

Music, Grief and Life Crisis

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We know from personal experience (or from the media, at least) that individuals sometimes use music as a means of regulating their energy level, reducing stress or merely seeking a better harmony in life. In addition to this everyday use of music, people sometimes use music to address specific health problems or emotional difficulties, such as life crises or intense losses, as we shall see in the examples below. We tend to neglect the latter use of music in our discourses on music therapy, however, because we prefer to regard the role of the music *therapist* him/herself as the *sine qua non* of the profession of music therapy. However, music therapy as a discipline *should* concern itself with these stories, in the interest of learning more about the power of music, in and of itself, as well as the contextual or individual aspects of the use of music as a health promoter and regulator within these self-care practices. The leading question in this text, then, is as follows: 'What can we learn from such stories in order to map some of the conditions that seem necessary to exploit music's health-promoting functions?'

Over the years of my work in this field, I have gathered many such stories (Ruud 2002, 2010), and lately the Center for Music and Health at the Norwegian Academy of Music in Oslo has actively sought informants who are willing to share more stories about how they have used music in this way.¹ The idea behind the center's initiative is to determine the extent of a sort of hidden 'folk practice' involving the palliative or therapeutic application of music by and among private individuals. Recently, evidence has also mounted that people are engaging in this practice via new music technologies, such as the MP3 player or music phone (see Skånland, this volume, 2012). By studying such personal 'health musicking' practice (Stige 2002, 2012), we will learn more about which musical competencies are involved, what kind of personal and contextual

¹ This effort is a part of the research project titled 'Musical Life Stories: Music as Health Performance'. The study has been approved by the Norwegian Social Science Data Services (NSD).

circumstances are present, and what kind of cognitive or emotional processes are addressed and/or generated.

In this text, I will draw upon two particular subject interviews in which music is described as a self-help measure taken to address a situation of loss and grief.² In one case, the subject mainly *listened* to music; in the other, the subject *played* pre-composed classical music. I also want to direct the reader to the article by Vist and Bonde in this anthology for relevant theoretical references and discussion on subjects like grief and grieving, receptive music therapy and the Bonny Method of Music and Imagery in particular, as well as issues of narrativity.

Evidence from Traditions and Music Therapy

The history of music is full of examples of the close relationship between music and grief. From the plethora of labels we in the West have used to categorise music, we can start to understand how music has always lent itself to grief work: requiem, lament, elegi, planctus, spirituals, blues, tragic opera. Berger (2004) also refers to similar examples from the catalogue of world music: funeral drums in Ghana, qawwali Sufi songs in Pakistan, Chinese buddhist sheng-guan, hindhu bajhan. These global, 'high'/'low', multi-genre examples foreground this possibly universal association of music with grief work.

People undergoing a life crisis seem to experience a whole range of complex emotions, such as emptiness, frustration, anger, sorrow, fear and resignation. When they report about how music impacts these feelings, several consistencies emerge: music comforts them, it releases the body from a 'frozen' state, it eases the pain. At the same time, music seems to invite and/or accommodate change, hope and constructive struggle (Aldridge, 1999). Not only through listening to music but also through playing, singing, composing and songwriting, people find that music helps to express the emotion or privilege the 'right' feeling over the 'wrong' (counterproductive, stagnant) one—people seem to rely upon music to distinguish simple sadness from their anger, fear and frustration. Certain sung lyrics, for example, lead people to the proper metaphors for (and give direction and forceful intention to the act of) expressing loss or grief. In a collective situation of loss and tragedy, such as in Norway after July 22, 2011, we may lean ourselves against cultural conventions of grieving, and find comfort in communal singing.

² I do not discuss methodological aspects of my work in this article. The interviews were conducted, and the data analysed, following Kvale (2000).

Of course, music can also make us more vulnerable and inward-facing. We might find that we are not able to hold back the tears when we hear certain music. Any defense we may have constructed intellectually breaks down and disappears into this potential musical void.

