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Process and Meaning

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SONG CREATIONS BY CHILDREN WITH CANCER PROCESS AND MEANING

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Institute of Music and Music Therapy
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Abstract

This project was conducted in order to learn more about the "lives" of songs created in music therapy practice and possible relationships between song creations and health aspects in the lives of young patients with malignant diseases. The shared fate of "children with cancer" is that of facing a life-threatening medical condition and a long-lasting treatment usually producing a number of unpleasant, and partly dangerous side effects. These factors, in addition to the inevitable isolation and hospitalisation influence many aspects related to the young patients' health, such as "social relationships" and "self-concepts", "hopes" and "joys", and bring about various restrictions in the patients' possibilities of action (von Plessen, 1995).

The point of departure for this project was the series of songs made by five children with leukaemia, aplastic anaemia or myelodysplasia while they were in hospital. The focus of study was the collection of "life histories" of these songs (how, where, when and by whom the songs were created, developed, performed and used). Although the songs' lyrics and musical elements have also been considered, the song activities (understood as "musicking") were particularly highlighted to investigate what the songs might have meant to the child in the context of the paediatric oncology ward. "Song creation" ("song-writing") is probably the most common compositional technique in contemporary music therapy practice. Music therapy literature has, till now, said little about the songs' fate after they have once been created (made).

The research perspective applied in this project was based on Egon Guba and Yvonna Lincoln's *constructivist paradigm*, originally discussed under the heading "naturalistic inquiry". To *promote health* was the primary goal of the music therapy described. Health is related to experiencing w*ell-being* and *ability* (Nordenfelt, 1987).

This project considered several different cases in order to obtain multi-faceted study material. The research method chosen was a *qualitative multiple instrumental case study*. Four major sources of data were employed to construct the 19 "life histories" of the songs: documentation/archival records, interviews, observations and physical artefacts. Each patient has been presented through her or his song creations - both the

individual song history and each of the five young patients could be understood as being "a case".

As this project took place in natural settings, these settings provided both a condition and a soundboard for the songs' life histories. Each song case was edited in four-column tables providing contextual information, accounts of song-related events and commentaries from interviewees and the music therapist researcher. Original lyrics and melodies have been presented (in written form), and each song has been represented with at least one audio document.

The life histories of the 19 songs constituted the material for further analysis and interpretation. Three major themes (categories) were constructed and discussed: *expression*, *achievement* and *pleasure*. When these elements were prominent, the song activities were thought of as fostering, at least momentarily, *expanded social roles* for the young patients. Well-being and ability are properties related (in different proportions) to these roles. The 19 life histories of songs demonstrated the children's ability to express themselves and to communicate, their ability to create and to show others their various song related skills and, not least, their ability to have fun and to enjoy some good things in life, even if many other life aspects were rather unfavourable. When the five children were assisted to create and to perform their own songs, these activities *added* new elements of health to their lives and to their social environment(s) during the long and complicated process of being treated for serious blood disorders.

Criteria for quality of the research project were based on *trustworthiness* and *authenticity* (Guba & Lincoln, 1998).

♦♦♦♦♦

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The 19 songs in this study have been created in two different hospitals. I do not know if it is a co-incidence, but the medical superintendents at the paediatric oncology departments at The National Hospital of Norway and Ullevål University Hospital are both musically interested and skilled. I am grateful to Consultant in paediatric haematology/oncology, Marit Hellebostad and Chairman, Professor Sverre O. Lie for their encouragement and kind interest. Professor Lie promoted my first project proposal and supported me when I needed support. To all my interviewees: thank you for giving me your time and sharing your knowledge and reflections!

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Dedication

I dedicate this work to

The Norwegian Childhood Cancer Parent Organization.

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Chapter 1

INTRODUCTION

Vignette

The first time I receive a song text from a young cancer patient, I am slightly disappointed. "Roy" has written nothing but a short nonsense verse. Although the text has a nice rhythm and funny rhymes, it expresses no sickness or hospital experiences. The "Animal-Nonsense-Poem", as the boy has named it, reveals no particular problems or concerns and could have been written by many bright, healthy, "normal" eight year old kids... The music therapy literature on children with cancer I have read at the time, reported solely about "meaningful", autobiographical texts created by patients, often in company with the music therapist. However, I give the boy's poem a melody as requested. The next day we tape-record the new song - the patient singing (beautifully) and me playing the keyboard.

During the following weeks the song can be heard performed live at the sing-song ("The Musical Hour") in the entrance hall of the paediatric department. Roy and other patients are singing together with parents, hospital staff and students. According to his changing physical strength, the song maker is standing, sitting or lying - but he is always close to the grand piano and the music therapist. He looks immensely proud when his song is being performed. On one occasion, I sing the song in a children's' programme on the radio. No name, hospital or diagnosis is mentioned; but after having heard the programme, the father tells his son, "Now, you have become a famous guy." After this the boy's confidence seems to boost every time his creative song-skills are focused on. "My ***own*** *song will be played", he once explains to an older boy who is not sure if he wants to take part in "The Musical Hour". Roy suffers from Acute Myelogenic Leukaemia. For long periods he is seriously affected by nausea and fatigue.*

A student nurse who visits Roy's home one year after the successful completion of the intensive medical treatment reports that the written version of the song (text, melody and chords) can be seen framed on the wall in the sitting room.

Origin, rationale and focus of the study

There are so many things music therapy cannot do! Music neither heals cancer nor prolongs life. The music therapist is no Orpheus, "who subjugated Hades by his entreaties", singing and playing his lyre. Many cancer families' life situations seem to be more or less continuously tough and strenuous. No musical involvement can take away the many problems related to disease and treatment. Can simply making and performing ones own song change anything in the life of a young cancer patient?

As we live our lives and perform our daily tasks, a phenomenon which earlier appeared to be "obvious" and easily comprehensible, may slowly or suddenly appear less explicit and well defined than before. Each time this happens, "the world" becomes more complicated and incalculable. We may experience the new uncertainty as a persistent (intellectual) worry or as an interesting challenge - or as both. In the mid-1990s I became interested and involved in hospice care/cancer care related music therapy. "Making songs" was one of many music related activities for the young cancer patients, but many of the song texts said more about the good and funny things in life than the miseries of being sick and hospitalised. I never proposed particular themes and did not take part in the creative process before the patient presented me with some oral or written material. My certainty as to "what is a song" started to waver when I experienced how the child patients talked about and used their own songs: the "content" of the song seemed occasionally to be less important for the sick child than the song-related skills and activities. Songs by these generally seriously ill children were more than testimonies of personal experiences. After meeting children like the boy described in the above vignette, I became curious to explore further the many facets and possible relationships of songs made by children in the cancer ward.

In this project I study a number of songs' "life histories".

Another puzzle was related to my previous understanding of "what is a child with cancer". When I first entered the paediatric cancer ward, the word "cancer" overshadowed any other characteristic of the person suffering from some malignant disease. This certainly influenced how I met the young patients: looking for pathology - looking for signs of suffering - and focusing on what *problem* music therapy might

alleviate. But I soon "discovered" that, even if such patients were seriously marked by their illness, they very much appreciated having the possibilities of living out their (often many) normal and healthy sides. Parents I met shared this interest with their patient sons and daughters. My music therapy orientation took gradually a more salutogenic direction.

In this project I study patients' songs in a music therapy perspective focusing health.

Many years of teaching and nursing practice in psychiatric settings, maternity wards and in palliative home-care, convinced me that hospital environments affect patients in many ways. Already in 1970, when I first observed and participated in music therapy (at Shephall Manor, an English special school for boys), I became convinced about music therapists' possible opportunities to influence institutional milieus to become better places to live, stay or work in. My long friendship and studies with Even Ruud also expanded my original "psychological" interest in music therapy to include points of views from disciplines like social anthropology and sociology. This influenced both my thinking and my practical ways of working, and I gradually developed a general approach of music environmental therapy focusing on the interplay between the individual patient and her or his environment (Aasgaard, 1999a).

In this project I consider health in an environmental/ecological perspective.

Dorit Amir's doctoral thesis on *meaningful moments* in music therapy was an eye-opener when it comes to understanding the possible value of patients' transient experiences during music therapy (Amir, 1992). The setting for Amir's study was "psychiatry" and the patients were adult people. How could this be transferred to the paediatric oncology ward?

It is of course meaningful to treat patients intensely and for long periods in order to save their lives. But the young patient may experience her or his life situation of *being* treated, hospitalised and isolated as rather depressing and boring. I have met many parents who have expressed similar experiences. Both as a nurse and later as a music therapist this was one of my major challenges and interests: assisting and inspiring

long term patients to get involved in *meaningful activities* adjusted to their current strength and capacity. Working with children with cancer made me curious to study different "momentary pleasures" as possible meaningful moments. Such moments seemed, at times to be highly appreciated and long remembered by children with cancer and their accompanying parents (Aasgaard, 2001).

In this project I also consider possible (experiences of) meaningful moments in relationship with the song creations.

The point of departure for the current project is the researchers' curiosity about exploring song phenomena (beyond what has been presented in the literature until now) and a wish to learn more about the healthy sides of young patients with malignant diseases. Into this study I bring along my preconceptions about music environmental therapy, health and an interest in meaningful moments in music therapy. Hopefully this study will add new knowledge to music therapy practice and theory: widen our understanding of how children and their families *can* be artistically involved during a period of life threatening disease, about what this might mean to the song participants and about possible relationships between this involvement and health.

Problem formulation

This is a study of the songs five children with leukaemia, aplastic anemia or myelodysplasia make while they are in hospital.

1) **What happens when the songs are created, performed, and used?**

2) **What do creating, performing and using those songs mean to the child?**

Question 1) refers to the descriptive side of the study: actions/events (= "process"). Question 2) refers to the constructed themes based on the descriptive material and the comments from interviewees and the music therapist researcher (= "meaning"). Human processes gain their meaning (signification) from their contexts. "Meaning" is related to what the studied songs/song activities might mean to the child in the paediatric oncology ward *context*. The interplay between the child and other song-participants, listeners (audience) included, is therefore highlighted. The two main questions are seen as interrelated; the following specific questions indicate a direction as to *what* the researcher wants to study.

Specific questions:

- What are the various situational contexts?
- What characterises the creative processes?
- How, where and when are the songs made, performed and used?
- Who are the participants in the song activities?
- What characterises the texts (lyrics) and music?
- What are the relationships between the song activities and health?

Central concepts are defined on pages 39-50.

Overview of the thesis

The remaining part of *Chapter 1* gives background knowledge for the study project. I have written a short outline of current treatment and treatment problems related to leukaemia and other malignant blood disorders. This is vital contextual information providing a "sound-board" for the later descriptions of creative processes. Thereafter I approach the theme "song creations": firstly, through considering various related topics; secondly, by presenting a review of music therapy literature on songs made by (or together with) clients or patients. *Chapter 1* ends with some basic ontological and epistemological assumptions where central concepts in the study are defined and where also methodological principles are outlined.

Chapter 2 presents the method chosen to study song creations by children with cancer: a *multiple* (collective) *instrumental case study*. This chapter relates case studies in music therapy research to traditions in health sciences and social sciences. Four major sources of data are used to construct the cases (the "life histories" of songs). I finally present triangulation methods and criteria for quality that are applied in this project.

Chapter 3 contains the 19 song cases. One child is represented with one song, two children are represented with two songs each, one child is represented with four songs and one child is represented with ten songs. The chapter opens with a presentation of music therapy in the two hospitals where the song creations take place. Each song case is edited in four-column tables providing contextual information, accounts of song-related events and commentaries from interviewees and the music therapist researcher.

Chapter 4 is an analysis and interpretation of the 19 song cases. I construct and discuss three major themes: expression, achievement and pleasure. The "geography" of the songs is also studied in this chapter.

The final *Chapter 5* presents assertions stemming from the case study. The three developed themes are considered in a role perspective, and the suggested "song-related" roles are then discussed as ways of performing health. This chapter closes with the

researcher's own critical comments on the study followed by comments on clinical applicability and recommendations for future research.

The appendices contain a) a chronological table presenting literature on song creations; b) original song texts (lyrics), melodies and chords of the 19 songs; c) information about the companion CD; d) correspondence between the researcher, the chairmen of two paediatric departments, and the *Norwegian Social Science Data Services.* The companion CD contains 25 audio representations of the songs.

Malignant blood disorders in children:' incidence, symptoms, treatment and side effects

Every year about 120 children in Norway are diagnosed as having cancer. In Europe and USA the *incidence* of this group of illnesses is relatively stable: between 12 - 14 children per 100 000 (under 15 years of age) get a cancer diagnosis every year. Leukaemia is the most frequently diagnosed childhood cancer representing more than 1/3 of the total number. This is a type of cancer where excessive amounts of immature white blood cells are produced in the bone marrow. Over the past 25 years, quite dramatic changes and improvements have taken place in the treatment of many forms of paediatric cancer. Leukaemia is no longer a group of illnesses where almost all child-patients died within months; today more than 70 % of the children with Acute Lymphatic Leukaemia (ALL) will survive this illness. Acute Myelogenic Leukaemia is less common, but more difficult to treat successfully (Moe, 1997; Lie, 1997).

Early signs and symptoms related to leukaemia are bone or joint pain, frequent infections (due to the decreased number of normal leukocytes), bleeding (due to the decreased number of circulating platelets) and anaemia (due to the decreased number of red blood cells) (ibid.).

Children with leukaemia are often in hospital for months, a common treatment programme (protocol) for ALL lasts two years with frequent hospital admissions and periods at home when exposure to other people is very restricted. The young patients

may experience both diagnostic procedures and treatment as uncomfortable. Chemotherapy is the major treatment. Radiation therapy is sometimes used to prepare for bone marrow transplantation. Bone marrow transplantation offers a cure to many patients with leukaemia diseases (and to patients with related diseases, such as aplastic anaemia) where other treatments are not effective. Some of the side effects of the various forms of treatment are uncomfortable but limited in duration, such as fatigue, a sore mouth, loss of appetite, nausea, vomiting and loss of hair. But vital organs may occasionally be irreversibly or lethally damaged by the treatment. Bone marrow transplantation may cause several complications including infections and graft-versus-host-disease. "Due to these side-effects, the treatments often seem worse than the disease" (Hadley, 1996). Experiencing the serious illness, the treatment and hospitalisation may also influence the child in many ways:

- cognitively: problems of mastering a difficult life situation and thoughts about an uncertain future
- emotionally: experiences of anxiety, fear, boredom
- socially: detachment and isolation from “normal life”

Some of these most common *stressors* for the hospitalised children are related to how they are experiencing the hospital environment: separation from parents during some acute procedures, the need to interact with strangers, and separation from peer group and siblings in routine daily events (Melamed, 1992:142) (see also page 41).

Although the patient is in the centre of attention and his/her relatives are placed at the collateral line, ”the illness” will easily also dominate their lives. Paediatric oncology wards are often characterised by the advanced technology and bustle of a big university hospital. Curative treatment has first priority. But not all patients are cured; current cancer care also tells about the limitations of modern medicine! The staff working with cancer patients will also be influenced by the milieu in which they participate (Alexander, 1993:93-94).

Themes related to song creations

This study is not of songs "as such", but of histories (processes and meanings) of songs made by young, seriously ill patients making their own songs. "What is a song" may be understood and treated differently in the different art therapies and even by different music therapists. The present project borders on any study of (clients'/patients') creative, artistic activities and products. Music therapists' professional repertoire contains, as a rule, several song-related activities. But assisting patients to create their own songs is neither a very common way of working within many fields of practice, nor is it a common theme in music therapy studies and research.

It may be useful to frame in the following review of literature by briefly considering some topics related to "song creation". An apparent adjacent relationship is *singing*. This most intimate and personal musical utterance is a human attribute that is also truly universal. According to Myskja (1999) there are some few human "primitive" cultures having no musical instruments, but no culture is song-less. If we accept the argument that speech *melody* is the most stable part of a language (Szomjas-Schiffert, 1996), and also consider the countless forms of singing (not necessarily "songs") and *Sprech-gesang* on earth, we can call man a singing species. Singing follows us from birth to the grave. In the first cries and voice-sounds of a new born tones appear before verbal speech. Singing, either as joyous outbursts or lamentation, has most probably been an integral part of funerary proceedings for thousands of years (Aasgaard, 1993). When singing we are fully "nature" and fully "culture" - at the same time. Singing, like dancing, intensifies the contact with the world and the ecological web we are spun into. With this in mind has Bjørkvold (1989) paraphrased Descarte's strikingly formulated proof of life for rational man: *"Dubito, ergo cogito - cogito, ergo sum"* to music man's: *"Sentio, ergo canto - canto, ergo sum".* [1] Music therapists have perhaps been particularly aware of the strong relationship which singing has to life - or more correctly, to living. From the repertoires of traditional shamanism to those of modern music therapy practices can be studied singing to/with/by different clinical populations

[1] Latin. Rational man: " I doubt, therefore I think - I think, therefore I am". Music man: "I feel, therefore I sing - I sing, therefore I am".

for different therapeutic purposes. A rationale for singing (or possibly outcomes thereof) may have biological, medical, psychological, social, spiritual, existential or economical foci. But singing is not a necessary element of song creations. Singing is a possible element, and even a very important one, in the process of making and using a song, but a song can be made and "written down" without a note being sung. In music therapy settings a patient-made song may be performed (for various reasons) by (eg) the therapist only and not by the client.

"Poetry Therapy" has an abundant literature of its own.[2] Song creation relates to music therapy in the same way that poetry creation relates to *bibliotherapy* (a term literally meaning books, or literature, to serve a therapeutic purpose) or *narrative therapy* (making use of various forms of written language with therapeutic goals). The expressed goals, as well as methods and outcomes of all these interrelated therapies, are often similar. It is thought provoking that poetry therapists may prefer using musical allegories when they describe therapeutic processes:

> "Rhythm comes in many forms in a poem and often carries with it repressed feelings integrating chaotic inner and outer events into one's own experience (Meerloo, 1985). A change in rhythm can often help move a participant from one place to another, or help them be aware of the feelings that are causing pain or fatigue or withdrawal. Often rhythm will release the tension in the beginning of a group. The rhythm is carried in the beat of the words, the repetition of certain sounds. And it is that repetition that has its hypnotic quality that helps create 'the secret place', the bridge to the unconscious, from which the poem springs. As participants respond to the gentle suggestions of what they see in the poem, they see more and begin to speak to each other. Isolation is broken. The poem brings them not only in touch with their own music, but each other's" (Longo, 1996:3).

Self-expression and growth of the individual are considered main foci of poetry therapy

[2] In USA there are two different training courses (since 1980) in poetry therapy: Certified Poetry Therapist (CPT) or Registered Poetry Therapist (RPT). *The National Association For Poetry Therapy* sponsors the *Journal of Poetry Therapy* - an interdisciplinary journal of practice, theory, research and education. The poet and pharmacist Eli Greifer claimed, since 1928, that a poem's didactic message has healing power. In the 1950's he started a "poemtherapy" group at Creedmore State Hospital. Poetry therapy has since been developed and applied successfully with many different populations (eg) psychiatric clients, addiction clients, and victims of rape and incest. (The National Association For Poetry Therapy, 2002, *www.poetrytherapy.org/articles/pt.htm*). British health institutions have also associated with poets/creative writers, see eg Alexander (1991) who presents poems and other texts created by hospice patients and their relatives.

(ibid.). It is interesting to study the literature of song creations in music therapy while keeping in mind how poetry therapy is described and presented. The American psychologist, Hirsch Silverman, applies poetry as a psychotherapeutic intervention (even) to the sociopathic person. He claims that psychologically,

> "[…] poetry can be a clinical and therapeutic healing force creatively when it gives one a new way of life; for the troubled child or youth sings a song that is characteristic of his troubles. He sings the same song, in fact, to all of life's experiences; and, although he sings as he lives there is increasing research evidence that one may live as he sings and live in a new way if he 'sings' a new song" (Silverman, 1983:47).

According to Silverman, poetry helps people handle their feelings, or to stir up, release or calm their feelings. But we see here that the poem may be also a symbol of how a person "sings" or performs his (new) life. The Australian writer and researcher, Rob Finlayson, relates this topic to health: we are the stories we tell ourselves. We can "rewrite" our lives "[…] and become authors with the power to create our *healthy* stories" (Finlayson, 1999:160). This assertion is also reflected in music therapy literature (as eg in Aldridge, 1996 and 1999), and it is a underlying idea in my own cancer care practices.

In the present chapter and in the following study of 19 life histories of songs we will encounter songs being mostly individual oeuvres and other songs, coming into being as a result of group work. A song's existence may be most transient and soon forgotten, the same can be said about a poem. Perie Longo's accounts from poetry groups at Sanctuary Psychiatric Centres, where some members have been coming for two or three years, tell of poems that are kept and valued over time. Poems may mean far more to the patient-poet, than (just) as tools of expression.

> "Each week their poems are typed and added to a notebook. Some of them have several volumes. It seemed important to me to fasten their poems down, so that when they moved from place to place, they could take their poems with them to provide some continuity. When this activity first started I asked a group how it felt to have their creations in this form. One young man, who dictated all his words, clutching his book to his heart said, "I feel like I am somebody, finally" (Longo, op.cit: 1).

Poetry therapy and biliotherapy may easily be combined with musical elements. With a focus on Integrative Therapy Hilarion Petzold (1983) describes group-work with psychogeriatric patients. One session has "the tree" as an overall theme, and two patients present poems they have made for the occasion. Afterwards the group listens to recorded songs "from the forest" (German: *"Waldliedern"*), and some or all participants sing or hum the various songs from "good old days". The author observes the social effect from this many sided experience.

> "Die Kombination von Text, Musik, Medien hatte für die Gruppe einen ausgesprochen auflockernden Effect. Die Teilnehmer vermochten zunehmend miteinander zu sprechen. Personenbezogene Herzlichkeit entwickelte sich. Die 'restauration of moral' (Sweeny, 1978) zeigt sich in einer positiveren Einstellung zum Lebensalltag, einer grösseren 'Wachheit' und einer besseren Kooperation und Kommunikation mit dem Personal" (ibid.: 38-39).

In treatment milieus where several creative therapies co-operate patients' own poems may be used in different arenas. Peter Hoffmann, music therapist at *Gemeinschaftskrankenhaus Herdecke,* a general hospital with a treatment concept marked by anthroposophical impulses, has set music to poems originally brought by patients to sessions with Speechformation ("Sprachgestaltung") or Eurythmics Sometimes the melodies have also been developed together with the patients (personal communication). This is an example of close interaction between some of Apollo's muses in a busy, modern community hospital - a metamorphosis of the spoken word - expressed in movement or developed into a song.

Nordoff and Robbins (1962, 1966, 1969, 1971) are unquestionably the most influential contributors on making songs *for* particular (groups of) patients/clients. Scandinavian pioneers in this field have been in Denmark, Sören Mühlhausen (1977/1989), in Sweden Mona Hallin (1982) and Brittmarie Adolfson (1990) and in Norway Tom Næss (1981) and Unni Johns (1996). Hallin's book, named *Musik är utveckling* ("Music is development"), contains also songs from several other Swedish music therapists. This is indeed a strong tradition in music therapy education too: almost every music therapist student has composed several songs for special purposes or special people. Artists, music therapists, and others have composed and published songs relating to various

common or individual problems related to illness and treatment in child cancer care (Zaitenspiel, 1987), paediatric hospitals (Grimm and Pefley/Alsop and Harley, 1989) and adult cancer care (Halvorsen, 2000). This long tradition of creating songs based on information and responses from patients is well documented, but a further investigation is considered to be outside the scope of this review.

"Song choice" is also closely related to the present field of study, having many similar goals and methodological features, but is not discussed here (see eg Bailey, 1984; Whittall, 1991; Dielo, 1999; Hogan, 1999; Magee, 1999a; Magee, 1999b).

Creating a song may be the end (?) stage of *improvisatory* activities. An instrumental/ vocal improvisation may be recorded, put down in writing and change status to become a composition or song. Such decisions have more to do with people than the musical material. When a song-improvisation is "completed", it may be preserved and repeated and has become an artistic product. This is amply exemplified in the literature considered in this chapter. The close relationship between composing and improvising is reflected in Kenneth Bruscia's comprehensive guide of improvisational music therapy where he presents examples of song writing and story making related to models of musical and verbal improvisation (Bruscia, 1987). German music therapists, eg Gudrun Aldridge and Wolfgang Schmid, have "put together" excerpts from clinical improvisation for listening purposes…music entering the grey-zone between process and product (personal communication with Lutz Neugebauer, 2002).

Song creations: a literature review

"Song creation"[3] is probably the most common compositional technique in music therapy practice today. As Maranto writes:

> "Clients, according to their abilities, may substitute one or more lyrics to a pre-composed song, may write completely new lyrics to a pre-existing melody, may write a new melody and/or harmony to pre existing lyrics, or may compose an original melody with original lyrics. This technique may be used within a number of theoretical orientations (e. g. psychoanalytic, cognitive, etc.)" (Maranto, 1993: 697).

The history of music and healing in many cultures tells of an abundance of different modes of making and applying specific compositions/songs (improvised or not) in order to influence specific life-issues and health problems (Alvin, 1966; Halifax, 1982; Winn, Crowe and Moreno, 1989). Western music therapy literature since the Second World War presents and describes a varied song material made *by* music therapists - for special groups of patients - or individually for patients with different specific problems or challenges. The idea of the *patient/client* as a song-maker/composer has slowly become more widespread, even if many basic books in music therapy have not treated patients' own song creations as a specific topic (Alvin, 1966; Gaston, 1968; Michell, 1976; Ruud, 1990; Decker-Voigt, 1991; Bunt, 1994; Wigram, Saperston and West, 1995).

Criteria for the review of literature

This review includes literature from 1952 to 1999 in English, German and Norwegian. Included in this review are research studies and rationales for song creations, presentations of techniques of song-compositions, case studies and anecdotal descriptions. Some of the texts referred to in the literature review inspired me to include song creations with seriously ill children in my own music therapy practice and later, to perform an in-depth study of this many-faceted phenomenon.

[3] In the following is the term "song creations" thought of as encompassing related terms like "song-writing" and "composition".

Song creations have been described and discussed with indeed different degrees of theoretical bounding and/or level of reflection. Research projects on song creations are limited in number (Johnson, 1978; Johnson, 1981; Haines, 1989; Amir, 1990; O'Callaghan, 1996a). Even if the majority of the case studies describing song creations hardly deserve research status, several of them present both thorough and well reflected accounts - sometimes also of new appliances/new techniques in song creative processes or of new groups of patients involved. Music therapy literature, research projects included, very often focus on song creations *as one of many* music therapy interventions. In such cases everything said about outcome must be interpreted with this in mind: outcome refers to "music therapy" and not "song creations". Some articles referring to song creations in the title give very little new information about *this* topic, but present primarily the authors' own experiences with other techniques/methods. Other texts have a different focus, such as improvisatory activities, but still present interesting accounts of songs that have been written down and/or performed several times.

In this literature review I have included accounts of improvisations reaching the form of a repeatable song, but the dividing line between improvisation and composing may, at times, be difficult to mark exactly. My criteria for excluding and including relevant literature are far from absolute and invariable. Definitions are helpful, but not sufficient to extinguish the many grey zones related to what is a song creation. I have studied literature which do more than mentions song creations (and similar). It has, however, been impossible to provide a frame of presentation that is optimal for all the diverse material.

Categorising and the use of tables

Three levels of categorising are represented in three different tables:

1. A chronological presentation of very condensed versions of 41 references can be seen in *Appendix 1*. These eleven pages contain names of *authors*, *year* of publishing, specific patient-*population* (if any), *theme*, *method of song creation* and *outcome*. The suggested three last headings might be criticised for being inaccurate. "Themes" have often been far more comprehensive than the topic "song creations". Many authors do not present a specific theoretical focus, but "themes" and

“outcomes” often indicate a theoretical stance. Some authors are particularly focused on "method" and present systematic presentations thereof; in other cases it is difficult to extract a text's described song methodology from the overall content. Different authors also treat questions as to results (effects, meanings, and outcomes) very differently. I have been obliged to study and to refer to qualitatively rather different statements of "what happens". “Outcomes” are presented through many direct quotations, but I am not sure if all the authors would have selected similar quotations to represent "outcome". Literature referring to song creations does not always have a specific section on "outcome"; some articles present goals and rationales for song creations, but say less about specific outcomes. At other times this is presented very specifically: as (eg) quantitatively expressed results form experimental research projects. These pages provide a basis of reference for understanding and further categorisation.

2. Pages 22 - 24 contain *Table 1a*, *Table 1b* and *Table 1c*. This table links literature on song creations to different clinical fields of practice: psychiatry/special education, medical/hospice care (adult patients) and paediatrics. *Table 1* distinguishes between three levels of song-methodology. Seven different outcome foci are indicated. I categorise outcome foci, but not the degree of eventual improvement/benefit. The aim has been to provide a rough guide for studying tendencies in method and outcome in relationship to some main clinical groups.

3. A more detailed picture of what can be understood as (areas of) outcomes from song creations in cancer care can be studied in *Table 2* on page 29 where the categories "aesthetic", "social" and "psychological" are divided into more specific themes. *Table 2* shows, first of all, various expressive themes and provides one basis for considering the present research project. Parts of my preliminary understanding for studying song creations can be traced to the literature referred to in *Table 2*. This way of categorising outcomes is reflected in *Chapter 4* (analysis/interpretation of the song phenomena).

History

Dorothy Crocker, Texas USA, was one of the first music therapists writing about her clients' own song creations. In the early 1950's she inspired "emotionally maladjusted" children to compose songs. She also assisted them creating their own opera; the dramatic plot about a "mean mother" was suggested by a seven-year-old girl (Crocker, 1952). Literature on song creations has since grown steadily: from the very sporadic article in the 1960's and 1970's to numerous reports, from different fields of practice, at the end of the 20th century. American and Canadian music therapists deserve unquestionably the honour for constructing the cornerstones of our present body of knowledge about song creations in music therapy; European music therapists made their first literary contributions in this field in the late 80's and early 90's. I believe there are several possible factors that have been decisive for the relatively "late" interest for this topic. Song and instrumental *improvisation* has (had) a particularly strong position in many psychotherapeutically orientated music therapy curricula and practices. Because of this "processes" in music therapy related activities have been more highly estimated than "products", eg a finished song. Music therapy has also been based upon a predominant idea, in some ways similar to a medical model, of the therapist *treating* the patient. Professionalisation of music therapy has led therapists to adopt a treatment perspective that looks for outcomes. The working factor is always the agency of the therapist's actions and products. With the democratisation of therapy we have seen a change in emphasis on the agency. Such priorities may, especially in social democratic Scandinavia and Finland, also have (had) *political* reasons: musical activities, and indeed music therapy, must be inclusive, aiming to foster a spirit of community and not creating individual winners and losers. In this perspective the achievement aspect related to the individual song maker comes to be of limited interest. Music therapists have perhaps been more preoccupied in making and presenting their own song material *for/with people* rather than exploring and utilising this creative resource *in* their clients, a focus also mirrored in many therapy training programmes. Hospices, oncology wards and paediatric hospitals in USA/Canada were early to offer their patients music therapy. This involved patient populations being particularly ready for the creative "demanding" activities associated with song making.

The first arenas for song creation were reported to be within mental health institutions (Ruppenthal, 1965; Castellano, 1969; Ficken, 1976). Johnson (1978 and 1981) introduced music therapy with "songwriting" to groups of socially disadvantaged or criminal youths. Gfeller (1987) developed a method of "songwriting in group" for people with reading or written language difficulties; Freed (1987) presented another method for chemically dependent adults, based on the Twelve-Step recovery program of Alcoholics Anonymous and Narcotics Anonymous. Other populations involved in music therapy related song creations are paediatric burn patients (Rudenberg and Royka, 1989; Loveszy, 1991; Edwards, 1998), young adults with traumatic injuries (Amir, 1990; Hadley, 1996; Robb, 1996), patients with chronic degenerative illnesses (Magee, 1999a; Salmon, 1995), developmentally disabled patients (Fischer, 1991) and forensic patients (Boone, 1991).

The literature review shows diverse examples of patients' personal songs in music therapists' reports from cancer care/ hospice care. Many of the early music therapists in these novel fields of practice had to develop their own methodologies. When bringing music (therapists) to very sick children, song creations, at times, seem simply "to happen" - one may even think of such activities as being particularly natural in hospital/hospice settings with many patients who earlier have been well functioning. A brave pioneer of music therapy in palliative care, Susan Munro (1978, 1984), Porchet-Munro (1993), has had "songwriting" in her repertoire since the late 1970's. Another distinguished Canadian music therapist, Deborah Salmon (1995) did not only describe how songs by terminally ill patients come to life, but also how the songs were used by the patient and the music therapist. O'Callaghan (1996a) further explored the topic of making songs in her Master thesis. She also studied the distinctions between poetry (only) and songs and suggested different therapeutic opportunities associated with music when creating songs (O'Callaghan, 1997). In the 1980's some few American and Israeli music therapists began to explore the possibilities for music therapy in cancer wards for children (Fagen, 1982; Brodsky, 1989), for adults (Baily, 1984), and for children of cancer patients (Slivka and Magill, 1986). Barbara Griessmayer, today probably the most experienced music therapist in European paediatric oncology practices, described song creative activities in German paediatric oncology wards in 1990. Four years later, together with Wolfgang Bossinger, she published the first

textbook on music therapy with cancer children - presenting, not the least, detailed information about working in high-tech, medically focused milieus. The book provides valuable knowledge for understanding various contextual sides of "hospital made" songs and became my first acquaintance with songs for or by children with cancer. Since then several lines from these often humoristic texts have given me continuous inspiration and pleasure…

Norwegian literature on music therapy in oncology settings was, from the start, characterised by a perspective focusing on interaction between the individual patient and the hospital environment (Aasgaard, 1996b; Sjåsæt, 1998). The first Norwegian account on song creations in cancer care had, however, no distinct theoretical frame of reference (Aasgaard, 1996a). At the same time, in Australia, Hadley (1996) presented her experiences from song creative activities with hospitalised children, also with those staying temporarily in isolation units. She considers personal songs as being potentially important psychotherapeutic instruments and is inspired by the projective techniques of Crocker (1955) where such songs are believed to reveal "[…] inner fantasies, fears, illogical or disassociated thinking and egocentricity" (ibid.: 22). At the end of the 20th century song creations with hospitalised children are presented and discussed from several theoretical positions: a Nordoff-Robbins Creative Music Therapy approach (Turry, 1999; Turry and Turry, 1999), in the frame of Orff-Schulwerk Music Therapy (Froelich, 1999) and with an eclectic, environmentally oriented focus (Dun, 1999).

Goals of song creations

Music therapists' understanding and interest for song creations vary considerably. "Songwriting has been viewed as a technique, method, activity, and tool" (Amir, 1990: 63). Depending on the specific goals and situations, song creations may have all these functions at different times. The theoretical orientation of the music therapist influences both the objectives of the song-related activities and the roles of the therapist and client. Song creations have been a tool within special education to help children to acquire improved skills at reading/writing (Gfeller, 1987). Experimental research has been carried out to test song creative activities' effectiveness on "self-concept" (Johnson, 1978 and 1981) or on "self-esteem" (Haines, 1989). Psycho-social goals are often related to clients'/patients' self made songs. The patients' own songs may be used

diagnostically to provide insight in their emotional problems (Crocker, 1952), and to obtain information about how the child is "[…] adjusting to the illness and coping with the treatment" (Hadley, 1996:25). Other music therapists in cancer care express goals like "coming to terms with illness" (Griessmayer, 1990) or "coping with illness and hospitalisation" (Turry, 1999). Improvised songs are used "[…] to become aware of, explore and express thoughts and feelings. Through songs, individuals can tell their stories and embrace painful issues that may otherwise feel overwhelming or threatening" (Turry and Turry, 1999:167). In forensic psychiatry song creations have been used to assist the expression of inner conflicts (Boone, 1991); in psychiatric groups goals may be related to helping group members to develop trust, to promote sharing with others and to express feelings (Duey, 1991).

For hospitalised children with serious illnesses or traumas song creations may be a part of the treatment of anxiety or fear (Fagen, 1982; Loveszy, 1991; Dun, 1999), as desensitisation activities (Froelich, 1999) and towards "strengthening the ego" (Griessmayer, 1990). The theoretical orientation of the music therapist influences both the objectives of the song-related activities and the roles of the therapist and client. Even if the accounts from music therapy in paediatric oncology presents different practical approaches, the authors seem to have, rather uniform, corresponding commitments to humanistic values such as "growth" and "creativity". A salutogenic orientation can be noticed in some music therapy strategies within this field of practice: Fagen (1982) underlines the importance of seeking out *healthy* aspects of very ill people. Aasgaard (1996a) looks at song creations as possibly health *preserving* therapy. Young long-term cancer patients may consider a personally accomplished song as a token of activeness and normality.

Music therapists presenting their work within paediatric cancer care write that specific psychosocial goals are often developed in the *course* of therapy. The literature considered in this review presents numerous examples of working styles rather unrestrained by predetermined goals related to the specific diagnosis. All hospital-music therapists seem to be interested to follow, inspire and support the individual patient, in good or bad periods, and let the patients' current form determine what is

possible. Goals relating directly to physiological changes, cancer-cure or survival have not been pursued.

CATEGORISATIONS ad "METHOD":

SPECIFIC = presenting a specific methodology for song creations
NO SPECIFIC = describing how songs are made, but not relating this to a predetermined method
NOT MENTIONED = no reference to how songs are made

CATEGORISATIONS ad "OUTCOME":

DIAGNOSTIC = referring to the song as a diagnostic medium
PSYCHOLOGICAL = referring to emotion/ cognition/behaviour/ coping/well-being
SOCIAL = referring to social/familial interaction
EXISTENTIAL = referring to values, spirituality, meaning
AESTHETIC = referring to form, content (of the song) and what the song expresses
EDUCATIONAL = referring to educational aims
ENVIRONMENTAL = referring to institutional milieu/ environment

AGE GROUPS	AUTHOR	THEME	METHOD	OUTCOME (areas)
CHILDREN	Crocker, D. (1952)	A rationale for composing	**SPECIFIC**	**DIAGNOSTIC/ PSYCHOLOGICAL**
	Aigen, K. (1991)	Focusing creative fantasy and the development of a song (performance)	**NO SPECIFIC**	**AESTHETIC/ PSYCHOLOGICAL**
- special education	Gfeller, K. (1987)	Steps for LEA (language experience approach) -based songwriting	**SPECIFIC**	**EDUCATIONAL**
ADOLESCENTS	Ficken, T. (1976)	A rationale for the use of song writing	**SPECIFIC**	**SOCIAL**
	Edgerton, C.D. (1990)	Explaining 'Creative Group Song-writing' (composing music included)	**SPECIFIC**	**AESTHETIC/ PSYCHOLOGICAL / SOCIAL**
	Haines, J. H. (1989)	Experimental research project	**SPECIFIC**	**SOCIAL**
	Frisch, A. (1990)	Describing songwriting in relation to ego strength, identity formation, and impulse control	**NOT MENTIONED**	**PSYCHOLOGICAL / SOCIAL**
- socially disadvantaged	Johnson, E. R. (1978)	Experimental research project	**?**	**PSYCHOLOGICAL**
- juvenile offenders:	Johnson, E. R. (1981)	Experimental research project	**SPECIFIC**	**PSYCHOLOGICAL**
ADULTS	Ruppenthal, W. (1965)	Exploring musical "scribbling"	**NO SPECIFIC**	**PSYCHOLOGICAL / SOCIAL**
	Castellano, J. A. (1969)	Presenting a "method" of songwriting.	**SPECIFIC**	**AESTHETIC**
	Eckhoff, R. (1991)	Improvisation-based music therapy as a part of "Integrative gestalt therapy"	**NO SPECIFIC**	**AESTHETIC / SOCIAL**
	Perilli, G.G. (1991)	Descriptions (also) of "song-writing"	**NO SPECIFIC**	**AESTHETIC/ PSYCHOLOGICAL**
	Hudson Smith, G. (1991)	Describing the treatment process for a patient in a group where song writing was encouraged	**NOT MENTIONED**	**AESTHETIC / SOCIAL/ EXISTENTIAL**
	Duey, C.D. (1991)	Describing group music therapy during a 28-week period	**NO SPECIFIC**	**AESTHETIC/ PSYCHOLOGICAL / SOCIAL**
- chemically dependents	Freed, B.S. (1987)	Therapeutic goals and facilitating techniques for song writing	**SPECIFIC**	**EXISTENTIAL**
- development - ally disabled	Fischer, R.G. (1991)	Describing the use of original songs and drawings in three phases of treatment	**NO SPECIFIC**	**PSYCHOLOGICAL / SOCIAL**
- forensic psychiatry	Boone, P. (1991)	Describes a patient's use of poetry, composition and improvisation	**NO SPECIFIC**	**DIAGNOSTIC/ AESTHETIC/ PSYCHOLOGICAL**

Table 1a. *Overview of literature on song creations in psychiatry and special education*

PATIENT GROUPS	AUTHOR	THEME	METHOD	OUTCOME (areas)
TRAUMATIC INJURIES **- adolescents**	Amir, D. (1990)	A phenomenological study: meanings of an "improvised song"	**NO SPECIFIC**	**AESTHETIC / EXISTENTIAL**
	Robb, S.L. (1996)	Descriptions and case examples of several song writing techniques	**SPECIFIC**	**AESTHETIC / PSYCHOLOGICAL / SOCIAL**
HOSPICE/ PALLIATIVE CARE and CHRONIC DEGENERA-TIVE ILLNESSES	Robertson-Gillam (1995)	An article describing how music therapy (song lyrics included) can "release" pain and suffering	**NO SPECIFIC**	**AESTHETIC/EXISTENTIAL**
	Salmon, D. (1995)	An article on music and emotions presents how two songs by one patient are developed and used	**NO SPECIFIC**	**AESTHETIC/EXISTENTIAL/ PSYCHOLOGICAL/SOCIAL**
	O'Callaghan, C.C. (1996a)	A study of lyrical themes and categories in 64 songs	**SPECIFIC**	**PSYCHOLOGICAL / SOCIAL/ EXISTENTIAL**
	O'Callaghan, C.C. (1997)	A presentation of song writing in music therapy. Offer distinctions between song/poetry writing	**NO SPECIFIC**	**AESTHETIC / PHYSICAL/ PSYCHOLOGICAL / SOCIAL**
	Magee, W. (1999a)	A rationale for music therapy for this patient group with a special focus on songs as coping strategies	**NOT MENTIONED**	**PSYCHOLOGICAL**
CANCER PATIENTS and THEIR FAMILIES	Bailey, L.M. (1984)	Examples of song choice and song-writing/performing	**NOT MENTIONED**	**AESTHETIC/ PSYCHOLOGICAL/ SOCIAL / ENVIRONMENTAL**
	Slivka, H.H. and Magill, L. (1986)	Discusses the collaborative approach of social work and music therapy	**NO SPECIFIC**	**PSYCHOLOGICAL/ SOCIAL**

Table 1b. *Overview of literature on song creations in medical practice and palliative care (adult patients)*

PATIENT GROUPS:	AUTHOR	THEME	METHOD	OUTCOME (areas)
Paediatric patients	Froelich, M.A. (1999)	*Orff-Schulwerk* music therapy in crisis intervention	**NO SPECIFIC**	Not discussed specifically.
CANCER CARE	Fagen, T. S. (1982)	Treatment of anxiety and fear	**NOT MENTIONED**	**AESTHETIC/ PSYCHOLOGICAL/ SOCIAL**
	Brodsky, W. (1989)	A rationale for music therapy interventions for patients in isolation rooms	**NOT MENTIONED**	**AESTHETIC/SOCIAL**
	Griessmeier, B. (1990)	A rationale for music therapy discussing problems with the disease/ treatment	**NO SPECIFIC**	**AESTHETIC/ SOCIAL**
	Griessmeier, B. and Bossinger, W. (1994)	The first comprehensive book on music therapy in paediatric oncology	**NO SPECIFIC**	**AESTHETIC/ PSYCHOLOGICAL / SOCIAL**
	Hadley, S. (1996)	Medical-psycho-social aspects of leukaemia and songs/songwriting	**NO SPECIFIC**	**DIAGNOSTIC / AESTHETIC / PSYCHOLOGICAL / SOCIAL**
	Aasgaard, T. (1996a)	Relationships between song writing and *identity*	**NO SPECIFIC**	**AESTHETIC / SOCIAL / EXISTENTIAL**
	Dun, B. (1999)	About song creations (etc.) with children cancer and others in a paediatric hospital	**NOT MENTIONED**	**AESTHETIC / PSYCHOLOGICAL/ ENVIRONMENTAL**
	Turry, A. (1999)	Improvised songs as a means of helping children to cope with a life-threatening or chronic disease	**NO SPECIFIC**	**AESTHETIC/ PSYCHOLOGICAL/ EXISTENTIAL**
- children and adults	Turry, A. E. and Turry, A. (1999)	Nordoff-Robbins Creative Music therapy approach to improvised songs	**NO SPECIFIC**	**AESTHETIC / PSYCHOLOGICAL/ SOCIAL**
BURN PATIENTS - children	Rudenberg, M.T. and Royka, A.M. (1989)	Explains how music therapy has been incorporated into *child life therapy*	**NO SPECIFIC**	**PSYCHOLOGICAL/ SOCIAL**
	Loveszy, R. (1991)	Focusing methods to reduce anxiety and to provide an expressive avenue	**NO SPECIFIC**	**DIAGNOSTIC/ AESTHETIC**
	Edwards, J. (1998)	A rationale for the use of music therapy in the Burn Unit	**SPECIFIC**	**AESTHETIC / PSYCHOLOGICAL/SOCIAL**

Table 1c. *Overview of literature on song creations in paediatric practice*

Methods of song creations

Literature on song creations is basically of three kinds in respect of *how* a song comes to life. The compositional methodology proper might be the major concern when the author presents a step-by-step procedure resulting in a finished song. In the above tables of song-related literature in psychiatry, adult medical/hospice care and paediatrics I have named this methodological approach as *"specific"*. A second category is seen in literature where the author describes, more or less, what has happened. In such cases no pre-determined procedures for creating a song are focused on - the creative process is described retrospectively. I name this category as *"no specific"*, but this does not mean that the described song creation is casual. When nothing (or very little) is said about how the song is created, *"not mentioned"* is applied in the method column.

The review of literature shows that, irrespective of methodological approach, texts are usually made before any melody or musical arrangements. Sometimes the melody comes with the text, sometimes the music therapist is brought into the creative process after the text is more or less finished (Aasgaard, 1996a). Specific methods for composing/making a song have been developed and applied, first of all, in psychiatry and special education settings. Authors present "steps" starting from very easy approximation to techniques for more complete song creations (Ficken, 1976; Schmidt, 1983; Freed, 1987). Robb (1996) presents several "songwriting techniques" used together with adolescents treated for traumatic injuries - claiming that fill-in-the-blank format songs ensures success: the framework makes the patient less overwhelmed with the idea of writing a song. One technique is to substitute ones own lyrics for special words in popular songs, another is to add a new verse to an existing song, or to create new words to a familiar tune, called "Song Augmentation" by Edwards (1998). A treatment group may create a song collage by combining fragments made by different group members. A song may also grow from musical storytelling or from verbal improvisation built on a blues accompaniment. Some therapists have also developed methods for making song melodies or instrumental compositions. Crocker (1955) applies a kind of question-and-answer technique of musical phrasing between client and therapist; Ficken (1976) and Schmidt (1983) assist clients to make melodies through exercises exploring natural speech pitches, rhymes and Orff activities. Schmidt additionally uses graphic scoring as an aid. Brodsky (1989) utilises a music computer

(Omnichord) to facilitate "songwriting" and other musical activities. A most comprehensive "songwriting paradigm" has been developed and used by O'Callaghan (1996a) with palliative care patients. This is a very untypical approach in the field of cancer/palliative music therapy. O'Callaghan's eleven-step procedure (for individual patients and groups) takes care of both text and music. If the client is not able to take creative initiatives, she or he is offered to choose (eg) between two suggested melodic fragments for each line of the song. An advantage with a systematic approach like this is its ability to help many patients to reach a final song product. A sensitive and honest music therapist will hopefully distinguish between *assisting* a patient to make a song and making a song *for* a patient, even when the method in use is very dependent on the therapist's proposals.

It is noteworthy that literature on song creations with seriously ill children very seldom reports on songs developed through planned systematic activities like those mentioned above. On the contrary we see children who, more or less, spontaneously create (some kind of) a song - providing they have an "audience" - often the music therapist only. Literature in this field of practice is dominated by "descriptive" and unsystematic accounts of processes leading to the birth of a song. Quite often songs simply happen! Is it the presence of a person not associated with illness and treatment that inspires the patient's own creative acts within these high-tech environmental settings? Future studies of the music therapist's role(s) in cancer care, seen "from the outside", may provide valuable knowledge about this aspect. The reviewed literature from this field of practice seldom presents thorough and systematic descriptions of a song's development. Authors may be specific when presenting song texts or suggesting therapeutic goals or outcomes, but rather vague when it comes to describing "who does what" and "where is the song made and/or performed".

There are few examples of "paediatric-care-song-creations" treated as a separate theme in the literature. The *making* of songs is rather presented as one of many activities: (eg) singing, song choice, improvisations, playing of instruments and forms of receptive music therapy. Griessmeyer and Bossinger (1994) present interesting accounts of songs made *for* the child-patient, song-*improvisation* activities, and songs made *by* a child. Song improvisations are not solely used to process what *has* happened. Ann Turry

(1999) describes the use of improvised song activities to *prepare* children for painful or invasive medical procedures, to process their experiences afterward, and to enhance coping skills and provide a vehicle for expression of thoughts and feelings. Beth Dun (1999) presents an example where she engages a young patient and hospital staff in song activities (filling in words in a well-known song) *during* a tricky lumbar puncture procedure. Song improvisations just like writing texts or composing, can be more or less directed by the music therapist. When the music therapist repeatedly sings: "I don't like to…" and the client answers, a firm structure is already set.

Accounts of improvised song phenomena often describe how common musical activities build therapeutically meaningful relationships. "The mutuality inherent in the musical relationship between therapist and client is an intimate contact that provides the opportunity for self-discovery" (Turry and Turry, op. cit.: 172). However, music therapy literature from this field sometimes describes the practical sides of musical interaction and composing in so general or vague terms that it is impossible to understand "who does what". Simply to state that "we made a song together" does indeed not provide a base for understanding therapeutic processes or the different roles of therapist and patient!

Songs may emerge from the patients' musical "scribbling" (Ruppenthal, 1965). A therapist explores modes and scales. Client and therapist listen to each other's musical ideas. Themes come - and go. In this mode of therapy interplay and process may be regarded as more important than any possible product. But when an audio-taped (song) improvisation is presented for people outside the music therapy room, it is reasonable to believe that the improvisation adopts aspects of being (also a) "product". Any expansion of a patient's "audience" brings a new dimension to the understanding of the improvisation as well as the fully developed song. The longer the "life" of a song is, the more outcomes are possible…In literature on song creations, the story of a song often ends when the song is completed; what (possibly) happens next with the song may not even be mentioned. Music therapists' interest in a patient-made song seems often to dwindle soon after it has once been performed, but some authors may include short accounts of how a song has been used within very limited or unspecified periods of time after its completion. Group members (adolescent psychiatric inpatients) having co-

operated in the making of a farewell song with one participant leaving the ward, may sing the song for several days after this person has left (Frisch, 1990). Another account from a psychiatric group where "song writing" is being encouraged, mentions that group members were asking a patient-song-composer if she would permit them to make copies of the lyrics. The whole group learned to sing her song, and the composer later continued to create, sing, and make tapes of new songs as an outpatient (Hudson Smith, 1991). A male forensic patient even succeeded in winning second prize in an American state-wide contest with one of his hospital songs (Boone, 1991).

Fagen (1982) reports on a nine-year-old cancer patient who enjoys listening to his tapes after his songs have been created. During the recordings he had been singing, as well as accompanying himself on drums. Bailey (1984) reports on a young adult cancer patient who makes a new song, together with his mother, after coming home. When he is readmitted, and shortly before he dies, mother and son sing their song for the music therapist who records the performance. Salmon (1995) presents a terminally ill patient who requests written copies of his songs for friends and family. Turry and Turry (1999) discuss how a forty-year-old cancer patient creates lyrics about (eg) her feelings related to her illness, improvises melodies and plays the audio-taped sessions for significant people in her life. Hadley (1996) mentions that a nine-year-old patient shared her own song with family and friends. Slivka and Magill (1986) play for a cancer patient and his wife an audio-recorded song made by their child (about the kind of attention from his parents the boy is longing for). Griessmayer and Bossinger (1994), in their amusing account of how *"Mama ist in Panik"* is recreated by children in various personal versions, finish the story by telling that the song became a real "hit" on the ward. I describe myself (Aasgaard,1996a) how songs by severely ill children are performed in various contexts within the ward milieu. The German music therapist Wolfgang Köster (1997) has brought the song creations by children with cancer to a wider audience by producing a publicly available CD: *When Sunshine gets Cold – Texte und Musik von krebskranken Kindern und Jugentlichen* (KON 670-5).

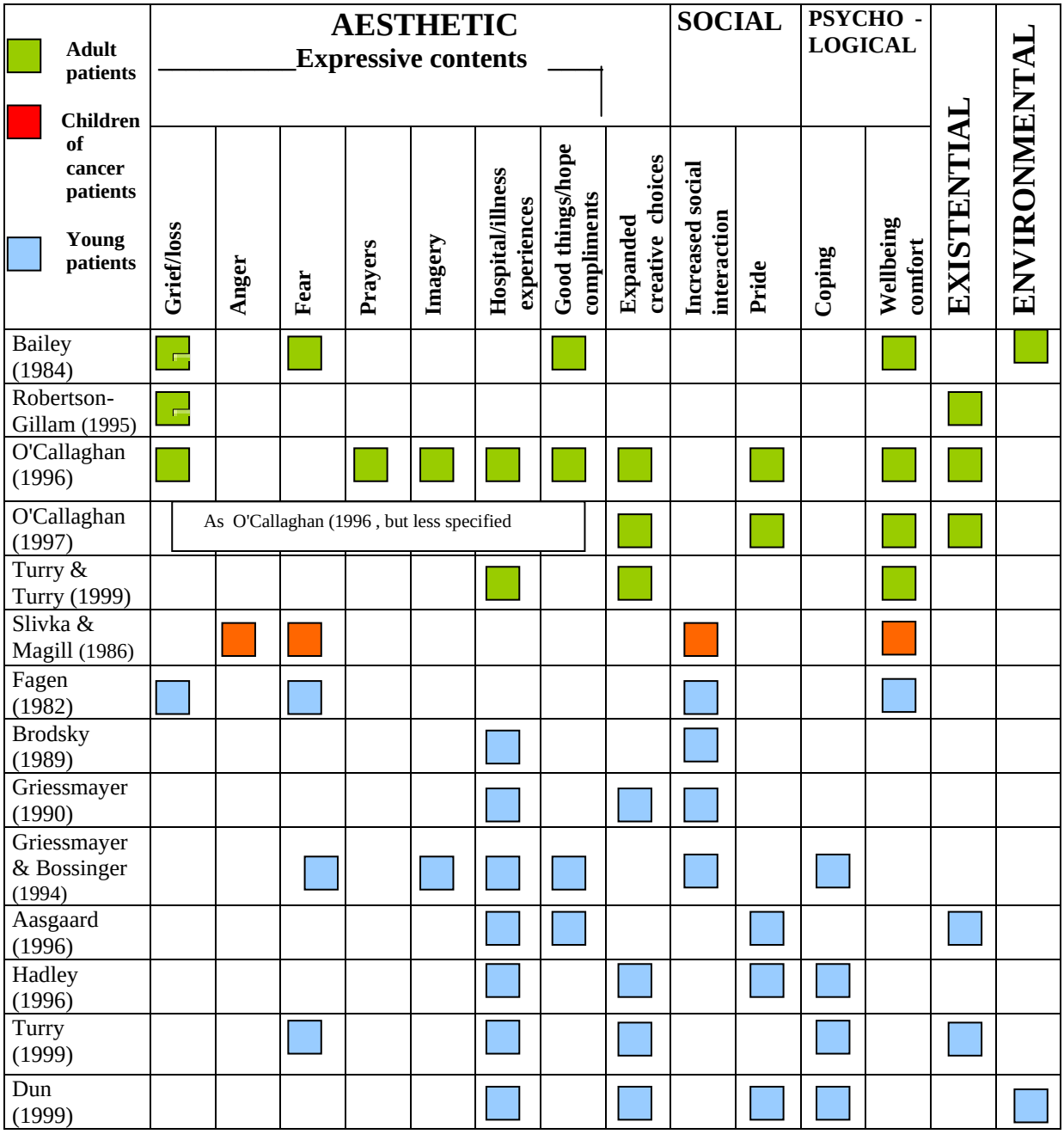


Table 2. *Specific areas of outcome in the literature on song creations with/by cancer patients*

Outcome

Music therapists include song creations in their working repertoire, not only because it is an enjoyable activity, but because such activities may lead to various favourable outcomes for the client/patient, sometimes also for other people. The idea of assisting patients to make their own songs is certainly not appropriate for any population or in any situation. Duey (1991) describes unsuccessful attempts of "song-writing" in a group

of women with multiple personalities: singing was "[…] connected to the emotional abuse the women had experienced as children"(ibid.: 520). But specific negative consequences have not been reported.

Categorising "types" of outcomes gives, at times, inaccurate answers, many of which seem based on rather "thin descriptions". When dealing with "outcomes", literature on song creations quite often presents only the music therapist's own observations. In other cases judgements about outcome are based on psychological tests, statements from patients, family members or from members of other professions. Few research studies have been carried out in this field. The present body of knowledge in writing related to song creations consists primarily of short articles where questions on outcomes or what song creations mean for the patient have, as a rule, been answered briefly and without a visible systematic approach of study.

Literature on song creations does not only show various different methodological approaches, what "comes out" of such activities is being reported relating to many aspects of life. This multi-dimensional phenomenon does not lead to just *one* single type of response or result. "Song writing is an intervention that can address a variety of needs *simultaneously* " (Robb, 1996: 37, my italics). It is interesting that Robb applies the word "need" (in the plural). This focus is nearer a caring perspective than a treatment perspective, not treating ("handling"/"managing") a disease, but having concern for a person through attending to her or his needs. To *nurture* is a good metaphor for this practice - many reports can be read as documentation of how different needs of patients, families and even environments have been attended to through music therapy related activities. When we compare literature on song creations in cancer care with what is presented from other fields of practice, there seems to be no reported unique types of outcomes regarding cancer patients. On the contrary, a broad spectrum of outcomes can be seen in relation to clients with different health problems and of different ages. From my position outcomes of song creations (at times) do not fit *any* attempts of categorisation or "framing".

- *Diagnostic foci*

A song by a patient may function as a diagnostic tool. According to Crocker (1952) emotionally disturbed children's own song-compositions have a potential to reach beyond the symptomatology to the basic source of disturbance. But outcome of song creations is never referred to as being solely of diagnostic value. Songs might, however, give the therapist new knowledge of important matters. Loveszy reports from the songs made by a seven year old boy with severe burns that in his songs were "[…] information he might never have shared if he had not been provided a medium in which he felt comfortable, in a safe, non-judgemental environment" (Loveszy, 1991: 160). A male forensic patient's songs (he made texts as well as music himself) were "[…] an additional diagnostic measure in that it finally was the salient feature reflecting significant repressed material for future treatment" (Boone, 1991: 445). Songs may "[…] provide the therapist with valuable information about how the child is adjusting to the illness and coping with the treatment" (Hadley, 1996: 25).

- *Educational foci*

Making songs may help people with reading or written language difficulties to develop language mastery. Gfeller (1987) claims that the *Language Experience Approach* to "songwriting" is a particularly viable method.

- *Psychological foci*

Literature with a strong emphasis on the treatment aspect can be seen, first of all, in the fields of psychiatry and special education. Experimental research, testing possible "effects" of song creative activities, give modest positive, but not homogeneous answers as to self-concept/self-esteem of adolescent populations (Johnson, 1978 and 1981; Haines, 1998). Perilli (1991) reports on a schizophrenic woman who develops "a new self-management skill" through making her own songs. Frisch (1990) tells how a good-bye song helps adolescent psychiatric inpatients cope constructively with a loss. Song creations by adolescent patients with physical injuries are suitable means of enhancing their coping skills (Robb, 1996). Edwards (1998) writes that the different song activities by children with severe burn injuries assist the patients to an increased mastery of a potentially difficult experience. Making a song is a process were patients,

helpless in many respects, are able to choose and control some aspects in their lives through their own creativity or to reassert their defences and to reconstitute (Turry, 1999). And, not the least, we see many examples of song activities that seemingly make people feel good (well-being is also mentioned in relation to "social" and "environmental" foci).

- *Social foci*

Song creations have also influenced and improved the behaviour of adolescents with social problems. Johnson (1981), in his experimental project with juvenile offenders, comments the findings of significant overall ($p<.025$) and specific ($p<.05$) self-concept change: the group members perceived themselves with fewer rebellious and distrustful traits. In his study of how music therapy influences self-esteem of emotionally disturbed adolescents, Haines (1989) reports that the music therapy group (having song writing as one central activity) scored slightly higher means in categories as (eg) "co-operation" and "praising others". The control group, involved with corresponding story-telling/story-writing, scored higher means in the categories (eg) "talking aggressively", and "blaming others". Edgerton (1990) claims that her chosen method, *Creative Group Songwriting,* has been especially effective in developing group cohesiveness and that the young emotionally impaired students were showing great pride in their group when hearing the finished product.

It is not strange that "pride" and increased well-being are associated with the creative processes or the results thereof. In the specific table relating to cancer patients I have categorised pride as a social phenomenon and well-being as a psychological phenomenon. But pride has also many intra-psychic elements, and well being is often of a social kind. In a collaborative approach of social work and music therapy, where "songwriting" is one of several techniques, Slivka and Magill (1986) show how a song by a child to his parents (the father having cancer) teaches the parents to appreciate all family members more. This dramatic song seemingly improves family patterns of communication and also the well being of the family members. When the focus is broadened from the single patient to the family/environment, the outcome becomes "broadened" too. Well-being, pride and increased social interaction are not any longer only related to "the patient". "Increased social interaction", reported from song

activities, is a related result, where the patient is being focused as a social being. But this topic is not discussed in detail by the quoted authors - it certainly represents rather unexplored land in music therapy literature.

- *Aesthetic foci*

A song is commonly seen as a medium for expressing thoughts, feelings and experiences. When outcome of a song (activity) is primarily related to this expressive element, or to formal artistic elements, we may categorise the focus as being "aesthetic". Music therapists in psychiatric practice describe how song creations help patients to express and to share their feelings (Castellano, 1969; Ficken, 1976). But a distinct line of demarcation to other relevant foci is not always easy to draw; the author may claim that the song did not only help the patient to express herself or himself, but also to lessen undesirable feelings or influencing the patient's behaviour etc. Song creative activities may open for patients' acknowledging their own creative abilities (Amir, 1990; Hudson Smith, 1991). Aigen (1991), in his case study of an acting-out boy, concludes the account of the boy's "Monster Song" by stating that these song activities involved a variety of novel roles and forms of expression. Children may have particular audiences in mind when they create their artistic oeuvres. Aesthetic means are used to communicate with special persons they want to be listening (Griessmayer, 1990; Slivka and Magill, 1986).

Table 2 (page 29) shows, not surprisingly, that many authors claim that a song may serve as a vehicle for cancer patients' possible expressive needs. Tales of being sick and hospitalised are told by both young and old. It is noteworthy that very sick patients also make songs about the good things in their lives. The question whether such songs are therapeutic *per se*, is not discussed or inadequately discussed in the literature. Authors seemingly agree that it is a good thing for cancer patients to create songs: as a medium for telling their stories, for lament or for expressing thankfulness (etc). Sometimes the terms, "communication" and "expression" are being treated as being almost synonymous in these texts. O'Callaghan's exploration of lyrical themes in adult palliative care patients' songs (O'Callaghan, 1996a) reveals a broad spectre of thematic, "self-expressive" issues, only crudely represented in the above table. I believe a

thorough thematic exploration of more songs by seriously sick children's songs will reveal a more varied thematic spectre than what can hitherto be studied in the literature.

- *Existential foci*

The activities of composing and performing may be deeply meaningful for patients during hard times of sickness and hospitalisation: as a token of being alive and living, or as "[…] moments of feeling fully human" (Hudson Smith,1991:495). "Spiritual distress" may be alleviated through song creative activities by terminally ill patients (Robertson-Gillam, 1995). Salmon (1995) reports on a palliative care patient who seemed to be accessing his inner resources and his own depth and wisdom through making his own songs. Several authors have experienced that the seriously ill patients' life world can expand through song activities. This applies also to patients in hospice/palliative care: "song writing" enables them to " […] live out their life, and avoid existing until death" (O'Callaghan, 1996a: 89). A similar conclusion is made by Turry, who also encompasses "having fun" as an important element in the (song) creative activities of a young cancer patient. This boy was "[…] meeting the moment and asserting his basic aliveness" (Turry, 1999: 26). Having fun can be a serious and important existential matter!

Aasgaard (1996a) suggests that song activities may serve as substitute hope and provide extra strength for young cancer patients. This is perhaps not very distant from conclusions drawn from "songwriting", including lyric analysis, with chemically dependent adults. Freed (1987) claims that the process of making and discussing ones own song helped dependent individuals to form a personal philosophy capable of improving the quality of their lives.

- *Environmental foci*

It is rather uncommon to view song creations as influencing environments, but some authors include this aspect. It is possible to look at "well being" in an environmental perspective: in an article about cancer patients and their families, the author mentions that the song related sessions provided a nurturing environment, "[…] within which each family member could experience improved well-being" (Bailey, 1984: 14). Beth Dun (1999) claims that music making can create new perceptions of the ward, modify

the environment and shape and colour the surrounding atmosphere. This corresponds with my own understanding of music *environmental therapy* in cancer care (Aasgaard, 1999). When song creations are conducted with a "broad" perspective, encompassing family/friends/environmental elements, possible outcomes naturally also relate to others than the individual patient. To distinguish if an outcome is primarily socially or environmentally relevant may be almost impossible.

Discussion

The specific role of song creations in music therapy is still partly unexplored territory. Descriptions of song creations are seldom specific, because song creations are treated as one of many approaches, and possible outcomes refer to "music therapy" rather than to "song creations". Several methodological techniques have been developed for assisting patients to create songs. But we also see even very sick children in hospital make songs on their own initiative (given a supportive milieu for creative expressions?) and with their "own" methodology. There are many accounts of the patient being "in charge" of the creative process - music therapists seem to be clever at "adapting the map to the country". Even if elaborated methodologies certainly facilitate song products, I miss descriptions of more gentle and laid-back song-methods, where the patient is better secured against getting run over by eager therapists. Descriptions as to "who does what" are, as a rule, very inaccurate and vague. Better methods for *studying* processes related to the making and performing of songs are necessary prerequisites for any study of outcomes!

Commonly, accounts of song creations are presented with solely the therapist's comments. Many-faceted sources of data are seldom mentioned. Some studies of song creations have expanded the focus from the individual patient to also encompass family/environment, but we still know little about how these songs may influence others than the patient. Research about palliative care patients' preferred lyrical themes has been carried out, but there is little systematic knowledge about preferred themes in the lyrics and musical elements in other populations.

It is certainly no fun having cancer and staying in hospital for long periods (we hardly need to have this confirmed through research?). But why are so many of the song creations from paediatric cancer-care settings really funny and ironic? Turry (1999) and

Griessmayer and Bossinger (1994) present very sick children having fun with their songs! The literature on adult cancer patients' song creations very seldom presents humorous events or products. Adult cancer patients are perhaps always too depressed or prudent or sick to write such songs? There is, however, literature on music therapy in hospice day care wards, not specifically mentioning song creative activities, that describes very ill patients being eagerly involved in humorous activities (Aasgaard, 1999; Sjåsæt, 2001). The commonly seen humour-element in very sick children's songs and the fun-element related to song activities are topics in need of further investigation.

Evidence based research suggests positive outcome for the use of song creations to improve self-esteem (and similar) of psychiatric patients. Song creations may help young and old patients in psychiatry and patients with serious somatic disorders to voice their various experiences and concerns. The literature in this study mentions occasionally how song creations may foster pride, social interaction and well being for participants. But such outcomes have a far less prominent role in the literature than "findings" as to expression. How song creations possibly influence the patient as a social being (or her/his social roles) has been treated with only modest interest. The same can be said of music therapists' concern for the song after it has been finished. Is it true that the life histories of these songs necessarily come to an end after they have been performed once or twice?

Research tradition and paradigm

A constructivist paradigm

This chapter deals with some basic ontological and epistemological assumptions – they are separate questions, but interconnected in such a way that the answer to any one question, taken in any order, indicates how the others may be answered. Methodological principles are seen as the third element of paradigm. The perspective I apply to investigate the song histories is based on Egon Guba and Yvonna Lincoln's *"constructivist paradigm",* originally discussed under the heading "naturalistic inquiry" (Lincoln & Guba, 1985; Guba & Lincoln, 1998). "They […] acknowledge that constructivist, interpretive, naturalistic, and hermeneutical are all similar notions."

(Schwandt, 1998: 242). Although these concepts are all related to *Verstehen,* they are far from identical; however the "constructivist paradigm" has absorbed them into a logically convincing frame for social science inquiry aiming at understanding *social man* and *social life*. The social focus of my study is on the song creations related to the patient and her/his life in hospital.

The belief that knowledge is constructed rather than discovered is commonly nourished today by qualitative researchers. The traditional ontological position of mainstream qualitative research was dominated for half a century by *"(naive) realism".* Ethnographers, like Malinowsky, made a point of performing objective, reliable and valid interpretations of field experiences - interpretations that reflected a positivistic paradigm.

In the implementation of new interpretative theories, interdisciplinarily developed and applied after World War II, rigorous qualitative analysis was given an important place by many people, as exemplified in the first edition of *Grounded Theory* (see Glaser and Strauss, 1967). "Critical realism" became the ontological stance of this post-war, post-positivistic development of qualitative theory. "Reality is assumed to exist but to be only imperfectly apprehendable because of basically flawed human intellectual mechanisms and the fundamentally intractable nature of phenomena" (Guba and Lincoln, op. cit.:205). The hermeneutic element in post-positivist qualitative research was understood from a position where "[…] meaning is a determinate, objectlike entity waiting to be discovered in a text, a culture, or the mind of a social actor" (Schwandt, 1998:227). In this context the hermeneutic circle is primarily a methodological device.

But philosophers like Heidegger, Gadamer and Taylor were concerned with the hermeneutics of human existence (or being-in-the-world). We are, as human beings, bound to understand others through the hermeneutic circle - our unavoidable ontological condition of understanding. Alfred Schutz (1899 - 1959) had set out the principles of phenomenological sociology describing how, we construct, from our experience, those objects we take for granted in our daily lives (Østerberg, 1997). The anthropologist Clifford Geertz claimed that all anthropological writings were interpretations of interpretations and the most important task of theory was to make sense out of a local

situation. This interpretative anthropology did not look for universal laws, but for *meaning.* He claimed that the researcher constructs a reading of what he observes; but this text is not the event itself, it can even be a second or third order interpretation of the respondents' interpretation (Geertz, 1973).

We may say that constructivism grew naturally from out of interpretist thinking. In the 1980s the scene of qualitative research had become more open-ended and pluralistic. Cultural (criticism) studies and feminist studies contributed to an atmosphere where "[…] the boundaries between social sciences and the humanities had become blurred" (Denzin and Lincoln, 1998:18). In this context the constructivist research paradigm and the constructivist approach to learning were developed, and particularly so within educational research (Egon Guba, Yvonna Lincoln, Robert Stake).

Relativist ontology – Reality is pluralistic (expressible in a variety of symbol and language systems) and elastic stretched and shaped to fit purposeful acts of intentional human agents. Idealist and anti-essentialist stance.
Transactional/subjectivist epistemology – Knowledge and truth (or findings) are created and not discovered. Truth is a matter of the best informed and most sophisticated construction on which there is consensus at a given time.
Naturalistic (in the natural world) methodological procedures - "The act of inquiry begins with issues and/or concerns of participants and unfolds through a 'dialectic' of iteration, analysis, critique, reiteration, reanalysis, and so on that leads eventually to a joint (among inquirer and respondents) construction of a case ..[…]" (Schwandt, op. cit.: 243).

Table 3. *Characteristics of Constructivism*

In the 1980s a gradual shift from positivism as a dominant force in music therapy theory took place in the US (Bonny, 1978; Kenny, 1982, 1987, 1989; Forinash & Gonzalez, 1989). The first (?) doctoral dissertation in music therapy with a specific qualitative methodology was probably Michele Forinash's *A phenomenology of music therapy with the terminally ill* (Forinash, 1990). In Europe several music therapists and scholars declared their interest in (or got involved in) qualitative research at this time

(eg Tüpker, 1988; Aldridge, 1989; Ruud, see Berkaak and Ruud, 1992, 1994; Langenberg, Frommer and Tress, 1993). The literature on *Naturalistic Inquiry* (later to be labelled *Constructivism*) was frequently quoted at the *First International Symposium for Qualitative Research in Music Therapy* (Langenberg et al., 1996). However, the ontological/epistemological aspect of this qualitative approach received far less attention than the methodological questions of assessment of scientific standards that replaced traditional procedures related to validity and reliability. Several *grounded theory* based projects focused on the empirical nature of the developed categories.[4]

Constructivism has no canonical dogmas or official representations. I will, in this text, primarily refer to Guba & Lincoln (1989, 1998) and Schwandt (1998). Constructivist thinking, according to Schwandt, has many representations: Everyday Constructivist Thinking, Constructivist Philosophy, Radical Constructivism, Social Constructivism, various Feminist Standpoint Epistemologies, Educational Connoisseurship and Criticism, and a "Constructivist Paradigm" (Schwandt, op. cit. 235-245). I treat "constructivism" and "constructivist paradigm" as representing the same.

