The Musical Identities of Danish Music Therapy Students: A Study Based on Musical Autobiographies

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Music therapists need both advanced musical and therapeutic skills to work as 'health musicians' (DeNora, 2007; Ruud, 2012) in the vast area of 'health musicking' (Trondalen & Bonde, 2012), which ranges from working with groups in the community to individual sessions with mental health patients in hospital clinics. The balance between musical and therapeutic skills in this training is the subject of continuous discussion in the training program at Aalborg University, as are the ways in which the musical identity of a music therapist is formed and then identified, and the ways in which we might study it. Tony Wigram, Inge Nygaard Petersen and Lars Ole Bonde (2002, chapter 6.3) wrote about these questions in relation to the program at Aalborg and deliberately distinguished between the skills and traits developed as part of one's personal life story and the skills and qualifications developed through the training. The former includes inborn musical aptitude, a history of musical experiences, family and social influences, preferences and emotional sensitivity, knowledge of styles and genres and a high level of competency in one or more instruments. The latter includes improvisational skills and flexibility, an awareness of meaning within music, response techniques adjusted to a client's needs (for example, matching, mirroring, exaggerating, reflecting)[1] and finally "an integration of personal musical autobiography and preferences" (Wigram et al., 2002, p. 276). This text will examine what such an integration might look like, primarily from the student's perspective.[2]

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[1]   See Wigram, T. (2004) Improvisation. London: Jessica Kingsley Publishers for a comprehensive primer on improvisation. Daniel Stern (2010) refers to Wigram in his chapter on the clinical implications of 'forms of vitality', with inclusion of the categories of improvisation.

[2]   Lindvang (2010) conducted a mixed-methods investigation of how self-experiential training influenced the clinical competencies of Danish music therapists from the students'/candidates' perspective.

In 1997, Even Ruud published the book *Musikk og identitet [Music and identity]* (Ruud, 1997),[3] the first empirical narrative study of music as a core element in the identity construction of Norwegian music therapy students. I was fascinated by it, both methodologically and theoretically, and starting in 1999, I developed a course titled *Music and Identity* for Danish graduate students in the music therapy training program at Aalborg University. Professor Ruud has collaborated on some of the courses, so their connection to the original study has been strong. Over the last thirteen years, around eighty students (in their eighth semester) and around twenty experienced music therapists have taken the course and thereby contributed with data to the present study. The course is based on a 'musical autobiography' written by each student, in the later years accompanied by short narratives on music and health and individual interviews focusing on selected musical experiences. The purposes of the course are as follows:

- to explore the impact of personal musical experiences on the (developing) professional identity of the novice music therapist;
- to use these experiences as the personal basis for a theoretical understanding of how music can be involved in identity work, including music as a health resource;
- to explore how music reminiscence, music experiences and musical preferences over the lifespan can be used in music psychotherapy with different client groups (for example, the elderly suffering from dementia, psychiatric patients or patients in palliative care).[4]

In this article, I will focus on the first and second aspects of the coursework in particular. I will begin with a short literature review and theoretical framework, then I will present the methodology of the present study, its data and selected results. I will conclude with a discussion of the specific aspects of music identity construction in music therapists.

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[3] The book was written in Norwegian. Ruud has published summaries of the study in English (see, for example, Ruud, 1998).

[4] A good example of clinically applied memory work is the so-called 'Musical Life Panorama' method, developed by Frohne-Hagemann (1998).

Literature and Theoretical Framework

Space does not permit me to review theoretical contributions and empirical studies of 'identity' related to the vast field of personality psychology (for an overview, see McAdams, 2008). My personal orientation is pragmatic, and I have found inspiration in constructivist theory (for example, McAdams, 1996) as well as more psychodynamic and humanistic-existential theory (for example, Kohut, 2002; Jensen, 1993; Jørgensen, 2008). Studies from music psychology and sociology have represented important contributions to the study of music and identity during the past decade (see Bergman, 2009; DeNora, 2000; Gabrielsson, 2008; Laiho, 2004; Lilliestam, 2009; Lilliestam & Bossius, 2011; MacDonald, Hargreaves & Miell, 2000; Ruud, 2010). Suvi Laiho (2004) identified the "four most common psychological themes in [the] theories and divisions of the functions of music" as (1) identity (construction and strengthening of identity and conceptions of self); (2) agency (control, competency and self-esteem); (3) interpersonal relationships (belonging and privacy); and (4) the mediating emotional field (enjoyment and emotion regulation). The health potential related to music listening and performing as an identity-making process is described in the anthology *Musikk, identitet og helse [Music, identity, and health]* (Stensæth & Bonde, 2011) and in the present volume. I find it fascinating that music can facilitate and enrich the study of identity construction in different contexts, and that knowledge within this field can be used for health promotion (and clinically) with all sorts of patients and clients. Through the years, Even Ruud's research in music and identity has been my principal source of inspiration, so I will concentrate on it here.

