

Full-Length Article

## Bridging Familiarity with Unfamiliarity: *The Use of Music Therapy to Normalize the Pediatric Hospital Environment*

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### Abstract

This article explores how music therapy can help to normalize the hospital environment for pediatric patients regardless of their acute or long-term status. Many different facets of how normalization can be utilized through music therapy are explained, as well as some case examples to further demonstrate these circumstances. The main concept of this article is to reflect upon how normalization of the hospital environment, via music therapy, may provide pediatric patients with an opportunity to explore their healthy selves rather than focusing on their illness or medical ailments. Case vignettes are also provided to enlighten the many facets of normalization and show how music therapy may offer unique ways of accessing feelings of normalization.

**Keywords:** *Music therapy, normalization, pediatrics, medical, child development*

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### Introduction

Normalization is a term which is widely used in music therapy literature [1-5], and yet it is difficult to find one article in which an author attempted to define what a *normalized* environment actually is. In defining normalization, it may prove to be challenging to commit to an objective view of what is normal and what is not, and this may be due to the fact that subjective views often play a role in the way an environment is perceived. However, when speaking of the environment in which the hospitalized patient is surrounded by and contained in, normalization becomes quite an important aspect of a child's development that influences their sense of security. This was noted by Pao, Ballard, & Rosenstein as they agreed that "an important goal for these children and adolescents is to normalize hospital life as much as possible [6, p. 2752]. With this being said, a need for a general sense of what normalization entails should attempt to be defined.

The hospital environment is one that is unfamiliar and often times scary to a child. There are medical instruments in the surrounding areas of pediatric procedure rooms which look like strange objects; people that the child may not have

met before poking and prodding over each wound; walls which wouldn't necessarily look like the school chalkboards or achievement charts surrounding them. Family life, schooling, and independence are all shifted while in the hospital, changing the physical and emotional environment for the child [6]. Stress is often a strong component related to hospitalization. New relationships with staff, unfamiliarity, and no prominent structure or schedule of events is evident. Therefore, chaos may arise in an unfamiliar and strange environment not only involving the children but also with parents and other family members.

Although this article in no way states that the tenants and experiences described herein are set ways of approaching normalization within a pediatric acute care medical setting, the author hopes to explore the theme of normalization across a span from most acute hospitalizations to more chronically ill patients and hospitalizations. All experiences throughout this article are made from the author's experience in acute and long-term care pediatric medical settings, supported by the model of music psychotherapy. The principles of psychotherapy that have been incorporated into this author's work consist of Carl Rogers' theory of personality development [7] and his theory of self-worth and positive regard, as well as Joanne Loewy's approach to music psychotherapy [8]. The writer makes an effort to explore the theme of normalization and how music therapy may play a role in shifting the perceived environment of anxiety toward one which may become more familiar and manageable to pediatric patients during their hospital stay.

### Rationalization for Music Therapy and Normalization

While researching and trying to bring order to the word *normalization*, it can be concluded that the definition may be

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simplistic in nature. For the purpose of this article, normalization is defined as bridging what is familiar and cherished to the patient from outside of the hospital, into the actual environment and space of the hospital. This is quite a subjective concept, as what may be *normal* for one child may be completely different for another. If a person feels that she is in a safe and welcoming environment, this may, in turn, lead toward more acceptance and will perhaps create opportunities that will affect the perceived environment, in a way that could enhance feelings of wellbeing. As music therapists and healthcare professionals, our hope is that the children can find it within themselves to actively engage in their environment, particularly as we may offer the tools necessary for this to occur.

Robb states, “hospital environments are often inconsistent, unfamiliar, unpredictable, and fail to challenge individuals to act [9, p. 30].” Normalization within the hospital setting may allow children, especially those subject to frequent hospitalizations, to be active participants in their environment. Providing an environment of normalization may also allow children and adolescents alike to grow and develop continually, while at the same time maintaining the process of development as human beings. If children subjected to hospitalizations (especially those subjected to frequent and prolonged hospitalizations) do not have a sense of normalization within the hospital setting, it may lead to greater stress and anxiety throughout their experience and even beyond. This in turn may carry over into developmental issues associated with hospitalization, such as psychological and social deprivations [10].

