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Would You Like to Write Your Own Song?

Song Writing to Address the Paradox of Emerging Capabilities and Diminishing Possibilities Experienced by an Adolescent Boy With Muscular Dystrophy

By Oonagh Dwyer [|Author bio & contact info|](#)



Introduction

Since qualifying as a music therapist in 2004 I have been working in the area of special education. This environment has enabled me to work with children and young adults with physical and intellectual disabilities, pervasive developmental disorders, as well as behavioural, emotional and communication difficulties. In this setting I have used song writing as a prominent technique in my personal music therapy approach. As I continue to find my way as a music therapist, developing my own personal style, I have taken some time to reflect on the different applications of song writing and the ways in which I use this technique in my own music therapy work. This paper will highlight some of the benefits of using song writing in Music Therapy with John, an adolescent boy with muscular dystrophy, as an example.

Roberts (2006) provided accounts of how a transparent and straight-forward approach in the initial music therapy meeting is welcomed by the families and children with whom she works. I also believe that it is important to be honest with an adolescent in the initial meeting, to explain a little bit about what music therapy is, and to tell them about what will be offered. In my current work, I try as much as possible to let the adolescent client take control in the initial session. Sometimes adolescents are happy to try out some of the instruments; others like to sing some songs; some prefer to choose some music to listen to. Creating a relaxed and informal atmosphere can help to put a client at ease. I find that informal chatting about musical preferences and shared music listening with a client can provide a safe way to begin shaping a therapeutic relationship. Analysing the lyrics of songs can be another step. Discussing the mood and feeling of a song and/or how it makes the client feel can take the therapeutic process even further.

Listening to music with an adolescent can provide a familiar environment where the adolescent gets to choose the music and share some of his/her self in a non-threatening way. This can create a supportive atmosphere for the client to create his own song within a music therapy session. The process of song writing in music therapy can provide the client with greater self-understanding, an enhanced freedom of expression and a growth in self-confidence. This case study illustrates one way of introducing a client to the idea of writing a song. I hope to create a picture of how a song writing experience unfolds and how I work towards instilling a sense of personal achievement and ownership of the song for the client.

Song Writing

Song writing as a term has been used to describe a wide range of procedures in the music therapy literature. Music therapists refer to song writing to describe the process of facilitating

individuals or groups to write their own lyrics, melodies and often, accompaniment (O'Callaghan, 1997). Aasgaard (2000) refers to 'song creations' as the making, performing and use of songs that can be developed co-operatively between patient, music therapist and other people in the local environment. Aasgaard also refers to the close connection between song-making and improvisation. Maranto wrote:

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 (Maranto, 1993, p. 697).

Song parody and song writing techniques have been used with hospitalised adolescents to support them through difficult and traumatic times (Ledger, 2001; Robb, 1996). Song writing has also been used to support vulnerable adolescents at risk in a mainstream school setting (Derrington, 2005).

A distinction can be made between writing songs with clients and writing songs for clients. Wigram and Baker (2005) suggest this distinction can be best described as follows:

Writing songs for clients refers to the clinician's composition of songs for a specific client, group of clients, or specific therapeutic purpose...In contrast, writing songs with clients serves a different purpose and is akin to the concept of music as therapy. Here, the process and the product of writing a song within therapy sessions is the therapeutic intervention. The therapeutic effect is brought about through the client's creation, performance and/or recording of his/her song (Wigram & Baker, 2005, pp. 13-14).

Writing Songs *with* Clients

It is the process of writing songs with clients that most interests me. In my clinical work in the special school setting there have been times when I have composed songs outside of the music therapy session for use with a particular client or group. For example, having assessed a child I have then composed a song that I felt would be engaging for that child based on developmental level, language skills and interests (e.g. favourite toys, foods, cartoons etc). I have included the names of family members and friends in order to stimulate a positive response from a severely disabled little girl who responded to very little else. I have included specific lyrics to support speech and language goals. I have included actions that are in line with the physical abilities of a particular client. In most cases these songs are used to achieve specific goals often in the realms of social interaction, self-expression and motivation for physical movement. As my confidence has grown in the use of "my own" songs in sessions, I have also become increasingly interested in the process of creating a song with a client or group. I have discovered that writing a song with a client can provide a challenge both for the music therapist and the client. Involving a client in such a creative process can provide, simultaneously, a deeply personal and socially interactive experience. In many cases it can be a new kind of experience. Such an experience can be empowering for an individual.