A baseline of understanding: defining central concepts

The researcher's conception of the nature (typical/essential qualities) and relations of the phenomena to be investigated will determine the way to study those phenomena. I commence this study from a certain ontological position, a basic understanding of *what is.* Ontology can be understood as the theory of objects; this is so of every type of object, concrete or abstract, existent and non-existent, real and ideal, independent and dependent. Whatever object we might be dealing with, ontology is its theory. (Poli,

[4] This was also the case in another early doctoral thesis in music therapy based on qualitative research, Dorit Amir's *Awakening and expanding the self: Meaningful moments in the music therapy process as experienced and described by music therapists and music therapy clients* (Amir, 1992). Amir applies *grounded theory* and uses Lincoln and Guba's procedures for ensuring trustworthiness, but not their idealist constructivist philosophy in answering the question: "How can we describe and understand the experience of music therapy – including the complexities of subjective realities and multilevel intrapersonal relationships and relationships between client(s) and music therapist(s) – in an authentic manner?" (Amir, 1996:111). Ruud comments that "Although Amir explicitly describes the process which leads to her categories, it could be discussed to what extent her categories are constructed. […] This empiricist turn is supported by Amir's list of credibility measures: intensive contact with subjects, triangulation, peer debriefing, negative case analysis and member checks, […] Thus, Amir's hermeneutic approach to the 'meaning behind' is somewhat inflected by empiricist theory" (Ruud, 1996b:229).

1996). 'Object' is used here as synonymous with 'being' or 'phenomenon'.[5] From this point of departure I present *my* preliminary understanding of some phenomena that are central in my research project. I discuss and define "children with cancer", "song creations" and "music therapy". Ontological questions and empirical/theoretical cognition (not *a priori,* but constructed) of "what is" do not only serve as a baseline and preliminary understanding - a point of departure for research; new ontologies are actually developed or created through practical life and work and academic research.

The very first ontological question is probably about whether there is one objective *reality* or if there are multiple realities or versions (Mason, 1996:12). In a scientific research process an answer to this certainly will influence the further method of study. My own thinking has been influenced by sociologists claiming that reality is socially constructed. This is an understanding of the reality-concept that "[…] falls somewhere in the middle between that of the man in the street and that of the philosopher" (Berger and Luckmann, 1966:14).[6]

The following definitions constitute the major ontological perspective (or the social reality) of the song creations in this study. My perspective (or position) is "open" and not presented as final truths, but also considers Mason's warning that "[…] different versions of ontology may be logically competing rather than complimentary, so that you cannot simply pick and choose bits of one and bits of another in a eclectic or *ad hoc* way" (Mason, op. cit.:12).

[5] The etymology of these words indicates closely related meanings. "Object" stems from Latin *obicere*: throw towards, place in front. "Phenomenon" stems from Greek *phaínein*: be seen, appear. The original meaning of the base of "being" ("be") is "grow" (from Sanskrit *bhávati*: becomes, is) ; from Greek *phúein*: bring forth, cause to grow (*Oxford Concise Dictionary of English Etymology,* 1996).

[6] Berger and Luckmann state the reasons for this view with: "The man in the street does not ordinarily trouble himself about what is 'real' to him or about what he 'knows' unless he is stopped short by some sort of problem. He takes his 'reality' and his 'knowledge' for granted. The sociologist cannot do this, if only because of his systematic awareness of the fact that men in the street take quite different 'realities' for granted as between one society and another. The sociologist is forced by the very logic of his discipline to ask, if nothing else, whether the difference between the two 'realities' may not be understood in relation to various differences between the two societies. The philosopher, on the other hand, is professionally obligated to take nothing for granted, and to obtain maximal clarity as to the ultimate status of what the man in the street believes to be 'reality' and 'knowledge'. Put differently, the philosopher is driven to decide where the quotation marks are in order and where they may safely be omitted, that is to differentiate between valid and invalid assertions about the world. This the sociologist cannot possibly do. Logically, if not stylistically, he is stuck with the quotation marks" (ibid.).

- **“Children with cancer” / "Children with leukaemia, aplastic anaemia or myelodysplasia"**

A child is an individual human being and as such an organism (biology) as well as a person with an ability to be an “acting subject”, and a social being in historical, cultural, economical, and political (etc) contexts.

Children with cancer and other malignant diseases are just as heterogeneous as other children. However, the shared fate of children with leukaemia and other malignant haematological diseases is that of facing a life-threatening medical condition producing numerous uncomfortable symptoms. The long-lasting treatment usually produces a number of unpleasant, and partly dangerous side-effects. These factors, plus the inevitable isolation[7] and hospitalisation influence many aspects related to the young patients’ health, such as “social relationships” and “self-concepts”, “hopes” and “joys”, and bring about various restrictions of the young patients’ possibilities of action (von Plessen, 1995) (see also pages 7-8).

- **“Song creations”**

A song is a musical *work of art* : a text/poem written to be sung or a vocal composition, with or without accompaniment. It can also mean the song-artefact (written text/music, audiocassette etc). “Creation” means: how a song is made, brought forward, or developed. Works of art are particular culturally emergent or culturally produced entities that are imbedded in various human contexts. The fundamental nature and meaning of "a song" (or any musical "work") lie not in the song "object", but "[…] in action, in what people do" (Small, 1998: 8). The musical work of art does not exist over and above its performance. “Performance” indicates communication and a social *process* - a form of rhetoric (Frith, 1998). The title of the thesis specifies this focus on “process(es)” and “meanings” (and not every thinkable aspect) related to the song creations. My understanding of a song, just like of any musical event or phenomenon, is based on an assumption that music only exists in the conditions of a process and not as a structure. The starting point for this ontological stance is music’s transient nature.

[7] Isolation can be partial or total. During periods at home, the child with a weakened immune system must often be protected from contact with other children (as possible sources of infection).

Bohlman (1999:18) claims that because of this inevitable flux, music "[…] never achieves a fully objective status, it is always becoming something else". Music is participatory and inherently social because it inevitably relates to human involvement and communication and cannot be isolated from life. Adding the word "creation" underlines the understanding of a song as actions and events that are initiated and carried out by "creators" - that means *people*. Instead of calling music a non-verbal language I prefer to say that music is embodying a variety of possible communicative elements. A song communicates through textual, musical and non-musical channels. Each time a song is played or heard, it comprises new experiences of some kind, because the human mind always changes and develops. Could we even say that each time we experience a "new" song? The song also unfolds itself within a number of non-musical, changing contexts. Christopher Small's definition of the verb, "music", is very suitable to encompass the many song related activities in this study :

> "To music is to take part, in any capacity, in a musical performance, whether by performing, by listening, by rehearsing or practicing, by providing material for performance (what is called composing), or by dancing" (Small, op. cit.: 9).

The concept of "musicking" will be used several times when I later discuss "process" and "meaning" of the 19 songs (see also "Music therapy", pp. 45-50).

- **"Process"**

Process means *series* of actions/events related to the "song creations", specifically the making/re-makings, performances, and uses of a song/song-product. The "processes" are initiated by actors (people) and include interactions, situations, reactions, behaviours, and development.

"Writing" is just one element of the creative process which is not even obligatory. Because of this, I prefer to use the expressions to *create* or to *make* a song, rather than to *write* a song. Retrospectively it may be difficult to distinguish between a poetic/musical improvisation and a poem/song/composition that was created with the intention of being a product that can be brought forward and "used" again and again. In

a music therapy session one does not always know where the song-improvisation ends and where the making of a song that can be reused begins; improvisations often turn out to become wonderful "songs". In everyday speech we seldom say "create a song", and the young patients never do. In this thesis, however, "create" and "make" are sometimes used synonymously to describe how a song comes to life, although "create" is understood as being more comprehensive than "make".

At least one creative act, by the patient alone or in co-operation with different people, is needed before "a song" emerges. As a rule it is the patient that determines when something can be named "a song" or "my song". But creative processes do also go beyond the original (the first) compositional process. A musical performance is always a combination of *creation* (new? creative acts) and *recreation* (a combination of replication and creative acts). On the other hand, interpretative acts always contain creative, new elements; it is a very long way from a score (usually letters, dots and lines of ink on paper) to some musical "realisation". Even an audio-representation (on tape, CD etc) can never be copied 100% through a live interpretation, although this may be the performer's intention.

Less evident examples of creative or re-creative processes are related to the uses of song products (eg playing an audiocassette with ones own song, giving away a sheet of paper with "text and music" of a song). Can such uses also be named performances?

The majority of songs probably disappear soon after having come to life: being never performed again or even thought of. But a song can also be recreated and transformed "indefinitely. A song's prospective life beyond the moment of creation is dependent on numerous factors: musical or text qualities, who has made it, how and to whom the song is presented or performed, where the song is performed or distributed, and many factors that possibly cannot be predicted. This indicates that the ontological qualities of a song (creation) are not only a question of *what* a song is, but also related to *where* in culture the song is located, *how* the song affects people (actually the song's ways of meaning), and questions related to the (social/therapeutic) purposes or functions of a song (*why* songs?). If we want to understand "music", it is difficult not to consider the questions above. The ontological point of departure for my research project contains no "fixed"

comprehension of these related questions, I only indicate that a song's life unfolds itself within several dimensions, and some of these are quite far from the concept of music as "abstract structure". This view is of course not new to music therapists.

- **"Meaning"**

The inquirer constructs a reading of what he believes to be significant [8] (striking, remarkable) in the 19 song's life histories. The constructed *major themes* (in *Chapter 4*) relate to "meaning". This interpretative act is first possible when he distinguishes, in his study material, signs/tokens strong enough for being acknowledged (by him) as significant. "Meanings", like "data", are not properties in a study material just waiting to be discovered; neither are they "the events themselves". "Meaning" accompanies the researcher's decisions from the very start of the project, through the process of deciding what are the data, the construction of the song's life histories and development of themes. What is recorded as "meaning" (or sometimes as "meaningful" = full of meaning) is dependent on various participants' meaning *making* as well as on the researcher's sensitivity, understanding, and preferences. The song-related activities both construct and signify meaning, but my own understanding of "song creation" and "music therapy" guides my "look-out" for what is particularly meaningful. The particular meaning-related themes that will be developed in *Chapter 4*, are intuitive, empirical, based on personal direct and vicarious experience covering a long period of time and on multiple-source data material. Even if "meaning" is never exactly the same for two persons, there is an ongoing dialectic between the individual meaning and common assumptions.

[8] "Meaning" is traditionally related to both what appears significant and to what is intended, cf the Old English word *mānan* (Old Saxon *meinan*) intend, make known (*Oxford Concise Dictionary of English Etymology*, 1996).

- **"Music therapy"**

Giving a satisfactory general definition of music therapy is more difficult than to present factual statements or objective (?) descriptions of what music therapists actually do. In music therapy, as in many other fields of theory and practice, there is dissension about even the most widely used and most central concepts. Bruscia (1998) quotes more than 60 different definitions of what music therapy "is". Definitions are constructs; they are, as such, not final, but context-bound and arguable - some carefully worked out, other appearing to be more arbitrary statements. To define the cores and the boundaries of both "music" and of "therapy" bring about new questions like "*where* is the music"?; "what can *not* be regarded as 'music' or 'therapy' "?; what are the *functions* of music and therapy"?; "what is the *meaning* of music and therapy"?; "*how can we know* that music is therapeutic"? etc. An investigation of the concept "music therapy" confronts the inquirer with a row of ontological and epistemological questions that have no simple answers (I have already, on page 42, introduced a definition of what it is to "music"). Depending on the interest and knowledge of the inquirer such questions are more or less relevant. A fresh (music therapy) student will mainly commence practical work "deductively" – with one or some "theoretical" definitions in mind, in addition to different preconceived ideas about what music therapy "is". Practical music therapy work can go on and on without any (self-imposed or external) claims about defining one's music therapy stance and sometimes without even reflecting on relationships between theory and practice. But when the music therapist commences a research project, she or he has to present a certain starting position, a certain "set of glasses" that determines, to some degree, what *is* within (and outside) the field of vision. In this chapter I believe it is relevant to present music therapy definitions that have influenced my own practice and the development of the research process. "My" internalised music therapy "maps" (definitions) and "grounds" (practices) have not always been totally synchronised. This present project has, however, taken place as a conscious dynamic and explorative movement between reflections of what music therapy "is" and practical work…a continuous inductive-deductive oscillation.

My first teacher in music therapy, the late Juliette Alvin, defined "music therapy" as "[…] the controlled use of music in treatment, rehabilitation, education and training of adults and children suffering from physical, mental and emotional disorder" (Alvin,

1966:11). This definition indicated a broad concept of "therapy" (not just "treatment") and a broad understanding of which clients/patients music therapy should serve. It did not, however, state any general therapeutic aim, but claimed that "disorder" was the common basis for commencing the "controlled use of music". This definition was challenging in many respects. As a young student it could be rather difficult to find out what the experienced therapists seemingly "controlled". I believed I saw, and still see, many music therapists spending much energy on "controlling what can be controlled", a most human inclination, but certainly not always the best starting point for developing either theory or practice. Today it is not difficult to understand that music therapists in the nineteen seventies and eighties had to fight for acceptance, and that the stress on "controllability" was meant to strengthen music therapy's image of a budding scientific discipline. Seemingly Leslie Bunt is right when he comments on Alvin's definition with: "The word 'controlled' implies that the music is used in a clear and focused manner, and the definition as a whole makes for rather a therapist-centred approach, as if the therapy is done to the children and adults" (Bunt, 1994:6). Thirty years ago I had no objections to the term "suffering" as a common qualification for music therapy involvement. Some sort of pathology (in an individual) was expected to be present as a necessary ticket for referral to, or argument for, music therapy. When this new practice and modestly developed science was presented, music therapists expressed themselves (to some extent) within the vocabularies and theoretical frameworks of far more well established collaborating disciplines, like medicine. My own practical work and thinking was marked by an eclectic attitude - gradually more influenced by humanistic and hermeneutic traditions.

I started to get involved in hospice/palliative music therapy and to introduce music therapy in paediatric departments at a time when "growth" had replaced "treatment" as a general idea in my work. Meeting hundreds of seriously ill or dying young and old persons convinced me of the importance of seeing and responding to the *individual* person and *health* behind the patient exterior (understood as "the patient sufferer"). Such patients were easily reduced to being simply "nature" - stripped of their individuality – their specific human attributes, as some adult patients and parents claimed. The Norwegian music therapist and scholar, Even Ruud, made this definition, as early as in 1979: "Music therapy is the use of music to provide *increased possibilities*

of action to children, youth and adults" (Ruud, 1979, see Ruud, 1998: 52). No other assertion of music therapy has represented such a personal continuous challenge to me. It expressed the central humanistic value of regarding man as an acting and creative subject and not just as an object of biological conditions. I neither considered this statement as an attempt to disclaim social determinants in our lives nor as an attempt to diminish our collective responsibility for our common world. The understanding of "health" is here near the *action – theoretic* position claiming that a person's health is characterised as his ability to achieve his vital goals (Nordenfelt, 1987: xi). Health is related to experiencing well-being and ability as suffering is related to experiencing disability (ibid.:36).[9]

It was through working with some of the groups of patients who suffered most that stimulated an interest in *health*. I did, however, experience that the very sick or (temporarily) handicapped patients were generally marked by *powerlessness* of action. Voluntary involvement in music therapy could indeed strengthen or restore the patient's own acting resources. Ruud's short definition has not only private but also political implications: he emphasises that music therapy never takes place in any social-political vacuum. His focus of therapy goes beyond what is happening within his "therapy-room": "To increase a person's possibilities for action would mean not only to empower her but also to alleviate – through changing the context of music therapy – some of the material or psychological forces that keep her in a handicapped role" (ibid.: 52). "Empower" and "alleviate" are two general objectives that soon became cornerstones in my own music therapy practice in cancer care settings aiming at liberating the patient from his handicapped position(s) - and leading the patient *to* a richer life.

I believe it is difficult to find an event related to music therapy where the above definition is not relevant. But as this project developed, the institutional *environments* became increasingly important factors when approaching the processes and meanings related to life histories of songs made by children with cancer. Very few music therapy definitions explicitly mention "environment" (or "milieu"). In Poland, however,

[9] Nordenfelt claims that "ability" has the advantage over "suffering" and "pain" of being more useful as a defining criterion for scientific and practical purposes because "ability" to a greater extent can be intersubjectively established (ibid.:36).

Natanson, keeping in harmony with Ruud's definition, had made a longer definition that exceeded the idea of the individual client or patient as the receiver of a health-directed music therapy:

> "Music therapy is a planned activity which aims at re-humanizing contemporary life-style through the many facets of the musical experience, to protect and restore the clients health, and to improve both the environment and social relationships therein. In this definition, 'planned' refers to 'deliberate action with established function, course and goals.' By 'health' the author implies not only the lack of illness, but also the feelings of well-being in physical, psychological and social domains" (Maranto, 1993:460).

The broad scope of this definition includes both individual and environmental malfunctioning.[10] It constituted one basis for my own attempt to define "music environmental therapy": "A systematic process of using music to promote health in a specified environment inside or outside of institutions" (Aasgaard, 1999:34). Untypical of the majority of music therapy definitions Natanson also presents a general (?) humanistic credo: "re-humanizing contemporary life-style". I understand this as being more basic than individually or environmentally directed therapy. Although this "attitude" is not further specified, the definition remains thought provoking when it comes to considering which aspects of human life: *person*, *institution*, and *society* lie within the boundaries or domains of music therapy. While "contemporary life-style" inevitably affects life in a modern university hospital, it is tempting to interpret Natanson's use of "re-humanizing" specifically in relation to the sick, disabled or institutionalised *patient*, being exposed to being (temporally?) stripped of his individual human attributes, his "culture", and appearing as solely "nature": a sick body. From my own experiences with seriously ill children and adults in home and hospice care or as persons undergoing hospital treatment, I formed a similar a priori comprehension of the life situation (the danger of *de*-humanisation) of the young patients who were creating songs re-searched in the present project.

Kenneth Bruscia's "working definition" in *"Defining Music Therapy. Second Edition"* is probably the most clear, most thoroughly considered, and the most detailed worked

[10] I believe Natanson has been influenced by the comprehensive, but practically unobtainable (?) first WHO definition of *health* from 1946.

out and systematically commented definition ever made. Its health orientation implicitly relates the individual client to environmental factors (and in many ways it encompasses all the definitions mentioned above):

"Music therapy is a systematic process of intervention wherein the therapist helps the client to promote health, using music experiences and the relationships that develop through them as dynamic forces of change" (Bruscia, 1998:20).

This definition was published while I was in the middle of constructing the "song life-histories". It represented no conflict with definitions employed in the starting phase of this project and it has eventually become a basis for the further interpretation and understanding of the song phenomena.

Some features of the definition (included in Bruscia's commentaries) appear to be particularly important. The statement "to *promote* health" (my italics) indicates a direction rather than a focus on measurable results. In the book's first edition the phrase "to *achieve* health" (my italics) was used. This is no small detail for an investigator aiming at understanding rather than explaining what is being studied. Secondly: *health* is explained within a pathogenic orientation as well as from a salutogenic orientation. In the latter, health exists "in the presence of (and in spite of) ongoing health threats or life stressors" (ibid.:81) and as "an ongoing process of managing unhealth" (ibid.:82). To look for and to address "that of health" in very sick persons had for long been a normal way for me to approach and treat new patients. Brusica refers to Even Ruud (1998) when he describes health as "a phenomenon that extends beyond the individual to encompass society and culture" (ibid.:78). Health thus relates to "[…] one's fullest potential for individual and ecological wholeness" (ibid.:84). This holistic ideal, incorporating ecological context: "society, culture, and environment" (ibid.:87), constitutes the basis for understanding the song phenomena. To focus a study of song creations on the child or on the patient-therapist relations alone is therefore of limited interest.

The present project considers health in this broad context of relationships. In music therapy the meaning of music must also be sought in numerous relationships that go beyond the "pure" aesthetic events - a *referentialist* position taking into consideration that:

> "Every music experience minimally involves a person, a specific musical process (i.e., composing, improvising, performing, or listening), a musical product (i. e., a composition, improvisation, performance, or perception), and a context (e. g., the physical, emotional, interpersonal environment). In music therapy, these components are integrally related if no inseparable; in fact, the very point of music therapy is finding the relationships between them" (ibid.: 101).

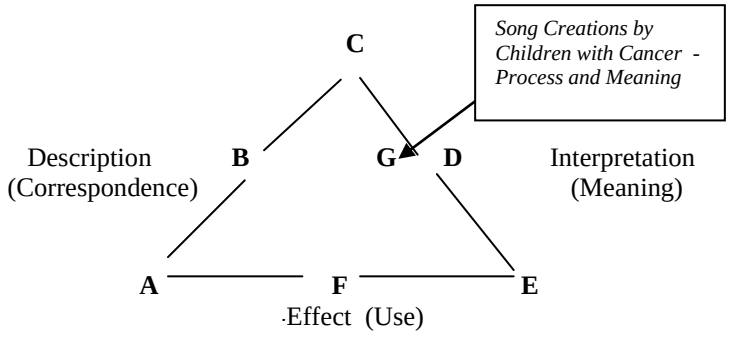
Understanding song creations in music therapy as multi-dimensional phenomena exemplifies this ontological position. Music therapy practice often demonstrates (operationalises?) a "broad" understanding of music that also characterises critical thinking amongst theorists of the so-called critical (or "new") musicology" (Shepherd and Wicke, 1997; Frith, 1998; Small, 1998; Bohlman, 1999; Cook & Everist, 1999) and a growing number of music therapy scholars (Ansdell, 1997; Ruud, 1998; Stige, 1998). This position makes a point of the function of music *in* therapy and not primarily *as* therapy. I ascribe "music" to a larger clinical narrative.

Epistemological stance

To obtain new evidence or knowledge about "the world" one wishes to study it is necessary to have an ongoing exploration of the nature of the relationship between the would-be knower and what can be known. In relation to a research project there will be certain types of knowledge that are inaccessible or irrelevant while other types of knowledge relate logically (naturally?) to what is being studied. The individual researcher also commences a study from a basic epistemological stance. I believe researcher or investigator is a more correct term than "research project" here, because the investigator carries with her/him to the project a personal epistemological compass,

even if complete objectivity is sought. One might claim that findings in a study are not influenced by the researcher, but the act of selecting the phenomena to be studied, as well as the act of selecting the method of study is *always* a value-laden and subjective manoeuvre. It gives no meaning to study the 19 song creations as they "*really* are", because "reality" is only understood (or constructed) subjectively and is therefore always *relative*. This constitutes a basic belief in a *constructivist* paradigm. As our constructions are alterable, our "realities" will change. "Truth" is not absolute, but a result of more or less sophisticated or informed constructions (Bruscia, 1996, Guba & Lincoln, 1998).

I have already stated that songs are considered as (also) processes of communication and interactions within various musical and non-musical contexts. The present study is a re-search; a "looking again" at such events and contexts, a study within the boundaries of "daily life" in the paediatric cancer ward. This means that the investigator (the music therapist-researcher) is also participant and not just an "objective" onlooker, and that the song-event settings are natural and not experimental. The characteristic relationship between the investigator and the object of investigation (song creations) and between the investigator and the study subjects (patients and other "participants", like relatives/hospital staff) is the relationship of *nearness*. The investigator and the object of investigation are even assumed to be interactively linked. The investigator and other participants share some *experiences* related to the song phenomena. But the individual experiences are not necessarily shared, and the investigator is neither able neither to fully grasp nor to describe others' experiences "as they are". Events, situations, accounts can only be interpreted. But I can hope to make good prolific interpretations and choices of metaphors and to present narratives with a high degree of reflexivity. This stance can be illustrated through a "map" (Figure 1) of epistemological strategies (Alveson and Sköldberg, 1994, adapted and applied to discuss various paradigms in current music therapy by Even Ruud, 1998:110-114). Position F in the triangle indicates "outcome" or "application" as the standard of truth. Position B makes use of representative criteria, aiming at correspondence between research findings and one single truth. Position D denies this belief but emphasises interpretation of (underlying) meanings. Questions of truth are in accordance with the coherence criterion referring to unity, consistency and internal logic of a statement.



(cf Ruud, 1998:112)

Figure 1. *A "map" of epistemological strategies*

The current project adopts a broad interpretative approach. “Broad” means here that an understanding of various contextual issues (relations) is basic for understanding the significance of the song phenomena. The nature of knowledge is based on individual reconstructions coalescing around consensus but where answers may be multifaceted and “rich” rather than unequivocal. Possible findings from the research will be “[…] *literally created* as the investigation proceeds” (Guba & Lincoln, op. cit.: 207).

To catch the “life” histories of songs one can ask questions about what is happening eg “How/where/when/by whom/for whom is the song created, performed and used”? The natural epistemological basis for this project is indicated on the figure with position G, well within the interpretative “D” domain. "Meaning" accompanies the researcher's decisions from the very start of the project, through the process of deciding what are data, the construction of the songs' life histories and development of themes/issues. What is recorded as "meaning" (or sometimes as "meaningful" = full of meaning) is dependent on various participants' meaning *making* as well as on the researcher's sensitivity, understanding, and preferences. The song-related activities both construct and signify meaning, and my own understanding of "song creation" and "music therapy" guides my "look-out" for what is particularly meaningful. Positioning this project cannot be done neither totally outside the F domain, combining application and meaning, nor totally outside the B, or “descriptive”, domain. There are two reasons for this: a) the meaning component might possibly be related to the applicability (use) of the song; b) the descriptive part of the song-life-histories is carried out, not only to record experiences, opinions, and reactions, but also to accumulate more “factual”

knowledge (about times, places, people, and actions) where the interpretative element is less prominent. This opens for a somewhat more remote link to the B-side of the triangle, where correspondence or the representative criterion dominates. In Alvesson and Skölberg's study of relationships between philosophy of science and methodological questions, the authors claim that a researcher should never completely avoid any of these three major epistemological positions even if most research projects are conducted from (or emanate from) one dominant position (op. cit.: 38). "Understanding" is in this study not principally related to *explanation* but is nearer tacit[11] knowledge. The Finnish philosopher and humanist, von Wright, comments upon this relationship:

> "Practically every explanation, be it causal or teleological or of some other kind, can be said to further our understanding of things. But 'understanding' also has a psychological ring which 'explanation' has not. This psychological feature was emphasized by several of the nineteenth-century antipositivist methodologists, perhaps most forcefully by Simmel who thought that understanding was a method characteristic of the humanities in the form of *empathy* or re-creation in the mind of the scholar of the mental atmosphere, the thoughts and feelings and motivations, of the object of this study.…Understanding is also connected with *intentionality* in a way that explanation is not. One understands the aims and purposes of an agent, the meaning of a sign or symbol, and the significance of a social institution or religious rite" (von Wright, 1971, quoted by Stake, 2000/1978).

The qualitative researcher faces the difficult task of interpreting and transforming multi-facetted song-related processes and meanings into words - a study of "culture" (and not "nature") bound to never reach final or absolute answers.

Methodological principles

Ontological relativism and a transactional, subjectivist epistemology constitute the point of departure for the present project. From this position I have worked out a methodology - a way to get knowledge of the processes and meanings of the 19 song creations. I have turned to the various interpretative practices that constitute the site of qualitative research. Qualitative research is not represented by a single methodology and

[11] Tacit: "understood without being put into words" (*Oxford Advanced Learner's Dictionary*, 1998).

does not belong to a single discipline, nor does it have a theory or paradigm that is distinctly its own. It is, however, an inquiry process of understanding based on distinct methodological traditions that explore a social or human problem (Creswell, 1998). The role of the qualitative researcher generally consists of conducting the study in natural settings (Latin, *in situ*), developing detailed descriptions and analyses of utterances/events/situations (relations). *Reflexivity* is generally viewed as an interwoven part of qualitative research – a process of considering relations between knowledge and ways of obtaining knowledge – and starting a critical assessment of the researcher's own interpretations.

There are several reasons why a qualitative and not quantitative research method has been chosen. Neither processes nor meanings can be properly measured, only described and interpreted. The low number of songs and song-makers present no sufficient material for statistical analysis, but is well suited for in-depth interpretative analysis of meanings and processes. The naturalistic settings (where variables cannot be well controlled) do not "produce" data suitable for analysis of causal relationships between selected variables, but are ideal for developing dialogues with subjects and multi-voiced texts. If the creative song activities had been evaluated in relation to the subjects' medical progress, survival rates or even with Quality of Life scores, quantitative methods would certainly have been necessary. All these relationships are interesting, but beyond the scope of this investigation which is, first of all, directed to gain new knowledge about the life *histories* of songs and related *meanings*. The best methods for such purposes will be less objective, less reliable and more impressionistic than what is regarded to be good science within positivist research standards.[12] On the other hand, more soft (qualitative) interpretative methods will capture better different subject's perspectives and will grasp the particular situations and experiences.

In the present study I construct histories of 19 songs. The points of departure are young patients that have made between one and ten songs each. The chosen method of research needs to be well tailored to organising multiple sources of information in an interpretative, naturalistic study of phenomena over time. A method suitable for getting

[12] Questions relating to good scientific standards will be discussed in *Chapter 2*

hold of each of the song stories in the light of the changing life situation of the patient-song-maker involves building *case studies.*

Chapter 2

METHOD

The research strategy (or method[1]) chosen to study song creations by children with cancer is one of many approaches in music therapy research: the *case study*. In this chapter I indicate the position of case studies within research traditions and state the reasons for treating a song creation as a single case. I define the general features of the case study method in relation to my project and describe particularly the *multiple* (or *collective*) *instrumental case study*, its focus and methods of collecting and analysing data, and its narrative form.

What is a "case" and a "case study" ?

A case denotes something unique - the Latin noun *casus* means an individual object.

Not every subject can be treated as a case. A person, a programme, a special event or activity may be a case - but a case must have some kind of *specificity*. Themes like the ideological standpoint of a certain music therapist or simply "improvisation" does not have this specificity. Health workers commonly refer to a client/patient as a case, sometimes even as a difficult case, or a hopeless case. There is actually no universal agreement of what a case is or how a case becomes an integral part of a research strategy. "The case" can be considered an *object of study* (Stake, 1995). Merriam (1988) however defines case to be a *methodology* and Ragin (1992) uses case synonymously with data *categories*, theoretical categories, and historical specific categories.

Stake refers to Louis Smith, one of the first educational ethnographers that helped to define the case as a *"bounded system"* (Stake, op. cit.: 2). Bounded means here

[1] I treat these two terms as meaning the same. There is, however, a small (at least etymological) difference: *method* (Greek: *méthodos*; Latin: *methodus*) means pursuit of knowledge, or mode (way) of investigation; s*trategy* indicates the action, the device or trick (for reaching one's goals? *T.Aa.*). The Greek/Latin origins of *stratagem* originally denote an artifice to surprise an enemy (*Oxford Concise Dictionary of English Etymology*, 1996). In Modern English *strategy* can mean the plan, the art of planning, and the process of carrying out a plan in a skilful way (*Oxford Advanced Learner's Dictionary*, 1995). Some authors, as Yin (1994), discuss methodological matters as "research strategy", while eg Stake (1995) prefers the term "research method".

"bounded by time and place", but there are no rules as to how long period of time or as to maximum or minimum geographical field of vision that is appropriate - these are more practical than philosophical problems. The bounded period of time is related to contemporary events and/or near history – the case is a phenomenon within real-life contexts. A case can thus be a specific *setting*, like a slum area (Whyte, 1943/1955) or a special *event*, like the Cuba crisis (Allison, 1969).

"A case study is expected to catch the complexity of a single case. […] The qualitative researcher emphasizes episodes of nuance, the sequentiality of happenings in context, the wholeness of the individual" (Stake, 1995: xi-xii).

The aim of studying real life phenomena clearly distinguishes qualitative case studies from other research strategies. *Experimental* studies may start with the same questions; experiments focus on contemporary events, but require control over the field of study and/or its behavioural elements. Case studies are often understood as the antithesis to experimental research. A *survey* also focuses on contemporary events, requires no control over behavioural events and can answer questions related to proportions (how many/how much), in addition to factual knowledge (who, what, where). Yin claims that case studies and *historical* studies have many similar aspects (similar research questions of "how" and "why"), no control over behavioural events, but the two strategies differ in their relationship to contemporary events (Yin, 1994: 6). Case studies can be well suited to encompass questions about "who does what where?" – in order to develop a map (or an overview) and an understanding of people, events, and places relating to the case. The contemporary and near history perspectives are closely interwoven – to make a strict boundary between these two fields of study is difficult.

Case study traditions in health sciences, social sciences and music therapy

Sociology and anthropology are the disciplines within which the case study developed during the first decades of the 20th century. A major centre of gravity was the so-called Chicago School of sociology (associated with the University of Chicago) which employed fieldwork and empirical study presented in the form of case studies. Researchers, first of all within the social sciences, developed case study theory during the 1980s and 90s, eg Robert K. Yin (social policy), Robert E. Stake and S. Merriam (education), K. M. Eisenhart (management) and, in Norway, Svein S. Andersen (sociology). The case study as a research strategy is also widespread in psychology, political science, economics and anthropology – but the term was probably first applied in psychiatry to give an account for pathology in a patient (Andersen, 1997:4). "Case examples" or "case histories" are also used for didactic purposes - as an *instructional device* for demonstrating or questioning aspects of a particular discipline - or for assessment purposes.

But in spite of the common use of the labels case and case study, it is not self evident that case studies represent good science. Robert Yin, perhaps the most influential and frequently quoted author on case study research in the 1990s, writes:

> "The case study has long been stereotyped as a weak sibling among social science methods. Investigators who do case studies are regarded as having deviated from their academic disciplines, their investigations as having insufficient precision (that is, quantification), objectivity, and rigor" (Yin, op. cit.:xiii).

The term "case study" does not automatically indicate a qualitative position; quantitative single case studies are used in many disciplines, including music therapy (see the sub-chapter Qualitative *Case Studies as Method*). But case studies have also been thought of as representing the opposite pole of experimental, quantitative, generalisable (some would add "genuine") research methods. In 1941 George Lundberg wrote the article *Case Studies vs. Statistical Method – An Issue based on Misunderstanding*. He concluded by stating that when case study research obtained a more rigorous set of symbols and rules, this argument would disappear (see Andersen, op. cit.: 13). It is not necessarily true that the nearer a case study (or any research method) is to traditional quantitative research, the greater the scientific value. On the

other hand "insight" and "understanding" are not any guarantee for good research, either!

Case study theorists have different positions regarding the application of quantitative elements in their methodologies. On the radical qualitative side is Robert Stake who claims that it would be more precise to entitle his book published as *The Art Of Case Study Research* as *Naturalistic Case Study* or *Case Fieldwork in Education* (Stake, op cit.: 2). He clearly emphasises interpretation as a general feature in the various stages of the research process.

In the jungle of textbooks in research methodology there are relatively few texts solely focusing on case study design. Literature on music therapy research treats the "case study" in ways which reflect various research traditions. *Music Therapy Research: Quantitative and Qualitative Perspectives* deals with case study phenomena related to different perspectives. A chapter on "Descriptive Quantitative Research" presents case studies as one of four types of descriptive research that can employ quantification (Lathom-Radocy and Radocy, 1995: 165-181). Quantitative case studies may focus *assessment* (as a way of pooling interdisciplinary knowledge and insights in the early stages of assessment and evaluation) or *treatment* (treatment effectiveness) related to the "subject" of the case, the client - sometimes conducted as *single-subject* experiments. In such situations time series designs are often especially appropriate (ie, repeated observations before and after the initiation of an intervention).

The American music therapist, Kenneth Aigen, categorises "interpretational research" (adapted from Tesch, 1990) in two groups and names four different qualitative research approaches that "[…] have figured prominently in existent music therapy research": *theory-building* (Grounded Theory) and *interpretative-descriptive* (Naturalistic Inquiry, Phenomenology and Hermeneutics) (Aigen, 1995a: 336-338). Interpretative-descriptive studies are exemplified inter alia by a summary of the seminal case study of Edward – a classic, and today well known account, by Paul Nordoff and Clive Robbins, from a course (13 out of 20 "sessions") of music therapy that took place in 1964. Aigen comments on the study by saying that it "[…] predates the development of an explicit qualitative research paradigm for music therapy […]" (ibid.: 339). I believe it is appropriate to mention the study of Edward here because it contains elements characteristic of early qualitative research in music therapy - it is however neither a specific demonstration of naturalistic inquiry, phenomenology nor hermeneutics. Aigen

is making an assessment of this study as a qualitative *case study*, and I quote from his comments to show some of its central properties and to provide a soundboard for my own case study project.

> "The presentation of Edward's clinical process contain traditional components of case study presentations. These include background information on Edward's developmental levels and pathology, a roughly chronological presentation of his course of therapy, explanations of the therapist's rationale for various interventions, periodic observations of areas where progress had been noted, and illustrations of general clinical techniques and theories based on his treatment.
>
> There are also novel elements to this presentation, which recommended it as an important study, apart from its significance in documenting a particular child's development. These include detailed transcriptions of the music generated during Edward's sessions; detailed verbal descriptions of music, paying special attention to the manner in which the tonality, placement, and form of his vocalizations revealed the presence of an otherwise opaque communicative process; and the inclusion of audiotaped examples from each stage of Edward's process.
>
> Although it might seem that inclusion of musical transcriptions and recorded examples would be standard elements of music therapy texts, journals, and reports, in fact *Creative Music Therapy* is the only major music therapy text of which this author is aware that includes an audiotape. Not only is this tape of unique instructional value in conveying the formal aspects and quality of the music used, but the tape captures the power and impact of the work in a way that no verbal description can. The fact that music therapy authors in general have as yet to follow the precedent established by Nordoff and Robbins only recommends their work as one still at the forefront of how to capture and present clinical music therapy work. In addition, there are many important aspects of the clinical elements of Nordoff-Robbins music therapy that are illustrated perfectly by Edward's therapy; in fact, this is one of this study's primary functions"(ibid.: 344).

The *therapy* in the example above relates directly (and solely) to what goes on within the regular music therapy sessions. The single patient, the therapist and co-therapist constitute the actors. The authors put stress on written transcriptions and detailed verbal descriptions plus audio-taped examples of the "music generated" during the sessions. There are many similarities with a case history presenting the course of therapy and outcome.

Case studies/case histories have been, by far, the most common way of conducting and presenting descriptive research in music therapy. Nonetheless Lathom-Radocy and Radocy regret that relatively few case studies in music therapy have been published, although "[…] music therapy interns or practising clinicians frequently compile case studies" (Lathom-Radocy and Radocy, op. cit.: 173). What is possibly correct, is that

case studies in music therapy literature are principally short presentations of single patient case histories. In 1991 Kenneth Bruscia edited *Case Studies in Music Therapy*, which presented "[…] 42 case histories, each describing the process of music therapy over an extended period of time" (Bruscia, 1991:ix). Even if all of these single case studies follow, more or less, the same format (that was also the format of the account of Edward) the authors express a diversion of theoretical, mainly "qualitative" eclectic/humanistic/ psychotherapeutic orientations. Single case presentations are still an important ingredient in more recently published music therapy literature. As a rule the case histories are primarily focused on the scheduled "sessions" (Lecourt, 1991, mentions 88 sessions). The patient's general progress in life outside the therapy room may be included in the study and sometimes also the music therapist's communication with people who are "outsiders" (in relation to the music therapy session). But some authors (eg Boone, 1991; Robbins and Robbins, 1991) also describe how patients use their music-related skills to present themselves *outside* actual music therapy sessions. The Danish music therapist Sven Roer's account of *"Performance in Music Therapy"*, containing many similarities with a case study, is totally outside the frame of "sessions" (Conference papers: Roer, 2001). We learn about a New York tour of the band *Chock Rock*, which members are long-term psychiatric patients and hospital staff. The author consistently focuses relationships between music therapy and performance. He describes a time limited interplay between the musicians and communication with other people in different contexts: preparations in Århus (Denmark) – the New York tour – return to Århus.

The first comprehensive book on music therapy research, *Music Therapy Research: Quantitative and Qualitative Perspectives*, defines (in the glossary) case as " – in qualitative research, any single example or instance of an event, experience, material or person" (Wheeler, 1995:550). Although music therapy literature, as a rule, equals a case with a patient (history), it is interesting that Wheeler presents a definition that demonstrates a broader understanding of case. My own rather narrow ideas about case were modified by looking into the works by sociologists and other social science researchers, who for more than half a century have thought of and used the case-concept on a variety of social phenomena. The case "history" does not necessarily relate to an individual patient, given an understanding of "case" as being a bounded system. From this point of view can a suburban *rock band* be understood as a "case" – as I interpret the collaborative chronological account of the life-history of *Sunwheels* by the music

therapist Even Ruud and the social anthropologist Odd Are Berkaak, (Berkaak and Ruud, 1994). In the above example of the hospital rock-band, this particular *tour* to New York can be considered the case – the tour is a phenomenon bounded in time and place.

Song Creations by Children with Cancer: a multiple, instrumental case study

It would of course have been possible to concentrate this study on one particular case, for example "Mary's song" or a music therapy case history of "Mary". The case is thus given (or pre selected); the researcher has an intrinsic interest in the case and performs an *intrinsic* case study (Stake, op. cit.: 3). The present project, however, started with a specific interest for studying the lives of songs made by/with children with life threatening illnesses and what such song activities might mean to the child and other people involved. Through studying different songs made by different children I believe I can gain an even better insight in these questions - the present case study is therefor both an *instrumental* case study and a *collective* case study (ibid.: 3-4). I employ different cases to obtain a multi-faceted study material. The presentation of the 19 songs' life histories may be read as 19 intrinsic case descriptions. When the song histories are further analysed for particular themes, particular elements are focused on in order to understand what the song (activities) mean to those people involved. Each of the cases can be understood as instrumental for learning about the theme "song creations", and some cases will be better in this respect than others. Understanding "song-creations" in music therapy practice is of limited interest if not linked to particular persons and contexts. Stake's distinction between intrinsic or instrumental case studies may not be absolute. I even believe that a field-focused researcher, during the process of gaining understanding, oscillates his attention between outside and inside (of the case), foreground and background, between an exceptional entity and a general theme. To gain insight in "the case" includes also getting insight in such relationships. Stake claims that each case; activity or event is unique as well as common.

> "Understanding each one requires an understanding of other cases, activities, and events but also an understanding of each one's uniqueness. Uniqueness is established not particularly by

> comparing it on a number of variables - there may be few ways in which this one strays from the norm - but the case is seen by people close at hand to be, in many ways, unprecedented and important, in other words, a critical uniqueness" (ibid.: 44).

The case study method is often applied when one knows little about the object of study, and is possibly useful for gaining new knowledge and insight into social practice aspects of song creations. As stated before, is this clinically based research project (ie based on clinical practice) aiming at gaining knowledge and understanding of song phenomena in social contexts beyond music therapy sessions and the music therapist - formerly relatively unexplored land in music therapy research. This interest encompass widening the scope of vision from the individual patient to taking into account the ”life worlds” or experiences/opinions of other song participants and recipients, and interpreting the song phenomena as (elements of) ”isolation room culture” or, in a bigger scale, ”hospital culture”.

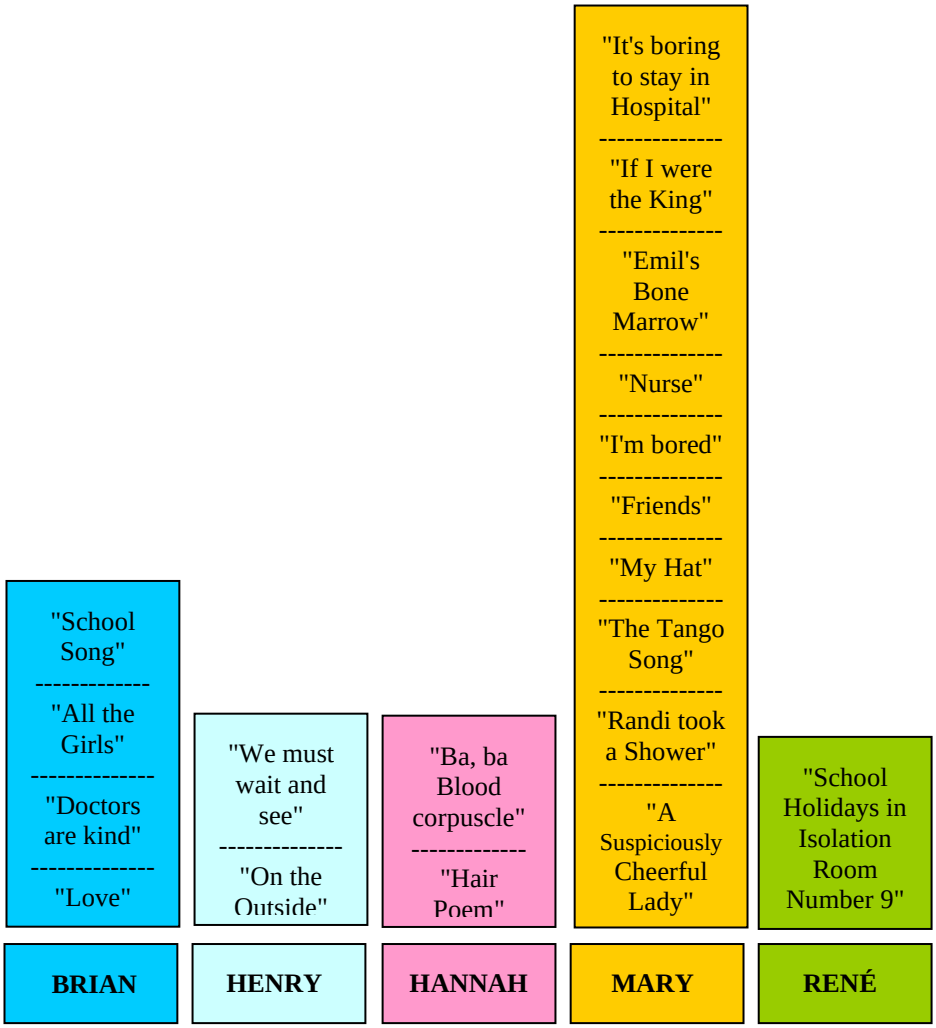


Figure 2. *The collected songs made by each child while in hospital (all names are fictitious)*

Studying song creations, what are the cases : "songs" or "patients"?

In the present study can *the case* be understood both as "patient" and "song" ("creation"): each of the 19 life histories of songs can be read as one case, the history of each of the five patients' song related activities can also be termed one case. A song qualifies to be termed a bounded system because a song (history) has a reasonable definite beginning, if perhaps not a definite end (in time). The song (related) phenomena also take place in a certain hospital setting and involve certain people. A young patient is the point of departure for those phenomena, but it is not initially known which other persons will become involved. It is, however, not possible to study a territory, a political event, a song or a patient "as such" – one needs to have some conceptions as to which aspects one wants to focus on. On the other hand is it not given beforehand what exactly constitutes a case empirically/theoretically - the boundaries between phenomenon and

context are often not clearly evident. To identify and to construct the case is therefor a major task in this project. This explorative aspect related to what the case "turns out to be" might also add new knowledge to how we understand music and music therapy.

Selecting the cases

For practical reasons I have to restrict the number of songs to be studied. There is however no absolute rule as to how the selection of case(s) shall be conducted. As there is no such thing as an *average* or *typical* song, one has to look for a different criterion for picking out songs. Several points of departure are possible eg:

- Select "interesting" songs. If a child has made more songs, the researcher (or perhaps the child) selects which song(s) shall be represented.

- Work prospectively with new patients: if the child makes a song, the song will be included in the study.

- Select children who have already made one or more songs, and incorporate all the songs (made by these children in hospital) in the study.

I decided that it might be interesting to pick out a limited number of child patients that I knew (as song makers) and to study all the songs these children had made or would be making while in hospital. At the time when this study commenced, I knew several young patients who were song makers, but eventually I chose as cases (all) the songs that five children had made alone or in collaboration with me or other persons during their many months of hospitalisation. The five children were old or new patients at the time of the start of study (1997). Three of these patients had been discharged from hospital, but returned for shorter re-admissions (or day visits for routine medical checks), one was still an in-patient, and one girl had just arrived in the cancer ward for a bone marrow transplant. After having been informed about various music therapy activities she *could* participate in during the time of isolation, she stated that she was interested in making a song.

The five children were all treated for malignant blood disorders as Acute Lymphatic Leukaemia, Acute Myelogenic Leukaemia, Aplastic Anaemia, and Myelodysplasia. There are two reasons for choosing patients with these disorders: their medical conditions/treatments were potentially life threatening, and they had all to go through

hospitalisation (including various degrees of isolation) for many months. My goal has not been to obtain new knowledge about particular illnesses, but to understand better creative work and interplay by children who share (if nothing else but) a dangerous disease/treatment and a long hospital stay. No particular disease indicates that a sufferer has special need for making songs. No particular disease indicates what kinds of songs/song activities are likely to emerge from music therapy involvement. I do not even have any indication that children suffering from the same disease all experience the same problems.

According to Lincoln & Guba (referred to in Bruscia, 1995b:407), sampling (understood here as selection of cases) has two main objectives: a) in order to achieve a holistic understanding, the researcher must look for maximum variation in cases of participants; b) the researcher must endeavour to find cases or participants who will shed more light on whatever ideas or constructs are emerging from the data which require further exploration.

One criterion for selecting just these patients' songs was the variety in ages of the children when their hospital song creations started: Henry was 4 ½, Hannah and Mary were 7, René was 13, and Brian was 15 years old. The patients have not been thought of as representing particular age groups, they simply represent themselves as younger or older children. Another criterion for selection has been that these five children, at least once, seemingly *liked* to make songs; they had actually all made songs on their own initiative. Henry and Hannah made two songs each, Brian made four songs and Mary made ten songs. René made only one song in hospital, but she was hospitalised for a shorter time than the other four children were. There is no average paediatric cancer patient (as there is no average song). A child who participates in song creations is neither typical nor untypical in relation to anything. Participation in song-creative activities does only indicate that the child has had the strength and interest for doing so at a given time; and comparisons between "song makers" and patients who have not made songs are outside the scope of this study. A common feature of the chosen five children is however an artistic engagement (also) during periods of isolation because of bone marrow transplantation (Brian, Hannah, Mary, René) or, as in Henry's case: shortly after having been critically ill and artificially ventilated for many weeks, due to unforeseen treatment complications. My acquaintances with children like these, who seemingly found it worthwhile to make songs even if they were marked by discomfort,

fatigue and isolation, nourished the interest for looking into processes and meanings related to the life histories of their songs. Selecting to take into account all the songs that the five children made as hospitalised patients, also provided material (or a database) for a chronological narrative as to song-making-participants, performances (performers, modes of performance, places of performance), development of skills and various contextual matters related to one particular patient.

The reason for choosing to carry out the project in *two* different wards has nothing to do with initially wishing to make a comparison between two different ward milieus (although that may be an interesting task). The reasons are pragmatic and rooted in my wish to find interesting cases that possibly will bring new insight into the topic of study. In addition the music therapist/researcher has had a continuous, long-lasting contact with both wards. This means there is an increased opportunity to encounter and explore events which might be valuable in the working-process towards a deeper (or broader) understanding of the current matters of interest. Some of the children that made songs moved from one hospital to the other (and back) because of bone marrow transplantation. "There is no need to randomly select individuals because manipulation and control is not the intent of the inquiry. Similarly, there is no need to determine how many individuals in the group need to be observed or interviewed because the goal is not to generalise the findings." (Streubert & Carpenter, 1995:23).

Relationships between (this multiple) case study and ethnography

Employing the term, "culture", demonstrates a link to *ethnography*. Stige suggests that music therapists should explore clinical research as ethnography – or more specifically "[…] that clinical research needs to be *informed* by ethnography, which to me is more connected to learning than to dilettantism" (Stige, 2001:135). Aasgaard (1999) has employed a way of anthropological mapping when he describes environmental elements of music therapy *practice* in the hospice and paediatric oncology ward.

Stige mentions that "The term ethnography is used both for the process of studying culture and for the scientific products of that process" (Stige, op. cit.:136). Case studies have many similarities to *ethnography*. In order to study relationships between characteristic methodological features (or elements) of this specific study of song creations and common features of ethnography and qualitative case study research, I

have composed a table based on general examples from John W. Creswell's *"Qualitative Inquiry and Research Design. Choosing Among Five Traditions"* (1998).

FEATURES	ETHNOGRAPHY	CASE STUDY	
WHAT IS TRADITIONALLY STUDIED?	Members of a culture sharing group or individuals representative of the group	**General features**	**This study**
		A bounded system such as a process, activity, event, program, or multiple individuals.	Process and meaning (”life-histories”) of song creations by children with cancer.
WHAT ARE TYPICAL ACCESS AND RAPPORT ISSUES?	Gaining access through gatekeeper. Gaining confidence of informants		Natural inquiry and direct access to music therapy related activities/events. No gatekeeper is necessary. The researcher knows well the study site and its "inhabitants" (patients, relatives and staff).
HOW DOES ONE SELECT SITES OR INDIVIDUALS TO STUDY?	Finding a group a cultural group to which one is a "stranger", a "representative" sample	Finding a "case" or "cases", an "atypical" case, or a "maximum variation" or "extreme" case	Finding patients that have already made a song/are intending to make a song. All the "hospital"-songs by the chosen five children are included in the study.
WHAT FORMS OF DATA ARE COLLECTED/ UTILISED ?	Participant observations, interviews, artefacts, and documents	Extensive forms such as documents and records, interviews, observation, and physical artefacts.	Field notes and log of the music therapist/student, interviews and informal conversations, observations, diary of relatives, song-texts and written music, audio and video recordings, CD’s, pictures, newspaper clips. The directions I have received from *Norwegian Social Science Services* restrict the reproduction of photographic material in this dissertation.
HOW IS INFORMATION STORED?	Field notes, transcriptions, computer files		

Table 4. *Methodological features of the study of “Song Creations by Children with Cancer” compared with ethnogrphy and case study traditions*

FEATURES	ETHNOGRAPHY	CASE STUDY	
REPORTING APPROACHES		**General features**	**This study**
	• Introduction (problem, questions) • Research procedures (ethnography, data collection, analysis, outcomes) • Description of culture • Analysis of cultural themes • Interpretation, lessons learned, questions raised (Adapted from Wolcott, 1994)	• Entry vignette • Introduction (problem, questions, case study, data collection, analysis, outcomes) • Description of the case(s) and its (their) context • Development of issues • Detail about selected issues • Assertions • Closing vignette (Adapted from Stake, 1995)	• Entry vignette • Introduction (focus and rationale, questions, literature review, theoretical framework) • Method • 19 life histories of songs (cases) • Development of issues (Constructing categories) • Final discussion (assertions, conclusion, critique, clinical applicability, reccomen-dations for future research)

Table 5. *Reporting approaches of the study of "Song Creations by Children with Cancer" compared with ethnography and case study traditions*

Access and permissions

A question of gaining access to special locations (where/how/why) has been irrelevant since an early decision to conduct the study within familiar settings for the researcher: two paediatric departments of hospitals in Oslo, Norway, where he, for years, has been working as a music therapist. These locations provided patients with malignant haematological diseases and personals interested to discuss and being interviewed about song related matters. The chosen type of inquiry required no new doors to be opened for the music therapist/researcher; the permissions from the medical superintendents and from *The Norwegian Social Science Data Services* were all received within the end of 1998 (see *Appendix 4*). The five children's families appreciated the song creative

activities; early in the research process permissions were given to present the songs. Songs of all five children have been presented and commented in newspaper articles, journals or in radio/TV programmes during the research period. Collaboration has been a key word in this process.

Data sources

I have earlier (in *Chapter 1*) claimed that "music" is participatory and inherently social. This leads to considering "song creations" as actions and events that are initiated, carried out and being responded to by various people. The epistemological perspective related to the exploration and understanding of the 19 song histories encompass' a broad interpretative approach. With this in mind: which data are appropriate to build the song histories on? Case study theory offers guidelines but (of course) not detailed rules as to obtaining the appropriate data for well-funded case constructions. Employing multiple sources of data is one of the overriding principles in case studies. Different authors apply different expressions as to this part of conducting a case study. Yin writes,"Data collection for case studies can rely on many sources of evidence"(Yin, op. cit.:78). "Collecting the evidence" emphasises a more goal-directed (as when information is given in a legal inquiry) process than does Stake's preferred expression "data gathering" (Stake, op. cit.: 49). However, the Latin etymological origin of "evident" is E- + *videre*, see: 'making itself seen' (*Oxford Concise Dictionary of Etymology*, 1996). "Evidence" is simply what the researcher manages to see - what he picks up as potentially relevant information. From a constructivist's stance one neither "collects" nor "gathers" data (as though data are just "out there" waiting to be discovered or harvested). Mason (1996) states clearly that a researcher's information about the social world cannot be a completely neutral process and therefore speaks of *"generating"* data. To *"utilise"* data is also an expression that is meaningful in this process of generating data – indicating that the researcher bases his further constructions on certain data. "Data sources" just denote the building stones for the researcher's constructions.

Yin's (1994) description of "sources of evidence" in social science related case studies may also have relevance for music therapy research (*Table 6*). During the course of the research period of the 19 song creations, the data sources have become more manifold than initially imagined. The researcher's preliminary understanding of what is "a song"

determines where he looks for evidence and what may be regarded as evidence.

***DOCUMENTATION/ ARCHIVAL RECORDS** **Progress Reports (from Music Therapist and other Professionals); Case Sheets/ Records; Formal Evaluations; Minutes of Meetings; Diary/Logbook from Client/ Relatives/ Music Therapist/ Students; Newspaper clippings or other written material; Audio/ Video /Photo Documentation**
***INTERVIEWS** **Open-ended or focused Interviews; Spontaneous Conversation**
*** OBSERVATION** **Direct Observation; Participant-Observation (various modes)**
***PHYSICAL ARTEFACTS** **A Technological Device, a Tool or Instrument, a Work of Art (Pictures, Written Texts and/or Music, A Cassette/ CD/Video made by or with clients as a product related to Music Therapy).**

Table 6. *Qualitative case studies in music therapy - major sources of data -* adapted after Yin (1994)

Each of the different data sources has its own strengths and weaknesses as to the way in which it represents reliable data, and calls for different skills on the part of the researcher. The sources that constitute material for the song constructions will here be viewed in the light of Yin's comments (ibid.: 79-90).

Archival records/documentation

Every song history is constructed with a framework of documentary materials, some that exist prior to the act of research upon them - some that are generated for or through the process of research - some that are generated by the researcher - and some that are generated by other people.

Daily wardroom lists with patient names; ages and diagnosis constitute one early form of archival record in this study. These lists were only used to get an idea of who was in

the ward on a particular day and are therefore not mentioned specifically in the table of archival/documentary sources. A far more important type of archival record is the *personal record.* This researcher's *diary* is an example of a personal record existing prior to the particular study: containing times and places of appointments, names and, sometimes, one-sentence statements of activities. Notes about the song related events are mixed with other kinds of notes and appointments, but the diary gives reliable basic information about times, places, people, and activities.

Documentary materials are numerous. The researcher's logbook contains descriptions, often quite detailed, of song-related events, experiences, reflections, and comments. It is not a completely new source of data generated for the purpose of this research study, and it deals with the song-activities in the broad context of other music therapy events. Since the start of this project the log has been written in English. In accordance with the aim of conducting the research project as a natural inquiry, music therapy business in the two wards has been going on as usual. The "everyday" context of the research project is typical of the material of documentation dealt with in the logbook. Project related correspondence and the researchers ethical, methodological, music therapy related theoretical reflections are also included in the logbook. For practical reasons also other documents (photos/newspaper clips etc given to me by the parents) have been stored in the logbook.

In their ordinary logbooks from practice periods in the paediatric wards music therapy students from *The Norwegian Academy of Music* have described and commented upon certain song creational activities. Hannah's mother gave me a copy of her detailed diary/logbook starting with the first symptoms of the disease that her daughter presented and ending with Hannah's return home from hospital. The large, 68 page document also describes the family's co-operation with the music therapist and mentions how texts came to have melodies. On the other hand no progress reports/case sheets from other professions (eg medical staff and nurses) - sources containing abundant information about the patients' medical condition and caring needs - have been included in the data material. If the present study had focused on phenomena related to effects of music therapy interventions as "cancer treatment", medical progress charts (etc) and detailed information about various treatment factors would be unavoidable and central. But with the focus being on the life histories of songs, I have relied on oral information given (by other members of hospital staff) in formal and informal meetings, conversations and

interviews. Colleagues being asked to supply “factual information” have, willingly (I believe), provided several types of data that I have thought of as being necessary for constructing detailed ("thick") enough contextual descriptions of the song phenomena.

A clip from a daily newspaper focuses on one song and its text-maker and singer Henry. A clip from a school newspaper contains Brian's own description of life in hospital and, not least, of his involvement with music (therapy). He has also written his “final" text version of his song #3 in this paper. Letters or e-mails to or from patients and relatives represent another source of documentary material.

Audio recordings constitute a different type of documentary data - those taken from sessions of song creative activities with patient/family members/other persons collaborating with the music therapist. This material provides detailed knowledge about “who is doing what” and about the song related musicking. The reports in the logbook have often been written after having consulted the audio documentary material. *Video recordings* have not been used systematically as a means of documenting song events. The "life histories" of the songs in *Chapter 3* refer to one video recording of Henry's song # 2 and to a commercial TV presentation of a new hospital ward where Mary and the music therapist perform her song #1. *Photographic* documentation has a humble part in this study, and is (unlike the more systematic audio recordings) based on material produced by parents or patients and given to me as a collaborating music therapist and not primarily for research purposes. In the current data material are also different versions or stages of text/music editions (written text/music and/or audio/video documents). Photographic material is not reproduced in this dissertation due to ethical/legal reasons (see *Appendix 4*).

Yin states that one strength of documentation/archival records relates to *stability*: the documents can be reviewed repeatedly (ibid.: 79). But this researcher's interpretation of the documentary material has been far from stable throughout the process of study, and my understanding of the (research) value of the various documents has moved in leaps, rather as an even and gradual process. The majority of this study’s documentation can however be labelled as *unobtrusive*: it is not created as a result of study, although there is a grey-zone when it comes to focusing the particular song phenomena. *Exactness* is a quality that marks some of the above sources of data, as the archival patient room lists. When it comes to audio/video/photographic documentation it is doubtful if this characterisation is at all relevant. The data sources above represent a *broad coverage* of

the topic to be studied: they cover a long span of time and many events, they tell of many and different settings and persons being involved in “song creational" activities and they bring information about a variety of contextual elements. *Retrievability* of written documentation can be low. Nothing becomes “a fact” simply through a recording process: wrong information might be quoted and repeated, let it be oral or written. What we hear from an audio recording, see from a picture, or experience from a video, is probably just as dependent on the ears that are listening (etc) as on the "sound/picture materials" on a tape. The researcher can elaborate on and exaggerate a "small piece" of data into irrecognisable proportions. Overreliance on documents in a case study may contribute to weaken, or at least to narrow; the data source material, especially (as in this study) when the researcher himself creates many of the documents. Both the researcher’s own documents and his interpretation of other documents or of audio/musical documentation, are, to some extent, *biased.* This relates also to the documents which are included in the study, what is being focused upon and what is regarded as irrelevant. Finally, when translating his impressions and interpretations of audio/video documents into written statements, there are no really objective procedures for obtaining an unbiased representation in words.

A well conducted case study is probably dependent on a researcher who, first of all, is aware of the conditions mentioned above, and secondly is honest and accurate as to showing the sources, and the building scheme of his constructions. Gathering data by studying documents requires, according to Stake, “[…] to have one’s mind organized, yet be open for unexpected clues" (Stake, op. cit.: 68). One might add that there is an interrelationship between the research process itself and the organisatory status of the researcher's mind that influences data selection and interpretation throughout the entire period of case study.

BRIAN	**Song #1** Music Therapist's Diary; Music Therapy Report; Patient's written original and edited Texts; Written Song (edited Text/ Melody/Chords); Audio Recording; Photo **Song #2** Music Therapist's Diary; Music Therapy Report; Patient's written original and edited Texts; Written Song (edited Text/Melody/Chords); Audio Recording **Song #3** Music Therapist's Diary; Music Therapy Student's Logbook; School Newspaper (with patient's edited Text); Written Song (edited Text/Melody/Chords); Audio Recording; Commercial CD by Music Therapy Student (point of departure for Brian's song) **Song #4** Music Therapist's Diary; Music Therapy Report; Patient's written edited Text; Written Song (edited Text/Melody/Chords), Audio Recording
HENRY	**Song #1** Music Therapist's Diary and Logbook; Music Therapy Student's Logbook; Patient's original oral Text written down by Pre-school Teacher; Written Song (edited Text/Melody/Chords); Letter from Henry; Audio Recordings **Song #2** Music Therapist's Diary and Logbook; Music Therapy Student's Logbook; Patient's oral Text written down by Step-Father; Written Song (edited Text/Melody/ Chords); Letter from Henry; Audio Recordings; Video-recording; Newspaper-clip (interview with Patient/Mother/Music Therapist + Photo)
HANNAH	**Song #1** Music Therapist's Diary and Logbook; Mother's Logbook; Patient's/Mother's original Text written down by older Sister; Written Song (unedited Text/Melody/Chords); Audio Recording; Pictures; Video Recordings (one private and one by the Norwegian Broadcasting Company) **Song #2** Music Therapist's Diary and Logbook; Written Song (Patient's original oral Text, written down unedited and Melody/Chords); Mother's Logbook; Audio Recording,
MARY	**Song #1** Music Therapist's Diary and Logbook; Music Therapy Student's Logbook; A Children's Book (with fragments of the song Text); Patient's original Text, Written Song (edited Text, Melody/Chords); 4 Audio Recordings; Video Recording (by a commercial TV channel) ; Photos **Song #2** Music Therapist's Diary and Logbook; Patient's original written Text; Written Song (edited Text/ Melody/Chords); Audio Recording **Song #3** Music Therapist's Diary and Logbook; Written Song (Patient's/Mother's oral Text written down by Music Therapist/Music/Chords); 2 Audio Recordings **Song #4** Music Therapist's Diary and Logbook; Music Therapy Student's Logbook; Written Song (unedited Text, written down as sung by the Patient and the Pre-school Teacher and Melody/Chords) ; Audio Recording **Song #5** Music Therapist's Diary and Logbook; Patient's original Text; Written Song (edited Text/Melody/Chords); Audio Recording **Song #6** (as #5) **Song #7** (as #6) **Song #8** Music Therapist's Diary and Logbook; Audio Recording of the Patient singing the Song from the written Text; commercial CD (with the Song that the Patient copied); Written Song (Text, as sung by the Patient/Melody/Chords) **Song #9** (as #5 and #6) **Song #10** Music Therapist's Diary and Logbook; Original Text, as dictated by the Patient and written down by Friend; Written Song (edited Text,/Melody/one-note Bass-line); Audio Recording
RENÉ	**Song #1** Music Therapist's Diary and Logbook; Original Text, written down by Mother; Written Song (edited Text/Melody/Chords); 2 Audio Recordings; Picture

Table 7. *Sources of documentation/archival records related to the 19 songs*

Interviews

The life histories of these 19 songs deal with events that occur both inside and outside of scheduled music therapy sessions. As far more people than the patient and the music therapist are involved as song makers, performers, or as audience, their expressed stories, experiences and reflections provide basic data about both processes and meaning. In qualitative case studies interviews are usually the principal source for gaining access to multiple views, this closely relates to the ontological stance of "multiple realities".

An interviewer can be characterised with one of the two contrasting metaphors: a *Miner* or a *Traveller* (Kvale, 1996: 3-5). The "miner" is looking for objective facts to be uncovered or is digging for essential meaning. The found knowledge remains constant from oral form to written stage and throughout analysis. "Finally the value of the end product, its degree of purity, is determined by correlating it with an objective, external, real world or to a realm of subjective, inner, authentic experiences" (ibid.: 4).

Contrary to following the miner's ideals of unpolluted interviews this researcher has been performing interviews in a manner far more like the "traveller": wandering through the landscape (site of study) and entering *conversations* [2] with the people encountered. He is however not moving about totally by chance and aimlessly, but is seeking specific regions (topics). This is also in accordance with a basic understanding of *method* (see footnote, page 56). He is looking for routes that lead to the goal: (in these cases) to obtain understanding of the 19 song creations. Both the researcher and the interviewee might actually be lead into new knowledge, self understanding and reflections through the specific forms of conversations related to the research interview. Stories and comments that are heard are interpreted and remoulded into new constructions that may appear in different narrative forms. Stake calls this "a conversational approach", in which the interview is understood as a method where social research meets humanities and the arts (ibid.:5).

The research interview is a professional conversation - based on the conversations of daily life, but having its own specific structure purposes. Three questions were attended to in relation to "interviews" as data sources in this study: how many persons and which persons should be interviewed, and what form should the interviews have?

[2] C*onversation* is used to indicate a familiar discourse, from Latin CON- + *versare* (from *vertere*): turn (*Oxford Concise Dictionary of English Etymology*, 1996).

To have a standard “set” or a standard number of interviewees is without meaning in a qualitative case study, as for example a decision about three interviews (with parents, primary nurse and oncologist) in relation to the songs of each child. The five children that are the main persons in this study actually represented five different points of departure for selecting interviewees in order to obtain detailed ("thick") enough descriptions of the life histories of the 19 songs. The family situation of the patients was rather diverse. For example not every child had a mother and father or other relatives that accompanied the child during hospitalisation. Songs that had many participants (related to creating, performing and listening) understandably provided a broader base for commentaries than songs that were primarily a more closed "family-affair". Sometimes interviewees told me about song activities involving, for example a home schoolteacher that I had never met. A telephone call to this person could provide valuable information about a song’s life after the patient-song-maker had gone home. Sometimes hospital personnel whom I had not interviewed approached me and spontaneously shared with me their stories or comments related to a song’s life or provided relevant contextual information. I concluded my considerations as to who and how many people should be interviewed by making no other rule than (simply) to interview those people whom I believed had something to share regarding any of the 19 songs in the study.

I decided at an early stage not to interview the five child patients separately. There were several reasons for this: I had worked closely and over time with all the children and had recorded their comments as the songs where created, performed and used. To do a specific interview after a long period of co-operation would have caused no practical problems, but seemed unnatural to this researcher. I wanted my relationship with these children to remain purely a musical companionship (although they all knew that I was writing about the songs). I also had a strong feeling that these children had already told me all they wanted to say about the songs. The option was open for somebody else to interview the children; such interviews might possibly also have produced new knowledge. But as the five children had left hospital or were approaching their discharge, I believed that to “bother" them with their near past once more would unavoidably bring to life their “nasty” experiences. This could also apply to the parents, and I tried to select times for interviews that were as convenient for them as possible. Two of the children were present when their parents were interviewed, and both contributed with short but essential comments. Finally I realised that this research

project had to be based on my own interpretations and constructions (even if I collaborated with many people during the research process). Trustworthiness had to be based on methodological features other than including completely unbiased interviewers.

When song histories acquired more chapters added weeks, months, and even years after the actual interviews took place, it was partly because many conversations continued as a result of encounters/communication between the families and the music therapist even after the patients had finished treatment and returned home. After a regular post-treatment medical check a child sometimes stayed in hospital longer simply to take part in musical activities. Music therapy activities (more or less related to the song creations) also continued with three of the children after they had returned home. This source of knowledge about the songs was not included as data in my initial research plans, which had relied on a certain number of scheduled interviews. But I soon became convinced that spontaneous, informal and short pieces of oral information were not necessarily inferior (with respect to the quality of their information) to that which might come out of a scheduled interview: be it a telephone communication with a teacher telling when and how a song had been performed at the home school or a brief comment given by the father of a young cancer patient (not one of the five song-makers) who had continuously been singing one of Henry's songs since he first had heard it a week earlier. The method chosen to store oral information obtained outside interviews was to use the logbook. This record contained, as time passed, numerous written pieces of the researcher's accounts from informal conversations. As the parents in the "song-families" expressed positive interest in the songs and the songs' histories[3], the building of the 19 small cases naturally involved a strong element of *co-operation* between the families and the music therapist. This influenced the form of the interviews. The interviewer and the interviewees knew each other quite well. It is more or less certain that they had and had exchanged opinions on song-related matters before the interviews. The interviews were conducted with

the two main themes (or focuses) of "what happened?" (events, places, persons related to a chronological account of the different songs' lives); and "what does/did the song (related interplay) mean to the child and other participants?". Presenting broad openings for the interviewees is a common feature in case study research:

[3] One of the song makers, Brian, did not (at the time) live together with his parents; they were therefor

> "Most commonly, case study interviews are of an *open-ended nature*, in which you can ask key respondents for the facts of the matter as well as the respondents' opinions about events. In some situations, you may even ask the respondent to propose his or her own insights into certain occurrences and may use such propositions as the basis for further study" (Yin, op. cit.: 84).

Interviewees had been more or less involved in the songs that were discussed. In some cases very little introduction was necessary (as to the main themes). Sometimes an interviewee had heard about the song, but never heard the song or a recording of it. Audio recordings were then played for the interviewee. Both parties could usually contribute to a mutual increase of knowledge about both context and more factual (central?) aspects of the song histories: times, places, situations, and persons participating. When a song had been recorded in different versions, often audio examples of the different versions were used as prompts for commentaries. Some interviews consisted of short questions and long answers, others were characterised by a more equal exchange of experiences: the two parties exploring the song phenomena together. Some interviewees provided, first of all, new contextual information (eg about the medical progress and treatment of the patient), others commented on the individual songs abundantly: about textual and musical features, about their understanding of the patient's (or family-members') involvement with the song, and about their own reactions to the song (activities).

