

Musical Life Stories

Narratives on Health Musicking

Edited by Lars Ole Bonde, Even Ruud,
Marie Strand Skånland, and Gro Trondalen

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Lars Ole Bonde, Even Ruud, Marie Strand Skånland, and Gro Trondalen (Eds.)
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Foreword: To Music's Health

Gary Ansdell

Recently I was on a panel suggesting career options for music students at a London university. The other panel members talked about working in music education, broadcasting, events management, and digital media. (Performing was strangely absent – presumably because most musicians can't make a career out of this now!) I talked about music therapy for ten minutes, and the students seemed interested. But when the discussion part of the evening arrived I wasn't asked a single question. At first I felt embarrassed, but then I remembered some previous occasions... and sure enough, after the formal event finished there was a line of students waiting to talk to me. Most of them didn't have a question as such; rather, they wanted to tell me their 'musical life stories'. An Indian student had been traumatically summoned to her mother's deathbed in India, but by the time she got home the mother was in a coma. The student was an expert in traditional singing, inspired by her mother's love of this style. When the daughter sang the mother came out of coma enough for mother and daughter to have vital hours of farewell. Another man simply looked me in the eye and said, "My life just fell apart – and music saved me. When I looked around with new eyes and ears I realised that it saves many other people too, so I now feel this is my vocation. What do I do?"

These musical life stories were too intimate for the public forum that evening. But although the people who wanted to talk to me had particularly intense musical stories, I felt that these 'musical miracles' were just the tip of the iceberg of a spectrum of more everyday experiences, uses, and understandings about how music helps people in and through their lives. They also perhaps illustrated a distinct and strengthening area of interest and understanding for a generation of people for whom 'music and health' or 'music therapy' are not strange associations of words and experiences (as they were perhaps up to twenty years ago in the modern West). There seems to be a new and serious interest to understand, and to make available, the musical basis of wellbeing.

Signs of this are appearing both in academic and popular culture. Conferences are springing up around the world on themes linking music, health and wellbeing, whilst

cultural organisations such as orchestras are promoting musical events for their well-being as well as their aesthetic value. Reality TV shows present choirs tackling social issues, whilst films, plays, and novels increasingly use this trope as a plot device. To cite just one recent example, no less than Vanessa Redgrave stars in *Song for Marion*, a film where a woman with cancer experiences the therapeutic value of a local community choir, whilst her husband (played by Terence Stamp) continues to experience the personal and socially redemptive powers of musicking after her death. It seems that music and musicking have become both a metaphor and an enactment of the complexities and dramas of social life – its harmony, discord, and ability to hold many contrasting things at the same time – but also a symbolic location for the possibilities of personal healing and social hope.

*

But of course this link between people, music, and health/wellbeing is hardly new. It is a perennial knowledge that has been understood and practised in very varied ways across history – and varies still across contemporary social and cultural sites and traditions (Horden, 2000; Gouk, 2000; Gioia, 2006). The appreciation that music helps has been – and still is – either too obvious to mention, or else something forgotten and strange; is either central to normal cultural practice, or else marginal; is either mostly a professional expertise, or else an everyday lay practice. And *how* is this link made between people, music, and health? Again there is as broad a cultural variation as it's possible to imagine: gods, angels, heavenly spheres, humours and emotions, chemicals and brain regions.

The main popular revival and formulation of the music-health link in the modern West in the mid 20th Century quickly became a professionalised territory with the name 'music therapy' (or at least this is how the text-books have presented it). For a variety of social, cultural and political reasons 'music as therapy' was put into a discrete box that was neatly separable from 'music as entertainment', 'music as education', or 'music as personal passion'. To put it crudely, music therapy in its early days was for 'others' (the sick and the needy). Of course, from a perspective of social justice it was exactly these people who had the greatest need of music's help at the time, and of the specialist attention of the first generation of music therapists. Up until relatively recently it was usually only music therapists who were willing to work musically with the most deprived and forgotten people in our society.

There were, however, also downsides to this professional sequestration of 'music therapy'. In its anxiety for professional legitimation the 20th century music therapy profession was often seduced into pursuing a theoretical and practical agenda based

more on 'therapy' than 'music' (or, rather, missing the chances to genuinely link these phenomena rather than shoe-horn them into alignment). Because its formulations of music and health were largely in relation to pathology and 'special cases' the whole broader landscape of how music helps most people in most places remained relatively unremarked, under-researched and under-theorised (part of implicit rather than explicit knowledge and practice).

One of my gradual realisations as a music therapist (and I am embarrassed at how late this came) was that there is a fluid continuum between how music helps in everyday life and how it helps within the specialist field of music therapy (and other professional and semi-professional practices which harness music's healthful affordances). I needed patients to point out to me how they had already been engaging in musical practices that were health-promoting before they knew about or engaged in music therapy (often their illnesses had stopped this lay practice, and music therapy was a way of re-engaging with music again, and therefore with its help for them). With other less verbal or able clients I came to also appreciate the continuity of their musical lives outside music therapy with what happened inside it. Various movements in music therapy in the last decade or so – Community Music Therapy (Pavlicevic & Ansdell, 2004; Stige, Ansdell, Pavlicevic & Elefant, 2010; Stige & Aarø, 2012), Culture Centred Music Therapy (Stige, 2002), Resource-Oriented Music Therapy (Rolvjord, 2010; Ruud, 2010) – have illuminated and increasingly capitalised on the social, cultural, and everyday aspects of music in relation to professional music therapy practice. They have taken music and healing out of the 'for others only' box.

A parallel story of neglect and renewed discovery is found in how traditional academic disciplines that studied music (music psychology, sociology of music, musicology, music education) all traditionally kept clear of the themes of music therapy / music healing – presumably lest they contaminate the seriousness of scholarship with touchy-feely New Age vagueness. Ethnomusicology was an honourable exception to this, although its own tendency was to see 'music healing' in terms of cultural 'others'. It took until relatively recently for a new current in interdisciplinary scholarship to notice, research and theorise the richness of the music, health and wellbeing link on our everyday Western front-door. Even Ruud (1998, 2010, 2012) and Tia DeNora (2000, 2003, 2011, in press) were particular pioneers of this approach, bridging scholarly and professional territories. Others have subsequently helped to map this broader practical, theoretical, and professional territory of 'music and health' (Ansdell & DeNora 2012; Bonde, 2011; Higgins, 2012; McPherson, Davidson & Faulkner, 2012; Pitts, 2012; Trondalen & Bonde, 2012), and to suggest more succinct theoretical descriptors, such as Brynjulf Stige's (2012) 'health musicking' – which importantly expresses the link as a situated practice, not just a theory.

It seems now that there is no stopping this trend! Fat compendiums such as MacDonald, Kreutz & Mitchell's *Music, Health & Wellbeing* (2012) now provide increasingly comprehensive interdisciplinary perspectives on music, health and wellbeing. To an extent such collections (and the current one you hold in your hand) are manifestations of the coming-together of previously disparate professional and scholarly endeavours that have been developing practice, theory and research for some time along separate but parallel vectors. An interesting question then is: What will be the impact of the growing consilience on the currently separate practices, disciplines, and professions (such as music therapy, community music, music education?). Are we on the brink of a 'field-shift', one that would re-orientate each of the separate players into a more shared territory and direction for the future? It seems to me that the over-arching academic and practice-based field of 'people and music' has certainly been shaken up in the last ten years – but that it is yet to settle in any clear way yet. We will need to wait and see.

For those students at the careers evening who told me their 'music and health stories' the idea of 'music therapy' seemed to provide a legitimating device to further explore the music-health link in relation to their own everyday lives, and those of friends and family. They made fresh connections between their curriculum material in ethnomusicology, music psychology, music sociology, and music education, and beyond this to a variety of interdisciplinary patterns. This is different from putting music therapy into a sealed box. I came away feeling that the music-health link was, well, more *healthy* – by which I mean, more accessible and more applicable to a wider spectrum of reflection and action.

*

Musical Life Stories makes an important and significant contribution to this refreshing and remembering of practice and theory that is currently taking place in the area of music, health and wellbeing. Its contributors are precisely the kind of inspirational interdisciplinary scholars and practitioners that I have mentioned in the previous section. Interestingly, they are about half music therapists, and half other professionals (musicologist, educationalist, nursing researcher, psychologist). Together they present crucial empirical confirmation of key dimensions of the broader picture that is rapidly assembling, which could be summarised as showing how:

- Music is intensely personal for most people – they experience music (in relation to their personal preferences and activities) as infusing, accompanying and guiding their everyday lives in temporal, spatial and action-based dimensions.

In short, music is often the soundtrack to a life, and therefore a means of 'giving voice' to, performing, and narrating a life.

- Because of this intimate personal link, for many people music is quite naturally linked to wellbeing (whether they are 'well' or 'ill' in an objective sense, or somewhere between – as indeed most of us typically are most of the time).
- People often personify music in this way as a kind of 'lay-therapist' within their everyday lives – or, alternatively, they themselves are the lay music therapist using music as a tool for their own self-care in areas of energy and motivation, emotion and emotional regulation, identity, relationship, socialisation, restorative 'asylum', and self-reflective work in relation to everyday problems and challenges.
- Music is therefore as much a health-promoter and illness-preventer as a 'treatment' (a 'cultural immunogen' in Even Ruud's phrase (2010, p.158)).

The key importance of *Musical Life Stories* is that this people-music-health link is presented not as theoretical speculation, but as something established and substantiated through a 'delicate empiricism' consisting mainly of ethnographic-style studies that search for, identify, trace, and follow the link within specific actions and occasions (this is the vital lesson that Tia DeNora, Bruno Latour and the ethnomethodologists have drummed into us – *show the links at work!*). And this is just what the authors of this compendium try to do. On the one hand we read detailed studies that probe the music-everyday life link, seeing how the complex web of relations between music, age, class, ethnicity, situation, health/illness, life-course and love of music underpins its potential for becoming a practical resource for 'therapy'. A second group of studies then describe in detail such help: showing how people who are long-term sick; coping with mental health problems; grief and life-crisis; social exclusion through disability... are able to use music and musicking as a powerful resource for creating, maintaining and restoring wellbeing at personal, social and existential levels. Importantly, music helps in these very different contexts not primarily by directly 'fixing' a problem, but by 'musicalising' it: vitalising and enhancing experience, reframing difficulties and challenges, helping people find oases of health *within* illness or struggle. Music helps *change* life stories, and therefore changes lives.

These studies, and other converging research now available, seems to me to be providing a new broad-based practical and theoretical platform from which we can begin to talk more usefully about both interdisciplinary and inter-professional differences and shared agendas and concerns. I suggest that this platform implies the following key 'principles' concerning the people-music-health link:

1. A '*continuity principle*' – that there is an essential continuity between music in everyday life, and music in 'specialist life' (by which I mean special situations, specialist professional uses, etc). The previous denial or lack of attention to this basic continuity has prevented a more comprehensive understanding of how music helps in general.¹ A 'continuous understanding' could really help develop it in the future.
2. A '*paramusical principle*'² – that music does very little (if anything) on its own. Music has no natural powers, despite the myths and legends that would tell us so. Rather, people do things with music's help in many different situations, and in relation to personal preferences, and situated and shared meanings. 'It' (music) acts only in relation to *our* acting – its affordances are relative to our situated appropriations, as Tia DeNora has usefully formulated. Previously in music therapy/music and health theory the tendency has been to separate the 'musical' from the 'extramusical' (implying that music 'causes' movement, emotion, social action etc, but that these phenomena are *non-musical*). A more accurate formulation would again involve a smoother continuity within human musical experience – such that '*paramusical*' phenomena accompany or work-beside the musical, whilst not being purely musical themselves. Rather, the musical and the paramusical substantiate each other – the 'musicality' of a movement, communication, or style of identity shows up for us within musicking. But these aspects are not necessarily separable *from* the music; they are an aspect *of* the musicking and not just a result of it (and as such are para-musical rather than 'extra-musical'). A paramusical phenomenon is always wrapped up in the immediate ecology and need of a situation, and is never an abstract entity that you could isolate – either during or afterwards. Take away the music and the paramusical feature can also disappear, even if an echo often remains (Ansdell, in press).
3. A '*salutogenic principle*' – music does not usually treat illness; it helps health. A biological model will need balancing by a psycho-sociocultural one. But equally, whilst musicking in everyday life is mainly about *health*, the practices of music in 'specialist life' will also need to take illness and pathology into account. People's relationships to music can be complicated, and can involve pathology and pain. This is where music therapy as a profession and discipline comes in,

1 I take the idea of a 'continuity principle' from the philosopher John Dewey's work. Don't separate out things, he advised; if in doubt opt for continuity over discontinuity! I develop this idea in detail in a forthcoming book *How Music Helps: In Music Therapy & Everyday Life* (Ansdell, in press).

2 This formulation has been appearing in several studies recently (Stige, Ansdell, Elefant & Pavlicevic, 2010; DeNora, this volume; Ansdell (in press)).

as it trains people to think about people, music, health *and* illness together. But music's aim is always towards *health*.

4. An '*ecological principle*'³ – music helps not just inside brains, or psyches; not just within dyadic relationships; not just within 'social structures'. In fact it's usually unhelpful to dissect human musical experience into 'psychological', 'social', 'existential'. Rather the level of attention should be at the ever-flowing total ecology that is the pattern which dynamically connects musical people, musical things, and musical situations. When this living pattern aligns, connects, mobilises, quickens and transforms... *this* is both when and how music helps.

*

This emerging perspective I have briefly sketched here has implications for practice, theory, research and professional politics. It might be assumed from what I've written above that I'd de-throne music therapists and create a free-for-all in the area of music and health. Far from it! What I hope that I, and the book you are about to read, can convince you of is that there is an important continuity between music's therapy in everyday life, and within 'specialist life'. From this it follows that we also continue to need a spectrum: from lay and informal practices through to highly skilled and specialist professional applications. What I *am* strongly advocating is that this practice spectrum is increasingly fluid, and is based on a more shared foundational understanding of the people-music-health link. Working from this could help prevent retreat into esoteric languages and theories by each sub-group, which in turn prevents effective collaborative working. Is this possible?

*

Allow me a brief utopian fantasy: that on 1 January 2014 the current order dissolves: no more are the varying brigade of musical performers, teachers, therapists, community workers, psychologists, academics... each with their historically-created theory and practice, their professional inertias and vested interests. Instead just one type is newly created: *musicianists*.

Musicianists are people who are educated through craft practice, reflection and experience to understand and appreciate the basic links between people, music, health and wellbeing. They work, however, in a wide variety of ways – with the young, and

3 Such an ecological perspective on this subject is explored in detail within an upcoming triptych of books about music, health, and wellbeing (DeNora, in press; Ansdell, in press; Ansdell & DeNora, in preparation).

old; in everyday, and in specialist settings; for fun, and for very serious purposes. But there's a smooth continuity between educational, therapeutic and social aims and results in all this work. All aspects are assumed to be in the overall service of a set of core human needs: personhood, relationship, community and transcendence. Musicianists address these needs musically. How and where they choose to work is related to their personality, vocation, preferences and musical/personal skills.

If this is too utopian (at least by 2014!), then what would be the next best thing? Perhaps just a growing consilience in knowledge and practice between musicians who work in all the current music professions; perhaps just a willingness to appreciate the common source of their work and its fruits – the musical basic of wellbeing.

*

I've come to think that music's health itself is reliant on this broader, more comprehensive, and more liberal understanding of what music is, and what it can do; why it matters; and how to best use it in the service of basic human needs and human flourishing. And yes, this agenda means that we can still reserve a space for all kinds of *recherché* musical styles, performance practices, and their accompanying aesthetics of polished performance and interpretation, or anarchic action. But it places these varied possibilities within a more fundamental and inclusive value system that links people, music, health and wellbeing together as the primary reality, and social priority. Seen this way, all musicking is necessarily part of a political conversation about human rights, ethics and human justice (Stige & Aarø, 2012; Ansdell, in press). This view of music could keep music healthy, as it in turn helps keep us healthy.

Inspired by this collection of chapters, and the important message that they collectively convey, I offer now a toast to music's healthful work – in whatever professional, lay, formal, informal circumstances or forms it takes or operates within. To toast is to celebrate, to honour. And so...

To music's health!

Cheers! Skål! Santé! Prost! L'Chayyim! Kanpai, Na zdrowie! Budmo! Iechyd Dda!

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Editors' Preface

This anthology originates from one of the research initiatives of the Centre for Music and Health at the Norwegian Academy of Music. It has been a central aim of the centre, and of this project in particular, to make visible some of the ways in which music in general has become an important part of people's everyday lives, especially with regard to how people use music to sustain or improve their sense of wellbeing and quality of life. Through this project, we tried to give voice to some of the stories we knew existed in our culture but had yet to be fully articulated or reflected upon.

In formulating our project, which was first titled 'Musical Life Stories: Music as Health Performance', our colleague Karette Stensæth was incredibly helpful in shaping some of the research questions as well as handling our application for approval from the Norwegian Social Science Data Services (NSD). Our gratitude likewise extends to the project participants who gave their informed consent for us to tell their stories.

We also want to thank all of the anthology authors who contributed to this collection of narratives. Research originating in Norway, Sweden, Denmark, Germany, Australia and the UK seems to have confirmed our suppositions and has made this anthology a truly international—and, one might add, multi-sited—research project. A distinguished group of international referees also supplied the necessary constructive resistance to these articles, ensuring both their quality and their intersubjective relevance. Our thanks, then, go to Brian Abrams, Anne Balsnes, Alf Björnberg, Thomas Bossius, Rudy Garred, Simon Gilbertson, Carolyn Kenny, Viggo Krüger, Inge Nygaard Pedersen, Odd Skårberg, Hans Petter Solli, Hans Weisethaunet and Barbara Wheeler.

We are also very thankful that Gary Ansdell was willing to introduce this anthology with his foreword. In addition, many of us for whom English is a second language could not have managed these contributions without the skillful and creative editing, revising and commenting of Nils Nadeau.

Last, but not least, we want to thank the Norwegian Academy of Music, which hosts and supports the Centre for Music and Health.

Lars Ole Bonde, Even Ruud, Marie Strand Skånland and Gro Trondalen
Oslo, June 2013

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Music, the Life Trajectory and Existential Health

Lars Lilliestam

In terms of music's influence upon our daily lives, it is important to account for musical identity, and especially musical preferences. When we give music a role in the promotion of our health, it is *our* music—the music we like, that we choose ourselves—that works most effectively. In the present text then, I will introduce the concept of *musical habitus* as a means of approaching the general phenomenon of musical taste and preferences. I will examine some popular notions regarding how music is appropriated in daily life via the results of a research project conducted at the University of Gothenburg by Thomas Bossius and myself titled *Musik i Människors Liv*, or *Music in People's Lives*.¹ I will not deal explicitly with health musicking in everyday life, with a few exceptions, but by presenting narratives from everyday acts of musicking, I hope to demonstrate the importance of considering sociological and ethnographic evidence when we discuss music in relation to health. Factors such as gender, age, class, and ethnicity, that is, may all have some relevance to the discussion of music's healthful influence. I will conclude this text with a discussion of the notion of existential health and music.

When we talk about musical preferences, we often meet the following conceits:

1. The soundtrack of my life
2. Darling, they are playing our tune
3. Show me your record collection and I will tell you who you are

These three popular notions of music's relation to human life are variations on a theme— music activities, habits and taste are connected to our personal life stories.

The first notion proposes that certain pieces of music accompany episodes or events in our lives and have deep significance as memories and milestones there. The

¹ The material was published in 2011 in a book in Swedish with the title *Musiken och jag* [The music and me]. Many thanks to my friend and collaborator in the project, Thomas Bossius.

second notion proposes that a couple can have certain music in common, and/or that their love story was accompanied by ‘their song(s)’. The third notion proposes that there are connections between our musical tastes, represented by our record collections, playlists and/or favourite artists, and our personal traits, habits, psychological characters and so forth.

Whether these notions are in fact consistently viable or not, they are well established in both contemporary folklore and scholarly studies. Musicologist Even Ruud observes:

I can write the story of my life by relating the episodes where a musical experience has settled in my body. And because they are always part of a larger context—about relationships to other people, times, places and existential matters—these stories of musical experiences and ‘my music’ will always be a story of ‘who I am’ or how I wish to appear to myself and others. (Ruud, 2002, p. 53. My translation)

Elsewhere, however, Ruud cautions us not to make these connections too hastily:

‘Tell me which music you like . . .’ and I will *not* maintain that I know who you are. But tell me the story of your memories of music, and it will be more evident where you come from, where you belong, in which direction you are moving and what you hold as important in your life. (Ruud, 1997, p. 11. My translation)

Music in People’s Lives: The Project

Between 2007 and 2009, we conducted interviews with forty-two people, twenty-one women and twenty-one men, between the ages of twenty and ninety-five years—the eldest was born in 1913, the youngest in 1987. Twenty-four informants were born in the 1950s or 1960s, reflecting a certain bias in the project towards middle-aged people. All of the informants either live or have lived in the Gothenburg area, but about half of them were born elsewhere. The duration of the interviews was from twenty to ninety minutes, with the majority lasting about sixty minutes, and they took place in a variety of environments: in our offices, in the informant’s home or workplace, or in a restaurant or café—wherever the informant felt comfortable. The interviews were based on a semi-structured questionnaire that touched upon themes such as listening to music, playing and singing, dancing, learning music, reading about music, obtaining and collecting music, memories of music, and the meaningfulness of song lyrics. All of the interviews were recorded and transcribed,

resulting in eight hundred to one thousand pages of written material. Using traditional ethnographic methods for handling interview material, we sorted the statements and stories into thematic categories and then analysed them.

This is a qualitative study, and the material is not used statistically, as the sample size is much too small, but at times we speak in terms of ‘many’, ‘none’ or ‘few’. We intend to go beyond statistics with this material to focus on the ways in which people use music in their daily lives—on how they think of and value music and on their inducements and motives for doing (or not doing) things with it.

It is important to note that the project results are based on what people told us in the interviews. There may well be things they forgot at the time of the interview and only remembered afterwards, or things they did not want to reveal because they were too personal, too intimate or too awkward. If a given interview had taken place at another time the answers might have been slightly different. It also was not possible to verify whether what the informants said was actually what they did, through participatory observation, for example. Nevertheless, we have assumed that many or most of the patterns and tendencies that we came across would have remained had we interviewed forty-two other people instead.

All of the quotations from our transcripts are translated into English for the present text. We have tried to be as sensitive and careful as possible, but there are things that were very hard to translate, as they deal with Swedish culture and references or are presented in slang or colloquial speech.

Although *Music in People's Lives* is in many ways unique, it has parallels to other studies, most apparently Tia DeNora's *Music in Everyday Life* from 2000 and Susan Crafts, Charles Keil and Daniel Cavicchi's *My Music* from 1992 (though the latter lacks a theoretical perspective and an analysis). Another parallel study (and important inspiration) is Even Ruud's book *Musikk og identitet* [Music and identity] from 1997.

Numerous sociological studies have identified different relations among, for example, musical taste and preferences, activities and habits, and the characteristics of class, gender, age and level of education.² Most of these relations derive from statistical trends, and they supply a natural sounding board for our own qualitative investigation here. The simple fact and trivial truth is that we are all products of our backgrounds, and we do not choose our parents and siblings, or the social, cultural and ethnic contexts into which we are born and within which we grow to become men or women. (Of course, we have a specific genetic heritage as well, but the scope of the present project does not permit us to explore that aspect of our individual musicality here.)