Music Therapists as Designers of Songs

As music therapists, we share an ability to improvise music and to create music spontaneously with the use of instruments and our voices. Just as a clothes designer fashions a garment, we too have an ability to design a harmonic structure, interweave a melody and fabricate the lyrics to make a song. It can be an enjoyable personal process to go from a tiny musical idea, a thought or a feeling to developing a melody, a verse, a chorus, a bridge, a second verse, a repeat of the chorus or an instrumental section. But how do we use these song writing skills in the context of a music therapy session? How do we nurture the therapeutic relationship with our clients using the process of song creation? How do we enable them to feel sufficiently open and creative so that they can engage in the wonderful process of writing a song? How do we facilitate the process so that ultimately the client takes ownership of that song? Krout (2005) echoes some of these thoughts, setting out the challenge for music therapists to create songs that are musically interesting and motivating, clinically relevant and appropriate to the needs of the client, without the music therapist becoming a 'performer' on stage in the clinical setting.

John

John attends one of the schools where I work. The school caters for the needs of children and adolescents with physical and intellectual disabilities. John has been attending individual music therapy sessions once a week for the last seven months. Over this period, songs have provided places for us to meet. This case study demonstrates how songs can be used to establish a

therapeutic relationship. Once a sense of trust and good rapport is established, the therapy can move on to the next creative level where song writing becomes a relevant therapeutic intervention for working with adolescents in need of emotional support.

John is 17 years old. As a young child he was diagnosed with Duchenne muscular dystrophy, a condition caused by genetic mutations that result in progressive muscle weakness. John uses an electric wheelchair for mobility. He has some hand function, which enables him to steer his wheelchair, turn on and select songs on his iPod and access a computer and Playstation. John has a high level of interest in sport, music, film and world issues such as war and poverty. John did two high school examinations last year with the help of a special needs assistant. He was very proud of his results – an A in maths and a B in English. John is able to participate in school sporting activities such as wheelchair hurling (a game similar to wheelchair hockey) and power soccer. He loves taking part in these sporting activities. He especially enjoys the element of competition when travelling to another school for a match. John generally gets on well at school. He is in a class with 6 other boys of similar age.

John has plans to attend a mainstream school for one day per week next year. He also hopes to do some work experience in a bank. John's parents are separated. John lives at home with his mother and his two younger sisters. He complains about their "crap taste in music" – they like pop music, especially boy bands. John himself likes rock music. Some of his favourite bands include Green Day, Snow Patrol, The Killers, The Kooks, Razorlight, REM, U2, Fall Out Boy, Red Hot Chili Peppers and Kaiser Chiefs. John listens to his iPod while travelling to and from school on the school bus. He says that this way he doesn't have to listen to the "noisy kids on the bus or the annoying bus driver". John says that he spends about 4 hours per day listening to music, and that this could be doubled on weekends. John receives a disability allowance and spends most of this money buying CDs, downloading music from the internet and buying computer games.

The Referral and the Condition

John was referred to music therapy by the Principal and Vice Principal at his school. They felt that although John was generally doing quite well in school, there was no place where he could deal with any of the emotional issues he may have as a result of his condition. They also felt that due to his decreasing physical abilities, music therapy may provide John with an opportunity for interaction that did not require a high level of physical ability since the music therapy sessions could be structured in a way that might meet his individual needs. It was decided that music therapy could offer him this space and support.

There are various types of muscular dystrophy. Duchenne muscular dystrophy, the type that John has, affects only boys and is one of the most severe types. John has an awareness of this and knows that it is a degenerative condition. He knows that his life expectancy is greatly reduced compared to that of many of his peers. Freyer (2004) describes the period of adolescence as a rich, if occasionally tumultuous period of life encompassing not only dramatic changes in physical appearance but also the awakenings of self-esteem, independence, social skills and awareness. For the adolescent with muscular dystrophy the outlook is a little different. Self-esteem may be diminished due to changing physical appearances. Skills previously acquired are being lost. Independence is being replaced by higher levels of dependency on others for assistance in many activities of daily life. People with Duchenne muscular dystrophy rarely live beyond early adulthood. Living with a debilitating and degenerative condition like muscular dystrophy is often extremely difficult for both the person with the condition and the families. It can be exceptionally difficult for the adolescent boy to see his life as providing a rich period for the "awakenings of self-esteem, independence, social skills and awareness," when he is fully aware of his wasting muscles, diminishing independence and an inability to carry out tasks that he was able to do in previous years. Several months into John's music therapy sessions he experienced the death of a classmate who died at age 17. This boy also had muscular dystrophy.