Using qualitative research techniques, Ruud developed a grounded theory of music and identity based on his research study with Norwegian music therapy students on the subject of music and identity in the 1990s. Sixty music therapy students were asked to collect some of the pieces of music which had a significant impact upon their life, and to write down a personal reflection or musical biography. Important theoretical background for Ruud's work included both discourse and narrative theory. Here, 'identity' is understood as an academic metaphor for 'self-in-context', which means that identity is always constructed and communicated through a narrative form in a particular discourse. For a given person, this represents a lifelong process of reflexivity, and identity can therefore change according to the contexts, aspirations and intentions of the person at a given time. Ruud also found that music can be used and experienced in a way which positions people in relation to time and place, to other people, or to values. For some people, this positioning can be an important part of the reflexivity project, and music experiences "may strengthen the formation of identity in the sense that we feel meaning, purpose and significance in our lives" (Ruud, 1997, p. 11).

Grounded theory–based analysis of interviews and written reflections led Ruud to the identification of four categories:

(a) Music and personal space: singing, playing an instrument or listening to music can produce an awareness of an inner, private space and an experience of authenticity. Feelings of mastery and achievement can enhance a person's self-esteem.

(b) Music and social space: singing, playing, dancing or listening in the family and in groups foster interpersonal exchange and a sense of belonging. Group identity, boundaries and values can be marked by music through preferences, performances and discourses.

c) The space of time and place: music and musicking is always experienced in a certain time and place. Some experiences are markers of core events and relationships in life. They can be distinct or connected over time. National or regional belonging can also be marked in and by music.

(d) The transpersonal space: Music experiences can induce or evoke feelings of and contact with something indefinite and indescribable, beyond the limits of language and duality. Such experiences can be pivotal and even change a person's direction in life.

These four superordinate categories map important uses and experiences of music (musicking) as people position themselves in time and place and in relation to other persons and value systems. They will be presented in more detail in the presentation of the methodology below.

Data

The present study is based on data collected for more than a decade but concentrates on data from the last two years. Three groups of students—seventeen women and four men with a mean age of thirty years, all in their eighth semester at Aalborg, wrote musical autobiographies in an (almost) free format that ranged from chronological narratives to more systematic explorations of selected themes. I did RepGrid interviews with the same students, based on each student's preliminary choice of eight to ten musical experiences with special personal significance.

Method

The musical autobiographies were analysed using (a) the theoretical SPACE model of Ruud (presented above) and (b) thematic analysis (Braun & Clark, 2006). RepGrid interviews were analysed through a qualitative research methodology based on George Kelly's Personal Construct Theory (Abrams & Meadows, 2005; Kelly, 1955). I will introduce the RepGrid software program briefly below, but first I will give a more detailed introduction to my use of Ruud's method and theory.

In relation to the category 'music and personal space' (as defined above), I asked the following questions: Does the material contain examples of music experiences (active or receptive) related to a feeling of being seen, heard and recognised as a specific person (a 'me')? Is music related to an awareness of feelings and bodily sensations (a self-awareness)? Are there examples of music related to mastering and achievement? Examples could be from any period in the lifespan.

In relation to the category 'music and social space', I looked for descriptions of interpersonal experiences (for example, singing, playing or listening in groups) that were related to social belonging and demarcation, preferences related to social and cultural contexts and practices, and perceived identity related to subcultures (that is, the more or less successful search or longing for community).

In relation to 'the space of time and place', I asked the following questions: Are there examples or narratives of specific musical experiences that are regarded or presented as markers of important events in life (for example, related to transition periods or rituals or to specific life events)? Is music experienced as a regional or national marker?

In relation to 'the transpersonal space', my question was as follows: Are there examples of experiences with music that are related (or relating) to something indefinite or ineffable, including religious or spiritual experiences? Such experiences could be labelled 'peak experiences' (Maslow's concept) or 'strong music experiences' (Gabrielsson, 2008).

The repertory grid technique was originally developed by George Kelly (1955), progenitor of personal construct theory, and it is now available as a free software program:

> RepGrid is designed to help one explore experiences, events, processes, persons and objects that comprise one's world. This consists of identifying elements, or various dimensions, of similarity and distinction among specific examples of a given phenomenon. One compares the elements according to where each fits along various constructs [that] can be pre-specified or

can be elicited through a series of random comparisons among elements . . . The process of positioning elements along construct scales generates a single matrix known as a *repertory grid*, from which the term RepGrid was derived . . . Collectively, the interrelationships among all constructs and elements represent a *construction*, a composite structure expressing the relative salience/significance, alignment and covariance among the core dimensions of the phenomenon being explored. (Abrams, 2007, pp. 94-96).