Either way, music presents us with a mirror of sorts, one that is brightly polished and pointed at both our bodies and our minds, and music therapists have long promoted its use in this fashion. In New York City after 9/11, for example, music therapists actively took part in grief work under the rubric 'Caring for the Caregiver', whereby relatives of victims and the assisting professionals themselves were offered sessions involving communal singing, music listening, improvisation and composition (Loewy & Hara 2002/2007). Likewise, in palliative care, music therapists have helped those who are suffering to deal with their difficult feelings (Aldridge 1999). In work like this, it is important to be caring and compassionate, and also to be respectful of the length and pace of the given individual's recovery. Of course, it is also important to identify the music that is personally most significant to the individual. We all know best what music will deliver us from our trial and tribulation.

Grief work is ultimately about making one's grief understandable to oneself, in order to move forward towards greater emotional integration. This involves getting in touch with one's feelings and thoughts and, in the process, regaining one's personal integrity. People grieve in their own way, and there is a fundamental difference between children and adults in this regard as well. Children may need support and assistance to make their grief concrete. Adults are generally more responsible for themselves, and more self aware; to them, grief work may take the form of self-development. As we shall see in the following, grief work through music can take place either with or without the music therapist, and health musicking is as potent as it is personal in its impact and its benefits.

Case Study 1: Music as a Mirror

A woman in her fifties contacts me with a powerful story to tell about how music has carried her through a serious life crisis after her husband had died. Without at first going into detail about the actual incident that created her crisis, she tells me that her first reaction was a sort of panic anxiety. Further into the interview, I recognise

a quite complex experience of sorrow, guilt, anger and shame—and other negative emotions as well. This is how she describes her experience from some years earlier:

What I would like to tell you something about is how I have used music in social contexts, to relax to and to get energy (...)³ So I have been accustomed to bringing music with me (...) And then it happens that I enter a serious crisis. I don't know what to say—it was really quite terrible . . . There is not really more to say about that. And I probably should have realized that I should have sought some help. But I managed to get by in some way or another (laughs). I got, periodically, something that might be called panic anxiety.

Because this woman is accustomed to using music “in social contexts, to relax to and to get energy”, she has already developed a pragmatic relation to it as something that can be useful beyond the realm of pure aesthetic pleasure. Referring to Tia DeNora (2000), we might even say that she uses music as a ‘technology of self’—that is, as a way to regulate herself. But during her crisis, she becomes particularly aware of music's possibilities and her need to exploit them:

What I did, instead of using music to get away from or get rid of things, I consciously chose to enter into it. This is what is different from the way I used music earlier. Even though I knew this might be very painful, I did it anyway. This is something I should do; this was necessary.

Here she uses music to take control over the situation, and her emotions. She knows it might hurt, but it is worth it for the help music gives her. While she once may have used music to avoid her problems, she now used it to help herself explore those problems, and especially her difficult feelings about them.

When I asked her about what she was listening to and whether she favored the lyrics or the music in particular, some interesting relationships between music, lyrics and personal experiences began to emerge.

It was both [the lyrics and the music], but it had very much to do with the lyrics. I had to sit down and go through all my CDs. Then I had to divide them into different parts. If you could imagine, for example, a bookshelf [separated into categories] . . . or it could have been just a huge drawer with lots and lots of [smaller] drawers. And then, in a way, I had all these drawers. I

³ (...) indicates that sentences are removed from the transcript.

knew I had to tidy up all these drawers, that I had to go through them all. And then I pulled out a drawer that happened to be about . . . This is very difficult for me to be concrete about, but I must try to find something, a way to describe it, maybe more metaphorically . . . This is something I have not talked about before. It could have been . . . a drawer, or something that also had to do with shame, you know. Because, besides my grief, I needed to work through my enormous feelings of shame. This was part of my own role in what had happened.

When she talks about this period in her life, we notice a resistance in her actual language and feel her difficulty with finding the right words to describe the process behind her choice and use of music. The drawers are metaphors first for her music collection, then for her feelings. It appears that each drawer contains music that in one way or another matches a certain emotion she was not able to fully identify.

