The Use of Songs in Music Therapy With Cancer Patients and Their Families

LUCANNE MAGILL BAILEY
MEMORIAL SLOAN-KETTERING CANCER CENTER

In a cancer setting, patients and their families often report feelings of physical and/or emotional pain. The use of songs in music therapy is effective in providing them with important means for support and tools for change. The verbal messages about people, places, feelings, events, and desires encourage resolution of issues and processing of grief. This article reviews some of the needs of cancer patients and their families and the goals and stages in music therapy. It then explores song choice themes and methods for achieving therapeutic goals. Two case studies are presented to demonstrate the work.

Cancer patients generally experience feelings of isolation, depression, tension, loss, grief, and pain. The coping mechanisms individuals use to deal with these emotions and changes are usually those called upon in their pasts and/or are those which temporarily reduce pain and tension. The types of, effects of, and treatments for cancer are numerous, as are the problems that ensue.

The use of songs in music therapy with cancer patients and their families effectively provides important means for support and tools for change. Human contact and professional support can often assist in diminishing the suffering involved in cancer. There exists an inherent association between songs and human contact since lyrics represent melodic verbal communication. Thus, the use of songs in music therapy can have naturally meaningful applications. Elements of song experiences—cognitive stimulation, the building of relationships, singing, and listening—can provide frameworks for tension release, integration, and pleasure.

In order to most effectively use song material in music therapy, it is

The author wishes to express appreciation to Donald W. Bailey, Jr., Nessa Coyle, RN, C, MS, and Gordon B. Magill, MD, for their support and encouragement.
necessary to gain perception into the needs of cancer patients and their families. It is also necessary to review stages in music therapy and song choice themes.

**MUSIC THERAPY IN CANCER CARE**

**Goals and Stages in Music Therapy**

Music therapy in the care of cancer patients and their families aims to promote comfort, develop meaningful communication, and resolve issues. The music therapist aims to soothe and energize, stimulate the expression of thoughts and feelings, help integrate families and persons into their social environments, provide sensory stimulation, and diminish pain.

In music therapy with cancer patients and their families, need satisfaction is important. The focus may include the need for tension release, control, expression of feeling, hope, comfort and relaxation, being heard, or being quiet. There are frequently times of stress when individuals may need their defenses and emotional control.

The music therapist endeavors to develop an environment of satisfaction and trust. By assisting patients and families in defining their wants and needs, the music therapist nurtures their "natural child" energies (James & Jongeward, 1971, pp. 128-130), energies which can be channeled into creative and self-fulfilling expression. Within this framework of allowing persons to be where they are in coping with the illness and allowing them to use their defenses for as long as necessary while at the same time encouraging creative expression of thoughts and feelings, the music therapist promotes the development of enhanced communication and improved well-being.

There are three stages in the music therapy process. The length of time that the patient and/or family stay in each stage varies according to their needs and their readiness or willingness to participate and progress.

1. **Contact**: The music therapist and patient and/or family establish trust and a working relationship. There is usually a greater focus on other than on self on the part of the patient and/or family.

2. **Awareness**: The patient and/or family begin to focus more directly on themselves. The music therapist guides them into creative self-expression. Awareness of feelings, needs, and desires occurs.

3. **Resolution**: Self-fulfillment and relief are experienced as a result of processing issues, thoughts, and feelings. The releasing nature of music therapy sessions enhances patients' and families' letting go. They usually experience a reconnectedness within themselves and to the world. They find balance and resolution. This process is enriched by the use of songs, where sounds, words, and vitality become one.

**Songs in Music Therapy**

The use of song material in music therapy provides patients and families with melodies and words which stimulate emotion and cognition. Through
Songs With Cancer Patients

songs, they can communicate their problems, their past or present unsatisfied needs or desires, their happiness, their loneliness. They can be reminded of sad or happy times which may provide further insight into present problems or which may take them away from their immediate discomforts. Through singing or listening to songs, they can learn or teach, can experience or re-experience events and feelings, can auditorially touch and be touched.