² A recent example is North & Hargreaves (2007a, b, c). See also Bonde (2009, pp. 235–259) and Lilliestam (2009, pp. 153–190) for overviews.

Our circumstances and experiences, moulded by the abovementioned factors, form what the French sociologist Pierre Bourdieu has called a *habitus*: a set of habits, skills and ways of seeing the world. In the present study, we nuanced this notion as follows:

A musical habitus involves a taste or distaste for particular kinds of music, acquired habits and the ability to understand and interpret certain types of music and to manage certain types of musical actions (for example, the ability to play an instrument or sing). A musical habitus is formed by one's social background and experiences—what one is exposed to, becomes accustomed to, learns to like and learns to do.³

With regard to musical habitus, then, I will now engage with the classical sociological factors of age, gender, class, ethnicity and place of residence. Although I will present them separately, it should be noted that these factors overlap and influence each other in every possible way.

Age

Musical taste and activities change with age. In everyday speech, we use terms like children's songs, youth music, teenybop, adult-oriented rock, and so on—the categories vary in different languages, but all are charged with associations and values.

Every one of our informants touched upon the music of his or her youth, and many spontaneously (and without being asked) began by telling the story of their life in music. The younger informants had not yet experienced that many changing musical habits for themselves, of course, but the older informants also mostly talked about the music of their youth rather than about subsequent or present musical activities. Music is important for both young and old, but its experiences and effects may not be as evident or as profound later in life; our basic habits, preferences, tastes and capacities, musical and otherwise, are formed early on.⁴ Many people play an

³ See Bossius & Lilliestam (2011). Through the years the concept of habitus has been developed and redefined by many scholars. Recently, Judith Becker (2011, p. 130) discussed a 'listening habitus'. Rimmer (2010) uses the term musical habitus, but with a slightly different meaning than ours, in a study of which we were not aware when we decided upon our own definition.

⁴ For evidence of this fact outside of musical aspects, see, for example, Lonsdale & North (2011), Hargreaves & North (2010, pp. 535–537), Clarke, Dibben & Pitts (2010, p. 147), Bonde (2009, pp. 236–247), Levitin (2006, pp. 230–232), Pickles (2003), Schulkind, Hennis & Rubin (1999), and Russell (1997).

instrument in their youth, often in some kind of music school, and then quit after a few years—only a few of them continue to play into adulthood. Likewise, few people take up a musical instrument as adults. The musical tastes we develop as youths tend to follow us through life as a kind of blueprint of ‘good music’.

There are, not surprisingly, drastic differences between the older and younger informants in terms of dealing with music. Sven was born in 1913, and radio broadcasts started in Sweden when he was a schoolboy:

Well, we thought it was amazing, sitting there poking at that little box [a crystal radio receiver set] and all of a sudden there was music in your headphones. I was about twelve, and I remember our teacher telling us about something called ‘radio’. In the Stockholm City Hall, they have chimes playing a little melody. And he said that people standing some hundred meters away could hear the music, but we could hear it in our headphones before they did! And we thought, ‘Well, now he’s gone nuts, our teacher’.⁵

As Sven was growing up, music on the radio was something new and magical; in those days, in fact, even professional live music was a rare event. Music was generally something you sang or played yourself for fun or in school or church. Even a street musician playing the accordion and singing could make a deep impression, not to mention a visit to the opera house or concert hall.

Eric, on the other hand, was born in 1984; he was a twenty-three-year-old computer-engineering student at the time of his interview. Born and raised in the ‘digital age’, he knew how to handle a computer almost before he started school. Though he had bought a total of one (!) compact disc in his entire life, he listened to music many hours a day, using an iPod and a computer with some thirteen thousand songs (or forty gigabytes of music) on them, all downloaded from the Internet:

⁵ The chimes in the tower of the Stockholm City Hall are to this day broadcast daily at noon on Swedish Radio Program 1. A recent attempt to cancel the broadcast of the Copenhagen Town Hall bells on Danish radio failed after heated debate.

I have a server in my closet where I keep all my music. And then I think, 'Hm, what do I want to hear today?' and I take that folder and copy it to my music player. And I usually listen to a whole album, basically. Or I copy the songs I want. But mostly it's albums.

The abundance of music that is available to Eric in relation to that which was available in Sven's youth reflects generally growing societal wealth and the arrival of many new technologies, which together have changed living conditions, needs, habits and activities. In particular, new music technologies (both new machines and new formats for sound storage, from vinyl records and cassettes to CDs and mp3 files) have revolutionised listening possibilities and, in turn, people's opinions about and perspectives upon sound.

Between Sven and Eric's generations was the 'analogue generation', which grew up from the 1950s through the 1970s or so. This was an era of an ever-expanding media and recording industry and, therefore, an ever-increasing supply of music—vinyl singles and albums, radio and television programs, and concerts and festivals flourished from the time of Elvis Presley to that of Bruce Springsteen and Depeche Mode. The 'rock culture', in particular, linked music increasingly with lifestyle, subcultural movements, and sometimes rebellion in general and political or other ideologies in particular. Judging from the present interview material, there was a particular mindset that characterised this analogue generation.

With the development of digital music technology and the growth of the Internet in the 1990s, new possibilities for handling music, such as downloading, mobile listening and playlists rather than preordained albums, have affected the ways we listen to, experience, appreciate and value music (see also Bull, 2000, 2007; Bijsterveld & van Dijck, 2011).

Might the sheer abundance of music nowadays make people feel jaded or satiated? Might it stimulate a consumer mentality that hampers our ability to appreciate music deeply (whatever that means)? Might it alter what people think is attractive, beautiful or pleasing about musical structures? Much research remains to be done on how the analogue mindset has changed in the digital era, though speculation abounds in this regard.

Digital technologies are more comfortable for younger than for older informants, who 'grew up on vinyl' and will sometimes find new media to be a hindrance rather than a help in listening to music. One older female informant reported that she had

acquired a new audio device at home that was connected to both the television set and the video player ('everything in one'), but she did not know how it worked. In the present volume, the articles by Skånland and Beckmann discuss age and technology further, but in general, young people seem to be better able to take advantage of the health-musicking aspects of new music technologies than older people (see also Trondalen & Stensæth (2012) on children, music and health, and Ruud (2010) on music in mental health work among young people). Issues related to age and musical preferences are also discussed in the music therapy literature, especially in terms of dementia care.

Gender

It is by now well established that women and men deal with, use and perhaps value music somewhat differently, but this was less apparent and less investigated, say, 25 years ago. When choosing instruments in music school, girls often prefer piano, violin or flute, while boys prefer electric guitar, drums or bass. While many girls sing in choirs, it is often hard to find boys for the lower parts. Music technology and music collecting appeal more to men than to women. There also seem to be taste differences—boys prefer 'harder' styles of music and women, 'softer'. In addition, men's and women's positions in professional music life (music trade organisations, record companies, the music business) remain unequally distributed, with men usually in leadership positions and otherwise more numerous in general. Of the one hundred employees in a Swedish music instrument chain store in 2005, not one was female. And when it comes to traditional dancing, it is still the man's privilege to ask for a dance.⁶

Controversial and even stereotypical as some of these patterns may be, they were largely confirmed in our investigation. Some surprises did emerge, however, as the following quotations indicate:

I played guitar in municipal music school. I started with the violin and then I played guitar . . . My husband played guitar as well, but he was better than me, and eventually I quit playing. He had a much better musical ear than me. I was the one who was a good music reader. But he was much more musical. He can hear the music in another way than I can. He can hear more distinctly

⁶ See Lilliestam (2009, pp. 168–173) for a summary of research on music and gender with references.

if someone is not singing really well, not in tune. I don't have the ear that he has, and even though I was a good music reader I could not pick up tunes as easily as he did, you know, this free thing . . .

So you stopped playing?

Yes, as a matter of fact I did. I have not played since we had the children, but my husband has kept on. (Anna, teacher, born in 1958)

* * *

I hadn't thought too much about it before, but then I moved in with a guy two years ago. And music plays a big part in his life. He has been a hobby musician, playing in bands and stuff like that. His growing up was just music, and music still means a lot to him. I really like it when he puts on his music, but I can see that music means much more to him than to me.

He likes a little jazzy stuff. I don't turn his music off and put on mine, but I go by what he plays, as long as it is not too much jazz. He has learned what I will tolerate, so it's okay. I tell him, 'Well, now you have to put on some good music', and then he does, much better than I do. (Hanna, teacher, born in 1961)

* * *

As my husband is kind of dominant, I feel I have to give up what I like. So I play what I like when he is not at home. Unfortunately, he is at home a lot. (*laughs*) My husband, Roger, is obsessed with his music equipment and his loudspeakers, and he makes it sound incredibly nice, and I think that's great, but when he—and he doesn't mean any harm—but it becomes a bit too much when I feel that he dominates, and then I withdraw a little bit, and I get angry because I feel that I must be able to play what I like. I know that he doesn't like everything that I listen to. He thinks it's a bit so-so, and then I don't get to play what I want. But it's my own fault, so I have to take my chances . . .

These days Magnus Carlsson and Barbados are popular again. There was some song when Emil [one of Patricia's children] was small, and I thought it was really good, and Magnus Carlsson has a good voice. "But you can't

buy that!”, Roger said (laughs), and I haven’t bought it, but I liked it, and I take it for what it is . . . If I want to listen to something that is really ‘girlish’, then I do. I don’t care what other people think anymore. (Patricia, engineer, born in 1964)

In these quotations, a few different notions concerning gender are implied. Each of these female informants discusses her musical activities and habits in relation to her male partner’s. (Interestingly, not one man in our study, unless he was prompted, touched upon gender matters at all, while female informants frequently did so.) Anna quit playing music after she got married and had children, while her husband continued his musical activities. She played classical guitar from notation while he played guitar by ear, and she insists that he had a better ear than she did. This is in line with the stereotypical association of women with classical and notation-based musical experiences and men with ear playing. Hanna says that music ‘means more’ to her husband than it does to her, and that he usually takes the initiative when choosing what music to play in the home. Despite a keen interest in music, Patricia complains about her husband’s dominance in terms of their shared musical life.

In all three quotations, one finds some tension around musical taste, in this case around jazz and a pop singer but in other interviews controversy over heavy metal is also mentioned. Another tendency, not apparent here but evident in the material as a whole, is that men are generally the providers of music, buying, downloading and collecting, and men actively *choose* which music to keep and to play, whereas women more often play whatever happens to be there.

While it would thus appear that these women are subordinating themselves to their male partners, we can also view this as simply a case of different priorities for music and its use. Why these differences exist is a question worthy of investigation that, as far as we know, has received little attention in gender studies of music to this point. Research by DeNora (2000), as well as by Skarpeid (2009) and Stene (2009), does seem to indicate that women often do use music as a health-regulating technology.

Class

Class is a factor that affects people's musical habitus in many ways, as is evident from both scholarly studies and everyday life. We know, for example, that the opera audience in Stockholm generally has a considerably higher level of academic education than the audience of Swedish dance band music. The notion of the working-class origins of many rock musicians are also widespread—but often contested. Nonetheless, there are no simple relations between class and a taste for a certain kind of music. Some scholars prefer to avoid the issue altogether, but I see no reason not to acknowledge class among the factors affecting both musical taste and musical activities.

Class, of course, has to do with social levelling, differing standards of living and opportunities for advancement, and class is also bound up with one's occupation, income, habits, status and control of life and work situations. It is indicated in different ways. Where one is from (the wrong/right side of the tracks or the river, for example) can be a class marker, along with, for example, clothing, dialect, recreational activities, cultural habits and, of course, musical habits—or lack thereof, as Sven recalls: "I grew up in a working class home, and it was out of the question that you would have anything like that [music]".

Class has at least two dimensions, economic and psychological/cultural. The former has to do with what you can afford and where you live; the latter, with one's habits, perspective and sense of belonging or 'home'. Some informants, then, stated quite frankly that they could not afford musical instruments, or even records, in their childhoods—this was true for Sven and Tore, who grew up in the 1920s, but also for Ivar, who was born in 1959 in one of the new suburbs of Gothenburg. Ruth was born in 1915, and when asked about concerts she has attended, she said:

I have not been to the opera or anything like that. I have had to work, work and sew, taking care of time. I've been sitting at home, knitting, sewing and baking . . . We were working people—we were listening to 'Snoddas' and people like him.⁷

On the other hand, some informants came from middle-class homes and were financially comfortable in terms of their musical pursuits. Nils (filmmaker, born in 1962) had a family who built a special music room in the basement of their house in the 1970s.

⁷ Gösta 'Snoddas' Nordgren (1926–1981) was a Swedish singer who became immensely popular after his breakthrough in 1952 with the song 'Flottarkärlek', about a floater or log-driver.

Other informants had invested in expensive listening equipment, like Olle (engineer, born in 1957), who had a stereo system with a CD player that cost 17,000 Swedish crowns (around 1,600 British pounds):

But I don't tell people because then they think I'm nuts. But if some bloke at work buys a forty-two-inch television set, they think it's okay. And I'd rather listen to music with additional equipment. I own a quite large and valuable record collection ... and considering how much time I spend with it ...

Nelly (engineer, born in 1965) grew up in a family that she describes as 'first-generation academics' but said there was not very much music in the house and "not much of a chance to attend a concert in the countryside in Värmland". She did recall, however, "a common attitude in my childhood that you ought to learn to play something".

Lars-Bertil (journalist, born in 1959) recalls that a child of his middle-class circumstances was expected to learn to play music:

I come from a family where it was seen as good to have a certain musical schooling; it was part of the general education. So I had piano lessons in the municipal music school from the age of seven.

This eventually conflicted with his abiding interest in David Bowie, and later punk music, so he quit the piano and started playing the guitar.

Musical taste can be seen as a symbolic battlefield where class interests and struggles regarding values and ideological hegemony are fought over using musical preferences and habits. One informant told a story about saving money as a young man in the late 1920s to buy a record by the British jazz musician Jack Hylton. He only played it a few times on the family's record player, until his opera-loving father broke the record over his knee while shouting, "We cannot have this kind of bloody crap in here".

It was a common attitude among the informants that classical music was something one 'ought to listen to' but generally did not. Few people in fact mentioned classical music at all unless prompted, and often it was associated less with pleasure than with guilt or obligation. Some bought classical records but seldom or never listened to them. In general, despite its lofty associations, classical music was not part of most people's musical habitus.

Residence

The place where we grow up and/or live moulds our experiences, supplies our opportunities and limits our possibilities—the city, for one thing, offers many more live music venues, music schools and opportunities to hear music than the countryside. Yet there are lively local music traditions in many small towns or villages as well, and they can have an equal or greater influence upon residents than the manifold but sometimes superficial diversions of the city. In Sweden, as well, many music festivals take place in small towns, such as Hultsfred, Arvika or Emmaboda. The fact that one lives in a village, then, does not *necessarily* mean that the opportunities for musical and cultural cultivation are poor, or that cultural horizons in general have to be narrow and limited.

Both Johanna (administrator, born in 1952) and Eric grew up in small communities on the west coast of Sweden but under very different conditions. Johanna never really had a chance to learn a musical instrument, aside from a few recorder lessons; there was no music school, so music lessons were limited to church and regular school, and music was not a community priority. Eric grew up in a very well-educated family and went to music school in a nearby town, where he studied French horn and played in the local orchestra. As mentioned above, he mastered Internet-based music file sharing and digital distribution very early as well. In terms of one's habitus, then, it would appear to be less the size of the place of residence than its local traditions, the presence of local enthusiasts and entrepreneurs, the class patterns, one's level of education, and the attitude of one's parents that matter most.

If one lives in a small place, journeys to concerts in the big city can be musical milestones that one never forgets—examples from the present interviews include the concerts by Bruce Springsteen at Ullevi Stadium in Gothenburg in June 1985, the musical *Kristina från Duvemåla* by Benny Andersson and Björn Ulvaeus (of Abba fame) staged in Gothenburg in the early 1990s and other concerts by various famous rock acts.

Ethnicity

In these times of global migration and multiculturalism, ethnicity (a group's perceived common origins or history) has received more scholarly attention, and it is acknowledged that music is an extremely effective tool for its expression (see, for example, Lundberg, Malm & Ronström, 2000). In Sweden, ethnicity is often associated with others rather than with Swedes themselves.

One of the few Swedish-born informants who touched upon ethnicity was Karl (born in 1987), and he did so with both seriousness and slight irony by comparing the novel *Vem älskar Yngve Freij?* [Who loves Yngve Freij?] by Stig 'Slas' Claesson, which is very famous in Sweden, with an album from 1963, *Jazz på svenska* [Jazz in Swedish] by the jazz pianist Jan Johansson, which is the most well-known and celebrated Swedish jazz album ever:

Vem älskar Yngve Freij? was the first novel I ever read. I got it from my Swedish teacher, and I felt that it was similar to *Jazz på svenska*. [Both evoked] exactly the same feeling that I recognised in the dark woods outside my window. Now, 'Slas' comes from Sjuhärad [a very different part of Sweden], and I really feel that it is the same kind of woods, these dark Swedish woods or the slightly blue light that I recognise from Helsingland [a province in northern Sweden] . . . One is a novel and the other is a record, but together they form the perfect picture of what I feel is a Swedish melancholia and my Swedish native home, and that I feel mirrors myself very well.

Karl then disassociates himself a little bit from this romantic idea with a clear insight:

I like music that makes me think of these dark blue woods and the mountains and the river and those things. It is not at all like that when I am there in reality; it is only an image of a melancholia that is very beautiful and that I like. But of course it is just an image.

The informants that had moved to Sweden themselves for whatever reason deal with music and ethnicity in different ways. Alberto (computer technician, born in 1955) came to Sweden from Chile in 1976 as a political refugee, and his musical tastes included Swedish, Latin American and Anglo-American popular artists. When he returned to Chile in 1994, he recorded local music programs on Chilean radio using cassettes and brought them back to Sweden, where he played them in his home environment to remind himself of his origins.

Maria (student, born in 1984) has a Greek father and a Swedish mother; she grew up in both Sweden and Greece and speaks both languages fluently. She learned lots of political music and dances from her father. Presently, she lives in Sweden; to connect to what she calls 'her Greek part', then, she dances *rebetica* in a local Greek association. She also likes to read Greek poetry and literature. Interestingly, she finds 'Swedish music' rather harder to define than Greek music and does not display the same attachment to it.

Laszlo (student, born in 1983) grew up in Rumania but has almost no interest in music from his Rumanian or ethnic Hungarian origins. He enjoys modern club dancing but also singer-songwriters like Bob Dylan or Tori Amos and the Swede Ulf Lundell.

Olivia (caretaker, born in 1972) was born in Gothenburg of Croatian parents—or ‘Croatian peasants’, as she calls them—who decided to raise their children in Sweden and immerse them in both the language and the culture. Olivia reports that she speaks ‘really bad’ Croatian and feels entirely Swedish. She feels no particular loyalty to or interest in Croatian music—as a teenager, in fact, she played football and became interested in heavy metal, along with her Swedish friends, to the dismay of other Croatians she knew. Her interest in heavy metal was so strong that she went to England and the United States to hear and meet some of the most famous heavy metal acts.

These examples clearly show the different ways in which music might be used and thought of as an ethnic symbol. Which strategy we apply and which music we enjoy depends partially upon our own feelings of ethnicity and identity—who we feel that we are and/or want to be, and with whom we want to identify.

Turning Points

We are born, grow up, go to school and get an education, get a job, get married, have children, perhaps get divorced and find a new partner, travel, work, move, retire. These are all examples of events, phases and turning points in life—moments when living conditions and circumstances change as we switch environments, meet new people and make new experiences. These kinds of changes often also affect our cultural and musical habits.

In our material, the most common story we saw involved how people’s musical tastes and habits changed when they went to secondary school (between the ages of sixteen and eighteen years). At this time, people had the opportunity to make new friends, potentially those with similar interests to their own. Some informants reported that they never really fit in with their local environment but felt much more at home in the secondary school.

Karl grew up in a small community with a lot of popular music, especially Swedish dance band music. He felt a little bit like an outsider there, however, because he read a lot of fiction and had more adventurous musical tastes as well. When he went to secondary school in a nearby, somewhat larger town, some older students introduced

him to fusion music (Miles Davis's *Bitches Brew*, Herbie Hancock and Weather Report), hip-hop (Public Enemy and the Last Poets) and Bob Dylan. He started buying all of the Dylan albums in chronological order. About this time, he recalled:

Before that, of course, I had a certain interest in music. I thought some songs were nice to listen to, but then I started to have thoughts about 'art' in music and that the nice thing is the craftsmanship. Music is not just a single song, a positive thing, but something more. I thought of music with some kind of higher values. And this meant that I switched from a general view about nice songs to a more explorative attitude.

Anna, born in 1958, had had a hard time in compulsory school, where there were lots of factions and bullying incidents, but when she went to secondary school, she found new friends and now has come to associate the Beatles' *White Album* with these much better times.

But other occurrences may come into play as well. Stina (florist, born in 1971) decided to attend dance school after she met and moved in with a man who was a professional dancer. Her aim was not to be a competitive dancer like her boyfriend but to learn to dance because it might be 'socially useful'. After she became a mother, Stina found that she had much less time for (and interest in) music-related activities, though she did start to like children's songs.

During a long trip through the United States, Australia and Asia, Lena (student, born in 1983) found that listening to music on her portable CD player was a good way to relax when the circumstances around her were very noisy, intense or stressful. She has continued this habit ever since. A number of informants who had been language students or au pairs abroad reported great experiences at rock concerts in their new (and foreign) environments as well.

Fredrika (teacher, born in 1962) recalls a musical moment that perhaps did not change her life but has stayed with her ever since as an unforgettably beautiful experience:

We were in Italy, wandering in the Dolomites, many years ago. And we heard classical music. In the middle of the mountains! Patric listened and said "Schubert! Death and the Maiden, third movement!" And then we passed a little hill and there was a string trio playing! That kind of experience engraves itself on your memory. It was magical—totally magical! It was like . . .

well, you get tears in your eyes and you don't know how to . . . 'can it possibly be this beautiful?' Everything is beautiful all around, and you have quite a few kilometres 'in your legs', and good pasta in your stomach, and a wonderful view, and then the music. It was such an experience!

Powerful, accidental experiences like these can become milestones in life—moments we never forget that make us think of 'before and after' or 'those were the days'. They are often linked to a specific time and place, and it is striking that, along with the musical memory, we often remember details like the weather conditions, peoples' clothing or other sensory impressions.⁸

Fredrika also associates music with the adoption of a daughter:

Our daughters are adopted, and you get a notification two months in advance, before you are to go and bring your child home. When we got this notification about our second daughter, I had just bought a compilation by Stevie Wonder, and there are two songs on that album that are strongly associated with her. We got this letter and a photograph of her . . . you 'go into the photo' and just look at it for weeks and you yearn and yearn and yearn . . . and you write pack lists. It was in the summer, it was the seventh of July when we got the notification, and then we went away in the beginning of September, just two months afterwards. There are two songs on that record that *are* our daughter. I have told her, 'This is our song now'. It is an incredible feeling to listen to those songs. One is 'As' and the other is 'Never Had a Dream Come True'. That is how it is—yes!—a wonderful feeling, all that yearning and the joy that goes with those two songs. I have nothing like that with my husband. This 'they-are-playing-our-song' thing, nothing like that. Not with our first daughter either. It so happens that these songs are associated only with her [our second daughter].