She then talks about how she could not put words to her feelings and experiences and how she was not comfortable being alone with her thoughts. She turned to the artist Marianne Faithfull “because she had ‘punch’”, she says. And with the help of Faithfull’s music, she was able to explore her emotions: “She held my hand and led me into something I had to enter and experience”. It appears that the music helped her to both identify her emotions in the first place and to tolerate them, at least while she was listening to it:

But what I think is important in relation to how I have been using music has to do with my conscious entering into something very unpleasant. So you might say I have not used music to feel better . . . It has been very unpleasant (. . .) but at the same time it has also been a kind of ‘pleasant-hurtful’, if you can explain that . . . It is something you choose. And maybe there has to be a little bit of masochism related to it?

We can see that she became conscious of her use of music and developed the ability to play a certain piece of music in order to meet a certain therapeutic need, whether pleasant or unpleasant in nature. In terms of her earlier metaphors, she was, over time, able to open the music drawer most closely related to the emotion at hand. This relation happened accidentally on occasion as well—for example, when she was listening to the radio. She compares her sensitivity to music at this time to a radar of sorts: “It was almost as if I had some particularly developed auditory ‘feelers’”.

Since then, she has become more and more aware of music’s impact upon her ongoing efforts to sort out her feelings:

I haven't thought so much about relating feelings to music, but this is what I have done. Music can be put to different feelings. This became more obvious to me now when I sat down to write about what I remember from this use of music.

Confrontation

I ask her if she has become stronger through this process: "There must have been things that bothered you, things that had been painful to bear. Nobody wants to live in a crisis all the time, so it must have helped you out of the crisis?" She answers:

[I became stronger by] confronting it. I think this is the difference. And people might be a little different. Some people—many—live life, and they just want to push [the crisis] away. Those who manage to leave things behind move forward more quickly. Well, I do not mean you should sit and dwell on what has happened. But there is something about acknowledging [it]—sometimes [it is all right] to live through things that are unpleasant, and then manage them. (. . .) And the music has been there beside me while I had to do it.

During our conversation, I present to her the idea that it is important not only to differentiate among emotions but also to be able to tolerate painful ones, as she has been doing. This is a sign of maturity, and it is a strength as well. She responds:

It is easier to stay with it when there is somebody close that can stand beside you. But if you don't have anybody, and maybe you don't want to bother other people, or maybe this is not possible . . . As a grown up, you often have to stand alone. I believe so. This is also an acknowledgment. In the end, we stand alone. Then music has been a . . . a helper.

I try to go deeper into her description of her feelings and explore the relationship between music and grief, shame, guilt—all the dark emotions. She observes:

When you enter what I did with the music . . . I would not say it was sad, nor was it merry; it was something else. If you could imagine—if it is possible to blend something sad with something that at the same time is a happiness

about actually being alive. It melts together. This is what makes it so special.
I cannot describe it any other way.

We know that music is capable of affording many layers of meaning and emotion at once. I ask her if she has experienced this, and if she can imagine herself in the music somehow, or if she can otherwise identify with it and find some kind of an answer there. She responds:

It was an answer; it was something that accepted [me] . . . Music gave a kind of acceptance that I did not get anywhere else. Because what most of us do is judge, you know. It was something that did not judge me—that accepted me . . . it went into [the crisis] together with me. And we worked a little together . . . This may be not stated very clearly. But I think it has to do with acceptance. And we do listen, and [we] take what we need. Or at least we should.

Her use of music in this way went on for some years, and I note to her that it has many similarities with the way music therapists work with music psychotherapeutically. In BMGIM, we use music to stimulate images and produce body sensations and metaphors.⁴ But it is not easy for her to recall all of her experiences in this regard. While she had planned to describe her feelings more precisely, she decides not to dredge it all back up. Instead, her narrative becomes more general:

But I remember how strong it felt; I remember how I felt. While I sit here, I might get in touch a little . . . I still have some wounds. I have to live with it.

A music pharmacy

The musical alertness she developed as a response to her crisis situation led to an approach to listening that demanded giving total attention to the music: “I really listened to it [Marianne Faithfull] . . . and each sentence, maybe every sentence, started processes”. She repeated this ‘ritual’ every day: “The first [listening] I did [was] when I came home from work. And it was all kinds of music. I also played a lot of Bach; I played ‘Die Kunst der Fuge’ a lot”.