Songs are unique in that, by their nature, they need a medium for the words to be expressed. This medium is most often the human voice. The sound of the human voice provides intimate contact between the source and the listener, for the human voice is an individual's most intimate means of self-expression. The voice is the instrument through which a human communicates sounds and by which infants form the association between bodily contact and sound. Ashley Montagu writes of the intimate relationship between the Eskimo infant and the mother:

The sense which is next elaborated is . . . hearing. The mother hums and sings to the child, . . . and in time he learns to identify and respond to her voice as a surrogate for her touch. It is a reflexive form of conditioning in which the sign of the original stimulus, the voice, replaces the touch, but the voice always retains its tactile quality, soothing, caressing, reassuring. (1971, p. 268)

The human voice is thus a source for nurturing, for providing the warmth and contact that normally exist between mother and infant. It is an instrument through which we express feelings and thoughts and extend important parts of ourselves.

Songs thus have the potential to establish human contact and can provide a framework for enhanced communication. Singers and listeners alike can relate to the self-expressive qualities of songs.

Song content is significant. People choose to hear and participate in songs which support their needs and which convey the mood and the messages they want to hear. Valuable information about the physical, emotional, and spiritual needs of patients and families can be gained by paying close attention to the songs they choose and the reasons for their choices. The content of song choices often reflects important wishes or memories. The music therapist can use the verbal messages within the songs to promote enhanced exploration of inner thoughts and feelings.

**Song Choice Themes**

The song choices of cancer patients and their families usually encompass one or more of the following nine major themes.

1. **Hope**: Patients and family members may choose to hear and participate in songs which encourage hope, songs that focus on God while at the same time attempting to reawaken their confidence in their own ability to succeed. Themes of hope seem to help sustain them through stressful events.

   Often patients and families who have hope maintain inner strengths
that help them through difficult times. Their body systems gear to fight and
to not give up until the end is obvious and imminent. Patients who have
little or no hope may “give up the fight” before it is actually necessary to do
so. The late Dr. Arthur Sutherland, one of the first psychiatrists involved
in the care of cancer patients at Memorial Sloan-Kettering Cancer Center,
was known to say that keeping the door open to hope is vital in the treat­
ment of the cancer patient. It has been increasingly realized by physicians
that an open relationship with the patient is the best therapeutic milieu
within which to work. A music therapist can potentiate, through the use of
music, feelings of hope and trust between patients and staff.

Examples of these songs of hope are: “How Great Thou Art,” “His Eye Is
on the Sparrow,” and “Here Comes the Sun.”

2. Pleasure: Patients and family members usually have a great need and
desire for pleasure. At recurring points, songs are used to imagine and
dream and to experience pleasing sensations. The theme of pleasure seems
to help patients and families cope with difficult and stressful events.

It is important to remember the stimulating and sometimes unpre­
dictable effects that music has on feelings. An individual may choose a
song for pleasure purposes and then respond by feeling loss or grief. The
music therapist's skillful and sensitive support are always important.

Pleasure songs may include any song a patient wants to hear for pleasure
purposes. Some specific examples are: “I Believe in Music,” “Going to the
Zoo,” and “Make Believe Town.”

3. The World: People frequently choose songs which tell facts or
stories relating to people around the world. Patients who choose to hear
an old folk song or ballad may want to be transported to different lands,
people, or places. In choosing songs which are stimulating to the intellect,
they may be seeking discussion or thinking about their ancestries to remind
themselves of human trials and tribulations. People choosing songs which
focus on the world may also be seeking to remove attention from them­
selves. They may be discussing problems impersonally. Themes about the
world often occur in the beginning of the music therapy process, when
much of the focus is on others.

Examples of such songs are: “This Land” and “Tumbalalaika.”

4. Reminiscence: Reminiscing is a theme which occurs in music therapy
with most cancer patients and their families. A music therapist can use this
theme to promote the re-establishment of communication between
patient and family members. It is common to observe a husband and wife
reconnecting while listening to a song from their courting days. By
experiencing important songs from their past, patients and family
members are able to remove their feelings and thoughts from the present
situation, often alleviating present pain. Also, they are able to remember
fortunes and misfortunes that they have had, a process which results in
stimulating their often waiving self-concepts. Reminiscing may result in
the discovery of unresolved issues. The music therapist's interventions are
helpful when reminiscing occurs. As a result of reminiscing, patients and
family members usually establish foundations from which they can then
Songs With Cancer Patients

communicate important needs and feelings.

Some common reminiscent songs are: "When You and I Were Young Maggie," "Let It Be Me," and "Anniversary Waltz."