Here is an example of eleven 'identifying elements', all of which are musical experiences from my life story. Each is followed by a rating within the construct *affirmation* (1)–*consolation* (5):

Folk og røvere i Kardemomme By (childrens' musical by Th. Egner; I played the piano) 2

Brahms' *A German Requiem* (for which I have often been a chorus singer, bass or tenor) 5

Bach's *St. Matthew Passion* (chorus singer, tenor, two times; plenty of listening) 4

Bach's *Das Wohltemperierte Klavier* (I have played most of it, beginning at age twelve) 3

It's Now or Never (a rock musical I created and performed with friends) 1

Danish popular songs ('Højskolesange', community songs for all seasons and moods) 3

'Green Grow the Rushes Ho' (my mother's choir sang this childrens song outdoors [thrilling!]) 1

Wagner's *The Ring of the Nibelungen* (I have studied, produced and broadcasted it) 4

Bizet's *Carmen* (my first opera experience, age six, puppet theatre and real performance) 1

Beatles *Sgt. Pepper* (the most important LP of my high school years) 1

Referential improvisation (a new world of experience late in my life) 1

Table 1. *Sample elements in a RepGrid.*

The participant—in this case, myself—then considered randomly selected elements, exposed in triads, and described how two were similar and the third was different. Each triad concluded with the formulation of a construct—a polarity or continuum that expressed experienced qualities rather than purely descriptive characteristics. In this method, very explicit descriptions are not as important as the meaning of

the construct continua in relation to all of the other construct continua within the set—in other words, the meanings must be actually located in a relational context, which is what makes a construct a construct (versus an isolated, surface characteristic (Abrams, 2012, personal communication)). When a construct emerged, all of the elements were then ranked in relation to its poles; in the example above, elements were ranked, on a scale from one to five, in relation to the construct *affirmation vs. consolation*.

The process of positioning elements along construct scales generates a single matrix—the *repertory grid*—and this grid can be presented through several modes. The *display* mode gives a purely descriptive overview of the rating process, with the elements—listed from #1 to #11 in the bottom line from left to right—as related to ten pairs of elicited constructs (You can see affirmation vs. consolation in row #3 from the bottom). In the focus grid, the elements are analysed for closeness to and distance from constructs (represented by lines above the square) and elements (represented by lines on right side of the square). Levels of similarity between elements and constructs are indicated by percentages from 0-100.
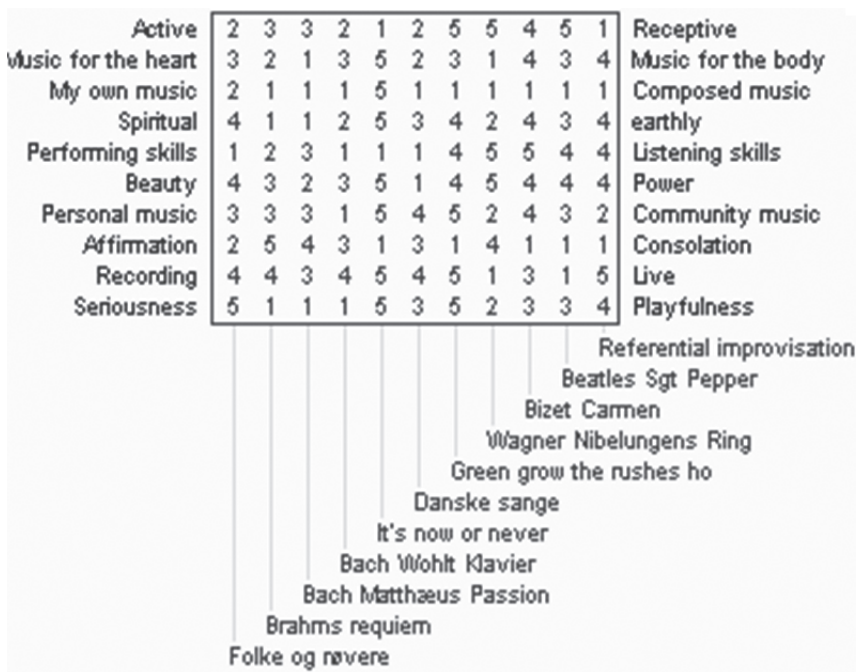
Active	2	3	3	2	1	2	5	5	4	5	1	Receptive
Music for the heart	3	2	1	3	5	2	3	1	4	3	4	Music for the body
My own music	2	1	1	1	5	1	1	1	1	1	1	Composed music
Spiritual	4	1	1	2	5	3	4	2	4	3	4	earthly
Performing skills	1	2	3	1	1	1	4	5	5	4	4	Listening skills
Beauty	4	3	2	3	5	1	4	5	4	4	4	Power
Personal music	3	3	3	1	5	4	5	2	4	3	2	Community music
Affirmation	2	5	4	3	1	3	1	4	1	1	1	Consolation
Recording	4	4	3	4	5	4	5	1	3	1	5	Live
Seriousness	5	1	1	1	5	3	5	2	3	3	4	Playfulness