⁴ BMGIM, or the Bonny Method of Guided Imagery and Music, is a receptive music therapy technique in which selected pieces of classical music are used to produce a spectrum of imagery, as well as body sensations, emotions, visual figures and verbal associations in the listener. See Bruscia and Grocke 2002.

Interestingly, it is hard to find a common musical denominator among all of the artists and genres that she listened to during her crisis. There were artists with particularly distinctive lyrics, of course, but also ethnic music, Swedish and French cabaret artists, and film music. After our interview, she hands me a long list of artists that became important to her during that time, and she emphasizes again that *she* chose them all, and that this fact mattered a great deal. She could not have used mass-marketed 'relaxation music' to accomplish the same things. I remark upon how lucky she was to have such a large library of music to choose from. She responds: "Yes, I am lucky. I would say that this . . . saved me". She even compares her rich collection of CDs to a 'pharmacy', suggesting an almost medicinal effect of the music: "It was easy to find the music [I wanted]; it was [all] there. People used to say, 'You have so many CDs!' Then I replied: "No, this is my home pharmacy". This is what I named it, you know".

A special place

Given that listening to music for health purposes is such an individual and context-dependent phenomenon, I wonder if she follows a special ritual when she listens to music—is there a place in her house she likes to sit, or does she have any other habits or perspectives that are relevant? She responds:

Yes, I had a sofa—I had, I have a good chair. I am not so concerned about such things. And I did not use any alcohol. And this was important to me, not to get drunk. That would be easy to do, to take a glass of wine, lean back and (. . .) And I am not interested in what kind of musical equipment people have. This is typical for [those like] me who do not work professionally with music. I built my own speakers when I moved to the city, because I had to have some music. We had those for many years. They probably became a bit fuzzy and the like.

And she adds:

I am not concerned with technical things. I want to accept the music that communicates to me. Just like when I meet somebody, I don't care what they look like, or what kind of background they have. It is maybe the same with music . . . we should accept [it]. Because there is something that is genuinely, or how should I express it? (. . .) To me it is important to be open towards the music that is there. Not start to say: "That guy does not sing well" or 'He

is a little like . . .’ You know, I could never do that. First of all, I do not have the knowledge to judge.

She also tells me that she brought her CD player into her bedroom and played music when she went to sleep: “I did not have any major difficulties in falling asleep, but I needed those . . . some good images when I was going to sleep. And then I used a special music that became my ‘sleeping music’”.

Case Study 2: Music as Expression

The second story about health musicking is told by a woman who suddenly lost a grandmother with whom she was close. The woman was nineteen years old when her grandmother was suddenly taken to the hospital, where she passed away. One day, while my interviewee was playing the piano, she discovered that the music expressed something she recognised in her own feelings. She recalls:

So, while I sat there playing, suddenly I felt how the music expressed what I felt. That is, I did not sit down to play, or to express, myself, but instead the feelings came to me, in a way, from the music. It was really interesting. And it was both the obvious sad feelings . . . there is a kind of heavy character to the whole piece [Chopin’s Nocturne in E minor, op. 72, no. 1]. But in addition, in some parts of the piece, it is a bit lighter, happier, in a way. And then I realised I might feel something like that also. Because I could look back on everything that has been good. She had lived a good life. (. . .) The piece also has parts which I felt as angry in a way. This was more difficult, to become angry. But [there was] also her fight against her illness. I knew she was angry because it was so unjust, so difficult to accept. So, while I sat playing the piece, I experienced many things . . . this is what I felt right then. And then I could let go of my feelings through playing the piece, in a way.

We can see that this woman suddenly *discovers* that music expresses feelings that match her own situation. In this way, it becomes newly helpful to her as she works

on identifying and expressing those feelings. Later on, she tells me that the next time she played through the piece, she had a more exploratory attitude:

I remember, then I thought: 'Ok, now I will try to play from the beginning, and then see what I can find here, what I can get from this'. And then I was more conscious about how I interpreted music according to my situation while I was playing.

She says that she next discovered a feeling of gratitude in the music, underpinning its sadness, anger and hope:

So when I played it the next time . . . or many times later, I played with intention, to find new things: 'Oh yes, in this part I might think about, and this might express this feeling. And this seems like tears falling, yes, I can recognise that'. You might say I added to the piece; I did put some meaning into it. In a way, I interacted with the piece.