All the 12 major interviews (with 17 persons in total) were audio recorded. Shortly after 7 of the interviews I prepared a written facsimile that was also given to the interviewees (partly for possible corrections). The transcripts served first as a check for a nervous researcher to see "if he had got it all right". As the song-history tables were constructed, it was also more practical to read the transcripts over and over again, rather than to listen repeatedly to the cassettes in order to find meaningful segments to quote. Each interview was conducted in order to get glimpses of the interviewee's unique experiences - subjective information that was also dependent on what an interviewee remembered or choose to share with the interviewer. Yin states that the strengths of interviews are related to their ability to focus directly and to provide insight into the case study topic. Weaknesses in this type of data source can be caused by poorly constructed questions, inaccuracies due to poor recall and, not least, that the interviewee gives what the interviewer wants to hear (ibid.: 80). Looking and listening back at the interview material, I discover parts of interviews where I could have asked more

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not drawn into the process of making the song histories.

focused or fertile questions, parts where I was carried away in digressions or talking too much, and parts where interviewees had less to say than expected or demonstrated poor recollection of song events. But considering the interviews as a whole, including the recorded verbal comments from informal conversations, I believe that I have obtained a type of source material that cannot be satisfactory replaced by anything else: these verbal accounts are perhaps the most valuable and reliable sources for constructing the multifaceted song histories. As to the danger of influencing interviewees to say what the researcher wants to hear, I believe this would have been more relevant if the research question was a hypothesis to be tested, or if interviewees should primarily characterise how important the song creations were for the children. But these interviews focused on chronological *events* and meanings, and even if one finds a shade of evaluation in any question about meaning, the answers demonstrated first of all an interest to *understand* the song phenomena.

The asterisk * marks an interview where all or several of the songs of the child have been taken into consideration. As René only made one song, all comments are related to this song. The oblique / between two names marks that the two are being interviewed at the same time.	
Brian's songs	Hospital School Teacher*; Primary Nurse/Enrolled Nurse*; Paediatrician; Home Special School Music Therapist; Welfare Nurse
Henry's songs	Mother /Stepfather*; Hospital Pre School Teacher*; Father of a Fellow Patient
Hannah's songs	Mother /Father*; Primary Nurse
Mary's songs	Mother/Father*; 2 Primary Nurses*; Paediatric Oncologist*; Hospital Pre School Teacher*; Local School Teacher; Physiotherapist
René's song	Mother and Father; Primary Nurse; Paediatric Oncologist; Home School Teacher; Hospital School Teacher

Table 8. *Interviewees/informants (who are being quoted in the song cases)*

Observations

Direct Observation or *Participant Observation* are often important sources of data in quantitative or qualitative case studies within the social sciences (Yin, op. cit.: 86-89; Stake, op. cit.: 60-63). The researcher visits the case study "site" and uses his senses for the observation of environmental conditions and (human) behaviour. Observation can be accompanied by taking photographs/films and can be performed by multiple observers. The participant-observer "[…] may assume a variety of roles within a case study situation and may actually participate in the events being studied" (Yin, op. cit.: 87). In the study of the 19 songs the researcher is both participant *and* observer. He never enters the "sites" of the song activities simply for observation purposes. Neither does he *assume* any roles: his observations are related to his normal job as music therapist, in which song creations and performances are parts of the practice. When the music therapist-researcher is observing and recording his observations in his professional reports or logbook, he cannot keep himself aloof from the situations described. He can only write what he believes he sees and hears. For some topics the researcher has no other way of gathering data but "being there" himself. It is probably more difficult for an external researcher to carry out a "site"-investigation in this study than in a study primarily focusing on scheduled sessions in a music therapy room. The "site" in this study changes from the isolation room to the patient's home, from one

hospital to another, and from a scheduled session to a spontaneous song-event in a hospital entrance hall. As we are dealing with very sick children and families in crisis situations, there are also ethical questions related to who should be allowed into the patients' space for the purpose of conducting research.

The combination of being music therapist and observer at the same time, raises unquestionably a question of bias and another question of whether "[…] the participant role may simply require too much attention relative to the observer role" (ibid.: 89). True enough, I never have taken notes nor raised questions about events from different perspectives during the song-related events in which I took part (as an external observer might have done). The observations I have put down in writing in my reports and log book are therefor far from what Yin calls "[…] an 'accurate' portrayal of a case study phenomenon" (ibid.). Observations and comments were, as a rule, written down shortly after "an event" took place and thus covered relevant song phenomena and contexts almost in real time - the memory of the researcher was often also supported by audio recordings from the song events. Making and recording numerous observations over time in (mostly) familiar milieus is no guarantee against bias, but possibly a prerequisite for insightful records of song phenomena over time. A possible bias due to my own manipulation of events is, to a certain extent, controlled through other people's observations (interviewees, a mother's logbook, video recordings etc).

Physical artefacts

To what extent do physical artefacts have relevance in a case study of song creations? Music is a rather transient matter, is a song creation a somewhat more solid substance? Artefacts in relation to music therapy have, as far as I know, been very little explored until now. This researcher's evaluation of "things" as data sources has also changed during the years of studying these 19 song creations. There are two reasons to this. Firstly: while the music therapist's interest initially focused the making and the live performances of a song, he discovered soon that the patients (families) showed an interest in and used the written sheets with song and melody. For example a nurse hung a *song sheet* on her refrigerator door at home (and the young song maker noticed this on a visit). Another song sheet was presented to the kindergarten at the patient's return from hospital. *Cassettes* with a hospital song were copied by parents and used as Christmas gifts. One patient was particularly interested in having her picture on a CD

cover and was highly praised by her classmates for her cool-looking song product. The second reason for the increased interest for artistic artefacts is the improved availability (and the improved skill of the music therapist) to "burn" CD's and to scan and edit pictures digitally. Two of the patients had their songs transferred to CD's. *Videos* of song performances can of course also be studied as artifacts.

As all the songs have appeared as sheets with text and music, they can be seen both as documentary material and also as "artefactual" material. I believe the most interesting theme in relation to the artefacts is how they have been used and appreciated. This is in line with Yin who claims that studying artefacts is one source of obtaining insight into cultural features. Weaknesses of this data source are associated with "selectivity" and "availability" (ibid.: 80). Considering what is being named "artefacts" here, such labelling no doubt mirrors this researcher's interpretative selections. As we cannot say beforehand what matters with a song: the text/music, the creative or performative processes, or a possible artefact, we are bound to "wait and see" to which aspect(s) the song participants actually pay attention. The researcher may surely misinterpret a person's conception of an artefact - how can we actually find out if is it the song or the cassette that is important? . This illustrates Yin's point of "availability" that may be limited as to artifacts in a case study.

I have only applied the concept of the "artefact" when I am reasonably sure that the object (eg cassette) is an additional feature - something more than "just" the song. Many of the artefacts listed in *Table 9* have been given away as gifts. With the song-sheets of Brian's song #1 and Mary's Song #1 there were people other than the patient who at first paid attention to the artefact aspect. René's CD is the only example where the patient has taken part in the visual design of the song presentation. If the music therapist had mastered the technical aspects of CD production previously, or had simply collaborated with the song makers about designing cassette covers or song-sheets etc, the number of artifacts "in use" and the "ways of use" would probably have been more varied.

BRIAN	**Song #1** Song-Sheet: Written Song (edited Text/ Melody/Chords) **Song #3** School Newspaper with Patient's edited Text; Video
HENRY	**Song #2** Song-Sheet: Written Song (edited Text/Melody/ Chords)
MARY	**Song #1** Text-Sheet: Patient's original Text, Cassette (Audio Recording) **Song #5** Cassette (Audio Recording) **Song #6** Cassette (Audio Recording) **Song #10** Song-Sheet: Original Text, as dictated by the Patient and written down by Friend When Mary had made her 10th Song, she got a CD "collection" of all her Songs from the Music Therapist
RENÉ	**Song #1** CD with Picture of René

Table 9. *Artefacts commented in the song cases*

Validation: securing the quality of the research project

The accumulation of knowledge aims to make ever more informed and sophisticated constructions. This researcher is humbly aware that the formation of the life histories of the songs and the interpretations as to what the song events might mean are based on the multiple coexisting "knowledges" by competent people, in particular by those who have been interviewed. The researcher's task is to construct the song histories and to let his voice be heard on this "broad" background. The constructions (here, the developed knowledge) are subject to continuous revision - knowledge accumulates within a hermeneutic spiral movement - "[…] as varying constructions are brought into juxtaposition" (Guba & Lincoln, 1998: 213). Triangulation is a means of developing this knowledge.

Triangulation

Even a most devoted constructivist and qualitative researcher wants to minimise misinterpretation and misunderstanding, to be accurate where this is relevant and to carry out a methodology with logical structure and logical interpretations. Security measures for good quality qualitative research are commonly named under the heading: triangulation. This word has been transferred from celestial navigation, in which it

refers to determining distance and position from (two) points, to be an umbrella term for several ways of gaining "[…] the needed confirmation, to increase credence in the interpretation, to demonstrate commonality of an assertion […]" (Stake, op.cit.:112). Triangulation as a practical method has its firm foundation in the natural sciences - it is however naive to think that two or more different pieces of qualitative data may help the researcher to make findings similar to the measurement of accurate points or positions in a landscape (field of study). As I see it, triangulation techniques may, first of all, illuminate the landscape from different angles. This may help the researcher to check what can be seen (what he can see) clearly and what seems unclear or vague - providing ways of developing interpretational arguments throughout the qualitative study.

Different kinds of data in a case study have different levels of need for triangulation (ibid.). Little effort is needed to confirm relatively incontestable descriptions - of which there are numerous examples of in this study - eg those related to medical condition and treatment, times, places, song-participants, and, to a certain extent: what participants actually were doing. [4] The researcher's own persuasions are hopefully both well reflected and coherent, but need not to be confirmed through triangulation. On the other hand dubious and contested descriptions need confirmation (in this study for example, a statement about events – what happened and what it meant - may be strengthened through triangulation). Key interpretations and data critical to an assertion need of course extra effort toward confirmation.

The different ways of using triangulation in this study are based on Norman Denzin's "triangulation protocols" (Denzin, 1984), also quoted and discussed by Yin (op. cit.: 90-94) and Stake (op. cit.: 112-115). *Data source triangulation* is applied when a certain phenomenon is studied across several cases or within a single case at different times/places in the chronological history of one song. This "[…] is an effort to see if what we are observing and reporting carries the same meaning when found under different circumstances" (Stake, op. cit.:113). When for example the word "achievement" seems to be well suited to express the researcher's interpretation of an event in which a patient shows "song related pride", he looks for similar phenomena in the history of this one song, in the different songs by the one child, and in all the 19 song histories. *Investigator triangulation* and *theory triangulation* are not applied in the

sense of organising observations by different researchers or having professional investigators (co-observers, panellists, and reviewers) that represent alternative theoretical viewpoints. Many events related to the song creations have had what I will name *natural* co-observers, such as parents, nurses, medical staff and teachers, many of whom have been interviewed. This way of emphasising observations and comments by different people who are naturally in the ward milieu may be characterised as a form of alternative investigator triangulation. Different people have of course different theoretical backgrounds/foci too (in their understanding of the song creations); this researcher has however not been eager to analyse the theoretical grounding in each of the interviewees' expressed observations and comments. The final way of triangulation is named *methodological* - according to Stake (ibid.:114) also the one most recognised protocol. Methods in a case study are, according to Stake, identical with what I have called *data sources* in this study: document review, interview, and observation - multiple approaches that are used within the construction of all the present song histories. The result of this form of triangulation can sometimes be a more accurate description of a phenomenon or, in the words of Yin: "[…] the development of *converging lines of inquiry* […]" (Yin, op. cit.: 92). At other times the outcome is a more many sided and broad description. I agree with Stake when he claims that "The stronger one's belief in constructed reality, the more difficult it is to believe that any complex observation or interpretation can be triangulated" (Stake, op. cit.: 114).

Interviewees have been requested to examine and comment written transcriptions of interviews – a form of *member checking* that also may help triangulate the researcher's observations and interpretations. Both Mary's parents and professional personnel that have been interviewed have commented on the design and the content of the tables that constitute the various song histories. Colleagues at the Doctoral Programme in Music Therapy at Aalborg University and The Research Group at the Department of Nursing, Oslo University College have been irreplaceable inquisitorial controllers of structure, coherence and interpretations throughout the project.

[4] This epistemological stance is also dealt with in *Chapter 1*.

Criteria for quality of the research project

The case study theorist Robert K. Yin and in qualitative music therapy research by Henk Schmeijsers (1997) both use the traditional positivist criteria of *internal* and *external validity*. I agree with the claim that qualitative research must have its own terminology for judging the goodness or quality of an inquiry.[5] The issue of qualitative criteria in constructivism has, util now, not reached its "final" position (Guba & Lincoln, op. cit.:214). *Trustworthiness* has been proposed, since the 1980s, to encompass *credibility* (paralleling internal validity[6]), *transferability* (paralleling external validity[7]), and *confirmability* (paralleling objectivity[8]). Aldridge indicates that correct technical, methodological procedures are but one part of good qualitative research:

> "The basis of establishing validity as trustworthiness, in its sense in qualitative research, is to show that the work is well grounded, to make transparent the premises that are being used, to develop a set of sound interpretations and relevant observations, and to make these interpretations credible. Although it appears that we are questioning the nature of the data, and the interpretations that are being made of it, we are often questioning the credibility of the researcher. While we may pretend to be asking purely methodological questions, much of what goes on in methodological debate is a questioning of the credibility of the researcher, not the data" (Aldridge, 1996:125).

The criteria of *authenticity* criteria encompass, amongst other things, *fairness* (participants have access to the inquiry process and are involved in choosing/answering salient questions), *ontological authenticity* (enlarging ones personal views/personal constructions of a culture) and *catalytic authenticity* (being empowered to act to reshape one's culture/being stimulated to action). To state the parallelism of some of these criteria with positivism does not increase their value in qualitative research. The

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5 It is never the less interesting that the archaic meaning of the Latin word validus is "strong", "powerful", "effective" - indeed important features of a well funded argument, may it be qualitative or quantitative (*Oxford Concise Dictionary of English Etymology*, 1996).

6 Internal validity: "The degree to which it can be inferred that the experimental treatment (independant variable), rather than uncontrolled, extraneous factors, is responsible for observed effects" (Polit and Hungler, 1999: 704).

7 External validity: "The degree to which the results of a study can be generalized to settings or samples other than the ones studied" (ibid.:702).

8 Objectivity: "The extent to which two independent researchers would arrive at similar judgements or conclusions (i.e., judgements not biased by personal values or beliefs); considered a desirable attribute within the positivist paradigm" (ibid.:709).

authenticity criteria are near to *critical theory*. This is however in accordance with a post-modern qualitative research approach focusing on the intersubjective "truth-within-situation" and where Man is "[…] defined more in terms of relationships than discrete essence" (Ansdell, 1997:39). Presenting scientifcally qualified interpretations will, most likely, be strengthened by personal-relational attributes, such as curiosity, openness, patience, empathy, in addition to extended knowledge and the application of a sound methodology. Such attributes are also helpful during the construction (selection, analysis and interpretation) of central themes in the life histories of the 19 songs. An outline of methodological procedures related to that part of the study is presented in the beginning of *Chapter 4*.

Chapter 3

19 CASES
(life histories of songs)

This study looks specifically at 19 different songs made by/with five children in two hospitals. Each individual song history (case) is presented with specific contextual information and with references to the original "text and music" in *Appendix 2* and with references to 25 audio documents on the companion CD. The first song history of each of the five patients contains basic biographic (including diagnostic) information. For practical reasons is this not repeated for each new song. As the project takes place in natural settings, these provide both a condition and a soundboard for the song (histories). Describing the central sites and the general music therapeutic work that goes on there will provide the reader with a necessary basis (and probably also unnecessary prejudice) for studying the individual songs. The crossover between general music therapy and the specific song creations in these milieus, is made far more distinct here than in the actual music therapy practice. The researcher is also a key instrument of data collection. He has, according to good qualitative research traditions, spent extensive time in the field and describes this with an ”insider” perspective (Creswell, op. cit.: 16). It will be somewhat artificial to pretend that he does not carry with him his total understanding (at the time) and all his previous experiences from the very start of a research project. As Stake writes: ”There is no particular moment when data gathering begins. It begins before there is commitment to do the study: backgrounding, acquaintance with other cases, first impressions ” (Stake, 1995: 49).

When this study was commenced, I thought of the ”sites” as the two hospitals only. I soon discovered that the songs, in some cases, ”moved out” of the wards and the hospitals. Some of these sites I did not know or visit personally, but I received information about songs being (re-) created or performed in various patients’ homes, in kindergartens, home hospitals/schools and even in a television programme.

Contexts: music therapy in two hospitals

Sites

Paediatric wards in two metropolitan university hospitals constitute the basic arenas for this project. The music therapist/ researcher has initiated and developed the music therapy service in both wards. One of the paediatric departments ("Hospital 2") fills an eight-storey building with several specialised wards and research institutes. Even if the economic funding for music therapy comes from *The Norwegian Childhood Cancer Parent Organisation*, no child is excluded from music therapy activities if interested. The music therapist has a small office, but most practical work goes on in the patients' rooms (isolation rooms included) or in the "open spaces" (sitting room, corridors, entrance hall) of the hospital. The other paediatric department ("Hospital 1") is smaller: one storey, barracks like, premises - one ward for children under two years of age and one for older children. Here there is neither an entrance hall, nor big sitting rooms, just a kitchenette for relatives. The facilities for proper isolation treatment are also limited. Children who need bone marrow transplantation are transferred to "Hospital 2" for the actual procedure and treatment/care as long as a strict isolation regime is needed. But the ward is surveyable, with parents often sitting on low cupboards in the corridor chatting or waiting, with an easily accessible duty room, and with a centrally placed play room where the music therapist, at times, also "keeps house". In spite of the heavy restrictions on the number of people allowed into the isolation rooms, this music therapist has been able to "follow" patients from the one hospital to the other - and back again. During the latter part of the research period, the paediatric department of "Hospital 1" moved to new, modern and far more spacious premises.

Both hospitals are well staffed, with good psychosocial professional backing, and with highly qualified school (and pre-school) teachers. *The Norwegian Childhood Cancer Parent Organisation* has established a new group of professionals: *cancer advisors* (mainly paediatric oncology nurses) who provide a most useful link between hospital, the family, home school/kindergarten, arranging family based holiday camps/courses and initiating spare-time activities in and outside the hospital. All treatment is free and both parents are allowed public sick leave pension (based on average income) as long as the child is being treated for cancer. One or more relatives usually accompany the sick

child during hospitalisation, occupying another bed in the patient's room or spending the nights in adjacent family rooms.

The paediatric department of "Hospital 2" is proud of its own chamber choir with members from mainly the medical and nursing professions. The choir has weekly practises in the outpatient ward and performs three or four times yearly for patients, relatives, and other hospital personnel: madrigals, arranged children's songs, carols, etc. A quite different form of interdisciplinary musical expression can often be heard in the paediatric ward of "Hospital 1": a ward rock band (three nurses, one doctor and one pre school teacher) specialising in making songs about child patients' experiences and patient-staff relationships. Another "orchestra" comes to life every time a child has gone through the approximately two years standard treatment for leukaemia, at birthdays (also sometimes relatives') and indeed on many "special occasions". Staff members dress with school band caps, grasp "some instrument" and walk blowing and banging (often accompanied by some young patients) through the corridor to the play room where the "guest" is treated like a hero.

Characteristics of music therapy in two cancer wards

The child with cancer (most commonly accompanied by father/mother) is brought into a hospital "landscape" where treatment, care, education, and psychosocial support each have a particular position and significance. Every professional person in the hospital (oncologists, nurses, etc) and each activity and event have particular links to other professions and professional activities. A music therapist has no self-evident position in this landscape. "Position" means here both *existence* (simply being there) and administrative or therapeutic *domicile* (eg "membership" of a psychosocial professional team). What kind of social *status* a new representative of an unknown discipline like music therapy has in a university hospital, I leave to be discussed elsewhere.

The *therapeutic* interventions (events) are bound to be influenced by the position from where the music therapist encounters other professionals and (the family of) the young patient. When I first entered the premises of the two hospitals with music (making) in "my bag", there were no other music therapists at any Scandinavian paediatric cancer ward. With a starting position that I now interpret that many

colleagues understood as something between a "Jack-of-no-trades" and a "possible entertainer", loose administrative and therapeutic links were gradually formed with the cancer advisors, the medical superintendents/staff, nursing officers/staff, and with the hospital teachers. It was necessary (I thought) to state firmly and repeating again and again that I did not represent any alternative cancer therapy. My therapeutic objectives were primarily directed towards health promotion: preserving aspects of "normal life" in the ward and fostering joy and pleasure through music related activities. If I had wished to establish music therapy as (eg) a systematic psychotherapeutic practice in these settings, a very different appointment structure would have been necessary.

During the years of the present study individual music therapy was never officially prescribed for a particular patient, nor offered as a standard part of a treatment regime in either of the two hospitals. Establishing individual music therapy agreements have been somewhat casual, often with patients or relatives taking the initiative regarding (what I like to call) prospective musical collaboration. Nurses, medical staff or teachers have often asked the music therapist to *see* a patient, but further appointments have been on a strictly voluntary basis from the patient/family and the music therapist's own assessment. Administrative conditions like these might not be ideal, but they at least made music therapy involvement a genuine choice for the child/family. If music therapy means "increased possibilities for action" (see page 46), I believe it is part of the therapy for a patient to be allowed to say, "not interested"! There are so many other therapies and arrangements where young cancer patients have no choices at all…

The Musical Hour

First encounters with children and family members may take place in relationship with *The Musical Hour* (from Norwegian: "Musikkstund"). This weekly event grew from singsongs I arranged together with (pre-school) teachers in a physiotherapy room at "Hospital 2". The experiences I had recently gained from open group musical meetings with adult patients and staff in a hospice day care ward were transferred to the new hospital setting. *The Musical Hour* became quite a popular weekly event that soon got more spacious premises: the big entrance hall of the paediatric department. In "Hospital 1" a similar weekly get-together was held in the playroom. These events are conducted with the following aims and activities:

- Promote team spirit through meaningful music related common activities such as singing, acting, playing etc. (There are many instruments suitable for ensemble use available). Musical socialisation is believed to be one factor of fostering friendliness and confidence in a milieu where uncertainty and suffering might dominate.
- Promote awareness of the individual through presenting each other's names, presenting song-makers and their products, presenting song/instrumental soloists (from the most modest to most advanced appearances) or simply focusing everyone's attention momentarily on one person, eg a birthday girl/boy etc.
- Promote meaningful musical/artistic experiences through mini concerts performed by the music therapist and/or a student, the medical superintendent or any "guest star" popping up (the musical point of departure may be a *medieval dance tune* performed on recorder and percussion, just as well as a short Chopin *prelude* on piano or Sonny Rollin's *St. Thomas* performed on trombone and guitar). The border between receptive and active (music therapy) engagement is often not clear. One version can be performed *for* "the audience" (being occasionally prompted to visualise something, or simply close their eyes for some seconds in relation to the music), another version might be performed *with* everyone clapping hands, humming or moving along with the rhythm.
- Promote fun and laughter through fun and laughter. These distinguished human hallmarks are treated as objectives per se. A paediatric hospital does not give many opportunities for such *normal* experiences. The music therapist is also a clown, a fool, an ignoramus: performing funny songs, using puppetry or tales (Aasgaard, 1996).

The music therapist may occasionally talk like a music teacher or, on the contrary, let the music stand on its own. His (at times) *pedagogic* attitude is one way of taking the people in attendance seriously: believing he actually may have things to say and do that some will find interesting - believing young and old may be interested to learn or acquire new skills - aiming at never underestimating anyone present.

The participants are first of all the patients: some in wheel-chairs, some in beds, many with infusion pumps; but also relatives; students (of various kinds) and people working in hospital - altogether 20 or 30 persons - may be present. Sometimes a dozen (young and old) start the event by marching (or rolling) through the corridors playing and

singing. In front walks the music therapist in top hat, blowing his trombone or recorder. Bystanders have associated this view with the tale of the *Rat-catcher from Hamlyn* (Stai, 1999). I like to call it *a procession of health*… The music therapist strives at treating everyone as a fellow musician, hopefully challenging the individual just so much that the suggested tasks are within her/his capabilities. For some minutes patients are not primarily patients, professional staff are not primarily professional staff. We will all soon enough be back in "reality". People come and go all the time, some because of other business, diagnostic/therapeutic appointments, fatigue/uncomfortable symptoms, or simply because of lack of interest.

Often the children themselves or their parents, a nurse or teacher approach the music therapist before a session and present a possible soloist, a favourite instrument, or a song that might be included in the programme. Sometimes soloist and music therapist have time for a short rehearsal before the "show" - but all participants know they may suggest activities or solo elements during the entire *The Musical Hour*. Sometimes a child has made a song text and wants melody and musical arrangement immediately.

Improvisation is not only a characteristic of much of the musical activity going on, but also marks the total structure of this weekly event. The music therapist may skip planned activities and initiate something completely different, if contexts change. Some ideas may not prove successful at one occasion; other ideas drop dead once and for all. With a group of people that differs so much in age and degree of fitness is it not easy to find activities that suit everybody at the same time. What may be laughable for some may be frightening for others. The same child may appear vigorous and quick-witted one day and fatigued and sullen the day after. The music therapist who gets involved in sessions like *The Musical Hour* works without a safety-net: not only is the setting rather uncontrollable, all musicking, "failures" included, can be heard and seen by "everyone", not the least by other members of the hospital staff.

During the minutes after the "show" children may approach the music therapist or the instruments. Sometimes a shy child or adult has something to say or to show. Parents may give information about a child's musical interests or skills or about their own situation. A child and the music therapist often start a little jam session without any preceding formalities.

Working with individuals and families

The music therapist has, as a rule, spent one Tuesday or Wednesday a week in each ward. In addition he has followed up individual appointments as required. This means that the music therapist sometimes has visited a child on a Sunday morning or a Saturday evening if this time suited the patient or family. During weekdays, particularly before 4 o'clock p.m., people and activities accumulate in the ward: important diagnostic and treatment procedures are carried out; different specialists are queuing to see the child/family; the children who are ambulant attend school or the teachers visit the sick child. The remaining part of the day/night is the family primarily communicating with the nursing staff, and indeed a slower pace marks life in the ward. In my experience music therapy sessions during evenings or weekends have often benefited from the relative tranquillity, and sometimes even *boredom* associated with such times. The co-operative nature of song creations makes it natural for the music therapist/researcher to adjust his time schedule to that of the family. I try to work *fast* to make melodies/arrangements/copy cassettes/find required materials. There are so many other reasons for waiting and so many uncertainties in hospital - if one is able to give quick feed-back in the musical matters, one provides a booster for possible creative successes.

Individual music therapy sessions are commonly presented and talked about as *"projects",* not the least when a child/family is interested in creating a song, learning an instrument, making a recording and the like. The meaning associated with "project" is different from "music therapy session". In the paediatric oncology ward there are so many therapists and therapies. It is perhaps important for the sick child (family) also to be engaged in something meaningful that is not named therapy. I have experienced some older children instantly reacting with disappointment when understanding that I am a music therapist (as one 13 years old girl once whispered: "I had hoped we could just make music together"…). Without trying to hide my professional relationship, I attempt to make it clear that I am in this special ward, simply because I think music is important for everybody - including those in hospital. Most children understand and accept this common-sense argument .

Improvisational models such as "Free Improvisation Therapy" or "Creative Music Therapy" (Bruscia, 1987) are sometimes applied when the patient (or family member)

has problems with expressing emotions or is depressed. I might use the similar models with someone else, but this time just because the patient seemingly gets pleasure from this way of musicking. The young patient is usually, but not always, the major musical participant. Other family members have, almost as a rule, different (and changing) roles relating to the musical activities. A mother, the patient and the music therapist may play lyres and sing together; a visiting brother or sister may spend a morning as the music therapist's "assistant"; a whole family may take part in the recording of a new song creation; a nurse or a teacher collaborates with a patient making a text and is joined by the music therapist to accomplish the final musical touch.

Once the father of a seven years old girl with leukaemia had several individual recorder lessons (or rather jam sessions) with the music therapist. Within a period of some few months he had become a widower, lost his job, and when his youngest child got seriously ill, he did not have much strength and spirits left (the daughter shed many tears too at this time). He told me, after their first *Musical Hour*, that he had a soprano-recorder at home. We discussed their apparently gloomy life in hospital for a while, and I offered to teach him to play the recorder (even) better - to "fill" the long hours of waiting and doing nothing. One week later, he had bought himself a treble recorder that we explored together. Within some months he added tenor and sopranino recorders to his collection. One morning his daughter smilingly approached the music therapist and told that her father had become "so clever".

The examples above indicate an important feature of the music therapy in the two paediatric hospitals that are "hosts" for the song creations to be studied: an emphasis on *contextual* and relational matters. Sometimes it is almost uninteresting if it is the relative or the patient who is the major collaborator of the music therapist. Assisting a father to regain energy and doing something he thinks is meaningful or enjoyable, might well be profitable for the child patient who experiences a more funny and lively father. This perspective puts stress on music therapy related social and symbolic environmental elements existing in a continuous interplay where the parts mutually influence each other (Aasgaard, 1999).

Parents, nurses or medical staff may notify the music therapist about children in hospital who are soon going to die. The day programme for these patients is generally less

marked by the busy schedule of those undergoing the many procedures related with diagnostic and curative treatment. It is perhaps an unspoken law that these families, in particular, shall be surrounded by love and care and this becomes also the major concern of the music therapist. To “promote health” is, still at this stage, a relevant objective with these families. The Finnish nurse theorist Katie Eriksson suggests that *love* is the revelation and manifestation of health (Eriksson, 1989). One practical manifestation of love is doing “good things” to the person being loved. As a rule the music therapist collaborates with the parents about what to do. No predetermined music therapy methods are applied. I may sing together with others present in the sick room or accompany the parents singing a favourite song for their child - once a mother and a father even requested to sing three or four part arrangements at the bedside of their unconscious son (Aasgaard, 2000c). Relatives may borrow a pentatonic *lyre* and sit improvising for long periods in the sick room. Children who are weak and fatigued have also, on their own initiative, wanted to take part in improvisations, or even to have fun singing "indecent" songs together with the music therapist. On a quiet Sunday afternoon in the playroom two nurses dance the can-can in front of a bedridden nine years old girl. She is not able to sit or stand, but she is eagerly banging on a keyboard placed slightly lower than the mattress, the music therapist improvises on trombone while the mother is smilingly watching the show. A visitor might not easily guess that the young patient with the huge, inoperable abdominal tumour, here displaying her love of life, sense of humour and energy, will die peacefully just some few days afterwards. For some parents the (momentary) musical involvement of their dying child becomes a strong example of its "last participation in life". The parents' stories from this period often mention the creative acts or their children's appreciation of music (Aasgaard, 2001).

The 19 cases are presented on the following 40 pages.

Brian * song #1: *Love* (*Norwegian title: Kjærlighet)*

Original text/melody in Appendix 2a; CD: Audio document # 1

TIME AND CONTEXT	EVENTS	COMMENTARIES	
		Interviewees	**Music Therapist**
"Brian" is 14 years old. Since he was six he has been in and out of hospital because of his Acute Myelogenic Leukaemia (AML). He has gross learning difficulties and attends a special school when he is "at home"; he is living with his uncle and aunt. Writing and maths are really not Brian's cup of tea. He is a teenager of few (and simple) words. His social life has been disrupted many times because of his illness, hospitalisation and periods of isolation.	Brian's doctor mentions that this boy needs stimulating activities and to strengthen his self confidence. Brian has heard songs made by younger hospitalised patients. Nice songs, but dealing with rather childish themes, Brian states. At the hospital school he learns to use a PC, and one day Brian has actually written his very first, very own song-text: "LOVE". Numerous grammatical errors are corrected, but nothing is added. ENGLISH TRANSLATION (by the Music Therapist): ***Love is nice girls and tough boys,*** ***Loving each other,*** ***and attending the same school.*** ***"How old are you?*** ***Can you say you love me"?*** ***Then they move together,*** ***and that is cosy.***	*Paediatrician: *"Brian showed his likes and dislikes clearly; you could easily see when he was lost, sad, or when he was happy. At the time when I contacted the music therapist (T.Aa.), he was in a bad phase. He had got a relapse, and he also knew that no one could guarantee a successful outcome […] there were many reasons for believing that it might be good for him to be a participant in other areas but his illness."* *Hospital Teacher: *"The text was made during a period when he was rather preoccupied with girls. When he wrote it, he probably also had a particular girl on his mind; she was also a patient. I believe it's a story about how life ought to be."* * Staff Nurse: *"[This song] was an expression of what Brian thought of as positive in his life. There were so many other aspects that were negative. [One value] in life is actually worth living for . . . and that's love, ok? Surely this has kept him afloat and given him the courage to live."* * Enrolled Nurse: *"[…] 'move together, and that is cosy'[…] He had a really good time after having moved to his aunt and uncle […] They often used that expression, "cosy". […] And Brian had a tremendous need of love."*	The theme of the text is probably the most common you can think of. A boy soon to be fifteen years old making his own song is perhaps not very uncommon either. But Brian's long term sickness and his restricted social environment made this achievement the expression of normality in a very abnormal context. When I watched Brian during the first 'public' performance, he was seemingly not primarily a patient with a life threatening disease. I believed that for some moments he appeared to be the centre of attention just as a normal and creative teenager. I think he was particularly pleased that he had participated in the making of a real pop-tune and not just a children's song.
1 month after admission Now Brian is in hospital again . . . fatigued and frequently feeling unwell. Teachers, doctors and nurses knowing Brian well agree that his self-confidence is seemingly rather low at this time. Nevertheless: He has started to look at the girls, a rumour also claims that he has fallen in love!	Late one afternoon the music therapist, assisted by Brian, puts a melody to the text. A nurse says that Brian has said (with a smile on his face) numerous times that day*: "I dread what will happen when Trygve comes"*. He does not have much strength today; he is bedridden and is receiving a dose of chemotherapy intravenously, but he is eagerly following me conducting the compositional process. Brian chooses the rhythm and speed of the melody and says he wants it to be in "heavy rock style" and slowly in the beginning, otherwise he has no melodic suggestions. I repeat the lines saying *"How old are you? Can you say you love me".* The melody making lasts 45 minutes.		

Brian * song #1: *Love* *(Norwegian title: Kjærlighet)*

Original text/melody in Appendix 2a; CD: Audio document # 1

TIME AND CONTEXT	EVENTS	COMMENTARIES	
		Interviewees	**Music Therapist**
	Love is written out nicely, and some days later it is being performed during the weekly *Musical Hour* in the entrance hall of the paediatric department. The music therapist plays the piano and patients, relatives and staff are singing, clapping hands or drumming. "The audience" applauds. Brian has watched the performance from the side. He does not sing or say a word himself, but he is blushing and smiling.	* Hospital Teacher (about Brian after the first performance)*: "He was incredibly proud. He grew 'several feet' when you put music to his text . . . there were so many other things he did not master at the time."*	I felt after this common enterprise, Brian treated me as a very good pal. He seemed to be just as happy with the result as I was.
5 months after admission Brian is rather fatigued . He uses a wheel chair for moving about.	*Love* is being performed once more for a big crowd of patients, relatives and staff at the paediatric ward. Another applause for Brian; once more he is sitting a little away from "the crowd", but appearing rather cheerful.	*Enrolled Nurse: *"When I asked him who had written this song, he answered 'It's me'. He never mentioned that he had had any assistance."*	Singing this song at the *Musical Hour* made the participants smile and chuckle (especially the grown-ups). To sing about youthful "simple" love was not everyday business in the oncology ward environment.
	Just after this session Brian tells me that he has just lost his wallet containing <u>three</u> new songs made by himself.	*Enrolled Nurse: *"One day Brian visited my home, he saw that 'Love'* (music and text) *hung on the refrigerator door.' This is my song', he said. He was looking really proud."*	Since this first success, Brian seems to cheer up every time his first own song is being referred to.
	During the following months Brian makes three more song texts. When he later visits hospital for medical checks, he very often mentions his old songs, or tells me that he still likes to make songs.		

Brian * song #2: *Doctors are kind* *(Norwegian title: Leger er snille)*

Original text/melody in Appendix 2b; CD: Audio document # 2

TIME AND CONTEXT	EVENTS	COMMENTARIES	
6 months after admission Brian is ready to have a bone marrow transplantation. This is the last chance for a permanent recovery from his leukaemia. The weeks before the transplantation Brian has been treated with high doses of chemotherapeutic medicines intravenously. His defence mechanisms will be "out of order" for several weeks. Thus he must spend all day (and night) in his room. The next days are most critical for Brian. The new bone marrow (from a donor outside his family) is growing nicely. But he gets a number of unwanted side effects related to his complicated treatment: Sore mucous membranes including *Haemorrhagic cystitis* (passing urine became a torture); *Veno Occlusive Disease* (decreased liver function and accumulation of poisonous substances) and various *Graft versus Host* symptoms.	The hospital teacher challenges Brian to write about his present experiences of isolation. "Be as critical as you wish", he suggests. Soon Brian tells me that he has started writing a new song. Seemingly quite proudly he opens a portable PC he has borrowed for bed-use. "Doctors are kind"; one can read from the screen. That's all. But four days later Brian gives me the finished text. He is really not in good shape, and I must make the melody without his co-operation. The original text is divided into 2 ½ verses. Each verse has this structure: AABC. The line about the National Hospital in verse one is also added to the second verse. The very last line is sung four times, more or less on the A melody. No new words are added; a couple of words/sentences are shortened. The melody is intended to be simple with short repeated phrases in a soft-rock style. ENGLISH TRANSLATION (by the Music Therapist): ***/Doctors are kind, nurses are nice,*** ***everyone working here is clever,/*** ***It's a good we have got the National Hospital.*** ***But miss being home,*** ***I miss football and cute girls,*** ***I miss my bed and my sister*** ***/I'm glad that my bone-marrow is growing*** ***I'll go South (to the Mediterranean) after this. /*** ***It's good we have got the National Hospital.*** ***I look out of the window with my binoculars,*** ***and I watch films, but I'd like to be fit again*** ***/I shall shout with joy when I come out!/ x4***	**Interviewees** *Paediatric Nurse Specialist: *"I believe it's so important to tell others how the patients are experiencing (isolation). We (staff) have different experiences: we are on duty, we go home. But patients have to be there, like it or not, in the one room for weeks. You must have experienced it to be able to say what really means."* *Enrolled Nurse: *"In addition: He had a very small family support network. He just had us! And even so…he thinks that doctors and nurses are nice…he was dependent on us…he had no father or mother staying there being good to him."* *Hospital Teacher: *"My expectations of how this text would develop proved to be wrong. […]I believed he had at least some aggressive thoughts (about being isolated). But the text became extraordinary mellow: everyone is clever, and The National Hospital is just fine. I asked him: 'Brian, there must be something you are missing'? Then he started writing about his privations."*	**Music Therapist** This was quite certainly the longest text Brian had ever produced in his life. To make a well fitting melody (for Brian's ears) was difficult because I had no chance to co-operate with the author. I knew he expected a finished song rather soon, so I had to rely on my (possible) musical intuition. I hoped that the music was able to support (not dramatise) the sober and unsentimental text. It was really interesting to co-operate with the hospital teacher. He seemingly was balancing beautifully between doing too little and pushing or assisting the writing process too much. I knew Brian was very fond of him too.

Brian * song #2: *Doctors are kind* *(Norwegian title: Leger er snille)*

Original text/melody in Appendix 2b; CD: Audio document # 2

TIME AND CONTEXT	EVENTS	COMMENTARIES	
		Interviewees	**Music Therapist**
Three days after Brian has made the text. This evening Brian is critically ill: his body is oedematous and he seems to be in constant agony.	When I am entering Brian's isolation room with the "finished" song, one nurse is busy trying to keep Brian from jumping out of his bed. He is moaning and restlessly struggling to find a comfortable position. Another nurse is regulating the intravenous infusion and replacing the urine catheter. I have followed the usual strict procedures of hand washing and being dressed in a new gown and shoes. The keyboard has been thoroughly cleaned with alcohol. Brian does not seem to notice me at all. I place the keyboard In the far corner of the room. The performance/ recording is executed in two steps: a) playing the melody with a basic bass-line; b) singing and adding more accompaniment "on the top of" the a) track. Listening to the tape one can also hear Brian's occasional moaning, the "Beep-Beep" from the infusion pump, and the nurses discussing what to do.	*Brian (asked if he remembered the music therapist singing *Doctors are kind* that night when he was so sick?): *"Yes, certainly. And it was fine!"*	I had never before been that uncertain entering the room of an isolated patient, although the charge nurse had invited me to come and see Brian. "First things first"… doctors and nurses were actually busy working with actually trying to save his life that night (the outcome was most unpredictable, I was told). My feeling of being "lost" and only getting in people's way was not decreased when I realised that Brian did not talk to me; but at least he could see and hear me, I believed. I placed myself in the very far corner from Brian. Even the nurses did not take much notice of me singing and playing (and recording). What a clash between Hi-tech and the Arts?
Two days after the first performance Brian's general condition has improved dramatically. The strict isolation measurements have been somewhat eased.	I record the bedside-first- performance, and leave the cassette to be played for Brian in case he wants to listen. (Various members of staff also listen to the cassette the following days.) Brian is looking much better (although quite tired) and is smiling and greeting me when I enter his room. His uncle and aunt are there too. He has told them about his song making, but they do not know the actual songs. I sing (and accompany myself on a keyboard) *Love* as well as *Doctors are kind.*	*Aunt and Uncle expressed their astonishment of Brian's skill. Aunt: *"We didn't know you were such a clever songwriter!"*	By this short, but firm answer Brian indicated that I had not performed the song for completely "deaf" ears. Could this song function as <u>one</u> way of keeping hope alive? Brian later wanted the tape to be played, but he made no comment; his nurses said they were moved when listening to it.
7 months after admission (Christmas Eve)	Her Majesty, The Queen of Norway, visits the Paediatric Department. Brian has been asked if he would like to have *Doctors are kind* performed for the Queen. He certainly would not mind at all, Brian says, but the music therapist has to sing. As Christmas is approaching, it becomes clear that Brian will be staying with his father (away from hospital) on that day. I discuss this with Brian; and it ends up with me singing the song and referring to Brian (using his proper name, because he said he would like that) to the Queen and dozens of staff, staff children and some few patients and their relatives.	* Paediatrician (who had asked for music therapy for Brian) : *"When I saw that Brian was happy (as he was when engaged with his songs), I became happy too."*	*At the visit of the aunt and uncle:* It seemed to me that Brian's own songs lightened the atmosphere in the room from being rather gloomy and "embarrassed" to being more light and relaxed. All three were eventually smiling and talking more at the end of our music session.

Brian * song #3: *All the Girls* (*Norwegian title: Alle jenter)*

Original text/melody in Appendix 2c, CD: Audio document # 3

TIME AND CONTEXT	EVENTS	COMMENTARIES	
6 ½ months after admission Brian's condition is slowly improving. But he still has very little strength and endurance. He is still partly isolated (presently 10 weeks altogether). The music therapy student at the paediatric ward (B.A.) this term is also a well known pop artist, singer and composer. Once a week he appears in a popular television show that Brian watches regularly. Once a week he is at the hospital together with me: always observant, musically inventive, modest and funny. **8 ½ months after admission** Brian is soon ready to be discharged, but he is still infection prone and spending much of the day in bed. **One week later** Brian has been discharged and is 'home' (with his uncle and aunt).	Today Brian has asked for the student and me. I introduce B.A. (MT-student) to Brian in his "semi-isolated" room. He is visited by his mother whom he has not seen for some time. Brian finds his two song texts of his own accord , and B.A. tells Brian that he also sometimes makes song texts and collaborates with others about melody and arrangement. Both mother and son seemingly appreciate meeting the "pop-singer". I leave the slightly crowded room. B.A. has brought his guitar to Brian. He performs two of his own "hits" *Girls that kick and beat* and *Not ill, just Swedish*. Before B.A. leaves, he gives Brian his latest CD album: *Rootless youth* (Norwegian: *Rotløs ungdom*). B.A. returns to the paediatric ward after the Christmas holidays. When he is entering Brian's room, he sees the boy bent over the CD player. Brian no doubt knows the texts from B.A.'s CD very well now; and according to his teacher these are the first texts he has ever learned by heart. He is asked if he has written anything since they met the last time. Brian has left a new text; the ward sister gives it to B.A.	**Interviewees** *Music Therapy Student (B.A.) wrote in his log book: *"(Singing those songs here) feels a little strange, but meaningful as well. What a context for singing my songs? …songs written with quite different intentions about audiences and places of performance than what I now experienced. The 'methodology' or the songs per se (were probably) less important than the performance (Norwegian: 'måten'), the context, the occasion, the anticipation that determines if a musical meeting is going to be successful, be valuable and meaningful."* *Paediatric Nurse Specialist: *"He was taken up with the two of you. I observed when you just dropped in…or if he just saw you…he got a special look in his face and he nudged us and pointed. He said nothing, just pointed."* *Hospital Teacher: *"At this time he was really preoccupied with B.A.. and his 'band'. He played the CD non-stop. Apparently it was almost some kind of therapy for him to play it again and again. And some of those texts were rather rude and coarse."* *Music Therapy Student: *"When asked if he had written anything, his face brightened; at the foot-board of the bed lay a sheet of paper with the beginning of a new song. It was not yet finished, he stated. But its title should be 'Girls that kick'. I promised to make a melody to it, if he completed the lyrics."* *Hospital Teacher: *" He had been ill for so long, he had lost so much, and he had so much to catch up with. He tremendously needed something rude and coarse.[…] But when I saw he had written 'pulled down her underpants', I intervened and said: 'It's OK that you are making a rough text, but let's instead write 'pulled down her blinds'…because the effect might be approximately the same: maybe something happens?"*	**Music Therapist** When I saw the two songwriters discussing and presenting their songs for each other, I realised that this was the beginning of a relationship, and a kind of friendship that probably none of them had experienced before. The lyrics on the CD contained rather explicit sexual language, not what one expects to hear in a paediatric ward. On the other hand, both Brian (and luckily also his mother) seemed to believe this was great fun.

Brian * song #3: *All the Girls* (*Norwegian title: Alle jenter)*

Original text/melody in Appendix 2c, CD: Audio document # 3

TIME AND CONTEXT	EVENTS	COMMENTARIES	
	ENGLISH TRANSLATION (by the Music Therapist): ***ALL THE GIRLS*** ***All the girls are like Roquefort*** ***That is the best I know*** ***But some girls are drunk*** ***Then I become sour as a radiator*** ***Lisa is sweet as a rose*** ***And when I see her come,*** ***I get so happy*** ***I'm feeling like a Roquefort*** ***melting in the sun*** ***The last thing I can remember was a bang*** ***She was standing on the top of a table*** ***and pulled down her blind.*** ***That evening I was carried away in an ambulance***	**Interviewees** *Enrolled Nurse: *"Lisa was his primary nurse and he was really fond of her. Elisabeth, also one of his nurses, was the most beautiful, and he was in love with her, but Lisa was 'sweet as a rose'…absolutely."* *Welfare Nurse at Brian's special school ("at home"): *"The video of 'All the girls' was played for pupils and teachers at this school. Many pupils gave spontaneous applause and cheers. But as the pupils are all mentally handicapped, with limited vocabulary and understanding, it was primarily the staff who praised him and with whom he could share his new musical interest. Perhaps he got feed-back on the song from his girl friend. They were often sitting together somewhere and singing or joking."* *The music therapist at Brian's special school ("at home"): *"Brian often made contact with me after he had returned from hospital. He presented me the 'All the girls' -text. It was well known that his self-confidence had been low and that he had problems with expressing himself as well as with writing. Perhaps the fact that he had made a number of songs contributed to give him a kind of security relating to something he actually mastered? I got an impression that he had an "ownership" relation to his songs. When I conducted a choir or was leading other musical activities, Brian was always standing smiling somewhere near to me. But he had problems with describing his songs."*	**Music Therapist** Brian picked out phrases and words from *Girls that kick and girls that beat,* but he made a completely personal version of the song and 'his own' title: *All the girls.* The original text (by B.A.) describes how the "I" of the story becomes acquainted with three different girls. But he soon realises that: *"Girls that kick and girls that beat, are the only girls I get"* …every time he tries to approach a girl, he gets a beating. Some expressions are borrowed from the original text, but are partly used in new contexts, such as: "Roquefort", "standing on the top of a table and pulling down (originally) her underpants", "radiator", and "carried away in an ambulance". The "Roquefort" allegory is originally being used to describe how "the author" is looking after having been treated by the various tough women. Brian has misunderstood or reinterpreted this expression. This was really a continuation of his "musical" behaviour that developed during the last year at the paediatric ward. I believe that this was his favourite song, al-though it was his least personal.
One week after discharge Brian has not returned to the hospital	The plan about making the music together with Brian is put on the side as he has been discharged now. The student, B.A., makes a melody. During a *Musical Hour* in the entrance hall of the paediatric department, B.A. and I perform Brian's third song. The hospital teacher records this first performance on video and gets it delivered to Brian.		
Approximately 3 months after discharge Brian has started at his old school again (This is special school for pupils with learning difficulties).	Back at school he presents his own newspaper called *Brian's Newspaper.* He has been partially assisted by his hospital schoolteacher. Here one can find jokes, a couple of stories written by other pupils, an interview with a teacher who has been in Malaysia, and the complete text of *All the girls.* Brian also writes about his life in hospital ("first time when I was 6 years of age"). He writes about his likes and dislikes, about the *Musical Hour,* B.A. and me. And he writes *" B.A. has made melody to a song I have written. Its name is I'm feeling like a Roquefort. "*		

Brian * song #4: *School Song* *(Norwegian title: Skolesang)*

Original text/melody in Appendix 2d; CD: Audio document #4

TIME AND CONTEXT	EVENTS	COMMENTARIES	
		Interviewees	**Music Therapist**
One week after the video-recording of song #3 Brian is readmitted to hospital for some few days.	Brian's 4th song text is written about a fortnight after *All the girls.* I suggest for Brian that we make a melody together and the same day the text is finished, Brian, the music therapy student and I discuss and try out the outlines of a musical arrangement sitting together at the grand piano in the entrance hall of the paediatric department. Brian seemingly likes this session of "working co-operatively"; he has, however, very few suggestions when it comes to the music. It is important to underline the last line, I understand. The long text is divided into three verses, each ending with the same rhyme. I also change *"trumpet"* to *"slide-trombone"* and once add *"cool"* in order to preserve the rhythm. ENGLISH TRANSLATION (by the Music Therapist): ***SCHOOL SONG*** ***The school at the National Hospital Is quite an ordinary school.*** ***But it has something that other schools don't have:*** ***The "Musical Hour" in the entrance hall.*** ***/And everyone hum. It's true, it's fun!/*** ***Here Bjørn Anders and Trygve are playing*** ***the drums and the piano, a guitar and the slide-trombone.*** ***Every Tuesday is the Musical Hour.*** ***/And everyone hum. It's true, it's fun!/*** ***At the hospital everyone is playing and singing.*** ***Brian makes cool songs*** ***about hospital and nice girls.*** ***/And everyone hum. It's true, it's fun!/***	*Hospital Teacher: *"Brian wrote this at school. I did not participate much except by assisting him to write a reasonable good Norwegian. […]I believe Brian proposed (the first part of the end phrase) "Og alle må le" (English: "And everyone must laugh") and I added: "Sånn er bare det" (English: "That's true"). We did this because we wanted something that rhymed properly. But the rest of the song he made mainly on his own. […] This is actually a song that came quite effortlessly and not much time was spent on it."* (In the English translation the last line of each verse has been recreated to preserve the rhymes.) *Welfare Nurse: *"My impression was that he actually was building his identity through the work with the songs."*	It was rather easy to "take over/dominate" the creative work completely because of Brian's lack of expressed musical ideas or even commentaries. But I had now, at least to some extent, become acquainted with his preferences. When he was really satisfied he showed it distinctly by smiling or nodding. I also knew: The more accentuated, "heavy" rhythm, and the more tough it sounded, the better! During the *Musical Hour* Fellow patients, relatives and staff joined in with *"And everyone hum"* …much noise and laughter.
3 1/2 years after discharge (just before his 19th birthday). Brian is healthy, now pupil at a secondary special school	The song is being performed during the next Musical Hour. Brian left the paediatric ward and has since just attended the half year medical checks. Brian and I have had sporadic contact, but no more musical encounters since he left hospital. Now I call him to get information about one lost videotape and ask how the song-business is going on. He answers *"I write song texts."* What are you writing about? *"About girls"*, he answers. But there is no one to help him with the music.		He had seemingly preserved his song-writing skill and interest. I also took his most preferred lyrical theme as a sign of health…

Henry * song #1: *On the Outside* *(Norwegian: Utenpå)*

Original text/melody in Appendix 2e; CD: Audio documents # 5-6

TIME AND CONTEXT	EVENTS	COMMENTARIES	
		Interviewees	**Music Therapist**
8 months after admission Henry (4 years old) has just come out of bed after months of intensive treatment (including weeks with respirator treatment) because of a number of life threatening conditions that developed during his scheduled treatment for his Acute Lymphatic Leukaemia (ALL):brain-thrombosis, pneumonia and pneumothorax. He has not yet been present at our *Musical Hours* at the hospital. Henry is using a wheel chair to move about and enjoys visiting the *Play-Room* of the paediatric cancer ward.	According to the hospital pre-school teacher, "Bella", Henry likes to invent funny words. One day at the Play Room he starts making this riddle. The teacher quickly writes down the words and gives the poem to the music therapist. ENGLISH TRANSLATION (by the Music Therapist): ***<u>On the outside</u>*** ***First, on the outside*** ***a wood-berry is coming*** ***without a toe.*** ***On the outside*** ***a nose-tip-toe is coming.*** ***On the outside*** ***a peep-peep toot-toot is coming.*** ***On the outside*** ***a nose-tip-toe is coming.*** ***On the outside,*** ***a peep-peep and toot-toot!*** Two music therapy students compose a melody. The song has its first performance at a *Musical Hour* with Henry, other patients, relatives, and staff present. The composers play and sing , and afterwards the audience is invited to join the "choir". Big applause. The two melody makers, however, forget to write down the melody and soon this period of practice has come to an end. When Henry (some months later) makes song #2, the old song has not been "used" for a long time.	*Pre School Teacher: *"Many small poems like this one emerged. And once I just took the initiative and said: 'This was a nice poem, […] let's write it down and give it to Trygve'. 'Jepp' (Yes), he said, 'nice'! Henry dictated and I wrote down what he said.[…] The song is a happy one, it could be created by anyone. There's nothing in it that relates it to (life in) hospital, not to any particular situation. It is (simply) playing with words.* *[…] In this period Henry was rather thin and fragile, he became easily fatigued, but he made up for this by (his high level of) verbal activity."* *Mother: *"He was really proud: ' Look Mom! I and Berit have made (a) song! True!'."*	Making funny-sounding words is a most normal activity for a child of his age (4 ½). Henry was seemingly busting with energy and curiosity after months of intensive care and respirator treatment. At this time song making had become popular amongst some of the children at the hospital. Henry had little contact with these children as he had been too sick and had been too ill to leave his room. The melody and arrangement was hard swinging rock-style music ending with a long glissando and with rather advanced harmonies. As far as I could judge, it fitted the text most elegantly. But it was perhaps not the easiest song to learn by heart.

Henry * song #1: *On the Outside* *(Norwegian: Utenpå)*

Original text/melody in Appendix 2e; CD: Audio documents # 5-6

TIME AND CONTEXT	EVENTS	COMMENTARIES	
		Interviewees	**Music Therapist**
One and a half years after discharge Henry is a school boy now. He is getting on quite well, both mentally and physically and appears to be basically happy and healthy. His major problem is slight attention deficit at times. He also runs home from school when he does not like it there. Every second month he is checked at the local hospital, and every half year he has a major medical examination at the National Hospital. Henry had trouble falling to sleep the night before the recording because he was so very much looking forward to the session.	Henry is at The National Hospital for a medical check. One Tuesday morning, ten minutes after the start of the Paediatric departments *Musical Hour*, he joins the sing-song . More than 30 people are present. Solemnly he presents me a necklace he has just made (mostly on his own effort) at the ward play room. We sing his song #2 (*We must wait and see*). But Henry asks for *On the outside* to be sung too. As I do not remember the text entirely (and neither does Henry) we postpone that performance. After the session he reminds me that I once talked about making a CD with songs by children with cancer. (He is right!) He would actually like to have both his songs recorded, preferably by a choir, Henry says. I promise to do something and keep him informed. Perhaps Henry would like to sing his songs himself on a tape/CD ? His mother stands smiling in the background. I write down the melody, get it checked by one of the composers and send the music to Henry. The problem is that no one in the family can read music so he needs someone to sing his songs for him. The next day I make a recording of the song. My daughter, Fransiska (8), sings accompanied by me. The cassette is sent to Henry. Four days later, I receive a letter written by Henry and his mother. Now he is ready for a recording with himself singing, but only if I will sing together with him. A "final" recording is made in Henry's home. The mother, the little sister, and the stepfather are present. A journalist and a photographer from a daily newspaper, *Verdens Gang*, are there too. They have interviewed the family about their child cancer experiences. Henry wants to try out various rhythms and sounds on the keyboard for this song and song #2 (*"We must wait and see*"). We record two versions of each song, his singing gets better for each time we sing together. The newspaper article features a photo of Henry and the music therapist in the process of recording his songs. .	*Pre School Teacher: *"He remembers the song…because he experienced it as a nice thing that his playful activity had turned into a product. He had a great sense of humour. For instance, when he said 'Nose-tip-toe', he almost died with laughter. He thought it was great!* *[…] Another thing was the response from adults.. He got a positive response from his mother and from the staff. We were boasting about him: He had made something that was (really) his own."* *Henry (in a letter) about the cassette with other children singing his songs: *"The cassette was cool."*	This was simply a song that had been forgotten. Henry knew the text by heart, but had not heard the melody for two years. I remembered the melody, but not the text. And it was almost embarrassing that I could not sing it when Henry asked me to do so. Henry said he liked that other children sung his song. His fellow patient, Terry, had recorded Henry's song #2 with success, but he did not know *On the Outside*. A music therapist's daughter can be useful to have at hand. This article certainly presented Henry's creative sides!

Henry * song #2: *We must wait* *(Norwegian: Vi må vente)*

Original text/melody in Appendix 2f; CD: Audio documents # 7-8

TIME AND CONTEXT	EVENTS	COMMENTARIES	
		Interviewees	**Music Therapist**
18 months after admission Henry has reached ¾ through the scheduled treatment of his leukaemic disease. Some weeks are spent at home (more or less isolated) and then Henry must change address to the paediatric department for some time. His general condition is as normal as can be expected (that means: good and bad periods related to times and types of medication, unwanted infections, and social circumstances).	Henry and his stepfather are sitting together and waiting for "narcosis". It is time for a bone marrow aspiration. Nothing has happened and no staff can inform about the delay. The stepfather says: *"We must wait and see, we must wait and see".* Henry answers: *" 'cause we surely will be told something".* But as time passes, the last words are changed to: *" 'cause we are never told anything*"… or in a less literal translation: "*we get no information."* In Norwegian this text has a strong, consistent rhythm. The last words in the two lines also rhyme (*"se"* and *"beskjed")*. The stepfather writes down the little rhyme and some days later Henry gives the small piece of paper to me during a *Musical Hour*. ENGLISH TRANSLATION (by the Music Therapist): ***We must wait , wait and see.*** ***We must wait, wait and see,*** ***'cause they never tell nothing to me.*** I make a melody immediately, do not change a word, and present the new song for patients, relatives and staff. Afterwards the melody is written down. Henry gets a copy.	*Stepfather: *"This was a period when we got very little information. We were sitting there waiting indefinitely. So we had to take some initiatives ourselves. […] (This time) I suddenly realised the rhythm of the words (we were saying to each other)…Henry liked it too."* *Mother: *"We* (sic.) *who are hospital patients ought to have medals for simply waiting! We were really never told anything. And you have to nag, and nag, and nag persistently. And the longer you are there, the more you learn (about these things)."* *Pre School Teacher: *"This is a very basic way of expressing their experiences. […] But it's probably first of all the stepfather who is waiting and feeling he is never told anything. Very often the children think waiting is ok, because they make the most of time and do many pleasant things. Sometimes, at any rate. Henry was always clever at utilising every possible activity offered at the (ward) playroom."*	It was thus a complete little poem, easily remembered and easily understood by anyone who has been a long-term hospital patient. The "instant" melody was simple and (hopefully) sounded nice on its own; the song was performed with a strong offbeat. When I received this text by Henry, I felt strongly that he expected this new song of his to be another success. And he was right: All children and relatives present laughed during the first performance; and at the "encore" almost everyone joined in singing. This is probably one aspect of hospital life that is not funny at all.

Henry * song #2: *We must wait* (*Norwegian: Vi må vente)*

Original text/melody in Appendix 2f; CD: Audio documents # 7-8

TIME AND CONTEXT	EVENTS	COMMENTARIES	
		Interviewees	**Music Therapist**
Half a year after discharge (about one year after the song was created). Henry is back in his old kindergarten.	Henry's mother tells that Henry brought the *We must wait and see* song with him when he returned to the kindergarten. There his song-sheet was copied, and performed.	*Henry (answering a journalist asking, "What did the others (in the kindergarten) think of your song"?): *" They shouted with joy and things like that…and they said: ' This must be celebrated'. "*	He was probably referring to the happy reception he received when he returned. But the song was at least something he brought back to his "old friends". The mother had told me that Henry was seemingly quite proud when he presented his song.
One and a half years after discharge Henry is a schoolboy now. He is getting on quite well, both mentally and physically and appears to be basically happy and healthy. His major problem is slight attention deficit at times. He also runs home from school when he does not like it there. Every second month he is controlled at the local hospital, and every half year he has a major check at the National Hospital.	Henry is at The National Hospital for a medical check. One Tuesday morning, ten minutes after the start of the Paediatric department's *Musical Hour*, he joins the singsong. More than 30 people are present. Solemnly he presents me with a necklace he has just made (mostly by his own effort) at the ward playroom. We sing *We must wait*. Big applause, a deep bow from the author. After the session he reminds me that I once talked about making a CD with songs by children with cancer. (He is right!) He would actually like to have both his songs recorded, preferably by a choir, Henry says. I promise to do something and keep him informed. Perhaps Henry would like to sing his songs himself on a tape/CD? His mother stands smiling in the background. The hospital AV Services makes a video recording of this event (one part of a film featuring the Hospital/Paediatric Department). The next week a young cancer patient, "Terry"(8), tells me that he knows Henry's song well. He has been singing it since he learned it a week ago. We make a recording with Terry singing *We must wait.* Henry's other song *On the outside* is being recorded with my daughter, Fransiska, as a soloist, and the cassette is sent to Henry and Terry. Four days later, I receive a letter written by Henry and his mother. Now he is ready for a recording with himself singing, but only if I will sing together with him. A "final" recording is made in Henry's home. The mother, the little sister, and the stepfather are present. A journalist and a photographer from a daily newspaper, *Verdens Gang*, are there too. They have interviewed the family about their child cancer experiences.	*Henry (in a letter) about the cassette with other children singing his songs: *"The cassette was cool."* *Terry's Father (a half year afterwards): *"He plays the cassette ever so often."* *Henry (After he had sung his two songs, and the performance had been recorded, I asked him if he had made any <u>new</u> songs recently.):*"I will, I will, but have no skill."* (He said it in a kind of "sprech-gesang"- style.)	Very often, when this song was performed "in public" at the paediatric department, parents (and new staff) commented the "short"/"clear"/"true" "message" of the song. I came to believe that many hospital children and their relatives were quite familiar with the situation that was described. But very often the humour in the song (and in the performing) became more underlined in the comments than the actual problem. Henry had clearly appreciated that other children sang his song. Terry said it was nice to sing and record Henry's song and send it to him. I had never before thought of letting patients perform each other's songs like this. In Norwegian Henry's spontaneous answer is this: *"Jeg vil, jeg vil, men får det ikke til."* By employing a nice rhyme to express that he does not manage to make songs, this cryptic answer gives some indications that he, at least, can play with words.

Henry * song #2: *We must wait* *(Norwegian: Vi må vente)*

Original text/melody in Appendix 2f; CD: Audio documents # 7-8

TIME AND CONTEXT	EVENTS	COMMENTARIES	
		Interviewees	**Music Therapist**
Two and a half years after discharge.	Henry is back in hospital for a new check up; he appears to be as healthy and happy as ever. After being most active during the *Musical Hour* session, he tells me that he now is singing this song in a new way. With a strong voice he sings for me and other persons present (while sitting high up on the back of a bronze horse sculpture in the entrance hall): ENGLISH TRANSLATION (by the Music Therapist): ***We must wait, wait and see.*** ***We must wait, wait and see,*** ***'cause I never get any jel-ly!***	.	In Norwegian *"gelé"* ("jelly") rhymes with *"se"* ("see"). I believe this development of his old song was one way of communicating with me: he was still a song-maker! I was not sure to what degree this was just a whim, or if Henry had thought about it for a while. However, he looked most contented and confident as he was singing.

(page 3 of 3)

Hannah * song #1: *Hair Poem* (*Norwegian title: Hårdikt)*

Original text/melody in Appendix 2g; CD: Audio document # 9

TIME AND CONTEXT	EVENTS	COMMENTARIES	
		Interviewees	**Music Therapist**
Hannah (8) is suffering from aplastic anaemia; the production of healthy blood cells in the bone marrow has become most insufficient. Hannah's first symptoms are similar to those children diagnosed as having leukaemia often present: lethargy, infections and bruising/petechiae. Hannah, who is a sporty and lively girl, is suddenly hospitalised. She must spend the summer holidays in hospital receiving numerous blood infusions and cortisone treatment, unfortunately unsuccessful. Instead of commencing her second year at school, a bone marrow (stem cell) transplant for Hannah is being planned. This is the only treatment that may help Hannah to survive this rapid deteriorating disease. When she has been 3 ½ months in one hospital, she is transferred to a new university clinic and made ready for the transplantation. After one week with a highly aggressive chemotherapy cure (hopefully completely destroying the malfunctioning bone marrow) Hannah receives healthy bone marrow from her older sister (15). Four days after the transplantation Hannah becomes critically ill, she has an adverse reaction to cyclosporine (Zovirax) and there is an overwhelming danger for cerebral haemorrhage and/or her body rejecting the transplant. The medical regime is being altered and life becomes more "normal" again. **Four months and one week after admission (9 days after the transplantation)** Hannah is in relatively good shape, but she is losing her hair. One day her father picks up shed hair…enough to fill a kidney tray. The next day is Sunday, and Hannah and her mother are spending the whole day together, but not much is happening. (*"During Sundays we are simply forgotten…just as if we were patients at an old age home",* the mother writes in her diary.) Hannah's mother is a high school lecturer; she has taken over the responsibility of being Hannah's teacher.	In the isolation room, the father brings with him (a properly disinfected) guitar, and Hannah has taken her recorder with her to her new 'home'. Hannah's mother takes a well-known Norwegian children's poem by André Bjerke, *Lille rare Rulle Rusk* and changes the content, but not the rhythm. Hannah is also drawn into the creative process (she also likes to play with words). In the evening the big sister joins them and writes down the *Hair Poem.* ENGLISH TRANSLATION (by the Music Therapist): ***Daughter Hannah, you are funny:*** ***makes a bad impression, bunny!*** ***Father picking hair from you,*** ***puts it in a box, quite new.*** ***Hairless patches on your head.*** ***Hair on floor and hair in bed.*** ***Father's box is filled up too.***	*Mother: *"In the beginning (in the new hospital) life was really horrible…she was nauseated, had a sore mouth and was infected with fungus."* *Father: *"And she had an adverse reaction to cyclosporine intravenously (…) her face became quite distorted."* * Hannah:*" (The worst thing) was to vomit and vomit and have nothing left to vomit."* *Mother: *"As Hannah also was a pupil, I tried to make one poem a day...those poems were her reading exercises. […] We were writing about what was going on at that time. […] I believed you thought it was funny (with those small texts). […] At the isolation room one has much time, and just the two of us…so we simply had to do something. We were drawing and painting[…] We did anything to escape boredom.[…]To write poems were also on way of recording events, to handle events. And I believe it's more easy to accept that you are, for example, losing your hair, if you are able to express it directly, but in a witty way."*	. The family were really doing their uppermost to preserve some aspects of normality. I also believe it was a good idea that the mother became Hannah's teacher; turning the tough everyday situations into amusing poems and reading exercises. This might also help the mother by giving her the feeling of doing something for her sick child?

Hannah * song #1: *Hair Poem* (*Norwegian title: Hårdikt)*

Original text/melody in Appendix 2g; CD: Audio document # 9

TIME AND CONTEXT	EVENTS	COMMENTARIES	
		Interviewees	**Music Therapist**
Three days later (12th day after transplantation) The first white blood corpuscles have just developed. Hannah and her oncologist, Anders are congratulated by her parents and her brother who calls (he is not allowed to enter Hannah's room). Hannah has a high fever .	The music therapist visits Hannah for the second time. I see this poem and propose to make a melody for it immediately. The father takes the guitar, I suggest and sing melodic phrases, and Hannah sings. When her interpretations differ from my suggestions, the phrases are sometimes altered. Lastly we tape-record the song: Hannah as a singing soloist, the father on the guitar and the Music Therapist on a treble recorder. Afterwards we play songs and improvise on our recorders. Hannah is impatient; she will play and sing for a long time. A nurse enters the room and administrates some intravenous medicines…Hannah just plays along - seemingly unaffected by the non-musical events.	*Mother (writing in her diary): *"Hannah has a fever of more than 40 ° C when she is sitting on her mother's lap and waiting for the surprise. At last we hear twittering (recorder) sounds from the lock. The surprise in a blue protective gown fills the isolation room with merry notes. The fever-hot Hannah takes her (soprano) recorder and together they conjure up melodies and texts. The 'Hair Song' gets a melody! Trygve is like the Ratcatcher from Hamlyn. Everything in the vicinity turns to music. He is catching us […]."* * Father: *" If Hannah, mother or I were to make a song, we would take a well-known melody and add a new text to it."* *Mother: *"We would never make a single song if you hadn't turned up. We only created small texts. After your musical arrangement of the "Hair Poem", we were inspired, I believe."* *Father: *"Perhaps (the musical inspiration) contributed to the making of more poems too?"* *Mother (writing in her diary): *"Hannah and the Queen were alternately in the focus of the media. […] But Hannah was quite cool…[…] It was really fun, but she was more concerned with celebrating Christmas Eve with her grandmother and grandfather."*	My first reaction to the text was: This family is joking quite realistically with their temporary harsh life…but can the text be too tough? A song like this can be compared with the blues: very often a poetic description of a personal catastrophe… I appreciated accompanying this (bald) girl who presented something far from helplessness to other patients, relatives, staff, journalists, photographers, and Her Majesty. I believed I had helped her to preserve and develop her musical interests during hospitalisation. She was eagerly learning new instruments. Returning to school did not seem to be a big problem to Hannah. This song represented the past and presenting it to other people was not important to her. I believe that for Hannah, the song activities were, first of all, "family-business".
After 24 days of isolation Hannah is transferred back to her old hospital. Hannah is now partly a day patient.	I visit Hannah at home a couple of times after discharge. She can play the song on piano. She plays far more than she sings.		
Nearly 5 months after first admission: Discharged from hospital	The Norwegian Queen is visiting The National Hospital and one child is going to be her "host". Hannah is being asked and is willing to talk and sing. She chooses to sing this song and (one song by her mother about the bone marrow from Hannah's sister). The music therapist accompanies. Afterwards she presents the Queen one of her drawings, and has a "royal conversation" as they are eating Christmas cakes. The parents photograph this event thoroughly. The photos show a singing Hannah <u>looking</u> rather cool.		
Two months later: Christmas	At home the song is performed for visiting members of the family.		
10 months after first admission	The first day Hannah is back at school, the mother goes with her. They are showing slides from the isolation room. Some of Hannah's songs are copied and sung in the class.		