Referential improvisation
Beatles Sgt Pepper
Bizet Carmen
Wagner Nibelungens Ring
Green grow the rushes ho
Danske sange
It's now or never
Bach Wohlt Klavier
Bach Matthæus Passion
Brahms requiem
Folke og røvere

Fig. 1. *RepGrid in display mode, showing the process of relating elements to constructs.*
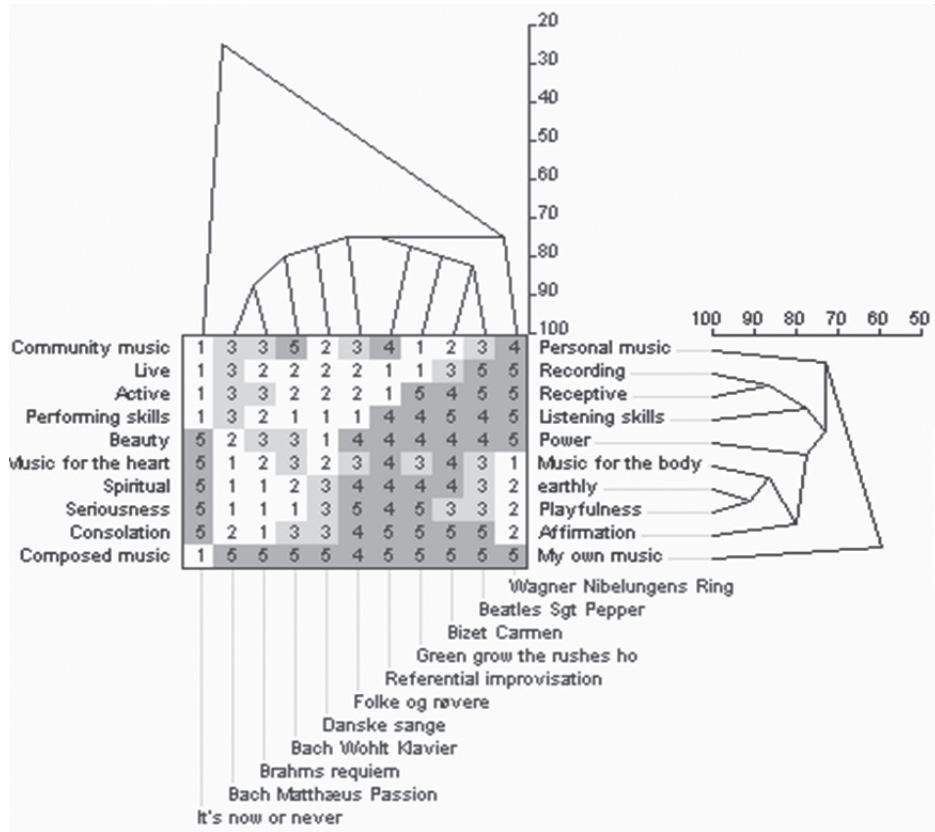
Fig. 2 *RepGrid in focus grid mode, showing closeness and relatedness of elements and constructs.*

The final presentation mode is the *principle component grid* (PrinCom), a graphic representation of the statistical properties of the components that resembles an ANOVA analysis. In the PrinCom, elements and constructs are represented as positions on a two-dimensional map: elements as dots spread out over the whole map, constructs as polarities on lines through the center and marked with an x in each end.
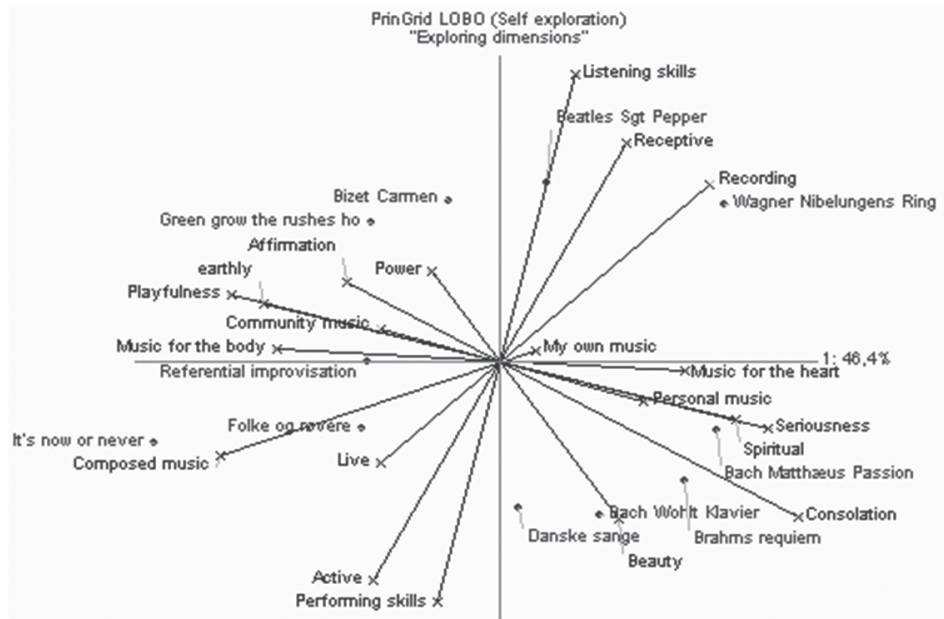
Fig. 3 *RepGrid in PrinCom mode, showing closeness of and distance between elements (staight lines passing through the center, with crosses on each end) and constructs (dots) in a two-dimensional 'map'.[5]*