In her musical grief work, this communication with the music itself allowed her to validate *all* of her own feelings, not just the obvious ones:

Because I think what concerned me most was that it was wrong to think that sadness was the only feeling. Or hopelessness. But then I discovered my own feelings while I was playing. This reminded me that I could be happy about what had been, and be thankful for that. The easier, lighter parts of the music could help me to remember that.

The music thus helped her to integrate her various feelings and balance her sadness with more positive emotions, in order to move the grief process forward.

She goes on to conclude that her process of emotional cleansing, or catharsis, required purposeful cognitive work as well:

We talked about how this was a process of working through the grief. Yes, it was. But music could not have helped me alone, in a way. But I think it helped me recollect the feelings. And then I had to think through it, or talk to somebody, or process it.

I ask her then to comment further upon how reflection added to this emotional process:

Yes, to me it was mostly an eyeopener, in a way. 'Yes, this exists'. Then I could process it a little while playing it out, because then I would get it out. First, I got it in through the music, and then I sat down and more consciously played it again—once, twice or seven times—but at the same time I also had to go through a thought process.

This musical grief work seems to involve a process of discovery, recognition, identification, expression and reflection through the conscious externalisation of her emotions in her performance of the actual piece. The whole process not only led to the discovery and ongoing differentiation of her emotions but also to the reflection and integration of her feelings that helped her in her grief work.

Discussion

In terms of these two narratives of music's usefulness in regulating health, both physical and mental, the *circumstances* of the process are as interesting as the process itself. When people use music in this way, they do not go to the pharmacy to buy the (prescribed) music, as we might expect according to a traditionally biomedical way of thinking. Instead, people gravitate toward certain idiosyncratic conditions or pre-suppositions that seem to invite music to perform such a function. In what follows, I will discuss six such conditions or assumptions about what might contribute to this uniquely individual health musicking process, particularly with regard to the role of music and emotion. My data is not sufficient to draw strong conclusions about the 'generative mechanisms' behind the use of music as health promotor, but I put forward these six conditions in the hope that they will be explored more fully in the future.

1. A pragmatic concept of music

My first informant seems not to regard music as solely an aesthetic object whose pleasures transcend the everyday. Instead, she is much more *pragmatic*: for her, music seems to be intertwined with the everyday, so that it can be useful (in terms of stress and the like) as well as pleasurable. This seems to accord with much recent research on the everyday uses of music (DeNora, 2000; Bossius & Lilliestam, 2011). It also

evokes the use of music in other health-related areas, such as quality of sleep. In a crisis situation, however, music's pragmatic functions jump to the forefront for some people, who adapt or appropriate them as they see fit. In general, music might be viewed as a cultural means of maintaining greater harmony in life.

2. A supporting selfobject

Psychologist Heinz Kohut, who promoted the psychology of the self, referred to those things that maintain, support, restore or confirm the self as 'selfobjects' (Ruud, 2010). Music seems to present itself as just such a safe and constructive selfobject—something trustworthy which gives one the strength to work through the challenges of a given crisis. These qualities attracted the first narrator to musicking as a health practice, though her daily listening ritual nevertheless elicited a painful (if necessary) emotional process. The second narrator appropriated the Chopin nocturne more directly still as a selfobject in her own recovery.

3. Music as an emotional resource

Music offers a mirror for one's inner state, which helps one to recognise, identify, differentiate among, express and ultimately tolerate the emotions that arise as one listens. Both narrators found music to be helpful in the emotional work necessary to integrating feelings of loss with other concomitant emotions. Heinz Kohut held that the integration of affect states is central to the development of self-regulatory capacities, and to the structuralisation of self-experience (Monsen & Monsen, 1999; Ruud, 2010). According to the theory of affect consciousness, patients must be allowed to experience (and learn to tolerate) their emotions fully. Monsen and Monsen describe the concept of affect consciousness as "the mutual relationship between activation of basic affects and the individual's capacity to consciously perceive, reflect on and express these affect experiences" (1999, p. 288).