5. Relationships: Song themes often focus on interpersonal relationships with spouses, friends, parents, brothers, sisters, and children. These themes may occur as a result of reminiscing, when thoughts about current relationships are processed. Patients and family members may choose songs about relationships in order to process unresolved feelings of anger, guilt, or rejection. They may be expressing appreciation for and happiness about the love and support they are experiencing from significant others. Often thinking about relationships leads people to grieve about the changes in their abilities to participate normally in their roles as spouses, friends, or professionals. In addition, people sometimes grieve about the love and support they are experiencing from others, love and support that they may not have experienced before in their lives.

Examples of songs about relationships are: "You've Got a Friend," "Parents Are People," and "Brothers and Sisters."

6. Needs and Desires: The songs chosen by patients and families often express statements of "I am," "I want," or "I need." These songs are chosen to obtain support and ventilate concerns.

Examples include: "I Want to Go Home," "Help Me Make It Through the Night," "Take Me Home, Country Roads," "Help," and "Watch With Me."

7. Feelings: Patients and families may choose to hear and participate in songs about feelings they want to express or find difficult to express. Those seeking self-expressive coping mechanisms often choose songs that express permission to feel.

People who do not feel free to express feelings experience increased tension and may set up barriers between themselves and their surroundings. As a result they may feel more isolation and deprivation. By introducing songs containing messages about feelings, the music therapist can convey acceptance and permission to feel.

Some songs about feelings are: "It's All Right to Cry," "Free to Be You and Me," "People," and "Grouch Song" (Sesame Street).

8. Loss and Death: These themes recur frequently in music therapy in a cancer setting. The expressive outlets of these songs serve to help alleviate fears and anxieties and promote inner peace and acceptance. There are times when musical communication through the songs is by itself most effective in helping patients and families prepare for death. Open discussion of these themes often seems to occur after people have acknowledged their personal needs, desires, and feelings.

Songs in this category include: "Honey," "Danny Boy," "Clementine," "Eleanor Rigby," and "Mr. Bojangles."

9. Peace: Song choice themes may reflect feelings of satisfaction, acceptance, or love. These songs usually elicit peaceful images and peaceful feelings. They may also reflect patients' and family members' inner resolutions with loss and death. Often these songs are chosen after
feelings about grief and loss have been processed. They usually occur in the resolution stage of the music therapy process.

Some peace songs are: "Cruising Down the River," "Que Sera, Sera," "Wherever You Go," and "My Way."

**Song Choice Themes in the Stages of Music Therapy**

The themes of song choices often directly correspond to the three stages of the music therapy process: contact, awareness, and resolution. Generally, patients and families first focus on others (The World) and then progress into the more intimate areas of self (Reminiscence, Relationships, Feelings, Needs and Desires, and Loss and Death). Peace songs generally occur as an expression of resolution. Hope and Pleasure are sustaining themes, often appearing throughout therapy (see Table 1).

---

**Table 1: Song Choice Themes in the Stages of Music Therapy**

<table>
<thead>
<tr>
<th>Stages</th>
<th>Contact</th>
<th>Awareness</th>
<th>Resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Themes</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The World</td>
<td>Reminiscence</td>
<td>Relationships</td>
<td>Needs and Desires</td>
</tr>
<tr>
<td></td>
<td>Feelings</td>
<td>Loss and Death</td>
<td>Peace</td>
</tr>
</tbody>
</table>

Hope and Pleasure are sustaining themes.

---

**Methods and Discussion**

Appropriate use of song material promotes the achievement of therapeutic goals. The themes that patients and families present in their song choices can be used by the music therapist to identify moods, needs, and concerns. Song choice themes can be embellished and developed in the music therapy sessions. A primary focus is always to provide patients and families with music which is satisfying and soothing.

During the initial sessions, the music therapist establishes a trusting relationship, using familiar songs. Participation is encouraged by
discussing song content and using lists and music books. Themes are identified. In moving from the contact stage to the awareness stage, the music therapist focuses on the themes chosen by the patient and/or family while encouraging the development of self-awareness and creative expression.

In further sessions, the music therapist initiates meaningful and appropriate song material. It is important for the music therapist to play songs which match the moods and the verbal and nonverbal messages being communicated. An angry person whose environment appears agitated tends to withdraw when messages such as “cheer up, be happy” are expressed. This person is best helped by songs which relate dissatisfaction, for example, “These Hard Times,” “If I Had a Hammer,” and “Take Me Home, Country Roads.” A depressed patient whose environment is disheveled generally needs to hear messages which acknowledge difficulty (“Where Do I Go?”) or questions about life (“Blowin’ in the Wind”). Depressed people seem to need soft music. Fast, loud sounds are not in rhythm and mode with blue and hopeless feelings. A lonely patient prefers to hear messages which express desire for contact and support (“People” and “Kum Ba Yah”).