Hannah * song #2 : *Ba, ba Blood Corpuscles* *(Norwegian title: Bæ, bæ blodlegeme)*

Original text/melody in Appendix 2h; CD: Audio document # 10

TIME AND CONTEXT	EVENTS	COMMENTARIES	
		Interviewees	**Music Therapist**
10 days after the transplantation	The music therapist and Hannah have a short meeting where Hannah is showing her recorder and tells what she likes to do. I ask if she would like to make her own song about life in the isolation room and I sing and improvise (with a high and ugly voice and with an atonal melodic phrase): *"It's veeeeeery nice to be isolated!"* Hannah smiles and answers: *"It's wrong. The song shall be like this"* (and then she sings): ENGLISH TRANSLATION (by the Music Therapist): ***Ba, ba Blood corpuscles*** ***You are far too few!*** ***Yes, yes, we'll increase,*** ***but smile and laugh must you!*** ***One pair to my arm,*** ***One pair to my head,*** ***and two pairs of whites*** ***to stomach and legs***	*Mother: *"This song was Hannah's very own product, made without help from others."* *Father (exclaiming immediately after the recording):*"Excellent!"* *Nurse (exclaiming immediately after the recording): *"You can sing too!"* *Father: *"We see that […] Hannah prospered during this (musical work); she had fun and… I actually liked it too. It creates a certain fellowship.[…] I also believe it's a way of handling those things you are toiling with in your head…one must make fun of what's going on too."* *Primary Nurse: *"Hannah played the cassette with "Ba,ba" for me many times. I had the impression she was proud of it. A nurse-college of mine and I asked if we could present the song at an international nursing conference. That was OK. This song showed me that Hannah was resourceful and far from "just sick"…To hear this song and to experience the patient in an activity like that creates a joyful environment, the mood of those working there is positively influenced ."*	I was thrilled when I heard such a complete little work of art seemingly being produced on the spot from this resourceful girl. It is interesting that neither Hannah nor her mother or father wrote down the text. It is not mentioned specifically in mother's diary where the texts of numerous songs are presented (but it remained in the "oral" repertoire of hers). When Hannah some three months later sang for the Queen, I was convinced that she would choose this song, that was "all hers", but that was not the case (see song #1).
12 days after the transplantation (as song #1)	Hannah uses the old melody of the Norwegian version of *Ba, Ba. Blacksheep.* I propose that we tape-record the song as soon as possible (but have no cassette recorder available). Hannah decides that the song shall have just those words; nothing is written down, but I check that we both know it by heart. The very first thing we do at our one hour long music therapy session is to record the song. Father plays the guitar and Hannah sings (from memory, using the same words as two days ago). Mother and a nurse are also present and eagerly applauding. Later Hannah gets the cassette with the recording of that day's musical meeting. After discharge I visit Hannah at home: She tries out several instruments to play this and other melodies.		She certainly remembered this song for a long time after she had left hospital, but it seemingly had a "short life" as to being used. Hannah's mother wrote so many (>6) songs about life in hospital that this short and simple song perhaps disappeared between quite professional creations. In this respect she had quite much to choose from. She also utilised other ways of expression, like instrumental improvisation, drawing and painting. Hannah had so many talents. Verbally she was also well skilled, and I believe that her parents, her primary nurse and oncologist all were able to see the healthy girl beyond her critical illness.

Mary * song #1: *A Suspiciously Cheerful Lady* *(Norwegian title: Så kom en dame)*

Original text/melody in Appendix 2i; CD: Audio documents # 11-14

TIME AND CONTEXT	EVENTS	COMMENTARIES	
		Interviewees	**Music Therapist**
Mary (7) is a bright, and resourceful girl. Both her parents are busy academics. She has a three years younger brother. Half a year before she was due to start at school she became continuously fatigued and was catching several infections. She was diagnosed as having Acute Myelogenic Leukaemia (AML). Mary felt really unwell from the treatment and she experienced much pain. Her appetite almost completely disappeared and she was attacked by serious infections. And in addition to this: No summer holidays , no ordinary school, and long periods of isolation in one small room at the hospital. **3 months after admission** Mary has been hospitalised since May when she was diagnosed suffering from Acute Myelogenic Leukaemia. Most of the time she is in bed receiving aggressive chemo-therapy treatment. Venepunctures and injections are almost daily unpleasant routines. Her life is presently also marked by the "closed room" (she is more or less isolated). As time passes Mary's medical condition is deteriorating. For hours she is holding - or bending over a kidney tray, often severely nauseated. She is, at times, very quiet or almost mute.	Mary writes a text on her own initiative. A nurse copies the text. One copy is taped to the wall above Mary's bed; another copy is taped to the door to the nurses' station. The music therapist proposes to make a melody to the text. (The parents ask the patient…All of them are positive about the project.) Mary's father and the music therapist discuss text editing and what kind of melodic- and rhythmic preferences she usually has. Mary is too ill to be very active at this time, but she explains that the final words in the text *"she fainted"* means Mary herself …The text does not say explicitly <u>who</u> actually fainted: the "lady" (the nurse/the laboratory staff) or the patient. Mary also tells that it was a <u>good</u> thing that she eventually fainted. ENGLISH TRANSLATION (by the Music Therapist): ***A lady came in, suspiciously cheerful:*** ***"Hi! We'll just have some blood tests".*** ***Just a small sting*** ***"Then all is over"!*** ***I started crying, I really yelled*** ***"Hold the patient"! said the lady*** ***But I didn't want to be pricked anymore*** ***So I fainted.***	*Oncologist:*"[It was]a couple of tough months where almost everything had been painful and horrible." *Primary nurse #1: *"The text is partially memorised after a page from the book 'Ouch! Or When I Had To Go To Hospital' by Ann Forslind."* *Father: *"She had a phobia against injections … even before she entered hospital. Every time she had to have an injection there was screaming and a hullabaloo…and it lasted half an hour."* *Primary nurse #1: *"I believe she identified herself fairly much with the text…maybe she was putting into words what she felt. She did not say much…she suffered terribly. I experience this as a kind of message to us…she expresses quite plainly what she means, and she even does it in a fairly intellectual way."* *Oncologist: *"She gives us feedback on what she has gone through. The "suspiciously cheerful lady" challenges one's reflections in many ways. And Mary "fainted" also a little now and then; she received high doses of analgesics."* *Hospital Pre School Teacher: "(The song) "[…] makes us see the child and her needs…[…] and we realise that we can understand Mary to some extent, but not sufficiently."	This was the first time I had suggested making a song from a text that was originally not intended to be a song. I did this with the aim of helping to inspire Mary to experience some pleasurable moments. Listening to her "own" song might provide short periods of "time out"? Many people seemingly perceived the text as "funny": a song might bring some more entertainment/ pleasurable moments? It was difficult not to be able to co-operate as much as I wanted with Mary (because of her bad condition). Observing her continuous "silent" suffering obviously also made me feel helpless and uncertain. I also believed that her parents were suffering just as much as their daughter. However: I saw they really did their best to keep up what the father once called the *"emotional climate"* of the sickroom, but they did not ask me for any assistance. I had to rely on my intuition and experience and felt I was balancing between being the "over-zealous" and the "invisible" music therapist. Mary's father had stated, as far as he could judge, there was an unwritten law: keeping up the emotional climate in the sick room, was primarily the responsibility of the parents. I felt, however, that he appreciated very much seeing nurses and the music therapist doing their best to create a pleasurable atmosphere.

Mary * song #1: *A Suspiciously Cheerful Lady* (*Norwegian title: Så kom en dame)*

Original text/melody in Appendix 2i; CD: Audio documents # 11-14

TIME AND CONTEXT	EVENTS	COMMENTARIES	
		Interviewees	**Music Therapist**
3 months after admission (a couple of weeks after the text has been written)	*The music therapist composes a melody, records the song (the MT singing and playing the piano) and gives the written music and (cassette) tape to Mary. The audio recording is frequently being played in Mary's Room (by parents and Mary). The parents learn to sing the song.	*Father: *"This song was one reason why her phobia against injections turned to the better. Once I proposed to play the tune during a difficult situation where a blood specimen had to be taken and I feel the problem 'lightened'. Eventually this procedure became quite an easy one. It turned out to be a situation that she herself controlled."* *Mother:…*"at least as much as possible…"*	The rhythm was polka-like, but swinging. The melody was easy, jumping up and down with frequent pauses, to make listeners able to get hold of the text. I believed it was a vital point to make "the lady" to appear as well-meaning but foolish as possible. I felt I was on the patient's "side" as I interpreted the text. Mary's oral mucous membranes were sore, and I had to sing the song at the first recording. (The aggressive chemotherapy had put Mary's immune system temporarily "out of function". This had made her prone to catch various infections.) I had experienced before that patients often appreciated hearing their songs being sung by the music therapist when they were too weak or uncomfortable to sing themselves.
4 months after admission *Mary's condition is getting worse. She needs big doses of analgesics. Because of an immune system that is not functioning anymore she gets an aggressive infection in one leg. She must periodically stay at the Surgical Ward or at the Intensive Care Unit	*The teacher from the local school visits Mary. Mary does not have the strength to talk much, but lends the teacher the cassette with this song. The classmates make a cassette to Mary, they are singing, telling jokes and tell about school.	*Hospital Pre School Teacher: *"I don't think the song would have had the same effect if the music had been melodically and rhythmically constructed completely differently. The text is one matter, but through the music it is much more amplified and substantiated."* *Local School Teacher: *" Mary was very keen that the cassette should be played for the other pupils. And she asked me to return the cassette afterwards. The pupils frequently requested to hear the cassette. They commented that the song 'was funny'. They were most impressed by Mary's abilities, it took me some time to explain that she did not make the melody on her own."* *Mother: *"This cassette was a more precious gift for Mary than any expensive toy. It was frequently listened to."*	I was never present when the "horrible" procedures took place. Playing the tape was actually the first "performance" of the new song. The "users" of the song (the parents and later the patient) would probably not have been playing or singing it if they felt that text and melody did not fit? A "wrong" melody could actually "kill" this text too… The song/cassette as a "visiting card"? I was anxious to know how the pupils "took" this piece of communication from Mary.

Mary * song #1: *A Suspiciously Cheerful Lady* *(Norwegian title: Så kom en dame)*

Original text/melody in Appendix 2i; CD: Audio documents # 11-14

TIME AND CONTEXT	EVENTS	COMMENTARIES	
		Interviewees	**Music Therapist**
6 months after admission Mary is slightly better. She does not need to be continuously isolated, but she has to stay in her sick room at the paediatric ward.	Mary's little brother (5 y. old) has learned to sing the song, but he changes the text in his own way. Now he is "performing" at home together with the father. They are playing "air-guitars" and are singing: ENGLISH TRANSLATION (by the Music Therapist): ***A lady entered, suspiciously cheerful:*** ***"Hi! We'll just fart a little".*** ***Just a small fart.*** ***Then all is over.*** ***I started crying, I really yelled.*** ***"Keep the fart," said the lady.*** ***But I didn't want to fart anymore, so I fainted*** Mary also soon learns to sing this version. She sings it for the music therapist (for the first time) in February 1998. When Mary is singing the song she seems to underline the developing drama and the contrast between the patient and "the lady" by applying some sort of "Sprech-gesang" when "the lady" is quoted.	*Mother: *"They almost died with laughter. This was good entertainment."* The mother also commented that she thought it was really fun that Mary's song had been *"made use of"* by other members of the family for just having fun together.	I had the impression that the song was <u>one</u> way of contributing to some fun at home during a distressful period…a source of "private" family entertainment, where <u>both</u> children were focused positively. Now the song had been brought out from the sick room milieu to the family's own sitting room. When Mary started to sing her song, she had slightly altered the melody, and this version became "the official" one. The way of performing the song changed gradually from rather straight singing when I did the first cassette recording. As time passed the lady's lines became increasingly articulated: the more exaggerated…the more fun?
7 months after admission Mary is granted short leaves from the paediatric ward.	Her parents copy the cassette and give it to other family members as a Christmas gift.		A new experience for me: Mary's and my "product" being distributed to other people (that I did not know). I doubt if the parents would have used the song as a *gift* if the song product had been just a sheet of paper with or without written music…

Mary * song #1: *A Suspiciously Cheerful Lady* *(Norwegian title: Så kom en dame)*

Original text/melody in Appendix 2i; CD: Audio documents # 11-14

TIME AND CONTEXT	EVENTS	COMMENTARIES	
		Interviewees	**Music Therapist**
8 months after admission Mary is getting stronger. She now spends short periods (an hour or so) visiting the Ward Playroom and only together with "selected" other patients. (She is still prone to catch serious infections.)	Mary sings *A Suspiciously Cheerful Lady* for other patients and staff on a couple of occasions. The music therapist accompanies and makes the first recordings of Mary herself singing her song.	*Oncologist (after having heard a cassette recording where Mary is singing): *"It is quite fantastic to hear Mary with that sensitive, shy voice…I almost get tears in my eyes."* *Mother comments "*how beautiful"* Mary's voice is. She had "*nearly forgotten this"* since Mary got ill (and lost her normal voice).	Assisting Mary with the making of this song (product) aimed at easing her tough life-situation at the time. Now I recognised that adults (health workers/other parents of sick children) listening to the song, almost unanimously, seemed to be "touched" in some way or another. Just before and after the live performances (when people were applauding and Mary was just sitting there…quiet and smiling), I was sometimes moved too (Gratitude? Pure sentimentality? Seemingly a mixed feeling including components of sorrow and wonder…). I do not think it was because of the text, but by the situation/context in which the song was developed and performed. Mary seemed to be proud of her skills of making and performing, I was certainly proud too! (When I consider a photo taken of Mary and me after a performance, I ask myself, who looks proudest ?)
9 months after admission Mary is transferred to another hospital for bone marrow transplantation.	Mary plays the cassette for staff she does not know.	*Mother : "*By playing cassettes with her own songs for the unfamiliar staff, she demonstrated that she (also) was resourceful and not just ill and influenced by pain."* *Pre School Teacher : *"She very soon showed the cassette (with this song) to the staff at the new hospital: 'Listen to this! I have made it"! We do not need so many words because the music is saying so much."*	The song had now been "used" in various environmental settings. In what way does singing/listening to this (or any?) song by a patient or member of family affect a hospital play-room/corridor etc. milieu or "home" milieu? Influencing "the world" can probably mean more than influencing various individual persons…
10 months after admission The bone marrow transplantation is seemingly successful. Mary has physiotherapy many times a week to help her to walk properly again.	The physiotherapist uses the cassette in relation to the exercises.	Physiotherapist to music therapist after a "session": *"Perhaps playing Mary's own song makes the exercises more fun"?*	We had no formal co-operation, and I did not try to explore further this way of using the song to facilitate "uncomfortable movements" etc.

Mary * song #1: *A Suspiciously Cheerful Lady* *(Norwegian title: Så kom en dame)*

Original text/melody in Appendix 2i; CD: Audio documents # 11-14

TIME AND CONTEXT	EVENTS	COMMENTARIES	
		Interviewees	**Music Therapist**
One year after admission Mary is back at her "old" paediatric ward. Her general condition is steadily improving, although she detests taking (orally) the imuno-suppressive medicines.	The local "Ward-Rock-Group" (nurses, a teacher and a doctor) arranges this song and starts performing "dramatised" versions at social gatherings for patients, relatives and staff. When Mary is present, she is modestly receiving the applause (for instance during the "opening party", when the ward moved to brand new premises). The music therapist is asked to conduct a staff choir at the other hospital (where Mary received bone marrow from her brother). Twenty nurses and doctors sing *A Suspiciously Cheerful Lady* for patients/relatives and in the end all of them are "faint". Mary gets a recording of the choir-version.	*Pre School Teacher: (a member of the Ward Band): *"When I hear the band and the choir performing this song, it's not just that the song was introduced to a bigger audience, I also believe that Mary's (feeling of) identity was becoming even more explicit to her. The song also directs the staff's attention to Mary as a human being. […] The girls in "the band" are moved by 'Mary's song' as we call it. (The song) evokes special feelings, a kind of 'silence' in the group…and we are playing the song 'with dignity'. "*	This was my own idea. A few of the singers had heard (or heard about) the song before. I believed it might be most appropriate for a hospital choir (once) to perform a song made by a patient and with a text having been commented on by various members of staff as a topical issue in any paediatric ward. I noticed that the audience: patients, relatives, staff, and relatives of staff laughed and seemingly enjoyed themselves (and certainly the singers had fun too) as the "drama" was performed in the entrance hall of the paediatric department. .
One year and one month after admission Mary will soon be discharged from hospital. She can spend periods of the school holidays together with her family in the countryside. In August she will start at an ordinary school.	During the last weeks Mary has become quite keen playing a soprano recorder. She also seems to like improvising on a mini keyboard and plays bits of *A Suspiciously Cheerful Lady*, other of her "own songs" and popular children's songs.		Playing was "in" and singing was "out"…an example of the onset of a new period in Mary's life? I felt she was really bursting with improvisational curiosity and vigour. One minute she was trying to play two instruments at the same time, the next moment she played "proper" songs on recorder.

Mary * song #1: *A Suspiciously Cheerful Lady* *(Norwegian title: Så kom en dame)*

Original text/melody in Appendix 2i; CD: Audio documents # 11-14

TIME AND CONTEXT	EVENTS	COMMENTARIES	
		Interviewees	**Music Therapist**
16 months after first admission (Mary has been two months at home) Mary is readmitted to hospital, she is generally in bad shape and suffers from a serious electrolyte imbalance. Within a couple of weeks she is getting much better.	When Mary is asked to sing the song in a popular television programme (featuring the new hospital ward), she says *"No"*. She would rather play the song on keyboard (which she really has not mastered). The music therapist gives Mary some minutes of intensive piano training. Mary then plays the melody with one finger, while the music therapist points, sings and plays the bass. During the four minute TV presentation, the producers select the more positive comments from an interview with Mary: She describes her problems at hospital like this: She was occasionally nauseated and had to take some nasty medicines, but she read, watched TV and played records. The rest of the programme focuses on Mary painting, squirting water on the nurses, baking cakes, and playing *A Suspiciously Cheerful Lady*. Text and Music of another song of hers appears on the screen for some seconds too, as another example of Mary's songs.	*Mother : "*Friends and other members of the family described the programme as "moving". A taxi driver recognised Mary from the TV and called her 'kjendis'* (Norwegian: a popular, well known person)."*	I was not surprised by Mary's reluctance to sing (See my comments in table 5.). I also had a feeling that Mary had certain idealistic standards concerning the appearance of "a singer" on TV. She was almost bald… And she preferred to be interviewed and to be playing with the hood of her jacket covering her skull. Playing was probably a somewhat more anonymous activity than singing. When I saw the programme, I thought this was a sensible way of presenting a child having experienced a long and tough period of illness and treatment. In the programme, the mother said some words about the long lasting uncertainty of the cancer struck family and about the necessity to take one day at a time. She also praised the hospital staff. The programme certainly focused on the more joyful sides of Mary's present life; I did not consider the coverage to be untruthful or diminishing the patient's problems. I rather believed that the *Suspiciously Cheerful Lady* (having a significant role in the programme) was showing sides of Mary's life that made the picture of this child patient more complete.
One year and 6 months after the first admission Mary attends school. She has weekly 10 hours of special instruction as she has "lost" the first school year, she is occasionally emotionally labile, and her ability to concentrate is at times poor. She is allowed to spend the breaks in her classroom and to use taxi at excursions. At times she takes (horse) riding lessons and goes snowboarding (!)	Mary brings two cassettes to her class. She plays two of her songs for the fellow pupils: *A Suspiciously Cheerful Lady* and another *Tango song*, a "non-sense" (?) text about eating and farting with a simple rhythmical melody. She gets a keyboard and is now plays the song without assistance.	*Mother : *"Mary's classmates commented after having seen the TV programme/ video and, later, after having heard the cassette that life in hospital could not have been such a tough time for Mary. . . as they could see she was playing and making songs. They would actually not mind being there themselves."* The mother said that the teachers also might have got the impression that Mary perhaps had not been *"<u>that</u> ill."* (Some pupils had claimed that all Mary's "special treatment" at school was unjust.)	Some of the musical skills acquired in hospital developed further at home.

Mary * song # 2: ***Randi took a Shower*** *(Norwegian title : Randi var på do og dusja)*

Original text/melody in Appendix 2j; CD: Audio document # 15

TIME AND CONTEXT	EVENTS	COMMENTARIES	
		Interviewees	**Music Therapist**
3 months after admission (see song # 1)	Written by Mary on a PC during the the same period as *A Suscpiciously Cheerful Lady* was made. ENGLISH TRANSLATION (by the Music Therapist): ***Randi took a shower (and) Inger was sitting at the toilet.*** ***She farted with a "sour" smell!*** ***Meanwhile, Eva was sleeping.*** ***When Randi had finished her shower,*** ***it was Inger's turn to take a shower.*** ***Meanwhile, Eva was snoring.*** ***Mary was eating her spaghetti.*** ***Randi entered (the room) and asked:*** ***"May I have some spaghetti"?*** ***"No", Mary answered in a surly manner,*** ***"you disturbed me in the middle of my breakfast".*** ***"Excuse me", Randi said and went out. "I'll return when you have finished your meal".*** ***Eva woke up and said:*** ***"Oh, dear, I have overslept myself"!***	Primary Nurse #2: *"I experience this as an original song by Mary about persons in her proximity at that time. 'Sitting at the toilet', 'farted' and 'a sour smell' is slightly provocative. She was rather preoccupied with (talking about) lower digestive tract matters for quite a time. . . a little regression-wise. However, this is part of daily life, and she announces that she has her own will. It's not always appropriate that we are rushing into her room. And she states that 'Mary answered in a surly manner, you disturbed me'. This is really an honest statement."* *Hospital Pre School Teacher: *"I experience that Mary, through this song, is ' hitting back' bluntly. I think she experiences that the nurses want all the best for her, although she must endure all those injections etc. But she also wants to' return some of that dirt'. She has a sense of humour, even a rather brutal type. Now Mary is telling (us) that she don't want to be forgotten. In the text the nurse (Randi) also says: 'Excuse me'! If Randi had not said anything, I believe it had been a (different) signal saying: This is not just a patient in need of treatment, but a human being needing to be recognised (by others) and being able to have control over her own life."*	This is *prose*. A little story. (Or actually a not <u>that</u> little story, considering the author's age, general condition and having written the text herself on a PC.) All the names mentioned in the text corresponded with first names of nurses at Mary's ward. Mary and both her parents told me that they appreciated the first "text-to-song" transformation. I had a feeling that during " gloomy" times like these, anything underlining (or reminding Mary of) her creative skills might have been beneficial. Listening to a new song might provide some kind of a momentary "time off" from a miserable life situation.
4 months after admission **5 months after admission** Mary's general health is deteriorating. In addition to other problems, she has contracted local painful infections in one leg. Surgical interventions are necessary. Mary has to be transferred to another part of the big hospital	Mary takes no initiative to make any new texts or songs. I do not ask her to do this either, but say I can compose melodies to any "old" texts available. The father gives me the text. I promise to look at it. To make a song, some careful text-editing must be done. I choose to compose a "jolly"(?) vaudeville-style melody, with melodic "jumps" that I know Mary likes.		

Mary * song # 2: ***Randi took a Shower*** *(Norwegian title : Randi var på do og dusja)*

Original text/melody in Appendix 2j; CD: Audio document # 15

TIME AND CONTEXT	EVENTS	COMMENTARIES	
		Interviewees	**Music Therapist**
5 months after admission (continued from page 1) After the operation she must stay at the Intensive Care Unit for several days. She needs large amounts of pain reducing medicines, and is generally heavily sedated or drowsy.	When the tape with the finished song is ready, I give it to the Charge Nurse at the Intensive Cary Unit (Mary is sleeping at the time). I also have a short talk with the father about Mary's critical condition. Mary is heavily sedated during this period. Now and again, when she is awake, the parents play the cassette for her. As time passes, and Mary returns to the paediatric department, she never talks about (or sings) this song in my presence. I did not suggest to "revive" it either.	*Father :*"Normally I would assume that most people would be happy for this (tape) . . . a break from a really terrible situation."* *Mother : *". . . something being addressed to the healthy part of oneself."* *Father : *"At this time we were not capable of relating ourselves normally towards other people, or answering questions properly. But even if people meet you with such 'empty looks', it's not because of <u>you</u>, but because of the present situation."* *Oncologist : *"Inside the sick-room at the Intensive Care Unit, there is frightfully little in the patient's own world, (but) catheters and machines. But a song like this becomes a very personal kind of belonging."*	I was rather hesitant to bring the tape to the Intensive Care Unit, having a feeling that a music therapist must humbly acknowledge that his well-meaning endeavours or presence can (easily) be a nuisance rather than a comfort for patient and parents. I was not familiar with the Intensive Care Unit, so I feared that my presence there might be seen as slightly improper. When I (after all) chose to deliver the cassette , the reasons were these two: a) I had announced some days earlier (when Mary was in better shape) that she should get the cassette as soon as I had made it. b) I believed that the cassette would make no harm. It was <u>my</u> presence that was unnecessary (if not harmful) at the time. This text was rather personal, but I felt Mary did not consider it to be a good song.

Mary * song #3: *The Tango Song* *(Norwegian title: Tango-sangen)*

Original text/music in Appendix 2k; CD: Audio document # 16

TIME AND CONTEXT	EVENTS	COMMENTARIES	
		Interviewees	**Music Therapist**
7 months after admission Mary's condition is relatively stable. But she is fatigued, and her appetite is poor. She cannot yet walk (after the surgical intervention in one leg) but is allowed to leave her room, sitting in a wheelchair, for short periods. Mary is temporarily "kept away" from other children, except her brother, because of infection danger. Parents and staff are still her only playmates.	During one music therapy session at Mary's room (Mary, her mother and the music therapist are singing and playing lyres) the mother tells me that Mary has commenced with a new song. Mary and her mother recite the first words (nothing is written down) and the music therapist tries out some melodic phrases. Next week Mary, her mother and the music therapist meet at the "Youth Room" of the ward. We have made an appointment to complete the song and to record it on tape. The text is made up of sentences uniformly starting with *"If you eat […]"* (In Norwegian: "Den som spiser […]"). The mother (and Mary) mention names of various food: "mango", "ice-cream", "hot-dog" and "one pea". The second part of every sentence describes the consequences from eating this or that. Now it is up to Mary to find suitable "rhymes" to the mentioned examples of food. Nothing is really set beforehand – the playful activity is characterised by improvisation. The melody also develops into a kind of common product. The music therapist starts with a small melodic phrase and Mary and the mother sing the way they interpret /prefer the music to sound. The music therapist then follows those musical cues until the little song is finished. Mary says the name must be *The Tango Song* and the rhythm develops into something tango-like.	*Primary Nurse #1: *"At this time she had become slightly better. Quite often her father said something and Mary responded with a word that rhymed, preferably with 'do ba ba', 'fart' and 'piddle'. . . it's quite natural that a song developed from this."* *Primary Nurse #2: *"Mary's father frequently participated in such activities. As far as I experienced, this was even more therapeutic for him because this was one way of being with/working with his daughter. They had an interplay where he took part on her terms, more or less. And he supported and assisted her in the making of some of those verses. It was not necessarily Mary that made all the rhymes."*	This was the first time Mary created something intended to be a song from (almost?) the beginning, but on a completely oral basis. I believe I sensed that the mother, like me, had some mixed feelings with this rather "anal" artistic business. But it was really a song creation where the patient set the standard. There was much giggling and smiling during our recording session. Mary was a little shy in the start, saying she would not sing herself, but asking the mother to sing. During our session she sang more and more (she certainly emphasised the "ugly" words with a smile on her mouth), although her voice was rather weak and fragile.

Mary * song #3: *The Tango Song* *(Norwegian title: Tango-sangen)*

Original text/music in Appendix 2k; CD: Audio document # 16

TIME AND CONTEXT	EVENTS	COMMENTARIES	
		Interviewees	**Music Therapist**
7 months after admission (continued from table 1)	ENGLISH TRANSLATION (by the music therapist): ***<u>The Tango Song"</u>*** ***If you're eating mango, you can dance the tango. If you eat ice-cream, you break wind and scream If you're eating hot-dog with bread you must fart in your little bed. If you eat one small pea, you break wind, just like me***	*Oncologist: *This is a really playful family. And no form of humour is regarded as silly and other forms seen as appropriate. During this period, Mary's nausea was overwhelming. Mango was the one thing she liked. And mango was for weeks almost the only food she could eat. Very much of Mary's life was focused on nausea, her stomach, and digestive system. Even if non-sense words and non-sense rhymes make up this (text), I get a quite different impression from this song."*	Just after having collaborated on this song creation, I regarded it as, first of all, an expression of pure childish playfulness, and wrote in a commentary: "This song has no 'real life' relations; it's simply words that rhyme". I had limited knowledge about <u>how</u> serious her nutritional/digestive problems were.
Two weeks after the recording.	Mary gets the tape with the recorded song (Mother and Mary singing, the music therapist playing an electric piano and "announcing the event" as if for a great audience.) The text/melody has also been printed. In addition the music therapist has recorded one new version with him singing " in parody", like a bad soprano singer at the opera, accompanied by keyboard with tango rhythm.		I thought that this song could not be performed too exaggerated. Mary liked a little tough humour, and I believed she would enjoy the contrast between a "very fine singing lady" and the rude text. When Mary listened to the tape she smiled (I wrote in my log-book: "She almost laughs")…
One year and 6 months after the first admission Mary is home and at school again. Because of her long absence from ordinary primary school, she is granted 10 hours of special education weekly. She does not like "boring writing exercises" in Norwegian. The parents discuss this with the teacher and propose that Mary brings with her some of her own songs to the teacher.	Mary brings a couple of her songs (tape/texts) to school (*The Tango Song* was one) and play the recorded versions for her class.	*Hospital Pre School Teacher: *This song was probably made in relation to her food (eating) program. She liked mango and ice cream. Now she was expected to start eating on her own and not (being fed) through the (naso-gastric) tube. As far as I could observe, this song increased Mary's motivation to eat at the same time as it diverted the attention from solely concentrating on "Mary, please eat up this mango!"*	I believe that Mary chose this song to be played for the other pupils because she thought it was funny, and a little naughty. There were some subjects at school she was not particularly good at (she had lost one year). Mary's parents told me that she liked making songs or poems at school. Song-creations was something she had "mastered".

Mary * song #4: *My Hat* *(Norwegian title: Hatten min)*

Original text/melody in Appendix 2l; CD: Audio document # 17

TIME AND CONTEXT

		Interviewees	Music Therapist
Eight months after admission Mary is getting less infection prone and is getting generally stronger. Now she is allowed to spend some short periods at the Ward-Playroom (accompanied by selected other children). She is also able to engage in small handicraft activities, being inspired and assisted by the hospital pre schoolteacher. One day she decides to make a gift, a little handbag, to her mother.	The teacher is assisting Mary with sewing and she reports: "Mary was listless, but she had that 'happy look'. We started to joke and to make rhymes. Mary became rather excited and perhaps she wanted to check out 'my limits', I believe. Then she took the lid off the workbox and put it on my head. Eventually she discovered that the lid now looked like a hat. She started to hum, and I began to sing a little from *My Teddy* (a well known Norwegian children's song: "Teddyen min"). (When Mary had been really weakened some months earlier, this teacher often sang this tune at Mary's bedside.) Now Mary started to make a new text (to this melody), starting with "my hat". 'What rhymes with *fine*? Yes, *mine'!* When we had finished the text, Mary wanted to have it written down and to be sung for 'mammy'. She also said she would like to sing in a microphone." ENGLISH TRANSLATION (By the Music Therapist): ***Hello, hello, you hat of mine!*** ***You're really nice and neat and fine.*** ***You say "Hello"! to my little cap,*** ***and make a bow to my madam-cat.*** ***It is really very nice to see.*** ***Everybody must laugh like me.*** ***The hat is dancing, high, high, and hee!*** ***And everybody laughs like me.***	*Pre School Teacher (who co-operated with Mary about this song): *"Mary was that creative that she took hold of what she actually had, in this case 'My Hat'. This melody and rhythm suited Mary very well, I believed: somewhat happy and cheeky."* *Father: *"Here Mary uses the song as an active method of relating to other people, it expands the relationships (she has) to parents and music therapist. This (way of relating) has now become something general; we might say a resource towards other people. And as a patient she must relate to numerous adults."*	This was the first time the patient had proposed to sing on her own. She was seemingly fairly secure of the various possibilities of influencing a music therapy session: from being rather passive, except for providing texts, to playing an active part where she is stating the premises. *"My Hat"* was created as a kind of private joke between the two authors . . . They giggled and looked "secretly" at each other when asked about the song. Neither the mother nor I did understand which "hat" they were referring to. The joy of the creative process was perhaps far more important than any final product?
One week later	Mary and the pre schoolteacher perform the song for primary nurse # 1. Just before the MT session two Pre schoolteachers (not Mary's present "song companion") tell that Mary has requested making a tape recording of "My Hat". At the recording of *My Hat* Mary and the pre school teacher sing together, the music therapist accompanying on a keyboard. Afterwards Mary sings (solo), most energetically, many songs in English and Norwegian.	Primary nurse #1: *"I believe Mary and her teacher had a hilariously funny time during the making of this song. They sung it for me when they had finished . . . I believe it was a success."*	

Mary * song #5: *Friends* *(Norwegian title: Venner)*

Original text/melody in Appendix 2m; CD: Audio document # 18

TIME AND CONTEXT	EVENTS	COMMENTARIES	
		Interviewees	**Music Therapist**
9 months after admission Mary has been transferred to a new hospital where she must have bone marrow transplantation. She experiences much pain at this time, needing high doses with analgesics. She is also often nauseated. Mary says that she is missing her "old" primary nurse, Dagny. They are writing letters to each other. But because of strict rules regarding who can or cannot visit isolated patients, this nurse (from the other hospital) is not allowed to visit Mary. The music therapist, however, continues to see Mary regularly, as he is engaged at both hospitals (sic!). During the week preceding the transplantation, there is some disagreement between Mary's parents and hospital staff regarding dosage of analgesics. (This patient's condition required extraordinary high doses with morphine if she should be free from pain.) The problem was solved after some days.	The father tells that one-day before the scheduled transplantation (bone marrow from the little brother), Mary's general condition seemingly improves a little (being somewhat "lighter", he says). During some few minutes when she is alone in her room, she writes two texts: *Friends* and *I'm bored* (#6). The next day the father hands over the two sheets of paper to the music therapist. ENGLISH TRANSLATION (by the Music Therapist): ***Friends*** ***Dagny and I are friends.*** ***And we are pulling teeth,*** ***And we are clapping hands.*** ***And we are skipping,*** ***And when I say 'Ouch'!*** ***I get a plaster.*** (In the original Norwegian text line 1-2-3 and line 4-5 rhyme)	*Primary Nurse #2: "*This is sheer imagination. To 'clap hands' and to 'pull teeth' is rather unrealistic. At this time she definitely did not 'skip', and she did not get a plaster when she said 'Ouch'! One may say this was a funny exercise."*	I believe this was Mary's first attempt to write a song text. *The Tango Song* as well as *My Hat* were developed through oral word-improvisation and written down afterwards by the pre schoolteacher /the music therapist. (Song #1 and # 2 were originally not meant to be songs.) I experienced this text to be a jolly outburst where the rhymes are more important than the "content". In Norwegian *"venner"* ("friends") rhymes with *"tenner"* ("teeth"), and *"hoppe tau"* ("skip") rhymes with *"Au"!* ("Ouch"!). But it was quite interesting (and moving too) to receive this most lively text from a girl that was so handicapped and uncomfortable at the time and just facing the (probably) most serious medical intervention ever in her life.

Mary * song #5: *Friends* *(Norwegian title: Venner)*

Original text/melody in Appendix 2m; CD: Audio document # 18

TIME AND CONTEXT	EVENTS	COMMENTARIES	
		Interviewees	**Music Therapist**
One week after the text is finished Mary's throat is now sore, as ever before, the amount of her white blood corpuscles is unfortunately not yet increasing. But Mary is awake and seemingly feeling not too bad: talking is painful, singing out of question.	I have composed melody and recorded this song (plus song #6) singing and playing a piano accompaniment. I have also recorded some personal commentaries about how I consider Mary's development as a songwriter, about my ideas concerning the melodies. I encourage her to comment on the music ("things" can be changed). Mary has asked to see the music therapist today. When I arrive, she is sitting at the table playing cards with her parents. Mary listens to the tape, saying nothing, but she is smiling continuously. Immediately afterwards she asks if the music therapist can give the song (text/cassette) and song #6 to the nurse (mentioned in the text). She would actually not mind if the song could be delivered immediately, she says. Three hours later, the primary nurse, Dagny, gets the tape from me. We listen to the taped songs together.	*Pre School Teacher (relating to the recorded verbal commentaries):*"The way you communicate (with the patient) is all right, because you actually help her to be aware of the development (in her song making)."* *Father (watching his daughter as the tape with the two songs is played): "*Is she a little proud now?"* *Primary Nurse #1: *"I got very moved when I received this (the taped song-gift)."*	I had tried to make the little melody as simple and "gay" (Trad. Jazz Style) as possible, repeating the text twice to make a decent length, but not needing to change a single word of the original text. I added the taped commentaries, because I was not sure that Mary would be strong enough to see me that day, and I was really concerned that Mary should not experience "my music" as something fixed and unchangeable. I did not praise her extravagantly, although I believed this song (and even more song #6) to be one step ahead (considering song making as a skill). I hoped she would think of this business of ours as a co-operative process, where she had a fair amount of control. She seemingly thought the melodies fitted the texts nicely. The songs were ok as they appeared now. I had never seen Mary as eager as she appeared to be during this session.

Mary * song #6: *I'm bored* (*Norwegian title: Jeg kjeder meg)*

Original text/melody in Appendix 2n; CD: Audio document # 19

TIME AND CONTEXT	EVENTS	COMMENTARIES	
		Interviewees	**Music Therapist**
(as song #5) Mary has been transferred to a new hospital where she must have bone marrow transplantation. She experiences much pain at this time, needing high doses with analgesics. She is also often nauseated. Mary says that she is missing her "old" primary nurse, Dagny. They are writing letters to each other. But because of strict rules regarding who can or cannot visit isolated patients, this nurse (from the other hospital) is not allowed to visit Mary. The music therapist, however, continues to see Mary regularly, as he is engaged at both hospitals (sic!). During the week preceding the transplantation, there is some disagreement between Mary's parents and hospital staff regarding dosage of analgesics. (This patient's condition required extraordinary high doses with morphine if she should be free from pain.) The problem was solved after some days.	**(as song #5)** The father tells that one-day before the scheduled transplantation (bone marrow from the little brother), Mary's general condition seemingly improves a little (being somewhat "lighter", he says). During some few minutes when she is alone in her room, she writes two texts: "Friends" and "I'm bored" (#5). The next day the father hands over the two sheets of paper to the music therapist. ENGLISH TRANSLATION (by the Music Therapist): ***I'm bored*** ***How are you!*** ***Here I am,*** ***and I'm bored.*** ***My primary nurse comes to me*** ***and reads a book for me.*** ***And when I'm in trouble,*** ***she is helping me.*** ***Her name is Dagny*** ***and we are friends*** ***and we are making*** ***many things together.*** ***And when I'm sad,*** ***she comforts me.*** ***And in the evening*** ***she comes to my room,*** ***and then I fall asleep.*** The Norwegian text has a strong, energetic rhythm that I try to underline musically (kind of Latin-feel). The lines end primarily with two words rhyming with "deg", viz. "jeg" and "meg".	*Father: *"At this time it was difficult for medical- and nursing staff to realise that Mary was a (morphine) 'addict' and dependent of analgesics intravenously."* *Mother: *"This is actually a love song to the nurse* (Primary nurse #1, the one that Mary names). *She is like an angel. […] This is one way of confirming the warm relationship they have had for a long time."* *Father: *"Yes, it is a declaration of love to the primary nurse who is now absent* (from Mary)." *Primary Nurse #2: *"This (text) is telling us much about their relationship. Life is not funny at all, but then she starts thinking about her primary nurse (nurse 1) and the following is really what she/they actually do: 'Reading a book', 'making fine things together', 'comforting me'. This is no fantasy, but an account of what happens, various activities that Mary really appreciates. She directs our attention to the primary nurse, originally representing 'the institution', but who has now become an important person in her present life."* *Primary Nurse #1: *"I recall this easily, because we spent many evenings together just before she left for the new hospital (where the bone marrow transplantation should take place). Her stomach was aching and there was pandemonium before she fell asleep. It's actually a fine description."*	Was song #5 a kind of preliminary, funny exercise before she wrote this more 'realistic' text? I was thrilled that Mary now was able to master the creative writing so much on her own, from her own initiative and at a time when she was rather fatigued and sick. There's nothing 'boring' about the text (Mary decided on the title herself). Many of the phrases end with the word *"me"* (Norwegian: *"meg"*). The opening words also rhyme: *"Hei på deg! Her er jeg"* ("How are you! Here I am") This is really a direct and confident way of introducing oneself!

Mary * song #6: *I'm bored* (*Norwegian title: Jeg kjeder meg)*

Original text/melody in Appendix 2n; CD: Audio document # 19

TIME AND CONTEXT	EVENTS	COMMENTARIES	
		Interviewees	**Music Therapist**
One week later Mary's throat is as sore as ever before, the amount of her white blood corpuscles is not increasing, but she is awake and feeling not too bad.	I have composed melody and recorded this song (plus song #5) singing and playing a piano accompaniment. I have also recorded some personal commentaries about how I consider Mary's development as a songwriter, about my ideas concerning the melodies. I encourage her to comment on the music ("things" can be changed). Mary has asked to see me today. When I arrive, she is sitting at the table playing cards with her parents. Mary listens to the tape, saying nothing, but she is smiling continuously. Immediately afterwards she asks if the music therapist can give the song (text/cassette) and song #5 to the nurse (mentioned in the text). She would actually not mind if the song could be delivered immediately, she says. Three hours later the primary nurse, Dagny, gets the tape from me. We listen to the taped songs together. Mary plays the cassette with this song for staff entering her isolation room.	*Pre School Teacher (relating to the recorded verbal commentaries):*"The way you communicate (with the patient) is all right, because you actually help her to be aware of the development (in her song making)."* *Father (watching his daughter as the tape with the two songs was played): *"Is she a little proud now?"* *Pre School Teacher: *"From my position this poem was not complete before it had got a melody. And then: the song had to be delivered to the nurse at once! For Mary text and music were a symbiosis, the one could not be without the other. This song and #5 are private songs, but they show how important it is to have one person that can be trusted 100%... one who never deserts you, even if this person also must attend to new patients...and even if she changed hospital a couple of times."* *Primary Nurse #1:*"I got very moved when I received this (the taped song-gift)."* *Mother: *"This song was 'used' (by Mary) in this new hospital. Some of the nurses saw it and in this way they understood that Mary was a human being and that she had a (good) relationship to other nurses."*	She had been told that the melodies to song #5 and #6 should be ready today. I believed she was quite eager to hear my musical proposals. I added the taped commentaries, because I was not sure that Mary would be strong enough to see me that day, and I was really concerned that Mary should not experience "my music" as something fixed and unchangeable. I did not praise her extravagantly, although I believed this song (and even more than song #5) to be one step ahead (considering song making as a skill). I hoped she would think of this business of ours as a co-operative process, where she had a fair amount of control. She seemingly thought the melodies fitted the texts nicely. The songs were ok as they appeared now. I had never seen Mary as eager as she appeared to be during this session.

Mary * song #7 (text chronologically #3): *Nurse* *(Norwegian title: Sykepleier)*

Original text/melody in Appendix 2o; CD: Audio documents # 20-21

TIME AND CONTEXT	EVENTS	COMMENTARIES	
		Interviewees	**Music Therapist**
3 months after admission (as song #2) Mary is fatigued and in bed most of the time. She has become well acquainted with the with the nurses, teachers and medical staff at the ward.	Mary has written this text on the PC in her room, at the same time as song #2. ENGLISH TRANSLATION (by the Music Therapist): ***<u>Nurse</u>*** ***Inger is a star*** ***and eats her caviar*** ***Bodil is a star*** ***and has a guitar*** ***Randi is cute*** ***and eats her soup.***	*Primary Nurse #2: *"This is pure fun, because it has nothing to do with reality. The rhymes are used to make it 'hang together' . . . this is sheer imagination."* *Primary Nurse #1: *"All the time she was rhyming, also when she was talking."*	The rhyming was probably more important than describing what the nurses actually did. The "instantly" composed music was basically as simple as the text (keeping in mind Mary's preference for jumping melodic lines).
10 months after admission The transplantation is seemingly successful. Healthy, white blood corpuscles do develop. But Mary must carry on living within the boundaries of the isolation till she has acquired an effective immunological resistance; and nobody knows exactly when that will be. Mary's world now is (more than ever) a 'utilitarian' one: populated mainly with adults, measurements, technology, restrictions. She is sometimes really bored and fed up.	Mary's parents give this "old" text to the music therapist. A melody is made and five different versions of the song are recorded: 1)"Straight", 2) "Punk-style", 3) "Priest-like", 4) "Jungle-style" (only rhythmic patterns and effects), 5) "The dolls are dancing" (no text). The cassette is cleaned with alcohol and brought to Mary's isolation room. Mary listens to the cassette together with her parents. There is some laughter. Mary does not say much, but is smiling and faintly giggling a couple of times. She finds her favourite version. Immediately after the tape is finished, she asks for pencil and paper. Then she is writing continuously , concentrated and in absolute silence for more than 15 minutes. She has written two new song texts. I play her song several times during *Musical Hours.* The youngest patients seemingly love to guess who (of the nurses) is doing what… Mary gets a tape with the sing-song version.		Being bored was probably a most normal reaction during such restricted conditions for living. . .I believed it was most important to keep up the optimistic atmosphere in the isolation room. The parents were working hard with this task. How could the music therapist assist in providing entertainment that had its origin in Mary's own creativity? Laughing and joking as one way of shortening this tedious period of time? Making various versions of <u>her</u> song gave her choices: Which was the worst? Which was the most funny? Finding new ways of arranging the song? Etc… When I saw Mary beginning to write just after she had heard the cassette, I interpreted this as: making one song (successfully) inspired Mary to develop her creativity further.

Mary * song # 8 *Emil's Bone Marrow* (Norwegian title: Emil sin beinmarg)

Original text/melody in Appendix 2p; CD: Audio document # 22

TIME AND CONTEXT	EVENTS	COMMENTARIES	
		Interviewees	**Music Therapist**
10 months after admission Thirteen days after the bone marrow transplantation. The number of healthy, white blood corpuscles is increasing. Mary is much more lively than she was just a couple of days ago. This morning she is sitting on a chair near her bed while she gets nourishment and medicines intravenously.	Immediately after having listened to a cassette where the music therapist sings and plays different versions of song #7 *"Nurses",* Mary asks for pencil and paper. Without saying a word and highly concentrated she writes this text in 3-5 minutes. Without interruption she takes a new sheet and writes another text (song #9) in 8-10 minutes. Her mother, father and the music therapist are present, but Mary is working entirely on her own. ENGLISH TRANSLATION (by the music therapist): ***Emil's bone marrow is good*** ***Because it likes to stay in Mary.*** ***Ha,ha!*** ***So that I can get well.*** ***And then I come (back) to school.*** ***Ha,ha!*** Not a single word is altered, and two days later the patient gets a cassette and the written music.	After having observed Mary writing the two texts, the father commented that all her songs had a happy ending, and he put forward some examples of this. *Primary Nurse #2: *"It is actually tremendously stylishly made with this 'Ha,ha'. It is possibly a happy song and fine to dance to."* *Father (18 months after Mary has left hospital): *"I believe this Was actually the best song Mary made."*	Both the parents and I were really astonished how "direct, concentrated and creative" this 8 years old girl appeared to be at the time. I was moved to see a text that optimistic as this one. The melody had to be dance like and I proposed a cha-cha rhythm (Mary had made a tango earlier). The text contained a couple of rhymes …form and content seemed to fit perfectly! This was a hospital song with a limited "area of application" outside isolation room? Emil had certainly heard the song, but he did seemingly not care much about it. This was Mary's song, and not his. . . I later noticed that I had not pronounced his name correctly on the recording (and everyone had been too polite to stop me "wrecking" his name).

Mary * song #9: *If I were the King* *(Norwegian title: Hvis jeg var kongen)*

Original text/melody in Appendix 2q; CD: Audio document # 23

TIME AND CONTEXT	EVENTS	Interviewees	COMMENTARIES
10 months after admission Thirteen days after the bone marrow transplantation. The number of healthy, white blood corpuscles is increasing. Mary is much livelier than she was just a couple of days ago. This morning she is sitting on a chair near her bed while she gets nourishment and medicines intravenously.	Immediately after having listened to a cassette where the music therapist sings and plays different versions of song #7 *"Nurses",* Mary asks for pencil and paper. After having written text #8, *"Emil's Bone Marrow";* she takes a new sheet and writes another text within 8-10 minutes. Her mother, father and the music therapist are present, but Mary is working entirely on her own. ENGLISH TRANSLATION (from Mary's recorded version by the Music Therapist): ***If I were the king of the ocean,*** ***I know what I would have been doing:*** ***I would sail with the wind*** ***Just dreaming away*** ***But I'm small and I'm getting nowhere,*** ***'cause the evil Maga Kahn is hunting for me.*** ***The king of the ocean, who is he?*** ***A black and angry and dangerous man.*** ***In all harbours, on all the seas*** ***his name is whispered:*** ***Captain Sabretooth,*** ***Captain Sabretooth*** Mary says she knows a melody to this song too. I leave my small tape recorder in the isolation room. A couple of hours after she has written the text, she sings and records the song on her own. Some days later she gives the tape to me. However, the sheet of paper where she had written the song had disappeared. I compare Mary's version with the original (text/music by Terje Formoe). With the exception of two words, Mary sings the song with the right melody and lyrics.	*Father: *"Mary had plenty time to listen to her cassettes and to learn songs by heart during the many weeks of her confinement to 'life in bed'. This song is an example of that."*	**Music Therapist** As the parents and I were watching Mary while she wrote this text, I was at first rather amazed. The parents, as well as I, believed this was the start of another original song by Mary. But as we saw how the text developed we understood that this was actually "borrowed material". The final words, *"Captain Sabretooth"*, revealed that she probably had written down from memory a song about a well known "Norwegian" children's book/play character (a pirate). . As far as I could notice, did Mary not discriminate between a highly personal song (#8) about her joy over having got functional bone marrow from her brother, and the children's song that she now managed to memorise so well. Mary of course knew that *"If I were the king"* was not her "invention", and she certainly did not try to make other people think this entirely was her own song. But she simply did not care much to present or talk about these two songs as "an original" and "a copy". As far as I could understand (the parents and I also discussed this phenomenon) Mary's achievement was principally to write/make two songs, the process (to have done it) was probably more important to her than any other aspects with these songs. But the text as well as the melody are highly poetic - the song tells me something about both longing and awe.

Mary * song #10: *It's boring to stay in Hospital* (*Norwegian title: Det er kjedelig å være på sykehus)*

Original text/melody in Appendix 2r; CD: Audio document # 24

TIME AND CONTEXT	EVENTS	COMMENTARIES	
		Interviewees	**Music Therapist**
11 months after admission Mary's bone marrow is functioning normally, but the necessary medication with immuno- suppressives is a continuous source of unpleasantness. Mary must have many (often +17) capsules a day, and they are awkward to swallow. Her appetite is also still poor. She spends short periods at home, and she is allowed weekend-trips to the countryside together with her family.	During a short leave at home, another 8 years old girl visits Mary. This girl tells Mary about all her experiences from school. She is regarded as a most resourceful person. Mary has really nothing to tell "from school", but she says she can make songs. Then (probably as an example of this new skill) Mary dictates a new song and the friend writes down what Mary says. ENGLISH TRANSLATION (by the Music Therapist): ***It's boring to stay in Hospital*** ***and take my medicines.*** ***And sometimes I'm throwing up,*** ***It's not funny.*** ***It's not funny at all.*** The next day Mary gives me the new text (on the envelope she has written "Song to Trygve"). I propose we make a melody together. She has been playing in the hospital garden for some time and is resting in bed while I am sitting bedside with a keyboard. She is rather passive and apprehensive at first. I suggest several opening melodic phrases and she responds to a "falling" melodic line in minor. Then she suggests melody to the next line. The sentence: *"and take my medicines"* is repeated. Within 1/2 hour a melody is finished. Finally Mary sings the complete song without accompaniment. She has changed the melody slightly and this version she uses when we record the song: Mary singing and me on the keyboard.	*Mother (about Mary's present situation at hospital): *"Just recently she called us on the mobile (telephone) and cried and was completely lost (because she had to take those medicines). If she did not take them in the morning, she had to have a whole lot more in the evening […] She does not vomit any longer, but she did that for a long, very long time."* *Father: *" I have a feeling that she is writing about this because she is now in fairly good shape, things have been much worse. She is actually that fit that she can be bored. She is living with numerous restrictions that were not experienced as restrictions before. She was too ill to do anything about it. This song is written in a situation where she has surplus energy to be more and to do more than sitting there, chewing tablets and becoming nauseated. The other song (#1) was written in deep despair when she had reached the bottom."* *Mother (about Mary and her friend): *"Now their relationship was in equilibrium…actually it was Mary who was the boss."* *Father: *"Before (this event) it had been the opposite way."* *Mother (to the music therapist): *"I believe it has been your merit that Mary feels there is something she masters, something she is confident of and clever at. It is fantastic."*	When we were making melody and recording the song it was somewhat strange (and a little moving) to see how Mary were working with this sad text and mourning melody: seemingly quite "professionally": showing no feelings and just doing the job looking relaxed and rather satisfied.

Mary * song #10: *"It's boring to stay in Hospital"* (Norwegian title: "Det er kjedelig å være på sykehus")

Original text/melody in Appendix 2r; CD: Audio document # 24

TIME AND CONTEXT	EVENTS	COMMENTARIES	
		Interviewees	**Music Therapist**
11 months after admission (one week after the melody to *"It's boring"* has been made) Mary's general condition is improving day by day.	The pre school teacher (with whom Mary made the *"Hat song")* has started to teach Mary to play the recorder. In our music therapy session Mary, on her own initiative, plays the melody on recorder. Some days later she performs the melody on her mini-keyboard, but she does not sing.	*Primary Nurse #2: *"This was a really melancholic (expression).[…] In the evening (when she was back in hospital form some hours leave at home) she was in really high spirits. We had fun, we played much. But she talked about her nightly depressions. This surprised me. […] I did not believe that she recently had any negative experiences from either being in hospital or from anything happening to her as a patient."* *Primary Nurse #1: *" I don't think it is actually staying in hospital that is boring (to her)."*	Mary is a fast learner on her descant recorder. She really plays better than most beginners do.

René * song #1: *School Holidays in Isolation Room number 9* *(Norwegian title: Skolefri på isolat nummer 9)*

Original text/melody in Appendix 2s; CD: Audio document # 25

TIME AND CONTEXT	EVENTS	COMMENTARIES	
		Interviewees	**Music Therapist**
René was diagnosed as suffering from myelodysplasia when she was twelve years old. Although she had no dramatic symptoms, only bone marrow transplantation could bring a complete cure. Now bone marrow from an unknown donor (*registered* donor) had been found and was ready for René. Her special diagnosis necessitated a particularly tough preparation before the actual transplantation: an aggressive chemotherapy treatment and medicines resisting T-lymphocytes from the donor. René was admitted to hospital a week before the actual transplantation.			
1 week after admission René is seemingly a strong and harmonic girl, although she is in the middle of a tough cure. She is bald and a little pale, but is less fatigued than could be expected. Every day her class (of 15 pupils from a small rural community in the middle of Norway) sends her faxes with information, greetings and drawings.	René's parents tell the music therapist about their daughter's interest in "making poems". (One poem has even been printed in a local newspaper.)They describe René as creative and resourceful.		It struck me that I had seldom met a "pre-transplantation" family that cheerful, the parents apparently treating their daughter quite "normally" and the patient being (at least on the outside) rather relaxed.
2 weeks after admission	The bone marrow transplantation takes place a couple of days before our first session in René's isolation room. She shows me her records and videos. Then we sing together, accompanied by me on keyboard, the refrain from *Give it to me, Baby* (by Offspring) and *I'm a big, big girl* Her voice is hoarse and brittle. She often smiles when I perform some *Grease* songs (texts in alcohol-wiped plastic coverings). At the end of the session, I mention that if she wants to make a song-text on her own, we might compose the music together, making a cassette or even a CD.		

René * song #1: *School Holidays in Isolation Room number 9* *(Norwegian title: Skolefri på isolat nummer 9)*

Original text/melody in Appendix 2s; CD: Audio document # 25

TIME AND CONTEXT	EVENTS	COMMENTARIES	
		Interviewees	**Music Therapist**
3 weeks after admission René is now marked by numerous side effects from the transplantation.	According to Renate's parents, she has asked for a visit by me today, but she is not very fit. When I enter the room she sits up in bed. Her eyes are closed and it seems to be difficult for her to keep her balance when sitting. Her mouth and throat are sore, she is whispering/grunting, her voice is feeble and I must often ask her to repeat what she is trying to say. She shows me a text, in the mother's handwriting. "My mum has done most of it", she says. It's about all the 14 other pupils in her school class at home: ENGLISH TRANSLATION (by the Music Therapist): ***I'm sitting here in "Isolation-room number 9",*** ***writing a song about my class.*** ***I think I'll be back in half a year,*** ***At that day I hope everyone will cheer.*** ***Hege, the teacher, is joking more and more,*** ***Audun is surely the same guy as before,*** ***Wenche is crazy and Julie is like that too,*** ***Linn gets so angry that her face turns blue.*** ***Kjersti is kind, Torkjell: a nincompoop,*** ***Trond is walking about: 'thinks he is a duke'.*** ***Geir Johan and Mats have a silly head.*** ***They're teasing Katta till she turns red.*** ***Vegard and Kristian are completely mad,*** ***Thomas has a voice that is sounding sad,*** ***Kari and Jonas are always gay,*** ***And here am I on my school holiday."***	*Oncologist: *"René had now developed haemorrhagic cystitis and sore mucous membranes because of the chemotherapy and a moderate GVH (Graft Versus Host) reaction that first of all attacked her skin[…]"* *Primary Nurse: *"Although René had much pain[…] and could almost not say a word, she was stubborn and managed well to live inside the isolation room. She tried to get up in the morning, take a shower and structure the day. [That morning] she was a little groggy and sick, but she sat up in her bed and tried to sing."* * Oncologist: *"It is great when children or teenagers are assisted to participate in projects where they feel they really exist. In a period one simply is there (at the isolation room), and one feels that you, broadly speaking, do not exist. You breathe and are helped with almost everything […] It's fantastic if a patient can be a real participant, and even more so if you in addition succeed participating in a project like that (song creation). We try to make life as normal as possible in ' that' room: Get out of bed as soon as they manage, doing school work and have entertainment. And this (project) is something in between."* *Primary Nurse: *"When I saw the text for the first time, I thought it was quite audacious: writing about all her classmates and (later) sing this song to them. Not everyone is spoken of in a pleasant manner. But she did not care at all! 'This boy is a nincompoop, and let him hear it'."*	I found it pleasing that René and her mother had managed to spend time together in such a creative manner in spite of René's sickness. Without the inventiveness of the mother, this would not have happened. Although René had made poems of her own before, she was now in a situation that required "a little help from her friends" to get certain things going.

René * song #1: *School Holidays in Isolation Room number 9* *(Norwegian title: Skolefri på isolat nummer 9)*

Original text/melody in Appendix 2s; CD: Audio document # 25

TIME AND CONTEXT	EVENTS	COMMENTARIES	
		Interviewees	**Music Therapist**
3 weeks after admission (continued)	I ask René if we shall make the melody together. She says she might have some ideas about how the melody ought to be. She can sing, but she is not fit to do it just now. We decide we'll wait until her voice is stronger and her throat less sore. Renate says *"Do you think we could have picture of me and you on the cover"*? I answer *"Certainly"*.	Primary Nurse: *"(The song) shall actually be just like this'. I believe it was rather amusing that she dared to do it like this and that she mentioned every single classmate. It shows that she had a good and confident relationship with her class."*	Suddenly it stuck me that a cover might be a rather important element of presenting the song (The medium is the message!). "The cover" is a highly important matter for many artists, why should René be different?
Two days after the text is finished	As agreed, I see René in the late afternoon. We'll make a melody to the poem now. The mother is present. Later on, the father and the primary nurse join the "work shop". I have brought the well-cleaned keyboard to the room, but do not manage to plug in the electrical supply (at last René's father fixes it), so we start singing without any accompaniment. In the beginning René and her mother seem rather passive, the music therapist suggests musical phrases the patient accepts or rejects the proposals. But suddenly the mother exclaims, slightly discontented: *"We have been thinking of something in rap-music-style"!* I find a rap-rhythm on the keyboard, René starts to "rap" and within ten minutes the song has got it's melody (or rather melodic-rhythmic pattern). René looks a little tired (I believe), but she manages to speak and sing, although not very loudly at first. The pitch of her voice is sometimes difficult to record accurately, but the rhythmical elements come forward quite distinctly. Between the verses the Primary Nurse takes the initiative to sing a riff.	*Father: *"This was pure fun…a way of sporting with her class-mates. I don't think the actual words meant that much."* *Primary Nurse: *"It was exciting. It's good that this was made possible. Ok, an isolation room must be tidy and clean, they are afraid of germs etc. But we can actually think that nothing is impossible…really. […] I could see on René's face, when she found the right melody, that now it (the song) was right!"*	There was much laughter in the room, everyone had a task: René composing/ singing; Mother: commenting and singing a little; Father: technical "engineer"; Nurse: choir-girl; Music Therapist: co-composer, musician

René * song #1: *School Holidays in Isolation Room number 9* *(Norwegian title: Skolefri på isolat nummer 9)*

Original text/melody in Appendix 2s; CD: Audio document # 25

TIME AND CONTEXT	EVENTS	COMMENTARIES	
		Interviewees	**Music Therapist**
4 weeks after admission Before the music therapy session the parents are proudly announcing that the white blood-corpuscles now has reached "0.7".	René's voice is as bad as can be…No singing. We improvise on the keyboard, perform a little "musical travel" around the world, she is an eager student. In some days the soreness of her mucous membranes is hopefully less troublesome.		
Two days later:	Her mouth is still a little sore, but her voice has got more volume. She tells she probably will be transferred to a local hospital (500 km away) in four days. The music therapist suggests that René makes one try to sing her song. She agrees, but insists that her mother and father must leave the room (from today she is no longer strictly isolated). René is sitting in her bed, a microphone is placed near her mouth and she actually manages to perform quite well (with a deep, rough, voice). Some intervals sound rather indistinct. Afterwards she finds a picture of herself in bed while she is talking in her telephone. That might be a fine cover.	*Father: *"It was good entertainment for the family to work with this song."* *Mother (spontaneously to the music therapist just after René/mother/father saw and listened to the final product): *"You must show and tell other isolated children that this really is possible. Perhaps this might inspire other children."*	I thought René's "laid-back" style of rapping fitted the song nicely. I would never be able to make a CD cover like this without assistance from others. (The cite operator at Oslo University College, skipped his Friday lunch in order to have the CD ready before René left the hospital.)
First week of admission at local hospital René must have a urine catheter. According to the mother this was the least comfortable aspect of the entire time of treatment and hospitalisation.	The printing department at Oslo University College helps with the layout. The tape is copied to a CD, and the day before the discharge, René gets two copies of her own, new CD. René plays her CD for hospital staff; the hospital teacher plays the CD for the pupils.	*Hospital Teacher: *"This CD was a good way of communicating between patient and her new, temporary school, as well as between the two hospitals! René had told me that her best experience from the bone marrow treatment period was making her own CD."*	

René * song #1: *School Holidays in Isolation Room number 9* *(Norwegian title: Skolefri på isolat nummer 9)*

Original text/melody in Appendix 2s; CD: Audio document # 25

TIME AND CONTEXT	EVENTS	COMMENTARIES	
		Interviewees	**Music Therapist**
4 weeks after the CD was finished René is at home, getting better every day. But she must keep away from school and classmates because of infection danger (she still has a fragile immune defence).	René calls the music therapist: She would very much like to have 14 more of her CD (one for each pupil in her local school class). The extra CDs are made and sent to the ex-patient. At the last school day before summer vacation, the whole class is invited to René's home for a grill party.	*Primary Nurse: *"I believe that few youths of René's age have made their own CD, although it might become increasingly more common. You have had a difficult time at hospital…with much pain and discomfort…and then you come home. And you have actually produced your own CD! I believe that's great. Teenagers generally love music…their CDs…and listen to CDs."* *Teacher at the local school: *"René's classmates said it was strange and impressive that she had managed to produce something during this special situation (she had been through) and that she really had had surplus energy to give away. They also commented that the CD was so dashingly made…not looking amateurishly.* *Before the party where she would give all her classmates one CD each, she was pretty nervous. Perhaps they would not want to have her CD. But everyone was happy to receive her CD.* *I believe it is valuable that she was enabled to do this piece of work. I was probably not the only one who was deeply moved when listening to this song."*	The picture on the CD contained much information about life in an isolation room: The bed with the bald patient; the infusion apparatus; the kidney tray (René was frequently sick); the telephone representing the opening to the world. René seemingly did not pick out the most beautiful picture of herself, but rather the most typical or representative? She was not completely isolated! I would call this a realistic, but hopeful picture…

(page 5 of 5)

Table 10. (pp 99-138) *The life histories of 19 songs*

Chapter 4

CONSTRUCTING THEMES[1]

Anyone reading one or more of *Chapter 3*'s "life histories" of songs, may construct her or his "findings" based on this data material. If read chronologically and across, these 19 small cases hopefully present enough trustworthy information for the reader who wants to proceed with her or his investigation of processes and meanings related to the individual song creations. Organising and sorting the data in these "hyper-text" tables have not been conceptually neutral; even my original research questions suggest that song creations, at least understood as music therapy phenomena, *have* social meanings and can be understood as (social) processes. The recorded contextual information and song events have been accompanied by comments (information/ interpretations/ opinions) from several informants and myself during different stages of our "song-relationships"; the following analytical and interpretative work can be seen as continuations of this. My role as a researcher includes understanding *lay* interpretations as well as developing relevant theoretical reflections about the song phenomena.

From this point forward no new song data are introduced. Only very general information about treatment/care and about matters related to the chosen themes is brought into this attempt to "re-create" certain elements of a little "life on earth" segment that is now *history*. As time passes, the time-distance to the actual song creations increases. The researcher is re- searching: considering the song material one more time, constructing new meanings and (perhaps) bringing the study to a close with a further developed and deeper understanding of the song phenomena. When I write, "developed", there is no underlying belief that neither I, nor anyone else, will ever reach a full and final understanding. Interpretative conclusions by this researcher are not necessary more true than those of other investigators (professional or not) studying the same material; proposing *well-founded* answers and prolific new questions are, however, major (and sufficient) goals in the present project.

[1] "Theme", "Issue" and "Category" are used synonymously in this text.

Chapter 2 contained a methodological outline of how I think the researcher's knowledge accumulates throughout the process of this qualitative study. At this point it is timely to consider what type of knowledge I seek: not to present causal *explanations* about song phenomena, but to present good arguments relating to their *meaning/significance*.

Analysis and interpretation

The present chapter oscillates between analysis: "unloosing"/"detaching" data from its place/context (Greek *analusis*) and interpretation: constructing and expressing the meaning of data. In a broad sense there is ”[…] no particular moment when data analysis begins”(Stake, 1995:71). I believe the same can be said about interpretation. I have commenced *transforming* data long before making the final ”song tables”: one piece of information, eg an excerpt from an interview, is actually a written interpretation of somebody's account of what they remember from earlier events and experiences. "Raw" data are transformed into a shape that the researcher is able to handle. [2] A "first" description of interrelationships among events and contexts has already been outlined through the cases presented in *Chapter 3*, but now the focus changes from *presenting data* to *identifying, presenting* and *discussing themes*.

Data analysis and interpretation in *Chapter 4* refer specifically to systematic procedures for identifying "meanings". Transforming qualitative data can be approached in many different ways, Wolcott (1994: 23-48) mentions 10 analytic alternatives and 11 ways to approach interpretation. I employ some of these strategies, but treat analysis and interpretation as continually interdependent manoeuvres:

- *Highlight specific constructions (or "findings")*

Looking at some things rather than others is dependent on several *choices* made by the researcher. The actual choices are further dependent on the research questions and

[2] In order to be able to obtain and utilise relevant data, the researcher must be able to distinguish, grasp and hold on to what is perceived as (pieces of) data. A good metaphor for this process is the German word *Begreiffen* (Danish *begribe;* Norwegian *begripe*) meaning, in English: to understand/ comprehend/ conceive. *Begreiffen* means litteray: (to be able) *to grasp*.

methodology in addition to the researcher's personal sensibility, knowledge and skills. Even if this part of the study is meant to be "close" to data, the researcher *subjectively* uses his own theoretical repertoire (he has no other) to select what is believed to be important/interesting. This can never be a purely technical procedure. Intuition, openness and ability to see the data material "from within" (*emic* perspective, focusing idiographic, local meanings) are necessary requirements for this project. At times the researcher changes his focus in order to see the data material from above/the outside in order to get an overview and to be able to distinguish "the mountains from the plains". Highlighting (naming and considering) common or particular elements are interpretative acts resulting in new constructs (cf Table 3, page 38).

It is perhaps not surprising that a music therapist researcher having once stated that "ecological context" and "environment" constitute one basis for understanding the song phenomena, studies the "geography" of the different songs. The first highlighted features in this chapter present therefore an overview of "factual" sides of the song activities: persons (*who* participates?), sites (*where* do the song activities take place?), and times (*when* and for *how long* were the songs developed and performed?). After a period of mind-playing with concepts and various modes of lumping together statements with some common factor, three major themes emerge - in my mind - and shortly after on paper:

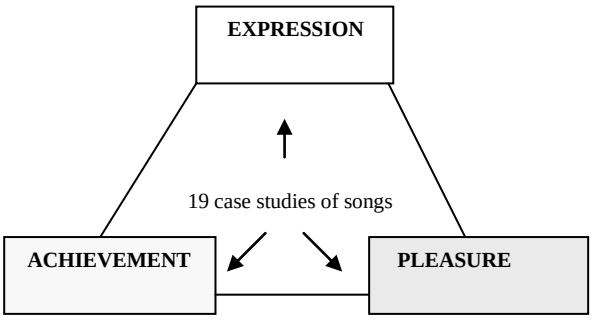


Figure 3. *Major themes in the 19 songs' life histories*

These three thematic boxes seem sufficiently different and inclusive to encompass the majority of meaningful aspects that I see in the life histories of the 19 songs. Throughout the further analytic and interpretative work it becomes increasingly evident that this thematic categorisation is not mutually exclusive: some statements can be understood as both "the one and the other". The chosen themes are seemingly also inter-related and can be seen as three interchangeable sets of lenses (fitting the same frame, however) for studying the songs.

- *Display constructions (or "findings")*

Graphic presentation (tables, charts, and figures) is one way of conveying information and emphasising particular elements. Suggested relationships and processes are sometimes better illustrated than described. In the tables quotations and other excerpts from the case histories are edited to provide a uniform presentation - hopefully without changing the meaning. Point of departure for thematic organisation in tables and figures may be the particular theme or the individual songs of each of the five patients.

- *Compare cases*

This study interprets what the individual instance means and aggregates instances from the different song histories "[…]until something can be said about them as a class" (Stake, op. cit.:73). Even if some important features appear only once, my focus of study shifts now from the single event or observation to comparing and looking for relationships, and from studying the individual song to studying what the selected themes imply for each of the five young patients. Such comparative investigations may disclose a variety and nuances (probably more than within a study based on one case, either understood as one song or one child) and may lead to more informed and sophisticated (re-)constructions.

- *Extend the analysis and turn to theory*

Each of the chosen themes is encompassing smaller parts that are given attention. I endeavour to treat any theme holistically, having in mind Wilber's claims about "The Pattern That Connects":

> "You cannot point to anything, to any holon, and say it's just *that* and nothing else, because every holon is simultaneously a superholon and a subholon: it is composed of holons and composes others […]" (Wilber, 2000:77).

The three basic themes in this chapter, "expression", "achievement" and "pleasure", are thus also *parts* of more encompassing themes/concepts. The analysis and interpretation will hopefully result in bringing forward new and interesting relationships and details within the different layers of my constructions, between the three themes and between the themes and other concepts. Such "findings" are not part of the *detailed descriptions* of the 19 songs (presented in the song tables), but they "[…] must be interpreted in the terms of the factors thickly described" (Lincoln and Guba, 2000:40). The thick descriptions provide a direction, not a closed framework, for theoretical considerations. As this study is an investigation of processes and meanings, it can be seen as a thorough but broad "mapping out of certain landscapes" and not as focusing only one central feature (Latin: *factura*: "formation"). Theoretical aspects drawn into this study are manifold, but the different theoretical foci are treated more superficially than would have been the case with only one theoretical perspective.

Each of the major themes is moreover presented with a theoretical-contextual introduction serving as a point of departure and direction of my analytical and interpretative strategy. "For interpretation, theory provides a way to link our case studies, invariably of modest scope, with larger issues" (Wollcot, op. cit.: 43). The final "assertions" in *Chapter 5* consider the three major themes in the health perspective mentioned in *Chapter 1*.

- *Connect with personal experience*

My personal experience colours the thematic discussions, reflecting my personal stance in relation to the song phenomena and to the theoretical themes. Field experience may well be talked of as a *personal voyage of self-discovery* (Bruner, 1986:15) - for an anthropologist visiting a foreign country - for an author, like David Henry Thoreau, who went to familiar land to become a better observer of himself [3]- or for a music therapist exploring fields of song-activities in which he himself is *one* part. I have endeavoured to

[3] Thoreau, D. H. (1854/1989) *Walden* (Original title: *Walden; or, Life in the Woods*)

present a many-faceted picture where my own personal experiences are made explicit, but where the music therapist/researcher indeed does not appear as the main character.

Considering generalisation

Applying the above mentioned strategies of analysis and interpretation is an aid to increase one's understanding of the song phenomena. Does such knowledge also facilitate transferability - understood as identifying a common factor across cases? This relative decontextualisation does not equal a positivist understanding of "generalisability" (or external validity). The song phenomena cannot possibly appear with fixed and reliable linkages among their various elements - no universal laws can be extracted from studying cultural events or processes. Generalisations are not even found in nature. They are man made and active creations of the mind. Besides, as stated in one of the first presentations of *Naturalistic Inquiry*: "The trouble with generalizations is that they don't apply to particulars" (Lincoln and Guba, op. cit.:27). The present qualitative study, however, aims at capturing a multi-faceted material of "particulars". Empirically generalisations rest upon

> "[…] the generalizer's experience with a limited number of particulars not with 'each and all' of the members of a 'class, kind, or order'. From that experience springs, as Ford (1975) suggests, an *imaginative* generalization, one that goes beyond the bounds of the particulars, making assertions that presumably apply not only to its generating particulars, but to all other similar particulars" (ibid.:30).