John's Music Therapy

When initially approached to attend music therapy John said "No thanks, I'm fine. I wouldn't really have any interest". However, with some gentle persuasion he agreed to come for one session to see what he thought. In this initial session we chatted about music and bands. I had a selection of CDs and he chose to listen to two tracks from an album by the Irish band BellX1. He told me that he had an iPod with over 500 songs. I told him that I could bring speakers the following week if he would like to play some of his music for me. An initial point of contact had been made.

Over the course of the weeks that followed a relationship developed and I could see that John was feeling a little more relaxed and comfortable in the sessions. Although John didn't smile

much, he displayed a sense of humour through his sarcastic comments and clever observations. The sessions generally consisted of some chatting around the themes of music and sport with John always eager to share some new album with me. We talked about the musical elements of the songs, the beat, the instrumentation, the melody, the singer's voice. We compared songs, analysed the lyrics and tried to figure out what made a particular song a good song. John was also open to hearing suggestions from me about other bands that I thought he might like, based on his own music collection.

Key Sessions in John's Music Therapy

Session 4

In John's fourth session he began to open up a little more. Initiated by the lyrics of a Greenday song, John began speaking about things that annoyed him and made him angry – getting up early, the bus driver, school, the clinic, the hard physio beds, the fact that he has been waiting for a year and a half for his new laptop from the occupational therapy department. He said: "Life is crazy."

Session 6

In session six John began to talk about his experience of being in hospital. He spoke about his spinal operation two years previously and about his 6-month-long recovery. He spoke about his dislike for hospital, the pain and the boredom. He spoke about how listening to music in hospital was the only thing that kept him sane.

Session 9

In this session we listened to some music by one of John's favourite bands, Greenday. John talked about the song "Outsider." He said that sometimes he feels a bit like an outsider because of his disability. I asked John if he would have any interest in writing his own song. He said "maybe after the Christmas holidays."

Session 10 (after Christmas holidays)

We began to work on some of John's ideas for a song. Initially he decided that he would like to write a song about life, about the good things and the bad things. However, John found it difficult to think of good things, and what emerged were his opinions on the "War on terror." Over the next three weeks John began writing the lyrics for his first song. He didn't want to sing along. He said "I'm not very good." I told him that this didn't matter. However, he was happy to let me do the singing. When creating the music for the song I offered John choices about instrumentation (guitar/piano/drums?), tonality (Major/minor?), tempo and accompaniment style. John was able to say what he liked and what he thought worked well. Below are the lyrics of John's first song.

Deluded Plan

*He tried to help the people of the world
But he didn't succeed in his weird deluded plan.
A born killer of innocent people
He was a man of mass destruction*

*Please stop the war on terror
Who is to blame for all this terror?
Please stop the war on terror
Who is to blame for all this terror?*

*Why is this happening in the twenty-first century?
It shouldn't be like this.
I feel annoyed, is it too late
To put things right in the world today?*

*Please stop the war on terror
Who is to blame for all this terror
Please stop the war on terror
Who is to blame for all this terror?*

Session 14

This session was different from any of John's previous sessions. John had just received the news on the previous day that one of his classmates had died. There was an air of sadness about the school. I offered John the opportunity to talk about his classmate and how he was feeling. John spoke about how his friend had had the same disability as him. He also said that

he didn't see the point in getting upset because his friend had been sick for a long time and hadn't been in school in over a year. John said that he was "dreading the prayer service" later that day. He chose to listen to some music by the band Fall Out Boy for the remainder of the session.

Session 15

John came to the session with ideas for a new song. He wanted to write a song about something strange...creepy crawlies! I wrote down the lyrics and ideas as he spoke. He asked me to read them back to him and he then made any changes he felt necessary. This session consisted of writing lyrics only. We decided to work on the music the following week.

Session 16

This session was a key session in terms of John's music therapy programme. He came to his session with an enthusiasm and a determination to write his new song. We finalised the lyrics that we could work with, agreeing that we could always change them to fit with the music if something didn't work. The lyrics focused on the idea of insects trying to get in through John's bedroom window. He said that they "terrify" and "annoy" him. As he spoke more about the lyrics, his opinions changed slightly, and he said: "it's only an insect". He found this amusing. Then he said: "Last week I hated them and now I'm feeling sorry for them!" As a music therapist I found John's choice of lyrics interesting. Perhaps the insects were being used as a metaphor for something else? Perhaps not. I didn't feel that it was appropriate to probe. I was content that he was expressing himself in a creative way, in a way that was comfortable for him. I was interested to see what type of music he would request for this song.