The role music therapy has in this environment allows the child to become comfortable, and to “assist the child in any or all of the following: to promote adaptive coping, to reduce pain or distress, and to increase and promote cognitive and/or physical development [11, p. 35].” Children explore and communicate best during play and normalizing experiences when actively engaged with their environment. Having said this, normalization is a concept that can ultimately be carried through each area of the child’s developmental needs during hospitalization. The hospitalized child may not portray each and every need during their music therapy session(s), however it has been shown that multiple needs are advocated for which may bring about a sense of normalization. The following areas of need are all addressed and demonstrated using a concept of normalization:

- pain
- depression
- reducing isolation
- procedural support
- coping with a new diagnosis
- developmental and global delays
- mastery and control
- self-expression and feelings of self
- play; and
- maintaining development

## Areas of Need Defined by Normalization

### *Pain*

There are many different ways that a child may perceive pain while in a hospital. As Ann Turry explains, “it is the child’s appraisal of the impending procedure which influences his pain experience and emotional response [12, p. 89].” Patients living with chronic and/or acute illnesses suffer from pain, whether it is physiological, physical, and/or emotional. One dynamic that may influence the pediatric patient’s perception of his/her pain may include his/her own perception of the environment. However, the use of a familiarizing experience, such as music, to promote ways of coping with pain and most particularly which may potentially alter the perception of pain, may help the child to fully understand what the experience of pain is meant to be communicating to them, and to also encourage them to gain more introspect into how they can counteract their pain. This being said, the patient then changes the perception of their pain into something less fearful, and more original, authentic, and creative. Guided visualization and relaxation techniques/deep breathing are important music therapy techniques used to cope with/alleviate/alter the perception of pain, and each of these techniques can be used with music, ideas, and images which are familiar to the patient. During music-assisted guided imagery, patients may transform their environment into one that is more familiar and comforting to them. They may accomplish this by creating a sound (aural) environment with various instruments (stressing patients’ preferences) and exploring dynamics and tempo with the music therapist. Deep breathing exercises may be used while the music therapist presents the patient’s preferred genre of music/favorite songs (via therapist’s voice and accompanying instrument of choice) in a rhythm suitable to facilitate the deep breathing. This rhythm would most likely be determined from the patient’s respiratory rates. The music in and of itself would then likely be serving as the motivational force behind the experience, providing the means for the patient to become engaged in the deep breathing process. With self-reports, Nguyen et al. [13] found that pain scores post music groups were significantly lower with music therapy in children with cancer undergoing lumbar puncture.

### *Depression*

Depression among chronically ill patients is a common condition that is widespread. It is the author’s experience that while chronically ill patients may be more likely to be subjected to depression due to recurrent hospitalizations and chronic pain, normalization continues to play a role in the perception of their illness. It seems to be that what may have been normal for a patient previous to being hospitalized may not be normal during hospitalization or while coping with a new diagnosis. During hospitalization, patients are typically stripped from the following arenas of their life:

*Social life*

Patients are used to the everyday groove of seeing people they are familiar with, socializing on an everyday basis with their friends, and in general socializing in their neighborhood;

*Academic life*

Chronically ill patients often have to miss school due to frequent hospitalizations and pain crises. This can eventually lead to poor academic performance, which can be a trigger to the onset of depression; and,

*Active life*

Children often seek pleasure being involved in athletics and/or play, school clubs, after-school activities, etc. Frequent hospitalizations may rob the child of this privilege.

Kersun & Elia found that it is important to recognize depressive moods in pediatric oncology patients and that treatment is often beneficial, as depression affects quality of life [14]. Furthering this, patients with chronic pain have also been found to report heightened levels of depression and anxiety [15]. Music has the potential to bring about what is not known to the patient on a subconscious level out into the conscious mind, where the patient is able to process these thoughts and emotions brought upon by the music itself (B. T. Harris, oral communication, February 3, 2012). It is possible that if a hospitalized child is given the right outlet within a safe environment to address his fears regarding his illness or other surrounding issues that are anxiety-provoking, this will in turn allow the child to free himself of any preconceived notions and be open to the process that can happen through music therapy.