The term *"naturalistic generalisations"* was first used by David Hamilton in 1979 (cf ibid.:37) to refer to understandings that are private, or, as Stake claims "[…] conclusions arrived at through personal engagement in life's affairs or by vicarious experience […]" (Stake op. cit.:85). Even if this his kind of generalisation is, first of all, thought of as "psychological" (intuitive, empirical, and built around concepts like "comprehension" and "abstraction") (see Lincoln and Guba, op. cit.: 36-38), I am more committed to the idea that the word generalisation is misleading in a qualitative research paradigm. The American psychologist Lee Cronbach replaced the classic concept of generalisation with a formulation that I have found adequate for my song study:

> "Instead of making generalization the ruling consideration in our research, I suggest that we reverse our priorities. An observer collecting data in the particular situation is in a position to appraise a practice or proposition in that setting, observing effects in context. […] When we give proper weight to local conditions, any generalization is a *working hypothesis*, not a conclusion" (Cronbach, 1975, quoted by ibid.: 39, my italics).

When I move my attention from one song to another to study the same theme, eg "pleasure", I keep in mind that there are always local, unique factors. But there are also factors (relationships) that may be relevant within a new song or situation too; and I describe and interpret the "effect" (or better "processes") with this in mind.

> "And note that the 'working hypotheses' are tentative both for the situation in which they are first uncovered and for other situations; there are always differences in context from situation to situation, and even the single situation differs over time", Lincoln and Guba comments (ibid.:39).

Findings from one situation (event) are transferred to the interpretation of the next situation (within one song history or between songs) as a 'working hypothesis' about what might occur in the other situation. This is not just an inductive process, but one with *abductive* elements - well suited for developing constructions capturing important dimensions of a study material.

Prerequisites for understanding the song phenomena: knowledge of the "geography" of the songs

The life histories of these songs go beyond scheduled music therapy sessions in some "music room" or in the patient's own hospital room. Participants are not only a young patient and a music therapist. Before exploring meanings, it might be useful to obtain an overview of (some of) the sites *where* the song activities have taken place. The "location table" only presents data extracted from the 19 small cases, but gives information about the geography of the song activities that is important to have in mind when discussing central themes of the song phenomena. Songs are not just made and performed in a

contextual vacuum, the locality of these activities is a type of data that cannot be overlooked in a study of meanings.

SONGS	PATIENT ROOM	ISOLATION ROOM	HOSPITAL COMMON ROOM(S)	HOSPITAL SCHOOL	PATIENT'S HOME	HOME SCHOOL or KINDERGARTEN	PUBLIC TELEVISION	TWO HOSPITALS
Brian # 1								
Brian # 2		1						
Brian # 3								
Brian # 4								
Henry # 1				2				
Henry # 2								
Hannah # 1								3
Hannah # 2								3
Mary # 1								
Mary # 2		4						
Mary # 3								
Mary # 4								
Mary # 5								
Mary # 6								
Mary # 7								
Mary # 8								
Mary # 9								
Mary #10								
René # 1								

1. Brian's teacher visited him regularly during isolation.
2. Henry was assisted by the pre-school teacher (in the play-room).
3. Hannah made and sung her songs only in *one* of the two hospitals where she stayed.
4. The song (audio-tape) was primarily played for Mary when she stayed in the Intensive Care Unit.

Table 11. *Locations: where the songs have been created and performed*

All these songs but one have had more than one creation/performance site. Songs fly easily from one part of the hospital to another, to other hospitals and to the "outside world". Some patterns, as to the individual children, can also be seen in this table: Brian's song-production is (also) related to the hospital school/teacher. Mary, however, has no song-related connection to hospital school. A couple of Mary's songs have been developed/performed in many, even "far-away" localities; other songs of hers have only been performed "where Mary stays". This table tells nothing about how often a song has been performed (or attended to) or about the length of a song's life.

Considering the locations related to the song-activities is one way of indicating which persons have taken part in the musicking. Instead of extracting data from the song-tables about participants and audiences relating to the individual songs, I have made an illustration showing potential participants (in addition to the patient) and audiences in three different "areas": a) people within the "inner circle" of the patient in hospital; b) people within the bigger hospital environment; c) people remaining outside, or "beyond", the hospital environment. A song can directly reach far away audiences from the patient's isolated existence eg as a CD sent by post to classmates.

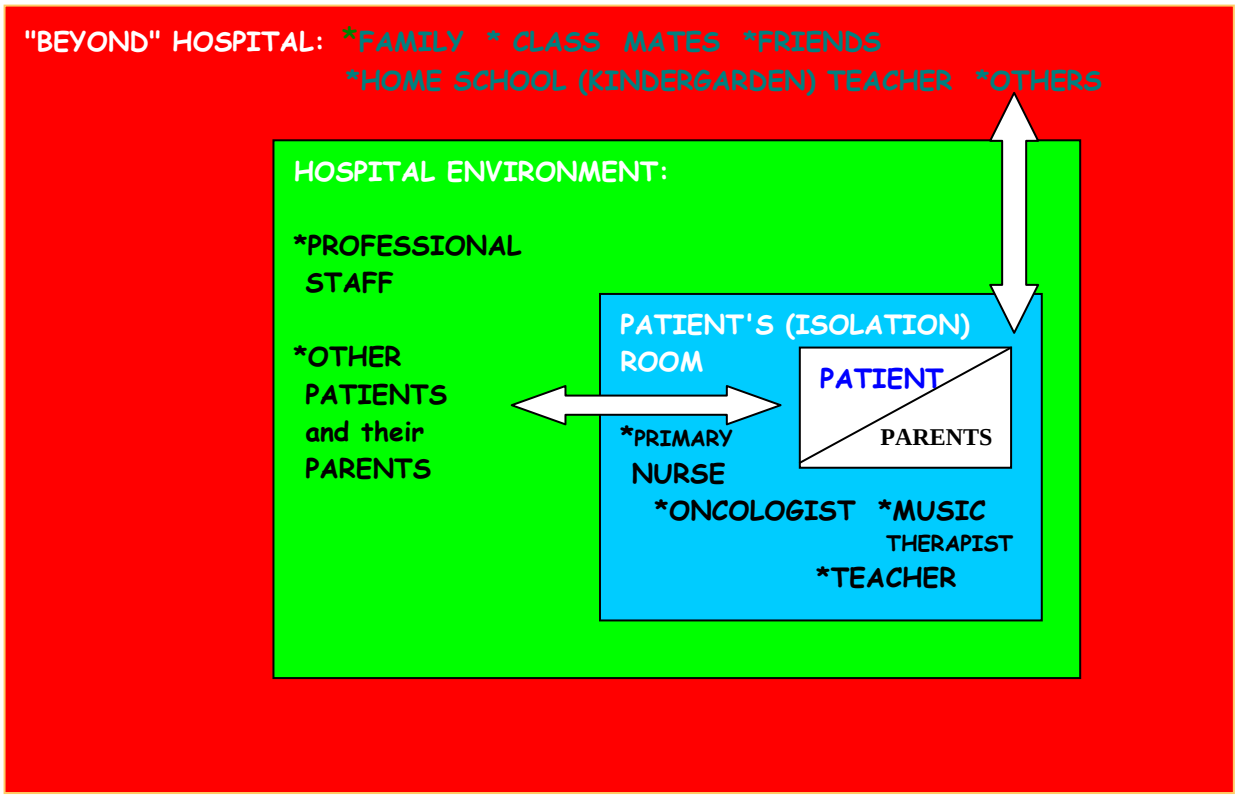


Figure 4. *A "map" of potential song-participants and audiences based on the 19 songs' life histories*

Each of the 19 songs can be viewed in this framework. The patient moves between the three areas and so often does the song. Some songs have been used or played for many different people in all three arenas. Other songs have only been known by the near family and patient (and the music therapist) and have hardly been performed outside (eg) the isolation room. The more people having been involved, the more difficult it is to get an accurate (or total) overview of where, who and when the song-activities have taken place. Terry was a young patient who learned and performed Henry's song #2 in hospital. After returning to his "far away" home in the Western Norway, all I know is that he frequently played his own audiotaped version during the first days. This boy has perhaps also taught Henry's song to other persons or performed it for new audiences. Mary's song #1, presented in a national TV programme, reached an audience of several hundred thousand people…

The length of the "life" of each of the 19 songs seems firstly related to the patient's own involvement and interest, secondly to which other persons are taking part in the

musicking: the more people involved, the more opportunities for renewed interest and "uses" of the song. (I also guess some of the songs will be remembered and performed long after the completion of this thesis.) Detrimental for *any* song's life is the combination of the song's qualitative aspects, it's "promotion" and various contextual aspects. The song cases tell of very different life spans of the individual songs, but in all the cases the song has been performed more than once. In other words: each song's life history goes further than the song's "creation". Brian and Hannah's songs had seemingly short, but "intense" lives, not exceeding two or three months. René's song was created in February/March. The story of this song ends when she "finally" (?) presents a CD-recording to each of her 14 classmates in June (on the first day she is allowed to be visited by friends). Many of Mary's songs (eg #2, #4, #8, and #10) have not been performed many times after they have once been created and audiotaped. The histories of the two songs she made to her primary nurse (#5 and #6) are also short, but we do not know much about their fate after being handed over to the much loved nurse. Mary and Henry made one long-lived song each. The life history of Mary's song #1 covers a period of one year and three months. During this time span, a number of different people, others than Mary and the music therapist, were involved in performing and developing the *Suspiciously Cheerful Lady* (Mary's parents, her home school teacher, her little brother, a ward rock band etc). Likewise the song could be heard at many different sites. The life history of Henry's song #2 stretches over a period of several years (with fewer performance sites and participants, however, than Mary's song #1). This song was made half a year before his treatment protocol was successfully finished. Half a year after coming home, the song accompanied Henry on the return to his kindergarten. Later the song was revitalised on his short visits to hospital for scheduled examinations. Three years after having created the short original text, he presented me a new version of the song!

Both these examples of long-lived songs tell about oeuvres developed and performed both inside and outside of the patients' hospital rooms and hospitals. The two songs have been performed by more people than just the patient-song-maker and the music therapist and have also been brought to life again (for various reasons) when the patient has returned to hospital after having stayed home for some time. The question of why

the 19 songs' lifespan differs so much can partly be explained by looking at each song's performance-sites and by studying which persons having been involved in the song activities, "audiences" included. Not all of these 19 songs proved suitable for performance in different settings/ for audiences outside the patient's room. Others might possibly turn out to become very "popular" and having long lives, but the patient's interest for the song (or for presenting it to others) did not last long. Some songs were performed instrumentally by the song-maker after the interest for singing (the text) had ceased. Many of the 19 songs in this study had the necessary qualities for being enjoyed (in some way or another) by different audiences. But it was, first of all, the patient's own interest and appreciation that determined the various uses of her/his song. The therapeutic value of the 19 songs in this study is, however, not related to number of performances or life-length, but to what *meanings* the song (activities) seem to have - a topic that will be further explored in the remaining part of *Chapter 4*. The "geography" of a song gives little explicit information about its meanings or therapeutic value, but it indicates some basic elements for understanding song-phenomena in a human ecological context. The prolonged involvement with song creations in this study gradually increased my interest for questions of geography when patients are creating pieces of art. A study of song creations in music therapy might possibly have been conducted somewhat differently if my present knowledge of these matters had been internalised five years ago…

Expression

This is a meaning category employed in relation to what the song (text and music) is believed to "say" or "express".

Perspective

The Concise Oxford Dictionary of English Etymology (1996) describes the original meanings of "expression" with *representation*, *manifestation* or, simply, pressing *out.* In Modern English usage "expression" means "the action or process of making known one's feelings opinions, ideas, etc" (*Oxford Advanced Learner's Dictionary*, 1998).

Because a work of art does not communicate well-defined meanings, "what is being said" is inextricably tied to "the way it is being said".[4]

Music therapy and art have many close relations, but music therapy is not primarily art, and it is not a new art form. In most music therapies music is not altogether reduced to a means, but rather regarded as "a *medium* for interpersonal, emotional and aesthetic experiences" (Stige, 1998:128). We, children and adults alike, make up our, more or less, articulated opinions of what is "good" or "bad", "cool" or "boring", "pretty" or "ugly" (etc), in the daily encounters with *objects of art* in our lives: a picture, a book, a jewel, a piece of music etc. Neither the client nor the therapist can escape from making their reflections or judgements as to various aesthetic goals or products that emerge within (or "come out of") music therapy. The product of compositional activities, for instance a written down song or a re-creation of a song, "*projects"* its aesthetic features to be interpreted by those who listen. A song, made or performed in a music therapy setting, can often very easily be compared with "ordinary" songs and evaluated aesthetically with normal standards. Neither the *aesthetic* nor the *entertainment* qualities of a song made (partly) by a patient/client can be overlooked even if its *functional* aspects are understood as being equally or more important in music therapy practice. A study of what is functional cannot simply leave out aesthetic/entertainment elements because functionality might also well be related to those two qualities.

Many music therapy activities related primarily to *improvisation* do appear as somewhat more obscure when it comes to which aesthetic standard they shall be judged by. Musical improvisation may provide participants with freedom to escape from old conventions and from merely copying what is believed to be appropriate (a phenomenon that is often used deliberately in music therapy). A written-down or audiotaped "finished" song can be experienced again and again and becomes more easily an *object* ready for aesthetic judgement.

[4] According to the Italian art theorist Benedetto Croce is "expression" a synthesis of content and form (*Estetica*, 1902).

In music therapy literature "aesthetics" has not been the most common topic for reflection, although music therapists' growing interest for *musicology* related issues has also resulted in an ongoing discourse on aesthetic-related themes (eg Salas, 1990; Aigen, 1995b; Ansdell, 1995, 1999, 2001; Ruud, 1998; Stige, 1998). Studying music(king) as *expression* is probably one important point of intersection where music therapy and aesthetic theories may touch. The expressive sides of music therapy have understandably been treated with a stronger focus on psychotherapeutic elements than on formal aesthetic *values* (see the literature review in *Chapter 1* and *Appendix I*). My own interest in "expression", related to improvisation as well as compositional activities, was the point of departure for my curiosity about understanding what the song activities might *mean*. "Songs expressing experiences of being ill and hospitalised" was also the primary focus in my first published article about song creations and young cancer patients (Aasgaard, 1996a). This is quite in accordance with what seems to be one major concern of music therapists in paediatric hospital settings. The Australian music therapist, Jane Edwards, writes in an article about anxiety management in paediatric music therapy:

> "Pediatric music therapy is, in general, informed from an expressive arts perspective with the paramount notion that music is readily able to be used by children to play, to express feelings, and to interact with others. Within a psychological stress model, these opportunities are intended to lessen the feelings of threat and harm that can arise in an unfamiliar environment. Additionally, the music therapist can use sessions to assist in identifying children's appraisal of their situation. […] Opportunities to improvise music and discuss any idea or issues emerging from the improvisation can provide a means for self expression and an opportunity for the therapist to discern themes important to the child" (Edwards, 1999: 70-71).

Is any song or song-text, written by whomsoever, an example of self-expression (understood here as a composer/author who expresses his thoughts, feelings, experiences and opinions)? It is a rather common assumption that one of the things artists do is to express their emotions or "inner life" in their work of art. In music therapy and in other creative therapies the *art medium* is understood and treated not only as a tool for artistic expression, but also as a medium for the client/patient "making perceptible an inner experience" (Aldridge, 1996:234). But we cannot deduce from this therapeutic stance that all songs made in a music therapy context can be interpreted as

personal testimonies. The fine line between artistic expression and personal expression is often a matter of discussion and confusion. At the time of commencing the present project I had had some useful experiences relating to this problem. Song texts received from children were not seldom rapidly interpreted as representing something intimately personal. But a look into contextual matters relating to the authors' present life situation, revealed, at times, that the text seemingly had very little to do with the patients' own actual life situation. One such text was a farewell song to the father of a 13-year-old girl stating that she might not live tomorrow. The text (ready to be a song) also declared that she was soon going to leave this world and enter a place where neither "sickness nor death" existed. However, the patient was actually not terminally ill at all.

Another common (?) misconception is the following: when a piece of art evokes emotions in its audiences, this response is "[…] taken as indicating which emotion the author or composer was expressing" (Sheppard, 1987:19). My firm conviction, not least based on own experiences of being a performer, composer, musicologist and music therapist, is that different people react differently to the same "piece" of music, and one person reacts differently at different times to the same music. It is therefor quite accidental if a composer's own emotions during the composition process and that of the listener during a certain performance are unanimous. But if a listener thinks he or she knows something about the composer's life situation, it is rather easy to mix the contextual knowledge with the experiences from the actual performance. In this sense, it does not matter if the poem or music "stems" from a famous author or composer or from a seriously ill patient making his first song in hospital.

"Expression" has traditionally been proposed as a distinguishing feature of art. The ontological understanding of a "song" - what it is (and is not) - determines our understanding of what the song eventually expresses, also in music therapy settings. If we look for expression-related meanings of instrumental improvisations/compositions (without any lyrics), interpreting from what is believed to be the "musical vocabulary" of the composition might be thought of as the best way of getting hold of such

meanings.[5] But is it the written music, the performed music or the composition/performance process (each interwoven with numerous contextual elements) that gives us the most true, or most interesting music-material for *re*-searching? Or, in other words: *where* do we find any relevant aesthetic features of "the composition"? If a song is being understood as simply "text and music", these two elements and their fusion, "the song", are the *objects* that are most at hand to be investigated. My own understanding of "what is a song" is determined by my conceptions of music and musicking (cf *Chapter 1*). I am thus not only interested to study finished works of art, but also *various* processes and events related to the life history of songs. Any simple answer relating to expression will be only a small part of the total "picture"! Each time a person is being exposed to the work of art, that person creates/constructs, some will say reconstructs, what "it is" to her/him. As Jaques says in *As you like it*: "I can suck melancholy out of a song, as a weasel sucks eggs".[6] Interpreting expressive elements can (luckily!) never be a completely exact science. Well-founded, relevant and sober interpretations should, however, not be out of reach in the present project.

Expressive elements related to the 19 songs

As the child-authors/composers/performers themselves have not been asked what they want to "express" through their creative work, "outsiders' perspectives" (not the least that of the music therapist researcher) mark the interpretations. We know, however, something about the stated intentions for making some of the songs. As mentioned already, I do not believe there is any direct correspondence between the artists' (here: song-maker's/composer's) emotions and listeners' reactions. But because "expression" is (perhaps) better studied as an interplay of giving and receiving, rather than as "one-

[5] Gudrun Aldridge has made one of the most thorough analyses of expressivity and meaning of a *melody* that develops in the context of musical improvisation. She presents a case study about a 35 years old woman having music therapy after mastectomy and concludes with: *"Developing a melodic theme supports her need for expression, providing the possibilities to feel and create in her own unique way. […] Through melody, the woman in this study, finds a way to put her feelings and musical intuition into action. Her creative energy is dynamically challenged and brought into an expressive form that makes sense to her. Expressivity, shown in this way, reflects the process of emotional recovery and points the way to a new identity"* (Aldridge, G. 1999:152). Data sources that have been analysed are audio taped musical improvisations and punctilious notation of the audible material.

[6] William Shakespeare (1564-1616) *As You Like It,* Act II, Scene V

way communication", I am interested in reactions, comments and opinions about expressive phenomena related to the 19 songs. This chapter starts by approaching the songs primarily as "art", but as the contextual features are drawn into the field of study, music *therapy* enters the foreground.

The authors of the 19 songs in this study have made texts more or less on their own, but, in most cases, not the music. Classification of *lyrical themes* thus serves as the first analytical procedure regarding the "contents"[7] of the song: what the text "is about" and what it may "express". Secondly formal/stylistic features are considered; thirdly the musical features of the individual songs are highlighted. This interpretative investigation of expression is finally "broadened" by encompassing contextual information from each of the songs' life history. In the present song material most texts appeared before the music; one might thus consider the text-material to provide a more direct representation of the child-patient than do the non-text features of the song. Studying content and form of the lyrics and musical features give many details of expressive and technical aspects. But my own understanding of such elements has, throughout the research process, been "contaminated" by, more or less, holistic but changing pictures of what each song represents. When trying to separate song elements from contextual data for a meaning analysis, this very song easily disappears. On the other hand a dynamic oscillation between parts and holons is probably the best (and only?) way of obtaining a deep and broad understanding of the song phenomena.

A contextually broad study of song meanings encompasses in addition non-musical elements colouring our opinions about the song's expressive sides. I find that it is sometimes impossible to know exactly if the responses from listeners (myself included) relate particularly to the "song-content", the "song-activity" or the "song-situation". Those people I have interviewed who know the patients well do generally talk about content and activity/situation as "one" thing. This means that "expression" is not only relating to an object, but also to *processes*. I have, as a rule, only asked people what they believe the specific song might "mean" or "mean to them". More specific questions may have resulted in different answers, but at the time when I

[7] "Content(s)", here: "ideas, conceptions, thoughts, messages".

interviewed/discussed the songs with my informants, I did not make an issue of people's surely different ideas about "how to" approach the expressive sides of the songs.

Ways of expression 1: lyrics - what do the texts say?

- *Themes*

The many themes[8] within the 19 song texts (or lyrics) show that *these* five young song-makers chose to make songs referring to life in hospital as well as to the world beyond. Some texts appear seemingly as accounts of autobiographical experiences, telling a story in present tense, singular; in other texts references to the author are absent. Various persons may be presented through their proper names or eg as "nurses"; "doctors", or "girls". When a text also provides quite clear cues as to location, any informed reader will understand that it is written by a sick child. Other texts give no such cues.

A possible triangulation procedure, and a quite feasible one, may be to hand these texts over, with no comments whatever, to complete strangers in order to make an index of thematic topics. This would have reduced prejudice and some elements of contextual contamination. I doubt, however, if a "neutral" and unbiased analysis will improve the scientific quality and provide stronger evidence for possible findings. My point of departure when reading these 19 song texts is not evaluative, eg in the sense of how good they are, or what therapeutic effect they may have; I am primarily concerned about understanding texts: what they might say/express. Of course a broad contextual knowledge gives me a certain position as a text interpreter, but the texts constitute a uniform *material* for any investigator. I commence my re-search of the songs' life histories by staying as close as possible to the texts during the thematic categorisation procedure. My text readings are hopefully open(minded), if not objective. Any reader has access to the texts (if not con-texts) and is free to make her/his own interpretations.

[8] It is the researcher who constructs these themes (from Greek *théma*: proposition) as one stage in understanding the 19 song creations (*Oxford Concise Dictionary of English Etymology*, 1996).

Themes in this limited material of lyrics are manifold. Various sides of hospital-life are spoken of, but there are also themes as far from hospital-life as you can get. I have arranged this grouping of themes (having certain features in common) in five *categories.* All the song texts, but one, have been associated with one thematic category only - Brian's song #2 deals with psychosocial themes as well themes related to treatment/symptoms/physiology. This first categorisation also separates themes as being either hospital related or not:

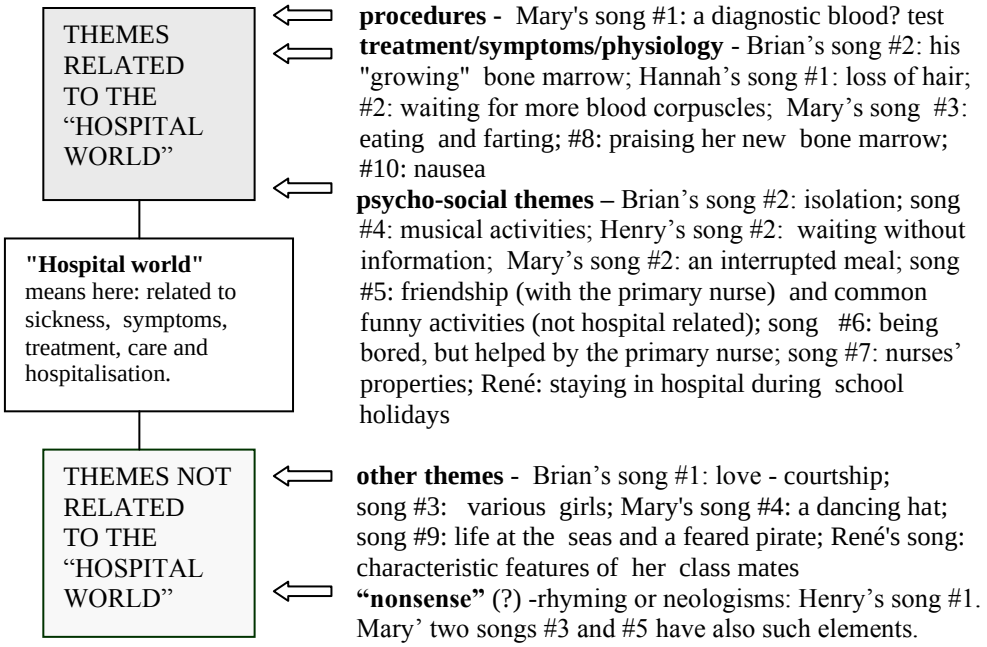


Figure 5. *Lyrics: major categories*

These five children have made the lyrics more or less solely on their own initiative, and we can safely state that there is no "preferred" or "typical" song text or theme. Both Brian and Mary, having made 4 and 10 songs respectively, treat themes from the "hospital world" as well as from "the outside", both children have also written texts relating to medical treatment as well as to play activities or musicking during hospitalisation. I do not claim that their varied thematic choices automatically can be interpreted as their personal testimonies, but rather as interesting *examples* of what "long stay" patients are engaged with during hospitalisation. Among the eight songs categorised as not directly describing illness/hospital experiences, there are also references to names of well known persons or places in the hospital (René's song,

Mary's songs #5 and #7). Because nurses easily are the persons that the patients see most often, it is perhaps natural to apply their names when making rhymes about…anything that rhymes. Labelling the song themes as being either "hospital" or "not hospital" related does therefor not reflect an absolutely clear discrepancy between the two categories.

A song-text without any obvious autobiographical features may also contribute to a deeper understanding of the life situation of a sick (or not-sick) child. And additionally: to take notice of those "other" songs is a way of respecting the artistic freedom of the young patient. Cancer-children's wish to preserve a degree of normality in the long-term highly abnormal life situation is shared by their afflicted families (von Plessen 1996), caregivers (Langton 2000) and hospital school staff (Fottland, 1998). A song-text about something quite remote from hospital or personal experiences serves as one possible way of keeping in touch with sides of life other than being a patient with a serious illness.

Choosing a particular theme may certainly be an expressive act "in itself" (eg Brian's song #3 where he mentions and describes apparently grown-up girls). But rather similar themes, eg related to the time after bone marrow transplantation, may be treated very differently (Brian's song #2, Hannah's song #2 and Mary's song #8).

- *Expressive statements*

While knowing little about the authors' spoken expressive ideas, I still believe it is meaningful to interpret expressive statements in the song material. "Statement" means simply that something is expressed in words. Statements are, at times, interpreted as "messages" or as "manifestations" (illustrating some idea or opinion); but a too varied categorisation mirrors probably nothing but the vivid fantasy of the interpreter. Listeners, not the least professional hospital staff, are inclined to interpret these songs as having messages, as can be amply studied through reading the quoted comments within the 19 song histories. Musical elements and performances certainly influence such comments, but I am rather convinced that texts constitute the most basic data for such interpretations.

Texts that explicitly refer to patient experiences are also relatively easy to categorise in respect of expression, even if they are not necessarily strictly autobiographical. When this is lacking, the (text-only) interpreter is on less solid ground. I have been careful to avoid a focus too related to problems if this is not explicitly stated in the lyrics. But because the authors are seriously ill and go through series of uncomfortable diagnostic and treatment regimes, I believe it is interesting to see if such themes are treated optimistically or pessimistically. Hallmark of an optimistic expression is confidence in some success of a course of action. Optimism is not synonymous with hope and being hopeful, even if both optimism and hope are future oriented.[9] I restrict my interpretations here to indicate (in the following tables) one basic "mood" in each text. Some texts can hardly be categorised as to this dimension; the other texts are characterised as expressing "optimism", "pessimism" or "ambiguity" (sometimes followed by a question mark). I believe it is remarkable to see the great variety of seemingly optimistic and funny, ambiguous songs that the five children in this study have made.

[9] Hope can be defined as a feeling of the possible (or what's realistic), an inner readiness and an unused resource (Rustøen, 1995: 356). We also know that hope is concerned about goal attainment and having choices and that it is affected by interpersonal relationships (ibid.: 357).

CATEGORIES	LYRICAL THEMES	EXPRESSIVE "STATEMENTS" and basic "moods"
Treatment/ Symptoms/ Physiological changes	**Mary #1 A diagnostic (blood?) test battle** --- The little brother's version: **A "farting battle"**	**I escaped the false and brutal lady, through fainting! Basic mood: *ambiguity* - presents some kind of solution** --- The little brother's version: **Basic mood : *optimism ?* - playfulness**
	Brian #2	**I'm glad that my bone marrow is "growing" . Basic mood: *optimism* - he will rejoice and go on holiday after "this"**
	Hannah #2 **Waiting for new blood corpuscles**	**Only if I laugh, the number of blood corpuscles will increase. Basic mood: *optimism* – the number of blood corpuscles will increase**
	Mary #8	**My brother's bone marrow likes to stay in me! Basic mood: *optimism* - I will be able to return to school**
	Hannah #1 Hair loss	**Poor Jan: no more hair to save! Basic mood: *ambiguity* - poor Jan, not poor Hannah**
	Mary #3 Eating and farting (and dancing)	**Basic mood: *optimism* ? - playfulness**
	Mary #10 Nausea/medicines	**It's no fun having to eat medicines and to vomit. Basic mood: *pessimism* - "no fun, at all"**
Psycho-social themes	**Brian #2 (also) Isolation**	**Hospital staff is ok, but I miss many things. Basic mood: ?**
	Brian #4 Musical activities related to hospital school	**I participate in pleasant activities and makes people laugh . Basic mood: *optimism* – I manage something at school: to make funny songs**
	Henry #2 Waiting and lack of information --- Second version: **Waiting and lack of jelly**	**Being fed up** **Basic mood: *pessimism* – resignation? - nothing happens, we are never told anything** --- Second version : **ending with new words: "we never ever get any jelly". Non sense? Basic mood: *ambiguity***
	Mary #2 An interrupted meal	**Mary has her own will** **Basic mood: ?**
	Mary #5 Friendship and activities with her primary nurse	**We have a good time together** **Basic mood: *optimism ?***
	Mary #6 Being bored, but helped by her primary nurse	**My primary nurse can help in many ways. Basic mood: *optimism* – When I have problems, she will help me.**
	Mary #7 Nurses' properties	**Basic mood: *optimism*?**
	René #1 Staying in hospital during school holiday	**I think of you all (fools). Basic mood: *optimism* – I'll soon come back to you!**

Table 12. *Lyrics related to the hospital world: what do they express?*

CATEGORIES	LYRICAL THEMES		EXPRESSIVE "STATEMENTS" and "moods"
Other themes	**Brian #1**	**Love and courtship**	**Love is important. Basic mood: *optimism* - expressing how loving relationships are established**
	Brian #3	**Various girls he knows**	**Some girls are fine, some are bad Basic mood: *ambiguity ?***
	Mary #4	**A dancing hat**	**Basic mood: *optimism*? - playfulness**
	Mary #9	**Life at the seas and a feared pirate**	**Captain Sabretooth is the King of the Oceans. Basic mood: ?**
Non(?) sense	**Henry #1**	**Neologisms**	**Basic mood: *optimism* ?**

Table 13. *Lyrics not related to the hospital world: what do they express?*

The three texts related to bone marrow transplantation demonstrate three different ways of waiting to get better: Brian writes in his song #2 that he is "glad" the bone marrow is growing, "after this" he'll "rejoice" and go to "the South" (the Mediterranean). Dreaming about specific future events is also shared by Mary (song #8) who writes that she'll "go to school" because the bone marrow from her little brother "likes to stay" in her. When Hannah sings her song #2, the expressive statement is slightly more ambivalent: blood corpuscles will only increase in number if she "laughs"; but this is perhaps not *that* difficult for her? Mary's song #1 describes a struggle ending with the patient fainting. A "text only" interpretation can say little about whether this is an optimistic finale or not – knowledge about Mary's likes and dislikes and her life situation are necessary prerequisites for a further interpretation. The statement in her very last song (#10) seems, however, to be very clear: it is "boring" and "no fun at all" having to "take medicines" and "to be throwing up". This pessimistic attitude is also seen in Henry's song #2: waiting, and waiting more…but receiving no information.

As can be seen from the above tables some of the 19 texts are troublesome to categorise with respect to expression - especially when lyrics are not dealing with hospital matters. Mary's adaptation of Terje Formoe's recorded song of Captain Sabretooth (#9) describes a little, dreaming and powerless "I" and a much feared pirate. I do, however, not automatically replace the "I" of this song with "Mary". The major lyrics-based "message" is simply this: there is no doubt who is "The King of the Oceans". The small stories about dancing, eating and farting (Mary's song #3), about funny

activities and properties of nurses (Mary's songs #5 and #7) and about a "dancing hat" (Mary's song #4) have all an unspecific optimistic and playful keynote – similar to Huizinga's description of *play-mood* - "one of rapture and enthusiasm" (Huizinga, 1955:132). Henry's song #1, based on neologisms, has this quality in excess. These texts have no specific future perspective, but I still believe they express an optimistic *attitude* or *direction* and they are therefor tentatively labelled as expressing "optimism". It is here futile to look for deeper meanings, based purely of interpretations of lyrics. When rhyming and rhythm have first priority, the actual musicking (related to the making and performing the song) becomes far more interesting than the words chosen as song material. But a song is not less valuable even if lyrics express nothing more than "playing with words is worth while and enjoyable just here and now". Because the present study considers aspects of the songs other than lyrics and music, we will eventually obtain an improved base for understanding expressive aspects, and also of the songs that seemingly are "non"-sense.

Ways of expression 2: formal/stylistic features

A change of focus from "content" to "form"[10] and "style"[11] reveals different lyrical modes of expression within the song material. The 19 life histories of songs show no formal tendencies as to how the young authors have presented their various themes. This study brings forward little information about the text makers' eventual stylistic considerations. But any text (whether it be written or just spoken/sung) always *appears* in a certain form/style - important features that are essential for how the song is interpreted. With the above thematic categorisation in mind, a possible next step can be considering one song at a time for stylistic features. At this stage we can start to consider formal features such as prose/metre/repetitive elements, stylistic distinctions when the children's creations are based on another original text and various modes of humour in the lyrics. I am aware of the possible danger of "explanation overkill" when discussing these songs' formal poetic features as means of expression. On the other

[10] "Form", from Latin *forma*: mould, shape, beauty; here: "visible appearance of song text". The concept is a translation from the Greek *eidos* (*Oxford Concise Dictionary of English Etymology*, 1996). Aristotle distinguished between the form and the matter (*hyle*) of things.

[11] "Style", from Latin *stilus*: slate pencil, writing equipment; here: "manner of writing that is characteristic of a particular writer" (*Oxford Concise Dictionary of English Etymology*, 1996; *Oxford Advanced Learner's Dictionary*,1998).

hand such elements can not be completely overlooked either: in some of the songs the young poets' own *ways* of saying something certainly has a decisive expressive function. Patients or parents seldom discussed writing *techniques* with me. Brian was guided by his dear teacher, Hannah and René were inspired and helped by their parents, Henry was primarily improvising and Mary changed styles and themes again and again as a rather self-assured young poet.

- *Form*

The written original texts (16 of totally 19 texts) have the shape of prose[12], verse[13] or various hybrids thereof. In some cases I have very gently edited the texts received from the five young patients: dividing a prose text into verses (eg Mary's song #1, Brian's song #2), repeating a line (Brian's song #2, Mary's song #10) or repeating the compete text (Henry's song #2). Any alteration may influence listeners'/reader's interpretation of what a song expresses. I have, however, aimed at not bringing in any new elements, but simply to make the text as "sing-able" as possible within the boundaries of the original point of departure. As can be seen, very few words have been altered, left out or added.

René's CV includes having had one poem printed in a local newspaper before she got ill. Her hospital song-text, made in close co-operation with her mother, consists of four stanzas of four lines each and with end-rhymes in every second line. The, more or less, consistent equal numbers of syllables in each line makes it a perfect medium for rapping: rhythmically reeling off short descriptions of her class-mates' various characteristic ways of behaviour.

Mary's first text alternates between direct speech and narrative, making it a convincingly unsentimental reportage from this highly dissatisfactory event. Even if Mary's two first songs were originally small stories, not intended to be sung, her sentences have rhythm enough to be sung with very little edition. All Mary's texts have

[12] "Prose", from Latin *(oratio) prosa*: unfettered, all language that is not subject to metrical conventionalisation (*Litteraturvitenskapelig leksikon,* 1998; *Oxford Advanced Learner's Dictionary*, 1998).

[13] "Verse", from Latin *versus*: turn, writing arranged in lines, often with a regular rhythm or rhyme scheme. It is here used synonymously with "stanza" (*Litteraturvitenskaplig Leksikon,* 1989; *Oxford Advanced Learner's Dictionary,* 1998).

distinctive *metric*[14] elements. Her songs #3, #4, #5, #6, #7, #8, and her adopted text #9, are based on end-rhymes. It is appropriate asking to which extent the rhythm and rhymes in her *Tango Song* (#3) contribute to the interpretation of this being a "non contextual…pure rhyming (song)" (Primary Nurse "#2")[15]. A major turn in Mary's expressive vocabulary can be seen in song #6. This structurally more complex text starts with an aggregation of rhymes where she briefly tells how she is feeling ("bored"!), but continues with mentioning different situations where the nurse is helping her. Three times Mary applies "and when" between the short descriptions. This element does indeed strengthen the picture of "the complete" primary nurse that Mary straightforwardly presents. While song #7 and #8 are written as three and four-line stanzas, her other written texts, at first sight, have a prose arrangement. Mary often uses repetitive elements: in song #8 the exclamation "ha, ha" finishes lines two and four happily, emphasising that all is well with the bone marrow from her brother. Mary's last song #10, about her miseries at hospital, ends with repeating and amplifying the harsh conclusion: "this is not funny, this is not funny at all".

Brian's conception of basic requirements for a song text is probably very vague when he commences writing *Love* and *Doctors are kind.* His songs #3 and #4 demonstrate an emerging metric song-style: the first imitating a proper, rude pop song and the final *School Song* appearing in a harmonious form with four line stanzas and refrains between each verse. The optimistic refrain each time sums up a major feature of *The Musical Hour*: "and all laugh and hum. It's true, it is fun"! I believe that the "ordinary" song-*form* of these two songs can be seen as testimonies of "normality" and that he is a genuine teen-ager (as also suggested by the local music therapist/welfare nurse at his special school).

The original text of Henry's song #2 repeats "wait and see" once. When the full text is also being repeated, the waiting and seeing (expressing patience?) becomes increasingly underlined. But because the final part of the text: "'cause they never tell nothing to me"

[14] "Metre", from Greek *metron*: measure, the rhythm of a poem, produced by the arrangement of stresses on the syllables (*Litteraturvitenskapelig leksikon,*1998; *Oxford Advanced Learner's Dictionary,*1998).
[15] Mary had two primary nurses.

also comes twice, there is a simultaneous build up of frustration (or resignation?) throughout the song.

- *Stylistic features related to lyrics inspired by/built on a different text*

Mary's song #1 and Brian's song #3 have both borrowed ideas and words from other texts, but can still tell something of the children's preferred styles. Hannah's first song is marked by her mother's ingenious transformation of a well known, innocent children's poem to this poem of loss. The two first words of the original poem, (in Norwegian: "lille rare", directly translated as "little, sweet/funny", actually a rather nice way of addressing someone)[16] also open this new version. While the metre is almost similar to the original poem, the old story about the little "red currant thief" is now substituted by words about her father's dear hobby: collecting and saving Hannah's hair. When Hannah is improvising her next song, she uses the same trick. Point of departure is *Ba, Ba, Blacksheep* (loved by children in many countries); Hannah's version also starts with "Ba, ba". She is, however, not addressing a little lamb this time, but her own demanding, new blood corpuscles. Hannah (in song text #2) follows the original form throughout the text, but substitutes "pairs of socks" with "pairs of whites" (blood corpuscles). Because of the combination of a traditional form, some of the original innocent and pleasant "contents" and quite new words, taken from the physiological/"medical" vocabulary, the text appears as highly equivocal (this stylistic feature is also discussed as a humour element).

- *Humour in texts*

Humour is a prominent feature of many of the songs; indeed all the five young patients have made one or more song with humorous qualities. The song creators express humour through lyrics, music and through particular ways of performing the song. There are many questions related to applying the humour-label on (some of) these songs. Are humorous features mainly aims or means, content or form of the song? Even if perception and interpretation of humour are so dependent on contexts, I choose here to start considering it as a primarily stylistic feature. But the focus on humour will be

[16] My translation of Hannah's song #1 uses other words to preserve a more correct representation of the rhythm and rhyming elements of the original text.

expanded, when musical expression and, even further, when contextual matters are drawn into the discussion. "Humour" has been closely knit to music therapy since Antiquity's long lived physiological teachings of the *humores cardinales* - about relationships between the body fluids and temperaments - believed to be possibly influenced by musical means. In the present study the physiology of musicking is not at all considered, but it is tempting to think of the humour elements as a metaphor for actions towards moisturising, limbering up and softening a cerebral, rational and dry "reality" - seen in treatment programmes as well as in hospital environments.

The 19 song life histories contain many examples of interviewees (or other persons whose comments have been recorded) who relate particular texts to the young authors' (et al's) abilities to express themselves in a witty way (Henry's song #1; Hannah's song #1; Mary's songs #1, #3, #5, #7 and René's song). My classification of humorous elements is also based on recorded impressions of the song makers' own understanding of their oeuvres (Brian's song #3; Mary's songs #1, #3). Specified comments as to "humourability" are, in most cases, expressing my own interpretations.

The humour aspects within the song texts seem to be of different kinds. Some texts deal with a serious and/or (probably) "uncomfortable" topic, but combine the account of misery with slapstick and presenting one or more "fools". One such example is Mary's description (song #1) of being stung by an apparently cheerful, but "in reality" brutal and silly lady. She is, in other words, "suspiciously cheerful". This lady addresses the patient rather informally, with a seemingly friendly spirit "Hi, We'll just have some (blood) tests". But shortly afterwards the lady exclaims, "Hold the patient"! The patient eventually faints - this is the one thing the lady cannot control. The listener is left with the ambiguous finale…how serious is this really? Humour is iconoclastic whenever it tackles the mighty and powerful. Hannah's loss of hair, described in her song #1, introduces a man with a very peculiar and slightly "foolish" hobby: collecting and saving (her) hair! René presents all her classmates, the majority described as being rather idiotic or clumsy, before she laconically finishes: "And here (in the isolation room) I am during my school holiday(s)". She does not say that she wishes to return to those stupid classmates as soon as possible. Brian finishes his song #3 dryly: " (She)

pulled down her roller blind. That evening I was carried away in an ambulance". These three songs all express **"ironic humour"** - what is *said*, expresses satirical, critical intentions or the opposite of what is (probably) meant. A related kind of irony is created in both of Hannah's songs because of sudden and surprising text changes: from innocent (nursery) rhymes to references related to treatment and care, indeed serious themes presented very little seriously. This stylistic manipulation of both serious themes and familiar forms of presentation creates an expressive message containing several possible meanings: a rather sardonic ambiguity that is not just funny, but also resonant with the sound of tragedy. Understatement, such as characterising the described situation and Hannah (who looses her hair) as "funny", is another example of this bewildering type of humour.

A second type of humour is found in the "coarse" texts applying indecent words or descriptions. I name this category **"naughty humour"** [17]. Among the 19 songs one of this kind is Brian's partly ironic song #3, with references to love and fighting, and to a girl who is standing "on the top of a table" pulling down "her roller blind" (= "her underpants"). This surely also may be understood as a slightly naughty text, as will "the little brother's" version of Mary's first song. Mary's songs #2 and #3 also contain descriptions of modes of farting. In song #2 she is quite outspoken when commenting the request from Randi to share spaghetti with her: " 'No', Mary answered sourly, 'you disturbed me in the middle of my breakfast'". Even if her song #3 seems to be preoccupied with lower digestive tract matters, the prominent rhyming and metre make it perhaps just as much to a "nonsense" song as to a naughty one (and thus equally related to the next category).

The label "**fantastic humour"** represents songs that open the door to a fantastic and playful world having few or no "real life" references. Neologisms that sound funny are typical traits of Henry's song #1. He composes new words by putting together well-

[17] I learned how culturally determined this concept is from the Japanese music therapist Setsu Inoue who translated two of the 19 songs to be performed for children with cancer at Tokyo University Hospital. Neither the Norwegian word, "dame" (an unspecified, not very young woman) in Mary's song #1, nor the expression, "vi får jo aldri beskjed", ("nobody tells nothing to me") could not be translated directly. Such expressions were too "coarse" and impolite to be used for/by the young patients in Tokyo. In what way would Mary's "farting songs" be received?

known words in completely illogical relations, like “a nose-tip-toe” and “a peep-peep-toot-toot”. The text in his next song ("We must wait, wait and see" etc) says nothing funny at all. When numerous hospital audiences actually applaud and laugh of this song, it is because of people's familiarity with the subject "waiting". If listeners are not confidential with "a patient's perspective on hospital life", the song text appears as noting but incomprehensible. I do therefor not regard this song as an example of "amusing fantasy", but rather of "social realism". Interpreting this text as funny is dependent on applying (adding) a humorous perspective on the described annoying and boring temporary life situation. Mary’s song #4 describes a talking and dancing hat: this is free floating fantasy. Song #5 tells about “friends saying please, pull out my teeth" and the short song #7 names one nurse who “eats caviar” and “has a guitar"; another nurse is “cute” and “eating her soup”… Even if rhyming has first priority here, the result can be interpreted as slightly amusing because of the rather accidental “meanings” rising from the rhymes (as can also be studied in Henry’s new “waiting for jelly” version of his song #2). But song #5 and #7 are not pure fantasy, both texts name nurses that Mary knows. The humour element in these two texts is strengthened manifold if one have contextual information about persons described in the texts. One might therefor put a question mark on the indicated relationships between these two songs and the “fantasy” related humour suggested in Table 14.

I detect no conformity between particular themes in the lyrics and the use of humour. Ironic elements are seen in songs about the good and the bad things in life. Different subjects have been treated with (slightly) naughty elements, and fantastic, unrealistic, but amusing elements appear in descriptions of nurses as well as in the making of new words and sounds - playing with words easily fosters something funny. Frankenfield (1996) discusses the developmental aspects of humour in relation to nursing interventions for children with cancer. In order to reduce harmful effects of isolation and numerous stressful environmental elements innovative and creative thinking is required, not least by hospital staff providing the basic daily care to these children.

The following figure presents activities that may be used to encourage humour for children in various age groups corresponding to Piaget's stages of development. If we

consider, in this perspective, the 13 songs where one or another version is labelled as humorous, we get the following comparative picture:

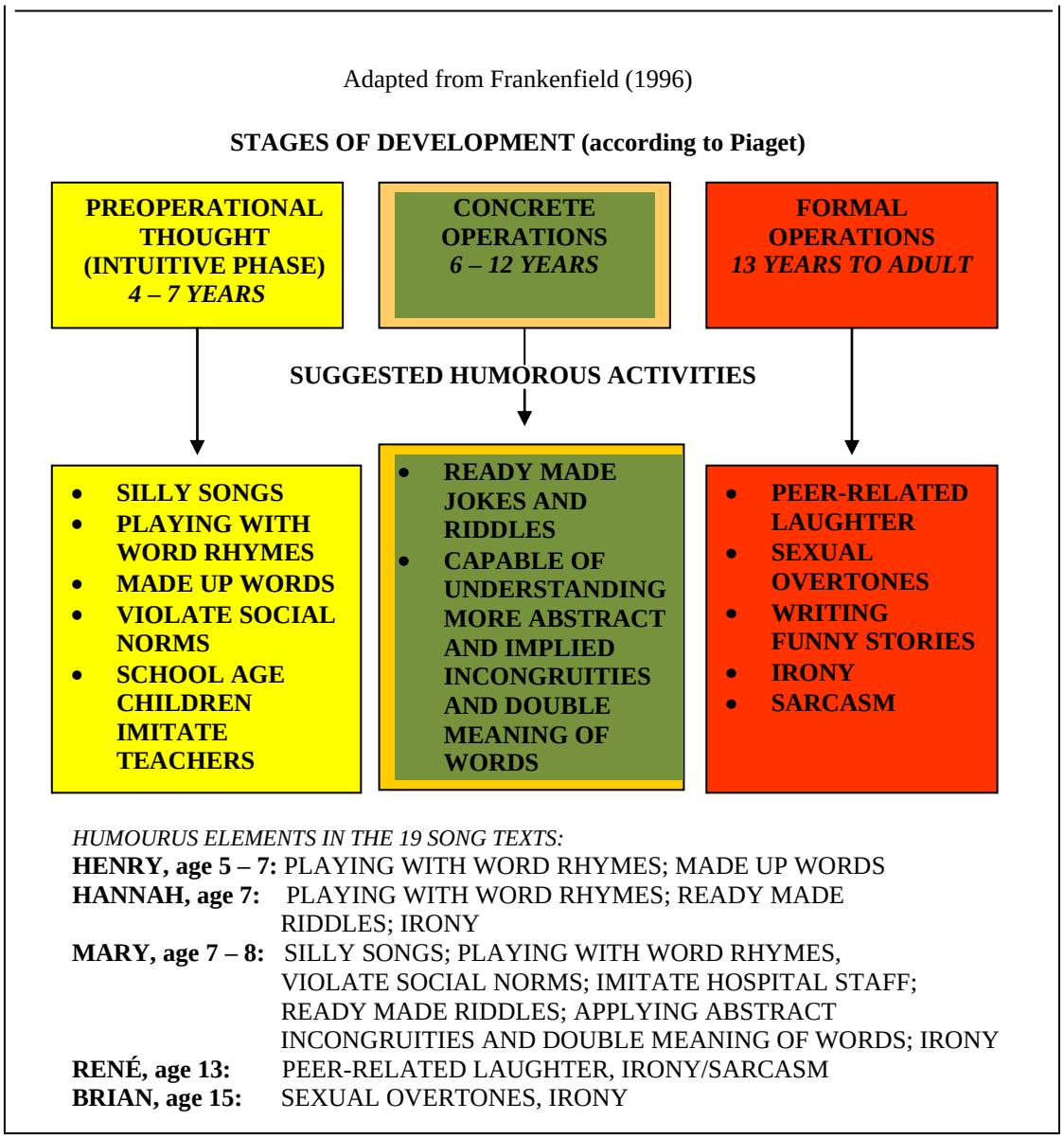


Figure 6. *Humorous song elements in a developmental perspective*

We learn several things from comparing the suggested humorous activities with the collocation of each of the five patient's ways of using humour. These children have all made texts in accordance with the age specific preferred types of humour put forward

by Frankenfield. I believe it is more interesting that many of the above examples present humorous "activities" initiated by the children themselves, rather than by hospital staff or others. These songs exemplify children's various initiatives of using particular types of humour - what comes "from the outside", as therapy, is the initiation to make songs and practical assistance. In some cases the children have been in charge of the creative process from start to finish. Parents, teachers or others have certainly inspired the five children, and many texts are indeed results of co-operative creative work. But because Brian was thrilled and amused by songs composed and performed by the "pop-star" music therapy student, he also obtained the material to make a personal song being so cool, daring and funny as he could wish (#3). Both Hannah, Mary, and René must have learned much from their parents' ways of being humorous. Parents and the pre-school teacher assisted Henry to materialise his humorous outbursts into songs. Mary's impressive varied humorous vocabulary enabled her to apply the type of humour she needed to make songs with very different themes. Her songs are also individually marked by humour elements from all the three specified age groups. This seven-eight year old song writer stands with one leg in the "old" pre-school world and one in the "new"; at times, she does also apply even more mature ways of being funny. The five children's involvement with song creations seems to have been a well-suited vehicle for expressing a humorous approach to various aspects of life.

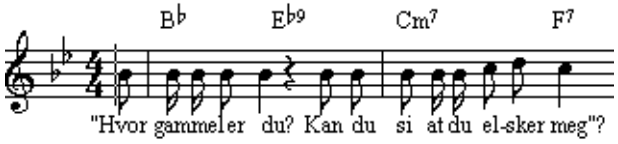
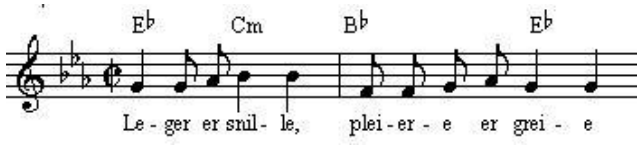
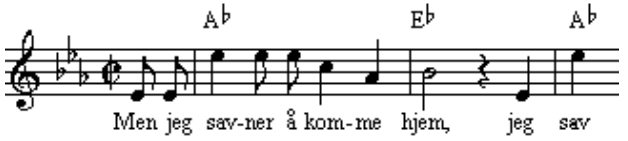
Ways of expression 3: music

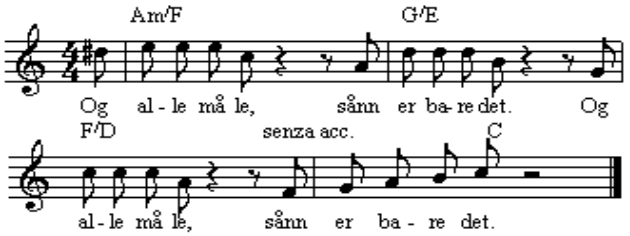
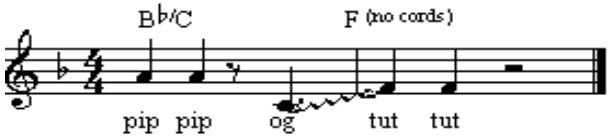
How do musical elements influence expressive sides of the 19 songs? One cannot escape the question of what music is at all able to express. I have already outlined (in *Chapter 1*) how I understand "music": not as an objective phenomenon, isolated from human life, but rather as embodying various communicative elements. We certainly express ourselves through music. Music influences our emotional life. Music arouses reactions. Even if it is more doubtful if music can reproduce feelings, it is unquestionable that music is a powerful communicative medium between people.

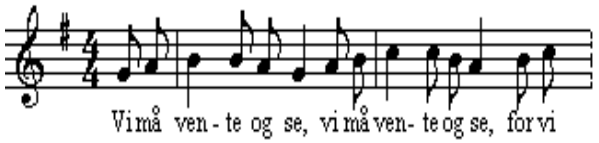
The 19 life-histories of the songs show that the music therapist has made melodies/arrangements to 14 of the texts (some with minor suggestions/contributions from patients/parents). One melody has been made by a patient; another one by music

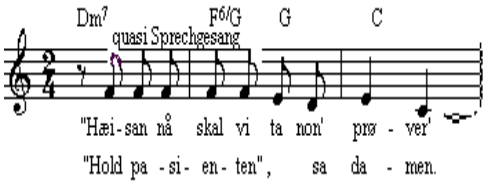
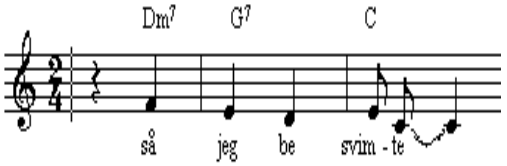
therapy students; two texts have, from the very start, been based on and made with well-known melodies in mind, and one melody (and lyrics) is an almost exact copy of another song.

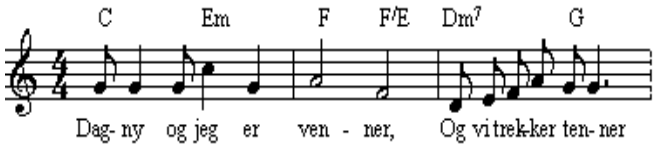
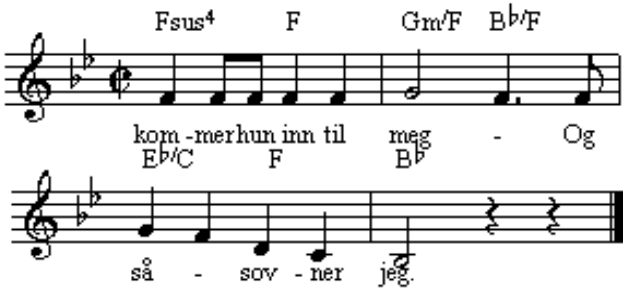
One way of approaching the musical expressive sides of these songs is to consider specific musical elements alongside with an overview of the lyrical and contextual elements in the following six "expressive tables". Musical features, not the least those features which are performance related, are far more inconstant than the song words, but I focus on the written music, the recorded examples and how I have intended to make the songs sound. Contextual information presented in the column to the right, adjusts, at times, the expressive picture of the song. A music therapy perspective becomes evident through the broad approach to expression that also has in mind data related to the actual performances and recordings.

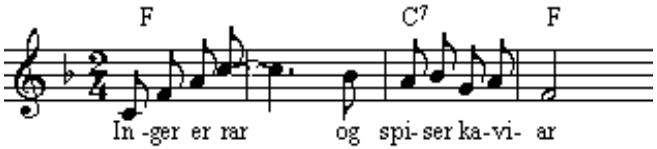
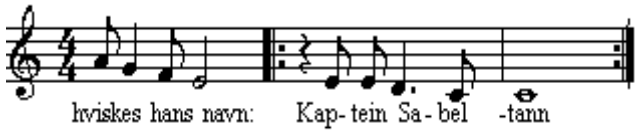
SONGS	LYRICS THEMES	EXPRESSIVE STATEMENTS	STYLISTIC FEATURES	MUSICAL FEATURES comments based on the written versions and the recorded examples	CONTEXTUAL INFORMATION
Brian #1	Love and courtship	Love is important. **Basic mood:** *optimism* - expressing how loving relationships are established.	Direct speech makes a break in the description of what is implied by "love".	The rhythm is nearly equivalent to what Brian calls Heavy Rock, with a very strong beat. The melody is in G minor, but changes to Bb major during the direct speech - quasi *Sprechgesang*:  I have tried to make the arrangement as rough as I believe Brian would like and sing with a hoarse voice. The set rhythm pattern on the keyboard is kept in the foreground. The beat and the harmonic progression are meant to sound not too sweet, simple and "childish".	Brian has probably a particular girl on his mind and writes a story about how life ought to be. Love is *the* important thing to Brian, a nurse- friend of his claims. Brian never takes active part in the performances himself, but he certainly watches other people sing and applaud his song(s).
#2	Isolation. Waiting for new blood corpuscles	I'm glad that my bone marrow is "growing" Hospital staff is ok, but I miss many things **Basic mood:** *optimism* - he will rejoice and go on holiday after "this" (?)	Repeated lines (last line x4) and refrain ("It's good we have got The National Hospital"). The text is arranged as 2 and 1/2 verses	Melodic structure: AABC. Light swing-style; short, repeated melodic elements; simple triads in the accompaniment; medium tempo (no *rubato*). The melody starts with small scale-like motives:  This, "objective" and "stationary" keynote is left when the text goes "I miss being home" / "I look out of the window with my binoculars" and the melody makes one octave leaps (out of the isolation room? supporting anticipation?).  	I ask Brian if he wants to make a song about life in his isolation room. He will! The text is written on a lap-top while lying in bed. First Brian wants first to write about only the good things in hospital (the teacher prompts him to also write about his privations, is he missing anything?). Brian's family is seemingly most concerned about the song expressing a new skill of his. Brian's paediatrician, however, appreciates Brian's song-(activity) as something that makes him happy.

SONGS	LYRICS THEMES	EXPRESSIVE STATEMENTS	STYLISTIC FEATURES	MUSICAL FEATURES comments based on the written versions and the recorded examples	CONTEXTUAL INFORMATION
Brian #3	Various girls he knows	Some girls are fine, some are bad **Basic mood**: *ambiguity ?*	The text is marked by allegories: girls are "like Roquefort" or "sweet as a rose", "I become sour as a radiator", she "pulled down her roller blind". NAUGHTY and IRONIC HUMOUR	12-bar blues-like arrangement, simple melody, heavily accentuated after-beat, laid back singing style, possibly accentuating the kind of tough story and presented through a professional sounding multi-track recording. - written and recorded by music therapy student Bjørn Anders Hermundstad	Brian, influenced by a popular recorded song by "his" music therapy student, wants, according to his teacher, to write something rude and coarse. It is not unlikely that he also writes about a nurse that he likes. Brian succeeds in being rude: his teacher does actually censor a line of the song.
#4	Musical activities related to the hospital school	I participate in pleasant activities and makes people laugh. **Basic mood:** *optimism* – I manage something at school: to make funny songs	The refrain: "and all laugh and hum…" (etc.) comes three times.	The song has an energetic melody and slightly up-beat rhythm. The C major melody is composed to be a medium for almost shouting out the nice news about the musical activities: "Listen to this"! The short rhyming refrain can easily be repeated indefinitely!  	After having made three songs, Brian has become quite "good pals" with the music therapist (and student). "Making songs" is one activity that he masters. He has generally serious learning disabilities.
Henry #1	Neologisms	**Basic mood:** *optimism ?*	The most thrilling and bewildering things about the numerous neologisms are the new combinations of everyday words, like "nose-tip-toe". FANTASTIC HUMOUR	The hard-driving melody and rhythm makes the text sound as if this is quite logical and straight. Harmonically we are well into the world of jazz- rock. The final melodic glissando c - f (unaccompanied) is a funny melodic gesture of this hybrid between childish "word-play" and rather sophisticated groove:  Melody by J. B. and B. A. H. (msic therapy students)	After many weeks with respirator treatment, this easily fatigued and fragile boy develops a high level of verbal activity. Playing with words is something he likes.

SONGS	LYRICS			MUSICAL FEATURES	CONTEXTUAL INFORMATION
	THEMES	**EXPRESSIVE STATEMENTS**	**STYLISTIC FEATURES**	**comments based on the written versions and the recorded examples**	
Henry #2	Waiting and lack of information	Being fed up **Basic mood:** *pessimism* – resignation? - nothing happens, we are never told anything --- Second version (or verse) : ending with new words " …we never get any jelly". The text changes from seriousness to non sense. **Basic mood:** *ambiguity*	Repetitive elements in the lyrics. --- Second version (or verse): changing the last part of the song, quasi "theme with variations". FANTASTIC (?) HUMOUR (2nd version only)	The melody is rising stepwise, the short phrases create moments of tension (expectations that come and go) that is eased on "…nobody tells us anything"…..  The accompaniment has originally much heavy oomph - it is solid rather than easy flowing or elegant. When Henry sings, he prefers a Latin-swing background. It is probably difficult to maintain the impression of a pessimistic song when listening to either recording.	Made when he and his stepfather were waiting for "narcosis". Hospital staff says this song expresses a general concern (and problem) for patients and relatives…a funny song about something that is not funny at all. Patients (and parents) laugh or smile when hearing/singing this song. Second version: Henry (a very sound schoolboy) is back in hospital for a routine control, waiting and lack of information are no longer worth singing about.
Hannah #1	Hair loss	Poor Jan: no more hair to save! **Basic mood:** *ambiguity* - poor Jan, not poor Hannah.	Built on the first words and rhythm from a well- known children's' riddle. IRONIC HUMOUR	Very simple melody based on two chords. Made, performed (father on guitar) and recorded within some few minutes at the isolation room. The childish, almost boring melody may strengthen the bewildering mixture of innocence and serious matters.	Result of family based "pastime" activity in the isolation room, musically assisted by the music therapist. The parents say this way of humour is used as a coping strategy just now when Hannah's life is at stake
#2	Waiting for new blood corpuscles	Only if I laugh, the number of blood corpuscles will increase. **Basic mood:** *optimism* – the number of blood corpuscles will increase	As song #1 IRONIC HUMOUR	The melody is perhaps the most sung children's song in Norway. Recorded as her song #1.The very plain music, that is as well known as the text, amplifies the confident message from the sick child.	Hannah has just received the happy news that her new bone marrow has shown signs of functioning well. Hannah's attitude to treatment was optimistic and active.

Mary #1 Little brother's version	A diagnostic (blood?) test battle "A farting battle"	I escaped the false and brutal lady, through fainting! **Basic mood:** *ambiguity* - presents some kind of solution --- **Basic mood:** *optimism?* - playfulness	The text alternates Between descriptive passages and direct speech - ambiguous words and juxtapositions are prominent. IRONIC HUMOUR NAUGHTY/ FANTASTIC HUMOUR	The rhythm is polka-like, but swinging. An easy melody, jumping up and down with frequent pauses, to make listeners get hold of the text. There are also elements of *Tonmalerei* and also *Sprechgesang*, such as :  Many performances repeat the three last bars several times and fade out on the text "I fainted". 	Mary has had a phobia against injections since before she entered hospital. She has seen a book where (amongst others) the expression "suspiciously cheerful" was used. Both the nurse and the paediatric oncologist seem to believe that her text expresses something that she really was concerned about at the time (to say it mildly). It is impossible to say if the text originally was written as a message to other people, but it certainly was interpreted that way. The primary nurse comments that Mary is expressing herself in a "fairly intellectual way". Little brother's version: family pastime at home (big sister in hospital). Co-operation between son and father (playing air-guitar).
Mary #2	An interrupted meal	Mary has her own will. **Basic mood:?**	A long prose text, like song #1, with a mixture of descriptive passages and direct speech. NAUGHTY HUMOUR	A vaudeville-style melody, with many melodic leaps. The melody is made long enough to present logically the different narrative sections.	As the finished song is being presented to Mary and her parents at a time when she is critically ill and pain-ridden (at the Intensive Care Unit), the song becomes a *reminder* of healthy parts of Mary through the description of a life- situation slightly more "normal" than the present crisis: a time when Mary was both stronger and somewhat more in charge of her life (and her human relations).
#3	Eating and farting (and dancing)	**Basic mood:** *optimism*? - playfulness	Four double lines with end rhymes. NAUGHTY HUMOUR	The very simple melody and arrangement is made along with the text. "The Tango Song", it is also played rhythmically like a 16 bars long lively tango (4 x 4 bars).	This song is an example of the *family* entertain-ment (Mary and her mother sings and collaborates with the music therapist about the melody. Children state that it's a funny song; hospital staffs knowing Mary well believes it (also) expresses a way of coping with serious digestive matters (through humour and distance). During a period she could only stand ice cream and mango.

SONGS	LYRICS THEMES	EXPRESSIVE STATEMENTS	STYLISTIC FEATURES	MUSICAL FEATURES comments based on the written versions and the recorded examples	CONTEXTUAL INFORMATION
Mary #4	A dancing hat	**Basic mood:** *optimism*? - playfulness.	Simple, accidental (?) end rhymes. FANTASTIC HUMOUR	The melody is a well-known children's song	This song developed as a *private joke* between the patient and the pre schoolteacher. Other listeners are *puzzled* and do not easily understand, and this makes the project even more fun (to Mary).
#5	Friendship and activities with her primary nurse	We have a good time together **Basic mood:** *optimism ?*	A rhythmical text, based on end rhymes. FANTASTIC HUMOUR	The melody follows the word rhythm in a rough Traditional Jazz Style melody and chords:  	This song is a friendly *greeting* to her primary nurse in the hospital Mary has just left because of a forthcoming bone marrow transplantation.
#6	Being bored, but helped by her primary nurse	My primary nurse can help in many ways. **Basic mood:** *optimism* – When I have problems, she will help me.	The Norwegian text begins in an energetic word rhythm: ● ● ■ or ■ ● ● When the lines have end rhymes, this is either "deg", "jeg" or "meg" ("you", "I", or "me").	The text rhythm is being transferred to the melody, a rhythm that pushes forward, but with harmonic changes and suspensions that add beauty and a little solemnity the end of the song  	Most contextual matters relating to this song are similar to those of song #5, but this is seemingly a quite realistic description . The primary nurse - is indeed a friend that can be trusted. This "love-letter" could certainly also be undersigned by Mary's parents.

SONGS	LYRICS THEMES	EXPRESSIVE STATEMENTS	STYLISTIC FEATURES	MUSICAL FEATURES comments based on the written versions and the recorded examples	CONTEXTUAL INFORMATION
Mary #7	Nurses' properties	**Basic mood:** *optimism*?	Three lines with Rhyming pairs: "rar" and " kaviar"; "rar" and "gitar"; "søt" and "grøt" ("funny" and "caviar"; "funny" and "guitar"; "sweet" and "porrige"). FANTASTIC HUMOUR	The melody tries to expand the the very modest scope of the text to something that might sound rather solemn with an exaggerated "priest-like" singing (and participate in the naive humour):  Other versons were also made to entertain Mary: "Straight", "Punk-style", "Jungle-style" (only rhythmic patterns and effects) and "The dolls are dancing" (no text) all made as "crazy" and wild as Mary is (on good days).	It is also a demonstration/ exercise in writing on a PC.
Mary #8	Waiting for new blood corpuscles	My brother's bone marrow likes to stay in me! **Basic mood:** *optimism* - I will be able to return to school	The happy outburst: "Ha, ha" is placed in the middle and at the end of the text.	The "ha, ha" element suggests a "cha,cha" rhythm, this text fits perfectly for a Latin (named "Hospital cha-cha") arrangement with laid back triplets on a steady ground beat and simple chord progressions.	Mary writes the text soon after she has been informed that the new bone marrow has started to function.
#9	Life at the seas and a feared pirate	Captain Sabretooth is the King of the Oceans. **Basic mood: ?**	Characterised by a very poetic language: "sail with the wind", "dream away", "his name is whispered".	The melody by Terje Formoe is also poetic and romantic : it changes between rapid passages and long notes, moves twice upwards in sixths, and utilises the top and bottom part of the song's *ambitus* (from c^1 to d^2). When the fierce captain's name is being pronounced almost whispering, the unaccompanied melody also seems to fade out.  	Mary writes the text immediately after she has rapidly written song #8. In the afternoon she audio records the song herself It is a fairly exact copy of the original and does also express Mary's musical abilities and good memory.

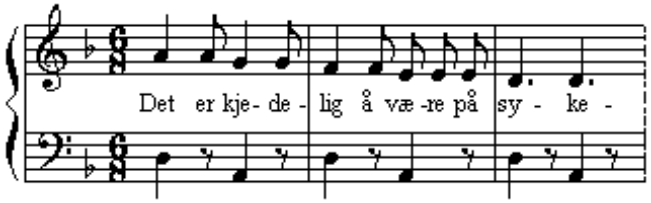
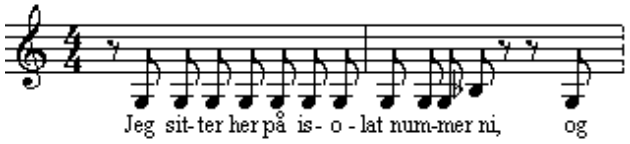
SONGS	LYRICS			MUSICAL FEATURES	CONTEXTUAL INFORMATION
	THEMES	EXPRESSIVE STATEMENTS	STYLISTIC FEATURES	comments based on the written versions and the recorded examples	
Mary #10	Nausea/ medicines	It's no fun having to eat medicines and to vomit. Basic mood: *pessimism* - "no fun at all"	The text ends by repeating and confirming the sad conclusion: "It's not funny. It's not funny at all".	The falling melodic line in the key of D minor is accompanied by heavy and repetitive bass notes - musical features like those heard in funeral marches:  	This song is dictated by Mary and written down by another young girl visiting her. (Mary is home on a short leave from hospital). The school friend is seemingly impressed by Mary's new skill.
René #1	Staying in hospital during School holiday	I think of you all (fools). Basic mood: *optimism* – I'll soon come back to you!	Four four-line verses, rhythmically well suited for "rapping" - reeling off short rhyming, descriptive statements about class mates. IRONIC HUMOUR	The blues like "melody" (or rather prosody) is transcribed directly from René's own "rapping" suggestions.  The rough style is underlined by disco-rhythms chosen by René.	René receives numerous faxes from her class. This is made to be a greeting (even a gift and return of gratitude) to her supporting local school class and teacher - Both the text, the melody, and the final recording are made at times when René is seriously affected by side effects from treatment.

Table 14. (pp 172 -178) *Aspects of expression (lyrics and music in context)*

The expressive sides of these songs are related to both text and music, but are seemingly also found in the processes of creating and performing. My analysis of lyrical and musical distinctions demonstrates that the song material contains a multi-faceted palette of expressive means. It is interesting to see so many thematically different songs that seemingly embody an optimistic attitude to life. Humour, actually a bag with many different expressive tricks, is more prominent in these 19 songs than depressive, scornful or openly angry voices, also when the dark sides of cancer and hospitalisation are dealt with. This tendency can also be observed in the music. Even when the lyrical theme can be understood as rather gloomy, the preferred musical style is usually light and gay. But there are no rules as to textual-musical relationships within these 19 songs. "Expression" is not a static element of each song, rather a bundle of tightly woven elements experienced differently by different persons at different times.

Achievement

"Achievement" is a meaning category employed when the child is being praised for her/his work (production/ product/performance) related to the songs and/or has finished a piece of work related to the song. Secondly it must be likely that the child experiences this as positive (appearing to be contented and/or verbally acknowledging a "success" or a skill related to the song and/or is positively interested to make more songs).