Memories

Another recurring theme in our material is 'my first record', which seems to represent something very special (or something very embarrassing). Many people spoke of their record collections with warmth and affection, as records represented many memories and associations, like a soundtrack to one's life. Laszlo states: "[My record

⁸ On strong experiences of music, see Gabrielsson (2008), Ruud (1997).

collection] is a life description, in a way. Browsing through your records, you remember episodes” (c.f Ruud, 2005, p. 173).

In general, people had positive memories of music, but there were some bad ones as well. Johanna remembers being forced to sing in front of her class in the third grade, when she was around ten years old:

We had to stand by the teacher’s desk one by one and sing ‘Dra dra min gamla oxe’.⁹ I got the lowest grade. I didn’t fail, but it was close. I often come back to how terrible it felt to stand before the whole class while the teacher played the harmonium and you had to sing that song.

This experience was so horrible that she never ever sang again, privately or publicly, and never even learned to play an instrument. In this regard, we heard many memories of various people—a music teacher, a parent or someone else—telling the interviewee that he or she had a bad voice, could not sing or was unmusical and thereby perhaps silencing a budding musical talent.

Conclusions: Music and Existential Health

One of the most conspicuous patterns in our material is that musical habits and activities have very close connections to a person’s life trajectory, which confirms our introductory propositions. Music often accompanies or connects to phases in a person’s life, and one’s musical habitus is further related to age, class, gender, ethnicity and place of residency. Many interviews actually turned into life stories that were mirrored and told through songs, albums, concerts, musical activities, experiences and memories. (It must, however, be stressed that music is not this important for everyone, and that other phenomena besides music can serve the same or similar purpose.)

Music is a sounding symbol—that is, it has a symbolic meaning as sound alone and it often has lyrics that evoke moments in life as well as other memories, associations (personal or cultural) and emotions. This makes music an effective tool for aiding one’s recall and for reflecting on oneself, or on life more generally. Music helps us to both shape and maintain an identity or feeling of self, both inwardly (through a dialogue with oneself) and outwardly (by showing others who we are or want to be). Identity should here be understood not as something static but as something

⁹ A well-known song by Swedish singer and songwriter Evert Taube (1890–1976).

that changes during a life trajectory or varies in different situations, depending on one's needs and emotions.

One's identity and musical habitus result from one's life trajectory, circumstances and experiences. An understanding and acceptance of one's own biography is an important factor when it comes to maintaining psychic balance and wellbeing, good self-esteem, self-confidence and a feeling of meaning and coherence in life—that is, one's *existential health*. Music can be an effective and useful means of both attaining and maintaining this form of health.

The concept of health, of course, does not simply mean the 'absence of illness or disease', and existential health (or existential wellbeing) was developed by the World Health Organisation in order to discuss and define one's quality of life. According to the organisation, existential health has eight aspects or facets: connectedness to a spiritual being or force, meaning of life, awe, wholeness and integration, spiritual strength, inner peace/serenity/harmony, hope and optimism and, finally, faith (WHOQOL SRPB Group, 2006).¹⁰ Existential health has to do with a philosophy of life and the meaning of life, or what some call a 'spiritual dimension'. Though some of the terms used in the list above may have a religious bias, it is important to note that the concept of existential health is *not* tied to a specific religion or philosophy but is more open—'faith', for example, could be placed in anything at all, not only a religion. The important thing is that one's existential health contributes a feeling of stability, comprehensibility and meaningfulness in life.

In this respect, the notion evokes Israeli sociologist Aaron Antonovsky's (1987) 'sense of coherence', which he claims has three dimensions: a sense of comprehensibility, meaningfulness and manageability. Antonovsky has also coined the concept of salutogenes—factors that lead to health instead of those that may result in illness.

As reported by many informants in this study as well as in numerous others, music is used in daily life, consciously or instinctively, as a kind of self-therapy to regulate one's mood or emotional state and to cope with problems in life, great or small (See,

¹⁰ In this article, the term used is 'existential wellbeing', but the more or less synonymous concept of 'existential health' seems to be gaining ground of late. For example, 'existential public health' is analysed in a recent Swedish dissertation on the psychology of religion by Cecilia Melder (2011) at the University of Uppsala. See also DeMarinis (2003). The abbreviation WHOQOL means World Health Organization Quality of Life (investigations); SRPB stand for Spirituality, Religion and Personal Beliefs.

for example, DeNora, 2000; Skånland, 2009, 2012; Lilliestam, 2009).¹¹ Roger (engineer, born in 1965) states:

Music is some kind of well-being and relaxation, I think. When you are in the concert hall, you disengage from everything and just listen. Nothing else exists. Maybe you can compare it with meditation, and people who relax totally. You've got a lot of things to think about, and even if it doesn't feel like you are pondering, there are lots of things that you solve or work out, that get settled.

In our conclusion in the report *The Music and I*, we link our work to modern theories from the study of religion as well as to existential health:

The ongoing cultural modernization, including secularization, has led to great changes in the field of religion. Religiosity has frequently been relocated from the traditional great religions, with their universal claims, to smaller, more personal, existential spheres, where feelings of community and experiences of nature or art, including music, have been described as substitutes for the traditional faiths as meaning-making systems.

Experiencing one's own life as meaningful is decisive for individual mental and physical health. On the basis of our material and theories of religion, we propose that music, musical experiences, and feelings of community within an audience can be seen as parts of a system that creates and sustains meaning and coherence in life, or what we call existential health. (Bossius & Lilliestam, 2011, p. 294)

In summary, there is substantial evidence that people do use music as a self-therapeutic tool in their daily lives, to maintain their existential health. Further research into how this works is both important and necessary.

¹¹ See also Axelson's (2008) study of how people use fiction film as a resource when dealing with existential matters.

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Life Stories: Lay Musical Practices among Men and Women with Long-Term Sickness Absence

Kari Bjerke Batt-Rawden

This text introduces the reader to music's role in a salutogenic approach to health, focusing on lay musical practice among men and women with long-term illnesses. It is based on a longitudinal study conducted over the course of one year in Norway (Batt-Rawden, 2007, 2010a, 2010b, 2011). One objective of this study was to explore the role and significance of music in the life of these afflicted men and women in or through different life phases, situations, events, issues and contexts. The study was also intended to increase awareness of the ways in which participants, through exposure to and exchange of new musical materials and practices, may learn to use music as a 'technology of self' in relation to health and healing. Its qualitative methodological approach derived from a synthesis of the results of participatory action research and in-depth interviews.

In terms of the former, the project sought to encourage participants/informants to bring to the level of conscious activity their various uses of music for the care of the self and to further instigate such practices and acts of reflection, particularly in relation to the second objective of the study. This longitudinal effort involved nine men and thirteen women, ages thirty-five to sixty-five. A series of eight in-depth interviews was conducted with each participant, and interviewers elicited open narratives every time, using a topic guide, two single CDs and four double-CD compilations. Each interview lasted between one and two hours. Two or three interviews were conducted per day over a period of two or three weeks during each of the eight rounds. Participants all suffered, or had suffered, from chronic illnesses, as follows: two men and three women with muscular disease; one woman with neurological disease; four men and six women with anxiety or depression; three men and two women with chronic fatigue and 'burnt-out syndrome'; one woman with breast cancer. Several also had relationship problems and life complications. This sample, then, represents a typical modern, western Scandinavian cultural cross-section circa 2005. Project participants

were located in and around the major populated region in the south of Norway and represented a group with diverse socioeconomic backgrounds and characteristics—for example, a range of socioeconomic statuses.

A proposal, written to a specific template, was submitted to the Ethics Committee at the University of Exeter in England, along with all associated forms (for example, informed consent forms), prior to the start of the research.¹ The participants have all been given fictive names, so quotation marks will not be used in the following report.

A Musical Health-Promotion Procedure

The study developed a novel research and health-promotion procedure through an action-oriented, participatory musical methodology. The goal, drawing directly upon the principles of participatory design (Reason & Bradbury, 2001; Whyte 1991), was to respect all participants equally, thereby remaining sensitive to forms of lay expertise and to participants' values and aims. Using consultative dialogue in order to learn from users and to understand their skills in their own terms, the researcher sought to make participants (and themselves) conscious of forms of 'expert' practice that might otherwise occur only tacitly. In the terms of action research, then, the idea was to help participants convert non-reflective operations into conscious activities, in this case related to musical health promotion (Batt-Rawden & DeNora, 2005). For this reason, gathering and analysing data, strengthening community ties participant's ability to think and act emerge as the three main objectives of participatory research, which is, in effect, the antithesis of evaluation research (Whyte, 1991).² Indeed, action research constitutes a 'metacommentary' on the whole enterprise of the social sciences by highlighting some of the ways in which all social science enquiry is in fact part of what it studies. That said, in the present context, participatory action research encompassed the involvement of community members in research activities, thus enabling these individuals to learn to use music as a health resource and as a tool for developing empowerment, self-knowledge, self-actualisation, coping strategies and agency.

¹ See <http://www.huss.ex.ac.uk/postgrad/PGRhandbook/PGRhandbook2006.swf>.

² Measuring health is an important activity for health promoters; despite this, there is no consensus on the best means of measuring health, and a wide variety of methods has been used. The participatory action part of the present project, as a musical health-promotion procedure, might constitute material for other researchers in a future evaluation project (Naidoo & Wills, 2000).

As part of the study's methodology, each participant was asked to contribute to the production of a series of six 'themed' CD compilations.³ For each CD, each participant was asked to choose one or two tracks, in accordance with a pre-defined theme such as 'feeling at my best'. The CDs were then distributed to all project participants and used as a point of departure in follow-up interviews. In this way, participants were able to share among themselves their musical loves, associations and memories and, via the researcher, virtually telling each other about what music 'worked' for them, as well as when, where and why. The 'when, where and why'-questions were included in the interview guide as to collect knowledge of their lay musical practices. Participants were asked to reflect on each CD and to describe their reactions and listening practices in relation to the musical tracks (for example, did they repeat a given track?). They were also asked how they came to choose the items they had contributed, and what meanings or associations those items had for them.

Methodological Considerations and Limitations

First of all, of course, the research data must be set in context. It was collected from members of the population of a southeastern area of Norway comprising the counties of Oslo⁴ and Akershus.⁵ In line with a qualitative approach, conclusions drawn from the present sample should not be generalised to the population as a whole (though a series of similar studies might in fact produce more general conclusions). In this sense, the sample is not *statistically* representative, though it is certainly suggestive of larger trends. Further related research might start where this study leaves off, but work with a different age group, a non-Western culture or simply another similar cross-section, for example.

It is therefore important to consider how this qualitative study might be combined with a more quantitative research design, for example by using the Experience Sampling Method (or ESM; see Sloboda, O'Neill & Ivaldi, 2001)⁶ to explore individuals'

³ The themes of the CDs were as follows: CD 1 (single), *keepsake and memories* (all tracks chosen by the researcher); CD 2 (double), *music, its significance for me and why*; CD 3 (double), *my mood*; CD 4 (double), *feeling at my best*; CD 5 (double), *all-time best*; CD 6 (single), *parting gift* (all tracks chosen by the researcher).

⁴ Oslo is the capital of Norway and has 548,617 inhabitants. It is also a county.

⁵ Akershus is the county that surrounds Oslo; it has 509,177 inhabitants (see www.ssb.no).

⁶ The ESM involves the following process: 'Participants are signalled via electronic pagers at random intervals during the day. At each paging they are required to complete a brief response form relating to current or immediately preceding experience' (Sloboda, O'Neill & Ivaldi, 2001, p. 11).

subjective experience of the complexity of everyday, 'real', and evolving musical situations, contexts and episodes in more detail. According to Sloboda, O'Neill and Ivaldi (2001), the ESM might be fruitful in conjunction with other methods comparing data to triangulate' outcomes. From this perspective, the health promotion pursued via an action-oriented, participatory musical procedure could be tried out in combination with the ESM in both large-scale studies and smaller samples, so as to build up an evidence-based archive related to music's functionality and meaning in everyday life in relation to health, wellbeing and illness.

Moreover, such an action-oriented, participatory musical procedure would be well worth exploring in conjunction with a focus on specific groups of illnesses, diseases or disorders (either anxiety/depression, muscular disease, cancer or cardio-vascular disease), subcultures or age groups. It is also important to note that this study did not engage with specific musical properties—genre, style, rhythm, timbre or melodic convention, for example—in relation to health or wellbeing. On the other hand, it clearly demonstrated that musical material can play a significant role in helping participants feel like they were 'moving on' in their efforts toward renewing their vitality, energy, wholeness, power, joie de vivre, 'fighting spirit', force or strength.

The Role of the Researcher

Even in action-oriented research projects, the 'observer effect'—that is, the researcher's gender, age and personal characteristics in relation to the participants—needs to be allowed for (Smith, Dennis & Johnson, 1997; Schensul, Schensul & LeCompte, 1999). Of course, a researcher is not without a history of her own and needs to be reflexive throughout the research process. In the present context, my personal 'style', enthusiasm and interest in fieldwork may have influenced the participants, but presumably in a positive manner. I do not know whether the results would have been comparable if someone else had conducted this research. According to Trygve Aasgaard (2002, p. 51), "The act of selecting the phenomena to be studied, as well as the act of selecting the method of the study, is *always* a value-laden and subjective manoeuvre".

I can say that there has been an ongoing process of self-reflection during this project with regard to my role as researcher, one which I hope has contributed to its trustworthiness and credibility. Because one of the objectives of this study was to explore how music listening and music exchange might foster health promotion, my researcher role encompassed that of an active participant as well, in that I propelled

its interactive, dialectical and empowering elements throughout the yearlong research process. Participatory action research contrasts in this way with the conventional model of pure research, in which members of communities are treated as passive subjects (Whyte, 1991; Ritchie & Lewis, 2003). In this study, that is to say, the participants were actively engaged in listening to and choosing among pieces of music to put on the 'themed' CD compilations, a process which helped to establish a relaxed and non-threatening environment conducive to the thinking through of life events, issues, situations, changes or phases (Bennet & Maas, 1988). Participants often played music during the interviews (either at home or at the interview-venue) as well as between the interviews as part of their 'task'—that is, the action part of the project.

Music: A Life-Supporting Practice

Several participants who described that they used music consciously, reported that they used music as an alternative to medication or medical treatment, transcending their pain and suffering through personal musical practices. Participants described how music could also enhance coping mechanisms by providing a sense of existential coherence or a zest for life—they found it to energize them during difficult periods and help them to retrieve or mobilise a stronger self. These particular observations appear to indicate that active music making comprises a technology for achieving a sense of wholeness in body and mind, particularly when during bad periods. If music can generate humour and even joy during hard times, then, it may be said to be a salutogenic approach to health and wellbeing.

Findings of the present study show that a musical health-promotion procedure allows for a new kind of informal musical learning in everyday life, and that the exchange of new musical materials can be an empowering ritual means of self-care in its encouragement of self-awareness and generally higher consciousness. Musical practices can generate both health and agency,⁷ it appears, and participants detailed various uses of music in different contexts and situations as a way of being and doing that points away from illness and possibly even contributes to self-healing processes. The overarching point here is clearly that music—and, in particular, personalised musical practice—can be crucial to the construction and transformation of one's wellbeing or 'illbeing'. In addition, several participants said that they learned to think

⁷ The term 'agency' is defined here as 'feeling, perception, cognition and consciousness, identity, energy, perceived situation and scene, embodied conduct and empowerment' (DeNora, 2000, p. 20).

with more self-awareness. Through the project's opportunities to choose and listen to their own (and others') music; the process enhanced their sense of existential coherence and ontological security. For example, Alexander's songs seemed already to be a treasure trove for him to plunder in dark times. The project's commitment to self-musicking (Small, 1998) taught him (and the other participants) a lay-skill practice for plundering as a means of gaining access to their inner *self* that was vital to their progress on the road to recovery. It also told him how (and when) to decide it was time to move on (Batt-Rawden, DeNora & Ruud, 2005). Conversely, it is clear that if one is discouraged from or 'refused' opportunities for self-musicking, one misses out on a significant health resource or 'technology of health' (Ruud, 2001). Raymond, for example, pointed to his withdrawal from choir practice as an important cause of his illness, while Alexander had long been taught that music was a 'forbidden fruit'. It was only Alexander's instinctively emotional involvement in music that made him stubborn enough to fight for his 'need' to become a musician. (Some musicians, in fact, may possess a life-affirming musical 'power' that may contribute to *joie de vivre* or high spirits in both their own selves and in others, which has led some scholars to recognise the musician as a kind of healer (see Ansdell, 2002; Procter, 2004).)

Musicking seemed to be basic to Anthony's health and life:

Well, if you took my music away, my health would go straight down the drain . . . that's what keeps me going also . . . Well, if I didn't have music, I would have been in a sorry state—that is, after all, my main interest. (*Anthony, age 58, muscular disease. Musically active: singing, playing and composing. Disability pension. Session 4.*)

Marion, likewise, used a specific piece of music ('the movie theme from *Braveheart*') as a form of therapy and a means of coping with her life situation as she worked out the grief resulting from the breakup of her marriage. She was in the middle of divorce proceedings at the time of the interview and would have had trouble coping without the sense of relief and relaxation provided by music:

In a way, music is therapy for me now, and I can work through my grief; it gives me relaxation and relief, and it has helped a lot. If it hadn't been for the music, I would have had trouble with coping with my life situation. (*Marion, age 42, muscular disease. Long-term certified sick for about a year; recovered during fieldwork. Unemployed. Session 4.*)

For both Anthony and Marion, then, musicking assists in the mental construction (and articulation) of an embodied awareness that is otherwise unavailable. Through the insight they gain from this process, they are able to live their lives differently. Marion used a particular kind of music to help her work out her grief, and become more emotionally aware, and, eventually, decide to move on with her life and redeem her 'old self'.

Several participants, in fact, pointed to examples of music that puts them into a mood other than their present one or otherwise indicated that they liked to listen to different types of music at different times. Robin used Verdi's *Requiem* to work through his grief from the loss of his father. At one point the music told him that he was still grieving, thanks to a strong emotional reaction to it. A week later, though, he felt a pressing need to listen to something else and put on *Carmen*. He then experienced euphoric happiness and a renewed energy that made him dance around in his sitting room. For him, musicking was a kind of 'aural mirroring' of his frame of mind, both during and after his grief stage:

I don't think you can move on to another phase in your grief without allowing yourself to 'be there'; it [the *Requiem*] helped me a lot, then I left it for a period of time. [Robin, age 45. Burn—out syndrome. Long-term certified sick for two years. Part-time job. Recovered prior to fieldwork Musically active; singing and playing. Session 5].

This type of emotional work being played out in real time and then moving on to another phase relieving past events through a specific chosen piece of music, is also very close to how 'Henrietta' in DeNora's study seemed to play music—also Verdi's *Requiem*—as a virtual means of expressing or constructing emotion. In this sense, the music is both "an instigator and a container of feeling— anger, sorrow and so forth" (DeNora, 2000, p. 58).

Music can support processes of lifestyle change and the maintenance of healthy behaviours through embodied awareness and reflection. Choosing music to go on the CD with the theme 'music and its significance for me and why' encouraged several participants to reflect on their own musical biography, and Edwin, among others, found this to be quite beneficial:

I have become much more conscious of my musical biography, and I have reflected a great deal on that . . . and this has been very good, because I wouldn't have done that if I didn't have to, you know—in particular, this thing about choosing my own music to go on the CDs has created a type

of consciousness, like, why on earth do I choose this one? (*Edwin, age 48, anxiety and depression. Long-term certified sick for a year. Professional musician. Recovered prior to fieldwork. Session 8.*)

Camilla found that Odd Nordstoga's arrangements were a lot of fun, but very powerful as well, since it gave her associations to a close friend's recent bereavement.⁸ The song had given her friend comfort and strength to carry on in times of grief:

When I first heard that [Odd Nordstoga song]. . Well, it saved her [a friend who had just lost her husband], I think, because after [he] died, it was summer, and she was on her own a lot, because the kids were off with their mates, and she was off work for two months. She spent that time tidying up the house and she listened to Odd Nordstoga throughout, full volume, all day, everyday. His arrangements, such a lot of fun, a sense of humour and also a lot of wisdom, so, this song also makes me laugh, you know [*Camilla, age 50. Anxiety/depression. Recovered during fieldwork. Musically active; singing and playing. Session 7*]

Raymond describes how Nordstoga's music makes him appreciate things:

[For the CD] I have chosen *Kveldssong for deg og meg* not because it has been a national hit, but because it describes everyday life, something that can happen everyday if one is able to observe [it], and I also like this kind of fusion with folk-music, and I think he has hit something and it makes me feel good. Life is made up of the everyday and all these things (in life) we are taking for granted—it touches me. [*Raymond, age 46. Chronic fatigue. Long-term certified sick for 18 months. Recovered during fieldwork. Musically active; singing and playing. Session 7*].

The pieces of music chosen by participants often symbolised or were attached to *major changes* in their life situations, which highlights the fact that music is temporal and that it is intertwined with life itself. Raymond recovered halfway through the present research project and returned to work, noting that it constituted a learning process

⁸ Camilla, Raymond, and Veronica all chose Norwegian folk musician Odd Nordstoga's *Kveldssong for deg og meg* (*An evening Song for you and I*) for CD 5, the theme of which was 'all-time best'.

for him, both increasing his conscious awareness of how and what to listen to and linking his state of mind more thoroughly and completely to his musical biography:

When I started the project last year, I was very ill, but then I have gradually recovered, and I think this project has been of significance, because I have told you before how important music is in my life, and this project has been focusing on music and its significance for me, and I have become much more conscious of how and what I listen to—for example, what type of music nurtured me when I was ill—so this has contributed to my recovery . . . And all the new music [was a help], a great variety on those CDs. (*Raymond, age 46, chronic fatigue. Long-term certified sick for 18 months. Recovered during fieldwork. Musically active: singing and playing. Session 8.*)

Raymond described how he refuelled himself with music when he felt empty, lacked energy or felt unwell, and this process brought about a sense of regained health.

These findings also seem to concern the contexts in which music is used through the situated, personal and local forms of expertise that are part of what makes music ‘work’ for these participants. The self-induced musical rituals seem to help individuals to ‘feel better’, in line with John Sloboda’s research (1992) relating musical rituals to feelings of wellbeing. These rituals may for example help people to move on in their grief processes by giving meaning to their lives and purpose to their struggles. Crucial in this regard seems to be ‘free will’—that is, the opportunity to do one’s own personal musicking (Small, 1998), for example singing, playing or listening to music when they feel a need for it.

Cecilia has learned how the music she chooses affects her, and how this piece of music is a balm for her soul, helping her to relax and calm her down.

I have often put this [the song she chose for the CD with the theme ‘music and its significance for me and why’] [Tord Gustavsson Trio: *Deep as love*] on early in the morning; it is just as if that kind of music sets the agenda for the day . . . It gives me this feeling of space, and then I feel much more relaxed and calm; it is never used as background music, but rather when I feel I need to have something. So right now I am working on trying to retrieve my own health, my own self, and to accept and tolerate being at that level, so through this process this piece of music is really a balm for my soul, and I have used it when I have decided I want to listen to it. (*Cecilia, age 49, ‘burn-out syndrome’. Long-term certified sick for about a year. Recovered during fieldwork. Part-time job. Session 1.*)

Tara describes how music enriches her, makes her calm and helps her to relax when her life is turbulent or chaotic, and she clearly recognises the importance of being an active listener. She describes her musical ritual as something she ‘creeps in and out of’—a trance of sorts for which she consciously makes time. Afterward, she withdraws from this ritualised ‘work’ with a relaxed feeling of recovery and harmony. She attributes these changes to the way she processes her emotions on her own within her musical ritual, in the interests of better health and quality of life:

I use music to work things out and as a therapy, to rest, be happy, and feel enriched. I have a tendency to seek out music that makes me rest—makes me calm there and then—and I can see a very clear connection between health and music. Sometimes I can get up at night if I can’t sleep, and I think, now this [*listening to Aretha Franklin’s ‘I’ve Never Loved a Man the Way I’ve Loved You’*] would really make me feel well. (*Tara, age 52. Muscular disease; Disability pension. Session 5*)

Through their narratives, the participants demonstrate some of the ways in which music is a personal medium—a tool that remains entirely within their control that is chosen to fit their specific needs when they want it. Relatedly, participants seldom wanted to be part of a musical event that feels forced upon them. Camilla, therefore, complains about the ‘rapping’ music, Muzak and Christmas carols in shops, which she perceives as polluting the air. This is not the type of music she needs, then, when she really wants to listen to it.