*Reducing Isolation*

A child placed on isolation precautions is typically unable to leave the confines of their room. The patient must remain in their room due to infection or contagious illnesses, or as a means to contain (protect) themselves from contagious illnesses. More often than not, bone marrow transplantation patients are always under strict isolation precautions, meaning they are unable to leave the small area to which they call their room. When music therapy services are offered at the bedside for patients in isolation, this allows the child to become active in his/her environment and it also allows him/her to engage with other individuals and build a normalized relationship with them. Standley & Hanser state, “music helped ... children to experience a more normalized environment with age-appropriate activities and opportunities for expression, relaxation, control, and anxiety reduction [16, p. 6].” In a recent study, Tucquet & Leung found that “parents referred to music therapy as playing an active role in helping their child to...connect with the outside world and the normal part of themselves...[17, p. 333].” O’Callaghan et al also perceive that

music is a natural and common activity found within the lives of children, stating that, “children use music to explore and culturally adapt in their worlds [18, p. 779].” Music therapy allows the child to fully engage with the music therapist and the ‘outside world’, as music is naturally something that occurs within the realms outside of the hospital.

*Procedural Support*

Procedures may often evoke a sense of anxiety and stress, and a child may not be willing to comply with the procedure. Wolfe & Waldon indicate that music seemingly has the ability to *block* neurological signs of pain from the brain, essentially building gates to block the pain along the peripheral nervous system [19]. Wolfe & Waldon have also found other theories of pain reactions, including the use of music to enhance the production of beta-endorphins, which then result in pain inhibition [19]. Whichever theory one seems to resonate most with, the end result is a fact – pain is a subjective experience, and past experiences and memories will affect the future experience.

Music has long been noted to bring an integrative/redirective element to procedures within a hospital setting with pediatric patients. Music’s role in the act of integration or redirection during a medical procedure may help to bring awareness either toward (to assert control or release) or away from the procedure and allow the child to become more engaged with the inner (within body) or outer environment through the music. Music may also be used to support the emotions and calm the chaotic energy of the room, which otherwise may not be addressed. The music itself, most likely patient-preferred or improvised by both therapist and patient, may honor and validate the various emotions and energies within the environment, while also validating the patient’s process before, during, and after the procedure. Several authors have supported the use of music as a support during procedures [20-22]. Kruse supports the use of music as a distracter, coinciding with the gate control theory of pain, stating, “the music may act as a distracter, effectively closing the ‘gate’ of pain impulse signals to the brain through the distraction of the client [21, p. 91].” Active music making may include the singing of familiar songs [23], improvisation, or the use of a story-song, for example. By allowing the child to actively participate in the music making process, the child then becomes more acquainted and actively engaged with his/her environment; he/she is also gaining control physically (over his/her body) and physiologically (over their tolerance and perception of pain during a procedure).

Another example of music used as procedural support can be identified as receptive music listening. Receptive music listening allows the music to be the focal point in the procedure – it is constantly there, providing a steady, containing pulse and support. The music would typically be provided by the therapist via voice and/or accompanying instrument, live and in the moment, based on patient’s musical preferences. It is important to stress that the music is

live and provided via the music therapist, as this experience affords the ability to be changed in the moment, throughout the duration of the procedure if need be. Because the music is live, and can be altered, the patient's emotions and physical state can be reflected in the music by changing dynamics, tones, and other various components. Through this music, the child may be able to direct all of the focus on the procedure itself, while also being entrained and contained through the music entirely, as the music may be improvised to validate the patient's musical preferences, as well as reflect the patient's emotional state. For example, a patient's mother may indicate that the patient's favorite songs are typically lullabies. If the patient does not want or cannot actively participate in the music making process, receptive music listening or music-containment may be offered in a lullaby-form, improvising as the procedure occurs. The child may be able to focus his/her attention on the procedure, perhaps by looking and attending to it, but also will be able to express how he/she is feeling while the music is containing the emotions in the room. In context, providing a more normalized and comfortable experience (music) while being subjected to a possibly painful and unpleasant procedure may allow the child to become more actively involved and engaged in the environment, thus encouraging the healthy side of the patient to emerge. When reflecting on the patient's healthy side, the patient may choose to embody what is continuously healthy within them. For instance, although a patient may be diagnosed with a chronic condition such as asthma, they may choose to see that their imagination has not been compromised, and wishes to continue exploring their imagination through the use of music improvisation and story-songs.