It is important to note that the tempo and dynamics of meaningful songs can always be altered to correspond to moods and needs. For example, the song “Both Sides Now,” which in content verbalizes “really don’t know life at all,” can be played with accentuated rhythm to support anger. The technique of altering dynamics is especially important when working with people in pain, since they need tempos and rhythms which are slow and relaxing (Bailey, 1983).

Personalized connections to songs are important to the development of the therapeutic process. Ongoing use of fill-in songs (songs which provide spaces for patient responses) is especially helpful in promoting self-expression and identification of wants and needs (“Standing in the Need,” “Joy, Joy Down in My Heart,” “He’s Got the Whole World,” and “Kum Ba Yah”). The words of any song can be substituted to apply to personal situations. For example, words to “Rocky Mountain High” can be changed to describe a patient’s favorite Pennsylvania Pocono hideaway. Song writing is a technique which can satisfy a variety of needs by promoting feelings of worth and self-respect.

The use of songs in music therapy elicits human vocalizations and singing. The channeling and letting go of energy through the voice stimulates self-other awareness and relief and relaxation. Patients and families usually experience diminished isolation and increased connectedness as a result of intimate communication by and between human voices. Whether people sing or listen, they respond internally.

It must be noted that the use of song material in music therapy with cancer patients is not always appropriate or effective. There are times when a patient desires to listen to music without words. At other times, a person may want to be alone, or only in the presence of the music therapist’s soft instrumental strumming. Words in this case would only
remind the patient of another human presence and would deny the patient need-satisfaction. Some people prefer to listen to wordless music in order to explore their own inner imagery. There are also times when people do not want music at all.

In most cases, however, the use of songs in music therapy has been found to be very effective. Songs link feelings to thoughts, images to events, and people to people. The human element inherent in song material assists in diminishing feelings of isolation, anxiety, and fear. Messages within songs can provide support for inner needs and can help people process loss and grief. Songs can evoke pleasing images and can enhance joy.

CASE STUDY: PETER

This case demonstrates the use of songs in improving family patterns of communication, promoting expression of feelings and thoughts, and reducing anxiety.

Peter, age 21, was diagnosed with testicular sarcoma a year and a half prior to the first music therapy session. His cancer had metastasized to his lungs during that time. He had received chemotherapy at another hospital and was then transferred to the care of physicians at Memorial Sloan-Kettering Hospital for specialized treatments.

Peter requested music therapy during his first admission to Memorial Sloan-Kettering. He seemed anxious.

In the initial session, songs were used to establish contact. Peter's parents were present. His mother did most of the talking. Both Peter and his father let her lead the conversation. With guitar as accompaniment, the therapist asked all three for song requests and invited them to sing along. Peter insisted he could not sing, and both parents agreed that the therapist would rather not hear him sing. Peter's mother teased him and several times called him "klutz." Peter was quiet and laughed occasionally. The parents chose to hear the song "Day by Day," which expresses prayers for closeness to God. Peter requested "Let There Be Peace on Earth," a song which globally expresses desire for peace and harmony. Before the therapist left, Peter told her about a song that he loved and wished she knew, a song that a friend of his had written. Again he insisted he could not sing it.

This session provided information about feelings and issues important to Peter and his family. Family patterns of communication seemed to reinforce the repression of feelings and thoughts. There appeared to be longing for balance and relief, and their behaviors were tense. It seemed that to help Peter become unblocked would result in more meaningful family communication. Dependency and passive-aggressive personality traits were evident.

At the second session, the therapist sat closer to Peter. Peter's father was not there; his mother sat nearby. The therapist asked Peter to try to sing the song he loved, since perhaps she could learn it. He sang, rather unmellodically. After several attempts, the therapist found the melody. Peter's
mother smiled while the therapist and he sang the "Bunny" song a few times. Peter became relaxed and calm. He seemed freer from tension and was energized with excitement.

Peter gradually became less inhibited with music therapy and participated readily. The following sessions were devoted to the development of bonds and a working relationship. The "Bunny" song was used frequently. Peter was then discharged.

