engage in the activity. It is this author's experience that few patients with advanced cancer use songwriting to ventilate feelings. However, when it is used, it can be very therapeutic.

When assisting the patient to write the lyrics one can ask open-ended questions or use leading comments e.g.: 'How do you feel about that?', 'What are you most afraid of?', 'It sounds like you have felt that . . .'. When all of the ideas are on paper the most important ones can be chosen and grouped into themes. Sometimes patients respond well to assistance getting started. The therapist could sum up in verse the feelings expressed by the patient and offer to then set a few lines to music. The songwriting process seems most effective when it can be immediately incorporated within sessions.

Some patients prefer to set their lyrics to an existing well known tune. It is the experience of this author that patients seldom spontaneously compose original melodies. The therapist can then do the following:

1. Offer a choice of bright/happy major or mellow/sad minor keys. Improvise examples.

2. Offer various rhythmic styles.
3. Offer choices of melodies for each line in the verse. Melodies and rhythms which incorporate natural speech inflections are often well received. Play them each a few times, singing the words to the melody. Keep it simple. Perhaps offer a choice of a rising or a falling melody. Then ask 'Which would you prefer the one going up or the one going down?' Also, perhaps suggest: 'Can you think of another melody?'
4. Give a choice of supportive harmonies.
5. Give a choice of dynamics and tempo.
6. If possible, give a choice of instrumentation and voicing.

Like Lane (1988) this author has also found that patients' songs can be used to support other patients who identify with the lyrics.

It is important that the choices presented fall within the neuropsychological abilities of patients so that they feel that they have had as much control over the composition as possible.

This procedure can also be useful when encouraging groups to compose songs. All members should be given the opportunity to contribute to the lyrics. When offering choices for the melodic accompaniment the voting majority's decision usually rules!

When encouraging songwriting to facilitate creative expression a similar procedure is used. It is initiated by encouraging patients to describe something that they would like expressed in song.

Finally, patients should be given the opportunity to give their song a title.

When Can Songwriting Be Helpful?

A. To Support Psychotherapy

1. Individual Work

Through songwriting patients can be given the opportunity to express pent-up feelings, gain greater self-insight and question and challenge themselves and others. A therapist can also use songwriting to assist reframing or the acceptance of new ideas. Metaphors might be used to reduce the impact of painful, threatening material. They can also be used to convey messages less obtrusively.

On completing the following composition the patients, who had an advanced stage of carcinoid syndrome, commented: 'Leave it as it is, it says it all.'

The musical score is written on three staves in 3/4 time. The tempo is marked 'SLOWLY'. The key signature has one flat (B-flat). The melody is simple and follows the natural inflection of the lyrics. Chords are indicated above the notes: C, Fmaj7, C, Fm, D7, G, F, G, C, Fmaj7, C. Dynamics include *pp* and *f*. The lyrics are as follows:

1. HOW FEEL - TRA - TING IT IS TO BE PRICKED AND PAINED, TO FEEL SO A -
 2. TIRED OF GET - TING THE RUN A - ROUND, TO GO BLACK AND
 - LOWE AND HELP - - - LESS - - - FORT. - - - WHEN
 BLUE WITH SUCH DIS - COM - - -
 ALL I WANT TO DO IS BE IN A FOR - EST WITH BIRDS AND BEES AND

COM - - - - - FORT, AND COM - - - - - FORT

AND COM - FORT.

The therapist can sometimes prompt a therapeutic discussion by composing a song for a patient. One lady who had been dying for months said that she felt boring and uninteresting. She was greatly admired by all staff and often received visits from a very attentive and loving family. The therapist then set the following to music: 'You are a flower, a beauty to behold and like a flower, spreading joy and love everywhere.' After the therapist pointed out that others thought more of her than she seemed to think about herself the patient said that she wanted to die but that her family could not let her go. This issue was then addressed.

2. Groupwork

Songwriting can promote a supportive and unified group milieu.

In a group for moderate to severely brain-impaired patients one patient said how she hated having multiple sclerosis because 'You feel so useless'. All members agreed. The opportunity to sing about everyone's good points was well received. A complimentary verse was made by the group members about each participant. One example follows:

Jane makes our day brighter
 She's always saying hello with a big smile
 Telling us news and funny stories
 And what Rita [her daughter] cooked with David's [her husband] help.

All contributed to the chorus:

WE TRY VE-RY HARD SMIL-ING THROUGH MEN-TAL-LY GRIT-TEED
 TEETH, WE'RE JUST THE SAME AS AN-Y-ONE ELSE,
 PHYS-IC-LLY SOUND, BUT MEN-TAL-LY FREE.

Due to time constraints and the patients' poor concentration spans the patients' verses were sung solo by the therapist, virtually only with exaggerated melodic intonation. The patients needed much prompting to join in the chorus but all sang at least part of it and agreed with its sentiment.

B. To Facilitate Creative Self Expression

As their ability to pursue many favourite hobbies diminishes with increasing disability, palliative care patients need the opportunity to explore new areas of interest. Despite

severe physical and/or neuropsychological impairments such patients often still have the ability to create songs. Song writing can:

1. Express Messages to Others

John was a 53 year old man with Motor Neurone Disease. He was unable to talk but communicated with an Etran-board or by pushing his head on a microswitch to activate a computer. He used the latter method to create lyrics. The therapist played melody after melody for each phrase until he chose one he liked. The process was painstakingly slow but John persevered and created three songs in the six months before his death.

The following is one he wrote just prior to Christmas. Patients and staff applauded him after it hearing at the hospital's ecumenical services.