Music may also serve as a new coping skill throughout procedures if it had not been previously used before. The music therapist could use one of the above mentioned techniques and then instruct the patient and/or parent on how they can use music in future procedures to further the goal of strengthen coping skills. Wolfe & Waldon conclude, "Overall, it would seem the more involved the child is in the musical experience, the less likely the child will attend to the aversive stimuli (i.e., pain, nausea, etc.) [19, p. 41]."

### *Coping with a New Diagnosis*

When coming to terms with having been newly diagnosed with an illness, a child is also met with several other challenges: learning about their new relationships with staff members of the hospital, becoming oriented to the hospital environment (and how they can make it more familiar to them), coming to terms with the uncertainty of daily activities, and trying to handle the lack of knowledge or uncertainty of what the future holds. Music therapy allows children to address fears and concerns of their illness out in safe, supportive, and containing manner. "During the phase of diagnosis, the music therapist facilitates opportunities for self-expression, the dissemination of information, a reduction of anxiety, choice and control, and the provision of a 'safe' and

familiar environment [24, p. 115]." Children may express this through active music making and improvisation, lyric analysis, using familiar songs to indicate feelings, and by creating expressive original songs. The more that the child is able to actively engage within the environment and cope with the surroundings and feelings that most often come with a new diagnosis or dealing with a chronic condition, the more the child will be able to understand his/her illness and how to better address the related effects. Parents have also been found to rate music therapy highly in regard to promoting coping skills within the hospital environment [17].

### *Developmental and Global Delays*

Patients with developmental disabilities might require the attention of a nursing assistant or another individual to provide care 24 hours of the day, especially if there are no parents at the bedside. Patients with disabilities are often found to have less access to stimulative experiences while in the hospital setting. Music therapy may provide not only auditory stimulation, but also visual, tactile, vestibular, proprioceptive, and oral-motor stimulation, thus creating an aesthetic experience of multi-modal stimulation, not to mention stimulation that is needed to allow such children to continually evolve as human beings. It has been the author's experience that some staff members of medical facilities are unsure of what modalities to provide patients with severe or global delays; music therapy, most specifically the relationship that is built between therapist and child, allows for patients to continue to be validated and supported, through a means which may not need to be verbal. Many children with developmental disabilities are provided with various types of therapies at home or at long-term care facilities, and music therapy has the unique capacity to provide stimulation and support while being hospitalized, therefore bridging the continuum of care between home/facility and new hospitalizations.

### *Mastery/Control*

While a child is hospitalized, he may not have a choice as to what foods he is allowed to eat, when he is allowed to eat, if/when he is allowed to come out of his room (due to isolation restrictions), or he may not have a say as to when he would like to sleep for a full evening. In witnessing this, this writer has found that hospitalized children may be void of many decision-making opportunities and may be limited in terms of choices when hospitalized. Music therapy provides many unique opportunities for volition simply within the medium itself – the music. The music therapist may attend to the patient's need for opportunities of control/mastery by providing seemingly simple instructions. For example, a child may select instruments for everyone in the room, and then, if desired may instruct each person on how to play that particular instrument [25]. Typically, decisions are made by the adults in the hospital environment; however in music

therapy, the child/patient is the one that can make the decisions [26]. The patient controls the dynamics, the experiences, the familiar or improvised songs, and the portrayal and value of time within the music. Even what may seem to be the most simple of decisions and the smallest of choices, may happen to be the largest of options for the child void of these detrimental needs. Music therapy may engage each individual in the room to participate and make the environment a more normalized, active place. For example, while a patient is engaging in improvisatory music play with several instruments he may have selected, he then has the opportunity to act as the ‘conductor’ of the musical experience. He can instruct each member of the room (including staff, family, friends, etc.) as to what instrument they should play, as well as in how to play the various instruments. Music may also facilitate bonding between caregiver/s and patient/s, while at the same time offering a sense of mastery when caregivers sense a lack of control over their environment and in their current circumstance [27].