A few weeks later, during his next hospital admission, Peter and the therapist had an individual session during which the focus was on his feelings, to begin awareness development. After discussing his feelings about being in the hospital, Peter spontaneously created a song to the tune of "Howdy Doody." This song was named "The IV Song" and included, "the IV's finished now, my 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, the arm is free again." Peter verbalized within the less threatening medium of song his frustration and anger about the painful procedures and his lack of natural mobility. Also in this session, he wrote songs about food that he loved to the tunes of "Deck the Halls" and "Jingle Bells." Peter was singing, flowing with creativity, and ventilating feelings within the music. He was expressing thoughts about loss (e.g., food, mobility) and feelings of anger. He was becoming more assertive.

In following sessions, Peter began to direct and conduct the music. He decided which music was played, how, and with whom. His mother took him more seriously after several music therapy sessions. She no longer called him klutz and showed respect and admiration for Peter's expressing himself freely through the music. Peter's mother told him that she loved to hear him speak German and requested that he sing German songs in the sessions; he did. Peter's father became less passive. He looked through song books and then requested songs that were meaningful to his past. Peter's mother and father reminisced together.

The awareness stage of the music therapy process consisted of musical expressions of memories, thoughts, and feelings. Changes occurred. Each family member showed signs of diminished tension and anxiety. Also, each began to function independently in the sessions and the interactions were more positive. It seemed also that the parents experienced relief as a result of observing Peter's release of tensions and concerns.

Peter was discharged again. At home, he and his mother wrote a song together. When he was readmitted, shortly before he died, they sang the song for the therapist and she tape recorded it for them. This song was named "King Tut" and was their symbolic dealing with his nearing death.

During the three weeks prior to his death, Peter requested the therapist to sit near him and sing "King Tut" and "My Way" ("and now the end is near . . . I did it my way") with him. He knew he was dying and was experiencing peace. These songs were important sources of support for him during this time. Peter's mother and father also experienced peace and relief during this resolution stage of the music therapy. They heard Peter accepting his death and they heard him express thoughts about having
“lived a life that’s full” in “my way.” They shared joy and intimate closeness in the days before he died.

This example clearly demonstrates the effectiveness of using songs in music therapy to stimulate self-expression and to successfully create changes in a family’s patterns of communication. Songs afforded Peter the opportunity to explore his thoughts and fantasies, express anger and frustration, and exhibit the self-assertiveness from which his self-esteem flourished. 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. Loss and grief were processed and peace was felt during Peter’s dying. Resolution and closure were attained.

CASE STUDY: DAVID

David’s case exemplifies using songs in music therapy with a patient and his family to enhance creative self-expression and resolution of grief. The sessions also provided sensory stimulation at the site of neurological impairment.

David, aged 65, was diagnosed as having a primary brain tumor 10 months prior to the music therapy referral. He had been a successful business manager and led a very active upper middle class social life prior to his illness. He was married and the father of two grown children (ages 23 and 25). His family was closely knit, with grandparents, siblings, and other relatives remaining in frequent communication. David and his family were intelligent high achievers, motivated, and extroverted.

At the time of referral, David was neurologically impaired. He had left hemiparesis and manifested symptoms of expressive aphasia. Due to his mild dysarthria, he was tense and seemingly frustrated. His wife, Mary, was becoming increasingly anxious and agitated during David's long-term hospitalization and his decline in level of functioning. There seemed to be mood disturbances related to unresolved grief and blocked emotional expression in the family members, especially Mary and their oldest son, Mark.

In the initial session, the therapist aimed to develop contact with David and Mary. She sat near Mary with her guitar and asked what music they would like to hear. Mary immediately said, “Wait! Let’s see what his opinion is.” She asked David if he would like to hear music. He nodded “yes.” The therapist sang “Home on the Range,” a familiar song which also suggests a focus on home life. David began to sing some of the phrases with her. Mary moved closer to him and smiled as she wept. David slowly verbalized, “I love music,” and Mary requested songs familiar to them, relating fragments of information about David’s many years of singing at home. She continued to weep while David sang with the therapist. At the end of the session she announced to the nurses, “I’ve had a good cry,” and requested that the therapist visit them daily, especially to provide David with the sensory stimulation that he needed. David nodded “yes.”
Contact was clearly made during the initial session and the needs of patient and family were assessed. Mary's expressive personality traits and her trust in the therapeutic intervention enhanced the development of the working relationship. Her feelings of helplessness and sadness were exacerbated by the frustration she felt as a result of being unsuccessful in establishing meaningful communication with David. To assist her in regaining a sense of direction and satisfaction was important. Also, since David was recalling and singing words to songs after a long period of minimal verbalization, it seemed that Mary's isolation and some of her feelings of frustration would diminish. She could again be in communion with him. David's tension and frustration seemed to lessen during his vocalizations. He became energized and smiled.