Perspective

Which normal age related activities can one expect from children hospitalised for a long period, having a life threatening illness and going through a tough treatment regime? What can they *achieve* except survival and gaining knowledge and wisdom from their experiences as patients? These questions are appropriate because we know that "achievement", "being clever" and "able to make/accomplish various things" are important matters in children's lives. Both the individual nursing programmes to children with cancer and hospital school practices are continuously challenged to find an optimal balance between the patient's/pupil's "strengths" and what can be expected from her/him. Literature on child development and paediatric nursing commonly refer to Erik Erikson when dealing with children's *psychosocial* development (Betz and Sowden, 2000; Grønseth and Markestad, 1998). This theory of developmental phases throughout life of man is still presented as basic in textbooks on psychology, quoted by everybody, but perhaps fully understood by few.[17] In music therapy literature this theory is also referred to in relation to the uses of music throughout the life-span (Bunt, 1994). I believe that it is possible and useful to see the achievement aspects in the present song histories in the light of some of Erikson's statements. Erikson (1963) defines eight major life stages in terms of the psychosocial problems, or crises, that must be resolved. Children from their sixth year to puberty ("Stage 4") are facing the psychosocial crisis of *industry versus inferiority.* A favourable outcome is characterised, according to Erikson, with *competence in intellectual, social, and physical skills.*

[17]Erikson himself described the work where the theory of psychosocial development was introduced, *Childhood and Society*, as a "psychoanalytic book about the ego's relationship to society" (Erikson, 1950, 2nd revised edition 1963). Erikson himself went to sources of knowledge others than psychology, like social anthropology, social psychology and history, in order to understand the psychosocial developmental processes in our lives. He studied persons in their natural environment and was looking into individual life histories. Erikson's work has been a challenge far beyond the psychoanalytical field from where it originated, eg in social work, special education and pastoral counselling (Maier,1974:14).

A hospital setting can be seen as (also) a surrogate for “home”, “school” and “spare time” - all usually different arenas where children win and lose, all arenas where the child can show others what they have learned and what they can do. However when "skills" and "achievement" are mentioned in the paediatric nursing literature, the two terms are almost exclusively related to sickness and treatment. Nurses and doctors must focus their attention on diagnosis, treatment, care and showing consideration for the family concerned. But even if the therapeutic ideal is to preserve and to develop the normal (part of the) child patient, the very hospital "system" might suffer from some kind of short-sightedness when it comes to implementing this. Perhaps long term hospitalised children also need to be stimulated and to develop skills that have no direct links to coping with health *problems.* A comprehensive care of these children must take into consideration that arranging for *industry* does not need to be related to the tricky part of the patient role.

Spinetta and Spinetta (1993) have worked out some general principles for educational involvement and interdisciplinary co-operation. These principles have been adapted and implemented in the hospital educational program at the university hospitals in Oslo (Tysnes, 1997:40-42). The function of the hospital teacher is, amongst others, to "Prepare for experiences of mastering in education and to confirm the feeling of being able to *achieve* something" (ibid.:41, my translation and italics) and to "prepare for routines where the pupil is not deprived of initiative, independence and responsibility of own learning" (ibid.: 41, my translation). This indicates an attitude towards preserving various aspects of *normality* in otherwise primarily abnormal life- contexts. School is obligatory. Its presence in the hospital setting, and the child's continual status as a *pupil* throughout a long period of sickness and hospitalisation, confirm one small but important part of "normality" in the present life of the child patient. Pupils' achievements are often understood or evaluated in the light of an educational programme. Very often, however, children with cancer will experience that their school performance at hospital is inadequate when compared with normal standards and their fellow pupils at home (ibid.:76-81).

Music therapy can serve as a medium for “achievement” when possibilities of action is restricted because of infirmity, isolation or lack of self-confidence. A satisfactory

product may constitute an important element in this experience. There are probably few differences between young and old patients in this matter. "Pride" is sometimes mentioned as an outcome of song creations (see the literature review in *Chapter 1* and *Appendix 1*). In Dorit Amir's study of meaningful moments in the music therapy process, primarily related to adult patients, "moments of accomplishments" is one meaning category. In her "discussion of the findings", Amir writes:

> "Moments of accomplishments were experienced by both clients and therapists. It was interesting to see some clients connect accomplishment with the final product […]. This might suggest that even though in music therapy the essential aspect is the process of the music making, for some clients, especially song writing, the final product gives them a feeling of achievement and completion. Therefor, it should be considered an important component of the therapeutic experience. As for the therapist, his moment of accomplishment is an integral part of the process that is shared by two beings" (Amir, 1992: 191-192).

The participants in this study were engaged in not obligatory creative activities resulting in certain products or outcomes (different versions of "finished" songs/song performances). To some extent one might say that the child itself sets the goals and also decides when she/he has reached those goals. To *achieve* something positively through the song activities relates to the patient's own endeavour; the song becoming a token of surplus activity of the child's own choice. What we see is an operationalisation of the humanistic credo of music therapy introduced by Even Ruud in 1979 and since quoted by many: "to increase people's possibilities of action". The children were not *always* dependent on other people's comments, not even (!) the music therapist's positive or negative sayings about their "oeuvres". It is not easy to know exactly what kind of feedback children like or need. When dealing with very sick children or adults, a therapist or teacher might be tempted to give an abundance of positive feed-back whenever the patient is "clever". Because I often have experienced young patients becoming embarrassed when they hear exaggerated positive comments to every step forward that they do, I have rather preferred to be enthusiastic, but more matter-of-fact minded than continuously evaluative during the song activities.

"Achievement" related to the 19 songs

The concept of "achievement"[18] has undoubtedly a core of meaning inseparable from a person's *action(s)* - what the person actually is doing: reaching a set goal or demonstrating a *skill* or an *ability* to do something special. But considering the song creations, "achievement" is also closely related to what the action results in: a "funny" song, a "tough" song or to possible physical *products.* [19] This product may be a piece of paper with written text and music, a tape/ CD etc. *Performing*[20] the song refers to actions although a *performance* can also be understood as a product. Successful actions and successful products are both subcategories of "achievement", but it may sometimes be difficult to discriminate which of the two is most prominent in an experience of achievement.

The collocation of "actions" and "products" interpreted as "achievement" on the next page demonstrates that the concept can have more than one signification within one song history or different signification as to the various songs that one child has accomplished. "Achievement" probably does not mean exactly the same to each of the five child patients in this study. One might claim that every song creation represents some kind of achievement, but I have chosen to use the term only when I have information about particular phenomena that, in all likelihood, tell about "achievement" in the meaning described above.

[18] *Achievement*: "A thing done successfully, especially with effort and skill", *Oxford Advanced Learner's Dictionary*, 1998. "Referring to accomplished skills and indicates what the person can do at present" (Atkinson et al., 1993: 451).

[19] *Product* refers to "what" or "the thing" that has been brought forward or into existence (*ducere*: lead) (*The Concise Oxford Dictionary of English Etymology*, 1996). …in this case: what is brought forward through the song creative process/performance

[20] *Perform* means to do/act/entertain an audience, from old French, *parfournir*: ways of accomplishing/supplying/providing (*The Concise Oxford Dictionary of English Etymology*, 1996).

BRIAN

Song # 1: Action: Having participated in the making of his first own song that people in hospital took interest in and/or performed.
Product: A written song with a teenage profile.

Song # 2: Action: Having participated in the making of his own song that people in hospital took interest in and/or performed and that was performed for members of his family.
Product: An audio-cassette with a personal song.

Song #3: Action: Having participated in the making of a song, collaborating with a "pop star".
Product: A song-text, and a video with a tough, rude pop-style profile.

HENRY

Song #1: Action: Having participated in the making of his first song that people in hospital took interest in and/or performed.
Product: A written, funny, song; an audio-cassette with another child singing; an audio-cassette with Henry singing his song.

Song # 2: Action: Having participated in the making of a song that people in hospital took interest in and/or performed; a song that also other children inside and outside hospital could sing.
Product: as song #1

HANNAH

Song # 1: Action: Having sung for different audiences. Playing her song.
Product: Written personal, funny song; audio-cassette with Hannah singing; video with Hannah singing.

Song # 2: Action: Having made a song on her own.
Product: Memorised personal, funny song, audio-cassette with Hannah singing.

MARY

Song # 1: Action: a) Having made a text on her own (later to become a song) that people inside the hospital(s), her classmates and little brother took interest in. b) Performing (singing/playing) her song to various audiences.
Product: A personal and funny song text; an audio-cassette with Music Therapist singing; audio-cassette with Mary singing; an audio-cassette with a hospital choir singing, video of TV performance.

Song # 2: Action: Having written a long text (later to become a song) on PC.
Product: A "printed" rude and funny text, audio-cassette.

Song # 5: Action: Having written on own initiative a song-text - a gift – without any assistance.
Product: Written personal text and audio-cassette.

Song # 6: *As #5*

Song # 8: Action: Having written on own initiative a song-text without any assistance.
Product: As #5

Song # 9: Action: Having remembered, written down, sung and recorded a song (made by someone else) without assistance.
Product: Written(children's song) text and audio-cassette with Mary singing.

Song #10: Action: Having demonstrated her skill as a song-text writer (dictating), and later, as a participant in making the melody and as a singer and instrumental performer of her song.
Product: Written personal song and audio-cassette with Mary singing.

RENÉ

Song #1: Action: Having participated in the making (text, music and singing) of her own.
Product: Written personal and rude text, CD with René singing and with a "cool" cover.

Table 15. *Collocation of song-phenomena related to "achievement"*

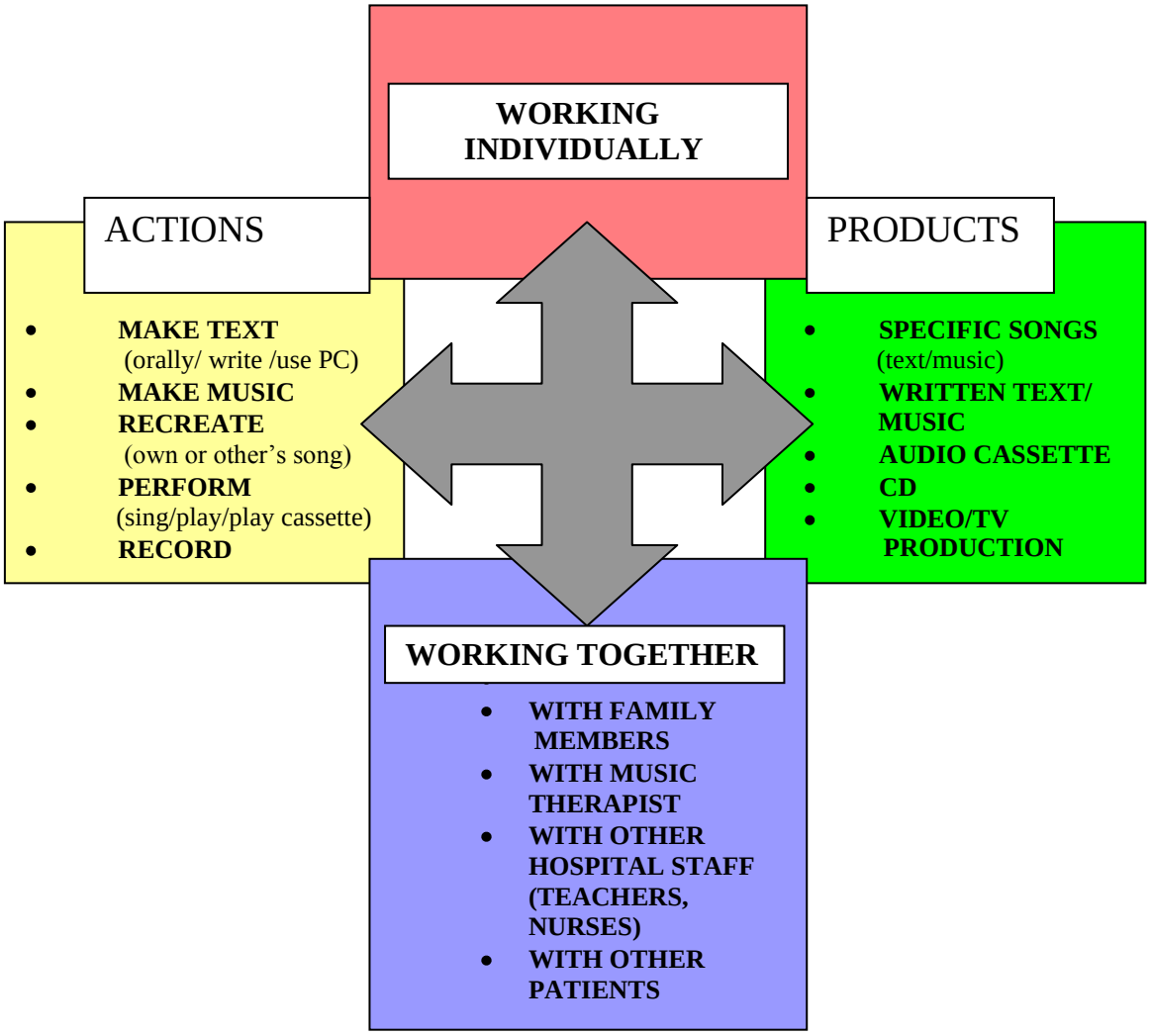


Figure 7. *Elements of "achievement" related to the 19 songs*

The arrows indicate that there are continua between the solitary and co-operative creative actions and (even) between "actions" and "products". Having created a song on one's own, is in some cases a bigger achievement than collaborating with other persons or having been "helped". In other cases accomplishing something together with a loved or admired other person is an equally important source of achievement. Throughout the history of one song, the achievement "point of gravity" may vary along the continuum of independence and along the continuum between the creative act and its outcome.

Hilarie Belloc once claimed that "It is the best of all trades, to make songs, and the second best to sing them" (Belloc, 1912).[21] Comparing what the children in this study have done being labelled as an "achievement" reveals a continuum between dependent and independent actions within the song creative processes. When the child is, for example, making a song text on his own initiative and without any assistance, we can call this action "independent" as well as "individual". "Working together", however, is certainly not equivalent with "dependency". As this study is focusing processes and meanings related to song creations, I find it just as interesting to look at how people work together (co-operate) as to consider degrees of dependency. "Making songs", like other music therapy activities in the paediatric ward, is always presented to the patients/families as voluntary enterprises where the music therapist is at hand and where many ways of co-operation are possible. In the 19 song stories we a see a multitude of modes of co-operation. But the young patients also develop and/or exhibit individual skills and may take pride in doing things "alone".

Henry received assistance both with the song making and the performing. His first song (*On the Outside*) - a spontaneous verbal, rhythmical outburst of his - was written down by a pre-school teacher; music therapy students made the melody and musical arrangement. But his mother tells that he was "really proud" when he understood that *he had managed to make a song*. "Achievement" has evaluative aspects, if not always related to a specific, set standard. Some children in the paediatric ward (many years older than Henry) had made songs, and Henry, not even five years of age, had listened. I believe that very few children of his age would mind being good at something that was not even a common skill amongst "big" schoolchildren! At first he was obtaining praise from his mother and hospital staff. Later he appreciated that other children sung his song, and after learning the melody, he was most eager to make a recording with himself singing. In Henry's second song, *We must wait and see*, the very short text came about as a joint effort between the, at that time, five year old boy and his stepfather. The music therapist made and played the music…and "everyone" at the paediatric ward was singing it. Some months later the children and the staff in his kindergarten were singing his song. Henry's original contribution was actually not that

[21] quoted in the *Wordsworth Dictionay of Musical Quotations*, 1994: 303

big, but it was probably enough for developing an experience of being able to make songs. Two years later he made a new verse to the song, all on his own, and was singing it for the music therapist. Th creative activities kept alive his ability to play with words. Henry had also moved from a relatively dependent role in his song creations towards an independence that he was keen to demonstrate.

Brian (15) was always dependent on much assistance if any of his song intentions were to materialise. But during his time in hospital, he became gradually more self-sufficient when making texts. When he was 19, and had been out of hospital for years, he still made song texts. But now he wrote "for the cupboard-shelf " because nobody was helping him with the music part. Brian got the zest for song making at the paediatric ward, and he soon appeared to be proud of *his* songs. This was also the case when he copied substantial parts of a song made by the music therapy student (who was also a well-known recording artist). Brian's least personal or original song, *All the Girls*, was actually the one he appeared to be most proud of. It was also an achievement for Brian to be able to co-operate with the music therapy student that he had watched on TV many times and whose songs he knew well.

Hannah had a mother that was a professional writer and had a father playing the guitar and accompanying when he stayed with her in the isolation room. This most resourceful girl (7), supported by her creative parents, participated in song projects and performances as a most natural thing to do while in hospital. The poems and songs that came to life in the isolation room can be understood as family co-operational activities[22]. Therefore "achievement-aspects" can also be associated with the artistic endeavour of the "whole" family during hospitalisation. There was no antagonism between doing things together and individual initiatives. Hanna was alone when creating her personal version of *Ba, Ba, Blacksheep* (song *#2*) – a quite independent piece of work based on a well known melody. Besides, Hannah performed her own songs from the very start. It was certainly not pleasurable in all respects to sing (song #1) for an audience in the hospital hall of more than hundred persons including The Queen of Norway. At the time Hannah's voice was feeble and brittle, the hospital hall

[22] These activities were primarily educational (reading-exercises) or self therapeutic (dealing with difficult life events) or simply pastime fun (to combat boredom), according to the parents.

was a pandemonium of all kinds of noisy "hospital" people, in addition to a crew from *Norwegian Broadcasting Television*. To have sung and having presented the Queen one of her drawings was unquestionably an achievement of hers; Hannah, however, did not seem to care that much about it. During the last months it had been more fun to be able to *play* … this song…and many more melodies.

Considering Mary's ten songs from the time she was in hospital (she was between 7 and 9 years of age), we see a girl developing a high degree of artistic independence. This independence was probably also inspired by her parents' continuous openness for creative initiatives and their support to preserve and develop their daughter's healthy sides. Without any help she started to write texts, not intended to be songs, texts that were more easily labelled "prose" than "poetry". Her first *song* texts grew out from improvisations: together with her mother (#3, *Tango Song*) and her pre schoolteacher (#4, *My Hat*). During the next three months she wrote, on her own initiative and without any assistance, five more texts that were clearly intended to have melodies and to be sung. One of these (#9) was an accurate representation of a children's song she had listened on her own CD/cassette player numerous times. Her other songs had all original and often very personal texts.

Mary's "achievements" stemmed (chronologically spoken) from her text-writing, later from her singing, then from her participation in the composing process and eventually from her ability to learn to play her songs on recorder and keyboard. She got positive comments from parents and staff. Her little brother certainly used one song *(#1*) as an inspiration for his own version. Her classmates said she was a great song maker. And after her TV debut, playing her first song on keyboard and being talked about as a songwriter, her sympathetic audience accumulated further. Being able to play her songs was demonstration of a new skill of hers. Others did not praise her for having made the song she actually had "copied" *(#9)*, but I believe she was quite contented that she had remembered, written down, and even recorded the song all alone. If Mary regarded this as an achievement too, it stems from her "inner evaluator".

Mary talked generally very little *about* her artistic business. However, during song "work" she had a shy smile and a kind of concentrated attention, that I interpreted as

satisfaction with what she had been doing. A picture taken of Mary and the music therapist after one performance admittedly reveals a music therapist appearing to be (even?) more proud than the patient. The picture is taken just after Mary, for the first time, has been singing (outside her hospital room) about the suspiciously *cheerful lady* (#1). The audience consisted of one other patient, a couple of nurses and her mother (audio track #12). The persons who arrange, play or accompany the songs certainly also make their contributions as to the outcome, successful or not, even if any "achievement" is commonly voiced as to be the child's honour alone.

René (13) brought her poetic skills from home to hospital. When the music therapist proposed that she should write something during her time of isolation, she soon made a song of four verses. Rene's mother was assisting and doing the writing. Although marked by painful and dangerous side effects from the transplantation, she took active part in the compositional process. A little more than a week later she was singing/rapping (while lying in bed) when *School Holidays in Isolation Room Number 9* was recorded. Her song involvement can almost be considered as a stubborn insistence of (some) normality when her physical condition and social context were far from normal. People (parents, nurse, teachers) who followed René during this time understood that the song activities were a real achievement of hers; later her classmates told that they appreciated what she had accomplished when she was away and having it rather lousy. But the song/CD creation process involved more persons than just the patient: mother, primary nurse, music therapist, cite operator at Oslo University College, and the father as a continuous supporter and helper to sort out technical problems. Several persons were participating in an artistic and creative project "in the middle of" sickness, suffering, medical treatment and isolation. A common enthusiasm seemed to be shared by everyone in the project.

To be able to make something that can be sung might be a big achievement in itself; potential song makers might be satisfied with simply having made "a song". The children in this study, except for Henry, had unquestionably intentions of making special *kinds* of songs. Which features of a song that the song makers considered to be particularly important differed from song to song and from time to time. Some of the

song-features mentioned by the song-makers were *rhythm*, *text*, *melody* and *physical objects* (related to the song's representation). I have chosen to describe the musical/textual features as "content" and the physical representations as "look" or "wrapping". It is not surprising that one will experience some form of achievement through making a product that corresponds with what has been intended. Sometimes the song-makers have clearly expressed what kind of song they intended to create, sometimes specific aims have been added during the song's life, finally some songs simply "happen" without any discussions or comments about how it should be.

- *Achievement through texts*

If the content of a song is referred to as (some sort of) an achievement, the verbal text easily appears as the most explicit feature to comment. Even song-titles are texts and not music. We are employing words when we describe music. But the fact that a verbal text can be far more specific, concrete and conceptionally clearer than any musical features of a song, makes it also more context-bound. During performances of Henry's song, *We must wait and see*, everybody participating in the common sing-a-long session in the hospital entrance hall seemed to laugh or smile. It was quite an achievement of a five years old boy to make a song that people thought was really funny, and he was certainly proud. The present children and adults had probably all developed the necessary codes to "understand" and appreciate the short, but significant text. Waiting for what will happen next is an ordinary experience for patients and relatives in hospital. It is most unlikely, however, that the song participants and audience in Henry's kindergarten "got that message", because they were that far from the original context of the song. But children and adults could at least appreciate the young boy's pride, creative skill and the sheet of paper with text and melody.

A teenager, like Brian, was not just interested to make "some" song, he had relatively clear intentions of what he was aiming at. When Brian stood blushing on the sideline and experienced the audience (in the hospital entrance hall) applauding his first song, he had not just achieved song-maker-status. He had made a song about teenagers, different from the childish efforts by many of his younger fellow patients. When hospital staff commented his first two songs, they were impressed that he managed to say so much in the texts. But being able to make a really tough and spicy text in song

#3, seemingly confirmed that he now was a real teenager- and even one making songs that other teenagers appreciated (he had received cordial applause from his school mates).

Both Hannah's and Mary's parents were participating towards making a light and cheerful environment in the sick room. Poetry and social playing (improvisations) with words were aspects of these efforts. The two girls were both creating funny texts almost as a continuation of the inspiration from their parents. Some of the poems/song-texts that Hannah's mother and Hannah had made were presented in a daily national newspaper. The poetic texts were actually illustrating some of the themes and problems that the members of the family mentioned in the interview (Kolberg, 1996). The witty or ironic text was a feature of the songs of both girls. When Hannah, in song #2, changed the original text of *Ba, Ba, Black Sheep* to *Ba, Ba, Blood Corpuscle*, she showed that she could reach a surprising artistic solution based on a well known, innocent children's song. Mary's parents were also astonished when they saw the lyrics of their daughter's song (# 8). She describes her new bone marrow in a future perspective where she underlines her positive relationship with the transplant from her little brother. Hospital staff admired the girl making the short but significant text: "Tremendously stylishly made with the 'Ha, Ha'", a nurse said. Mary's primary nurse commented the text to her song *I'm bored*: "It's actually a fine description". The story about the lady that was suspiciously cheerful and the patient that fainted to escape the terrifying blood sample procedure, in her very first song, became almost a token of Mary's creativity and sense of humour. The profound and puzzling text impressed the hospital staff as well as the funny sides of the text amused and impressed her schoolmates that heard the song-cassette and watched the television programme. It was also the outspoken and rude text in *School Holidays in Isolation Room Number 9* that, intentionally (?) "scared" some adult listeners, at least Rene's primary nurse. Like Brian, she seemingly did not want to make an ordinary children's song, and she succeeded in doing that.

- *Achievement through musical features*

When discussing song-matters I have often experienced that children, and many grown-ups too, find it difficult to “dissect” the various musical elements from a song. Melodic

lines, rhythm, and harmony may be experienced as tightly interwoven and not easily understood or talked about as separate entities. On the other hand a "bad" melody, the "wrong" rhythm etc will make the song uninteresting or unfit to use…pragmatically spoken a “no song”. General opinions about, simply *good* or *bad* songs are not difficult to obtain from the children.

The common chronological order of the appearing elements of the song creations in this study is a text coming to life before the specific musical attributes are added. But the "fusion" of those elements is not "text with music" any more, but a *song*. Holistically speaking a song has become something more than the sum of its elements. This is probably one reason for the few comments from the children in this study (especially the non-teenagers) about the melodies and other musical features. From these song stories it seems likely that it is the text that provides the major basis for experiencing ownership of a song. Even if the children have had nothing to do with the musical side of the song, it is spoken of as "my" (and not "our") song. This is partly because of the “superiority” of the text and partly because of the “interwoven-ness” of the song elements.

René had a relatively clear idea about how the melody should be, although her rap-style and/or hoarse voice did not indicate a very accurate melody during our session of composition: the melodic intervals could sound quite indistinct. Both melody and rhythm were results of René and her mother's suggestions. After listening to the music therapist's melodic and rhythmical suggestions for a while, the mother exclaimed "We have been thinking of something in rap-music-style". After the rap *rhythm* was firmly established, the melody came "by itself" when René, faintly, began to rap. In other words: the rhythm was set before the melody, underlining the tough and sarcastic text. The whole family seemed most satisfied with the final musical solution. Her classmates did not explicitly mention the music, but from the mother’s and the teacher’s comments one might believe that it represented a valuable contribution to the total successful product.

Brian had only vague intentions about how the melodies to his songs should sound. During the sessions where the music to *Love* and *School Song* was composed, Brian

had only comments to the rhythm or style. He said he preferred *heavy metal rock* as the rhythm of his first song. I found a rhythm that *he* interpreted as heavy rock and we stuck to that as being the core of the *Love*- song music. (Any "heavy rocker" would probably have regarded this musical arrangement as anything but "heavy"!) Brian said that the songs made by other patients were so childish. It seems plausible that to him finding the right rhythm was more important than any melodic or other musical features. The success of this song (understood as Brian's experience of achievement) was also partly dependent on having chosen a rhythm like that.

When the music to the songs was worked out, the harmonic features were laid down at the same time as the melodies were composed. This was the rule when the music therapist was composing alone and, at times, when he was collaborating with the text-makers. None of the five children playing the principal part in this study were drawn into any detailed collaboration concerning harmonic matters of the song-music.

- *Achievement through objects*

The physical objects with or as representations of the songs in this study have been sheets of paper with texts only or with text and melody (often with figured bass), one text in a school newspaper and one in a mother's diary, audio or video cassettes and a CD. Before this study was commenced, I had one experience that influenced my ideas about the value of "written text and music". A sheet of paper with the child's creation could become an appreciated object (see *Vignette*; Brian's song *# 1*; Henry's song *#2*).

All the young song makers in this study got copies of the songs texts and melodies. Some song sheets had texts written by hand or on a PC by the child. Eventually all song sheets also showed hand-written or printed music by the music therapist. A song sheet could, for example, be put on the wall above the hospital bed, at the ward staff room door or on the refrigerator door in the home of one of the nurses that knew a patient well.

As a rule audio cassettes with the song sketch or the finished song were also copied and given to the child. Such objects could of course be useful when the child (or the family) were presenting the song oeuvres for others or simply for performance reasons. The

music sheets or cassettes were objects that the children sometimes seemed to be proud of. However, no child forwarded any requests concerning the look of those objects.

During the last period of time of this research project the accessibility of local CD production was greatly improved. When I had got hold of a CD recorder and mentioned to René that her song could be presented on a CD, she commenced talking about the *cover* and a possible picture of herself on it. This became some sort of an "aha" experience to me. The cassettes had never been supplied with nice looking covers, but this patient taught me that covers matter!

The cite operator at *Oslo University College* assisted in the making of a semi-professional looking CD-cover. René's achievement with her song was, according to her fellow schoolmates and teachers, not the least related to the CD cover. This CD cover was probably giving the whole production a more professional or commercial appearance. Many 13-year-old children have heard their voice on a cassette tape, but not that many have made a personal CD (although this opportunity becomes more and more accessible). Perhaps the "cool" look also improved the total appreciation of the song; René's voice was weak and hoarse at the time of recording. The cover picture was rather "social-realistic": a straightforward photo of René, bald and in bed in the isolation room. A too glamorous cover, however, could possibly have had just the opposite effect.

Competence

If we consider the various "achievements" described above in the perspective of Erikson's suggested eight major psycho-social life stages, the children in our study are "entering", "in the middle of" or "on the way out of" "Stage 4" and facing the psychosocial crisis of *industry* versus *inferiority*. It is thus relevant to consider possible relationships between the 19 song creations and competence in intellectual, social, and physical skills.

Henry and Mary's brother are the youngest participants in the song cases. Emil was five when he improvised and performed his own version of his big sister's song. His contribution was an artistic initiative corresponding to Erikson's description of "Stage 3"

where *independence* and *initiative* are developmental aims (and with *guilt* as a possible unfavourable outcome). Henry's two songs are both curious explorations of words and conceptions and examples of normal, positive activities for children of Henry's age. The songs were made when he was a pre-schooler, about five years old, but the songs were used and even developed after he had commenced school. The oldest participant was Brian, an immature teenager with gross learning disabilities, but with the body of a grown up…one leg in childhood and one in adolescence. And Brian was bright enough to experience that he was not at all clever at school, perhaps also that his restricted intellectual power was a permanent obstacle for many things he would like to do or be. He certainly was in need to be good at something.

The five children in this study spent half a year or more as full time patients. During hospitalisation they were all experiencing sickness and fatigue, pain, discomfort and isolation. But their song creations are testimonies of sick children who have also been active, creative and clever - in the midst of their various hardships. And even hospital-bound parents might like to show what they are good at. The shared enthusiasm and feelings of achievement, described in many of the present songs histories, can be compared with Amir's findings as to the significance of a final product and the shared experiences relating to this (see page 182). It is particularly interesting that she emphasises song writing in this connection. I believe the joint experience of reaching a successful result may boost the confidence of both music therapist and client - a phenomenon perhaps not very unlike that of many successful treatment processes in the hospital setting dependent on the hard *work* and *co-operation* between doctor, nurse, patient, relatives etc. What is special with creating songs, is the focus of man as a cultural, creative being. Musicking, and indeed having made one's own song, is surplus activity, a demonstration of not just being alive, but of *living.* The 19 songs in this study are not more…or less… necessary for life than the making of a song anywhere outside hospital. When we are employing the word "achievement" in relation to "hospital-songs", we are also expressing an attitude to the general usefulness of "art" in man's life.

Pleasure

"Pleasure" is employed as a meaning category when the song activities result in various agreeable/enjoyable (and similar) experiences.[23]

Perspective

Naming a category *"pleasure"* is an attempt to stop and reflect on certain aspects of the song histories that notably are related to the "here and now" and direct experiences from, or more correctly, *within* the musicking. Such experiences are not automatically positive or pleasurable. But as far as I can read from the song histories, song participants become thrilled, delighted, amused (etc) in very different song "situations" (or events) that take place and are interpreted within unavoidable changing contextual relationships between song phenomena and those experiencing those phenomena. "Pleasure" is believed to be both manifold and simple, encompassing many enjoyable, and thus meaningful, moments in music therapy with children. [24]

It is timely to ask whether music therapy in general (or even all musicking) deals with basically pleasurable activities. If this was true, and if pleasure-aspects are implicit in almost any other positive meaning category, it may even appear artificial to reserve a particular category for something self evident. To *achieve* something desirable or to *express* something successfully through a song, as described earlier can without doubt also be pleasurable experiences. When used as a category here, "pleasure" is specifically reserved for what is very different from any " business" (understood as goal directed purposeful activities).

Incorporating dimensions of pleasure as a meaning category brings forward the question of what is the significance of pleasurable experiences in *any* therapy: can "pleasure" be an independent therapeutic goal? In modern medical therapies pleasurable interventions are seldom *explicit* parts of treatment. Well-being, in some form or another, comes more

[23] *Pleasure* has synonyms like fancy, inclination, liking, delight, enjoyment and joy, and can indicate "the agreeable emotion accompanying the expectation" (*Merriam-Webster's Collegiate Thesaurus*, 2002).

[24] As far as I have experienced do Norwegian children seldom talk of "pleasure" nor of "displeasure", (nor of "achievement" and "expression"). They use equivalent words to "fun", "fine" "cool", "ok" or to "boring", "dull" etc. "Pleasure" seems, however, to encompass more than these words and is also precise enough for my concept of a suitable category for the current study.

as a result from cure (successful treatment) or alleviation. In nursing care is the patient's possible pleasurable experience thought of as an integrated part of the actual procedures – whatever may be the other set aims. To clean the patient and to make her/him well groomed may be "hygienically" and clinically of varied importance - but it is also a ritual of good sensations – more dependent on *how* procedures are performed than *what* actually is being done (Ugland, 1998).

Music arouses pleasure or displeasure. Music therapists, not only within cancer care, meet clients/patients with restricted room for pleasurable experiences. "Pleasure" is perhaps basically treated as a means (and less as a goal per se) in music therapy literature. "Well being" and "comfort" have been mentioned as outcomes from song creations (cf the literature review in *Chapter 1* and *Appendix 1*).

Even if Sigmund Freud wrote that he, himself "[…] was not able to derive much pleasure from music, being unable to rationalise how it affected him" (Bunt, 1994:34), psychoanalytical theory is well aware of relationships between music and pleasure:

> "[…] music and music-making could be regarded as a defence mechanism, protecting the self against being overwhelmed. We can organise all these internal impulses through the active processes of variation and repetition into *pleasure*-giving musical structures. The ego is able to make sense of, and be in control of, all the stimuli" (ibid.: 38, my italics).

The word pleasure is strongly related to *satisfaction*. "Pleasurability" is easily understood and used as a measure of the music therapist's skills or therapeutic success…indeed an aspect of music therapy where bias and wishful thinking is easily latent or ruling? An almost daily concern of mine when engaged in music therapy practice, is a wish that the clients (children/families) have a pleasant time during our common musical activities whatever any other results might be.[25]

[25] This is an everlasting conflict between the *music Therapist* and the *Music therapist*; the former "clinician" focusing therapeutic objectives, the latter "musician-entertainer" focusing musical-aesthetic experiences "as such". When working with children, the therapist is perhaps particularly aware of an outcome experienced as pleasurable…

I use *pleasure* as a common term for different, but interrelated positive *emotions*, such as joy, interest and contentment. Positive emotions can be caused by any welcome experience. Pleasure is the most body-related of the chosen meaning categories related to the 19 songs, but it is not equal to "feeling" or a particular mood. Because pleasure is (also) a sensation, one might think that it can be measured (or at least acknowledged) through physiological tests. There is, as far as I know, no *specific* physiological parameter related to pleasure; but pleasurable feelings produce several unspecific bodily reactions on pulse, blood pressure etc. Different sensations have perhaps no exact correspondent physiological equivalents.

> "Erleben ist keine Funktion einer physiologischen Apparatur, sondern es ist tiefgreifend geformt vom Prozess der gesamten biographischen Erfahrung, von Lernvorgängen, von erzieherischer Enkulturation und von persönlicher Reifeprozessen. So ist auch das "Hören" und "Sehen" und alles Wahrnehmen unablösbar verbunden mit der biographischen Kontinuität der Erfahrungsbildung, der Gewöhnung und Reifung" (Revers, 1975: 95).

However, there seems to be interesting relationships between musical experiences, well-being and increased concentration of immunoglobulin A (slgA) and/or reduction of salivary concentration of cortisol. [26]

The two former described categories, *expression* and *achievement*, are far from fixed and eternal elements related to the song creations. *Pleasure* is an even less stable phenomenon, and this quality must be kept in mind when investigating processes and meanings. Pleasure is seemingly a fragile blossom: it enters our lives quickly and disappears just as fast. The pleasures of musicking, some of which are exemplified here, represent no exceptions. Even if expressive sides and achievement sides of a song are interpreted differently by different people at different times, I believe such elements

[26] One recent music therapy project, related to adult cancer patients, found statistically significant results about increase in the sense of 'well-being' (hedonic tone) after *playing* (weekly improvisational groups). Increased concentration and secretion of slgA in the saliva appeared only after *listening* (weekly sessions of listening to live music). A reduction in salivary concentration of cortisol was recorded between the listening session and the playing session. Salivary immoglubin A (slgA) has been used as a marker of immunity, decreased salivary cortisol is thought of as indicating stress reduction (Bunt, Burns and Turton, 2000).

constitute more permanent qualities than does pleasure. Studying pleasure is, primarily, studying momentary phenomena.

Music therapy literature and research show a number of authors who have been particularly interested in their clients' and their personal experiences of special, sometimes unexpected *moments* within music therapy sessions - moments that are noticed and remembered afterwards. Stephens (1983) describes moments of *"connection"* and *"disconnection"* within musical improvisation; Pavlicevic (1987; 1988) reflects on the *"pre-musical moment"*, and *"critical"* or *"special"* moments during clinical improvisation. Edonmez Grocke's phenomenological study (doctoral thesis) about Guided Imagery and Music (GIM) also focuses "moments" that are not primarily pleasurable, but absolutely meaningful and change provoking in a therapy process: *"pivotal moments"*. She defines "pivotal moments" as

> "[…] intense, embodied experiences as the client confronts distressing imagery which is resolved, and this resolution brings about radical change in the persons life" (Erdonmez Grocke, 1999:ii-iii).

Dorit Amir, in her doctoral thesis (1992), focuses on *"meaningful"* moments in the music therapy process, described by four adult private clients and four music therapists. One of the conclusions in Amir's study is that also pain, sadness and anger may be experienced as meaningful moments:

> "Even though this is distressful, the experiences were perceived by some clients and therapists to be beautiful. Therefore, as long as the expression of feelings is authentic and truthful, it matters little if joy or pain is expressed" (ibid.:193-194)?

The word "pleasure" is not among the 15 named elements that constitute meaningful moments, but Amir employs related words like "beauty", "intimacy with self" and "joy". In relation to concepts like "self actualisation" and "awakening", two of the interviewed therapists in her study state that they "[…] found it easier to describe these moments with children".

Stephens, Pavlicevic, Erdonmez Grocke and Amir discuss primarily music therapy processes with adult clients. Music therapy to children does, of course, consist of just as important, crucial, meaningful moments as what happens in adult music therapy relationships, but a concept like "meaningful moments" will easily sound artificial when the clients are children. Amir asks, rightfully, if children are not more spontaneous and easily in touch with their playfulness and joyfulness (ibid.: 189). When I reread the 19 song stories, it is far easier to "detect" enjoyable moments in the song activities rather than more dramatic or crucial events. I do not know if this had been the case in a study of songs made by adult cancer patients or even in a study of other children's songs.

Unpleasant experiences during hospitalisation

A necessary prerequisite for understanding the song related possible pleasurable events, is to have some general knowledge of how the five children experience life in hospital (as I have described in the song histories). *Unpleasant* life-situations and events are plentiful for all of them during periods of treatment and care. Many of these experiences are related to the vital diagnostic/treatment procedures and to side effects or adverse reactions from medicines (eg Hannah who becomes critically ill from cyclosporine), painful injections (eg Mary, being "phobic" to be stung), other uncomfortable procedures (eg Henry, spending many weeks in bed with respirator treatment), painful urination (eg René, experiencing days and nights with haemorrhagic cystitis), painful local infections (eg Mary, needing surgical removal of infected muscular tissue), sore mucous membranes of the mouth (eg Mary and René who, for long periods can only whisper), nausea, vomiting (a periodical problem for all five), and life threatening and uncomfortable GVH symptoms of skin etc (not least experienced by Brian and René).

Unpleasant experiences are also related to what is *not* present – or what has been (temporarily) *lost*. The children's haematological disorders and the consequent treatments cause them all temporal losses: loss of resistance towards infections, loss of hair, loss of appetite and loss of strength. In addition to these "bodily" problems, the song histories tell of various psychosocial losses: All the five children have, for many months, serious limitations in their possibilities of action. Both Brian and René write about their experiences of being physically separated from their normal life worlds.

When Mary is being transferred to a new hospital for bone marrow transplantation, she writes about how she misses her primary nurse.

I believe these examples give sufficient evidence for stating that all the five young song-makers' time in hospital is periodically marked by anything but pleasure, but rather characterised by numerous unpleasent events and times of suffering (even if each child's story is quite unique). This is also in accordance with results from other studies focusing on cancer-children's own experiences and said problems (Fottland, 1998; von Plessen, 1996). The reading of the histories (particularly Hannah's and Mary's) also tells of the pain and suffering of parents. Painful procedures that hospitalised child leukaemia patients go through, are certainly also among the most difficult times for the parents (also recorded by Kupst, 1992:256 and von Plessen, 1996). However, even if the interpretation of the song creations takes into account this essential information, I again emphasise that it is basically not problems and pains, but normality and health, that are points of departure for music therapy in the current study.

"Pleasure" related to the 19 songs

What then should the criteria be for putting the "pleasure"-label on particular phenomena within the 19 song histories? I try to escape any sayings about *general* pleasurable features of song activities (whatever that should be), but focus on events containing specific information.

Brian	**Song #1** ***Love*** Creating a song (writing the text in co-operation with the hospital teacher) on a theme that he liked. Agreeable expectance for song creative activities to take place with the music therapist that involves making music in real teen-age style. Brian likes to watch other persons perform and applaud his song (he himself never sings in public). These dimensions apparently recur in relation to his three consecutive songs. **Song #3** ***All the girls*** Making a spicy pop-song and collaborating with a real "popstar" - a companionship that continued during his **4**th song creation: ***School Song***.
Henry	**Song #1** ***On the outside*** Moments of fun while creating (in co-operation with the pre-school teacher) and later performing a "non-sense" song. **Song #2** ***We must wait*** Creating (together with stepfather) an amusing text from a "boring" point of departure. Later eagerly performing the song and making a new verse. Appreciating that other patients (etc.) learn to sing and laugh of his song.
Hannah	**Song #1** ***Hair Poem*** and **song #2** ***Ba, ba, Blood corpuscles*** Moments of fun when playing with words (the #1 text is turning an unpleasant situation upside–down). Song creation/performance as family entertainment. Agreeable expectance of song creative activities to take place with the music therapist. Playing eagerly (on various instruments) melodies at the return home.
Mary	**Song #1** ***A Suspiciously Cheerful Lady*** Song development and performances as family entertainment, possibly alleviating a frightening procedure. Appreciating other persons who perform/praise her song, when too weak to sing herself. Mary later performs her song as an ironic drama (the text is joking with an unpleasant situation). Playing eagerly the melody on various instruments. **Song #3** ***The Tango Song*** Moments of fun while making (text and melody) and performing the song with "nasty" words (joking with an unpleasant situation) together with mother. **Song #4** ***My Hat*** Moments of fun while making and performing a "private joke" song together with the pre-school teacher. In her consecutive songs (except #9 "If I were the King") her liking for making rhythms and rhymes is maintained and developed further.
René	**Song #1** ***School Holidays in Isolation Room number 9*** Song creation as family entertainment. "Fooling" René's various classmates and appreciating them praising her song product (a cool CD). Making the CD with her own song was the best experience from the time of bone marrow transplantation, she says.

Table 16. *Collocation of song phenomena related to "pleasure"*

How long does a pleasurable moment last?

I find nowhere in the 19 song histories testimonies of patients or relatives having fun continuously, nor of pleasurable experiences directly exceeding the actual time of song involvement. The 19 song histories present, first and foremost, examples of pleasurable elements occurring *during* different phases of the actual song activities. The five very sick children seemingly like creating their own songs. I interpret the accompanying expressed eagerness, the frequent smiles, and the children's endurance as tokens of this interest. The mentioned activities of playing and rhyming with words, making nonsense-words, making texts of one's own choice or making text and melody simultaneously, seem all to be pleasure related. To perform ones own song (sing or play) and to watch other persons learning to sing and performing this song are also potentially pleasurable experiences for the song maker. Simply watching other perform his song is an important ingredient in Brian's song engagement. At the time of leaving hospital, hopefully cured of their malignant diseases once for all, both Hannah and Mary prefer playing their songs on recorder/piano/keyboard rather than to sing. Their treatment related song texts have become less interesting. Successful bone marrow transplantation implies gradual freedom from nasty symptoms, treatment and isolation. This new situation renders possible new achievements and new ways of having fun. The girls definitely are enjoying themselves when improvising, exploring new sounds and playing the song melodies on new instruments. Perhaps just playing the song *melodies* provides some kind of link between the New and the Old World?

The song histories of Brian and Hannah indicate that to *expect* doing or experiencing something nice adds pleasurable moments to these patients' hospital lives. "Expectancy" is perhaps an underestimated component of music therapy. To expect pleasurable events and to *recall* the same, are two sides of the same coin. When the act of recalling or waiting for music therapy activities is linked with a pleasant memory or an expectation of something nice to happen, the symptoms-sickness-diagnosis-treatment-outcome panorama fades for a while and a different focus of mind is temporarily substituted. I understand this ability of providing good memories and creating pleasurable expectations as important spin-offs from the actual song activities. Also every moment of pleasurable remembrance or waiting is a means of *expanding* the present life world of the child/accompanying relatives: "stuck" in a cancer ward or even

an isolation room, for weeks and months. "Hospital" is a diminished and banalised life-world compared with life "on the outside". Uncomfortable bodily symptoms and lack of strength diminish the potential field of action even more. The example showing Brian eagerly waiting for the music therapist is, however, taken from a day when he was fatigued and experiencing many side effects from chemotherapy. The example of Hannah and her mother waiting for "the surprise" is taken from a day when she had a fever of 40.5 ^{o} C.

It is astonishing that *any* person in a physical condition as poor as described above, is at all able to be eagerly waiting for song activities to come. I interpret this behaviour as examples of sick children - temporarily leaving their roles of being passive and suffering patients – and becoming *committed*. The Latin word *committere* means (also) to "join the battle". [27] Brian's and Hannah's modest acts of simply waiting, tell of children who are "joining the battle" to overcome passivity and a bleak life. Employing an inaccurate, but possibly very relevant picture, is to say that these children are actively keeping their creativity or imagination alive and thus adding "colour" to their present lives, also during the (in-between) periods when no song is made or sung.

"Pleasure" has so many various shades and degrees that it may prove difficult to state its exact presence - it is not simply an on-off phenomenon. Questioning the duration of a moment is absolutely interesting, but an answer based on seconds and minutes will easily be meaningless as long as "pleasure" is not understood as an objective, measurable entity. What is pleasurable in one moment, might not be <u>that</u> pleasurable in the next - it is bound to be time-limited. "Continuous" pleasure soon ceases in intensity, a phenomenon to which Aristotle presented one explanation:

> "How, then is that no one is continuously pleased? Is it that we grow weary? Certainly all human beings are incapable of continuous activity. Therefore pleasure also is no continuous; for it accompanies activity. Some things delight us when they are new, but later do so less, for the same reason; for at first the mind is in a state of stimulation and intensely active about them, as people are with respect to their vision when they look hard at a thing, but afterwards our activity is not of this kind, but has grown relaxed; for which reason the pleasure also is dulled" (X.4. 4.) (Stier, 2001).

[27] *Oxford Concise Dictionary of Etymology*, 1996

Aristotle's observations are still relevant – also to understand the life histories of the 19 songs. No song participant will have a static relationship as to what is pleasurable or not. It is however interesting to note that the word "moment" not only indicates a very brief portion of time. The etymology of this word leads to the Latin word *momentum* that can also mean "moving power".[28] Perhaps there is a resemblance between pleasurable moments and "time-outs" in sports: short periods where the players can "charge their batteries" to restore power for the rest of the game.

Do the song creations possibly influence patients' experiences of time in the institution? "The hospital" exerts substantial power and control over the patients' (families') time. With a timetable that is dominated by uncertainty and/or boredom, time becomes easily "an enemy", a source of stress and frustration. Musicking serves as one way of constructing the form and speed of social activities. The current song histories show one example (Mary's song #1) where the "form and speed" of a most uncomfortable routine is altered through a song. Mary is a girl that constantly dreads the inevitable "stings" for diagnostic and therapeutic purposes. When her father starts playing the song (cassette) about the "suspiciously cheerful lady", just before the scary procedure, the song actually *intervenes* with Mary's experience of what routinely happens (ie *her* time) in hospital. The habitual sequence of a period of dreading followed by a half-hour battle, called a "hullabaloo" by the father, is replaced by a sequence of events that Mary, according to her parents, controls as much as she possibly can. The song interferes with the distribution and sequence of activities in the sick room. The time of dreading is diminished and something that catches her interest (the song), some moments of order and pleasure, seemingly help her to stand the nasty moments of being stung and reduce time associated with unpleasant events. We do not know if it is the text-elements or the music-elements that matter most in this case, but we do know that a song goes on only in *time*.

A less dramatic example of a song that interferes with time can be drawn from a single episode, the start of Henry's second song creation. Boredom (or idle time) becomes transformed to creative moments when the stepfather and Henry begin to make a song

[28] *Oxford Concise Dictionary of Etymology*, 1996

about the current situation. This activity "changes" time from being nothing but "indefinite waiting" (according to the step father), a period without any meaning, to a period of time filled with anticipation…of a possible new success (like the case of his first song). Hannah's mother describes their common artistic activities as almost desperate actions to "escape boredom" and "brake boredom" (as she writes in her diary). Musicking helps Hannah *filling time* with something qualitatively more meaningful than doing nothing.

Temporal quantitative environmental elements encompass more than duration and number (Aasgaard, 1999:16-17). The song (related) occurrences might eg be studied as episodes appearing *randomly* or *regularly*. Regular "music" events and activities constitute one of many (more or less significant) pulse-generating elements in an institution. Many songs have been performed, sometimes for the first time, at the regular weekly *Musical Hour* at the two hospitals. Every Tuesday morning (during some months) Brian watches other children/grown ups singing and playing, applauding and praising one of his songs. When he is too sick to participate in public events, or is bound to "remain" in his isolation room, he eagerly collaborates with his music therapist, or even better, with the "pop-star" student. This patient can actually anticipate regularly song related pleasurable moments! Brian's last hospital song text (#4) describes this in detail: It is the *weekly Musical Hour* that distinguishes the hospital school from other schools.[29] Here Brian is making "[…] cool songs about hospital and nice girls. And all laugh and hum. It's true, it's fun"!

Unprepared and surprising events may act (again more or less significantly) as a rhythmic counterpoint to routines/anticipated events. Music therapists in institutions have both these "sets of strings" to play on.[30] The possible analogy between predictable

[29] Brian wrongly thinks that music therapy is a part of the hospital school activities. All Brian's song texts have been written with assistance from his dear teacher who collaborates closely with the music therapist. Brian probably never reckons his "involvement" with the music therapist as *therapy*, but rather as assistance to learn the skill of making music/songs.

[30] While working with the song histories, I occasionally felt most welcome when I now and then entered a ward/patient room when I was *not* expected. At other times the wisest action this music therapist could think of, was simply to finish his tasks and leave quickly. If the music therapist wants to visit a ward on very different times, close co-operation with medical staff and nursing staff is an absolute prerequisite.

and unpredictable elements in a musical material ("the music") and similar elements characterising times and ways of musicking in an institutional setting, is not considered further in this study.

A close look at the chronology of the song events indicates that the creative activities (the "making the songs") follow no regular or typical pattern as to *when* they take place. The music therapist's involvement is, as mentioned, partly through pre-appointed, fairly regular sessions and partly through more casual encounters. The various song activities in this study take place early in the morning or in the evenings, during a busy weekday or on a quiet Sunday morning. If the qualitative aspect "pleasure" is linked to (experienced through) these activities, it is an indication that the song creations participate adding "pleasurablilty" to the arenas where unscheduled song activities go on, also without the music therapist's presence.

As far as I can judge, the creative episodes often *start* close to situations when life is not so easy - may it be because of boredom, insecurity or unwelcome symptoms. Some of these elements are primarily environmental: it is the particular *setting* (place and time) that matters. Experiencing a particular setting, eg staying in an unknown isolation room at a time when no familiar persons are present, may trigger off creative acts - exemplified in several histories. Henry and his stepfather make the song text #2 while waiting …for hours…in an unfamiliar part of the hospital…to go through an unpleasant procedure. Hannah makes both her songs at times when very little happens in the isolation room. Brian's song #2 is also created during a week when he is bed-ridden and experiencing the heavy restrictions of isolation. Mary writes her first text in a room that she is not allowed to leave (she is most infection prone), during a time when she is seriously marked by uncomfortable treatment and shortly after having been visited by some "suspiciously cheerful" women who "stings". She writes songs #5 and #6 one early morning when she is alone in her isolation room (24 hours before the transplantation). Both the text and the melody of René's song are made during strict isolation at times when she is marked by very unpleasant side effects from her treatment.

When the 17th century music theorist Martin Mersenne suggested some particular reasons for making music, he was also aware of the limitations: music can only provide *moments* of pleasure within our hard lives.[31] To "charm the spirit" and to experience "a *little* sweetness amidst all the bitterness that we encounter " (my italics) can also serve as reasonably precise poetic descriptions of the brittle and unstable pleasurable moments that have been recorded in the present song histories. The song related musicking does certainly not abolish the displeasures of disease, treatment and hospitalisation. But many moments of just a little sweetness, are perhaps significant helpers as to maintaining contact with the *good life* during very hard times.

Pleasure – play - interplay

Many of the songs are initially or eventually made and performed with some kind of expressed goal. The creative interactions seem, however, to be more marked by *play*fulness rather than by goal directness.[32] Song activities are leisure time or time out from ordinary duties and routines related to treatment and hospitalisation. I define *play* as voluntary activity within certain spatial and temporal boundaries; it may be conducted with certain rules, but is only aiming at itself. Play releases tension, fosters excitement and enjoyment and is outside the realm of practical/material purposes (Claussen, 1997). But play is no abstract thought, rather ways of being in touch with "living" life.

Song activities seldom take place in a social vacuum (understood as if a patient makes and performs a song solely by and for himself); it seems a natural step to adjust the focus of study from tracing individually perceived song-related pleasurable experiences to considering the same as *social* phenomena. "Musicking" is *per se* social! Even if musicking is not always pleasurable, the 19 song histories tell that joy and happy moods may also be *contagious* and easily spreading from one person to another.

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[31] "Music…is made particularly and principally to charm the spirit and the ear, and to enable us to pass our lives with a little sweetness amidst all the bitterness that we encounter here" (Mersenne, 1636, quoted in *The Wordsworth Dictionary of Musical Quotations*, 1994:10).

[32] "Play" has no proper antonym other than "absence of play". Words like "serious", "earnest", or "passivity" do not cover this aspect. Play might indeed be serious activities, but the player knows that he is playing! Play is activity, but there are also many activities that are not play.

In relation to Hannah's song #2, her primary nurse claims that:

> "To hear this song and to experience the patient in an activity like that, create a joyful environment, the mood of those working there is positively influenced."

Hannah's mother writes in her diary about the collaboration between the family and the music therapist in the isolation room:

> "Everything in the vicinity turns to music. He (the music therapist) is catching us."

Hannah's father mentions the influence from song creations on family relationships:

> "We see that Hannah prospered during this. She had fun and…I actually liked it too. It creates a certain fellowship […] one must make fun of what's going on too."

Brian's paediatrician, who first asked if Brian could have music therapy, commented:

> "When I saw that Brian was happy (as he was engaged with the songs) I became happy too."

I do not proclaim this as a general rule, but the present case material exemplify that hospital and home *environments* may be "infected" by an aggregation of pleasurable experiences from song related musicking.

Having fun *together* or doing something meaningful together seems, in many cases, to be more pleasurable than solitary entertainment. All the five young song makers have been involved with various socially pleasurable activities related to their song creations. Co-participants, others than the teacher(s) and the music therapist/student, include first of all, parents and brothers/sisters, other child patients, nurses and medical staff. It is unlikely that music therapy restricted to sessions with the music therapist alone could possibly provide as much fun!

The song histories develop through interplays between the individual patient and many different individuals, inside or outside of the sickroom and going on at different times.

The song activities tell of co-operation and relations described with various pleasure-related words. Performing for an audience is one type of social interaction. Brian's blushing face, his "hiding away", his downcast eyes and choked giggling when some 30 other patients, relatives and staff applauded his songs, are not primarily signs of social embarrassment, but rather show a momentary happy youth in (his way of) successful social interplay. Returning to his home special school, Brian plays the video version of his song #3 and is again met by spontaneous applause, cheers and praise, this time from his old fellow pupils/teachers.

The much younger Henry makes other children and adults laugh through his songs. When a big crowd of patients, relatives and staff loudly sings or shouts "We must wait, wait and see", there are many smiling faces to be seen in the entrance hall of the hospital. His own artistic manner is marked by a constant playfulness: in company with his stepfather, the pre school teacher and the music therapist he takes the initiative in applying puns and rhymes as a means of expression. Another boy at the cancer ward, "Terry", likes very much to sing, also for his father, Henry's song #2. After returning home Terry enjoys listening to his own audio-tape performance of Henry's song over and over again.

The co-operative poetic activities of Hannah's family (characterised by sardonic humour) and the song-performances/recordings become new ways of spending hospital-time together for several members of this family. The father suggests that inspiration from the music therapist has fostered the growth of more family-made poems than would have been the case without this musical support. Song making becomes good family entertainment during hard times. Hannah's father has had a less significant position in the making of texts. But he is, by far, the best accompanist with his guitar. And he certainly appreciates taking part in the song activities.

René's hospital song also develops as family entertainment in an isolation room. Her song project is, from the very beginning, a way of communicating with her school friends and showing that *she* can do enjoyable things too - also where she currently has to stay (the isolation room). From this position, she is still able to fool her classmates in a safe and amusing way that seems to be their current preferred way of communication.

"Pure fun" is her father's characterisation of the lyrical point of departure . . .René is certainly not that kind of girl who likes to complain! Making the melody turns to be a co-operative project. Uncertainty and a somewhat passive and tired René initially mark the composing process. But after she has rejected the music therapist's suggested melody and starts rapping herself, the isolation room soon becomes filled with melodic and rhythmic phrases. This song creation is accompanied by smiles and encouraging comments from *several* persons. René herself is "the rapping girl", the mother contributes with text/musical suggestions, the father provides technical support, the primary nurse is "choir-girl" and the music therapist plays the keyboard and serves as clumsy recording engineer.

When Mary sings or plays her songs for other people, she often has a secret smile on her lips. When she performs her little brother's "farting" version of her song #1 for her mother, the pre-school teacher and the music therapist, we all laugh. Mary giggles so much that she is almost unable to finish the song. When her brother performs the song at home (accompanying himself on "air-guitar") and his father joins the singing, the mother (being audience) tells they almost "died with laughter". Even when the song activities take place without Mary's personal presence, when her songs are sung by unknown people, or audio-tape-performed for audiences outside Mary's hospital ward (at the time) and home environment, we may talk of indirect pleasure related social communication appreciated both by the song maker, when informed, and by people performing and responding to the songs. But social pleasure encompasses more than fun and laughter. The first time Mary's mother hears her daughter sing (song #1) after months of silence, she rejoices to hear the beautiful voice, a voice that the oncologist later called "shy and sensitive" and the mother has "nearly forgotten", a voice confirming that Mary once again is taking part in life.

Mary's songs #3 and #4 are based on improvisations with the pre-school teacher and the mother. The histories of these two songs convince me that they are, first of all, joyful social activities and secondly (and at a later stage) goal directed song creations. The main participants: Mary/Teacher and Mary/Mother have simply fun together. Mary's dear primary nurse describes the relationship between the teacher and Mary:

"I believe Mary and her teacher had a hilariously funny time during the making of this song. They sung it for me when they had finished…I believe it was a success."

Daily life experiences (eg objects in the room/nutritional problems) become points of departure for slightly crazy or flippant social communication that eventually develop to become "songs". The above examples tell of pleasurable *interplay* between several persons in the song's field of musicking. Social *play* is a characteristic feature of the pleasurable elements related to the 19 songs.

The two hospitals where this study takes place have abundant possibilities for video-entertainment, PC games and "Nintendo". The electronic play-stations may be valuable tools for "killing time" and having fun for young and old; electronic media, like music therapy, may meet play requirements more or less fully. In this study I have not tried to find out if song-creative activities primarily have been carried out in addition to, or instead of, TV/computer-related playing; and I have not studied qualitative differences between "song-play" and "TV-play". What I do see, is that the current song stories deal with playful activities that are seldom solitary. The histories of these 19 songs tell about contact and communication between people - temporally imposing their own rules of what is considered real and important.

Children need to play - even when they are hospitalised for many months. This study also shows many examples of *parents* who throw themselves into the playfulness, the childishness, sometimes even the naughtiness that the song creative activities invite to. I believe there are two possible reasons to this. Parents sincerely wish contributing towards a pleasurable emotional climate in the sickroom, specified by Mary's father as being an unwritten law in the ward. A wish to escape momentarily from a harsh, rational life world might be just as vivid for a parent as for their patient daughter or son. Children have, after all, professional staff who willingly plays with them. Their need of playing is recognised. Adults do not simply "play": they play tennis, polish their cars, go to the theatre and collect stamps or roses at home - hospital life gives little room to all this. To let fantasy take over, to be able to pretend anything "as if", and to just have fun together are not themes that are often discussed as to parents in hospital. A well informed, and even "family-centred", basic textbook for nurses *The Child with Cancer*.

Family-Centred Care in Practice (Langton, 2000), refers generally "play" to the realm of play specialists or occasionally to nurses in order to help a child coping with disease and treatment. That parents, or other adults, actually wish and appreciate playing, also for their own benefit or enjoyment, is not mentioned and has perhaps not even been considered by the authors. Being involved in song activities is one socially accepted way of entering the world of play and fantasy for parents. The song stories are not comprehensive enough to obtain detailed knowledge about parents' possible pleasures from being involved in playful activities. But the eagerness and the readiness I believe to have sensed amongst parents, indicate that the play-aspect of the songs is, at least, dearly appreciated.

Looking and listening at the doctors and nurses performing the dramatised choir version of Mary's song # 1 cause me to believe that they, themselves, are having "real" fun: females parodying professional (?) behaviour and males singing/acting the role of the desperate and eventually fainting child. Both Mary's teacher (song #4) and René's "choir-girl-primary-nurse" (song #1) have apparently also had much enjoyment from the song related playful activities. The grey zone between professional attitudes and behaviour and personal, genuine emotions makes it, however, difficult to decide exactly "what is what", but *faking* high spirits and not playing seriously (!) will probably easily been seen through by a child patient (cf Mary's song #1 about the "suspiciously cheerful" woman).

The account of the reaction from the audiences when Mary's song #1 is being performed by a Ward Band and later by a Hospital Choir, does also tell of patients who enjoy watching these doctors and nurses shouting, fainting and making a fool of themselves. Experiencing the cleverly made song and the slap-stick performances may have taught both the author-patient and the performing staff members something new about "the other part" (as commented on by Mary's mother). Does play also help us to see "situations" or "ourselves" from a little distance, due to this power of altering perspectives? Play has an inborn quality of creating distance to here-and-now reality for young and old.

The play element in the social interactions is individually characteristic for the five song-makers in this study. Brian, the oldest patient, is not making his songs in any family setting; his songs emerge from schoolwork in co-operation with his teacher. The music side and song performances are very much conducted by the music therapist and the music therapy student. Brian's pleasures are not so much related to social play, but rather towards doing nice things together with nice persons, being clever and showing the world that he is no more a child. In the histories of Henry's two songs social play is an ongoing and typical element. During the family event of making music to René's song, the word playfulness describes well the atmosphere that develops in the isolation room. Interpreting the song histories of Hannah and Mary gives me a picture of parents who get particularly involved - who incorporate play in their sick-room-lives. Play is in these cases definitely not only a method of helping the sick child. The stories of Hannah's and Mary's songs show parents who play, jokes and use their creativity and humour. One result of this seems to be temporary escape from their boredom and from some of the trivialities related to many months of accompanying, assisting, worrying and waiting (or "realities" of daily life in hospital). My observations of Hannah's parents' involvement in the various sardonic song activities and of the almost continuous readiness of Mary's parents for making and having fun, leave me convinced that these parents benefited from - simply - to play. As exemplified above, several of the 19 song histories demonstrate *playful* communication between patients, parents and hospital staff: hedonistic common play outside any treatment plans. Considering the long periods of patients'/parents' compulsory hospitalisation and communication with hospital staff, I believe the various mentioned milieus for treatment and care become more comprehensive through this. Some short periods of social merriment have possibly also softened patient-parent-staff relationships in the sense of making these more amiable and less formal. I do not know, however, if everyone welcomes this…

Chapter 5

FINAL DISCUSSION

Assertions

I have developed nineteen life histories of songs. These cases are (some more, some less) "thick", detailed descriptions of song phenomena. I have further studied song processes and meanings through applying three different lenses (categories) that I have named "expression", "achievement" and "pleasure". In this study "context" has not been treated as an external frame or background, but as something constituting the topic of study which means that context and its topic (song creations) have been understood as a tightly interwoven "unity". These songs constitute a very minute fraction of the world, but they have, nevertheless, been meaningful (some more, some less) for some people, for some moments during (and occasionally even after) hospitalisation and treatment. My attempt at understanding better aspects of "the arts" in therapy - in order to be able to improve daily life for young cancer patients, and their relatives - has not considered the world as a *machine, or* people as mechanical objects. Rather has this been a study of humans in hospital understood as *symphonic* beings (cf Aldridge, 2000a: 13). Each one person is a conglomeration of many sounds, and the 19 song histories are reflecting many voices. The hologram analogy may be applied to understand the developed song histories and their major characters. Among several remarkable properties a holographic image "[…] reproduces an object the appearance of which varies *depending on the perspective of the viewer*" (Lincoln and Guba, 2000: 42). The hypertext song cases (in *Chapter 3*) as well as the construction of the three categories in order to study particular issues in detail (*Chapter 4*), support a holographic approach of accumulating knowledge. In this process the words "findings" (or "results") as the end products of the study may be replaced by "more informed and sophisticated constructions"(Guba and Lincoln, 1998: 213). The interpreted song phenomena have been presented as new constructions brought into juxtaposition - a presentation folding out into a detailed and multifaceted *bricolage* of song related processes and meanings.

I presented in *Chapter 1* a view of health closely connected to the concepts *well-being* and *ability* and quoted Kenneth Bruscia's "working definition" of music therapy. This definition has also been a guideline for the practice considered in this study. The statement "to *promote* health" indicates the goal for the described music therapy practice: striving towards wholeness for the individual in an ecological perspective. How can we interpret the phenomena categorised under the labels "expression", "achievement" and "pleasure" in relation to health? Or, to be more specific: what are the relationships between those phenomena and "well being" and "ability"? This question may be answered through a two step procedure: considering the three categories in relationship to social *roles*[1] and the environmental aspects thereof, and then considering the three specified roles in relationship to health.

Roles

Brian, Henry, Hannah, Mary and René are indeed most individual personalities who experienced treatment and hospitalisation differently. All five children have, however, experienced being seriously ill and isolated. To various degrees they have been temporarily stripped of their personal attributes and strength - appearing mainly as "a patient" : a person who suffers and waits patiently for better times to come. This is the role of the *Homo Patiens,* [2] and I use this metaphor because the children's sick stories show that both "well being" and "ability" were diminished or at stake for long periods. These children were also, at times, marked by suffering and disability - qualities rather at the other end of the health scale… Using the *Homo Patiens* metaphor indicates that I do not consider these phenomena as (solely) inner states, but as related to social roles. On page 41 I mentioned von Plessen's study of how the cancer disease, the treatment, the inevitable isolation and hospitalisation influence young cancer patients' "hopes", "joys", "self concepts", "social relationships" and their possibilities of action. This means restricted (temporarily lost or weakened) active social roles. *Co-operation* and *submission* are two elements that often seem to be incorporated in a common expected role of the hospitalised child-patient (Tamm, 1996:42-44).

[1] "Social role": the social expectations attached to particular statuses or social positions (Marshall, op. cit.: 452)

[2] *Patior* (Latin) means eg. to suffer, undergo, allow. The noun, *patientia* means endurance, resignation. I use *Homo Patiens* as a metaphor for "a being who suffers"; not to be confused with *"sick role"*, a concept popularised by Talcott Parsons (1951).

A person might have one or several different roles. Roles might be allotted, rewarded or acquired. Roles may be formal or informal, situational or related to status. Roles may be static or rapidly changing. This study gives many examples of song events where seriously ill patients develop various social roles and where the musicking seems to have had the "power" to *expand* patients' role repertoire temporarily. The described song activities have been voluntary and not parts of any prescribed "treatment". This study indicates that social life of sick children *may* be positively influenced by song related activities and gives various examples of patients' expanded possibilities of action through musicking. All cases present sick children who are "given" roles as artists and which songs are understood and handled as pieces of art (and not only as therapeutic testimonies). But we also see sick children who "take" new roles - roles far from that of a being just "a being who suffers" or "a patient". The song histories examine "[…] interactions in which people come to play their roles rather than describing the place of these roles in the social structure" (*Oxford Concise Dictionary of Sociology*, 1996). Very sick children show in these cases what Goffman calls "[…] an active *engagement* or spontaneous involvement in the role activity at hand" (Goffman, 1961/1997:36).

One feature of the song histories is that the song phenomena do not develop solely through interactions between patients and the music therapist. Song participants may be the patient's relatives and/or other people in the hospital milieu and beyond, each person with her or his own set of expectations and with different roles in relation to the sick child and the song creations. The concept of "role expansion" gets a wider meaning here and indicates a music therapy practice with ecological consequences for more than the sick child (see Bruscia, 1998: 230). Indeed, many parts of the hospital environment have temporarily been marked by these song activities. I have earlier considered music therapy in relationship to various environmental "spatial", "temporal" and "qualitative" aspects of hospice and paediatric oncology wards (Aasgaard, 1999). This study demonstrates that small isolation rooms can, now and then, "expand" when filled with creative, artistic activities. Song related creative involvement and anticipation can influence boring routines and long days, even outside the working hours of the music therapist. Furthermore: the 19 song histories challenge any belief that the "important things" (in music therapy) go on solely within music therapy sessions and within pre-determined, enclosed areas of music therapy activities.

The development and use of patients' own songs have become points of departure for a number of different social encounters and have created new relations between the participants in the hospital environment. Considering the symbolic environment, the song activities have fostered holistic values and role expectations within the paediatric oncology ward, as for example through treating sick children as being able to create and perform their own artistic oeuvres.

What then are the roles related to "expression", "achievement" and "pleasure"? *Chapter 4* shows that all the five children have expanded their roles within these three fields. In the following table I do not specify particular outcomes as to the individual child, but indicate possible relationships between the named categories and social roles in an ecological perspective. The song stories present sick children and others who "enter" (and "leave") various roles for shorter or longer periods, but the present project has neither studied how long these role-changes have lasted nor what might have been possible long-term "effects" thereof.

MAJOR THEME RELATED TO THE LIFE HISTORIES OF THE 19 SONGS	INDIVIDUAL SOCIAL ROLE (of the young song makers)		ENVIRONMENTAL CHARACTERISTIC (marked by the song activities)
EXPRESSION	***Homo Communicans*** **(Latin):** **a being who communicates**	***Homo Conexus*** **(Latin):** **a being who is part of (networks)**	**A culture of dialogues**
ACHIEVEMENT	***Homo Faber*** **(Latin):** **a being who creates/produces**		**A culture of creativity**
PLEASURE	***Homo Ludens*** **(Latin):** **a being who plays**		**A culture of leisure**

Table 17. *Suggested relationships between major themes, individual social roles and environmental characteristics.*

Through song creative activities patients have been assisted to communicate with persons with whom they want to share something - inside or outside of the isolation/patient room. Songs have been media for communicating thoughts and experiences, but have also been developed and shared as gifts or as tokens of creative skills. Song performances have functioned as the patients' voice in (and from) the hospital environment at times when they have not been able to sing or do much else themselves. The *Homo Communicans* challenges isolation and communicative obstacles - in these cases patients' own songs have served as important communicative channels. Several other persons within the patients' families and various other persons in the hospital milieu have been participants in the song-communicative activities. The five patients' own songs have therefore fostered communication (and indeed dialogues rather than monologues) within the paediatric oncology ward and between the ward and the "world outside".

> "The dialogue, which constitutes a sense of coherence to what we are as "selves", is narrative in nature. It is personal and social. If this breaks down then we lose a sense of meaning for ourselves, and we lose meaning as a person in a social context" (Aldridge, 2000b:6).

"Meanings" of these 19 song creations is closely related to the various dialogues which constitute the song activities.

The life histories of the 19 songs present sick children who have developed skills that have no direct links to coping with health problems or the tricky part of the patient role.

Each of the five patients has acted as a *Homo Faber* - even during really hard times when discomfort and fatigue might seem overwhelming. Through music therapy the children have got a tool to make something they appreciated and were proud of. They appeared not only as creative persons, but also as persons having successfully achieved certain skills and as persons enjoying the outcomes thereof.

The song histories presented several examples of "hospital bound" parents who also appreciated taking part in artistic, creative tasks and showing what they were good at. Normal and creative sides of "sick" families have had a big part in these cases. The described song activities have influenced the hospital environment to encompass artistic activities within the total scheme of treatment and care. "Achievement" in these paediatric oncology wards has, in addition to several medical victories, been related to the *works* of the children (families) themselves.