### *Self-Expression and Feelings of Self*

Self-expression can be defined as “feeling that one’s unique personality and ideas are being communicated and received [28, p. 25].” Pediatric patients are often struggling through times of stress, anxiety, struggle, uncertainty, and loss – loss of self, loss of physical appearance, loss of structure and balance during hospitalization. Allowing children to be able to express themselves verbally or non-verbally may be a powerful experience throughout their hospitalization. Many children who have been hospitalized, whether it be one acute hospitalization or frequent, prolonged hospitalizations, have had opinions and thoughts revolving around their hospitalization, ranging from difficulties relating to a new diagnosis to exploring unresolved issues relating to a recurrent illness. Music affords these patients the opportunity to creatively express themselves when they may not be aware of the words to verbally do so. Patients may also find that it is easier to channel their emotions in an outlet that may be less invasive than pure verbal communication. Creating expressive melodies through melodic instruments, and creating a story through the music, may be the means of expression to some patients, allowing them to produce their feelings in a way in which they may not have done otherwise. Due to the intensity of the environment, the expression through music and words may encourage the child to relieve whatever stressful or anxiety ridden feelings s/he may be having. Songwriting, improvisation, and song discussion are common ways in which children can express themselves musically. One poignant session this writer experienced a teenager diagnosed with cystic fibrosis. Before any music began we explored various emotions, ranging from feeling open and relaxed to feelings of loneliness and feeling lost. After settling on two chords, the therapist portrayed the chords slowly, and arpeggiated them on the guitar. The patient began to vocally improvise, with her eyes closed, “come find me”, elaborating

the melody with trills and vocal runs, sounding as if she were a professional. She improvised lyrics with themes of searching for someone, wanting to leave to go back home, and persevering through difficult times. As this patient had some previous vocal training, this writer chose not to sing along with the patient, but encouraged the patient to feel independent and strong, as this writer supported her musically throughout her journey and exploration. As this patient was already a musician, bringing the normalcy from how the patient typically expressed herself to how she was able to express herself at the hospital seemed to be an important goal to achieve.

### *Play*

Play can broadly be defined as “any activity in which children spontaneously engage and find pleasurable [29, p. 3].” When children are able to play in the environment, whether it is uncomfortable or natural, they also have the experience of being able to make choices, explore their environment, and discover strategies of coping [30]. Play and music go hand in hand with each other. Many aspects of music are playful – humor in lyrics, surprises found in music, and the improvisatory nature of music to promote imagination in children. Because play is found to be the way that children communicate their wants, needs, troubles, and anxieties, play is found to be an important source of communication between the child and the medical staff or other adults. In one study, music therapy was found to improve mood and smiles more than simply just playing recreationally [31]. Although we should not discount the effect play has on children, music therapy may then be able to access a deeper emotional field, as well as bring about socialization and companionship, as play might not be able to offer on its own. As music therapists, we may draw conclusions regarding the way children play musically. However, sometimes it is a reality that children simply need to have fun, to laugh, play, explore, and conquer.

### *Maintaining Development*

Although children may be subjected to hospitalizations at times in their life without a disruption of development, children diagnosed with a chronic illness are often subject to multiple hospitalizations, at times lasting throughout their entire childhood. This may impact the way a child typically develops, as they are often taken away from social arenas and educational spaces. Typical development often involves attaining goals within a certain age range. In regard to infants, the music therapist may often assist the caregiver in bonding with the child, as well as offering psychosocial support to the caregiver through music therapy sessions. The music therapist may also act as a nurturing, warm figure throughout the infant’s hospitalization, in order for the infant to develop a sense of trust.

With school-aged children, music therapy groups may allow for opportunities of socialization and companionship.

At times, discussion may be brought up within the music therapy group involving illnesses and diagnoses, furthering the sense of containment and social want within a group setting. The natural need for order within this age group can easily be projected through music therapy in a sense that it may offer stability, structure, and predictability within the music itself.

Adolescents are often seeking independence in their own lives [10], and this may be applied to their hospitalization as well. Because adolescents are still under the legal age to make decisions regarding their hospitalization, their caregivers may be making the decisions on behalf of the adolescent, and the adolescent may feel as if they are not being *heard*. Music therapy may offer hospitalized adolescents the opportunity to feel strong and independent; music therapy affords adolescents the opportunity to express these revelations through music in a personalized way, and can continue to address these natural fears and anxieties. Music therapy also affords the adolescent the natural need to be *heard*, as they may not receive this recognition in the hospital setting.

### Vignettes

The following vignettes describe how the different areas of need described previously are addressed and demonstrated using a concept of normalization. All identifying information in the vignettes has been changed to protect patient confidentiality, and consent has been received to share these patients' stories.