Several participants favoured song lyrics that seemed to resonate with their present life situation and brought them comfort in times of despair or renewal in times of resignation. Lyrics also not only mirror people’s own everyday life situation, but can refer to close relationships and their use of music in times of grief. They felt that a singer could communicate directly in relation to their present emotions and need to move past them. Isabel was in deep grief after a break-up and talks about how she used music, both listening and playing, as a way to cope:

It makes me good and it comforts me to hear lyrics and melodies that reflect that [her grief], and I heard another song on the radio the other day from Anne Grethe Prøyss [a Norwegian folk-rock musician], and she sang about the dark longings that have no joy, and I felt that [this] made me feel good. I love that kind of metaphor . . . like being stuck in the mud . . . things are so heavy and I feel I can’t get out, but many small bits of happiness, like my love for music, are so important to get yourself up again, so sometimes I think

that I just have to get a grip on it, and move on in the process. I can't give up.
*(Isabel, age 36, 'burn-out syndrome'. Long-term certified sick for 16 months.
Recovered during fieldwork. Musically active: singing, and playing. Session 7.)*

From the interviews, it seemed as though active learning was less likely to occur during 'bad periods', when people instead drew on their already established musical practices, skills, knowledge and competence. Alexander explains his reluctance to challenge himself musically when he is down:

When I was in a very bad period, I played music that I could easily cope with, that has been important; so when I have been in bad periods I have stopped singing and playing certain songs and chosen something different. I have actually been thinking about this, several times—why have I chosen not to sing certain songs or play that type of music? If I am down, I tend to find things that are quite simple to play . . . I feel then . . . I have no energy to learn difficult things, so then I reduce all thresholds, mentally speaking, and I think that is wise, but sometimes I also sit down and listen to beautiful music; it makes my situation better, I can forget things for a while, because I feel oneness with my emotions and then I am far away somewhere . . . and I think it is very important that one takes time to be close to one's emotions. I feel that this makes me good by doing so *(Alexander, age 53. Burn-out syndrome. Long-term certified sick for two years. Recovered prior to fieldwork. Musically active; singing, playing and/or composing. Professional musician. Session 5)*

Listening to or playing music, in this way, may be a solace at these times of loss, allowing us to be held and nurtured while we slowly come out of the grief of loss: "Particular pieces of music may be especially significant for us as individuals and seem to speak directly to us at these times" (Butterton, 2004, p. 25). In times of great change or crisis, musicking is an instrument of exploration, connecting us to the complexities of relationships, thus opening up a world that words never allow us to do (Small, 1998) or perhaps it is tempting to creatively rewrite Shakespeare's words: "The grief that does not 'musick' [speak] whispers o'erfraught heart and bids it break"? Music is a device with which to configure a space such that it affords or 'transforms' a situation, and provides a virtual reality where individuals can imagine, reflect, and reset difficult life situations, while helping to work out grief or sorrow (DeNora, 2000).

Robin notes that he cannot listen to ‘happy music’ when he is feeling down, because the music must match his own feelings right at the time:

I choose music depending upon what kind of mood I am in—for example, it doesn’t help me at all to listen to happy music when I feel down. That is very wrong. It’s impossible to listen to, for example, marches. It has to be music where I can stay in that mood for a while, be myself, [be] naked, in a way. Sometimes the music encapsulates grief, mirroring my own experience of grief or even the loss of loved ones, loss of possibilities, loss of choice, loss of opportunities in my own life. Through music I can get in touch with my inner self, and it is then [that] I feel I can make the best decisions (*Robin, age 45. Burn-out syndrome. Long-term certified sick for two years. Part-time job. Recovered prior to fieldwork. Musically active; singing and playing. Session 5*)

Music can be a kind of ‘aural mirroring’ of his present self (Butterton, 2004) reflecting back to themselves who they are and how they relate to others in the world.

Using Music as a Source of Strength to Carry on: Constructing Meaningfulness

Musical memories often highlight ‘happy moments’ and lead to feelings of wellbeing. The following subsection describes this particular phenomenon in more detail by focusing on how some pieces of music recover or re-present better times even when one is ill. Participants, of course, are moved by a range of particular pieces, which they readily identify with memories of significant events in their lives. These connections were on display in the choices they made for the CD with the theme ‘keepsakes and memories’, obviously. Through their selection and listening processes, they began to think of music more consciously—of what they were hearing and why it moved them:

I think the *Braveheart* music [Celtic Circle, *Theme from Braveheart*, on CD 1] was lovely and ‘If Tomorrow Never Comes [by American country singer Garth Brooks, on CD 1] and number two, the Irish song Mary Black’s ‘Holy Ground’, on CD 1], that was beautiful [too] . . . There is one place in my heart that I feel I am still twenty years old, you know . . . wonderful feeling, lovely memories . . . [country and] western music and this [other] music brings back close and warm memories from that time . . . so now I have started to

think about what I hear and why it moves me—for example, when I listen to country and western music, it brings back so many good memories that comfort me and give me strength to carry on, because there are times in my past that were really good. [*Amanda, age 42. Anxiety and depression. Part-time job. Post-treatment. Session 6*]

Ursula narrates memories attached to specific pieces of music and chose a song from her past that made her particularly nostalgic for the CD with the theme ‘my mood’. By becoming party to the music’s power over her; and to its ability to move her from one emotional location to another, this participant was able to start over:

So when I listen to those old songs from a period in my life when I felt much more appreciated and valuable, it is a really good feeling, and it gives me something. For example, I really enjoyed myself last night, going through Burl Ives’s songs again, and I was thinking, well, it is a bit like this kissing-music, isn’t it? I love going back to my past [before she was married] . . . I need to paint a brush over the bad periods in my past and begin from the start. (*Ursula, age 63. Breast cancer. Post-treatment. Session 6*)

Music represents nostalgia; it offers him an experience of time passing (Frith, 1996) and time is expanded sensuously and qualitatively through materials and embodied memories, which involves an array of different senses. Aesthetic moments hold a promise of life being transformed, for a time away, since music unfolds in and over time (Butterton, 2004). The following participant was even able to revitalize himself physically with music:

Well, when I heard Louis Armstrong [‘What a Wonderful World’, on CD 3 and chosen by another participant], I felt it all the way down to my stomach, [it was] very strange, and I feel that this is passion, and it swings, it’s rhythmic, and I feel a reverberation, and it makes me feel good. I like the sound of acoustic music more than synthetic sound. Vivaldi⁹ [*The Four Seasons: Summer*, on CD 3 and chosen by another participant], that is quite strange [as well], because I bought a stereo in 1975 and I had bought my first CD . . . I wanted to have *Air* by Bach [as] my first record, and on my second trip to the record shop, I asked whether they had any good baroque music, and then I got this

⁹ Antonio Vivaldi: *The four seasons. From Summer*. Vivaldi was also chosen by another participant to go on CD 3; ‘My Mood’.

[Vivaldi]. So I associate this with the place I lived then and I can recall a lot of good moods from that period. [*Robin. Age 45. Burn-out syndrome. Long-term certified sick for two years. Part-time job. Recovered prior to fieldwork. Musically active; singing and playing. Session 6*]

Music is an accomplice in attaining, enhancing and maintaining desired states of feeling and bodily energy, such as relaxation, comfort, joy or relief in people's own private homes.

Simon Frith (1996) argues how music allows us to stop time, while we consider how it passes which enable us to place ourselves in imaginative cultural narratives.

By working through difficult life stages with a type of music that reactivates her zest for life or recalls certain happy memories, Emmy gradually recovered during fieldwork and related her choice of music to feelings of joy and improved health:

I have chosen the 'Hallelujah Chorus' from Handel's *Messiah*, not because I am so religious but because this is such a strong and powerful piece of music. The chorus is so lovely and enchanting and enriching. It brings joy, so now I am a bit here where I have been before in my life. I put on music when I am glad to enhance and enforce my joy and that is something very new in relation to my illness. (*Emmy, age 58. Depression and severe back-pain. Recovered two months before final round of fieldwork. Recovered during fieldwork. Musically active; singing and playing. Session 7*)

The emotional, spiritual, participatory and bodily engagement with or attachment to music is a precondition to agency or to any kind of faith healing. The 'telling to self'—our internal dialogue—via music-as-resource constitutes a means of literally becoming well, of experiencing wellbeing and coping. These findings do not imply that music 'causes' the participants to behave in certain ways, but instead demonstrate how music's power acts as a health resource or a technology of self towards health in the sense that music may increase self-awareness towards music that could make him or her feel really "good" (DeNora, 2000; Batt-Rawden, 2007). In other words a health technology that can 'transport', 'lift' or 'transfer' an individual from one state of mind or emotional position to another. This movement seems to be achieved through a deep, focused, concentrated musical 'workout'—a kind of 'deep' musicking¹⁰ or

¹⁰ The two concepts introduced here are based on Small's concept of 'musicking' (1998), Becker's 'deep listening' (2004) and Green's 'purposive listening' (2002). 'Deep' musicking is focused or concentrated musical activity that takes place over time.

'deep' self-musicking¹¹ that demanded a long-term commitment on the part of the participant. From this perspective, then, we see that a lay knowledge of self-healing as beneficial for one's care is embodied in these musical 'workouts' and available as the need occurs. Depending on mood, context, and specific need or personal situation, some *combination* of musical practices, properties and activities seems to generate a personal or social 'healing effect'.

For about half the participants, there was a link between one's self-musicking and significant musical influences from childhood or adolescence—that is, observing or listening to musicians (professional or non-professional), playing and/or singing with others, discovering the motivation or inspiration to learn musical skills. The ability to keep musical instruments at home during their upbringing may afford the development of identity, self-knowledge or an 'aesthetic self-realisation' (Procter, 2004, p. 228) through informal and private experimentation. Several participants applauded the impact of musical practices upon self-confidence, self-efficacy and self-security. It is further interesting to note that the acquisition of musical skills through playing or singing not only increased one's life chances of being attractive socially, but also supplied—for some self-musickers, anyway—a *personal health resource*. Self-musicking comes to constitute a valuable 'companion'—a life-supporting practice in hard times that produces an embodied awareness of one's emotional state of mind and physical wellbeing-constructing meaningfulness.

Final Comments

Through the interviews and their analysis, I learned how the participants used music and how they engaged in self-monitoring practices and self-care. By using the health-promotion procedure through an action-oriented, participatory musical methodology, it was possible to explore further the connections, links and relationships between musicking, health, wellbeing and quality of life in-depth, and to investigate how and why research participants believed that some types of music or musical materials came to 'work' for them, in close relation to their musical biographies. Over the course of the study, it became quite clear that all of the participants had strong connection with music, thanks to a host of biographical and situated couplings that generated music's power and effect upon them. The findings here suggest that

¹¹ 'Deep' self-musicking is focused or concentrated singing or playing for self or others that takes place over time.

music's benefit derives from and through musicking—listening, playing and singing but also musical reflection and narrative—and that its healing powers are directly proportional to the connections music provides to other people and times, and to the sensual or meaningful material itself. Agency, empowerment and learning were not caused directly by music, acting as a kind of objective force, but by music's specific ability to provide mechanisms and affordances for achieving those healing effects. Even when music was shared, enjoyed and appreciated in social circles, it represented a personal choice. For example, several participants would not have been able to calm themselves down without being able to choose music to balance their state of mind or mood, and most of them would not have felt that they had gained a sense of relaxation and harmony from their musical rituals without using 'their' music.

Future Research

Further inquiries in relation to the present study could explore musical affordances, in the sense of both general and specific patterns that emerge according to musical properties, genres and repertoires, and those affordances' connections to, for example, biography, culture and identity. It would also be interesting to pursue action-oriented, participatory research over more than one year, because the greater scope might shed further light on how specific musical properties are linked to generic cultural patterns of health conduct, and how generalised musical subjectivities are embedded in music's structure. Research might also be dedicated to exploring how and why certain musical properties seem to enhance feelings of wellbeing and contentment more than others.

Another point of interest would be the common musical ground beneath multiple participants' independent choices of the same piece of music for the CD with the theme 'all-time best' (for example, Odd Nordstoga's music was described, respectively, as "a lot of fun, [with a] sense of humour . . . [and] wisdom" and as "really different from all other stuff that comes out"; another person said simply "I think he has hit something and it makes me feel good"). Because music seems to contribute to happiness, wellbeing, recovery, healing and enjoyment, future research might try to document, explore and investigate the 'hows' and 'whys' of the process and especially the ways in which a certain type of music works or does not work (and whether this is in turn linked to the immune system). As David Aldridge observes, "When our hearts are pierced . . . we are so moved by the music we make ourselves or by music that another makes,

then emotions can freely flow” (1999, p. 20). So what happens in our hearts, bodies and minds through the power of music?

Other areas of interest include the reasons why some people devote their whole lives to singing or playing, or, perhaps relatedly, why ‘deep’ self-musicking seems to contribute to a sense of being healed or recovered during times of illness or grief. What type of mechanisms are involved in the development of music as a self-healing practice? How is the lay skill learned? What motivates or inspires people to learn to use music as a healing agent? How might we accommodate this lay knowledge of music’s physical and emotional impact as part of the educational or healthcare system? How might we reinforce or stimulate musical networks (both formal and informal) for using music as part of the care of self and as a technology of self aimed at health, healing and wellbeing? Is it now time to bring forth the unique qualities of music or musicking as opposed to other types of art or leisure activities—for example, painting, drama, bridge or physical activity? It would also be interesting to explore the differences in musical lay practices and uses between people who describe themselves as ‘healthy’ and people with illness experiences. Are the results from this study generalisable to all people, and thus part and parcel of how to cope or (re)adjust to life experiences and complications, or are they best suited to those who are afflicted? This type of research might link to work in indigenous studies—that is how music are used in different ethnic cultures as lay practices in times of ill health or to construct wellbeing. One may integrate disciplines that both influence and are influenced by music therapy education, practice and research (Kenny, 2006)

For example, how and why does musical participation seem to create a type of social healing, a fellowship of musicking that leads some people to revisit the same venue, sing the same songs and play the same tunes again and again (or in turn become inspired to practice new musical material to be presented in those informal or formal settings)? What actually takes place in those situated Western social-musical contexts often described as ‘healing sites’? How might a music session or event in a Western localised community (a traditional Irish session, or a jazz or folk club) compare with a musical ritual in a non-Western localised community (Intlombes, the Venda, the Indians or the aborigines)? Further scientific exploration could be carried out in traditional folk milieus in terms of health. Though we might ‘know’ that participation in such musical sessions promotes wellbeing, we do not know how. Another interesting thread to follow would be to document professional musicians’ biographies, thus probing their own associations between music and health. Hopefully, in any case, the findings of this study will inspire further projects devoted to music, health, healing and wellbeing in a variety of cultural or subcultural settings.

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A Young Woman's Narrative on the Role of Mobile Music in Coping with Everyday Life

Marie Strand Skånland

The use of MP3 players has expanded rapidly during the last decade.¹ In 2010, nearly 70 percent of the young Norwegian population (age sixteen to twenty-four years) listened to MP3 players daily (Vaage, 2011). While the MP3 player has always been small and easily fits into a pocket, its storage capacity keeps escalating—it is now possible to store up to forty thousand songs on an iPod, for example. Additionally, listeners now have the capability to stream music online using their smart phones via services such as Spotify or Wimp. The unprecedented availability of music offered by the MP3 player, and the high degree to which young people use these players as a result, compels us to explore this device's impact upon its users.

This text is based on a research project which took a positive, resource-oriented approach to the study of MP3-player use (Skånland, 2012). This use has already evoked relatively negative approaches, including scholarly interest in (and concern about) the potential for hearing damage when one listens to music on headsets or earbuds (Park, 2009; Vogel, Brug, Ploeg, & Raat, 2011; Vogel, Verschuure, Ploeg, Brug, & Raat, 2009; Vries, 2005); about traffic safety when pedestrians bring music into the streets (Myers, 2010; Neider, McCarley, Crowell, Kaczmariski, & Kramer, 2010); and about the consequences of this individualised music listening for social interaction (see, for example, Brabazon, 2008). The present study took a contrasting perspective and sought to explore whether and how the use of MP3 players might function as a medium of musical self-care, subjective wellbeing, and positive health maintenance.

¹ For the sake of simplicity, I choose to use 'MP3 player' as a collective term for digital, portable and personal music players, including smart phones that offer music listening capabilities. This does not imply, however, that I focus only on digital audio players that are compatible with the MP3 format (see http://en.wikipedia.org/wiki/Digital_audio_player). For example, Apple's iPod, the bestselling digital audio player on the market, is compatible with several audio formats, including MP3, MP3 VBR, AAC/M4A, Protected AAC, AIFF, Audible, Apple Lossless, and WAV (see <http://en.wikipedia.org/wiki/iPod>, <http://www.apple.com/ipodclassic/specs.html>).

In the interests of examining the possible role of MP3 players in individuals' self-care, the study focused on self-regulation and coping mechanisms. I carried out the research via a qualitative, empirical study using interviews with twelve adult urban users of MP3 players that covered, in particular, their experiences with this device. In this article, I will focus on the story of the youngest informant, an eighteen-year-old young woman, and her use of her MP3 player as a coping and self-regulating resource, in order to explore the general healthful potential of everyday music listening.

I will present the young woman's narrative in parts while introducing theories on self-regulation, coping, wellbeing, and positive health to shed light on her experiences. Before doing so, however, I will outline the methods I have employed.

Methods

This narrative is taken from my PhD research, which was carried out between 2008 and 2011 (Skånland, 2012) and encompassed semi-structured interviews with six men and six women between the ages of eighteen and forty-four years who lived in Oslo or the surrounding areas. The only requirement for participation was that the potential informant used his or her MP3 player regularly. I posted information about the study at different locations in Oslo and distributed it via email to acquaintances, to be circulated by them in turn. Those who were interested in participating in the study then contacted me directly.

In the ensuing interviews, I investigated how the informants used music on their MP3 players in relation to a range of cognitive, emotional and bodily aspects of music use, as well as their experience of their environments, boundaries and social and private spaces as they listened to their mobile music. I then categorised the interviews, which lasted about one hour each, according to thematic types. The main themes that surfaced were 'use of the MP3 player', which included subcategories such as choice of music, listening outside versus indoors, and the importance of the MP3 player; 'self-regulation', including affect regulation, cognitive regulation and bodily regulation; and 'coping', including boundaries, sense of control, and negotiating the urban environment.

As mentioned, the present article introduces the experiences of the youngest informant, an eighteen-year-old girl whom I will refer to as 'Lisa'. At the time of the interview, Lisa was still in high school and appeared healthy, and I explored whether her use of the MP3 player was helping her to sustain or otherwise promote her subjective wellbeing and positive mental health. Though my PhD study was positioned within the field of music and health, I chose to focus on how apparently well-functioning

people might be using the manifestly available music of the MP3 player nevertheless as a strategy for coping with daily life. This means, among other things, that my findings may prove relevant to a group that encompasses *both* ill and healthy people.

Subsequent to the interviews, I asked the informants to write about one specific episode involving their MP3 player in response to the following questions: When did the episode take place? Where were they? Why did they choose to listen to music at that moment? What did they listen to? How were they affected by the music? Unfortunately, most of the responses were rather short and lacked the depth I had anticipated. However, Lisa's narrative was both well written and interesting, and it raises compelling possibilities for the use of the MP3 player in coping strategies.

In general, I analysed the findings according to a theoretical framework based on music sociology and music psychology (e.g. Clarke, 2003; DeNora, 2003; Juslin & Sloboda, 2010; North & Hargreaves, 2008), positive psychology (e.g. Csikszentmihalyi & Csikszentmihalyi, 2006; Seligman & Csikszentmihalyi, 2000; Snyder & Lopez, 2005), and the social model of health (e.g. Antonovsky, 1979, 1987; Blaxter, 2004; Fugelli & Ingstad, 2009; Ruud, 2010). Briefly, positive psychology is, at the subjective level, concerned with "valued subjective experiences: wellbeing, contentment, and satisfaction (in the past); hope and optimism (for the future); and flow and happiness (in the present)" (Seligman & Csikszentmihalyi, 2000, p. 5). In the social model of health, health is seen as a positive state of wholeness and wellbeing. It is not unusual for people with disabilities to describe their health as 'excellent' (Blaxter, 2004; Fugelli & Ingstad, 2001). Therefore, health is something that can be experienced despite the presence or lasting impact of disease, and the social model of health derives from the experience of quality of life rather than the apparent absence of disease (the latter of which, of course, has always been the case with the biomedical model of health). Quality of life in turn relates to subjective wellbeing, which can be defined as "life satisfaction and frequent joy, and only infrequently experiences of unpleasant emotions such as sadness or anger" (Diener, Suh, & Oishi, 1997, p. 25). Here, again, I will explore the role of the MP3 player and one's personal music listening in coping with everyday life and in turn maintaining or promoting subjective wellbeing, which is a vital aspect of positive health (Blaxter, 2004; Hjort, 1994; Mæland, 2005).

The Narrative

This was earlier this summer. I woke up with a hammering headache and in a lousy mood that day. The night before, I had an intense fight with my brother (who is a drug addict, so our fights really drain your energy). I had been drinking quite a bit later that evening, too. I woke up and was really devastated but knew I had to go to work in a few hours and run a few errands in the city first.

On the tram, I put on 'Say' by Cat Power, which is a very melancholy and sad tune that I have heard a lot together with my brother. In that way, I was permitted time to feel what I was feeling and be allowed to be sad even when I was on the tram. Two stops before I was to get off, I picked out 'Can't stand me now' by the Libertines. It's punk/rock from England, which I always put on when I'm actually grumpy or sad but need to be happy—music that has a little 'it's-allowed-to-hate-the-world-for-a-day' feeling. It's absolutely wonderful on such days to just shut the world out and not have to relate to the people around you. I don't remember everything I listened to when I was out shopping, but mostly music that pumps you up a little with the beat or the melody.

When I was on the bus to work, my mood was better, and I put on the Wombats, which always gets me into a good mood, [like] with 'Summerhit' or 'Lost in the post'. I was tired after work and sat listening to world music on the way home. It always makes me relax and my thoughts often wander off to nice places. It's nice to have a device that can nearly tune in your mood. Even if you know that a lot of lousy stuff has happened, and that you'll probably feel terrible when you arrive home, you can still drain yourself of all the emotions and place them elsewhere until you feel ready to deal with them. And if you have feelings that you want to work with right now, then you can simply pull out those feelings with a few keystrokes. But this is at least how I use it in my daily life. Sometimes as pure entertainment; but, by far the most often, the MP3 player functions to pull out or put away a mood that will fit the activities I'm on my way to. (Lisa, eighteen years old, my translation)

Music That Reflects Emotions

I was permitted time to feel what I was feeling and be allowed to be sad even when I was on the tram.