In the present example, the axes are spread out over the map, but I was nevertheless able to identify two main components in the concept, indicating in turn two distinctly different dimensions of my understanding of the meaning of these music experiences. One dimension I will label 'music for the soul' (encompassing these polarities: consolation, spiritual, personal music and seriousness, in the lower right quadrant) vs. 'music for mind and body' (affirmation, community music, earthly, playfulness, in the upper left quadrant). The other dimension I will label 'listening' (listening skills, receptive, in the upper right quadrant) vs. 'performing' (performing skills, active, in the lower left quadrant). The first dimension is about my understanding of the different functions of the music; the second is about channels of expression.

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[5] In the PrinCom diagram, the lines through the center represent the constructs. The degree of horizontal axis versus vertical axis alignment for each construct line indicates the construct's relative loading magnitude of the first (horizontal) versus the second (vertical) component. A component is a combination of relative loadings, or weightings, of each construct. 'Because PrinCom computed and displayed the interrelationships among all constructs and elements across all components simultaneously, the PrinCom diagram represented a single, composite whole known as a *construction*' (Abrams, 2002, p. 113).

The researcher, then, can use the PrinCom as a departure point for a new analysis of the relationships among categories (elicited, in turn, from the constructs and elements). Patterns may be identified as superordinate categories at a higher level of abstraction, as in the example above, through the analysis of closely related constructs and their synthesis into one category. I will give more examples of this operation later, in relation to the study data.

The emergent, composite structures revealed through the RepGrid analysis illuminate deep, structural aspects of the data that, if kept at an isolated, surface level, would otherwise never have been revealed. For example, I realised that there were striking differences between the functions and the properties of my experiences as a performer (singer or pianist), which are represented in the placement of the elements in the two lower quadrants of the PrinCom.

Results

Musical autobiographies

First, I will present some results of the analysis of the course's musical autobiographies. All participants included examples within the field of 'music and personal space', especially from childhood and adolescence. They were predominantly positive and initially related to parents/family, then later to friends and peers. An important subcategory of this field consists of experiences related to a favourite or first instrument. This personal space element may enter a student's life in early childhood or much later, in adolescence, and the relationship with the instrument (or voice) can be straightforward or complex-ambivalent.

All participants also included examples within the field of 'music and social space'. It varied by individual as to whether personal or social space was predominant in the narrative. Episodes on music teaching included many *negative* experiences, and the participants shared interesting reflections on what these negative (or ambivalent) experiences meant to them. Often, they would stop playing or singing for years, and it would take a radically different learning experience to return the instrument or voice to them later in their life.

All participants included one or more examples of music in 'the space of time and place'. These examples were often short, richly detailed narratives that could be related to any phase of the life story, thus serving as what Ruud calls 'identity markers'. For some participants, such core experiences supplied their path in life, while others did

not view them that way. Encountering music therapy training and its specific music culture represented a pivotal experience for almost all of the students.

When we come to music in 'the transpersonal space', only one-third of the participants included examples, most of which were related to receptive experiences (for example, specific concerts or recordings) but a few of which were related to contemplative playing or improvisation.

This same reporting pattern characterised samples from 2000 (n=15), 2005 (n=9) and 2007 (n=10). In these analyses, I included a number of more descriptive subcategories as well, in order to investigate specific areas of potential musical influence upon the subjects.[6] It is obvious that almost all of the informants have experienced musical activities, inspiration and support in the family from their early childhood, if not from one or both of the parents, then from grandparents or siblings. There are surprisingly few memories of important influences from elementary school. Music experiences and teaching in 'efterskole' (free ninth- or tenth-grade education in special boarding schools) and high school (gymnasium) seem to have a stronger impact, not least because of the opportunities for participation in group music activities (bands, choirs, orchestras). There are many reports regarding significant positive or negative experiences of music teachers in private practice or in music schools. For a surprisingly large number of informants, learning an instrument was strongly inspired by—or, alternatively, inhibited and even severely damaged by—a teacher. All of the informants reported music listening experiences with deep impacts, regardless of style or genre, in many different listening contexts (ranging from massive music festivals to listening alone in one's room). Less than half of the informants reported influential experiences with music from other cultures or with dance and movement. Almost all of the students wrote extensively about the changes in and even transformation of their musical attitudes and preferences during their graduate study years—in particular, the improvisation and intuitive music training seemed to be very influential.