#### *Case Vignette One: John*

John was a 2-year-old male diagnosed with atypical teratoid/rhabdoid tumor, a fast growing brain tumor. As part of his treatment, he was undergoing triple tandem high-dose chemotherapy with autologous stem cell rescue. This meant he was admitted to the hospital for a total of three different times, acquiring three separate stem-cell transplants. At this time, this was John's second prolonged hospitalization. John was placed in a reverse isolation room, actively seeking adventures throughout his room, as he could not leave the confined area of his room. A reverse isolation room is a room in which staff, family, and visitors must wear protective equipment (most often a gown, gloves, and possibly a face-shielding mask) to protect patients from acquiring any infectious organisms that may be carried. John was given a schedule of his daily experiences from his child life specialist, where music therapy was offered twice a week at a scheduled time. Music therapy was offered twice a week as this was an easily accessible service (with the therapist working more than 2 days a week with a small caseload), and was a service that the patient often looked forward to. As this service was enjoyable to John, he was found by the medical staff to be less irritable and more cooperative as after music therapy sessions. These sessions offered John a sense of stability and order within the now isolated environment he was in, as more structure and

scheduling had been put into place. This also seemed to instill a feeling of socialization and non-seclusion as people who were there to offer support to John and his mother were constantly in his room at scheduled times (child life, music therapy, play therapy, etc.). During one session with John, it was found that he wanted to use his imagination and pretend that there was someone or something underneath his bed. In previous sessions, John had only wanted to hear and play with familiar songs as opposed to improvising and building upon familiar songs. Independently, while the music therapist sang *Old McDonald*, John decided that there was an imaginary small mouse in the room. He went searching for it, climbing all over the floor and looking underneath the bed for this mouse. During this experience, music was used imaginatively to help John discover where the mouse could have possibly gone. He moved quickly, and the music (accompanied on guitar but mostly improvised on voice) directed the actions of where the mouse was traveling. John was intent on finding and seeing the 'mouse' – which never really was found. However, he was able to put movement and imagination towards his basic need of play while being a receptive participant in the music. At this point in the music, John seemed to need a safe place to physically 'hide'; perhaps he also needed someone who understood what it's like to 'hide' on a regular basis, being in isolation for a prolonged period of time. The image of the mouse seems powerful – the mouse was small enough to hide in places that he was not to be found by nurses or doctors, and, thinking like a child, the mouse probably did not get injections because he hid so well. Although typically developing two year olds are able to communicate with sentences of two to four words, John was not able to vocally express any opinions about the mouse. John's play during music therapy seemed to emit all of his emotions regarding his isolation period.

#### *Case Vignette Two: Riana*

Riana was a 4-year-old female newly diagnosed with pre-B cell acute lymphocytic leukemia. Music Therapy was provided to Riana two days/week; the initial referral expressing that she had poor coping skills, and that she needed assistance processing a new diagnosis. This session was the 5<sup>th</sup> music therapy session Riana engaged in. The session began just as Riana's nurse administered medication, while her mother and the social worker were speaking at the other side of the room. Riana became extremely distressed, exclaiming "no poking!" through cries to her nurse. Shortly after medications, Riana sat at the edge of her bed and began to play a small set of bongos. She played with two soft mallets, listening and organizing herself as she listened to the same welcome song she has heard many times before. The therapist used the same welcome song she had in previous sessions, as this provided a sense of order, stability, and predictability. When she started to play, one of the rubber ends of the mallet fell off and she immediately possessed a surprised look on her face. Riana exclaimed, "someone broke the drumsticks!" Immediately, the music

therapist improvised using two minor chords on guitar, singing, “someone broke the drumsticks.” The humor of the improvisation seemed to entice Riana, as well as match her previously distressed demeanor. Riana laughed as she listened to the humorously angry tone of the therapist’s voice, as the therapist continued to look around the room and sung, “who broke the drumsticks?” Riana would then point to different objects in the room, singing and exclaiming that they had broken the drumsticks. The music therapist would then validate Riana’s choices, singing,