Feeling 'devastated' from an agonising fight with her brother the previous night, Lisa must get on with her day regardless. To do so, she uses music on her MP3 player in various ways to regulate and manage her emotions, bodily energy, and thoughts

throughout her various activities. As she travels into the city centre on the tram, Lisa starts off by listening to music that mirrors her emotions. She feels sad, so she chooses a song that she describes as melancholy. She notes that this music 'allows her' to feel the way she does, even in a public environment. Thus, the MP3 player enables her to create a private space where she is able to focus on her own state of mind.

Listening to music, in general, seems to comfort people who are experiencing difficult emotions. Many people state that music 'makes them happy' (Juslin & Laukka, 2004; Sloboda & O'Neill, 2001), and Juslin and Laukka (2004) assume that because people are generally able to choose what music to listen to, they will tend to listen to music that makes them 'feel good' or 'feel better'. Yet this is not always the case—some people also agree with Lisa and prefer music that mirrors their mood, even when it is 'negative'. This is presumably because these listeners experience recognition in the music; by listening to someone else singing about their feelings, they realise that they are not alone in this regard and in turn find it easier to accept their feelings (and themselves). In her interview, Lisa described music almost as a friend:

If something has happened—for example, if you experience something—then I feel in a way that I have to go there [to the music]. You feel that someone else understands you, that's one thing, through the music.

Laiho (2004, p. 52) agrees that music can function as a substitute for relationships: "It is often felt to be an understanding and valued friend rather than a sounding object." Also in Sloboda's (2005) study on emotional responses to music, the comments included "one feels understood and comforted in pain, sorrow, and bewilderment" and "through hearing emotions in someone else's music it is possible to feel that emotions are shared and not your burden alone" (Sloboda, 2005, p. 204). In such statements, Sloboda sees examples of music offering an alternative perspective on a situation, allowing the listener to see things differently. In general, people experience music as 'support' for difficult emotions that comforts and allows listeners to feel the way they do, which further helps them process and work through their emotions. For Lisa, her music allows her both time and space to reflect on her emotions, a starting point in dealing with and regulating her affects.

Lisa also chooses music that she has shared with her brother, recalling a related observation by DeNora (2003, p. 61): "one's very perception and experience of other(s) take shape through and with reference to music". Through this particular choice, Lisa focuses her music's healing capacity upon the particular situation with her brother. She could have chosen music that helped her escape from this event but prefers instead to use music to confront it 'in the moment'. She has this option thanks

to the omnipresence of music afforded by the MP3 player. If Lisa did not have her music right there with her on her trip into the city, she would have had to find different strategies to deal with her emotions. The constant availability of a vast amount of self-chosen music enables listeners to take charge over their experiences in novel and comprehensive ways.

Music That Regulates Emotions

It's punk/rock from England, which I always put on when I'm actually grumpy or sad but need to be happy—music that has a little 'it's-allowed-to-hate-the-world-for-a-day' feeling.

Though Lisa starts her day by listening to music that mirrors or reflects her felt emotions, she is in fact employing a strategy to regulate and alter her emotions—that is, to either maintain or change the intensity or duration of the affect in question (Larsen & Prizmic, 2004). When she changes the music from melancholy to angry, she nuances the acceptance and validation she derives from it: the music now says 'it's-allowed-to-hate-the-world-for-a-day', she writes. Starting off by mirroring her sadness and then moving on to alter this sadness into anger indicates a stepwise approach in her affect regulation, which is recognised to be the most successful means of regulating strong affects with music; van Goethem (2010) found that those who aimed to change their intense emotions all at once with music were less successful than those who regulated their affects in stages.

Through music that mirrors her emotions, Lisa most likely achieves a clearer picture of what she actually feels and why she feels that way; other informants who participated in my research also chose to mirror negative emotions with music (Skånland, 2012). Beyond comfort and acceptance, the music seems to offer clarification and insight into one's affects. The music allows the informants to reflect on and understand their experiences. Only when they have felt their emotions thoroughly, and perhaps also understood why they feel that way, the informants seem to successfully begin to change their mood into a more positive one, in a stepwise approach as suggested by van Goethem (2010).

When Lisa, in turn, picked out music by The Libertines—music that 'allows her to hate the world'—she used the music to vent her negative emotions. This has potential adverse effects, at least in the short term: Tice and Bratslavsky (2000) argue that venting is a form of misregulation of emotional control, and claim that venting can prolong

the negative affect rather than reduce it: "Venting directs attention to precisely the wrong place, namely to one's distress and to what is causing it" (2000, p. 155). Larsen and Prizmic (2004, 2008) agree that venting is an ineffective strategy for reducing emotions and can even make people angrier, more aggressive, or sadder: "Venting, at least in the short term, would work to amplify subjective feelings" (Larsen & Prizmic, 2008, p. 276). Saarikallio and Erkillä's (2007) study on music in adolescents' mood regulation supports these claims, demonstrating that when respondents used music to reflect on or vent negative affects, those affects were in turn temporarily intensified by the music, which sometimes left the respondents feeling worse.

In the long term, however, Saarikallio and Erkillä found that venting did help respondents to rid themselves of their negative affects, and that they felt better later on. They thus conclude that music may help to let anger out and consequently be salutary.

This sets the stage for Vist (2009), who revisits the notion that *distraction* from one's emotions is a superior strategy to venting them. From her interviews with adult participants, she found that people often *sought* painful or negative emotions such as sorrow or grief in music, and that they did not experience those emotions as negative in that context. This may be because music offers an alternative, symbolic reality of sorts, where listeners can *feel* the negativity without *acting* upon it through, for example, violent or inappropriately uninhibited actions (see DeNora, 2000). Laiho (2004) also points out that music offers an acceptable means of expressing otherwise difficult, violent or unaccepted thoughts and emotions. With music, individuals direct their anger into harmless activity instead of engaging in behaviours such as verbal or physical aggression, yelling, and blaming. Saarikallio and Erkillä note that, as a symbolic object, music offers an "acceptable and non-destructive expression of violent thoughts and feelings" (2007, p. 103).

It certainly seems in Lisa's case that the venting of her emotions through music listening was successful, because she felt better later that day: 'When I was on the bus to work, my mood was better, and I put on the Wombats, which always gets me into a good mood'. Though the music may have intensified her difficult emotions in the short term, she benefited from it in the end, and she then chose to buttress her recovery with music she knew would sustain her good mood. In his theory of mood regulation, Larsen notes, rather unsurprisingly, that people tend to do things that will make them feel good:

In ongoing daily life, much of what we do is geared toward avoiding those things that make us feel bad and approaching those things which make us feel good. If we think of the activities of daily life, much of what we do can be thought of in terms of the subjective hedonic or energetic consequences

we are trying to achieve. We may have a coffee, take a brisk walk, or chat with some friends in an effort to boost energy. Or we may try to distract ourselves, relax, or even help someone less fortunate in an effort to get over some bad feeling. (Larsen, 2000, p. 131)

According to Erber and Erber (2000), however, this is at best an oversimplification. They challenge the ‘widely accepted’ hedonistic idea that “humans, by and large, seek pleasure and avoid pain” (Erber & Erber, 2000, p. 142) and claim instead that context determines our interest in escaping or indulging in both bad and good moods. They explain that we can choose to indulge in a negative mood when we are alone, whereas we are otherwise forced to regulate our moods according to the demands of the situation. “Just as singing show tunes off key is perfectly alright in one’s shower but not in a crowded subway car, the experience and display of moods may be similarly inappropriate in a public context”, they write (Erber & Erber, 2000, p. 145).

Also in Lisa’s case, Erber and Erber’s theory rings true. As long as she is permitted to be by herself and not interact with others (while running her errands), Lisa chooses to listen to music that indulges her negative emotions. But by the time she is on her way to work, she seeks deliverance from her bad mood and uses music to ‘tune’ her mood to one better suited to the public setting toward which she is headed.

Music That Regulates Bodily and Mental Energy

I was tired after work and sat listening to world music on the way home. It always makes me relax and my thoughts often wander off to nice places.

Moods are closely related to bodily energy and tension (Thayer, Newman, & McClain, 1994), so if music is able to relieve the latter, one’s mood will likely improve. In Lisa’s case, the music on her MP3 player allowed her to relax and let her thoughts wander off to ‘nice places’, demonstrating the interrelationships among bodily, emotional, and cognitive aspects of self-regulation and coping. Likewise, in Saarikallio and Erkillä’s study, the physiological elements of musical experiences were found to be closely related to mood regulation. Lisa chooses music on her way home that affords relaxation, and it is also probable that listening to music on headphones also insulates her from her surroundings and makes her feel safe. By listening to music in exactly this way, then, Lisa softens the impact of her environment, excluding outside noise or stressors that are beyond her control and creating a private space for her thoughts.

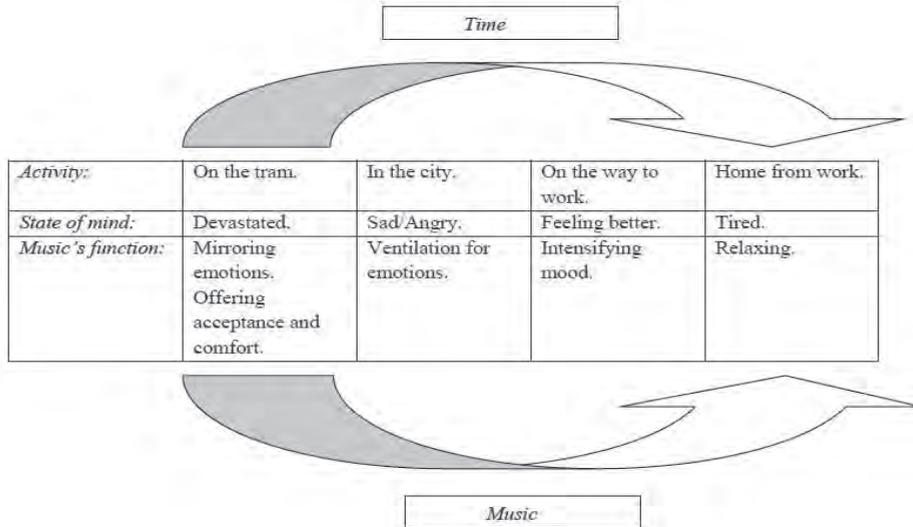
By inviting Lisa's thoughts to drift, the music could be understood to have a meditative effect, which Shapiro defines as follows: "Meditation refers to a family of techniques which have in common a conscious attempt to focus attention in a non-analytical way and an attempt not to dwell on discursive, ruminating thought" (Shapiro 1980, p. 14, in Shapiro, Schwartz, & Santerre, 2005, p. 632). On her way home (as opposed to on her way into the city), Lisa uses music in exactly this way, as an escape from rumination. Though she herself does not link her listening to meditation, it leads to some of the same positive outcomes, among which, the study by Shapiro et al. (2005) concludes, is the strengthening of physiological, psychological and transpersonal wellbeing, including physiological rest, enhanced happiness, acceptance, sense of coherence, and stress hardiness.

The idea that the attempt to transcend rumination may lead to a heightened wellbeing relates to metacognitive therapy, which is a relatively new way of thinking about depression within psychology (Hjemdal & Hagen, 2012). Metacognitive therapy focuses upon specifically dysfunctional rumination, which includes heightened self-attention, continued and repetitive thinking such as worrying and pondering, and the use of 'unfortunate' coping strategies that prolong mental problems. In Lisa's case—by the end of the day, at least—listening to music as a diversion from her troubles or as a restful respite may represent a successful coping strategy that in turn sustains her positive mental health.

Music, Control, and Empowerment

It's absolutely wonderful on such days to just shut the world out and not have to relate to the people around you. [...] It's nice to have a device that can nearly tune in your mood.

To simplify, we could illustrate Lisa's experiences throughout the day in this way:



Lisa’s story is a good example of how mobile, personal music comprises a coping strategy in daily life. Her music-driven progression through the day is quite clear, as she moves from her ‘devastation’ and sadness through anger to relative contentment by venting her emotions through music at the proper time of the day and ultimately relaxing and letting her mind wander off. Music via the MP3 player is always available, and Lisa takes full advantage of this fact. After all, she is not at home for any of the situations described above but instead on the tram, in the city, and on the way to and from work. Nevertheless, she is able to listen to music in every situation, relying upon her MP3 player as a ubiquitous technology of self-regulation and coping.

Another important feature of the MP3 player is that it enables Lisa to create a private space. She expresses that it is *wonderful* not to have to relate to others, drawing attention to the MP3 player’s role as a protective device against unwanted stimuli from or interaction with the environment. Bull (2007, p. 47) agrees: “iPods are non-interactive in the sense that users construct fantasies and maintain feelings of security precisely by not interacting with others or the environment.” Lisa purposefully uses the MP3 player to establish her personal boundaries and signal to people that she is otherwise engaged and thus not available for interaction. In this, she creates a sonic ‘bubble’ where the MP3 player functions nearly as a sonic ‘safety blanket’. Lisa uses the personal music to create a private, sonic room, which could be described nearly as closing the door to a personal room. This room becomes a valued space where

Lisa can withdraw into herself and focus on her own state of mind without being distracted by her surroundings.

The MP3 player becomes an empowering device that offers Lisa a unique sense of personal control over her experiences, which has positive consequences for emotional wellbeing in almost every life arena, according to Thompson (2005), who defines 'perceived control' as "the judgement that one has the means to obtain desired outcomes and to avoid undesirable ones" (2005, p. 203). A sense of control has also been related to positive emotions and positive reactions to stressors, and it can protect against negative psychological and physiological responses (Maddux, 2005; Nelson, 1993; Thompson, 2005; Thompson, Sobolew-Shubin, Galbraith, Schwankovsky, & Cruzen, 1993). It has also been linked to positive health behaviour (Zimmerman, 2000). When the environment seems predictable and our internal state seems to be controllable, we are more capable of meeting the challenges of life, and we are better fit mentally and socially (Maddux, 2005). A sense of control has also been related to empowerment more generally (Rolvjord 2004), and Simun (2009) describes how users of MP3 players are empowered in this way:

In some ways, users do succumb to the status quo, for they disengage rather than challenge, cope rather than instigate change. But in this very disengagement—and users' ability to choose when, where, to what degree, and in which fashion to do so—users are empowered as actors. (Simun, 2009, p. 937)

Because Lisa chooses the terms of her disengagement from others and her engagement with herself via her MP3 player, she experiences an increase rather than a decrease in her sense of internal control. She decides when and how to use music according to her emotions and states of being:

You can intensify the feelings in a way and be finished with them properly [...] Then you can go and do something else later, instead of it being the other way round that you try to push it away. In any case you have to go back and process it later.

Here, Lisa describes how the availability of music allows her to process her difficult emotions in the present, or whenever she wants: "You can drain yourself of all the emotions and place them elsewhere until you feel ready to deal with them. And if you have feelings that you want to work with just now, then you can simply pull out those feelings with a few keystrokes." In exerting this control over her experiences, Lisa is empowered as an active agent in her own self-care.

Discussion: Music, Subjective Well-Being, and Mental Health

But this is at least how I use it in my daily life. Sometimes as pure entertainment; but, by far the most often, the MP3 player functions to pull out or put away a mood that will fit the activities I'm on my way to.

In Lisa's narrative, we see that music seems to represent a successful mood-regulation strategy, which echoes the conclusion of van Goethem's (2010) study as well. Van Goethem finds six reasons for why music is so commonly applied to the regulation of affect:

1. Music is viewed as a quick and easily accessible 'fix'.
2. Listening to music does not require any brainpower.
3. Music listening is easy to combine with other activities (and tactics).
4. Music listening allows a temporary break without leaving everything behind.
5. Music listening is healthier than other tactics, such as eating or smoking.
6. Prior experience leads to knowledge of possible outcomes.

(van Goethem, 2010, p. 273)

These findings are reflected in Lisa's narrative. She obviously knows how the music affects her and operates on those assumptions (6): '[Music that] I always put on when I'm actually grumpy or sad but need to be happy / I put on the Wombats, which always gets me into a good mood / It always makes me relax'. In this sense, Lisa's familiarity with her music allows her to act as a 'disc jockey' for herself (c.f. DeNora, 2000) in accordance with her present needs. Thanks to the MP3 player, she can also combine music listening with other activities while 'on the go' (3, 4). Although I believe music listening indeed requires brainpower (2), it can also be used for relaxing and unwinding, as Lisa describes with regard to world music at the end of the day. She also sees her MP3 player as an obvious, easily available and efficient tactic for self-regulation (1).

As introduced above, the ability to regulate affect is vital to subjective well-being and mental health, because mood and emotions often contain important information for the individual who experiences them. It is therefore necessary to feel both joy and sorrow in order for one to learn and evolve, and affective states are a vital source of feedback here. However, these states can sometimes last long after they have served their 'function' (that is, the feedback has been perceived), and consequently they become dysfunctional: "The ability to self-regulate affective states—the ability to hang up after getting the message—is thus a crucial part of effective and adaptive psychological functioning", writes Larsen (2000, p. 129). Among others, Gross and Muñoz (1995) have likewise argued that the ability to regulate affect is a vital aspect of mental health, while Larsen

and Prizmic (2004) claimed that the ineffective regulation of negative affective states is most likely a significant factor in depression and mood disorders. This view is supported by Grewal and Salovey (2006), who posit a relationship between overall mental health and the ability to manage one's emotions (that is, one's emotional intelligence, defined as the ability to perceive, understand and manage emotions). It appears that Lisa's music listening offers clarity and understanding about what she is feeling, and this insight into her affective life likely contributes to her overall emotional intelligence. Gross and Muñoz (1995) make the further point that emotion regulation is vital to adult functioning in all situations, solitary or collective, public or private, and that it must not be taken for granted.

Lisa's narrative indicates that she can control her affective states through music, and this sense of control engenders positive emotions and leads to increased subjective wellbeing, a vital aspect of positive mental health according to the social model of health (Blaxter, 2004; Hjort, 1994; Mæland, 2005). We have found that, via her MP3 player, Lisa becomes an active agent who consciously and purposefully utilises music in the interests of her general mental health.

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“It Just Makes You Feel Really Good”: A Narrative and Reflection on the Affordances of Musical Fandom Across a Life Course

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The study of how music may be important to health and well-being can be seen as an increasingly broad and interdisciplinary field. As issues of health and well-being are routinely understood within the wider context of life style and cultural engagement, musical experiences far outside the professional practices of music therapy and music medicine are now seen to offer “potent and preventative measures to enhance psychophysiological well-being reaching into almost every aspect of life” (MacDonald, Kreutz & Mitchell, 2012, p. 4). Such shifts grow in part from the integration of more expansive definitions of health that underlay the field. Here health is a concept emphasised variously as a “quality of human interaction and engagement” (Dreier 1994, cited in Stige 2002), or “a quality of human co-existence” (Kenny & Stige, 2002, p. 24), a ‘performance’ of processes by which ‘self’ is realised into the world—mentally, physically and socially (Aldridge, 2005); whilst musical experiences have been suggested as an ‘immunogen behavior’, that is a health performing practice (Ruud, 2002). This in turn has widened the scope of music and health studies to include any mode of musical participation that holds the potential to promote well-being. Consequently there is a growing interest in how ‘ordinary’ people in ‘everyday’ settings use music to facilitate health (Ruud, 1998, 2010; Denora, 2000; Skånland, 2012), and how self-made musical experiences are used “to regulate emotional or relational states or to promote well-being”, this “lay-therapeutic musicking in everyday life” being considered an important area alongside more specific professional practices (Trondalen & Bonde 2012, p. 40, citing Bonde 2011). This paper seeks to contribute to this discourse through an exploration of the experiences of being a music fan, a particular form of musical participation that may hold a variety of implications for an individual’s health, well-being and quality of life.

The Narrative

Theoretical understanding of everyday life musical practices can only emerge through listening to the individual narratives of music as a lived experience. Crafts, Cavicchi and Keil's (1993) ground breaking study of music in daily life, *My Music*, uses the presentation of a wide range of narratives as a way of giving voice to people not ordinarily heard. The book is a fascinating snapshot of the lived experience of music in the USA, revealing "the knowledge that people have about how they use and enjoy music in their own lives" (p. xii). It demonstrates the value of archiving narratives rather than collecting them for analysis. Following on from this approach this article presents the narrative of DT, a 41-year-old male, who for more than 25 years has defined himself as a Bruce Springsteen fan. DT's narrative emerged as a result of a series of informal qualitative interviews or theme orientated conversations (Kvale, 1996) through which we mapped the chronology of his fandom, what being a Springsteen fan had entailed for him, how being a fan had been undertaken and his reflections on the experience of being a fan across his life course.¹ The narrative was curated drawing on established techniques of narrative configuration as 'discourse composition' that brings together "diverse events, happenings and actions of human lives into thematically unified goal-directed processes" (Polkinghorne, 1995, p. 5). DT and I collaborated in this process and he was free to change, edit, expand and reflect on the narrative and how it represented him. The result is a narrative about his experience as fan created from our shared understanding of the interview transcript. It is a story that portrays many, though not all, significant aspects of DT's relationship with Bruce Springsteen's music as it has evolved across his life course, from first encounters to present day routines and rituals both solitary and social.

DT: My narrative: It just makes you feel really good

My name is DT, I am 41, I work as an engineer, and I live in a small town. I have been a Bruce Springsteen fan since I was 14. Bruce once said, "I always wanted my music to influence the life you were living emotionally—with your family, your lover, your wife, and, at a certain point, with your children." In this narrative I try to explain why Bruce and his music have meant so much to me over the years, and still does.

¹ Session 1: September 9th 2012, 2 hours. Session 2: September 10th 2012, 2 hours. Session 3: September 13th 2012, 2 hours.

I liked the sound

My sister had a copy of Born in the USA, which she played all the time. He [Springsteen] had a bit of a rough voice, and I saw pictures of him at the time in 1985, he has a leather jacket and a jeans jacket and a red headband [...] and my first impression was, "what is this guy?" [...] 'The River' album was the first time I actually began to enjoy his [Springsteen's] music [...] that was the start I think. The first thing was the melodies on 'The River' [...] it is very easy to like. I liked the sound.

Basically many of his songs are about men, and men who are living in a traditional pattern, that was usual back in the 1970s when the man in the house was working in the factory and the women stayed at home [...] Some of the words that you very often find in his songs are hope, dreams, faith, promise, love, broken hearts, cars [...] especially [from his songs] back in the 70s. I think that is why people can relate to that. Everyone can relate to that.

It is so much more than the lyrics. The lyrics can be just telling a plain story, and there is always a point in the story, but there are so many other things—the melody, the instruments, and the voice. It's how it is presented, the tone of voice, there are so many aspects in a song that all combine together—that gives you this feeling which is impossible to explain [...] It gives you a heightened experience and it just makes you feel really good.

For me [Springsteen's music] it's like this big bucket of something, there is so much in there [...] If there are songs from other artists that you don't like immediately then you don't really bother to listen. Whereas with Springsteen you want to dig deeper and you want to see what is in there. Sometimes you find things you like or sometimes you think, "this song doesn't give me that much really", but you always give it a decent chance in a way [...] And I am glad I have done that because that has maybe given me the best experiences within his music; those songs that I maybe didn't like at first but kind of grows after a while, they become more important to you.