John wanted to use the guitar with his song. He wanted the mood to be grey, black and dark. He wanted the tempo to be slow, but to have "an interesting beat." He wanted the tonality to be minor. I offered John various accompaniment suggestions using different chord progressions and fingerstyles. His eyes lit up when I did a steady two-string plucking pattern in E minor. He said "Yeah, I like that, it sounds kinda creepy." As I vocally improvised a melody over this accompaniment, John nodded with approval or scrunched his face if he didn't particularly like something. He began to join in with the singing – something he had not done in previous sessions.

We moved from the verse to the chorus. Here I met with some difficulties, musically. I seemed to be unable to create what John wanted. We talked about what John liked in the chorus of a song. He wanted it to be strong and memorable. He gave examples from songs we had listened to in our earlier sessions. Our discussion was interspersed with different musical ideas, as I strummed and plucked my guitar in various ways. At one point I changed a strumming pattern from a steady 8-quaver pattern to one that shifted the stresses, so that the pattern became 3-3-2 instead of 4-4. It was rhythmically strong and dramatic. John said "Yeah, I like that." We played it over and over. I improvised a melody to fit. John joined in with the singing, his voice growing in confidence, laughing at me if I played a wrong chord or got the lyrics mixed up. It really felt like we were creating something together. We were sharing and creating together, focusing on the song, the music of the moment. It was a socially interactive experience, yet it was also John's own personal expression. They were his words, brought to life in a musical form guided by his direction. John said "It's good. I think it is much better than the last song." Below are the lyrics of John's second song.

Something Strange

*Something strange around this place
Trying to get in through the window
To terrify us, to annoy us
With their annoying flapping wings*

*Something strange around this place
Trying to get in through the window
To terrify us, to annoy us
With their annoying flapping wings*

*Chorus
Please don't freak out
It's only an insect
Stop whinging about
That innocent creature
They don't cause any trouble
They don't cause any trouble*

(Repeat verse and chorus)

Session 18

In this session I asked John if he would like to add any sound effects to the song using the soundbeam. He said that he would "give it a go." He appeared to enjoy moving his chair through the beam to create different sounds and effects. He decided that the sound "Aliens" would go well with his song "Something Strange" and so we recorded the song with the added effect of the soundbeam. John sang out with confidence as he also participated in the music making through the use of the soundbeam.

Sessions 19 – present

John continues to attend his music therapy sessions and will do for the remainder of this school year. John has chosen to spend these remaining sessions listening to music together.

Discussion

Currently there is no cure for Duchenne muscular dystrophy. It is a particularly cruel and debilitating condition. John is aware of the progressive and degenerative nature of his condition. He has very recently experienced the death of a classmate who had the very same disability. What has music therapy offered John?

I suggest that music therapy has offered John the following:

- A safe and supportive space for shared listening and discussion
- An enhanced freedom of expression
- Opportunities to share his music and express his personality
- Opportunities to discover new music and a new way to experience music
- Growth in self-confidence
- Greater self-understanding
- Opportunities to be creative

In music therapy, John's disability did not prevent him from taking part in meaningful interaction. Together we listened to music, discussed lyrics, and created two new songs. John was motivated to take part physically, cognitively, verbally, musically and also on an emotional level. He used both the musical and verbal processing aspects of music therapy for his own personal support. His willingness to communicate his personal thoughts, feelings and ideas grew over the course of the sessions. This suggests to me that the therapy moved at John's own pace, and at John's own level. I believe that taking the time to get to know John through his music was a crucial factor in developing the therapeutic relationship. John then felt secure enough to share his own song writing ideas and take part in the singing and playing for the recording of his song "Something Strange".

When one's adolescent years are affected by the knowledge that his life expectancy is greatly reduced as a result of his condition, it is understandable why they may become angry, frightened, depressed, anxious and confused. For them, adolescence is a paradox of emerging capabilities and diminishing possibilities (Freyer, 2004). As a music therapist I believe that I have a role to play in nurturing these emerging capabilities. Undoubtedly, quality of life issues and emotional support are key areas where the music therapist can assist the adolescent with muscular dystrophy. Working with John was an initial challenge for me. Due to the severity of his physical disability, I knew that playing traditional instruments would not be an option (although later it turned out that the sound beam was an accessible instrument for him). Singing was also not an initial option (John, like many adolescent boys was not a confident singer – he shook his head at the very idea of it in our initial session). So, listening to songs and discussing lyrics was the immediate way to interact musically with John. By finding this point of connection, our relationship developed and John's music therapy journey began. He grew in confidence and creativity to the point where he was excited and committed to his first ever experience of song writing – a capability that emerged in music therapy that John never knew he had.

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