*Hey you [object], don't you dare!  
Don't you dare break my drumsticks!*

Riana and the music therapist would then proceed to musically ‘hit’ each object (the phone, her stuffed animals, her crackers, anything that was in the room) as if they were punishing them. When she musically hit each object, Riana would sing/yell at the object and bang on her drum loudly, as if ‘hitting’ the drum was a projection of her actually hitting these objects. In retrospect, one could view the drumsticks as her body/her health, and the objects were the staff, the illness, or others that were causing her unpleasant experiences (perhaps the medication which she so abjured). Riana then started to name people that ‘broke the drumsticks’ – Riana’s mother being among them. Although she was still talking to the social worker at this point, Riana’s mother heard her name at this time, and exclaimed, “I didn’t break the drumsticks! I didn’t do anything wrong!” Riana did not seem to appreciate that answer and started swinging a Minnie Mouse doll that she had lying on her bed. She exclaimed to the music therapist, “we’re fighting” (the Minnie doll and Riana). The therapist sang back to her, “why are you fighting?” to which she replied, singing, “cause I’m mad at her”. The therapist reflected back to Riana, singing,

*Sometimes when I'm mad at friends  
We fight, we fight, we fight.*

The therapist played this in a playful, light-hearted manner, as Riana gazed at her doll. At this time, Riana’s mother came closer and explained to Riana, “You should really apologize to Minnie, because it’s not nice to fight when she didn’t do anything wrong.” Riana quickly recovered, apologizing. The music therapist addressed this on the guitar, singing a lullaby-themed improvised song with the lyrics,

*Minnie, oh Minnie, I'm sorry, so sorry.*

Riana quickly learned the melody and started to sing to her doll and caress her, while rocking her like a baby. Riana quickly initiated a goodbye after this, as if she was drained from the emotional roller coaster she had just been on.

It was divulged that Riana had always been quite attached to her parents and had a loving, bonded relationship with them both. However, the therapist learned after the session

from the social worker that Riana’s mother had been administering the medication (through needles) that Riana needed daily, so her mother was actually the one to be inflicting pain upon Riana, not the medical staff.

The emotional and physical pain Riana had from the medications seemingly turned into anger and resentment towards her mother, as she was the one who was perceived as inflicting the pain. The way that Riana processed this was through the music – she beat the drum every time she wanted to blame someone for breaking her drumsticks or perhaps, even, for making her sick or for giving her medication. The objects were merely a symbol for the medical staff/her mother at the time and medicine that she so desperately needed in order to become healthy.

Another important aspect in this session was to note that Riana’s mother quickly stated that she did *not* under any circumstances break the drumsticks – reflecting back, the therapist internalized this as Riana’s mom was not the one to make Riana sick, and she didn’t want Riana thinking this way. Also, it seemed as though Riana’s mother internalized the fact that she and her daughter had not been as bonded in the past as she had to be the one to administer the medications that Riana so disliked. Therefore, when using symbolism and metaphor to analyze this situation, Riana’s doll seemed to be her mother, and her mother seemed to notice this by saying that the doll didn’t do anything wrong.

Through assessments and often speaking with family members (specifically Riana’s mother), the therapist found that Riana was often full of volition and had an active imagination. Creating and exploring through music allowed Riana to actively engage with her environment, as she created a supportive and comforting atmosphere to which she could explore her fears and frustrations. Riana’s mother allowed Riana to express herself through play and through music while at home – therefore bridging the transition from home to hospital through music and the therapeutic relationship.

## Conclusion

The descriptions and cases presented in this article are in no way meant to infer a concrete definition of what a normalization experience should entail, however each different facet blends and weaves itself into the next facet, portraying a beautiful, aesthetic, and organic creation of each patient’s representation of normalization. Normalization may be vital for encouraging the hospitalized child to continually evolve and develop as a human being. Chronically ill patients in particular are often suffering from frequent, seemingly scary hospitalizations in which they are stripped of their needs as human beings. By providing experiences in which the child or adolescent is able to meet not only immediate needs but in addition learning how to navigate through them, these children can continue to grow and prosper throughout their lives.

It is important to remember what is *normal* for one patient may be completely unlike another patient’s

representation of *normal*. Providing music therapy experiences for a child to encompass what is normal from the outside (from the lived experience outside of the hospital) is critical. Validating such an experience as inclusive within the environment of the hospital seems to define a beautiful representation of one's own sense of normal. This is particularly important as it will manifest as an on-going process, which may continue to develop and nurture within or outside of the walls of a hospital.

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