Through these autobiographies, a narrated identity of each participant was constructed and performed. The analyses produced results that aligned with the categories identified by Ruud, and many descriptive subcategories have been identified as well. For most music therapy students, the narrative was clearly influenced by their university training—a training that emphasised self-experience, free, intuitive musicking and clinical improvisation. The observed tendencies were the same in the new group

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[6] These subcategories included experiences (positive or negative) in early childhood, in the family, with father/mother/grandparent(s)/siblings/peers, in elementary school, in 'efterskole', in high school, in music school, with private music teachers, in improvisation/composition groups, in music listening, with dance and movement, with music from other cultures, with specific instruments, and with music therapy training.

of informants as in the older samples. The major differences between the younger students and the group of experienced music therapists in further education (the 2000 sample) was that the latter constructed a conflict between musical and therapeutic skills and attitudes, and that they evaluated their own musical skills as quite low.[7]

RepGrid interviews

I will now present results from the RepGrid analysis and show some examples of the superordinate dimensions (or construct groupings) that were identified in the material. Data from six participants are used as examples.

Participant 1's construction of her musical identity consisted of two dimensions: *(music as) work* (health issues) vs. *(music as) enjoyment*, as distinct from specific *comfort* vs. general *stimulation*. Participant 2 identified *introversion* vs. *extroversion* as distinct from *inspiration by musical structure* vs. *inspiration by musical freedom.* Participant 3 identified *thoughtfulness* vs. *playfulness* as distinct from *musical development* vs. *personal development.* Participant 4 identified only one important dimension: namely what she called *being in music* vs. *doing in music.*

Other examples from the latest informant group were (5) *introvert* vs. *extrovert* as distinct from *personal enjoyment* vs. *community engagement*, and (6) *complexity and power* vs. *simplicity and balance* as distinct from *spontaneity* vs. *interpretation*.

Though each PrinGrid was unique, I still looked for overall similarities and tendencies in the material. Among the twenty-one interviews, then, I identified five patterns, or generalised polarities:

> (1) Many of the Danish music therapy students made a clear distinction between *music as a source of personal development*—that is, listening to or playing particular music for the sake of their own health and growth—and the necessary *development of musical skills*—both technical skills on their instruments and the clinical improvisation skills required by the curriculum and the musical contexts.

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[7]   One informant wrote: "Music therapists are bad musicians. Good musicians are bad therapists". This conflict in part arises from the lower musical prequalifications required in the early years of the training program (when the budget still allowed for individual instrumental and vocal training), and it reflects some priorities of both the students and the curriculum managers in the same period (the 1980s). The students in those years, in short, were more engaged in therapy than in music. Wigram et al. (2002, pp. 276ff) discuss this potential conflict between psychotherapeutic and musical skills.

(2) The previous distinction is different from the *introversion vs. extroversion* dimension. Introversion is not only about a personal development that is driven or nurtured by music but also about opening oneself up to new or unknown qualities in the music, whether in a concert or in a free-improvisation group. Extroversion is not only about mastering and then demonstrating musical competencies to an audience; it is more about using the music to show who one is and what one wants to express, independent of technical level.

(3) *Simplicity vs. complexity* as a dimension can be related to types of music or types of musicking. The childish qualities of straightforward musical playfulness (which appear in adulthood as well) are just as important to these students as an engagement in dramatic, highly complex and multi-layered music experiences.

(4) Another dimension found in many grids is the polarity *spontaneity vs. reflection*. Spontaneity is related not only to improvisation but also to unexpected experiences of listening or dancing, while reflection covers deep and committed work in the interests of exploring and understanding musical-psychological processes and even traumas.

(5) The last dimension in the material is *self vs. community*. These students underlined the importance of both nourishing the self through music *and* belonging to a community and contributing to social coherence.

Music as a Health Resource

Fourteen students devoted a special section of their musical autobiographies to the theme 'music and health'. Through a thematic analysis of this material, I condensed a number of individual codes down to three themes and a number of sub-themes (see fig. 4).
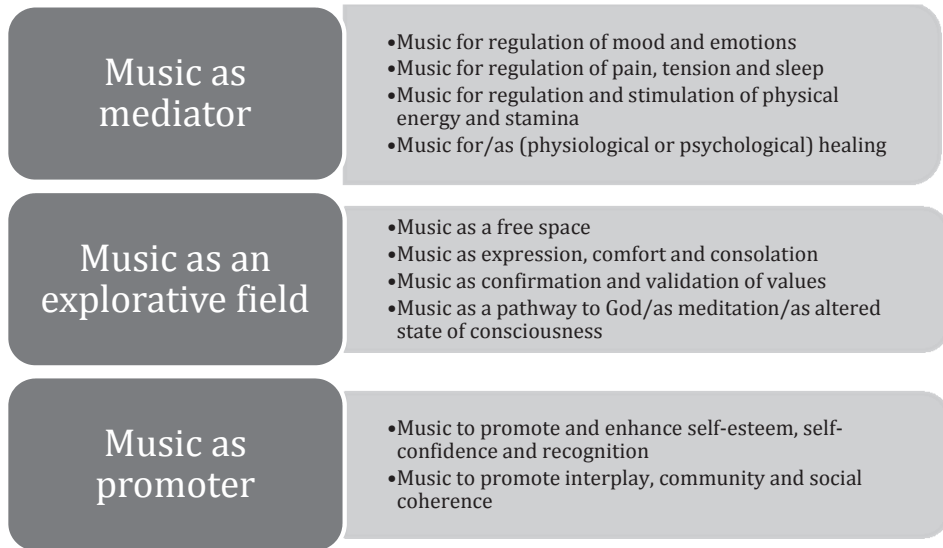
Music as mediator	•Music for regulation of mood and emotions •Music for regulation of pain, tension and sleep •Music for regulation and stimulation of physical energy and stamina •Music for/as (physiological or psychological) healing
Music as an explorative field	•Music as a free space •Music as expression, comfort and consolation •Music as confirmation and validation of values •Music as a pathway to God/as meditation/as altered state of consciousness
Music as promoter	•Music to promote and enhance self-esteem, self-confidence and recognition •Music to promote interplay, community and social coherence