It's mostly when I drive

Earlier I could just lie down on my bed in my room and just listen and study the lyrics but [laughs] I don't really do that anymore [...] [These days] if I want to relax I watch TV instead. Actually when I am cleaning the house, I put on some music, but then I can just as well put on ABBA or Dire Straits or any music by Adele for that matter, so [now listening to Springsteen] it's mostly when I drive.

When you are in the car alone, you can just turn it up as loud as you want, and so I sing a lot in the car, when I am alone, and it gives me a really great feeling [...] I think

it is perhaps a bit of an escape really, because you sit there in the car for one hour and you listen to the music and you are driving alone, so you don't talk to anybody. You sing along with the music, and your thoughts just run somewhere—which you really shouldn't when you are driving a car by the way [laughs]. So it's kind of a way to escape and relax—escape from thoughts about work and all that.

I like to sing as I listen to his songs, and although I don't know all the words—I maybe know the chorus or some of the verses—and you know when you are not a native English speaker the language itself can be a challenge. You don't always understand what he is meaning with this phrase or this verse, but you just learn the words anyway, or what you think the words are [laughs], your own version. And then you just sing-a-long and that gives me a really good feeling, just singing out loud.

For every state of mind I am in I have these songs

I guess when I was in my teens, I used it [Springsteen's music] as a way to build self-confidence, and it makes you feel—well—more confident. I remember in my teens I sometimes had low self esteem, you know both when it came to girls or at work and in relation to other people [...]. So I think that gave me a low self confidence and then I used his music as a comfort and a way to build up my self esteem again.

I have used Springsteen's music very much as a comfort, depending on the state of mind I am in. If I am sad, I can listen to certain songs, and if I am angry, I can listen to some songs, if I am happy [pauses]. For every state of mind I am in I have these songs that I kind of use as either a comfort or, [pauses] and I think you asked me how does a song change over the years, the meaning of it, but to me it doesn't, it's about what state of mind I am in. So I can still put on something which I listened to twenty years ago, and it can still comfort me.

"Do you ever listen to other music?" [laughs] I still get that from people. Of course if you get fanatic and it controls your life [...] then it becomes unhealthy, but with no doubt I think enjoying music is really necessary for everybody, to have something like that in their lives. And I think music can be so powerful, have such a powerful influence on your life and your feelings, in a positive way. [...] Using music as therapy - music has so much power in it.

Springsteen was this part of us

That's what music does it connects people [...] For me, L, B and P [DT's three closest male friends] Springsteen has for us maybe been our main platform of why we became friends. We had this mutual interest in Bruce Springsteen and we always went together to his

concerts [...] We all just loved his music so we had that in common. We played football together and we had the same sense of humor. But back then [when they were teenagers] Springsteen was very important in our friendship and still is really [...] We would hang out together a lot and we had this very internal sense of humor and Springsteen was this part of us. And so we were really looked upon as, 'those guys—the Springsteen fans.'

It has always been about us four [DT, L, B and P] going to the concerts, so that is a thing that has brought us closer, so that is our thing [...] I guess people around us, I guess they thought it was a bit too much in a way, and when they came to party with us we would only listen to Springsteen and we would sit and talk about the music and the concerts—so I think many of them felt excluded in a way [...] They liked his music [...] but we were more like it was a hobby or a passion for us [...] and I think especially back then, many felt excluded from that. And we didn't try and involve any others, and we wanted to keep it for ourselves because that was our thing.

Now we [DT, L, B and P] don't see each other as much as we used to do and going to Springsteen concerts is kind of a way of coming together again and talking about the glory days [...] the lyrics there [Springsteen's song 'Glory Days'] are actually a good point. [laughs] [...] Of course I see them at other times but when it's a [Springsteen] concert, then we know we are going, so we don't need to ask, "are you going to the concert", then we are definitely going. [...] So I guess it is every time he is on a tour it comes back, and we get together and we start listening to the new album and after the concert it cools down again, so it has its peak at the concert day.

With my situation now, I am single and they [L, B and P] are all in a steady relationships. [...] So, I am in quite a different situation to what they are [...] So, I think it is a way of keeping connected to B and L, Springsteen is still one of the things there. [...] Things are changing, [...] as you get older you don't necessarily hang out with the same people you hung out with when you were 20, and now you get new relations in your life. But in a way, with L, B, and P—especially L and B, Springsteen is one of the main things that keeps us together, in a way that's a good thing because we have been friends since we were kids really, and I think that the friendship we have had over the years is quite unique. If you ask people around 40 [years of age], "how many of your friends today have you known for more than 20 or 30 years and you still hang out with them", it's not so many. I think that is quite unique.

So it becomes more than just the music

I think as a live artist Springsteen is quite exceptional. His ability to present his music in the way he does is for me very important. [...] It's more than just him playing his songs—many artists they show up and play the songs and say goodnight [...] [with Springsteen],

its more about the whole concept of communication between him and the fans—and me. It's what he says, what he does and the songs, the way he sings his songs [...] Often when he plays songs live he changes them a bit—new versions of the songs—that whole package in a way makes it more than just an ordinary concert where you just listen to the music, it's more like a communication.

When he is on stage there playing the songs that have meant so much to me, that gives me the same good feeling it has always done. You see him as kind of a friend, you feel like you kind of, in a way, know him because you have been a fan for so long [...] it's kind of a loyalty that isn't necessarily based on common sense.

[Speaking in a wry, self mocking tone] This is where we get to the part when I say that [laughing] I love him. [Returns to his normal voice] Springsteen has meant so much to me for so many years, so it becomes more than just the music, it's like the whole [pauses], who he is. [...] It's about him and the band, of course and it's a big part of it that he has kept the same band for so many years. It's like wanting it to be the same as it has always been. You don't want it to end.

You share a thing—with friends and family

When Springsteen creates those magic moments for that shared feeling, that is the really important part of it for me. It's about sharing it with people who are close to me [...] [Springsteen's music] brings you closer and you share a thing [...] it is about sharing things together so then you will both feel the same way.

I don't think I would enjoy a concert if I were there alone, if I didn't bring my friends [...] I remember when we went to the [Springsteen] concert [...] the last time [...] and we had quite a few beers and I remember we were standing there, all holding onto each other and dancing and singing to 'Born to Run'. It was a really joyful moment we shared together, so it makes a connection that you can't always explain with words. It's a shared feeling.

I saw her [his older sister T] sitting there and singing it 'Drive all Night' [from the River album], she knows the whole lyrics. I saw her singing and I could just see that she had gone into a state of mind—it gives her a very special feeling—and I think that is what it is about for me. I could see she was just experiencing the same feeling that I have.

I have strong memories of my younger brother playing [guitar] and singing 'Adam raised a Cain' in the basement, and when we sang along together when Bruce played 'Jungle Land' [at a concert], in 1999.

For me, that [the sharing of Springsteen's music with his son S] is now important. [...] It just started with me playing the music in the car and as I was playing it [...] he was 4 years old [...] and then suddenly he would say, "Can't you put on song number

3". He would come with requests and he would find his own favorites [...] I guess there will come a day when he will listen to things that are more popular, in a way, but I am really glad that he seems to get some of the same joy from Springsteen's music that I have experienced through the years. So that is why it was so important for me to bring S to a concert, [...] because then I know he will have a lifetime experience, something he will remember for the rest of his life, and we shared it together.

All those memories and all that music that he [Springsteen] has given to me, that will always be there for me [...] We have been really lucky to have experienced all the things we have done with him.

Context: Fandom, Health and Well-Being

As Grey, Sandvoss and Harrington proclaim in the opening sentence of their collection of writings about fandom, "[m]ost people are fans of something. If not, they are bound to know someone who is", (Grey, Sandvoss & Harrington, 2007, p. 1). However, despite the fact that being a music fan has become one of the most visible forms of musical participation to emerge during the twentieth century, it has been viewed as a rather dysfunctional state. First, the very origin of the term fan—fanatic—implies a negative state. Those who are fanatical have an obsessive engagement with music, different from other types of musical enthusiasm to the extent that it is disruptive or troubling. Indeed, fandom has been associated with dysfunctional modes of participating in particular forms of mass mediated music—music that of itself has been assumed to be pacifying or corrupting. Through the practices of fandom individuals and groups have been seen to perform a range of pathological symptoms such as obsessiveness and hysteria that can even result in dangerous or violent acts (Jensen, 1992; Cavicchi, 1998). As fandom represents a potent form of popular culture consumption, fans have also been held as the worst example of 'cultural dopes' in the grip of passive consumerism (Grossberg, 1992, p. 51).² Consequently, when music fans have been studied, it has often been to explore whether fandom, or the objects

² In distinguishing music fans from those who enjoy music or musical aficionados issues of musical value are crucial. Often crude distinctions are made between the modes of engagement with music of high culture and music of mass culture. For example, the western art music tradition has conventionally been a form 'appreciated' through modes of engagement requiring contemplation, interaction, knowledge and taste. Whereas, many forms of popular music are seen to appeal to the masses and are therefore deemed to be 'consumed' unthinkingly by a passive audience lacking knowledge and taste (Jensen, 1992; Grossberg, 1992). See also Washburne & Derno, 2004.

of fandom (primarily different genres of popular music), were a symptom or cause of negative behaviours (Jenson, 1992).

The allying of fandom and musics deemed to be potentially corrupting can be traced in some of the latest thinking about music, health and well-being. For example, North and Hargreaves' contribution to *Music, Health and well-being* (2012) focuses on what they term the "more negative aspect of well-being", namely whether pop music subcultures "promote self-harming" and "delinquency" (North & Hargreaves, 2012, p. 502). Throughout the article the term 'fan' is used to define those participating with musical subcultures (defined loosely via generic terms such as 'rock' and 'rap'). The distinction being made by using the term fan rather than listener is never explicitly addressed. In the same collection Miranda *et al* (2012), also use the term 'fan' in relation to various states of distress or dysfunction that may result from listening to "musical subcultures" (p. 517), or "problem musics" (p. 523). For example, they speak of "distressed music fans" (p. 517) and "heavy metal fans" who are more at risk of suicide, (p. 524). The issue with this type of psychologically grounded research is the uncritical use of the term 'fan' to imply a particular yet undefined mode of engagement linked to genres of music—similarly ill-defined—that are viewed to be potentially damaging.

Such loose descriptions of engagement are somewhat at odds with other disciplines where a great deal of theoretical focus has been placed on differentiating music and how people actually engage with it as listeners, audiences, consumers or fans, through networks such subcultures, scenes and the mainstream. (Frith & Goodwin, 1990; Frith, 1996; Negus, 1996, 1999; Bennett 2001; Shuker, 2001; Straw, 2001, Longhurst, 2007). Fandom is viewed as a means to facilitate self, group and social identity and community whilst also affording personal expression, action, agency and empowerment for people at all stages of their life course (Grossberg, 1984; Lewis, 1992; Cavicchi, 1998; Bennett, 2000; Fast, 2001; Jenkins, 1992, 1996; Kotarba et al, 2008; Harrington & Bielby, 2010; Fiske, 2010; Bennett & Taylor, 2012). Indeed, those who have studied musical fandom specifically have located it in terms of its affordances for coping with daily life within the modern technological world. Jenson (1992) suggests that fandom is a way of making sense of the world in relation to mass media but also in relation to "historical, social and cultural" situatedness (Jenson, 1992, p. 27). Lewis (1992) speaks of fandom as affording a depth of feeling and gratification important in coping with everyday life (Lewis, 1992, p. 1), while Grossberg (1984) suggests fandom offers individual strategies for survival and pleasure. Drawing on the work of Grossberg (1992), Lewis also notes that through participating in fandom fans construct coherent identities for themselves and experience a sense of empowerment (Lewis, 1992, p. 3). Cavicchi, (1998) views fandom as a way individuals cope with "the existential reality

of their daily lives" helping them, "make connections with other people around them" (Cavicchi, 1998, pp. 185-186). Similarly, Bennett has concluded that popular music fandom can be a "catalyst for forms of social identity" through collective participation that creates a strong sense of belonging and group membership (Bennett, 2006, p. 95). For many, musical fandom affords meaning, identity and a sense of community in modern society where such things are absent.

These conflicting perspectives point to one of the great underlying tensions in theorising what people do with music in the infinite variety and complexity of contemporary everyday or ordinary life. As Keil (1993) so succinctly observes, on the one hand, music is now both highly commodified and mass mediated, suggesting a 'sameness of experience' that may hold potentially negative or damaging personal and social consequences. Whilst on the other, individual musical lives are often depicted as being 'highly variable', as people use music to form their own 'idioculture', through the creation of 'idiosyncratic, idiolectical' musical worlds (Keil, 1993, p. 211). This text focuses on elaborating such an idioculture as a way of exploring the potentials for musical fandom as a meaningful experience affording increased well-being and quality of life. However, understanding how individual experiences interact with mass experience, and *vice versa*, is a vital question for future research to address.

Reflection One: "It Gives You a Heightened Experience and it Just Makes You Feel Really Good"

DT's narrative provides a rich description of a range of important perceptual, emotional and social experiences that have been created in, through and with the music of Bruce Springsteen as he has moved from adolescence to mature adulthood. DT's reflection that he has used Springsteen's music "*very much as a comfort*" voices how his experience has been a means to achieving and maintaining the feelings of physical and psychological ease that so enhance a person's quality of life and thus underscore a general state of well-being and good health. (Aldridge, 1996; Bruscia, 1998; Ruud, 2010) He describes how Springsteen's music has variously afforded a way of feeling good, a means of recognizing, matching and shifting feelings/emotions, a heightened sense of experience, a way of relaxing, a way of increasing energy, magical moments impossible to explain, an escape, a pause from ordinary life, a way of day-dreaming, an inspiration, a boost, a way of building self-esteem and self confidence, a type of therapy, a way of sharing feelings with others, a way of experiencing others, and a platform for relating and maintaining personal relationships. Such an array

of experiences confirms music as an 'affordance-laden' structure (DeNora, 2000; Krueger, 2011) crucial in facilitating, regulating and augmenting the emotional and social experiences of our life worlds.

Yet, what does DT's narrative suggest is afforded specifically by being a music fan, as opposed to other forms of musical engagement? Has being a fan afforded a different mode of musical participation or a different range of musical experiences? On one level DT's self-definition as a Bruce Springsteen fan expresses something of the particular mode of participation, distinct in terms of his attention. Participating with Springsteen is an activity done regularly with intense enthusiasm, an affinity, a commitment he feels to a body of music and the artist who created it—"it was a hobby or a passion for us". For DT being a fan is primarily marked out through a high degree of focused action and use of personal resources to access a specific music. This mode of participation could be termed an immersive experience. Immersion in this sense is a deeply enveloping experience of a particular music occurring over time. This allows for a wide variety of experiences and emotions to be attached to a particular body of music, which can then be carried into different situations, where it can be experienced and re-experienced for different purposes. The immersive experience of fandom then becomes a resource of continuity and stability across diverse and changing personal circumstances and public contexts. DT's narrative suggests ways in which this immersion has been used to 'cultivate' the self and how that self is shaped when shared with others through social participation (Krueger, 2011).

Like most other people, DT listens to music because it has the power to change, release or match emotional states: a process that in turn relieves stress (Juslin & Sloboda, 2010, p. 3). What marks out this experience as special for DT as a fan may relate to the deep sense of connection he feels for whole swathes of Springsteen's music, rather than just one song as he puts it, "*for every state of mind I am in I have these songs*". For every mood or emotional state DT has found a corresponding state projected back or matched by Springsteen. In this way Springsteen's music, and ultimately Springsteen himself, are the successful conveyers of emotions that are immediately knowable and in sync with DT's own. This intense 'emotional contagion' (Clarke, Dibben & Pitts, 2010, p. 84) works to construct a strong basis for feelings of affinity. This makes Springsteen's music different to that of other artists. As DT says, it's "*more like a communication*". This suggests not only that this music is consistently successful in sharing feelings, moods and ideas but is also a means of connection between people. Indeed, even in private moments of experience DT reflects on the awareness that he is not alone in finding such connections—"I guess that everybody experiences something like that". DT's investment in this experience of synchronization in many senses 'authorizes' Springsteen's music to speak as an emotional surrogate

(Grossberg, 1992, p. 59). As a result his music receives a special kind of attention and status. The relationship of affinity continually propels DT to invest more, to "*dig deeper*" in terms of listening and participation. Digging deeper takes the form of repeated listening to "*see what is in there*". DT senses that there will always be something in there for him, something he can know. Indeed he goes as far as saying that digging deeper has "*maybe given me the best experiences within his [Springsteen's] music*".

What DT terms his best experiences with Springsteen's music could also be understood in terms of Gabrielsson's research into 'strong experiences with music' (Gabrielsson, 2010). Gabrielsson has undertaken extensive research into this 'exaggerated' (Gabrielsson, 2010, p. 547) form of experience collecting data from individual narratives that chart a mix of physical, behavioural, perceptual, cognitive, emotional and social components. Strong experiences with music are seen to have "profound significance" for individuals but actually occur relatively rarely (Gabrielsson 2010, p. 571). DT's narrative suggests that the immersive experience of fandom may afford a recurring means of achieving such significant moments. One explanation for this may be linked to how fandom shapes engagement with music through specific patterns and practices of listening. Strong experiences with music are often related to the feeling of being surrounded by the music (Gabrielsson, 2010, p. 569). The concept of being surrounded is highly pertinent for fans who are often immersed in a literal, physical sense through focused concentrated listening, and also in a metaphorical sense through their wider immersive participations with the same music over time. DT's immersive participation is particularly evident in his descriptions of his private engagement/listening experience and how it has evolved from adolescence into middle age. As a teenager listening to Springsteen's music was a very focused intense form of engagement: "*I could just lie down on my bed in my room and just listen and study the lyrics*". The process of creating a listening experience that allows the listener to both envelop and be enveloped by music creates a heightened experience of, and connection to, the music. This musical cocoon has many similarities with the kind of 'auditory bubble' that has been found important when using personal listening devices such as MP3 players (Bull, 2007).

DT links this 'bubble' or enveloping phase of listening to adolescence as a time of strong "*passions and sensitivities*". During this period of intense listening Springsteen's music was a resource to "*influence self-esteem or feelings*", whilst listening in later years is described as offering a wider range of pleasures: "*now I can really more enjoy the music*". The enjoying of Springsteen's music is still marked out as a special experience, different to the enjoyment DT finds in other types of music. For example, in recent years at home he listens to a range of music for pleasure, relaxation or distraction whilst his private participation with Springsteen's music occurs "*mostly when I drive*".

DT stresses that a key dimension of listening in this space is its solitary nature, despite the fact that DT lives alone for the most part and has many opportunities to listen alone and uninterrupted. Clearly in this situation the solitary focused listening of the adolescent bedroom is re-experienced in the enclosed intimacy of the car. The time spent in the car allows largely uninterrupted extended periods (1 hour) that are enveloping (“*turn it up as loud as you like*”). Reserving Springsteen listening for the car suggests that this is a time spent alone not merely by himself but with himself. DT describes how listening in the car affords the pleasure of *escape*, from the routine patterns of thinking and the routine pressures of work, “*your thoughts just run somewhere*”, it “*makes you daydream*”, “*you get a pause from your ordinary life*”. Significant here may be the fact that cars feature heavily in much of Springsteen’s work often used as a literal and metaphorical means of escape. Escaping in this sense can be viewed as a powerful form of dissociation; a way of “cutting off from surroundings and external activities”, resulting in a therapeutic diverting of the normal patterns of thought—an experience imbued with an array of meditative qualities (Herbert, 2011, p. 93 and p. 62). Listening to Springsteen in the car also involves a lot of singing: “*I sing a lot in the car when I am alone, and it gives me a really great feeling*”. This mode of interaction has been seen as a way of obtaining “a greater sense of presence” (Bull, 2003, p. 368). Feeling a sense of oneself, present, embodied and alive, is an intensely affirming experience, particularly given the context, when this sense of self emerges through a musical experience that is deeply implicated in the formation of significant past events and emotions.

DeNora (2000) has suggested that for many people intense phases of listening to specific music can be a means of finding a representation of self in a “particular musical mirror”, a process that is later stopped, with the music rarely if ever used again. Certainly for some, the immersive experience of being a music fan marks out a special phase of life, something that is stepped into and out of. For those, like DT, who continue to find themselves in a particular musical mirror, this type of engagement evolves into a much more enduring affinity—a musical “template of self” (DeNora, 2000, p. 73), that continues to propel and shape why and how he listens. Such a reliable template provides a consistent source of reassurance and comfort: “*so I can still put on something which I listened to twenty years ago and it can still comfort me*”. In this way being a Springsteen fan becomes an important form of agency, experienced across time, instrumental in achieving a wider sense of security and personal ease.

Reflection Two: "It's About Sharing Things Together So Then You Will Both Feel The Same Way"

DT's narrative speaks of how Springsteen's music has provided a focus for many of his most significant personal relationships with family and friends. Specifically he articulates how Springsteen's music has been used as a "*platform*" for his closest male relationships. In this sense Springsteen's music can be seen as a supporting structure, a stage on which relationships have emerged and have been played out; as well as a medium that both facilitates and maintains the sharing of experience. Sharing in this sense is both the act of giving something of yourself to others, but also jointly possessing experiences of self with others.

The quality of our personal relationships can have a profound influence on physical and psychological health (Duck, 1994; Vanzetti & Duck, 1996; Bedford & Turner, 2006; Way, 2011). Consequently understanding how music might function in friendships may be of particular relevance to increased understandings of how music practices afford health. DT's fan narrative demonstrates how music forms the basis for behaviours that define relations, primarily intimacy and interpersonal perception (Hinde, 1981), whilst also being especially relevant to three of the seven main functions, or provisions, of relationships (Weiss, 1974), namely belonging (through the building of reliable alliances and forming a place of acceptance and trust), emotional integration (a place for testing out emotional reactions and deciding what matters) and communication of self (expressing oneself freely and through the acceptance of that expression being understood).

DT's relationship with L, B and P can be described as a 'friendship network' evidencing high levels of homogeneity (i.e. they have many characteristics in common such as gender, sexual orientation, ethnicity, class, age and geographical location), density (each member of the group knows each other) and solidarity (the degree of intimacy is reasonably equal for all the relationships between members) (Adams & Blieszner, 1996). The homogeneity of the group, a trait common to many friendships, already bound the men together through a shared participation in the wider negotiations of social identity, and the behaviours and roles widely understood to define such identities. Yet, crucial to the formation of the friendship network was the creation of a distinctive collective sense of identity based on a special shared understanding of, and relationship to, a particular object—in this case Springsteen and his music. The particulars of this group relationship and their shared sense of identity were worked out through their experience of being Springsteen fans. Their shared identity became an important statement projected into the world. They were known as "*those guys—the Springsteen fans.*" This was an identity of their own making, holding within it an

internally authorized set of priorities—they decided what mattered and why it mattered—what Grossberg describes as a “practice of strategic empowerment” (Grossberg, 1984, p. 227). It was a group identity closely guarded. It excluded peers who perhaps enjoyed Springsteen but did not share the same relationship or understanding they had as fans—*“we wanted to keep it for ourselves.”*

In this way the key provisions of their friendship group—their sense of belonging, their sense of solidarity, their sharing of self, their high levels of emotional integration, are built on their ability to achieve and maintain intimacy, and their continued ability to achieve this. It is primarily through the processes of intimacy that people gain access to each other, emotionally, intellectually and physically. When DT states, *“Springsteen was this part of us, it brought us closer”*, he speaks directly as to how participating in music together was a crucial way for this friendship network to access each others thoughts and feelings. Krueger’s (2011) notion of “joint attention” is useful for understanding how such a sharing occurs in the musical moment. DT, L, B, and P’s mutual attendance of the music in different settings occurred as an awareness not just of the music but also of each other’s awareness of the music (Krueger, 2011, pp. 16-17). Through this joint attention “the other becomes an integral part of the experience for the one, I do not just hear the music. I hear the others hearing the music” (Krueger, 2011, p. 20). DT speaks vividly of the importance of “hearing others hearing” Springsteen to the point of noting he didn’t feel he would enjoy a concert if he went alone.