In recent literature on music and emotion, researchers seem to agree that health will enter this equation more and more profoundly in the years to come (Juslin & Sloboda, 2011). The relationship between music and emotion seems to demand a biological explanation that would draw upon our knowledge of how music is processed within different parts of the brain, as well as our individual musical competencies in interaction with musical structures (for a discussion, see Peretz, 2010 or Juslin et al., 2010). In our case studies, I would be more interested in the cortical than the subcortical level of the interaction between music and emotion. In both stories, the

level of conscious processing that accompanied the music listening points to the involvement of higher brain functions.

Other explanations for how music elicits emotion look at the role of musical learning and the conditioning of emotions in health musicking, especially involving grief work. The first narrator used the metaphor of a 'drawer' to describe her gradual discovery of different emotions in different music, which she then sought to control, to her advantage. The second narrator explored the music as she performed it and discovered new aspects of the musical expressions which applied to her special situation. She then repeated the process in order to feature one effect rather than another at a given time.

In these situations, neither neuropsychological descriptions nor individual learning histories can fully explain how the music was found to 'match' the subjects' emotions or inner states in the first place. Research on music and emotion even points to an element of 'emotional contagion' when one listens to or plays music. The first narrator felt very strongly that Marianne Faithfull could express what the narrator was feeling, and she helped herself to Faithfull's emotional insight and used it in her own inner negotiations. The second narrator seemed exposed to a certain contagion in the changing character of Chopin's music. In both cases, either the character or the structure of the music and its performance could have evoked the concomitant feelings that propelled the personal health musicking practice here.

4. Musical competency

From our examples, it seems that some sort of musical background, interest, skills or competency increases the potential benefits of health musicking. The first narrator had cultivated her musical interest throughout her life and had acquired a large collection of CDs. The second narrator had developed musical skills that made it possible for her to express or perform her emotion in an interaction with the musical score. We also saw how a variety of genres, artists or musical forms can fulfill health functions, as well as how personal musical choices were crucial to health musicking's success. On the other hand, we know from the literature (Gabrielsson, 2008) that (strong) musical experiences appear to happen to anyone, regardless of musical background or competency (or even the awareness that such an experience can happen at all). It would appear that we need more narratives in order to fully comprehend the role of musical training and background in self-caring musical practice. (For an interesting fictional presentation of the role of music in grief work, see the three-volume novel by Norwegian pianist, composer and novelist Ketil Bjørnstad (2004, 2007, 2009)).

5. A special place, a special ritual

Health-related musicking appears to take on a certain ritual aspect. As Stige points out, this is not meant to imply strict formal procedures or stereotyped actions but rather “individualized rituals” (2012, p. 189), where one positions the body in a certain way, prepares oneself through a certain cognitive schema, or enters into a certain mode. Building up one’s expectations in this way presumably facilitates the experience and canalises the emotions. The first narrator, for example, had a certain chair or sofa she used when listening to music. She also went into a sort of hypersensitive state, where she felt like she had antennae directed towards musical emotions. However, as was indicated in the previous section, musical experiences can also come to us from out of nowhere as well.

6. Locus of control

Lastly, I propose that, in order for music to play a role in one’s self care, one must own a sense of control over one’s health in general. In this case, both narrators purposely chose to explore music’s capacity to help them overcome a painful situation or deal with their grief.

Psychologist and music therapist Unni Johns describes some of the conditions involved in processing grief (Johns, 2011). Most importantly, one must feel safe, and the first narrator described her comfort level with music as a safe haven of sorts. Johns also indicates that both agency and emotional regulation are important. Both narrators above felt that they could control their own situations and influence their own states through musical means. Even though music could provoke unpleasant emotions as well, the first narrator was able to maintain control of this through her choices about what to listen to, where to sit, how long to listen, and so on (see also Skånland’s text in this volume for a discussion of regulation and control).

Though this might not be a necessary condition for personal health musicking, a sense of control likely informs a general reflexive practice where individuals seek to maintain their health through a defined long-term program of musical self-care.