Strict treatment protocols, an environment marked by high tech devices and procedures, and tight time schedules combined with periods of "nothing", have not been elements favouring playfulness and fun. *Homo Rationalis* [3] must have a dominant role within the hospital premises, and the five main characters in this project, as well as their parents, did seemingly all conform to the rational values within the hospital culture - values far from those related to play. But when children as well as adults got involved in the song activities that I, in *Chapter 4*, have related to "pleasure", they were all entering a (different) world - a world of play. This could also be said about hospital staff who took part in song performances. For a period of time the being that plays, *Homo Ludens*, entered the "stage"; and "stages" varied from a big hospital entrance hall to a small room in the isolation unit. Many of the songs have been made and performed (initially or eventually) with some kind of expressed goal. The creative interactions seemed however; to have been more marked by playfulness rather than by goal directness. Hospital environments changed, for a minute or for half an hour, to arenas focused on leisure, and where elements of fun and laughter were prominent. The song creative activities were well-suited "means" of creating a milieu where *Homo Ludens* thrived and multiplied.

[3] *Homo Rationalis* (Latin): a being that is rational. *Ratio* (Latin) means inter alia: reckoning, judgement, motive (*Oxford Concise Dictionary of English Etymology*, 1996).

The music therapist has had more than one role during this project: participant in the song activities, observer, recorder and interpreter - but also marked by the same social roles as other song participants. I have been involved in creating and performing music that supports the songs' communicative qualities (supporting the child as "a being that communicates"). When I have treated patients as a *Homo Faber*, it has also been essential to show that the music therapist is not only interested in "processes", but to assist them to make something worthwhile. And I have been just as proud as was the sick child, when people received the song product well. The *Homo Ludens* side of the music therapist has hopefully functioned as an unthreatening role model (for the parents more than the children) to "let go" and presenting himself as a person for whom musicking and "play" were natural, enjoyable activities.

In this study the music therapist has explored song related *networks* and has actively been involved in *networking*. The five long term, seriously ill children have been assisted to develop a creative network wider than the patient-therapist dyad. We may call this child a *Homo Conexus* - a being who is part of (networks). This study shows examples of song activities and song products helping the young patients to maintain relations with class-mates and relatives outside hospital. Through these songs new "musical friendships" have also developed at times when the sick child has been more or less "stuck" in the ward's isolation unit. The concept of *Homo Conexus* relates to all three "themes" discussed in *Chapter 4* as it underlines the social dimension of both "expression", "achievement" and "pleasure". The 19 song creations have not only expanded the five children's role repertoire; the song activities have perhaps also momentarily expanded the actual life worlds of five children in hospital.

Conclusion: the 19 song creations promote health

Various combinations of *well being* and *ability* are distinct features of the (social) roles suggested above. I therefore call these roles *health* related. The 19 life histories of songs demonstrate the children's ability to express themselves and to communicate, their ability to create and to show others their various song related skills and, not the least, their ability to have fun and to enjoy some good things in life, even if many other life-aspects were rather unfavourable. The song phenomena in this study give no specific answers to how close well being is related to ability. Neither patients nor relatives have, at any stage been asked questions related to how they have been "feeling". But the life histories of the songs give information about behavioural aspects of the song participants and contain many direct quotations that I relate to well being. As far as I understand the described song activities, "well being" may occasionally also stem from the experience of having the ability (and) to be involved in meaningful activities as well as from having reached a goal. Well being is thus not only related to what has here been categorised as "pleasure" but to the expressive and the achievement features of the song creations and to the *Homo Communicans* and the *Homo Faber*. "I perform, therefore I am" is being loudly signalled from these cases (cf Aldridge, 2000a: 13). Brian, Henry, Hannah, Mary and René have all been creatively present in their own life during a difficult time.

The roles I have related to the three main themes in the 19 life histories of songs are all ways of performing health. Aldridge calls health "[…] a performed activity; a performance that takes place with others and, while dependent upon the body, incorporates mind and spirit" (ibid.:13). These songs demonstrate various ways of expressing good and bad bodily feelings, hope and hopelessness, joy and sadness. Through the songs the five children have had the opportunity to choose how they want to present themselves. In some of the "long" song stories (stories covering a long period of time) we see that the particular way of presentation may change as the child's medical condition changes. This researcher is aware that the children have performed health (or unhealth) in many different ways that have not been mentioned here. In the two hospitals where this study has taken place medical treatment and nursing care not only aim to combating disease, but directed to improve the patients' health and eventually to provide good conditions for the patient to perform her or his health. I believe that the

only difference in focus between medicine, nursing and music therapy in these hospitals is the more explicit attention on health (and not disease) that the music therapist-researcher has been privileged to apply.

When the five children has been assisted to create and perform their own songs, these elements of music therapy have *added* new elements of health in their lives during the long and complicated process of being treated for serious blood disorders. This multiple instrumental case study has brought new insight into the relationships between five sick, but artistically creative children and their social environment(s). With Bruscia's words of promoting health as the overall aim for music therapy, I suggest that the 19 songs have been modest, but not insignificant means in the promotion of a *culture of health* in two paediatric oncology wards.

Critique

A methodological aim in this project has been developing detailed descriptions of the phenomena to be studied. Some of the 19 songs life histories do not fulfil this ideal; they are rather "thin", partly because of lack of consistency in data selection, especially during the first years of the study process. This research project is marked by a design that was developed beside the studied song phenomena. If a "similar" study of song creations had been designed before any song was made, the data material could have become more thorough and uniform as to each particular song. For example, two of patients did not receive an audio-taped version of (all) their songs immediately after completion. When I eventually discovered how much this meant to the children, all subsequent song products were duplicated to the young song-makers.

This study presents many examples of *data source triangulation*, but this element would have been more satisfactory if more interviews had been carried out *during* the children's hospitalisation (and during the songs' active life) than has been the case here. Perhaps written material from the patients' medical and nursing records would also have added important information to the project's database (where information from medical and nursing staff primarily stems from interviews). If the project had included diaries

from the children themselves, or from the "families", during the time of hospitalisation, I believe the answers as to "process and meaning" of the song creations would have been more complete. The one diary I received without asking for it (from Hannah's mother) became a most valuable source of data. But I never asked anyone to do anything particular in this study (not even to make songs). This is definitely a weakness in my study in respect of obtaining homogenous material, but perhaps also a strength of a project presented as a "natural inquiry". While developing the analyses of the song phenomena I sometimes missed having more information about the children's direct experiences related to the song activities: this was the price of conducting a study with so many retrospective elements.

It is a relevant question to ask whether quantitative methods, such as applying quality of life *tests*, would have improved the data source material. Even if this study did not aim at measuring and quantifying human experiences, one might argue that such data would strengthen any conclusions as to "meaning" related to the 19 song creations studied. I have few theoretical arguments against conducting projects with both qualitative and quantitative elements, but did not find any quantitative method practically applicable when constructing the songs' life historiess. Perhaps I have been too cautious in bringing into the study anything that might disturb the "business as usual" objective.

Finally: this project has been conducted without any assistants or co-therapists. It was limited in how many methodological approaches I could manage to handle at the same time. The project may be criticised for being conducted with too diffuse boundaries between the role of the music therapist and that of the researcher. Not every good possibility of investigator *triangulation* has been utilised. "Natural" co-observers and collaborators (parents, nurses, medical staff etc.) have, however had a distinct place in the project. Scientific staff and colleagues ("peers") at the two hospitals and at Aalborg University, University of Oslo and Oslo University College have provided critical reviews during the many stages of studying the song phenomena. But the project lacks rigour when it comes to having built in "control spots" in the research design as to "checking" my own interpretations. The element of improvisation has, at times, come out more strongly in the research process than was originally planned.

Clinical applicability

The progress in understanding and treating childhood malignancies is one of the success stories in paediatrics. But the progress has its price, and cancer is still the main cause of death in children above one year who die of a disease. The current treatment is often intensive, "[…] primitive, barbaric, but effective" (Lie, 2001: 954, translation T. Aa.). Side effects are significant and become a bigger problem as treatment has been intensified. Late effects are also of great concern (ibid.: 951-953). When a child is diagnosed as having cancer is this still a disaster message for many families. The project *"Song creations by children with cancer"* presents practical methods of psychosocial support for the young patients and their families.

This study presents a multifaceted picture of songs stemming from the paediatric oncology ward. It provides various detailed accounts of how the music therapist may co-operate with patients, relatives and hospital staff in the processes of making and performing those songs. The study is no textbook on "song writing", but presents various techniques (or rather song creative "possibilities") that I believe have applicability within many fields of music therapy. The 19 life histories of songs do not only feature how the songs come to life, but show that performing and using the songs may just as meaningful for the sick children and their near families. Such song aspects have not been highlighted in music therapy literature before and the present study may contribute to a widened interest for patients' own artistic *products*. The explorative, health oriented approach of music therapy demonstrated here have relevance in any field of practice. This approach may be particularly valuable when working with patients that are otherwise marked by a very limited role repertoire or "unhealth": the song becomes an important medium for performing health (aspects) when life is at stake. Here music therapy interventions start by focusing the patients' resources rather than their problems or pathology.

The presented environmental and ecological perspective on song creations may be applied within arenas of music therapy far beyond the cancer ward. Music therapy literature has, till now, had few practical examples to illustrate this theoretical position.

This study may influence music therapists to consider their work in wider contexts than the music therapy room or the patient's hospital room and shows how the concept of "musicking" can be applied in music therapy practice.

I believe this study also adds knowledge to our general understanding of psycho-social aspects in the lives of seriously ill children and their families. Studying *positive emotions* is today a rapidly growing discipline in psychology (Isen, Daubman & Nowicki, 1987; Fredrickson and Levenson, 1998; Fredrickson, 2000). Fredrickson names "joy", "interest" and "contentment" as three distinct positive emotions and hypothesises that positive emotions can optimise health (ibid.: 2-3). The current project is not a study of positive emotions as such, but clearly illustrates how certain creative activities may influence the three named emotional states. Can this study also inspire programmes of treatment and care to appreciate and emphasise the children's *own* creative resources and their creative products? I believe this is also applicable to institutions where no music therapist is present. Hopefully this project provides some good arguments for cancer care institutions to associate with music therapists - to promote health aspects of individuals and milieus.

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Recommendations for future research

This study of song phenomena in hospital has been initiated and conducted solely by one music therapist and does not explicitly relate to medical treatment, nursing care or psychotherapeutic treatment of seriously ill children. It had been most interesting to see an *interdisciplinary* research project related to patients' own creative oeuvres. In paediatric oncology settings a collaborative project (and possible results thereof) will more easily be heard. Even if music therapists, physicians, nurses, teachers and psychologists each have their own particular theoretical and practical foci in paediatric cancer care, the common field of interest is substantial. New projects may be more specific (than this study) in respect of more well defined foci, such as particular procedures, sick children's (or families) coping strategies, positive emotions, or considering songs (creative artistic activities) in relationship to physiological

parameters. This study has not aimed at looking into relations between music therapy and cancer and has only provided new knowledge about young patients' (and their families') life during the inevitable hard times of hospital treatment. Obtaining more knowledge about relationships between coping styles and the trajectory of cancer disease is a continuous challenge.

It also would have been useful to study other music therapy phenomena (than song creations) with an environmental/ecological perspective and to apply this perspective to different fields of practice. This study of 19 life histories of songs suggests some relationships between specific music therapy activities and patients' social contexts and roles in paediatric cancer wards and beyond, but more research is needed to understand better relationships between social and cultural factors and health and illness. I hope this study will encourage music therapists to engage further in developing theories and practices that consider music therapy *in context*. The method of choice in this study, the *multiple instrumental case study*, seems to be well suited for looking into contextual relationships.

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Published audio-recordings with songs for or by children in hospital

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In the Hospital (1989) Peter Alsop and Bill Harley. Moose School Records (cassette)

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APPENDIX 1

A CHRONOLOGICAL PRESENTATION OF RESEARCH STUDIES AND ACCOUNTS OF SONG CREATIONS IN MUSIC THERAPY LITERATURE

APPENDIX 1-1: Research studies and accounts of song creations in music therapy literature

Author	Population	Theme	Method of song creation	Outcome
Crocker, D. (1952)	Emotionally maladjusted children	Presenting a psychotherapeutic rationale for children composing activities. Several methodological issues are discussed and illustrated with short case presentations (one example is about the creation of a "spontaneous, impromptu music opera").	"When a child composes music as a means of therapy, it is actually the child's creation, but is guided so subtly and carefully by the music leader that the child is unaware of the music changes necessary to make it conform to the laws of musical composition. The therapist asks the child to sing 'la' to a few tones or play the piano if able to do so. The therapist sings or plays the child's theme, then says, 'Sing the next thing you think of.' With the explanation that music frequently repeats the first theme, the final part is requested. When analyzed, this is either a Period or four phrases, depending on the cadence at the end of the second part. After the harmony is filled in by the teacher, the child hears 'his very own music' with a real feeling of pride and satisfaction." (p. 178)	"At Shady Brook composing seems to be the most effective use of music as therapy in going beyond the symptomology to the basic source of the disturbance in the emotionally maladjusted child (p. 178). "This feeling of creativity serves as a temporary 'pseudo transference" (p. 178)
Ruppenthal, W. (1965)	Three patients with psychiatric disorders (ages 61, 17 and?)	Exploring musical "scribbling" with very disorganised patients. "Scribbling" is defined as the utilisation of a patient's creative energy at the highest level of organisation the patient is capable of at the time. Three short clinical examples present "scribbling" that develops into (some kind of) a composition/product.	Patients are given the freedom to explore music on the piano with only very gentle structure provided by the music therapist who supports and encourages (and never criticises). Months of "scribbling" result in more or less organised musical outcome.	The three patients present various positive changes: (such as) signs of interaction, greater physical activity, decreased hostility and seemingly happier mood.
Castellano, J.A. (1969)	Psychiatric patients	Introducing a method of teaching music composition (by Armin Watkins) that the author has employed with psychiatric patients. Presents clinical examples of individual patients and "the group".	Composition classes (for patients) held three times a week for approximately five weeks. Little information is given about *how* the poetry and music in this group develop, but the author presents a rationale and general features of the method (such as) using only whole notes and half notes at first and omitting bar lines.	"In general, the class meetings seemed to spark a creative urge toward the expression of feelings in writing, and many patients who never had shown the initiative to write poetry experimented with ideas of their own, in words as well in music" (p. 12-13).
Ficken, T. (1976)	Psychiatric day patient groups; an adolescent girl (within a community music programme)	A rationale for the use of song writing in therapy, guidelines on techniques Presents four clinical examples.	Lyric writing is encouraged through steps of approximation. Most simple: clients substituting their own lyrics for specific words in popular songs. More advanced: adding a new verse to an existing song. Song conversation: the client and the music therapist alternating verses in response to one another. Melody construction starting from exercises exploring natural speech pitches and rhymes, through Orff activities and finally joining song fragments into compositions that are recorded and given to patients.	Pleasurable and unifying group experiences. Enabling an individual client to share feelings. "The client became assertive in her family sessions" (p. 171).
Johnson, E. R. (1978)	Socially disadvantaged adolescents	Experimental research testing the effects of a combined values clarification and song-writing experience on the self-concept	?	"Results showed that those subjects receiving treatment tended to perceive themselves as having fewer self-effacing and masochistic traits while possessing more cooperative and conventional traits. While these findings only approached significance ($p<.15$), they support the notion that self concept can be changed through participation in music related activities which provide concrete evidence of efforts spent" (Johnson, 1981:139).

APPENDIX 1-2: Research studies and accounts of song creations in music therapy literature

Author	Population	Theme	Method of song creation	Outcome
Johnson, E. R. (1981)	Juvenile offenders (n.33)	Experimental project testing the effects of two theoretical premises on self-concept change. (Treatment and control groups) Pretest and posttest with *The Interpersonal Checklist* (LaForge & Suczek, 1955)	The *treatment* group had the following tasks: a) Writing a folk song in the style of Bob Dylan or Joan Baez and a country and western song. b) Setting the song to music with the experimenter's assistance. (The treatment group also received lectures/ demonstrations and had tasks like arranging and performing a jazz composition and preparing a slide presentation about aspects of rock'n roll.) The treatment group received feedback when grades were finished. The *control* group participated in vague and subjective music-related activities (like singing and song choice) with no reinforcement, but with the same available record albums as had the treatment group.	"[…] An analysis of variance showed significant overall (p<. 025) and specific (p<. 05) self-concept change for the treatment group. The specific change resulted in treatment group members perceiving themselves with fewer rebellious and distrustful traits" (Johnson p. 137).
Fagen, T.S. (1982)	Children with cancer	On music therapy in the treatment of anxiety and fear, particularly with terminal paediatric patients. Concludes by underlining the importance of seeking out the healthy aspects of very ill people.	"Song writing" is presented, not as a separate subject, but related to song selection, lyric substituting, improvisation and guided imagery. Amongst several clinical examples, the author describes a 7 year old boy with aplastic anaemia who, encouraged through the use of role playing with stuffed animals, makes a dramatic song (about which animal he preferred to be killed in an accident). "Soon afterwards, "D." asked to learn the ukulele so that he could accompany his own song". Another boy, "E.", 9 years old, liked to record his own lyrics and drum accompaniment. Afterwards he enjoyed listening to the tapes. Ten year old "A." spontaneously changed the text of a well-known song midway. His own lyrics mirror his own experiences from wakening up after a medical crisis the previous week.	"D.'s song and play reflect his grief and desire for more control over the death event"(p. 16). Re "E.": "The familiarity of his own 'drum songs' provided security in a time of emotional flux. These listening sessions enabled him to relax and gain courage to further explore the grieving process […] He mourned openly and expressed deep sympathy for his friend and family" (p. 18). "Music making in therapy helped A. liberate his own fears, as demonstrated by his increased social interaction and more relaxed demeanour" (p. 19).
Schmidt, J.A. (1983)	No specific	Presents "techniques to facilitate successful songwriting experiences" Most examples relate to group activities. Sample procedure: writing songs in 12-bar blues form.	Lyric writing can be approached through successive steps of approximation. Group members may be asked to substitute their own words and ideas in popular songs. When asking the group to provide more than one word, longer phrases can be omitted and individuals can fill in the blanks (printed handouts with the phrases/blanks are recommended. "When using 'fill-in-the-blank' songs which call for deeper emotional involvement and expression, it may be more beneficial to have the people in the group fill inn their own phrases *before* hearing the original lyrics". Song collage: combining fragments made by different group members. Supply original lyrics through improvised songs using a conversation or question and answer format. Musical settings: exploring natural speech inflections; through improvised Orff activities; graphic scoring as an aid; vocal improvisation/scat singing encouraging melodic creation; multiple choice method or using predetermined musical form (eg blues).	Not discussed
Baily, L.M. (1984)	Cancer patients and their families	Discusses the use of songs in music therapy, song choice themes and methods. Two "case studies" accompany the presentation.	This article focuses primarily on song choices, but one of the presented case illustrations is about a man, age 21, with testicular sarcoma , who "spontaneously created a song to the tune of "Howdy Doody". This song was named "The IV song" and included, arm is free again, it's time to flush the line, the IV nurse now comes (and sticks me again) and so we kick the nurse […]". After he had been discharged, he and his mother wrote a song together at home. "When he was readmitted, shortly before he died, they sang the song for the therapist and she tape recorded it for them".	"Peter verbalized within the less threatening medium of song his frustration and anger about the painful procedures […]" (p. 13). "This example clearly demonstrates the effectiveness of using songs in music therapy to stimulate self-expression and successfully create changes in a family's patterns of communication. The sessions also stimulated Peter's mother's creativity and his father's self-awareness, providing a nurturing environment within which each family member could experience improved well-being" (p.14).

APPENDIX 1-3: Research studies and accounts of ssong creations in music therapy literature

Author	Population	Theme	Method of song creation	Outcome
Slivka, H.H. and Magill, L. (1986)	Children of cancer patients	Discusses the collaborative approach of social work and music therapy. "Three case studies are explored in depth".	"Song writing" is described (together with "The playing of musical instruments" and "Singing familiar songs") as a primary technique used by the music therapist. The second case presents a family with a sick father, a depressed mother and a seven year old son who is both confused about and absorbed with the phenomenon of death. The social worker and music therapist both take part in the first session with the family, the son "kills" his two puppets and directs his other dolls in a dramatic play. The music therapist "accompany" the boy with singing and playing the guitar and the boy then "composed his own song to the strumming of the guitar". The recorded text is about the two parents helping him. Andrew's parents listened and heard him. They held him and quietly assured him he would not be left alone.	"After this episode, Andrew's anger seemed to subside. He listened to and talked with his parents more calmly than when they had first come for help". Both the mother and father learned to appreciate all family members more. "Through the use of verbal and non-verbal techniques, Social Work/Music Therapy improves family patterns of communication and the personal well-being of family members" (p. 39).
Gfeller, K. (1987)	People with reading or written language difficulties	This article discusses the integration of songwriting with the language experience approach (LEA) and presents specified steps for LEA-based songwriting.	The LEA approach to language arts is based on the assumption that children can learn to read by using natural language patterns and vocabulary. The child's spoken language acts as a basis for written language. Songwriting in a group starts from identifying an experience/topic. Further steps are discussing the topic, establishing purpose for the songwriting activity, creating the song, reading and then singing the song followed by different methods of practice.	"[…] An LEA-based approach to songwriting is a viable method for developing reading and written language mastery with a variety of individuals whose knowledge and coping skills are limited by inadequate reading and language development" (p. 37).
Freed, B.S. (1987)	Chemically dependent adults	Based on the Twelve-Step recovery program of Alcoholics Anonymous and Narcotics Anonymous, the author presents therapeutic goals and facilitating techniques for song writing (with four examples).	The author describes various possible techniques (especially related to group work): a) creating a non threatening environment; b) lead-in activities; c) the *cloze* procedure technique (fill-in-the-blank method); d) writing new words to pre-existing melodies. Particular recommendations are made for facilitating personal disclosure and to maximising interaction. Lyric analysis/discussion is considered to be an important tool in the "liberation" process of the chemically dependent.	"By incorporating the Twelve Steps into the song-writing process, including lyric analysis, chemically dependent individuals begin to internalize the recovery program, forming a personal philosophy which will improve the quality of their lives" (p.18).
Brodsky, W. (1989)	Children with cancer	Presents a rationale for music therapy as intervention for patients in isolation rooms at Hadasah University Hospital, Jerusalem. Four case vignettes illustrate the described interventions.	Utilising the *Omnichord* System Two (a musicomputer) and various song activities, the children are offered a means to participate in interpersonal interactions and shared musical experiences. Case vignette No. 1 is about a 10 year old boy ("Alef") with leukaemia and suffering from prolonged hospitalisation who attempts lyric substitution to a popular song. The following discussion reveals much guilt and ambivalence that is responded to by "role-play-reversal" by the music therapist. Case vignette No.2 presents a five year old boy who makes a song that summarised "[…] the chronological order of his illness, including etiology, hospitalization, remission, relapse, re-hospitalization in isolation, and submission to treatment".	"This activity enabled Alef to verbalize his thoughts and feelings about his hospitalization and illness […] (p.27). "[…] more than the music itself, the shared musical experience is one of reciprocity between people. The music is a catalyst for releasing energy, a channel for which individual efforts can be collected and shared"(p. 33).
Rudenberg, M.T. and Royka, A.M. (1989)	Paediatric burn patients	This article explains how music therapy has been incorporated into *child life therapy* to attain mutual therapeutic goals for burn patients' optimal psychological and rehabilitative recovery.	"Depending on the nature of the burn accident […], the children and families may suffer the loss of lives or other loved ones. Interventions by the child life specialist and music therapist for these losses of family contact include encouraging the children to make video or audio tapes in order to communicate with the family and requesting families to do the same. The music therapist encourages song writing and lyric discussion which elicit memories of home and family […] (eg rewriting the lyrics of a well known song). It is helpful to hang poems or songs the children have written on the walls of their rooms"(p. 41). Re painful/invasive procedures is song writing and instrumental improvisation used as a means of expressing emotions about medical procedures while the child life specialist introduces preparation techniques (such as "medical play") and pre operative teaching in order to promote coping and understanding.	"Through the cooperative use of child life therapy and music therapy, the psychosocial needs of the burn patients and their families can be identified and successfully met" (p. 43).

APPENDIX 1-4: Research studies and accounts of song creations in music therapy literature

Author	Population	Theme	Method of song creation	Outcome
Haines, J. H. (1989)	Emotionally disturbed adolescents (no.10)	A study to determine the specific effects of music therapy upon the self esteem. The subjects received six weeks of music therapy focusing on creative, expressive activities within a group context. The control group (no. 9) received six weeks of verbal therapy with parallel activities. Pre/post-test with *The Coopersmith Self-Esteem Inventory*.	Scheduled musical activities included musical storytelling ("Listening activity to musical segments, presented by the therapist. Each subject makes up a story") and songwriting ("Subjects given a choice of two themes to write a group song") in addition to improvisatory and game activities. The control group was involved with corresponding "Storytelling" and "storywriting" activities. Both groups rehearsed and presented the final projects.	"No significant differences were found between the groups (p>. 05). However, differences were found in the processes of the two groups, as described in the daily notes" (p. 78). "The music therapy group scored slightly higher means in the categories: establishes eye contact, initiates conversation, praises others, co-operates, expresses feelings nonverbally, participates in activities, accepts others' feelings, is sensitive to criticism, and accepts praise. The verbal group scored higher means […] in the categories: talks aggressively, expresses feelings verbally, blames others and is withdrawn. However, the difference in scores was slight enough to be considered random" (p. 86).
Griessmeier, B. (1990) *In German*	Children with cancer	This article presents a rationale for music therapy with this group of patients. It also gives general information on the specific problems associated with the disease/ treatment. A case study of a nine-year-old girl suffering from leukaemia illustrates how songs are used in coming to terms with the illness and strengthening the ego.	"Anna" prefers singing rather than instrumental improvisation; the music therapist lets Anna decide the repertory and sings with her (sometimes with the mother eagerly participating). She makes her own 10-verse song, "Krankenhausled" about her hospital experiences. During a visit from her father (who seemingly does not want to be confronted with illness-related matters) Anna dictates a new song text to the music therapist. The father unsuccessfully intervenes to stop the development of the harsh intensive-care-unit song ("Intensivstationslied") where Anna, through 10 verses, describes numerous treatment-related problems. (The musical side of the song is not mentioned).	"Trotz ihrer schweren Erkrkrankung bestimmte sie selbst wieder mit grosser Sicherheit, wie die Musik so für sich verwenden wollte, dass sie Hilfe und Erleicherung fand […] Sie betonte damit ihre Individualität, ohne die Bindung an ihre Familie verlieren zu wollen" (p. 46-47). A song may be one way of passing information "[…] über den eigenen Zustand - an die Eltern, wenn diese nicht reden können oder wollen - an die Therapeutin als einer vertauten Person" (p. 54).
Edgerton, C.D. (1990)	Emotionally impaired adolescents	A paper explaining one approach to songwriting, 'Creative Group Songwriting', in which groups were given opportunities not only to write lyrics but also to compose their own music. Three group case examples are presented.	The author refers to several authors of general textbooks (etc.) on "songwriting" (Bennet, 1975; Berger, 1983; Pickow & Appleby, 1988). Creative Group Songwriting can be used with groups at different functioning levels and at different levels of cohesiveness. This six-step method continues throughout 6 to 10 two-hour sessions. Step 1 *Lyric Analysis and Interpretation*; Step 2 *Music Analysis*; Step 3 Theme *and Style Selection*; Step 4 *Lyricwriting*; Step 5 *Music Composition;* Step 6 *Culmination.* Each step has specific objectives and procedures. The last step includes recording and (possibly) a song performance. Group process and individual progress is discussed afterwards.	"Research is needed to analyze the impact of the processes involved in Creative Group Songwriting. […] This technique "[…] seems especially effective in developing group cohesiveness, increasing self-esteem, and providing an outlet for self-expression.[…] Students show great pride in their group when hearing the finished product" (p.19).
Amir, D. (1990)	A traumatic spinal-chord injured young adult	A phenomenological study: the author defines the phenomenon of "improvised song" and discusses its meaning. The session material is analysed according to a seven step method.	This paper describes two sessions where the patient (Abe) improvises long songs and the music therapist, Tine, accompanies on a keyboard. "The more Abe speaks his song, the more the melody develops. Tina is following his words with her music". During the second session he is being accompanied by Tina on the guitar. His happy song-improvisation, where "Miracle Roads" becomes a repeated text element, is sung to the Beatles' melody "Penny Lane". The analytical method is adapted by Forinash and Gonzalez (1998) from Ferrara (1984) and have these steps: Step 1 *Patient Background*; Step 2 *Session*; Step 3 *Syntax*; Step 4 *Sound as Such*; Step 5 *Semantic*; Step 6 *Ontology*; Step 7 *Metacritical Evaluation.*	"[…] one can see the essential struggle of this patient's existence, and the resources that he draws upon in coping with it. […] Through unfolding the process within these two successive sessions, we can discover meaning in the creation of Abe's improvised songs.[…] He demonstrated that he has the creative courage to discover new symbols, forms, and patterns to give meaning to his life" (p.80).

APPENDIX 1-5: Research studies and accounts of song creations in music therapy literature

Author	Population	Theme	Method of song creation	Outcome
Frisch, A. (1990)	Adolescent psychiatric inpatients	This article focuses specifically on the assisting patients in the development of ego strength, identity formation, and impulse control. One case presentation refers to "improvisation"; four cases deal with "songwriting".	After six months of hospitalisation, "T.", a 16 year old female honor student with a diagnosis of "borderline personality disorder" wrote the lyrics for a song "Reflections" The music therapist composed the music. When the song was finished, the patient burst into tears. The patient was impressed and surprised how good it sounded. Another patient presented her own song "Leaving" to her verbal psychotherapist and began exploring her issue of abandonment. "I sing the song every day", she informed the music therapist. "In "L."'s "Goodbye Song" both the patient and the patient's peers in the […] group were encouraged to participate in the composition". "Although unable to directly tell 'L.' How they felt about saying goodbye, group members frequently could be heard singing the song during their free time until the day 'L.' Left, and for several days afterward".	The music therapist comments "Reflections": The impact of my previous verbal support of her poetry was minor in comparison with the effect co-creating this composition had on her self-esteem" (p. 28). The "Goodbye Song" served "[…] as a transitional object and helped the patients cope constructively with a loss" (p. 32). "The structures of music therapy encompass, protect, and enable the adolescent psychiatric inpatient in the therapeutic work, and the symbols are the tools […] to use in the exploration and fortification of the self"(p.33).
Aigen, K. (1991)	A gifted eight year old acting-out boy	A case study focusing creative fantasy and music. The boy treats the session as a "show" where he is the featured performer and the music therapist his "back-up" band, accepting this structure.	The focused 14th session (of altogether 48 sessions) is an account of "Will"'s improvised fantasies that turn out to become a song called "Monster Shout" (accompanied by the music therapist applying "[…] a very simple I-IV funky rock and roll chord progression". From the song grows a new story about a friendly monster. The boy returns to the song for a few refrains and then goes on with the spoken story, another song is created spontaneously (with many repeated text elements "you don't", "people think", "I know"). Song and story alternate till the session's conclusion where the "Monster Shout" is repeated once more.	The monster song "[…] was his way of 'returning home' and returning to himself after a long adventure that involved with a variety of novel roles and forms of expression. After all, it was this song that served as Will's entry point to Trick Land, thus it was natural that he would need to return to it. This music allowed Will to close the circle of his journey and re-establish contact with his enduring self after such a perilous voyage" (p. 119-120).
Loveszy, R. (1991)	A seven year old boy with severe burns	A case study describing methods to reduce the Spanish speaking boy's anxiety toward and resistance to painful treatment and to provide an expressive avenue.	After six months of hospital treatment in Canada, and approximately 2 1/2 years after the accident (in Honduras), the boy, "Eduardo" is given a little guitar. He learns the "Slide Rule Method" and develops a repertoire of Spanish children's songs. The music therapist prompts him to make his own songs. Accompanying himself on a drum he makes a song about "bad" children who play with fire and about himself burning himself, killing his little sister and destroying his family and home.	"This little boy had finally allowed himself to express his feelings through a song. It was information he might never have shared if he had not been provided a medium in which he felt comfortable, in a safe, non-judgemental environment" (p. 160).
Fischer, R.G. (1991)	A develop-mentally disabled young man	A case study describing the use of original songs and drawings in three phases of treatment	Based on "Albert"'s food preferences, he draws pictures serving as some kind of score. "It was significant that Albert regarded this drawing as his own form of musical notation". The melody is provided by the music therapist, but Albert alters the rhythm somewhat, and he sings it the same every time. The completed song becomes his first solo contribution to the group sessions. The author also presents two other song creations. "The self song" is made (in order to build a positive self-concept) by the music therapist with Albert filling in the blanks spontaneously. He sings his song with enthusiasm and the other group-members not only listen, but begin to sing the chorus with him.	"The overall effectiveness of the therapy for this client was, in part, due to the combined use of three sensory modalities: visual, auditory and tactile (stroking the drawings). The construction and rehearsal of the song-drawings also reinforced concepts that Albert needed to learn in order to build a better sense of self (p. 371). "The positive effect was reinforced by the other men in the weekly group sessions who had by this time shown considerable improvement in their ability to take turns" (p. 369).
Eckhoff, R. (1991) *In Norwegian*	Hospitalised psychiatric patients	Improvisation-based music therapy as a part of "Integrative gestalt therapy"	The author includes two examples were a musical but frequently psychotic woman "B." (unable to profit from various attempts of psychotherapy/ environmental therapy) improvises songs, accompanied by the music therapist or herself on piano. The songs reflect strongly the good and bad things in her life. The beginning of her 2nd song: "I had my chance to believe in you. But I was wrong. I was not like you[…]" (Written originally in English). Listening to tapes (from the music therapy sessions) and performing her own and other songs with a group for a "big audience" (the "hits" were even on sale) are also part of the many-sided music therapy approach .	Her second song, about her relationship to her mother, shows a hope for reconciliation. The patient writes in her diary about herself as an "idiotic fool" - making music and her social experiences from "the group" constitute, however, positive elements in her life. "There are people who can put up with her…[…] B. has started to be able to put herself in the place of other people" (p. 45). (translation by T. Aa.)

APPENDIX 1-6: Research studies and accounts of song creations in music therapy literature

Author	Population	Theme	Method of song creation	Outcome
Perilli, G.G. (1991)	A schizophrenic woman	A case study including descriptions of singing and playing pre-composed pieces, action songs, improvisation, projective listening experiences and "song-writing".	In the fourth and last stage of the 18-month period of treatment, the main concerns were, among other things, to improve the patient's coping and social skill and to clarify her interests and needs. Composing lyrics and music to a song were one planned experience. The lyrics that "Mary" created (in Italian) during this stage provide good examples of the issues and problems she confronted (one title was called "I don't want to become reasonable"). Some of the songs were set to existing tunes; others had melodies especially composed by Mary.	"[…] techniques such as song-writing were useful not only during the therapy session itself (e.g., to express and overcome a depressive state), but also as a homework assignment (e.g. to rehearse more functional self-statements or to develop a new self-management skill)" (p. 415).
Boone, P. (1991)	A male forensic patient	A case study of a patient, incarcerated in a forensic unit for terrorist threats (later on parole in the civil section of the hospital). The article describes his use of poetry, musical composition and improvisation " […] to express his inner conflicts and feelings".	"The Psychopath" was one of his first poems that he set to music. ""Michael" was concerned about the response that he would get because of the sexual explicitness of the work. But he started to add rhythm, ostinati and melodic sounds to his poems. A very simple electronic keyboard along with some rhythm instruments of Michael's choice became his options for this process. "His music was almost completely devoid of melody and tonality. He chose to chant or whisper the lyrics. He won second prize in a state-wide contest with his music, but after having got a proper synthesiser, he became obsessive-compulsive about becoming a recording star. After some time, however, a beautiful love song substituted his aggressive lyrics where he is even working with a melody. He also becomes involved in the preparations of this case study.	"His poetry was and remains a graphic and complex metaphor for his feelings about his illness and delusions, his sexuality, and his family. His music proved to be an additional diagnostic measure in that it finally was the salient feature reflecting significant repressed material for future treatment" (p. 445). "The use of his creative expression" […] was "assisting him to achieve competency to proceed to trial. […] Finally, this process was significant in helping him to cast off his dependence on self-deprecation and delusions via his improved freedom of expression" (p. 446). He also expressed that this case study could help others know the full dimension of his personality.
Hudson Smith, G. (1991)	A 27-year old suicidal woman	A case study describing the treatment process for this patient in a music therapy group where song writing was encouraged.	"Jean" brought a song she had written to the group and sung it: "Children's lives are precious and rare. Treat them gently, handle them with care" (etc.) The group responded positively, indicating that she had put into words many of their own feelings. "They asked if she would permit them to make copies of the lyrics, and over the next few days the whole group worked together to learn the song". As an outpatient she continues to create and sing and makes a tape with several of her songs.	"It was through music that Jean was able to first experience her creativity, and to share her inner self with others. She described few moments of feeling fully human in her life until she shared her first song in the music therapy group. She felt empowered by her 'inner dragon', and hopefully, find a way to subdue it" (p. 495).
Duey, C.D. (1991)	Women with multiple personalities	A case study describing group music therapy during a 28-week period. "Group goals were to develop trust, to promote sharing with others, and to express feelings".	"Song- writing was introduced during the thirteenth session but proved to be quite difficult for the group. The group had no trouble writing some humorous verses for a twelve bar blues, but they avoided singing the resulted song. Only one woman would sing along with the music therapist, and after several attempts to increase group participation, a member of the group suggested that everyone simply hum a blues melody while the therapist played guitar".	The discussion after the unsuccessful song-writing attempts revealed how singing connected to the emotional abuse the women had experienced as children…they were all told in various manners that they could not sing (etc.) "And aside from this degeneration of their abilities, many women had been forbidden to express their feelings in any way" (p. 520). Through discussing pre-composed songs, however, "[…] the group was able to explore feelings with which they were not comfortable yet decrease dissociation or loss of control by keeping the person present through group interaction and support" (p. 523).

APPENDIX 1-7: Research studies and accounts of song creations in music therapy literature

Author	Population	Theme	Method of song creation	Outcome
Griessmeier, B. and Bossinger, W. (1994) *In German*	Children with cancer	The first comprehensive book on music therapy in paediatric oncology. Children's own song creations are not treated separately, but are mentioned in case descriptions.	"Beate" (7) wants to play the guitar, but this is rather difficult for her and she gives the guitar back to the music therapist and says, "But the guitar knows a song, the song about the infusion (pump) stand ('Tropfständer')". The music therapist asks the girl to sing this song to her. "I sing the words, and the guitar must make the music", the patient suggests. The text, presented as four short verses, ends with telling that a child is standing on the infusion stand; "and this child is Beate" ! (transl. T.Aa.) "Monika" (9), suffering from Acute Lymphatic Leukaemia, does not like to improvise, but she loves to sing. *"Mama ist in Panik"* (Mummy is panicking) is one of her favourites. After a strenuous bone marrow puncture, she has to lie horizontally for 24 hours. She takes the initiative adding another verse to the song. The original text: "Mummy is panicking, Daddy needs a (bottle of) beer" is replaced with "The nurses are panicking. The doctor needs a (bottle of) beer". The first verse (of four) ends with: "At last I can go to 'puncture' all on my own. And now the doctors can see how good I am"! She performs the song for visiting medical/nursing staff. This song becomes a real "hit" on the ward. Two other patients, having heard the song, make their own versions. "Friederike" starts with the words: "Today I'm panicking. My brother needs a beer". The 13-year-old "Viola" had experienced many preoperative, sedative injections. In her version it is the doctor who gets an injection in *his* bottom by the young patient ("Der Artz, der macht schoon schlapp…Weil ich ihm 'ne Spritze…In den Hintern verpasst hab").	Standing on the base of the infusion stand on-wheels and being pushed by her mother (as other patients can do) is, at this stage, only a dream. "Wichtig ist nur das Ergebnis: ein Lied, das einen ihrer grossen Wünsche ausdrückt […]" (p. 50). Monika, actually a rather shy girl, manages to express important feelings in this song: both the fear of the rather unpleasant procedure and the pride of having mastered this ordeal, the wish to get well and the good relationship with staff. Friederike goes even further than Monika; she does not project her panic to the nurses, but relates it to her own fear. "Als beste Methode eignet sich unserer Meining nach hierführ vor allem strukturierte Musik, am besten in Form von Liedern. Lieder sind wiederholbar und können fast einen Ritualcharakter bekommen, der die Kinder durch schwere Zeiten trägt" (p. 67).
Robertson-Gillam, K. (1995)	Palliative care patients	This paper examines how music, relaxation, song lyrics and creative artwork can help the dying person to release physical pain and emotional suffering.	One of three case histories describes the development of a song. Mr E was 55 years old when he found out he was dying from fast growing bowel cancer. He had never been sick in his life. After two disturbing dreams in which he was to pieces and had to figure out how to put himself back together again, he continually complained of being bored and empty. The music therapist decided to write down his words and suggested that he could "put them to music in the form of a song (p. 93). " The song lyrics expressed deep inner spiritual distress and suffering. They revealed a sense of helplessness over his condition and loss of meaning in life" (ibid.). The song starts with the words: "Bored, empty, void. Bored, empty, too tired. Unhappy. No purpose […]". "After I had sung Mr E this song, he was shocked at what he had been expressing" (p. 95). (Song text and piano accompaniment are included in this paper)	"I felt he was able to reach a level of acceptance as he worked on resolving inner emotional issues" (p. 95). The entrainment and release processes produced by music can assist and facilitate the dying process by alleviating spiritual distress. The spiritual aspect of music can be one of the most important therapeutic tools the music therapist has to offer a dying person" (p. 97).
Salmon, D. (1995)	Palliative care patients	This paper is a discussion of the multi-dimensional impact of music and emotion. The author presents a pilot study measuring emotional states before and after music therapy sessions. Several common aspects of music and emotion are considered.	One goal of music therapy is helping people to access their own inner senses of well-being or meaning. In this article is "songwriting" presented together with "singing", "improvisation", "listening", "relaxation", "music-imagery", "matching" and "verbal processing". Jacques, 56 years old and suffering from end stage amyotrophic lateral sclerosis (ALS), is barely able to move or speak. The author writes: "We began to improvise music to some of Jacques' thoughts which led to his use of songwriting. In a session which took place three weeks after his admission, Jacques painstakingly dictated the words to 'Just A Man'. Susan (the music therapy intern) set it to a simple harmonic structure" (p. 76). Jacques was also sensitive to musical rhythm and tempo. […] A month before his death, Jacques composed a second, humorous song called 'Sick and full of it'. In this song, dictated to his wife, Jacques described his bowel care. He requested that we use a blues progression, increasing the tempo of the song as the lyrics describe laxatives taking the effect. "These songs began to be used in different ways; they were played at our multidisciplinary team meeting and placed in the staff communication book. Jacques allowed me to present them in a course I was teaching, and he repeatedly requested copies for friends and family" (pp. 79-80). (Text, melody and chords to both Jacques' songs are included in this paper).	"To me, this song is indicative of 'working-through' in therapy. Jacques was clearly facing the difficulties of his situation, acknowledging his fear, sadness, anger and pain looking for a way to live with greater peace and acceptance. […] Jacques seemed to be accessing his inner resources, his own depth and wisdom" (p. 76). "[…] music supported and facilitated Jacques' relationship to his inner resources. It helped him connect to and use his sense of purpose, grace, intelligence, spirit and wit" (p. 81).

APPENDIX 1-8: Research studies and accounts of song creations in music therapy literature

Author	Population	Theme	Method of song creation	Outcome
O'Callaghan, C.C. (1996a)	Palliative care patients	Based on a Master thesis, this study examines the use of song writing in palliative care. Modified grounded theory and content analysis approaches were used to investigate the lyrical themes and categories in 64 songs written by 39 patients. The lyric analysis included open coding, axial coding and alternations as described by Strauss and Corbin (1990).	Forty three songs were written in individual sessions and 21 by either a dyad or in group sessions. The rest were written before sessions. A song writing paradigm was developed to facilitate the patients' song writing, with variations according to their physical and/or cognitive abilities: 1) Offer Song Writing; 2) Choose a topic; 3) Brainstorm; 4) The ideas that emerged were grouped into related areas, usually by the therapist, in what was to become a chorus or verses; 5) Offer major or minor keys; 6) Choose rhythmical features; 7) Find the preferred style of mood; 8) Melody: usually the patient was given a choice of two melodic fragments for each line of the song; 9) Choosing accompaniment - only a few patients were involved in this; 10) Naming the song (title); 11) After the song was written up, the therapist or, if possible, the patient recorded it. Eight themes emerged in the lyrics: messages, self-reflections, compliments, memories, reflections upon significant others (including pets), self-expression of adversity, imagery, and prayers.	"The author argues that song writing is a worthwhile technique for some palliative care patients because the lyrical themes suggest that the process may aid in meeting their physical, psycho-social, and spiritual needs" (p. 74). "Song writing offers palliative care patients opportunities to creatively express themes significant to their life experiences, enabling them to live out their life, and avoid existing until death" (p. 89).
Robb, S.L. (1996)	Adolescents treated for traumatic injuries	This paper provides descriptions and case examples of several song writing techniques, including fill-in-the-blank scripts, group song writing, improvisational song writing, and discharge songs.	The author is claiming that Fill-in-the-blank format song writing ensures success for the patient. Because a framework is provided, patients tend to be less overwhelmed with the idea of writing a song. Listening to a recording of the original song or singing it with the patient are two means for presenting a fill-in-the-blank script. A fifteen year old girl, having sustained 95% burns to her body, utilises song writing to explore and express feelings related to hospitalisation and injury (the melody is taken from a well known song, the music therapist writes a text with blank spaces to be filled in by the patient). The same technique is used in a group situation where the three patients perform "My pain", using a Karaoke machine. Instrumental/vocal improvisational song writing works best with an individual who enjoys singing and has a good rapport with the music therapist. *Rhythmic grounding* provides a foundation for the patient's improvisation (Bruscia, 1987). Another type of improvisational song writing reflects the *Analytical Music Therapy Model* (Bruscia, 1989).	"The song writing process is one that harnesses the creative abilities of individuals and empowers them to express their experiences and emotions in a way that many have never before experienced. Most patients come away from the experience having discovered something about themselves, wanting to share their experience with others, and feeling a sense of pride in what they have accomplished. Song writing is an intervention that can address a variety of needs simultaneously. It facilitates self-expression; increases self-esteem; enhances coping skills; practices and develops cognitive-linguistic skills; and promotes socialization, family communication, and physical well being. Song writing can be an integral part of a patient's journey to wellness" (pp. 36-37).

APPENDIX 1-9: Research studies and accounts of song creations in music therapy literature

Author	Population	Theme	Method of song creation	Outcome
Hadley, S. (1996)	Hospitalised children especially those undergoing bone marrow transplantation	This paper examines the medical-psycho-social aspects of childhood leukaemia and examines music therapy intervention strategies, specially the use of songs and songwriting.	When using "songwriting" with children, projective techniques or creative fantasy may be utilised. The first example in this text is of a nine-year-old girl who was hit by car and consequently was in traction for 4-6 weeks. On hearing the option of composing songs, she asked if she could try it because she loves writing poetry. At first she wanted the therapist to choose the topic and the musical structure but was encouraged to take responsibility for these herself. The lyrics she wrote describe what she remembers from the accident, about her friends' reactions and about her own reactions. She had previously refused to talk about her accident and her feelings about being hospitalised. The second example is of a sixteen-year-old girl, "C.", diagnosed as having a brain tumour and admitted for BMT treatment. In the isolation unit she requested to learn the guitar. To play the guitar became too strenuous to her, but decided to write a song. This was a lengthy process because of her low level of physical energy. Despite this she maintained a positive attitude The two last lines of the song were: "There are others worse than you. So remember how lucky you are". In the second session she added music and sung together with the music therapist.	"The injured girl was very proud of her song and shared it with family and friends." (p. 21) C. "commented that writing this song seems to bring her luck. […] After the doctor tells her that she may soon come out of isolation and go home she states that this was her indeed her "good luck" song. "Given the multitude of issues which arise with the diagnosis and treatment of childhood leukaemia and other diseases treated by BMT, it would seem that this medium (song communication/ songwriting) would be very effective in allowing the child the opportunity to express his/her thoughts and feelings in a therapeutic setting. It would also provide the therapist with valuable information about how the child is adjusting to the illness and coping with the treatment […]" (p. 25).
Aasgaard, T. (1996a) *In Norwegian*	Children with cancer	The article looks at relationships between song writing and *identity* (with case examples) It also outline basic requirements for music therapists in this field.	The music therapist invites and inspires (?) children to make their own texts, and then waits until they present a text (children are, at times, helped by the teacher to write down lyrics). The song may be performed, by the music therapist and/or the patient, for other people in hospital. One new song-text-example is presented. A boy (14 years old) with AML describes his life in the isolation unit, his thankfulness, his wants and, not the least, his dreams. When the music therapist has given the song text a musical arrangement, the first performance (the music therapist singing and playing) takes place an evening when the patient is critically ill. Necessary requirements for a music therapist working with song-writing in this field of practice are (eg): the ability not to dominate and take over for the patient unnecessarily; the ability to realise musical ideas fast and to be able to work interdisciplinary within a rapidly changing environment with numerous unpredictable variables.	This case description shows one example of a self-made song which is being experienced as a big achievement by the song-maker. In this case it is , seemingly, less important whether the song is expressing personal experiences related to illness or hospitalisation or whether the song is based on a nonsense poem with no references to the present situation. Some days later, relatives of the song-maker, having heard the taped version of the song, boast of the "young poet". The author asks the question if not music therapy activities like these may serve as a substitute hope and provide extra strength for the young patients during hard times in hospital.

APPENDIX 1-10: Research studies and accounts of song creations in music therapy literature

Author	Population	Theme	Method of song creation	Outcome
O'Callaghan, C.C. (1997)	Palliative care patients	This article describes the origins of song writing in music therapy, its use in palliative care, and offers distinctions between song writing and poetry writing. Ten therapeutic opportunities found to be associated with music when using song writing is suggested.	The various therapeutic opportunities (see "therapeutic outcome") are illustrated with examples from song creative activities. The author gives an example of a 48 year old cancer patient who fulfilled an old wish to play an instrument: she learned to play an auto harp, wrote a lullaby for her grandson, accompanied singing her composition on tape, and sent the finished product to her grandson. Other examples are presented (eg) to demonstrate how "song writing" verbally and musically validates emotional expression and how patients may be helped to create new lyrics for well-known music. The final example, as to the pride aspect of song creations, is about a paraplegic and anarthric patient working for many weeks, with a head activated microswitch computer.	The following are ten therapeutic opportunities associated with the music when using song writing in palliative care: 1) Song writing offers patients opportunities to express creatively through both the words and the music; 2) Song writing may be less threatening than other forms of creative writing; 3) Song writing offers varied opportunities to promote physical and social well-being; 4) The musical accompaniment may enhance one's learning of the lyrics; 5) Song writing allow people to make creative choices that encompass both musical and verbal dimensions; 6) Song writing may offer opportunities for counselling; 7) The song melodies may inadvertently offer comfort (eg derive comfort from humming the melody outside the music therapy sessions); 8) Song writing verbally and musically validates emotional expression; 9) Helping patients to create new lyrics for well-known music may encourage their expression of thoughts and feelings; 10) When writing songs one may feel pride about both the lyrics and musical setting."While attention to the physical needs of people with terminal illnesses enables their continued existence, caregivers can also help to enhance the quality of their lives by offering them creative, caring options congruent with their divers interests, abilities and vulnerabilities. The reported therapeutic effects of helping palliative care patients to write poetry are similar to those reported by music therapists who have helped them to write songs" (p. 37).
Edwards, J. (1998)	Children with severe burn injury	This article presents an overview of treatment principles for severe burn injuries and provides a rationale for the use of music therapy in the Burn Unit.	This article discusses applications and contradictions to be considered in the use of song in music therapy and suggests a protocol for song writing with children. Three specific song composition techniques is presented; *1) Improvised song*; *2) Song Composition* . Song lyrics are usually provided by the child, but family members can be encouraged to contribute a line or a verse. The melody can be composed by the therapist, the therapist and child, or the child alone. Options such as whether the song is to be in major or minor key, or whether melodic elements are ascending or descending can be given; *3) Song Augmentation* (the tune of a song which is familiar to the child is sung using different words.	"For children hospitalized with severe burn injury, writing songs, improvising songs, or singing parodies of songs they know assist self-expression, psychosocial support, and increased mastery of a potentially difficult experience" (p. 25).
Dun, B. (1999)	Paediatric patients	A presentation of aspects of music therapy in a big Australian paediatric hospital. The use of songs is one of the most common approaches in the author's work.	An eight-year-old girl became withdrawn following surgery to remove a brain tumour. She was unable to move parts of her body and seemed scared and vulnerable. The author writes they made a song together: "Why does it have to be me? Why can't they just let me be?" (etc). This music therapist also describes how she follows a young patient through a painful procedure engaging a patient in a question-and-answer song.	Songs can provide a framework for enhanced communication, as the child may be able to express through a song issues they may have had difficulty expressing verbally. Music therapy may also assist the sick child to become aware of the 'other part' - the healthy self that may be buried under symptoms or feelings of helplessness" (p. 62). "Engaging in music making can create new perceptions of the ward. Music modifies the environment, shaping and colouring the surrounding atmosphere (p. 63).

APPENDIX 1-11: Research studies and accounts of song creations in music therapyliterature

Author	Population	Theme	Method of song creation	Outcome
Froelich, M.A. (1999)	Hospitalised children	A presentation of *Orff-Schulwerk* music therapy in crisis intervention . The article focuses on (eg) "Verbalization of Feelings", "Composition", and "Desensitization Activities".	"Beyond guided activities, free composition is another exciting aspect of *Orff-Schulwerk*. Improvisation in a group can begin with the simplest germ or motive and build into a multi-layered composition. It is a spontaneous process. Patients should be encouraged to write music individually also. Children enjoy setting their own lyrics (poetry) to song, experimenting with different melodies and harmonies. The therapist can notate the song for "publication", and the "patient choir" can debut the composition. […] Children who are most traumatized may be a long way off from being ready to talk about it. […] They can compose music and play instruments to communicate their feelings in a non-threatening way" (p. 30).	Not discussed specifically.
Magee, W. (1999a)	Patients with chronic degenerative illnesses	The author presents a rationale for music therapy for this patient group with a special focus on songwriting, using songs as coping strategies and instrumental playing.	Magee refers to Brant (1996) who highlighted the role which songwriting can play in life review in the terminal stages of Huntington's Disease and to O'Callaghan (1996a; 1996b) who has argued the value of this technique with individuals with advanced Multiple Sclerosis. The author discusses the patients' need of a "coping front" and support from the music therapist. Methodological considerations and clinical examples deal primarily with song choice and clinical improvisation.	These patients' use of "music" may help them to reach a state of barriers down. ("Requested songs" , representing particular emotional qualities or meanings are also valuable in this respect). The author's own research in progress with MS patients "[…] is revealing that not only do individuals draw on certain coping mechanisms within their verbal and behavioural responses in music therapy sessions, but that such mechanisms are reflected also in the way individuals use and respond to music" (p.85).
Turry, A. E. and Turry, A. (1999)	Children and adults with cancer	A presentation of a Nordoff-Robbins Creative Music therapy approach to improvised songs - containing two individual case examples	"Judith" a woman in her forties and being diagnosed with non-Hodgkin's Lymphoma begins, in her first MT sessions, making vocal sounds, supported by the music therapist who improvises on a the piano. Judith later creates lyrics about her feelings related to her illness, the decisions she faced in choosing doctors and medical procedures, and how to communicate her situation to family and friends. Later she expands the breadth of issues to more life-long problems. She improvises melodies and lyrics that expressed her deep emotions related to these issues. Often, her lyrics are questions she asked to herself. The sessions were audiotaped and Judith decides to play the tapes for significant people in her life. What had begun as vocal sounds became fully formed songs.	Judith proudly learned and shared her songs with others. "She discovered that by being able to embrace the repressed emotions that were surfacing through music, she was able to live a fuller and richer emotional life. She welcomed the sessions in which she was able to tell her truth and be genuine about all of her difficult life challenges. She also felt exhilarated about her developing relationship with music and her ability to express herself through singing" (p. 171).
Turry, A. (1999)	Children with cancer and serious blood disorders	This chapter focuses on the use of improvised songs as a means of helping children to cope with the experience of a life-threatening or chronic disease. These improvisations are, however, presented with title, text, melody and figured bass.	In "Barbara's Song" (with a text about the seven-year-old girl's many dislikes related to treatment and hospitalisation) music "[…] was developed mutually. As Barbera spoke about the aspects of her illness she did not like, I improvised a musical structure round the words, taking into consideration the melodic contour of her inflection, the dynamic range of her voice and her physical presentation. […] She chose a small instrument to accompany the song (a little maraca) and spoke softly and tentatively" (p. 21). "The Needle Song" is created after an exhaustive and painful intravenous procedure where hospital staff (wrongly) reassured Anthony (8 year old) that the stick was only a "pinch". The music therapist accompanies the boy to the procedure room and afterwards asks him if he would like to make a song. The song develops antiphonally and as a role play with a "nurse", a "doctor" and a "patient". The melody (a 12 bar blues) "[…] acted as a general theme of the improvisation and we often sang this part together" (p.23). "The harmonic and rhythmic structure of the blues pattern provided the necessary foundation to freely explore musical intuitions yet return to the melodic theme as needed" (p. 24). Anthony soon made another song about a scared doll.	Through these song activities Anthony was able to tell his story, reassert his defences and to reconstitute. "Through expression, form and release he was able to move through his experience – he did not remain Immobile in his helplessness. […] He was living in the creative moment, meeting the moment and asserting his basic aliveness. He was having fun" (p.26).

APPENDIX 2

ORIGINAL SONG TEXTS (LYRICS)
AND MUSIC

Original text by Brian

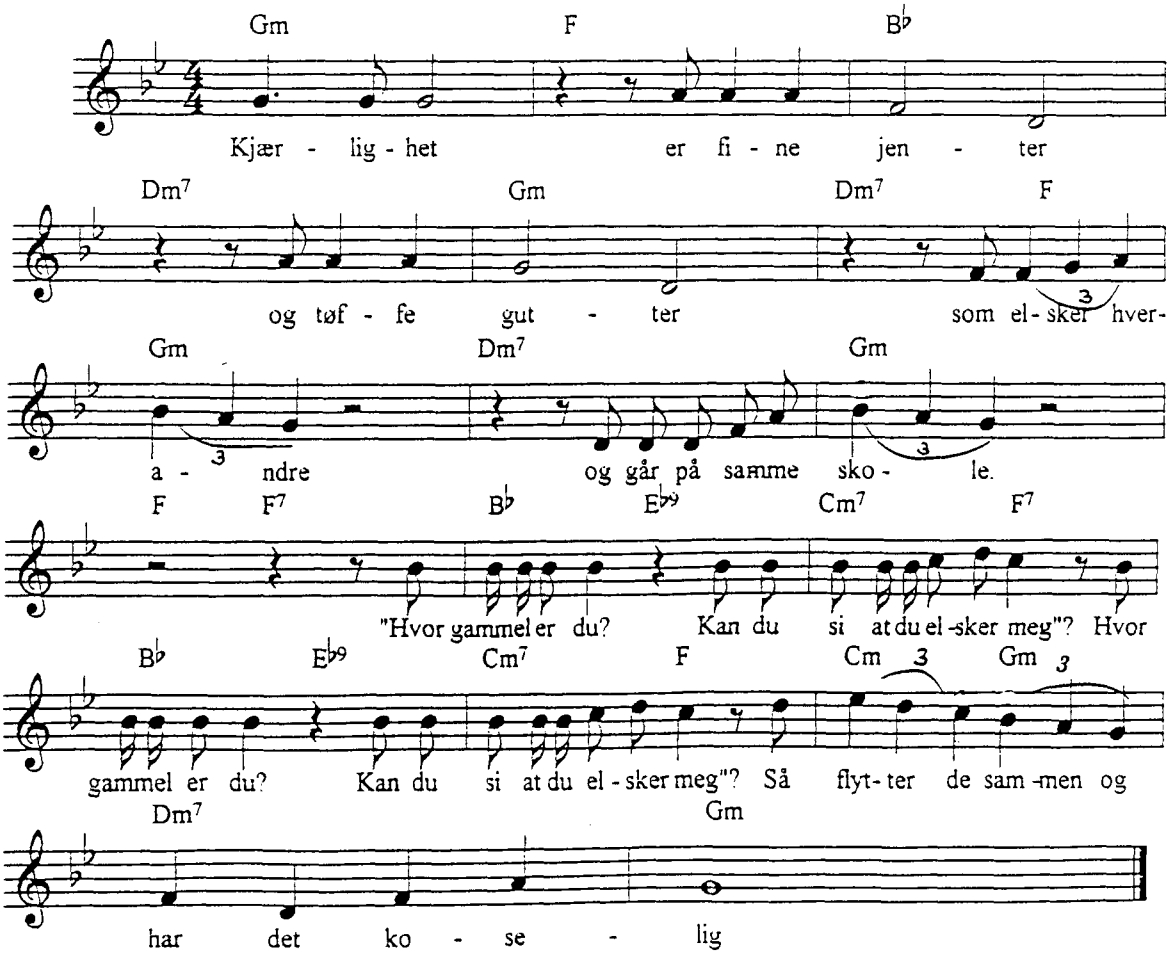
KJÆRLIGHET DET ER FINNE JENTER
OG GUTTER ELSKER GÅR PÅ SAME
SKOLE OG FLYTTER SAMEN VOR
GAMEL ER DU KAN DU SIDET AT DU
ELSKER MEG,

Edited text by Brian/Hospital Teacher

KJÆRLIGHET
ER FINE JENTER
OG TØFFE GUTTER
SOM ELSKER HVERANDRE
OG GÅR PÅ SAMME SKOLE
"HVOR GAMMEL ER DU ?"
"KAN DU SI AT DU ELSKER MEG?"
SÅ FLYTTER DE SAMMEN,
OG HAR DET KOSELIG

KJÆRLIGHET ("Love")

Heavy Rock Style — **Text: Brian * Music: Trygve**



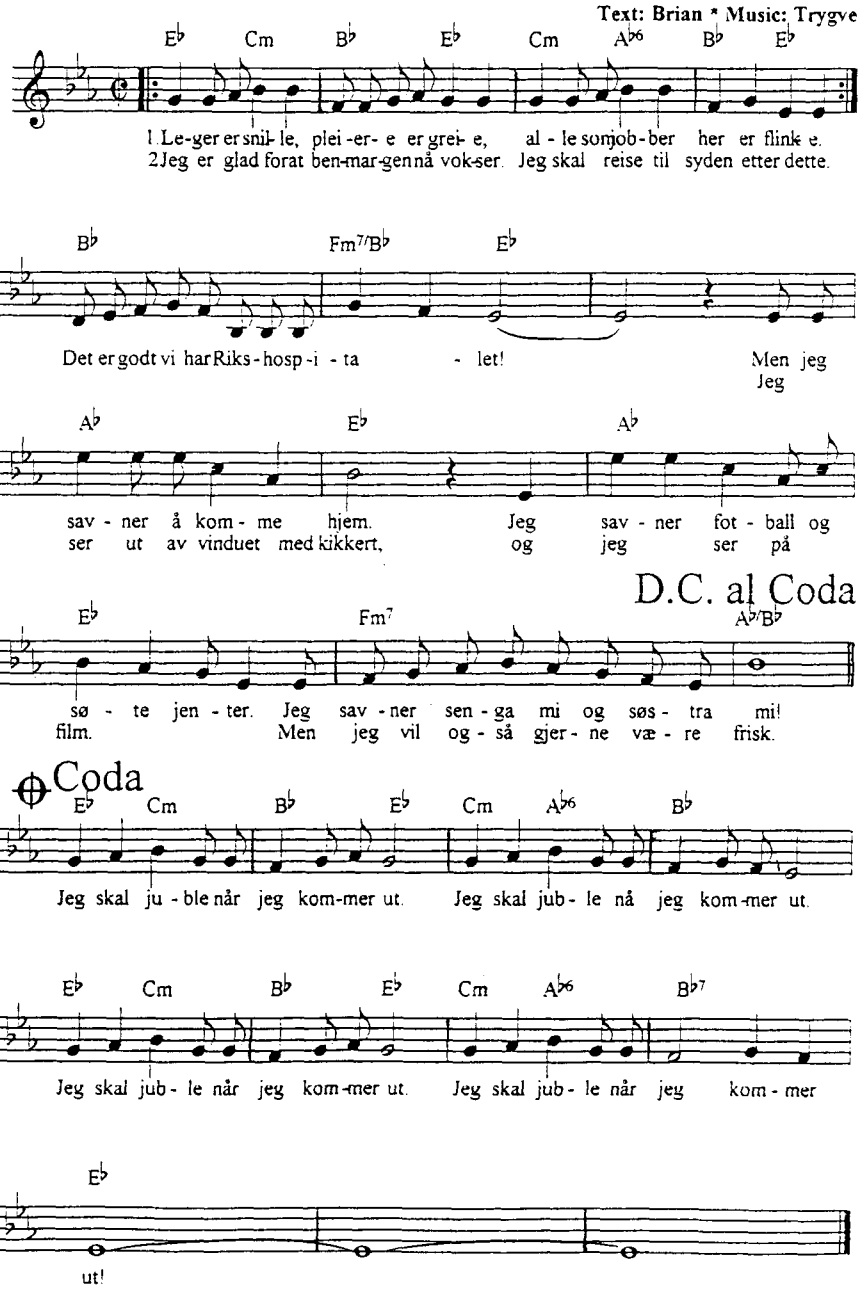
Edited text by Brian/Hospital Teacher

LEGER ER SNILLE
SYKEPLEIERE ER GREIE
ALLE SOM JOBBER HER PÅ SYKEHUSET
ER FLINKE
DET ER GODT VI HAR
RIKSHOSPITALET
MEN JEG SAVNER Å KOMME HJEM
JEG SAVNER FOTBALL
OG SØTE JENTER
JEG SAVNER SENGA MI
OG SØSTERA MI

JEG ER GLAD FOR AT BENMARGEN MIN
ER BEGYNT Å VOKSE
DET SKAL BLI GODT Å KOMME
TIL SYDEN ETTER DETTE
JEG SER UT AV VINDUET MED KIKKERT
OG JEG SER PÅ FILM
MEN JEG SAVNER Å VÆRE FRISK
JEG SKAL JUBLE NÅR JEG
KOMMER UT

LEGER ER SNILLE ("Doctors are kind")

Text: Brian * Music: Trygve



Text made by Brian (assisted by Å.R., hospital teacher)

(from "Brian's Newspaper")

ALLE JENTER

ALLE JENTER ER SOM ROQUEFORT

DET ER DET BESTE JEG VETT

MEN NOEN JENTER ER FULLE

OG DA BLIR JEG SUR SOM EN RADIATOR

LISE ER SØT SOM EN ROSE

OG NÅR JEG SER HENNE KOMME

DA BLIR JEG SÅ GLAD

JEG KJENNER MEG SOM EN ROQUEFORT

SOM SMELTER I SOLEN

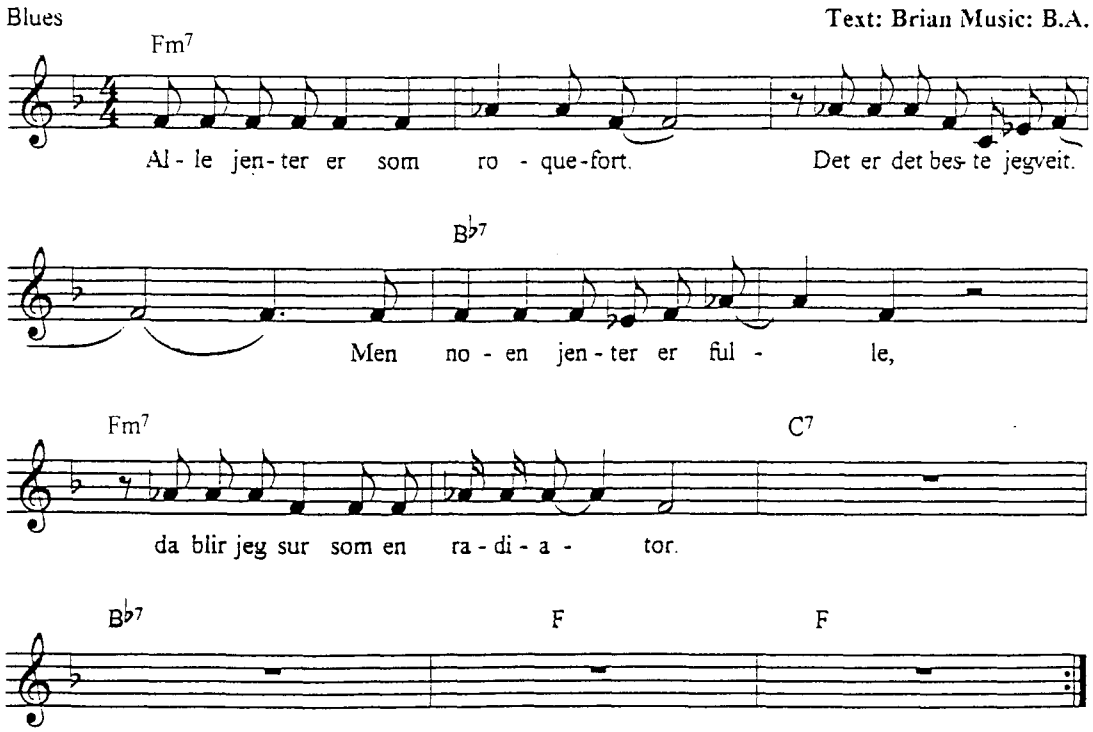
DET SISTE JEG KAN HUSKE VAR AT DET SMALT

HUN STOD OPPÅ ET BORD

OG DRO NED RULLGARDINA SI

DEN KVELDEN BLE JEG FRAKTET BORT MED SYKEBIL

ALLE JENTER ("All the Girls")



2nd /3rd verse melodies are variations of 1st verse melody

APPENDIX 2d "Brian" song #4

Text made by Brian (assisted by Å.R., hospital teacher)

SKOLESANG

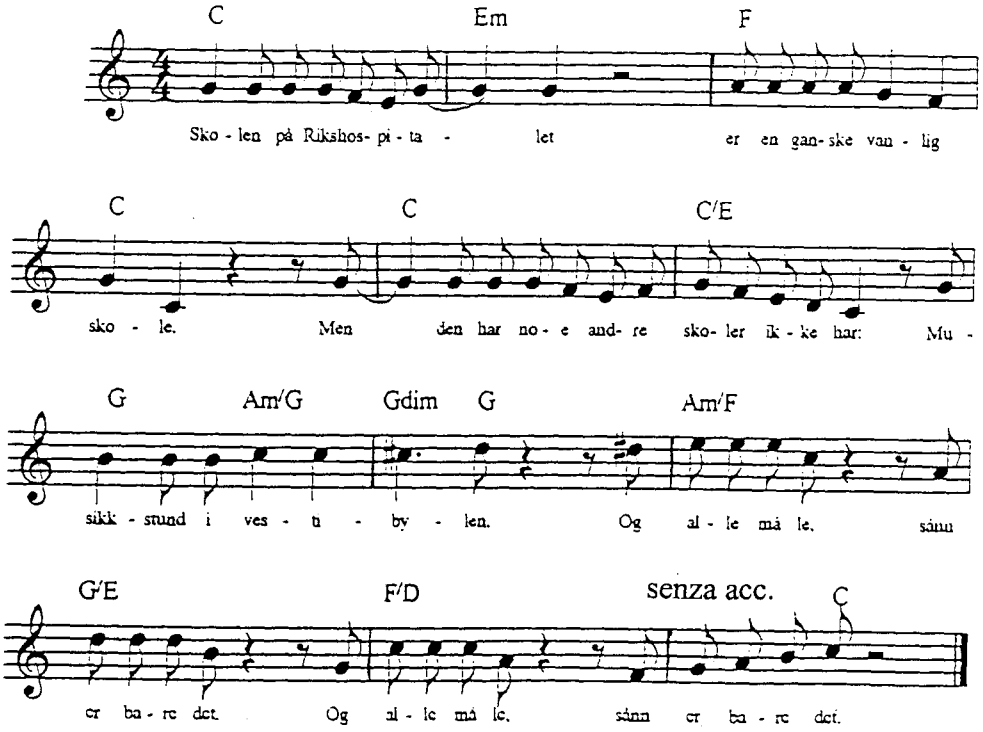
Skolen på Rikshospitalet
er en ganske vanlig skole
men de har noe andre
skoler ikke har
og det er musikkstund i
vestibylen

Her spiller Bjørn og
Trygve
på trommer og piano
på gitar og trompet
hver tirsdag når det er
musikkstund

På sykehuset er alle
med og spiller
og B lager sanger
om sykehus og greie
jenter,
og alle må le
sånn er bare det

SKOLESANG ("School Song")

Text: Brian * Music: Trygve



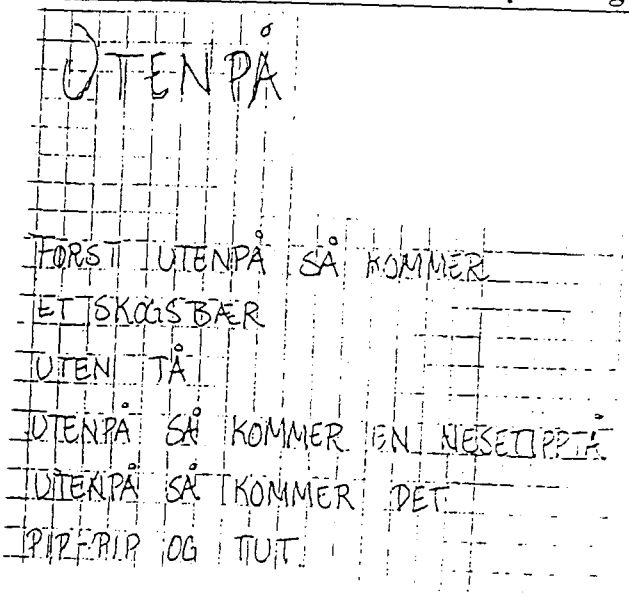
Her spiller B.A. og Trygve
trommer og på piano,
på gitar og på trekk-oasun.
Hver tirsdag er det Musikkstund
Og alle må le.....