Across the life course the nature and function of friendships is believed to change, as we age the intensity of friendships can often diminish leading to a loss of intimacy that can be emotionally detrimental (Adams & Bliezner, 1992; Grief, 2009). DT notes that the intensity of the friendship network so important in their youth and early adulthood changed as new relationships and responsibilities emerge as they reached mature adulthood: *“we don’t see each other as much as we used to do”*. Significantly, during this later phase their collective identity and active participation as Springsteen fans has afforded the group a range of opportunities to be together. As DT states, *“Springsteen is one of the main things that keeps us together”*. In this way participating with Springsteen’s music is the collective thread that brought them together, allowed them to be closer in their togetherness and now keeps them together. This *“keeping together”* occurs through a musical participation which allows them potent forms of remembering, *“of coming together again and talkin’ about the glory days”* and also a way of securing memories and re-experiencing a particular closeness, as DT puts it, through the experience of going to concerts together: *“it comes back”*. Musical experiences have been seen to be particularly significant in the creation of memories and therefore the creation of a sense of self (DeNora, 2000) and as Ruud (1997, p. 96) suggests, *“contained with the music-emotional memory is a sense of continuity and*

sameness in life", something DT clearly relates to: "*it's like wanting it to be the same as it has always been. You don't want it to end*". DT poignantly acknowledges the profound impact of his fandom on the construction and ordering of memories when he states, "*all those memories and all that music that he [Springsteen] has given to me, that will always be there for me*". A statement that points to how the immersive experiences of fandom may become an indelible emotional resource.

It is a common belief that engagement with music is at a peak for adolescents (Laiho, 2004, p. 48). Only recently has the experience of adult fans been recognized. As Kotarba *et al* (2008, p. 114) point out for adult fans many forms of popular music "serve as a critical meaning resource [...] as they continuously experience the being of self throughout life." Research into long term fans like DT points out how music can act as 'touch stones' or 'lifelines' as people age (Harrington & Bielby, 2010). In this way being a music fan can shape and maintain "a continuous self by acting as a map or overlay with which to mark the passage of time and organise one's perception of oneself in it" (Cavicchi, 1998, p. 150). Indeed, one theory as to why fandom has become an increasingly prevalent form of engagement is that it provides a means of "emotional anchoring" (Harrington & Bielby, 2010, p. 445). Those living in the western world have experienced the gradual dissolution of the normative patterns of adult life across the twentieth century. Consequently the traditional social scripts of how we should age and how we should live out the transitions of our lives have become increasingly superfluous. For many people, it is their relationship to cultural objects, such as fan-based engagement with music that affords the personal, social and cultural anchoring necessary to navigate the path from adolescence into adulthood and old age.

Conclusion: "To Have Something That You Really Care About"

My reflections have focused on two strands of DT's experience of musical fandom that have had direct impact on his sense of emotional well-being and quality of personal relationships. Through the immersive experience of fandom the powerful affordances of music to regulate emotions are channelled specifically to shape listening practices and provide a recurring means of accessing essentially strong experiences with music. Indeed, DT's narrative of fandom offers other ways of understanding affect. Grossberg (1984, 1992) describes fandom as a particular 'affective sensibility'. Through this affective sensibility fans construct a 'lived coherence' by defining not only what sites (practices, pleasures, meanings) matter, but also how they matter

(Grossberg, 1992, p. 60). The investments of fandom thus “empower individuals in a variety of ways”, not least because they allow fans to organise moments of stable identity in sites where they feel ‘at home’ (Grossberg, 1992, p. 59). The feeling that Springsteen’s music provides a coherent mode of emotional synchronicity, surrogacy and anchoring, may well be important experiences in the development of the affinities of fandom.

Yet as much as being a Springsteen fan grows from internal processes and perceptions, it has also played a vital role in the dynamics of personal relationships. Being able to construct and share the immersive experience of fandom with others has been an important medium through which intimate, strong, productive, affirming male friendships have occurred. This certainly raises a range of questions in relation to men’s health particularly. One key factor in men’s usually poorer health is related to the social practices associated with the performance of ‘masculinity’ and its impact on men’s ability to disclose emotionally and seek support (Robertson, 2007; Reeser, 2010). This has been seen to lead to a lack of intimacy in relationships which can have a range of detrimental effects. The ability to have close friendships with other men is seen to be vital to men’s “sense of self-worth, validation and connectedness to the larger world” as well as enhancing “psychological, physical and academic well-being” (Way, 2011, p. 8; see also Bedford & Turner, 2006; Grief, 2009). In an era where masculinity is described in terms of ‘crisis’, when men at every stage of their life course are viewed as being pressured out of intimacy (Way, 2011) music’s potential role in facilitating friendship networks and personal relationships may prove to be particularly significant.

DT’s narrative confirms how in making music matter personally and collectively he has found comfort, meaning, a sense of stability through life’s transitions, a sense of self and a mode of sharing intimacy with others. His narrative is a rich resource, providing many insights beyond the scope of the brief reflections offered here. In this way it is hoped that such a narrative can provide a compelling case for further study of contemporary modes of experiencing music, so that we may gain better understanding of how people use, experience and create pleasure from music across a life course.

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Music, Adolescents and Health: Narratives About How Young People Use Music as a Health Resource in Daily Life

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About a month ago, I accidentally ran into one of the youths who earlier had participated in my PhD project. He showed me his recently acquired 'Music Angel', a portable speaker just eight centimeters wide that produces a powerful sound. It was small enough to fit in his pocket; connected to his iPhone, it allowed him to share his playlist with his friends anytime he wanted to. The 'Music Angel' is one of the many technological advances that, together with MP3players, iPods, smartphones, and so on, increase the availability of music to all.

Adolescents are, more than most, up to date on all of these innovations, and many young people are surrounded by music in their daily activities. Music exists in young people's lives "like the air they breathe", writes Swedish music researcher Carin Öblad (Öblad, 2000, p. 41),¹ and music can, in many ways, be described as a 'soundtrack' to life in general (Ruud 1997). At the same time, research indicates that a large number of today's adolescents struggles with physical or mental health issues. In 2009 The Norwegian Institute of Public Health reported that 15 – 20 % of Norwegian child and adolescents under the age of eighteen suffers from mental health issues that affect their daily activities (Mathiesen 2009). A nationwide survey conducted by the Department of Health Promotion and Development in Bergen in 2005 showed that more than one in six boys and almost one in three girls in their first year of upper secondary school reported having at least one mental or bodily health complaint daily (Samdal et al., 2009). This means that, in a class of twenty-five, around six pupils struggle with regular ailments of some sort.

There are a variety of explanations for this high numbers, but most frequently the causes are connected to non-material threats to health, such as a lack of fellowship, faith,

¹ All quotes from sources other than English are translated by the author.

meaning and hope (Fugelli, 1998). The years of one's youth can be a time of vulnerability, and it is therefore particularly important that young people have positive emotional experiences—that is, feel a sense of belonging with others and see a greater coherence and meaning in life. Research shows that musical activity has the capacity to contribute in this regard. It can regulate states of mind; it can bring about climaxes in life, as well as positive experiences of achievement; it can reduce stress (DeNora, 2000; Ruud, 2005; Skånland, 2012). Music can also contribute to creating strong and robust memories that ground one's existence in values that supply meaning in turn (Ruud, 2006).

Of course, 'youth' does not constitute a homogeneous group. The adolescents of today grow up in a range of circumstances, and factors such as material wealth, gender, ethnicity, residence and social class contribute to the divisions among them (Krange & Øia, 2005, p. 19). In addition to these factors, each young person is a unique individual who meets adolescence with different innate and cultivated resources. If one insists on 'youth' as a general category, however, Australian youth researchers Wyn and White suggest that "youth is most productively conceptualized as a *social process* in which the meaning and experience of becoming adult is mediated" (1997, p. 4). Developmental psychologist Stephen Tetzchner describes the development of identity as the very core of this transformation from child to adult (2001, p. 591). The development of identity can thus be described as adolescence's great project.

In this text, I will look more closely at the connections between young people's use of music, on the one hand, and their health, on the other. The fact that the development of identity is inextricably bound up with being young makes also this theme relevant for the discussion. This text's empirical material encompasses the narratives of three young people concerning how they experience music as a health-promoting resource in their daily lives. The narratives were recorded as part of my ongoing PhD project and will be presented here in relation to the following question: How do today's adolescents experience that active use of music impacts upon their health? The purpose of the text, then, is to focus on young people's own accounts of their use of music as a resource to affect their health and quality of life. In order to clarify the theoretical framework that will guide further discussion, I will, by way of introduction, look more closely at the terms *music*, *health* and *identity*.

Music

Modern technology has made it easy to listen to music. Internet sources such as Spotify, WiMP and iTunes offer legal and occasionally free access to a huge library of music. A relevant question in this context is this: can one define any of this music as 'health-promoting'? Research in the psychology of music has, in recent years, dealt with this question by focusing on how people respond physiologically to different types of music.² Results have indicated that music with a slow tempo, stepwise melodies and few dissonances appears to have a soothing and relaxing effect, while music characterised by fast rhythms, big melodic leaps and harsh dissonances appears to be stimulating and energising. Common to these surveys is the fact that they all focus on how musical structures — the sounding elements of music themselves — can affect performers and listeners.

Establishing such context-free features of musical content is a worthwhile and important contribution to discussions about music and health, but it runs the risk of being myopic. Even Ruud (2011) emphasises that a musical experience never occurs in isolation but always as part of a wider context. In this way there may also be content-related or semantic aspects beyond the musical sounds themselves that become the source of moods and states related to health. The experience of musical meaning, then, is determined by the sounding material, the person who performs or listens to it, and the context within which it is encountered: "In other words the *music*, the *person* and the *situation* work together in a mutually dependent relationship where it is impossible to take away any of the individual components without changing the meaning" (Ruud, 2006, p. 20). As an alternative to looking for answers inside the music itself, Ruud suggests that researchers adopt a broader perspective with regard to music's relevance as a health resource. He, for example, incorporates into this discussion "the interplay between musical structures, the associations music inspires, and the person's individual listening history — together with the cognitive and contextual framework for the interpretation of meaning which occurs in one's meeting with music" (Ruud, 2011, p. 15).³

Tia DeNora (2000) also distances herself from the position that music can support one particular interpretation over another, because the same music does not work in the same way on everybody. At the same time, she maintains that one should not see music as an empty semiotic space either. Instead, music bears with it certain

² For a more extensive overview, see Bonde (2009, pp. 67–70).

³ Ruud can thus be said to adopt a constructivist perspective (Bonde, 2009, pp. 16–17), which claims that the understanding of musical meaning occurs in the meeting between music and the individual in a particular context or setting.

affordances (2000, pp. 39ff) that offer its listeners various possibilities for action. Music's melodic nature, harmony and dynamic construction afford almost anything, in fact, from bodily, physical activity to intellectual stimulation to emotional swings. But, like Ruud, DeNora emphasises that what music offers or facilitates is dependent on the person who uses it, and on the context within which it is used.

DeNora also emphasises that music is not a stimulus to which the individual is exposed but a resource that one actively chooses to exploit. As a key term in relation to this particular interaction, DeNora uses the word *agency*:

Music is in dynamic relation with social life, helping to invoke, stabilize and change the parameters of agency, collective and individual. By the term 'agency' here, I mean feeling, perception, cognition and consciousness, identity, energy, perceived situation and scene, embodied conduct and comportment. (DeNora, 2000, p. 20)

If one takes as a point of departure the notion that music affords individuals with different possibilities for action, we are then able to discuss music as a resource for facilitating the creation of meaning in everyday life. I also draw upon this perspective in looking at how young people experience music as a health-promoting resource. I choose not to view music exclusively as an objective and structural phenomenon, and I will not concentrate on its inherent qualities as such. In short, I am less concerned with *what* music adolescents listen to than with *how* they use music, and how they experience *musical meaning* and *sense*. Following Christopher Small (1998), I hold that music is something we take an active role in — that is, something we do. I will likewise adopt Small's term *musicking* as a verbal form of the word that incorporates all of the activities connected to a music event.

Though *musicking* is thus a rather sprawling notion, Small limits himself to the activities related to a live musical performance. In today's society, on the other hand, most of an individual's musical activity takes place through playback media such as the radio, the CD player and the MP3 player. Swedish musicologist Lars Lilliestam (2009) therefore finds Small's application of his term insufficient and argues that the term should in fact encompass all daily activities related to both playing and listening to music, including talking about music, 'having music stuck inside one's head' and indulging in one's music-related memories (2009, p. 24).

When we use music, ultimately, something happens to us, both physically and mentally. In this text I address the ways in which adolescents believe that musical activity can impact their health. Before examining the empirical material, I will therefore clarify what I understand the term 'health' to mean.

Health

A text that focuses on young people's experience of music as a health resource must also wrestle with a definition of the term 'health'. Just half a century ago, health was defined by doctors working within the biomedical disease model as simply *the absence of disease* (Espnes & Smedslund, 2001, p. 32). Since then, however, 'health' has continually been revisited and at present extends far beyond the continuum of ill/not ill.⁴ Already in 1948, the World Health Organisation promoted the following definition of the term 'health': "A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (ibid.). While this definition embraces more aspects of the human being and recognises health to be an interplay among biological, psychological and social factors, it still sees health as a given condition and puts limitations upon who can attain it.

When addressing health in relation to music and musical practice, I have moved away from the biomedical tradition and from measureable and positivist access to health. Instead, I will adopt what English health psychologist Peter Duncan (2007) calls an *interpretative* or *hermeneutic* approach to health as something dynamic that can be both influenced and actively promoted. Along these lines, Swedish philosopher Lennard Nordenfelt likewise primarily sees health as an *experience of wellbeing* and an *ability to act*, and he pinpoints the close connection between these aspects and the physical and social context of the subject. A person who is not able to realise his or her vital goals, according to Nordenfelt, can be afflicted by poor health (1991, p. 83). Nordenfelt also distinguishes deliberately between 'disease' and 'health', in the sense that a person who is objectively defined as ill can still, to some extent, be considered healthy, as long as the illness does not affect the person's ability to realise his/her vital goals in life.

In Norway, in addition, Peter F. Hjort's definition of health comes up frequently: "Health is to have sufficient energy to meet the demands of everyday life" (1994, p. 95). Hjort thus sees health as a resource that encompasses the experience of functioning well and a sense of achievement. Ruud also emphasises this aspect when he observes that health is not only the absence of disease but also "a reserve, a strength, and a resistance to combat disease" (2001, p. 12). Ruud sees health, within an interpretative tradition, to be an experience, and good health as equivalent to experiencing wellbeing and meaning in life. It is both a resource and a means through which to attain life goals (Ruud, 2011). Health as a category of experience is about "a subjective interpretation of our relation to the world, i.e. to ourselves (and our body), to other persons and to

⁴ See Blaxter (2004) and Mæland (2009) for a detailed overview.

our existential being” (ibid., p. 18). This interpretative perspective upon health will be applied to the following discussion of young people’s use of music in the context of their health.

Identity

‘Identity’ is an academic/psychological term that has been integrated into everyday language in recent years. Norwegian sociologist Olve Krange defines it as “a concept that holds together two quite distinctive dimensions. On one level it means identification with something collective, cultural or social. On the other it denotes a sense of *self* and a sense of *continuity* within that self” (2001, p. 45). The fact that the development of identity has both individual and social aspects has long been accepted in development psychology (Erikson, 1968; Mead, 1934). This duality is further underlined by Tetzchner, who claims that “identity is about the individual’s experience of their place in a larger context” (2001, p. 590).

In recent years, researchers have been concerned with the roles of art and culture in the development of identity. According to British sociologist Anthony Giddens (1991), art and culture can provide access to strong and emotional experiences that define, develop and change the self. Giddens also considers the term *reflection* to be crucial when discussing identity, in reference to the human ability to reflect upon our own existence. One might say that the human being is born ‘in loose bits’—the newborn has a very limited ability to perceive itself as an individual, an *I* or a *self*. But as we get older, our consciousness and our understanding of our own self increases, and the ‘loose bits’ are brought together within a more unified sense of being connected—that is, an experience of being the same person over time and in different settings.

Ruud (1997) also connects identity to how the self reflects upon itself in different settings, and he believes that identity is constructed through our narratives about ourselves. Since these narratives can include musical experiences, music too can have a central role in the development of identity. Ruud cautions that identity does not solely concern seeking continuity retrospectively through life, however; it must also be understood in relation to what we identify ourselves *with* (2011, p. 16). Our musical preferences and activities are thus part of our musical identity, which informs, in turn, how we perceive and place ourselves in the social landscape.

In the above text, I have mentioned health as an experience, a subjective interpretation of our relationship to ourselves, to other people and to our existential being.

When identity is constructed within the individuals' narratives about themselves, it is thus also meaningful to bring in health as a part of our identity project.

Method

This article is based upon empirical data gathered in connection with my ongoing PhD project, which examines adolescents' daily use of music and impressions of its affect upon their quality of life and — in a broad sense — their health. This explorative study is based upon eighteen qualitative interviews with young people between the ages of sixteen and nineteen, who were recruited from upper secondary schools and from the Department of Child and Adolescent Mental Health Care (ABUP) at Sørlandet Hospital (South Norway).⁵ The interviews can be described as 'semi-structured' (Kvale and Brinkmann, 2009, p. 47). I have analysed the interviews using the method known as *systematic text condensation*, as modified by Kirsti Malterud (2003, p. 99), which was inspired by Giorgi's phenomenological method.

During the interviews, I invited the young people to tell stories that might elaborate on the themes in question, generating empirical material of a narrative character. Given the sheer quantity of the data for the PhDproject, I will focus on only three of the eighteen interviews here, analysing those that were particularly relevant to the present anthology's themes. The young people in question have been given fictitious names: Ida (age seventeen), Benjamin (age sixteen) and Fredrik (age seventeen). All three are patients at the Department of Child and Adolescent Mental Health Care at Sørlandet Hospital.

Based on my analysis, I have chosen to present the empirical material in the following three categories: music as an individual resource, music as a social resource and music as an existential resource.

⁵ I was myself present in the upper secondary school classes to explain the project. Those who found this to be of interest contacted me afterwards. At ABUP, the therapists provided the information about the project. The young people there contacted me via email or phone (SMS).

Music as an Individual Resource

In this section, I will focus on the daily use of music by adolescents on an *intrapsychic* level. As I mentioned earlier, adolescence is a tough period with demands linked to both intrinsic and extrinsic changes. This inner world is marked by the reorganisation of emotions, cognition and behavioural patterns, and this outer world sees young people struggle to develop competence and skills that are suited to their new stage of development. These demands often produce emotional unrest and a feeling of a lack of control in life (Sundet, 2000). During my conversations with these young people, it emerged that music could, in different ways, function as a resource amid this emotional uncertainty. Music's connection to feelings and emotional conditions is hardly a new discovery; several studies claim that the most common motive behind listening to music is precisely to affect one's feelings (Juslin & Sloboda, 2001; Laiho, 2004; Saarikallio & Erikkilä, 2007). In the preface to their *Handbook of Music and Emotion*, Juslin and Sloboda elaborate: "Listeners use music to change emotions, to release emotions, to match their current emotion, to enjoy or comfort themselves, or to relieve stress" (2010, p. 3).

Ida's morning ritual

Ida's morning ritual illustrates how music regulates emotions. In recent years, Ida has struggled with anxiety and depression and sometimes has a hard time getting out of bed and starting the day:

Sometimes, when I wake, I have a really bad morning and can't really face going to school. So then I listen to music that makes that feeling worse. I feel that if I'm sad or depressed, I just can't pretend I'm happy with happy music. That's just wrong. So then I listen to music that just makes the feeling worse. . . . But every now and again, I'm in a kind of neutral mood where I can decide if I'm going to be fed up or not. Then I listen to music that gives me . . . a bit of, you know, power.

Every morning, then, Ida wakes up, sees how she is feeling, and chooses her music accordingly. If she feels down, she uses music to strengthen those emotions and accepts, more or less, that it is going to be a bad day:

I get a bit resigned. I go to school and then just stuff the rest of the day.

In more promising moods, however, Ida finds that music can change her mood for the better, providing the ‘power’ that in turn gives her the energy to get through the day. Ida describes music as a necessity — something that ‘fixes the emotions’. She therefore has an extensive listening library, and she is very conscious of which songs fit her various states of mind:

I have both an iPod and an MP3 player so that I have space for all the music. So if, for example, I don’t have the Dum Dum Boys on the iPod, then I’ve got them on the MP3 player. If I were going to try to put all my feelings and states of mind on an iPod, there wouldn’t be space . . . My choice of music is never random. I never manage to not have an MP3 player in my backpack, for example. There are some bags where you can put it inside and have the ‘ear things’ on the outside. That just doesn’t work. I always have to have it in my pocket so that I can change songs.

For Ida, music has become a crucial part of her morning ritual, and she says that she struggles to imagine a morning without it. Ida’s morning ritual helps her to be more conscious of her emotions, and of how she can deal with them; for her, music is a resource for developing an emotional consciousness as well as the ability to experience and express her emotions. Ruud connects this consciousness and knowledge to our ‘vitality’, which helps us to “see the nuances in emotions, to be conscious of the intensities of experiences and expressions, and to have precise and reflected terms about emotions” (2001, p. 44). Ruud also refers to the psychologist Jon Monsen, who describes ‘vitality’ as a combination of impulsiveness and reflection that characterises “a positive and mutual relationship between how a person is *feeling emotionally* and what he *does with his feelings, experience-wise and expressively*” (Monsen, 1991, p. 150, emphasis in the original). If this relationship becomes unbalanced — if we encounter a situation where we suppress our feelings or fail to cope with our own emotional experience — we can also lose the ability to *have* personal experiences. But if we are able to let ourselves be affected emotionally, and to reflect upon our feelings, we form a better basis for a strong and more resistant ‘self’. Ruud thus sees vitality as an important premise for health (2001, p. 44). Ida’s morning ritual represents a means of living ‘with vitality’, because, through music, she evokes her desired emotions and then adapts to and reflects upon what she is feeling. In the end, she clarifies her relationship with herself. Even if she knows in advance whether she will likely feel good or bad, the music makes her, as she puts it, “more prepared for the day”.

Another important aspect of Ida’s story is her use of music as a conscious resource in her emotional regulation. Emotion regulation refers to “the processes by which

individuals influence which emotions they have, when they have them, and how they experience and express these emotions” (Gross, 1999, p. 557). According to American psychologist Daniel Stern, emotional interaction is especially important during youth, because cognitive and emotional development takes place via the interaction with one’s surroundings. While parents, to a large extent, regulate the child’s emotional condition during babyhood and childhood, adolescents are expected to acquire the competence and ability to regulate their emotions themselves (Wrangsjö, 1993; Sundet, 2000). The fact that Ida uses music as a resource in her emotional regulation thus constitutes active participation in her own developmental process.