Fig. 4 *Music as a health resource: themes and sub-themes in Danish music therapy students' narratives on 'music and health' in their personal lives.*

The sub-themes are illustrated with quotations from the narratives of five students (two males, three females) below (see table 2).

Music for the regulation of mood and emotions
With the right music, I can access otherwise inaccessible emotions. Music is a tool for the amplification of or entrance into a desired mood.
Music for the regulation of pain, tension and sleep
Pains related to my traffic accident disappeared when I played the piano. At that time, it was my only way to escape the pain.
Music for the regulation and stimulation of physical energy and stamina
Music with a firm pulse helps me to train harder in the fitness centre.
Music for/as (physiological or psychological) healing
When I play in total darkness, with my eyes closed and my fingers exploring the keyboard, I am in perfect contact with myself, and the music helps me to heal my psychic wounds.
Music as a free space
When I play, I can only be here-and-now, and this is really liberating. I have to be in the present moment—it cannot be questioned.

Music as expression, comfort and consolation
The music helps me to reach the core of my emotional life. I use both improvisations and pre-composed music to express different moods and to regain balance when I am disturbed.
Music as confirmation and validation of values
Music in the family—playing, singing, listening together or watching the Eurovision Song Contest—is something fundamental for me; these experiences represent core values in my life.
Music as a pathway to God/as meditation/as an altered state of consciousness
The sound of the enormous bell on the holy mountain was at the same time power-ful, massive, soft, rich and comforting. It made me feel serene and elated at the same time. The experience has been a reference point for me ever since.
Music to promote and enhance self-esteem, self-confidence and recognition
Through singing and playing, I proclaim my musicality to achieve positive self-esteem.
Music to promote interplay, community and social coherence
I still remember the rush I felt the first time I played in an orchestra. It was fantastic to take part in something 'greater'. My music was nothing in itself, but together the other kids and I (and the instructors) managed to transform Friday's chaos into Sunday's acceptable performance.

Table 2. *Quotes from five students' narratives to illustrate sub-themes in the analysis.*

The students' 'health narratives' document that they are experienced and conscious appropriators of the many health affordances in music, through listening as well as performing. Many of the students described how they used music as what DeNora calls 'a technology of the self' in times of crisis and illness.

Discussion

Through their musical autobiographies and interview responses, these Danish music therapy students contributed to the understanding of the themes in and dimensions of the construction of musical identities. The material supports—in rich detail—all four of the 'spaces' identified by Ruud. The transpersonal space is relatively sparsely represented in the data, however. One reason for this may be that this type of experience is rare in a highly secular culture like the Danish, where religion and spirituality play a marginal role in most peoples' lives (Giddens, 1991; Willer & Østergaard, 2004). On the other hand, students report very straightforwardly that they use music and dance to induce altered states of consciousness, that they use music and imagery

for deep psychological work, and that social musicking has had a powerful influence on their self-esteem and worldview. In other words, it may be that the small number of examples presents a coding problem here that derives from the fact that these rather young students do not describe powerful musical experiences in ways related to the transpersonal 'vocabulary'.

The musical repertoire reported by the Danish students was different from that of the Norwegian students described in Ruud's study. Religious or sacred music and traditional folk music played a minor role in the Danish students' narratives, as they do in Danish music culture in general. Classical music had come late to most of the students' lives. Popular music genres and styles dominated, especially in the years before the students entered their music therapy training. This is, of course, an ongoing challenge for music therapy training programs, which should equip students with a broad knowledge of genres and styles (Wigram et al., 2002).

The students all reported a strongly personal, changing and, for some, at times difficult relationship with their first instrument.