Conclusion

As suggested in the introduction, the aim of this research was to investigate what we might learn from health-musicking stories in terms of mapping some of the conditions which seem to be necessary in order to exploit music’s health-promoting functions. As

we gather more narratives about how music is used in everyday life to regulate, maintain and improve people's health, we will also come to learn more about the contextual and generative factors behind this immunogen practice (Ruud, 2002). The six factors isolated from this small qualitative project present possible discussion points in the development of a more comprehensive theory of a 'folk music therapy practice' as part of the larger conversation that goes on in the discipline of music therapy.

References

- Aldridge, D. (1999). *Music Therapy in Palliative Care: New Voices*. London: Jessica Kingsley Publishers.
- Berger, J. S. (2004). *Music of the Soul: Composing Life out of Loss*. London: Routledge.
- Bjørnstad, K. (2004). *Til musikken*. Oslo: Aschehoug.
- Bjørnstad, K. (2007). *Elven*. Oslo: Aschehoug.
- Bjørnstad, K. (2009). *Damen i dalen*. Oslo: Aschehoug.
- Bossius, T. & Lilliestam, L. (2012). *Musiken och jag*. Göteborg: Bo Ejeby förlag.
- Bruscia, K. & Grocke, D. (Eds.). (2002). *Guided Imagery and Music: The Bonny Method and Beyond*. Gilsum, N.H.: Barcelona Publishers.
- DeNora, T. (2000). *Music in Everyday Life*. Cambridge: Cambridge University Press.
- Gabrielsson, A. (2008). *Starka musikopplevelser*. Stockholm: Gidlunds Förlag.
- Johns, U. T. (2011). Om traumer og barn/unges beabehandling. *Musikkterapi* 3.
- Juslin, P. N. & Sloboda, J. A. (Eds.). (2010). *Handbook of Music and Emotion: Theory, Research, Applications*. Oxford: Oxford University Press.
- Juslin, P. N., Liljeström, S., Västfjäll, D. & Lundquist, L-O. (2010). How Does Music Evoke Emotion? Exploring the Underlying Mechanisms. In P. N. Juslin & J. A. Sloboda (Eds.) *Handbook of Music and Emotion: Theory, Research, Applications*, pp. 605-642. Oxford: Oxford University Press.
- Kvale, S. (1997). *Det kvalitative forskningsintervju [An introduction to qualitative research interviewing]*. Oslo: Gyldendal.
- Loewy, J. V. & Hara, A. F. (Eds.) (2002/2007). *Caring for the Caregiver: The Use of Music and Music Therapy in Grief and Trauma*. Silver Spring: American Music Therapy Association.
- Monsen, J. T. & K. Monsen (1999). "Affect and Affect Consciousness: A Psychotherapy Model Integrating Silvan Tomkins's Affect- and Scripts Theory Within the Framework of Self Psychology." In A. Goldberg (Ed.). *Pluralism in Self Psychology. Progress in Self Psychology*. Vol 15. Hillsdale: The Analytic Press.

- Peretz, I. (2010). Towards a neurobiology of musical emotions. In P. N. Juslin & J. A. Sloboda (Eds.) *Handbook of Music and Emotion: Theory, Research, Applications*, pp. 99-107. Oxford: Oxford University Press.
- Ruud, E. (2002). Music as a Cultural Immunogen: Three Narratives on the Use of Music as a Technology of Health. In I. M. Hanken et al. (Eds.) *Research in and for Higher Music Education: Festschrift for Harald Jørgensen*. Oslo: Norwegian Academy of Music 2002:2.
- Ruud, E. (2010). *Music Therapy: A Perspective from the Humanities*. Gilsum, N.H.: Barcelona Publishers.
- Skånland, M. S. (2012). *A technology of well-being. A qualitative study on the use of MP3 players as a medium for musical self-care*. Saarbrücken: LAP Lambert Academic Publishing.
- Stige, B. (2002). *Culture-Centered Music Therapy*. Gilsum, N.H.: Barcelona Publishers.
- Stige, B. (2012). Health Musicking: A Perspective on Music and Health as Action and Performance. In R. MacDonald, G. Kreutz and L. Mitchell (Eds.) *Music, Health, and Wellbeing*. Oxford: Oxford University Press.