På sykehuset er alle sammen
med å spille og synge.
Brian lager kule sanger
om sykhus og greie jenter.
Og alle må le.....

APPENDIX 2e

"Henry" song =1

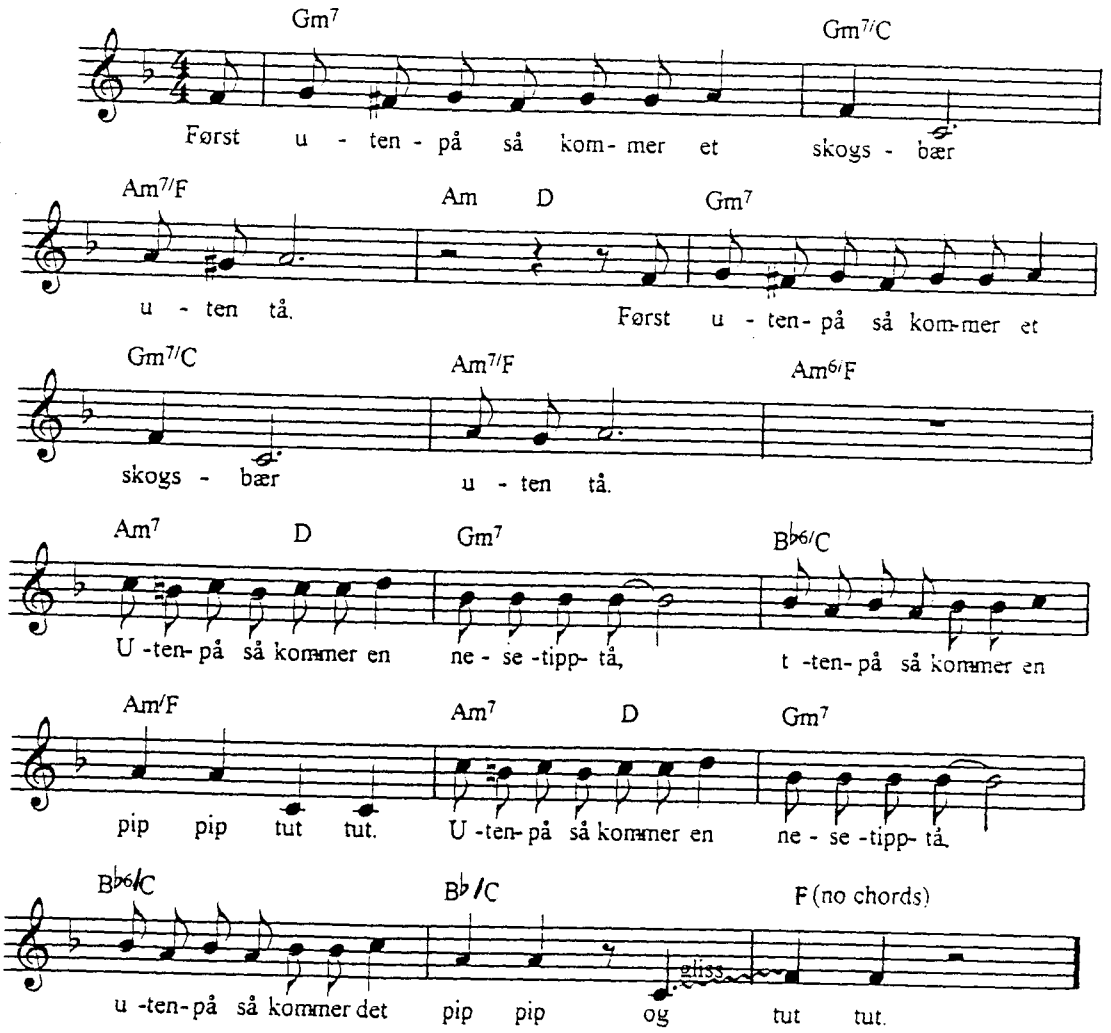
Text written down by
B. B., hospital pre school teacher



UTENPÅ ("On the Outside")

Rock

Text: Henry * Music: J.B. & B.A.



Text written down by step-father

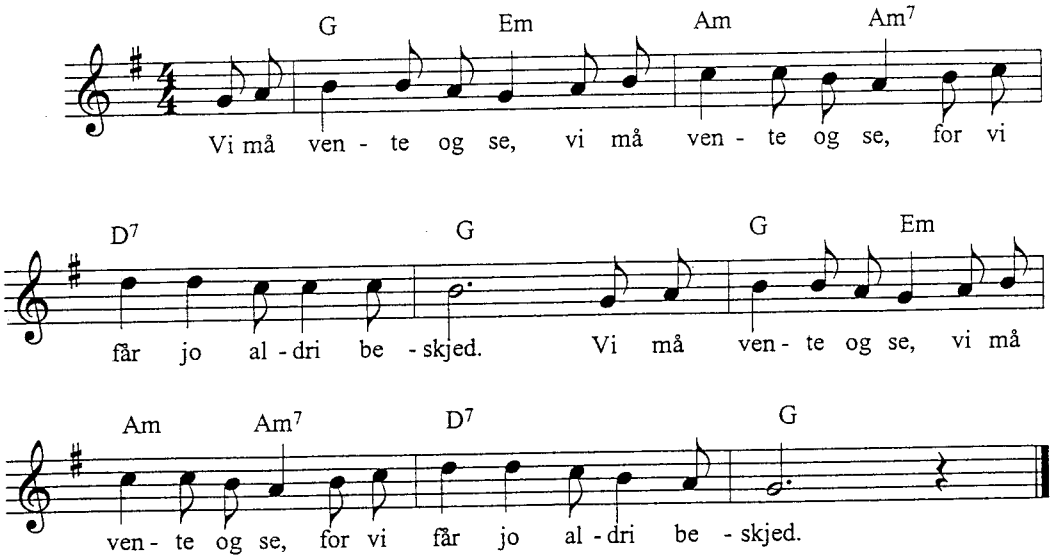
Vi må vente å se, vi må
Vente å se, for vi får jo
aldri beskjed.

H.

VI MÅ VENTE ("We must wait")

quasi reggae

Text: Henry * Music: Trygve



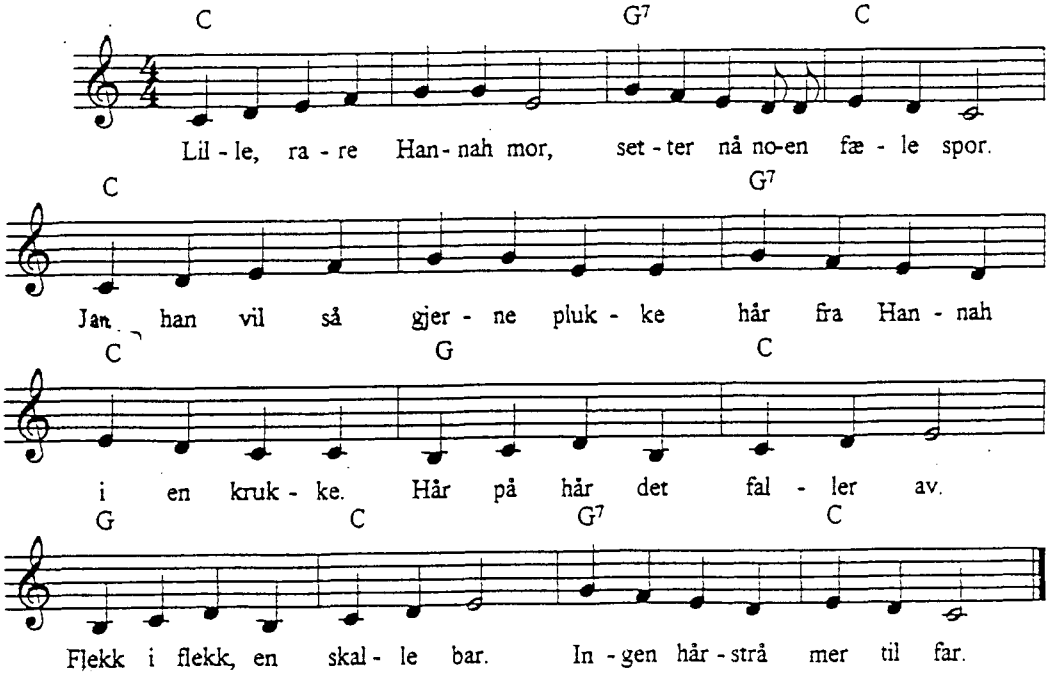
Text written down by Hannah's big sister

HÅRDIKT

LILLE, RARE H. .NOR
SETTER NÅ NOEN FALLE SPOR
JAN HAN VIL JÅ GJERNE PLUKKE
HÅR FRA HANNE I EN KRUKKE
HÅR PÅ HÅR DET FALLER AV
FLEKK I FLEKK, EN SKALLE BAR
INGEN HÅRSTRÅ MER TIL FAR

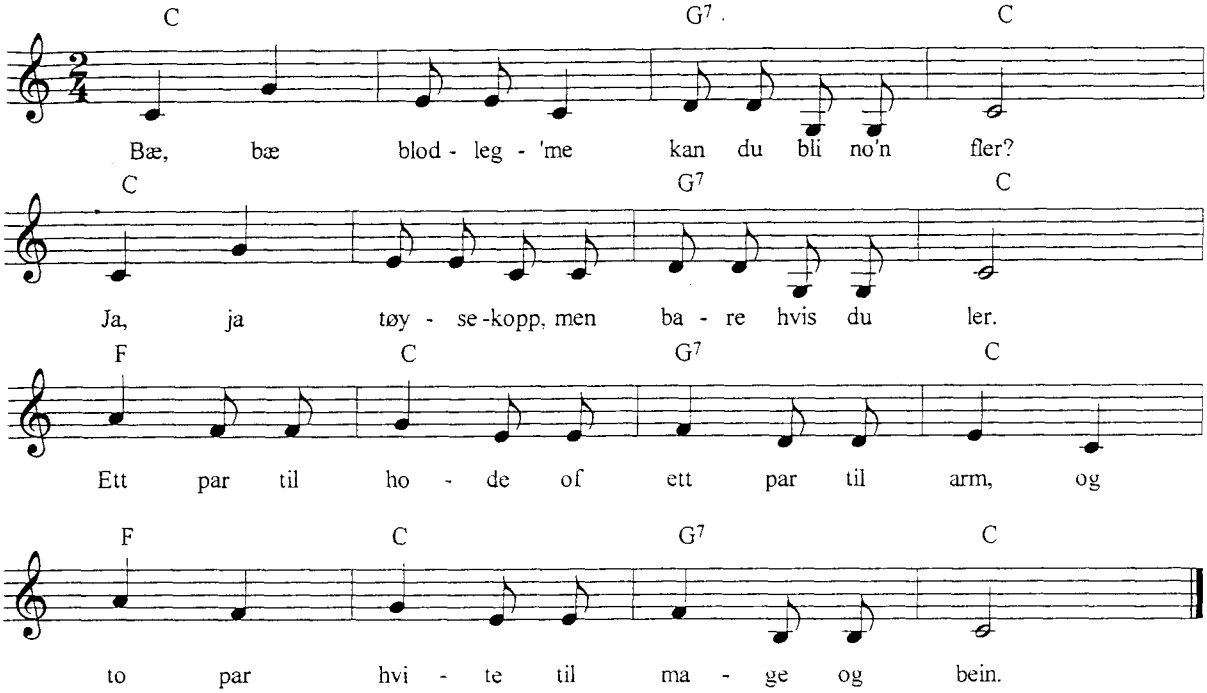
HÅRSANG ("Hair Song")

Text: Hannah/Mother * Music: Trygve/Father DAG 9



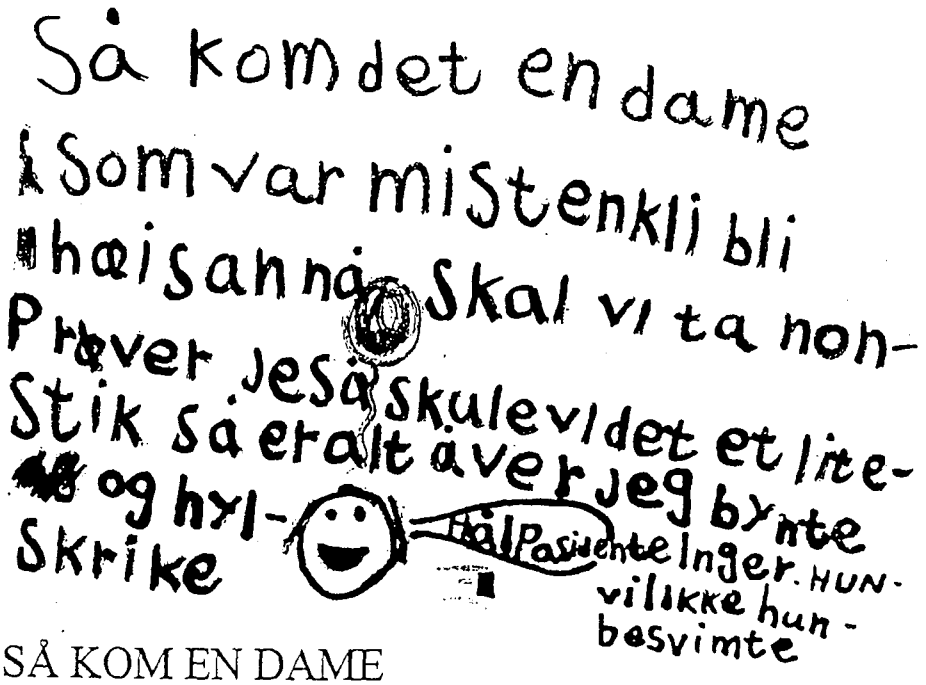
BÆ, BÆ BLODLEGEME
("Ba, ba Bloodcorpuscle")

Text: Hannah * Music: Traditional



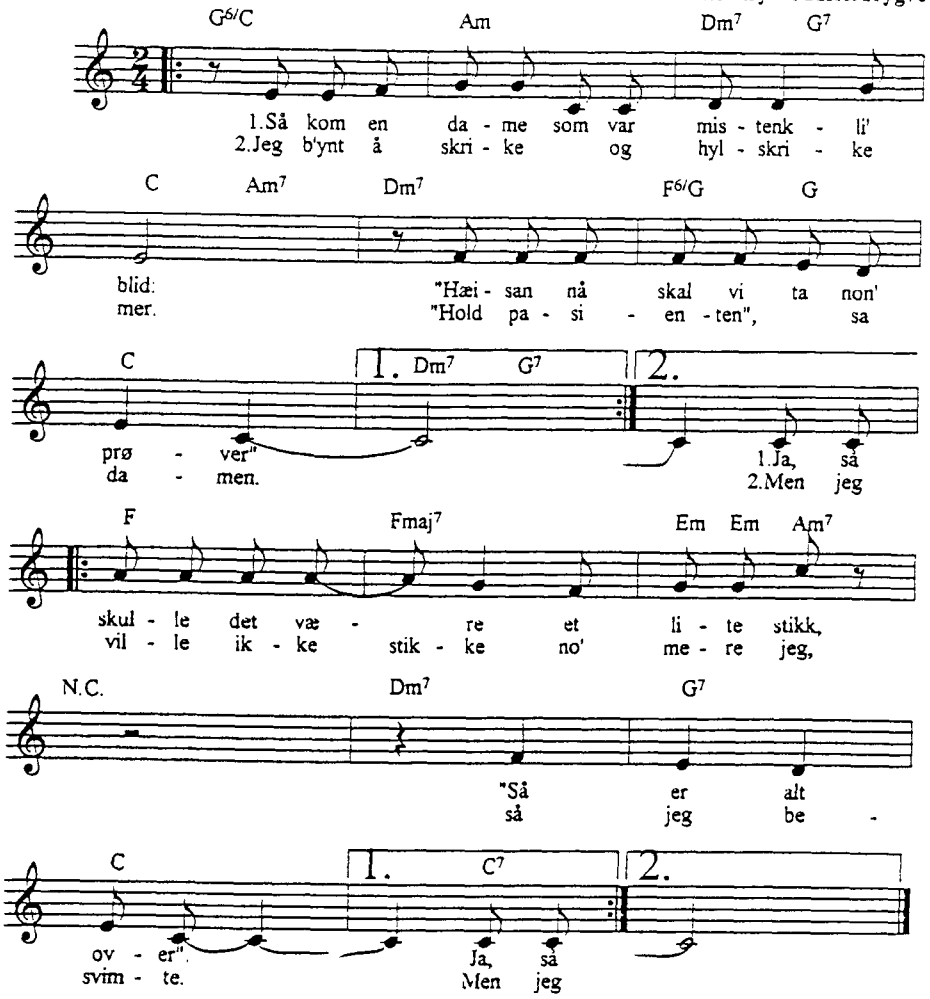
Text and music as sung by Hannah and written down by the music therapist

Mary's original text (smaller than actual size)



SÅ KOM EN DAME
("A Suspiciously Cheerful Lady")

Bright and swinging — Text:Mary * Music:Trygve

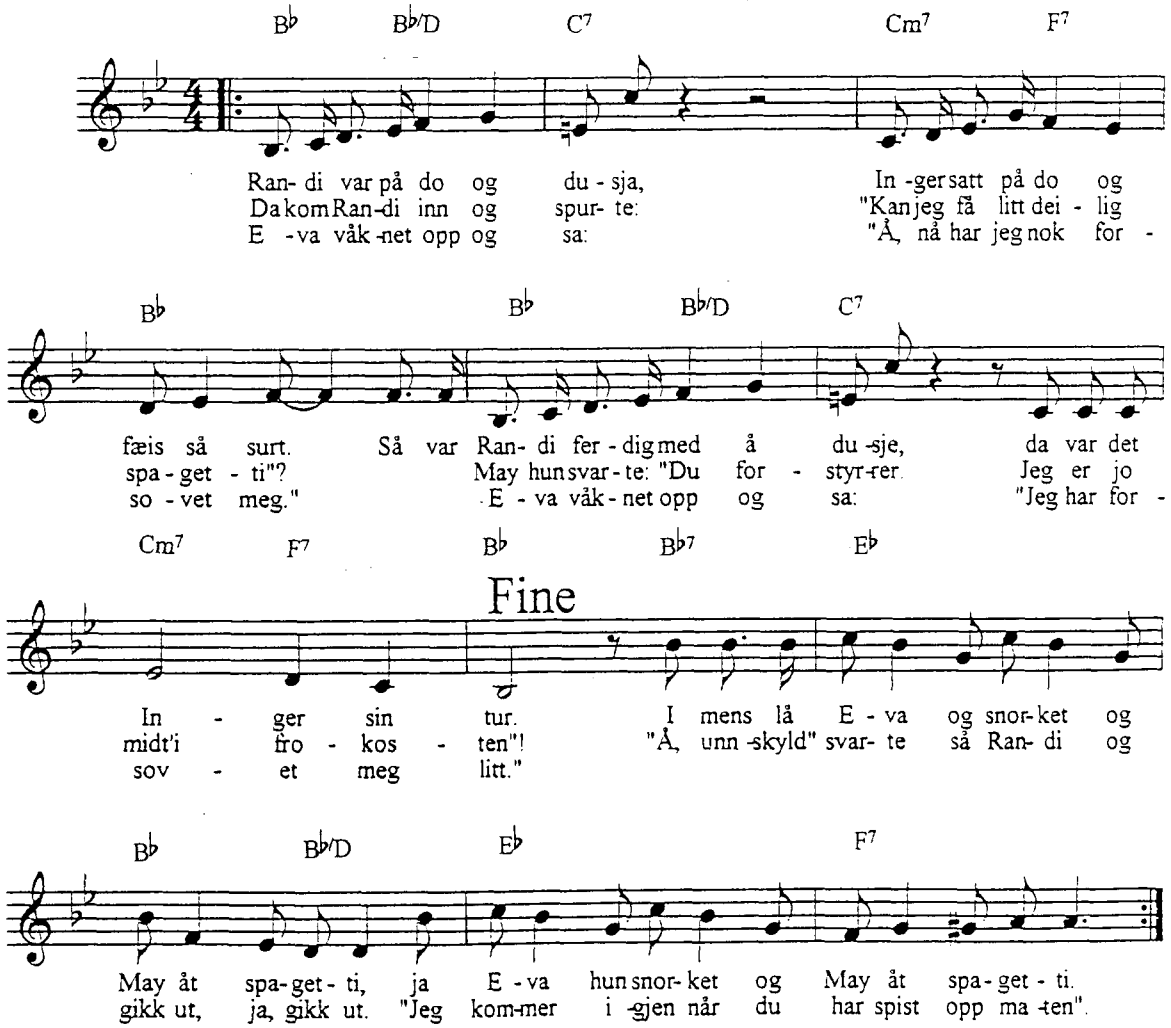


Mary's original text

RANDI VAR PÅ DO OG DUSJA MENS INGER SATT PÅDO OG
FÆIS SÅSURT I MENS EVA SÅV SÅ VAR RANDI FÆRDIG MED Å
DUSE Å SÅ VAR DET INGER SIN TUR I MENS LÅ EVA Å
SNARKET MAY SAT Å SPISTE SPAGETI DA RANDI KOM IN Å
SPURTE KAN JEG FÅ LITT SPAGETI NEH SA MAY OG VAR SUR
DU FARSTYRTE MEG MIT I FOKOSTEN UNSYL SA RANDI OG
JIK UT JEG KAMER I SEN NÅR DU HAR SPIST OP EVA VAKNET
Å SA Å NEI JEG HAR FORSOVET MEG

RANDI VAR PÅ DO ("Randi took a Shower")

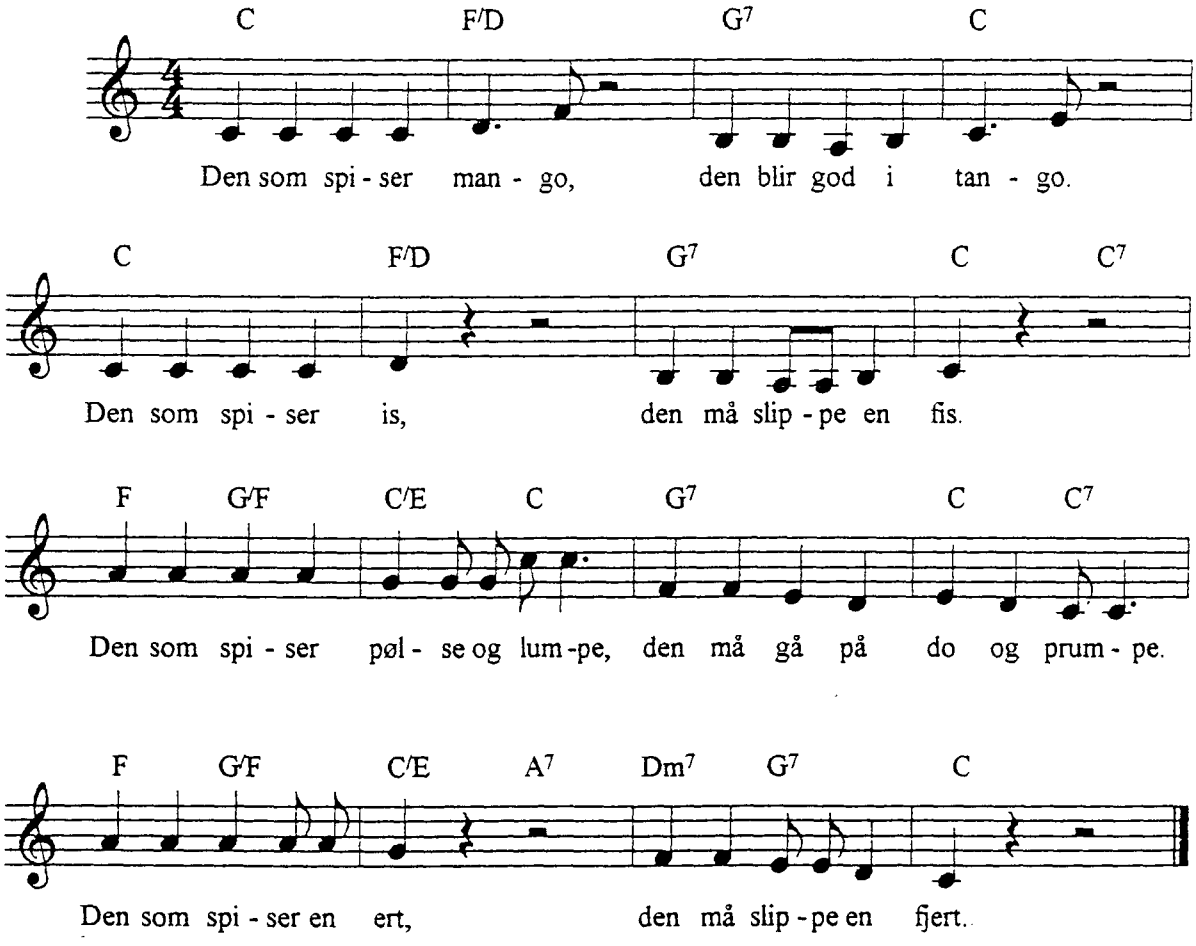
Text: Mary * Music: Trygve



Text as sung by Mary and her mother
and written down by the music therapist.

TANGO-SANGEN ("The Tango Song")

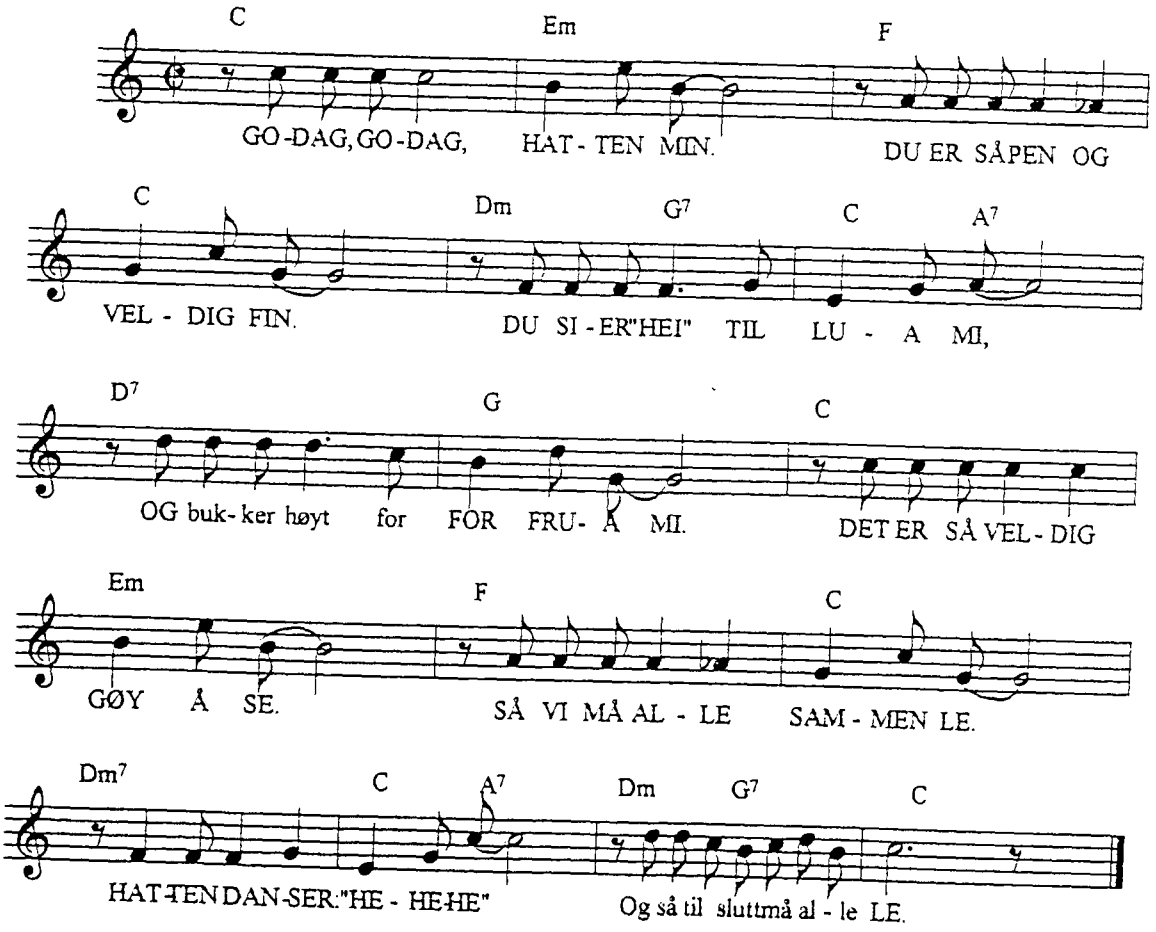
Text: Mary and Mother * Music: Trygve



Text and music as sung by Mary and I.
(hospital pre school teacher)
and written down by the music therapist

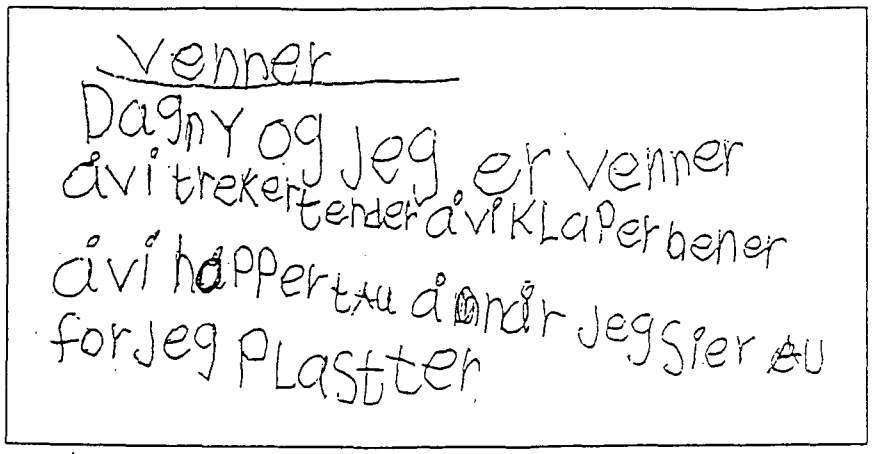
HATTEN MIN ("My Hat")

Text: Mary and Ingrid * Music: "Teddyen min" (Åsta Hjelm)



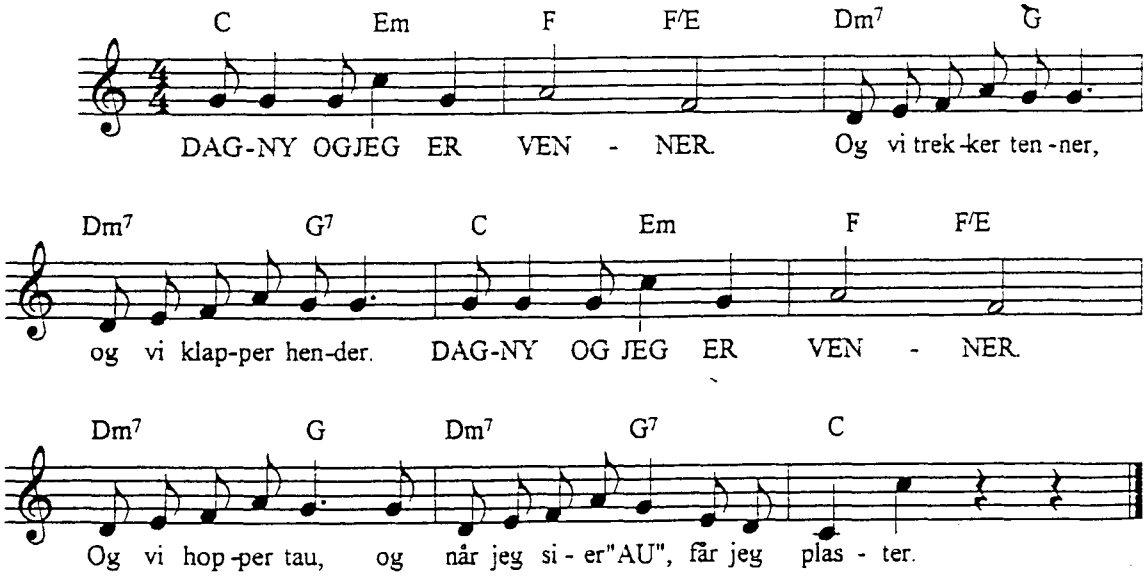
APPENDIX 2m "Mary" song #5

Mary's original text (smaller than actual size)



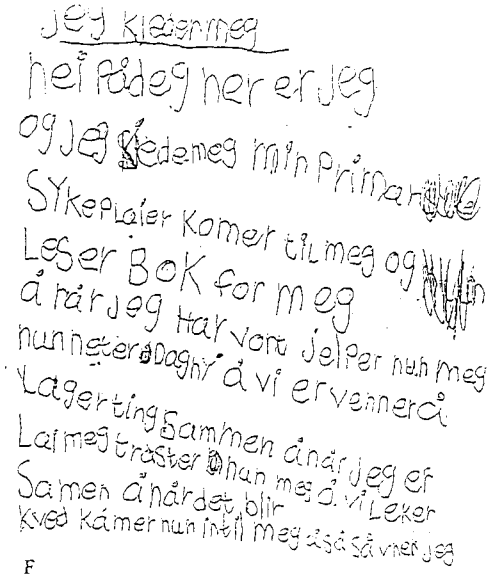
VENNER ("Friends")

Text: Mary * Music: Trygve



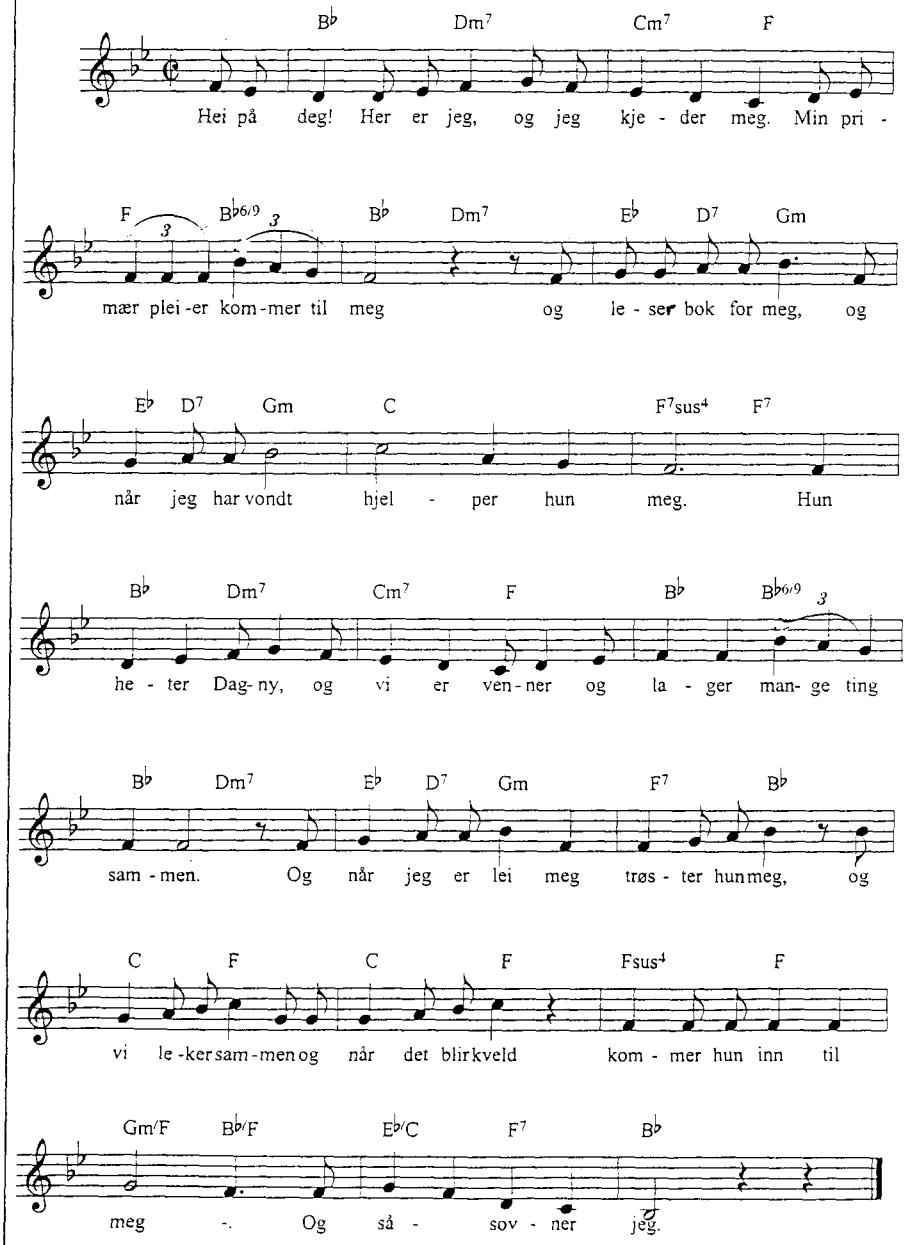
APPENDIX 2n **"Mary" song #6**

Mary's original text (smaller than actual size)



JEG KJEDER MEG ("I'm bored")

Text: Mary * Music: Trygve



Mary's original text

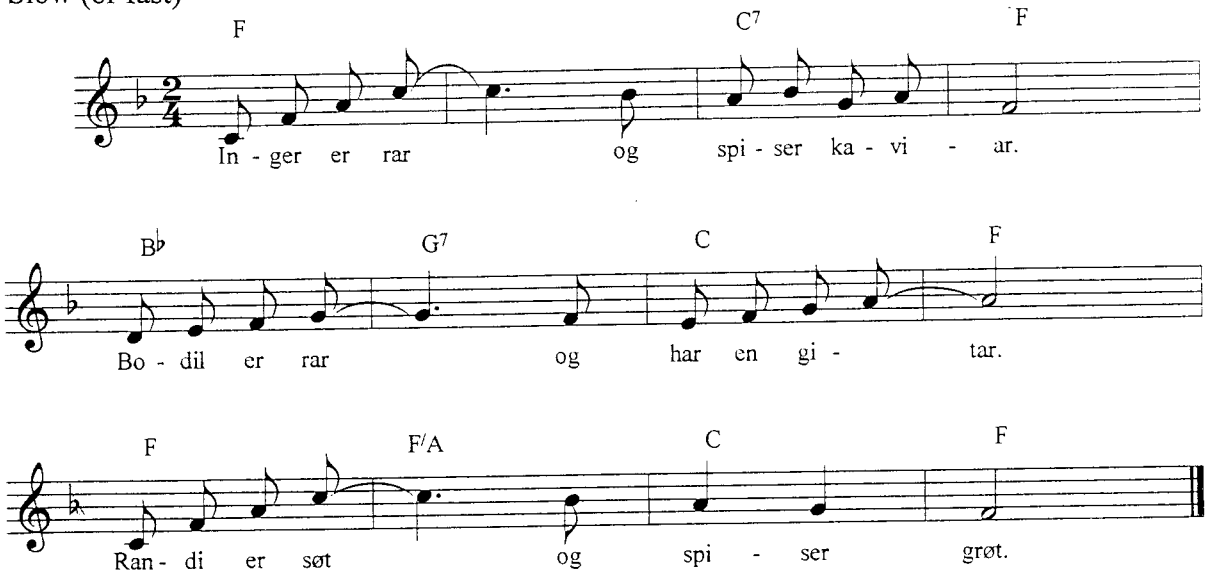
sykeplæer

inger er rar og spiser kavijar
bodil er rar og har en gitar
randi er søt og spiser grøt

SYKEPLEIER
("Nurse")

Text: Mary * Music: Trygve

Slow (or fast)

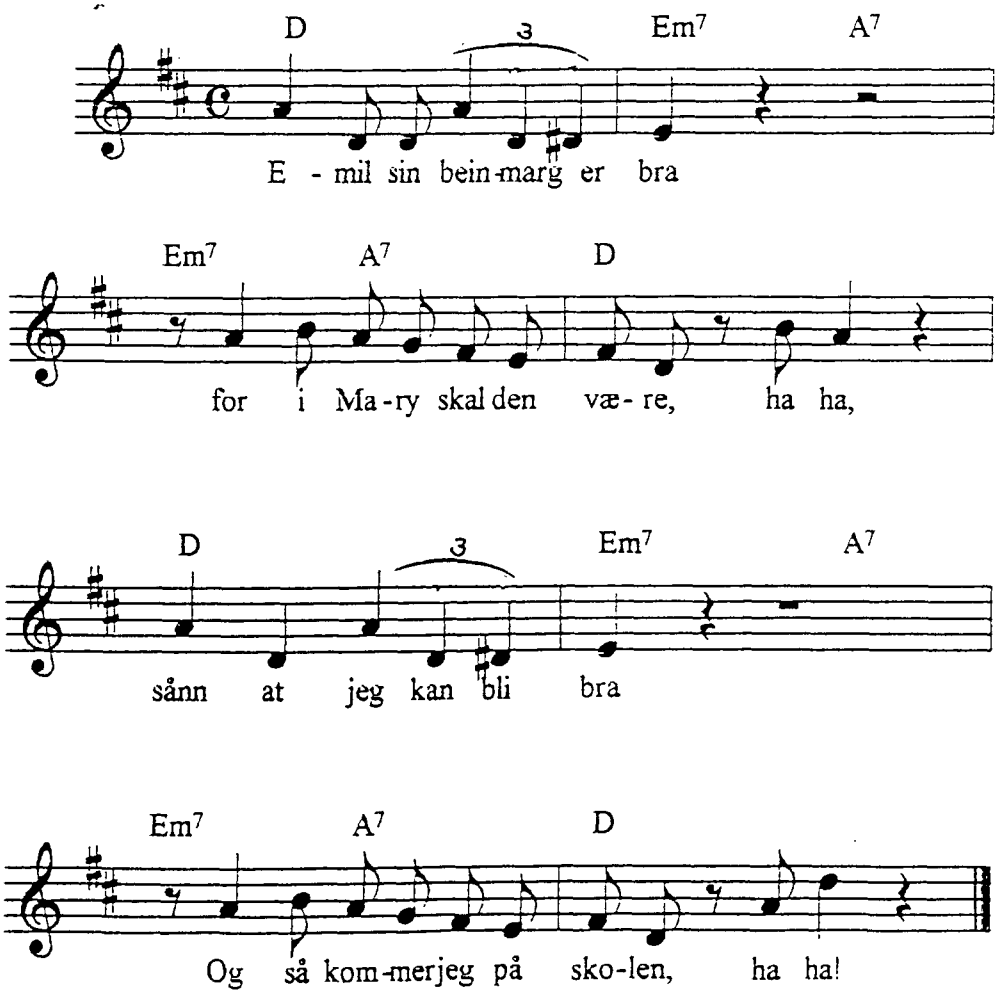


Mary's original text (smaller than actual size)

EMIL sin Beinmarg er Bra
for i May Skal Den Være Hatta
Sånn at May Skal BLI Bra då så kanner
Jeg på Skolen HaHa

EMIL SIN BEINMARG
("Emil's Bone Marrow")

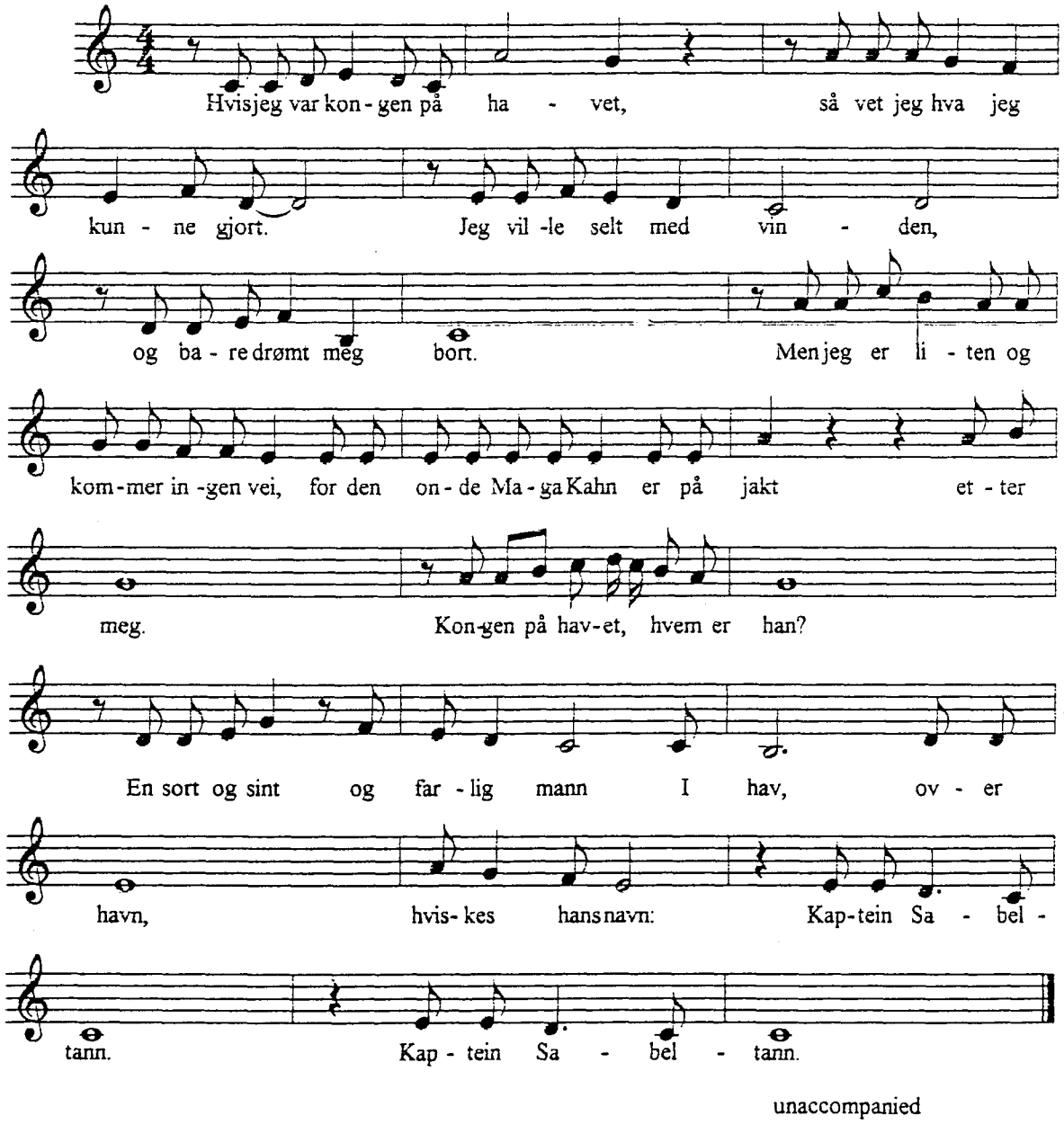
Hospital cha-cha **Text:Mary * Music: Trygve**



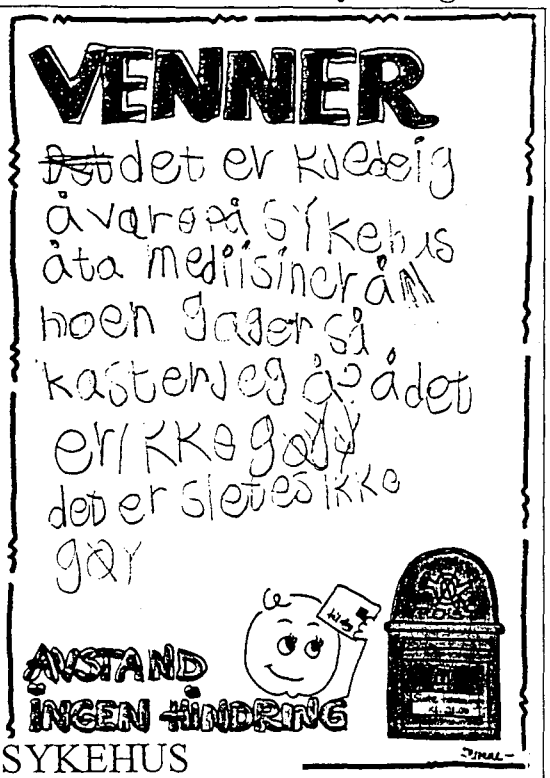
Text and music as sung by Mary
and written down by the music therapist

HVIS JEG VAR KONGEN
("If I were the King")

Text and music: Terje Formoe, adapted by Mary

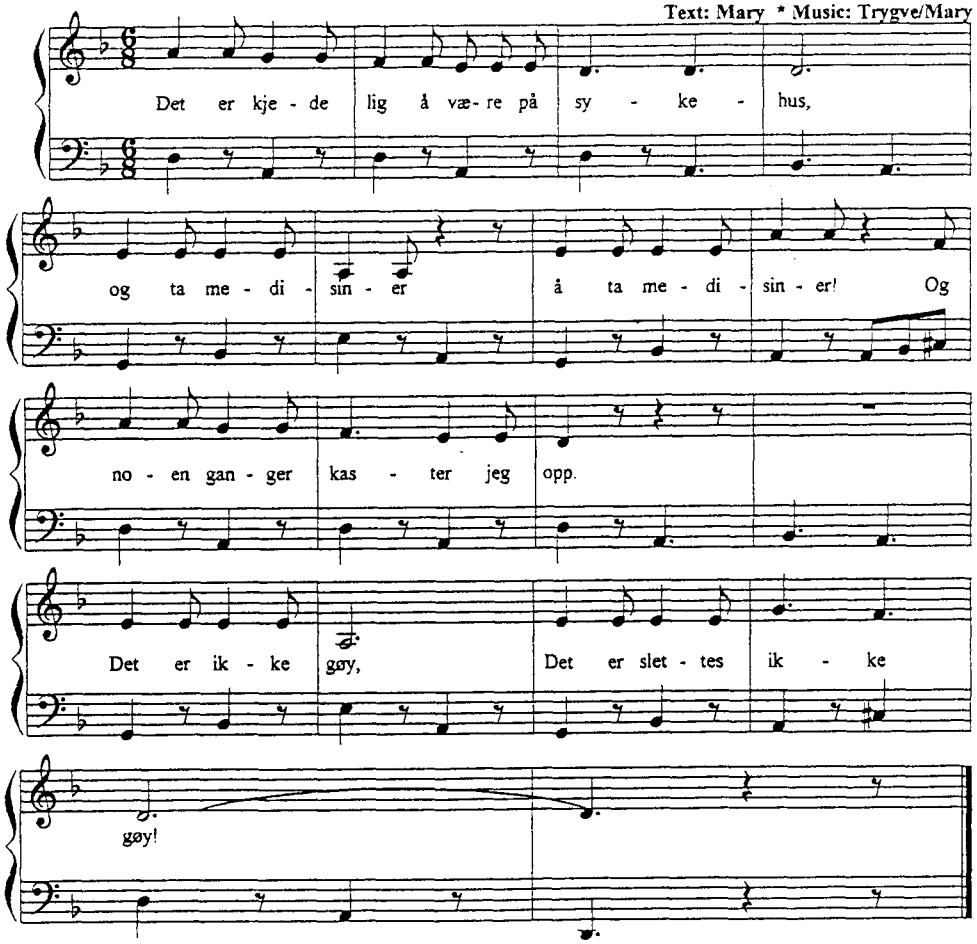


**Mary's original text,
dictated to and written down
by a friend visiting Mary
(a girl of her own age)**



DET ER KJEDELIG Å VÆRE PÅ SYKEHUS
("It's boring to stay in Hospital")

Text: Mary * Music: Trygve/Mary



Text written down by René's mother

Jeg sitter her på Isolat nr. 9,
og dikter en sang om klassen min,
jeg kommer tilbake om et 1/2 års tid,
og da håper jeg alle er riktig blid

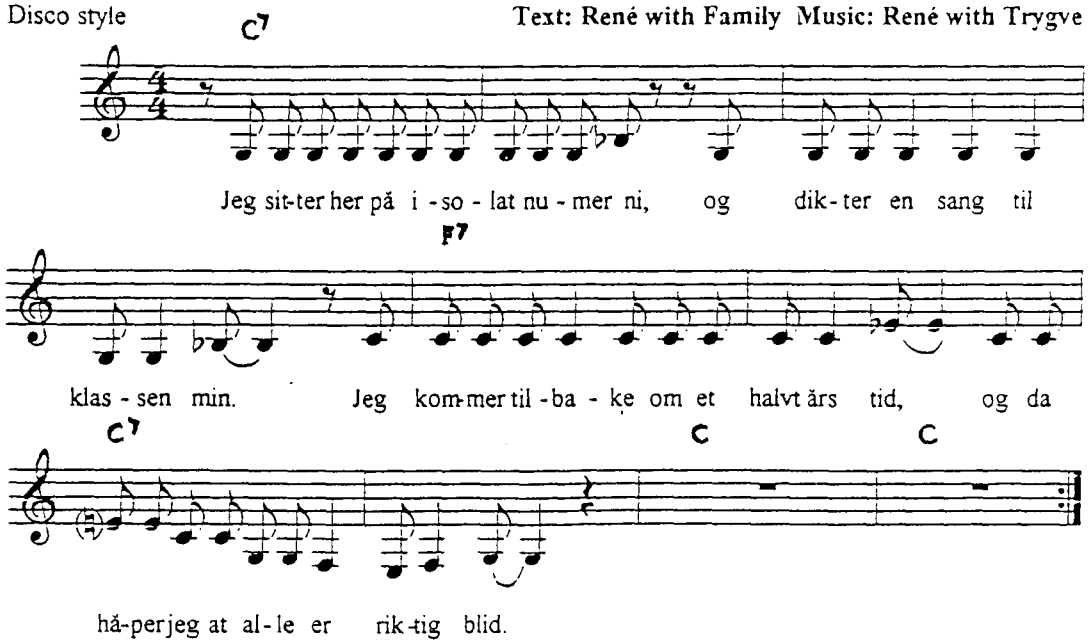
Hege er lærer med godt humør,
Audun er sikkert den samme som før,
Wenche er ei sicrille, Julie likesså.
hun blir så sur hun blir rosten blå,

Kjersti er snill, og Torkel er en dott,
Trond går og tror at han er så flott
Geir fohan og Mats er kjempegod,
de eter Katta til hun blir rød,
Vegard og Kristian er gærna gal,
Thomas har stemme som er litt skral,
Kai og Jonas er bestandig blid,
og her sitter jeg og har skolefri,

SKOLEFRI PÅ ISOLAT NR.9
("School Holidays at Isolation Room #9")

Disco style

Text: René with Family Music: René with Trygve



Audio Documents (Companion CD)

Track # 1 **Brian's song # 1** ***Love***
Performed by Music Therapist * Place of recording: Music Therapy Office

Track # 2 **Brian's song # 2** ***Doctors are kind***
Performed by Music Therapist * Place of recording: Isolation Room

Track # 3 **Brian's song # 3** ***All the Girls***
Performed by Music Therapy Student * Place of recording: Home Studio

Track # 4 **Brian's song # 4** ***School Song***
Performed by Music Therapist * Place of recording: Music Therapy Office

Track # 5 **Henry's song # 1** ***On the Outside***
Performed by Music Therapist's Daughter * Place of recording: Music Therapy Office

Track # 6 Performed by Henry/Music Therapist * Place of recording: Sitting Room, Henry's Home

Track # 7 **Henry's song # 2** ***We must wait and see***
Performed by Fellow Patient (boy, 7) * Place of recording: Entrance Hall, Paediatric Dep.

Track # 8 Performed by Henry/Music Therapist * Place of recording: Sitting Room, Henry's Home

Track # 9 **Hannah's song # 1** ***Hair Poem***
Performed by Hannah/Father/Music Therapist * Place of recording: Isolation Room

Track # 10 **Hannah's song # 2** ***Ba, ba Blood Corpuscle***
Performed by Hannah/Father * Place of recording: Isolation Room

Track # 11 **Mary's song # 1** ***A Suspiciously Cheerful Lady***
Performed by the Music Therapist * Place of recording: Music Therapy Office

Track # 12 Performed by Mary/Music Therapist * Place of recording: Hospital Play Room

Track # 13 Mary performing little Brother's version * Place of recording: Mary's (hospital) Room

Track # 14 Performed by the Staff Choir at the Paediatric Department/ Music Therapist
Place of recording: Entrance Hall, Paediatric Department

Track # 15 **Mary's song # 2** ***Randi took a Shower***
Performed by the Music Therapist * Place of recording: Music Therapy Office

Track # 16 **Mary's song # 3** ***The Tango Song***
Performed by Mary/Mother/Music Therapist * Place of recording: Hospital Youth Room

Track # 17 **Mary's song # 4** ***My Hat***
Performed by Mary/Pre School Teacher/Music Therapist
Place of recording: Mary's Hospital Room

Track # 18 **Mary's song # 5** ***Friends***
Performed by the Music Therapist * Place of recording: Music Therapy Office

Track # 19 **Mary's song # 6** ***I'm bored***
Performed by the Music Therapist * Place of recording: Music Therapy Office

Track # 20 **Mary's song # 7** ***Nurse***
Performed by the Music Therapist * Place of recording: Music Therapy Office

Track # 21 Performed by Children/Relatives/Staff /Music Therapist
Place of recording: Entrance Hall, Paediatric Department

Track # 22 **Mary's song # 8** ***Emil's Bone Marrow***
Performed by the Music Therapist * Place of recording: Isolation Room

Track # 23 **Mary's song # 9** ***If I were the King***
Performed by Mary * Place of recording: Isolation Room

Track # 24 **Mary's song #10** ***It's boring to stay in Hospital***
Performed by Mary/Music Therapist * Place of recording: Mary's Hospital Room

Track # 25 **René's song # 1** ***School Holidays on Isolation Room # 9***
Performed by René/Music Therapist * Place of recording: (Ex) -isolation Room

APPENDIX 4

LETTERS
(Correspondence with the two hospitals
and with the *Norwegian Social Science Services*)

APPENDIX 4a

Trygve Aasgaard
Lofthusveien 17 b
0587 Oslo

Oslo 10. 08. 98

Til Avdelingsoverlege Professor Asbjørn Langslet, Ullevål sykehus
og Avdelingsoverlege Professor Sverre O. Lie, Rikshospitalet

SØKNAD OM TILLATELSE TIL Å UTFØRE FORSKNINGSPROSJEKT VED BARNEAVDELINGEN

Siden 1996 har jeg vært knyttet til Barneavdelingen som musikkterapeut (lønnsmidler gjennom Støtteforeningen for Kreftsyke Barn). Jeg er Cand. Philol. fra UiO (med hovedfag musikkvitenskap), er høyskolelektor (Høgskolen i Oslo, Avdeling for Sykepleierutd.,Aker) og er timelærer og praksisveileder ved Musikkterapiutdannelsen ved Musikkhøgskolen.
Jeg er knyttet til Barneklinikken, Rikshospitalet, på samme vilkår som på Ullevål. Dessuten har jeg de siste årene bygget opp musikkterapi-miljøet (p. t. i permisjon) ved Hospice Lovisenberg.

I desember 1997 ble jeg opptatt som Ph. D. student ved Aalborg Universitet, det eneste universitet i Europa som har et forskningsprogram som leder til denne graden. Som den første fra Norge på dette studiet og den første som arbeider med problemstillinger innen pediatri/barneonkologi, er jeg blitt tildelt dr. grads. stipend fra Høgskolen i Oslo i fire år fremover (fra 01. 01. 98).

Prosjektets navn er *SONG CREATIONS BY CHILDREN WITH CANCER - PROCESS AND MEANING.* Det dreier jeg om et kvalitativt forskningsarbeid som tar for seg kreftsyke barns egne sanger : om sangenes tilblivelses-historier, om hvordan sangene blir brukt og hva slags betydninger sangene/eller "sangvirksomheten" kan ha.

Internasjonalt finnes det en begrenset litteratur omkring betydningen av kreativ utfoldelse hos alvorlig syke mennesker. Få forskningsarbeid er utført med utgangspunkt i musikkterapi til kreftsyke barn; litteraturen har hovedsakelig vært av anekdotisk natur. Som regel har perspektivet vært psykoterapeutisk og relatert meget til barnets "indre behov". Det foreliggende prosjektet har som mål å utdype andre sider av "mening" utover et intrapsykiske : sangvirksomheten sees også i et rolle- og et miljøperspektiv.

Forskningsspørsmålene er knyttet til deskriptive sider ved det å lage, fremføre, "eie" egne sanger og til mulige tolkninger, omkring "mening", på bakgrunn av et relativt omfattende, flersidig materiale. Se for øvrig kapittel 3 i vedlagte *Elaborate Proposal* . Det dreier seg om å undersøke og forstå et fenomen, snarere enn å forklare og bevise. Det er ingen hypoteser som fremsettes eller som skal testes, det er ingen eksperimenter som skal iverksettes.
Forståelsesnivået som tilstrebes dreier seg om holistisk beskrivelse, å identifisere essensielle tema og videre analytisk/teoretisk arbeid. Vedrørende spørsmål omkring generalisering, pålitelighet og etiske spørsmål se s. 14-15 i *Elaborate Proposal.*

"Historiene" til et begrenset antall sanger (12-15), som 3-4 pasienter har laget, synes være egnet kjerne- materiale i avhandlingen. Disse sangene blir vurdert i lys av omfattende erfaringer omkring palliativt orientert musikkterapi og musikkterapi innen barne-onkologiske miljøer, spesielt sangkomponering og relaterte aktiviteter. Alle sangene er laget av barn som på ett tidspunkt i behandlingen gjennomgår benmargstransplantasjon. Flere av disse barna har jeg (hatt) "kontinuerlig musikalsk kontakt" med, også de som i utgangspunktet er på Ullevål Sykehus, for så å bli innlagt på Rikshospitalet i noen uker før de igjen kommer til Ullevål. Derfor stiles denne søknaden til begge sykehusene.

Datakilder er

a) forskerens egen "log", og fortløpne beskrivelser og refleksjoner

b) samtaler/intervjuer med foreldre og personale tematisert omkring sangfenomenene

c) skriftlig/visuelt materiell (tekster/tegninger)

d) audiomateriell, fremførte sanger

Datamateriell vil bli behandlet etter retningslinjer fra Datatilsynet. Jeg venter på å få konsesjon. (Jeg fikk telefonisk beskjed om at dette prosjektet sannsynligvis er i en "gråsone" i forhold til konsesjonspliktighet, men dette vil snart bli klargjort.)

Forskningsmetode : se kapittel 4 (Methodology) i *Elaborate Proposal.*

Teoriaspekter fra musikkterapi, fenomenologi og sosiologi anvendes for å belyse sangfenomenene. Det endelige målet med prosjektet er å bidra til en videreutvikling av det psykososiale tilbudet til alvorlig syke barn og deres pårørende; og i et større perspektiv: bidra til det kontinuerlige "humanisering-arbeidet" av et nødvendig høyteknologisk behandlingsmiljø.

Undertegnede har, blant mange andre musikkterapeutiske "teknikker", arbeidet med sang-komponering sammen med unge kreftpasienter (og barn med andre livstruende sykdommer) i flere år. Det pågående prosjektet foregår i skjæringspunktet mellom det prospektive og det retrospektive, det innebærer egentlig ingen spesielle prosjektrelaterte forskningsmessige aktiviteter enn den vanlige musikkterapeutiske virksomheten : samarbeid med pasienter, pårørende og personale omkring disse formene for kunstneriske aktiviteter. Sanger blir som regel tatt opp på kassett som alltid lages i to eksemplarer, ett til barnet/familien og ett til meg.

Dette prosjektet er ment å resultere i en avhandling som er beregnet ferdig i år 2001. Resultatene av forskningsarbeidet vil forhåpentligvis være interessante for flere faggrupper enn musikkterapeuter.[1] Foruten selve avhandlingen, pågår/planlegges omfattende

[1] Musikkterapeutisk arbeid på barneavdelingene på Rikshospitalet og Ullevål Sykehus (i alle fall slik jeg prøver å praktisere) er tverrfaglig orientert. Det foregår kontinuerlig et helt nødvendig samarbeid mellom musikkterapeuten og sykepleiere, (førskole)lærere, leger og psykolog. Musikkterapeuten er ekspert, pådriver og inspirator til å utvikle "det musiske" (her: sangkomponering og relaterte aktiviteter) på avdelingene.

internasjonalt engasjement med bidrag i fagtidsskrift, lærebøker og med foredrag ved konferanser med tema rundt pediatri, psykososial kreftomsorg, musikkterapi, palliativ omsorg osv (se for øvrig CV).

Min veileder er

Professor David Aldridge
Fakultät für Medizin
Institut für Musiktherapie
Universität Witten/Herdecke
Alfred_Herrhausen Str. 50
D-58448 Witten, Tyskland

Leder for Ph.D-utdanningen i Musikkterapi ved Aalborg Universitet er

Dr. Tony Wigram
Institute 10
Kroghstræde 6
DK 9220 Aalborg Ø, Danmark

Ærbødigst

Adr. Arbeid (Høgskolen i Oslo, SU, Aker) Trondheimsveien 235, 0514 Oslo
Tlf : 22 45 37 21, 22 22 53 69 (privat)
Fax : 22 45 37 45
E-post : Trygve.Aasgaard@su.hioslo.no

Vedlegg 1) : C. V.
2) : Prosjektbeskrivelse (Elaborate Proposal)

APPENDIX 4b

Rikshospitalet

Sverre O. Lie
Avd.overlege

Barneklinikken

Adresse:
Pilestredet 32
0027 Oslo

Sentralbord: 22 86 70 10
Dir. linje: 22 86 90 06/05
Telefaks: 22 42 28 22
E-post: s.o.lie@klinmed.uio.no

Den Norske Kreftforening
Postboks 5327 Majorstua
0304 Oslo

Deres ref:
Vår ref: SOL/vml
Dato: 13. mars 1997

STØTTEBREV VEDR. TRYGVE AASGAARDS SØKNAD OM REKRUTTERINGSSTIPEND

Jeg vil med dette støtte Trygve Aasgaards søknad med følgende begrunnelse:

Bakgrunn:

Fremskrittene i behandlingen av barn med kreft er velkjent og veldokumentert. Således døde det i 1968 78 barn av ondartet sykdom, mens tallene i 1994 var 21. Mens det i 1967 var 40 barn som døde av leukemi, var tallet for 1994 4 barn. Fremskrittene har imidlertid hatt sin pris. Behandlingen har i løpet av denne tiden blitt stadig mere intens og utsetter barn og familie for store påkjenninger. For enkelte subgrupper er det også langt vanskeligere å måle fremskritt. Informasjonen om barn med kreft er en katastrofemelding som snur fullstendig opp ned på barnet og familiens situasjon. Ethvert tiltak som kan bedre barnets livskvalitet er derfor særdeles viktig.

I 2 år har vi hatt gleden av å ha Trygve Aasgaard som en medarbeider ved Barneklinikken. Hver uke har han musikksamlinger for barna med kreftsykdommer i vår Vestibyle sammen med en eller flere studenter fra Musikkhøyskolen. I tillegg til dette besøker han rommene til barn som er for syke til å delta i felles aktiviteter. Disse samlingene og Aasgaards arbeid med individuelle pasienter har fra mitt ståsted hatt målbare effekter på enkeltpasienter og samlingene hver tirsdag er nå blitt noe som barna og omsorgsmiljøet rundt dem ser frem til.

Når Aasgaard nå søker om rekrutteringsstipend er det for å gå videre på sitt arbeid i et mere vitenskapelig perspektiv. At musikk kan øke livskvaliteten vet mange av oss. Musikkterapi som en vitenskap er derimot et mere ukjent terrng for mange. Aasgaards bakgrunn her beviser en systematisk tilnærming til problemer. Han har i 2 år undervist i musikkterapi ved Institutt for musikk og teater ved Universitetet i Oslo og har i 2 år også hatt engasjement ved Norges Musikkhøyskole. Han har en nær kontakt med Professor Even

Ruud som er professor ved Institutt for musikk og teater ved Universitetet i Oslo, men også ansvarlig for et doktorprogram ved Aalborg Universitet, som er det eneste sted i Norden hvor forskning rundt musikkterapi kan føre til en akademisk grad. Han har allerede dokumentert at han har evne til å formidle seg både skriftlig og muntlig i forhold til aktivitetens vitenskapelige side. Vi har brukt ham ved flere av våre kurs og hans CV vil vise at han også inviteres internasjonalt.

Jeg synes det er meget oppmuntrende og gledelig at Trygve Aasgaard nå ønsker å gjennomføre et forskningsprosjekt innen musikkterapi for barn med kreft (og derfor også for barn med annen alvorlig sykdom). Jeg har selv ikke faglig bakgrunn til å fungere som veileder, men vil bekrefte at han skal få all mulig hjelp og arbeidsplass på Barneklinikken. Jeg kan også bekrefte at professor Even Ruud er en internasjonal kapasitet som på en utmerket måte vil både kunne være prosjektansvarlig og veileder for Aasgaard. Han vil arbeide i et forskningsrettet miljø hos oss og jeg legger ved publikasjonslisten for Barneklinikken for 1996 hva gjelder barn med kreftsykdommer.

Den Norske Kreftforening er kjent for å pløye ny mark. Fra mitt ståsted kan dette bli et godt eksempel på slik virksomhet og jeg tror jorda vil vise seg å gi god grøde.

Vennlig hilsen

Sverre O. Lie

Oslo kommune
Ullevål sykehus
Kvinne/Barn klinikken
Administrasjonen

APPENDIX 4c

17.09.98
bs/x\forskn-prosj

Trygve Aasgaard
Lofthusveien 17 b
0587 OSLO

VEDRØRENDE SØKNAD OM TILLATELSE TIL Å UTFØRE FORSKNINGSPROSJEKT VED BARNEAVDELINGEN.

Jeg viser til din søknad av 10.08.98, hvor din prosjektbeskrivelse var vedlagt.

Barnemedisinsk avdeling gir tillatelse til å utføre forskningsprosjektet: Song creations by children with cancer - process and meaning.

Tillatelse til å utføre forskningsprosjektet forutsetter godkjennelse av datatilsynet når det gjelder behandling av datamateriell. Jeg ber om at godkjenningen, når denne foreligger, oversendes meg.

Søknaden har også vært forelagt seksjonsoverlege Marit Hellebostad ved Barneonkologisk seksjon, Barnemedisinsk avdeling. Hun har ingen innvendinger mot forskningsprosjektet og stiller seg meget positiv til ditt kvalitative forskningsarbeid.

Jeg ber om at seksjonsoverlege Hellebostad blir holdt løpende orientert om ditt arbeid.

Med vennlig hilsen

Gunnar Åbyholm
Avdelingsoverlege
Barnemedisinsk avdeling

Kopi: Seksjonsoverlege Marit Hellebostad
Prof. Knut Dahl-Jørgensen
Prof. Ola Skjeldal

Ullevål sykehus
Kvinne/Barn klinikken
Administrasjonen

Postadresse:
Ullevål sykehus
0407 OSLO

Telefon: 22 11 81 97
Telefaks: 22 11 80 20

Bankgiro: 6096.05.03662
Postgiro: 0813 5344908
Org.nr: 970 276 513

APPENDIX 4d

Norsk samfunnsvitenskapelig datatjeneste
NORWEGIAN SOCIAL SCIENCE DATA SERVICES

NSD

Hans Heimbecsgt. 22
N-5007 Bergen
Norway
Tel: +47/ 55 58 21 17
Fax: +47/ 55 58 96 50
E-mail: nsd@nsd.uib.no
http://www.uib.no/nsd

Trygve Aasgaard
Høgskolen i Oslo
Trondheimsv. 235
0514 OSLO

Dato: 16.09.98 Vår ref: 9800186/2 LT/KB Deres dato: Deres ref:

VURDERING AV KONSESJONSPLIKTIG FORSKNINGSPROSJEKT

Vi viser til mottatt meldeskjema 15. september d.å for konsesjonspliktig forskningsprosjekt.

Etter gjennomgang av de opplysninger som er gitt i meldeskjemaet med vedlegg, finner vi at prosjektet ikke medfører opprettelse av personregister etter personregisterlovens § 1 og dermed følgelig heller ikke utløser konsesjonsplikt etter personregisterlovens § 9.

Hvor vurdering er gjort på bakgrunn av følgende:

- Innsamling og registrering av opplysninger gjøres som en del av det daglige arbeidet prosjektleder har ved Ullevål sykehus og Rikshospitalet.
- Opplysningene registreres i prosjektleders "log" og på lydbånd (sangopptak).
- Opplysninger som samles inn vil være prosjektleders refleksjoner/beskrivelser av sitt arbeide med barna, samtaler og intervju med personale og foresatte samt sangtekster og melodier fra barna.
- Innsamling og registrering av opplysninger gjøres i overensstemmelse med barnas foresatte.
- Dersom sanger fra barna blir anvendt i avhandlingen gjøres dette etter samtykke fra foresatte.

Dersom noen av de ovennevnte punkter ikke er korrekte, ber vi om at du tar kontakt med oss. Hvis prosjektet endres på noen av de ovennevnte punkter, kan det utløse konsesjonsplikt. Vi ber derfor om at eventuelle endringer meldes til oss for ny vurdering.

Kontaktperson: Lis Tenold tlf. 55 58 33 77/ 55 58 21 17

Vennlig hilsen
Datafaglig sekretariat

Knut Kalgraff Skjåk

Lis Tenold