All of the participants had experienced music as a means of regulating physical and mental health. They had used music in times of crisis and chaos in their lives, and therefore they were very invested in health musicking and in the therapeutic functions of music. This degree of investment, of course, is reflected in the three main themes constructed in the thematic analysis: music as a mediator, music as an explorative field and music as a promoter. So how do these themes resonate with the findings of other studies?

The four functions of music identified by Laiho (2004)—identity, agency, inter-personal relationships and the mediating emotional field—are all supported by the findings of the present study. These functions are more or less identical with the themes of 'music as mediator' and 'music as promoter'. 'Music as an exploratory field', however, seems to be somewhat unique to this group of informants. It reflects an open, curious and playful attitude toward music and musicking that many of the students had developed long before they started music therapy training, and that was tested at the entrance examination, primarily through improvisation. This open-minded attitude was nourished and stimulated in a systematic way during their training, so as to validate the students' belief in music as a means of communication of meaning. In addition, they learned that such a system is not just a 'private' or idiosyncratic enterprise; there are principles, methods and techniques to learn, and these tools can be applied clinically. I think this may be the most important result of the study: a notion of 'communicative musicality' (Malloch & Trevarthen, 2009) appears to be the common thread in the students' musical lives, both before and during the music therapy training.

The themes and subthemes identified in the students' health narratives are not fundamentally different from the themes identified in other studies (see, for example, Bossius & Lilliestam, 2011; Gabrielsson, 2008; Laiho, 2004; Saarikallio & Erkkilä, 2007), and they can also be related to Ruud's 'axiological standpoints' (Ruud, 2010, p. 111; summarised by Bonde 2009, p. 186):

- Music can enhance a sense of vitality and consciousness of affectivity.
- Music can enhance agency and a sense of competent action.
- Music can stimulate experiences of belonging and communing.
- Music can enhance senses of existential meaning and coherence in life.

The present study does not clarify the apparent but complex and theoretically unclear relationship between identity and health (musicking). The contribution to health of the four dimensions underlined by Ruud in his axiological standpoints needs much more empirical research that is both nomothetical in large-scale public health contexts (Theorell & Kreutz, 2012) and ideographical in narratives and interviews with clinical and non-clinical informants (the present volume). Public health studies may reveal whether and to what extent these four dimensions are perceived as health promoting, and qualitative studies may reveal the ways in which musicking can serve as a specific type of health performance (Aldridge, 2000).

Over the last few years, Ruud has participated in a community music project in Lebanon. After studying young Palestinian refugees' musicking, he found that the 'axiological standpoints' or dimensions of health musicking are valid outside of Scandinavian/Western culture as well:

> These dimensions have to do with our vitality (emotional life, aesthetics, sensibilities, flexibilities), agency (sense of mastery and empowerment, social recognition), belonging (network, social capital) and meaning (continuity of tradition, transcendental values, hope). (Ruud, 2010; see also Ruud, 2012, p. 93)

Experiences within these dimensions can be located in any of the 'four spaces', and they seem to be non-specific and transcultural. They also bear witness to the appropriation of music in many different lifespan contexts.

From a didactic point of view, the value of 'musical autobiography studies' is high: music therapy students develop a grounded and personal understanding of music's potential in the construction of identity, and this may in turn inspire them to work clinically with the musical life stories of their patients.

Finally, some reflections on method in this study of music and identity. Musical autobiography writing is a fairly simple, flexible and highly engaging data collection method, and this data can be analysed in several ways. 'Memory work' with selected music adds an important sensory dimension, and many nuances, to the study. It is also possible to include specific focus areas in the autobiographies, as illustrated by the music and health narratives.

The RepGrid interview method is not technically demanding, and the software is free, but I still find it to be scientifically sophisticated, and it can be used in ways other than those illustrated here, including quantitative studies. The structured procedure (with 'instant feedback' included) allows both interviewer and participant to reflect on nuances in the data. It also makes 'personal tacit knowledge' explicit in a smooth way, and the PrinGrid 'map' brings elements and constructs together in a clear and understandable form. Furthermore, the software's multidimensional scaling allows for a sort of objective 'anchor' via a common, nonverbal frame of reference, also adding to the trustworthiness of the results. What the students experience is that their 'personal soundtrack' is transformed into a map of metaphors and symbolic meaning, one with deep personal significance.

The study's combination of written autobiographies and structured interviews contributes highly nuanced insights into the elements, dynamics and dimensions of the construction of musical identities. The narratives also confirm that music therapy training has a strong, positive influence on the students' musical identities, thus demonstrating that focused training, including autobiographical work, can provide students with a more open and flexible approach to music(s), clients, patients and clinical work. This is addressed in Tony Wigram's formulation of how training can support the development of the students' identities as music therapists:

> We have to create a musical environment/presence/atmosphere. Our musical responses must be fine-tuned, natural, immediate, sensitive, appropriate. Our musical awareness must be wide-ranging, founded on a broad base of experience, and with at least some knowledge of the many different genres and styles of the last thousand years. (Wigram et al., p. 274)

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