The second session marked the beginning of a lengthy awareness stage in their music therapy. Mary chose songs meaningful to their past ("Beyond the Blue Horizon" and "Always True to You in My Fashion"). Her song selections revealed her need to reminisce. They also reflected love and a desire to be in intimate communication with her husband. She reminisced fluently as she wept, laughed, sang, and rested her head on his shoulder. David sang and frequently led us in singing all the words to "Surrey With the Fringe on Top." His memory and verbalizations were remarkably improved during the singing. At their request, "Kum Ba Yah" was sung at the beginning of each session to enhance their awareness of feelings and needs.

Changes were occurring. Mary's tension and anxiety abated. She experienced satisfaction in hearing David sing again and being in lyrical communication with him. The sessions seemed to provide her with a new sense of control. She chose songs and she was helping bring him pleasure and stimulation. She took charge of arranging the setting of the daily sessions. As the therapist approached the room, Mary set aside all distractions and placed her chair at David's functioning right side. Music therapy was providing her with a meaningful emotional outlet as well as a form of deeply desired communication.

Their son Mark began to spend longer periods of time in the music therapy sessions. He chose Beatles songs, the contents of which reflected longing and sadness: "Yesterday... all my troubles seemed so far away, now it looks as though they're here to stay" and "When I'm 64... will you still 'feed' me." Sitting close to his father's side, he sang the words energetically. After singing, he usually leaned on his father's shoulder.

During the awareness stage, the family members openly expressed thoughts and feelings to one another. Fill-in songs were commonly used. David occasionally ventilated anger by demanding "Stop" to annoyances. In singing about feelings one day, he sang about his sadness due to his paralysis. Mary verbalized her feelings of frustration as well as her deep love for him. Mark admitted the difficulty of his father's illness, that he felt it was much harder for him than it was for his father. Mark also told his father of his love for him. Each of the three family members benefited from the use of meaningful song material.
David weakened progressively and became increasingly lethargic. The family was told that the treatments were not working and that his tumor was growing rapidly. Mary talked about her acceptance of his eventual death.

The family entered the resolution stage of their music therapy. Much of the anger and grief had been ventilated and inner peace was apparent. Mary daily requested "Beyond the Sea" as she curled up at David's side. She said the words were very meaningful to her: "My lover stands on golden sands and watches the ships that go sailing... We'll meet beyond the shore, we'll kiss just as before." (Trenet, 1976, 56-58). David was discharged and died at home one week later.

This case study demonstrates the effective use of song material to enhance self-expression and the resolution of anger, mourning, and grief. Song material in this case also promoted the redevelopment of communication between husband and wife, especially since this neurologically impaired patient could sing words he otherwise could not express. He could participate in the important awareness stage and be actively involved in meaningful communication. Resolution was attained.

CONCLUSION

To achieve the ultimate goal of personal well-being, one of the most important tools of the music therapist working with cancer patients and their families is the use of song material. Encouraging participation and involvement, he or she focuses on assessing important issues and feelings. By identifying, embellishing, and expanding song choice themes and then initiating new material, the music therapist provides patients and families with meaningful outlets for self-expression.

Sensitive use of song material can assist patients and families through the illness. Encouraging them to be at the helm of the music therapy process, the music therapist can creatively support and guide them through the three stages of music therapy: contact, awareness, and resolution. Patients and family members can then experience feelings of inner peace, well-being, and relief—feelings which can be integrated into improved illness management mechanisms.

In contending with the life-threatening illness of cancer, songs can reawaken vitality and creative life-expanding energies. Songs in music therapy thus build intimate relationships between human beings and life.

REFERENCES


Lucanne Magill Bailey, MA, CMT, received a Bachelor of Arts in psychology from Whittier College and a Master of Arts in music therapy from New York University. She has worked closely with cancer patients and their families at Memorial Sloan-Kettering Cancer Center since 1973, having developed the music therapy program there. She is currently music therapist in the hospital's Pain Service, Neurology Department. She is founder and President of Music in Cancer Care (MUSICC) International, Inc.