THE WONDROUS DAY
(PREFERABLY ACCOMPANIED BY GUITAR)

MODERATELY

MAY CHRIST-MAS BE A TIME OF LOVE, FOR-GIVE-NESS, JOY AND PEACE. A
TIME FOR LET-TING GO THE PAST, FOR AC-CEPT-ING HIS RE-LEASE

last time to CODA

1. SING EACH AND BU'-RY ONE OF US CAN CLAIM THIS FREE-DOM
2. SING LOUD AND LONG IN JOY-FUL VOICE AS THIS WON-DROUS DAY DRAWS

NOW, AS WE CEL- E - BRATE THE BIRTH OF CHRIST, OUR WILL TO HIM MUST
NEAR, FOR THE PROM- I - SES THAT THIS DAY BRINGS! ARE WITH YOU ALL THE

CODA

BOW YEAR MAY MAY
A TIME FOR LET-TING GO THE PAST, FOR AC-CEPT-ING HIS RE-LEASE.

Some patients may choose to express their feelings for a loved one through songwriting. The following song was composed by a 26 year old multiple sclerosis patient for her forthcoming wedding:

CHORUS

I LOVE YOU SAM - MUCH MORE THAN YOU KNOW, AND NOW THAT WE'RE HERE I NE-VER
(CHORUS 2, 3) HERE OUR

VERSE

WANT YOU TO GO. 1. YOU BROUGHT LOVE IN-TO MY LIFE YOU'RE SO
LOVE WILL ON-LY GROW. (VERSE 2, 3)

CAR- ING AND UN- DER- STAND- ING. YOU'VE OP- ENED UP A NEW LIFE, A
LIFE I THOUGHT GONE, (verse 1, 2, 3) THANKS FOR MY HAP- PI- NESS

Verse 2.

I look forward to spending the rest
of my life with you
We'll have our ups and downs but
With them we'll get through

Verse 3.

I'd be proud to be your wife
May God help us to
Enjoy our time together
For the rest of our lives

One 26 year old man with leukaemia was experiencing much pain and demanding more pain medication when his consultant arrived. To the tune of 'Blow The Man Down' he sang 'Give me some pain medication or I'll blow, blow, blow your head off . . .'

2. Generate Pleasure

Although the following song composition set to 'Nursey Nursey' could be construed as sending a message to a doctor, it gave the entire oncology ward, patients and staff, great delight when played:

DOC- TOR, COME OV- ER HERE AND HOLD MY HAND. DOC- TOR, THERE'S SOMETHING
I DON'T UN- DER- STAND. I'VE GOT A PAIN IN THE MID- DLE OF MY BEL- LY,
PLEASE COME O- VER HERE AND RUB IT IN A HUR- RY. DOC- TOR COME OV- ER
HERE AND HOLD MY HAND, I FEEL AW- F'LY BLUE, BUT WHEN
I LOOK AT YOU MY HEART GOES BOO, HOO, HOO DOC- TOR, DOC- TOR I'M GET- TING WOR- SY
WHAT AM I GON- NA DO?

3. Enhance Feelings of Self-Esteem

Patients derive a tremendous sense of achievement from their song compositions and often gain great satisfaction as they are performed for other patients, family and friends or staff members.

4. Be a Creative Vehicle for Brain-Impaired Patients

The therapist needs to help patients with frontal lobe damage compensate for their deficits. These people exhibit varying degrees of memory loss, concrete and rigid thinking, disinhibition and adynamia. To facilitate songwriting with such patients the therapist should encourage a leisurely discussion of ideas on a particular topic. Initially the therapist might need to give the patients a choice of topics and then give cues that enable them to retrieve relevant details from their memories.

Patients with extreme word-finding difficulties may need considerable prompting. For example, Bev was a multiple sclerosis patient with extreme frontal lobe damage. A former classical music singer, she was extremely frustrated at her inability to sing like she used to. She even struggled to retrieve the lyrics of many of the words of songs entrenched in her long-term memory. In order to allow Bev to sing at a level she could cope with without feeling infantilized the therapist encouraged her to create children's songs that could be eventually made into a book. To encourage Bev's songwriting the therapist gave her a choice of topics and used many prompts and multiple choice questions. For example, this type of conversation led to a song about Autumn:

Th: Let's watch the leaves

B: (echoed above)

Th: Let's watch the leaves come tumbling or falling?

B: Tumbling

Th: Let's watch the leaves come tumbling (pause)

B: Down . . .

etc.

Eventually the following was produced:

BRIGHTLY

LET'S WATCH THE LEAVES COME TUM - BL - ING DOWN

LET'S WATCH THE LEAVES FALL TO THE GROUND YEL - LOW, RED, GOLD,

OR - ANGE, BRONZE AND BROWN, KICK AND SHUF - FLE AND SEND THEM ALL A - ROUND.

Verse 2.

Let's watch the leaves come tumbling down

Let's watch the leaves fall to the ground

Mother comes out and says 'Look what I've found!

Stop your kicking and pick up the leaves from the ground.'

When writing songs with such patients it is helpful to include their stereotypical phrases and cliches. Often such patients find it easier to sing melodies that use melodic intonation and rhythms associated with normal speech. When encouraging dysarthric patients to sing, perform their songs relatively slowly and prompt those who have memory retrieval difficulties with the lyrics. When a patient substitutes new words in the song one may try to correct them, however they should be included if the patient finds them

easier to sing. The therapist can even take the opportunity to compliment the patient's creativity. Also, these patients usually respond very well to exaggerated positive feedback. One may question how often Bev can remember the melodic choices and make an informed choice. However, it is important that the patient feels she has control and, in choosing, she actually does.

Palliative care patients face the continuing challenge of adjusting to progressive losses that encompass physical, psychosocial and neuropsychological dimensions. A music therapist can assist many of these patients to still be able to create something unique via songwriting. Music therapists should have the skills to facilitate songwriting when appropriate and claim it as another technique that distinguishes their role from other health professionals working in the area.

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