A story about betrayal

Benjamin describes his music tastes as a mix of hard rock, punk and metal. He is also the bass player in a band. For a long time, he has struggled with aggression problems, and the story below shows how music became a resource for him as he dealt with the disappointment and anger he felt when his girlfriend betrayed him:

It is the kind of song that is against one of their [the band members’] ex-girlfriends, who has been unfaithful. And they say that ‘If you ever show your face here again . . . I will rip your face apart and feed it to the dogs’. That song made me think about the kind of person I used to date, who did something I didn’t like—she cheated on me at a party, you know. And then I just thought that ‘Uuuh! [roars with a hoarse voice] So . . . It just turned out that way . . . I just thought that that song just completes everything. I think I listened to it like twelve times in the course of an evening . . . No, more than that. There were so many angry thoughts! It was like . . . I was kind of dreaming that I battered her and I was completely furious.

This story, of course, is also about emotional regulation in general—about working through a painful and difficult event. A term that is often used in connection with emotional regulation is ‘coping’ (Tetzchner, 2001, p. 387). One of the most important aspects of health seems to be one’s ability to assume responsibility for one’s own life and actions (Ruud, 2001, p. 47). When we are young, this health aspect is especially apparent, because adolescents confront it for the first time as they learn to take responsibility for themselves. In youth psychology, then, the term ‘coping’ refers in particular to the repertoire of action, emotion and thought responses that young people draw upon to deal with problematic situations in their daily lives (Frydenberg, 1997). For Benjamin, music becomes a resource for taking control of his anger.

The story above is not an extreme case, in fact, but rather Benjamin's usual method of regulating his anger. When he is upset, he generally likes to listen to 'hard' music.

I like the fact that it [the music] is tight . . . That it kind of comes as beats [beats his palm on the table]. I am not a violent person, but I like that it comes as beats.

When linking health and music, we can draw upon an *empowerment* philosophy that emphasises self-activity and coping through a mobilisation of one's inherent strength. Empowerment can be described as the process that is necessary to strengthen and activate a human being's own strength to get to know their own problems, and attain the necessary resources to handle everyday life (NOU 18:1998, p. 274). Finnish researcher Suvi Laiho points out that music is one of the (few) things that today's young people feel they can effectively control. Chosen music can give the impression of control, at least, over an uncertain situation, and give us a feeling of 'being somebody' (Laiho, 2004). Benjamin's use of music above evokes just such an empowerment philosophy.

Fredrik's story about how he processed his resentment toward his stepfather reflects a similar mobilisation of inherent strength:

"But when I heard that music . . . the hatred kind of disappeared"

After my father and mother got divorced, my mother found another man almost immediately. And he was one of those control freaks, or a psychopath, you might say. And he was one of those who watched over the family. And I had to be a Christian and had to go to church almost every Sunday. I was forced to go every public holiday, anyway. I was pretty annoyed by that. I resisted him and said that hell does not exist, and things like that. And I was later told that my mother was punished for that—the fact that I had said that. There were so many incidences that I didn't know about then . . . that he beat her and such things. So then he started pressuring me more to be a Christian, and I felt very pressured and felt a growing hate towards that. But when they divorced for good, my mother came home crying and told me absolutely everything that had happened. Everything he had done, and such. And the hatred I felt then, when my mother was crying and told me all that, that hatred, it was, it was a dangerous hatred. I could have easily killed a person. I could have easily killed him, if he had been there. And I

went round the whole summer feeling this huge hatred. I wasn't myself at all that summer. But at the end of it, I found a music video, by Dimu Borgir . . . and the first ten seconds, I was like . . . Well, what is this? . . . But when they started burning the Christian cross, I felt that all the hate I had . . . I felt that there was something I recognised. Someone who had it like I had it. When the music started, I kind of felt that it was my way of saying how much I hated my stepfather and what he represented. So when I listened to it more, I became so keen on it, because it explained so much of my hatred. I found more songs by Dimu Borgir, and the more I listened to it, I felt that I became another person. That I could stand up for myself and show how much I hated him. If I hadn't listened to it, then . . . I don't know what would have happened, but I know that it wouldn't have been good. Because the hatred I had then, it's not possible to describe it. It is impossible to explain. But after I started listening to that music, then all the hatred kind of disappeared. Of course I still have some hatred in me, but not in the same way.

Here music becomes a way to channel hate, and the video makes the experience even more profound. The music and images together communicate feelings that Fredrik recognises, and he feels understood. Since then, Fredrik has used Dimu Borgir and other metal bands to calm down when he is angry. He generally struggles with aggression problems but feels that music has a soothing effect:

Black metal or death metal, they make me be less angry. Because I used to have a history of anger problems before then. But when I was introduced to black metal, my anger kind of disappeared. It got smaller and smaller the more I listened to it. So if I, for example, am angry now, I usually put on black metal, because it calms me down.

Along with emotional regulation, this narrative also talks about how music helps Fredrik stand up for himself. Among a range of possible stress factors, threats against one's self-esteem are quite prominent during adolescence (Laiho, 2004). According to Erikson (1968), we go through eight phases of social crisis in our lifetimes, each of which influences our individual and social development. Youth is the phase during which one's most important task is 'to define oneself', and its crisis derives from the development of identity: the identification with one's parents, who used to be very important, no longer feels sufficient to adolescents as they develop their roles and find their own way in a broader social context. As they prepare for adulthood, adolescents must pursue other sources of knowledge and inspiration. For Fredrik,

the music experience contributes to this development, especially in counterpoint to the challenges presented by his stepfather, both before and after his departure. As Fredrik says, “The more I listened to it, I felt that I became another person. That I could stand up for myself”.

To conclude this section on music as an individual resource, I will return now to Ida.

Ida’s recovery

Elsewhere in her interview, Ida talks about moving into a shelter together with her mother and her brother. The stay was the result of threats from her mother’s boyfriend.

Well, when we lived in the women’s refuge, all the feelings I had then . . . Everything was new, and I also listened to a certain kind of music too, and it is a little strange to listen to it now. I associate it a lot with that [the time at the shelter]. I was kind of listening to music that was sort of moodless . . . that didn’t challenge me. And I also listened to this kind of sad music, which made me feel better. I sort of felt the song had rays of hope in it.

Ida goes on to describe how, after a while, she was able to challenge herself more with music that evoked several emotions.

When we moved from the crisis centre . . . there was no happy ending because Mum . . . We ended up there because Mum was going out with a man who was violent and so on. And then she started seeing him again, that is why we moved from there, so that she could see him again. Because we’re not allowed to live there if she is seeing the man who did that to her. So then I went back into music, in a way. If there is a timeline in music, where this is happy and this is sad [draws a line with her hands], then I went back again.

In her research concerning the meaning of music in everyday life, DeNora found that her informants had strong opinions about what they ‘needed’ to hear in different situations (2000, p. 49). DeNora calls this a musical self-regulation and musical self-care. She also introduces the term ‘technology of self’ (pp. 46ff) to describe music’s ability to help us feel, think and socialise. Ida’s story illustrates how music becomes a technology of self in the process of recovery after a dramatic incident. By knowing what kind of music she wants to take on, Ida assumes control of the situation and her

handling of it. When the situation worsens because the family must break with their surrounding support system, Ida reverts and starts the process anew.

The above examples demonstrate some of the ways in which music can be a resource at the individual level. In what follows, I will examine how music can be a social resource — that is, how young people use music as a resource for belonging and delimitation in relation to their peers, and as a bargaining tool in the development of identity.

Music as a Social Resource

One of the most important projects of adolescence is our disengagement from our parents and our development into independent individuals with the personal resources to take care of ourselves. Norwegian sociologist Ivar Frønes describes a two-sided socialisation process that is concerned with both a social process and an individual formation (2006, p. 26). Furthermore, he describes the socialisation process as an interaction through which the norms and rules of society are transferred to the individual even as the individual establishes a realisation of his/her own value and identity and, in this way, affects society in turn. Norwegian educator Christian Beck describes this duality in the socialisation process with the terms *adaptation* and *testing* (1990, pp. 45-48). The adaptation process is defined as the young person's quest for closeness, care, acceptance and belonging, and Beck believes the main responsibility for the success of this process rests with the family and other societal institutions. Testing, on the other hand, is defined as the means through which the young person develops his/her own identity and unique 'I'. Testing often takes place outside the home, and Beck points to schoolyards and street corners as likely contexts. Ruud believes that music use constitutes an important resource in this socialisation process (2001, p. 50)—through discussing music, exchanging sound files and identifying with or disparaging certain artists, adolescents learn something about values and social positions. Ruud points to a *decentralisation* that increases personal reflection and equips adolescents to survive in a bigger social arena.

All three interviewees told different stories about music as a social resource. Benjamin recalls meeting someone he now describes as one of his best friends.

“Yeah, Green Day”

The friendship up at Toten, that also happened through music. It was similar bands and Nirvana/Green Day in their day. It was in the year 2007 or 2008, when ‘Nettby’ [a website] existed, a long time ago . . . before it was closed down, that is. And then there was a guy who just suddenly wrote, like, “Wow, Green Day”, and I was like, “Yes, yeah, yeah, Green Day”, you know, and then we just started talking in a way, and a contact arose between us. I have visited him up there several times.

Through an interest in the same music, Benjamin is able to start a friendship that has since grown strong. Because of the geographical distance between them, the boys correspond through email and different chat programs, and they have met up several times to go to concerts together.

Music’s facilitation of social relations is recognised by several researchers (Zillmann & Gan, 1997; Balsnes, 2009; Laiho, 2004). Listening to music with friends, playing or singing in a band, choir or group, or attending a concert together all provide good opportunities for bonding. Laiho observes, “Through these collective emotional experiences one can feel deep involvement and connection to others” (Laiho, 2004, p. 52). For adolescents, after all, good friends and social viability are among the most important criteria for judging experiences of one’s health and quality of life. In turn, many youths who consult the school health service have social and relational problems (Langaard, 2006). According to Ruud (1997), musical preferences can influence this social interaction: by endorsing certain musical genres and distancing ourselves from others, we express a host of attitudes and values that indirectly resonate in the larger social field (1997, p. 105). I will explore this in greater detail below, but first I would like to present Ida’s story of her musical development.

Ida’s musical development

Way back in the beginning, I listened to ‘Absolute Music’ kinds of mix CDs, and then I started really getting into Michael Jackson, and then I switched to liking Genesis, and then it exploded to liking everything really, because then I found out about . . . well, the rock genre. And then I became very tough during lower secondary school, so I listened a lot to this ‘industrial metal thing’. I was a little angry then. And then I started listening to a lot of ‘old hippie music’. Yeah, and then I understood that there is a lot of good music and one isn’t, what should I say, stupid if one listens to music that sort of gets

you to have a good feeling. Like . . . well, Joni Mitchell, for example — she is good at that. It is very, like, sensitive, in a way.

In the narrative, we find Ida progressing from ‘Absolute Music’,⁶ Michael Jackson and Genesis to a range of different musical alternatives chosen to accompany or otherwise attend to her moods. While Ida lets her feelings decide what she should listen to, she is aware of the social consequences of her music choices as well, noting that one need not be “stupid if one listens to music that sorts of gets you to get a good feeling”.

I previously framed identity as a process that encompasses both the individual *and* the individual’s community. The importance of the social community for the development of identity is also central to British social psychologist Henry Tajfel’s theory of social identity. According to Tajfel (1981), one’s social identity derives from a conscious, value-based and emotionally based connection to a group. The theory of social identity is based on a social categorisation in turn based on the assumption that all individuals are members of social groups. Larger such groups might be defined by, for example, ethnicity or gender (in which the individual is placed automatically), and smaller such groups would include adolescent peer groups, where the individual usually must earn the right to membership. Social categorisation occurs when we make a place for ourselves in the social system by defining ourselves as members of one group but not another. By organising our social surroundings in this way, we promote our self-confidence and social identity (Frønes, 2006, p. 247).

Music’s impact upon the negotiation of these interpersonal relations and contribution to the social categorisation of the individual become most obvious when we are young — the types of music that we like contribute to defining the social group that we belong to (Tarrant, North & Hargreaves, 2002). Later in her narrative, Ida uses music to directly characterise her ‘country Daddy’, ‘Dum Dum Boys Mummy’ and ‘girlfriend who lives in a musical’. Based on her personal musical preferences, she places herself in a value system that in turn distances her from certain categories but aligns her with others. Thus music helps her define herself within a larger social setting. In the next narrative, we encounter a different perspective upon the same phenomenon.

Musical demarcation and belonging

Again, peer relationships are not merely expressed by the music that adolescents *like* but also by the music that they do *not* like (Tarrant, North & Hargreaves, 2002). As part of a

⁶ ‘Absolute Music’ is a series of chart-topper collections of current pop songs produced by the collective label EVA Records in Sweden since November 1986. Early in the 1990s, the series was also introduced in Norway and Denmark (see http://no.wikipedia.org/wiki/Absolute_Music).

group that listens to a specific genre, they must dismiss other genres in order to maintain their cohesion. On the other hand, such allegiances can seem overly exclusive to people who are not part of the group. Below, Fredrik says that he was bullied because he listened to music that was not accepted by others.

If I didn't have music, I would not have been myself at all. That is, in a way, what has made me who I am . . . what has formed me more than anything else. Music made me think more for myself. I wasn't afraid of being different. I would rather be different than be normal. I don't like to be normal, because that is way too normal for me. So [it was] the music that made me special, because I used to be bullied a lot, especially during lower secondary school . . . for what I used to listen to. I got quite angry about that, but in the end it made me mostly proud, because I dared to be different. Young people now don't dare to be. There are not many who dare to be different from all others. They are afraid of what others will think of them, how they look and what type of music they listen to. They have to listen to one type of music because everyone else listens to it. I don't feel that pressure. I am proud of being who I am, and that is only because of the music.

Though his experience was a negative one, Fredrik can look back to lower secondary school as a time when he dared to stand up for himself. Interestingly, though my research material includes many examples of settings in which common musical preferences create fellowship and belonging, I also have strikingly abundant examples of the opposite as well. Often young people reported that they did *not* like the same music as their friends but instead had 'their own music' and 'their own musical taste'. This, I believe, is connected to the fact that some young people do not want to be part of the group, and that there is a certain status to being exclusive. This is a trend which, in accordance with recent youth research, maintains "... that modern Norwegian youth is defined by a feeling of freedom and uniqueness. Young people seem to be concerned with the fact that they are individuals, that they decide for themselves, and that they do not allow themselves to be influenced" (Krange & Øia, 2007, p. 230). For Fredrik, this becomes obvious when he emphasises that he would rather "be different than normal".

I have now given examples of the ways in which young people experience music as a resource on both an individual and a social level. In what follows, I will discuss whether music can also affect health on a more abstract level, and in this respect be considered an existential resource.

Music as an Existential Resource

By way of introduction to this article, I wrote that mental health among adolescents appears to be continually worsening, and that several of the young people among my interviewees reported a poor quality of life. Through their stories, I have attempted to demonstrate that young people use music (consciously or unconsciously) in large parts of their daily lives as a positive resource. However, in my conversations with Ida, Fredrik and Benjamin, certain issues arose that did not fit a narrative as such but that nevertheless represented relevant and obvious themes. All three adolescents referred to music as something they were *dependent* on, for example — something they literally could not live without. Recall that Fredrik saw music as “what has made me into who I am”. Benjamin puts it this way:

I think that [without music] several things in my everyday life would have been missing. There would have been one thing lacking. That would probably have been completely impossible.

These kinds of statements speak to young people’s experience of music as a *prerequisite* for leading a good life, suggesting its positioning and potential as not only an individual and social resource but also an *existential* one that affects human existence in the deepest sense⁷.

This possibility brings me to the theories of medical sociologist Aron Antonovsky, the founder of *salutogenetic research*, which is concerned with how people stay healthy in spite of the great strains in their lives (2000). Antonovsky presents a model linking the different stress factors that human beings experience to their general ‘resistance resources’, which can be both internal and external and encompass ‘I strength’, biological factors like inheritance, social support, material factors such as money, cultural stability, daily activities and so forth (Antonovsky, 1979, 2006, pp. 103–122). Antonovsky finds that some human beings have a greater ability to solve ‘unsolvable’ problems than others, and he labels this innate talent a ‘sense of coherence’ (SOC), which he sees as emerging from one’s inclination to see one’s existence as *meaningful, comprehensible and manageable* (Antonovsky, 2000). Applying Antonovsky’s theory in light of the narratives presented, we might well propose that adolescents’ use of music contributes to their experience of the world as more meaningful, comprehensible and manageable. And if this is the case, music is also a resistance resource against disease.

⁷ Existential questions concern the fundamental aspects, circumstances or goals of human existence (Barbosa da Silva, 2006, p. 27).

In his recently completed PhD study of young people's perspectives on participation in social music therapeutic practice (Krüger, 2012), Krüger uses Giddens's term 'structuring resource' to describe the role of music in young people's lives.⁸ He shows how musical activities, like playing in a band, impact the development of participation possibilities and interactive relationships, that again impacts the young people's socialization and personal reflection processes. Based on the present narratives, I also see music as a structuring resource for young people's process of understanding themselves, their emotions and their social relations. Music becomes a tool for the development of identity that young people can use actively to create meaning and coherence within their existence. Furthermore, because narratives about music also become narratives about *who I am, what I feel* and *how I place myself in the social landscape*, music is experienced as crucially important, even necessary, and thus can be connected to health and the quality of life.

Conclusion

In this text, I focused on the extent to which young people's use of music can be a health-promoting resource. Based on an interpretative understanding of health as a category of experience, I found music in turn to impact the subjective interpretation of our relation to the world, to other people and to our existential being. I presented, through three adolescents' narratives concerning their music use in their daily lives, examples of the ways in which music can be used to regulate, master and influence emotions (as an individual resource) and to inform the construction of identity and socialisation (as a social resource). Finally, I discussed the fact that adolescents find music to be a necessary element in their lives and, potentially, an existential resource in this regard. The adolescents' narratives about their daily use of music, it became apparent, involve more than the music in itself. They involve music, in various situations, as a deliberate strategy for coping with a host of challenges. Thanks to music's multifaceted individual, social, and existential application, I concluded that music — as used by adolescents, at least — ought to be viewed as a resource in their experience and cultivation of health.

Technological developments continue to make access to music increasingly straightforward, and musical activity will impact young people's lives for the foreseeable future. In this sense, we have only scratched the surface of this topic, which demands further exploration along the lines presented here.

⁸ The term was developed by Giddens (1979) and revised by Lave (1988) and Wenger (1998).

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Is Music Really My Best Friend? Reflections of Two Maturing Women on One's Relationship With Music

Katrina Skewes McFerran & Kelly Baird

This text provides a unique perspective on the ways young people engage with music by reflecting on one woman's relationship with music, both as a teenager and into her younger adulthood. Most explorations of this topic seek similarities between the experiences of many people using interview or survey data as the basis for identifying patterns. Whilst the theories and results of these investigations are extremely interesting, they often do not match with any one individual's experience and can begin to portray simplistic notions where actually there is richness and complexity. In addition, there is a tendency towards describing music as either reliably positive or overwhelmingly dangerous, rather than acknowledging that music might have both positive and negative affordances, and that people appropriate these in different ways at different times.

This text has been co-authored by a middle-aged music therapist (Katrina) and a young woman (Kelly) who had participated in music therapy during her adolescence. We engaged in dialogue via instant messaging and posting in Facebook; through face-to-face interviews that privileged Kelly's contribution but were undoubtedly dialogic; and through the creation of a narrative text that Katrina drafted and that Kelly edited and contributed additional viewpoints. After the first in-depth interview, Katrina analysed her extensive notes and constructed a number of themes that she then considered in relation to a set of risk and protective factors identified around the same time based on a systematic review of the literature (McFerran, Garrido & Saarikallio, under review). Kelly read the drafted article about risk and protective factors and then engaged in a second dialogue about her reaction to that idea and the emergent themes proposed by Katrina. A more specific set of risk and protective factors were then developed based on Kelly's responses. This progression is narrated between Table 1 and Table 2 below. The result is dual-voiced narrative that weaves

the general and the specific, and that potentially reminds us that music and people are complex systems that relate over time in both predictable and unexpected ways.

Background

Young people often describe their relationship with music in their everyday lives as tremendously significant. This is reflected in the amount of time spent listening to music and over the past decade researchers have consistently reported average music consumption rates of around 2.5 hours per day (North, 2000; Rideout, Foehr, & Roberts, 2010). It is interesting to note that there has been little change in the time commitment reported by young people even taking into account the digital revolution. However the nature of music listening has changed radically since it now occurs as one part of a web of media multi-tasking and social networking (Brown & Bobkowski, 2011) within which access to music is almost unlimited and capacity for choice and diversity is assumed. One result of this change is that young people no longer report feeling obliged to share similar music preferences to their friends as previously suggested (Tarrant, North, & Hargreaves, 1999). It seems likely that they are more exposed to what friends are discovering through social networking updates, but are nonetheless just as likely to share tastes with parents and family members (Miranda & Claes, 2009). Another, as yet unproven implication, is that the use of music for emotion regulation has increased, and this belief has resulted in a burgeoning interest by researchers, as well as governments that fund these researchers (McFerran, 2010b; Miranda & Gaudreau, 2011; Saarikallio & Erkkila, 2007).

There appears to be two distinct positions that underpin investigations of the relationship between young people and music to date. On the right are those concerned with the influence that music has *on* young people. This stance assumes that music is the more powerful force in the relationship (perhaps a reflection of the belief that adults are more powerful than young people), and that young people may be unable to stop the music from influencing their notions of identity (i.e. gender, sexuality) or their emotions (i.e. mood, behavioural expression). On the left are those focused on the ways young people appropriate music for their own desires. This stance is underpinned by a belief in the health potentials of music, and where consumers are empowered in their appropriation of these affordances. The aim of this text is to explore the subtle ground between these dualities through a discussion of one woman's relationship with music during her youth and into adulthood. By avoiding generalisations, we hope to illustrate how complex and variable an individual's relationship with music can be and

to use this as the basis for considering how young people might be encouraged to be increasingly conscious of their own unique ways of relating to, through and with, music.

Kelly says:

Now days, at the age of twenty-eight, I can look back on the relationship I have had with music and reflect with a sense of bitter-sweetness on a kaleidoscope of songs that have been the soundtrack of my life. From my earliest childhood memories of my mother singing to me; to screaming out lyrics as I sat on the freezer helping my dad wash the dishes; to my parents divorce where music provided a point of stability between different homes helping me to sleep at night; music has always been a strong presence. I have a song for every trauma, joy and heartbreak.

I began learning the drums at ten years of age and attended a local high school where music was central to the curriculum and where I could actively participate in a concert band. This provided an instant peer group as well as the opportunity to pick up a guitar and teach myself how to play it. The one part of my life most often devoid of music was the time I would spend in the Royal Children's Hospital in Melbourne where I was regularly admitted for a 'tune up' for my Cystic Fibrosis (CF)¹. That would change however, on the day that Kat came bouncing in to the ward to find me picking on a guitar that had been donated to the hospital by a deceased friend of mine. Over the next twelve months, we wrote and performed a song together as well as playing it with other CF patients and recording it to CD.

Shortly after this, at the age of sixteen, my perspective on life changed, and so did my relationship with music. In one year my health worsened, my long-term relationship ended and emerging along with repressed memories of childhood trauma came strong symptoms of depression. I increasingly turned to music for comfort and continued to express my identity through the music I chose; now emphasising preferences that were outside the mainstream and that addressed the existential questions I felt confronted by. As I moved from school to university I turned to religion for answers and it made sense that it would be the musical context of The Salvation Army that would hold my attention. There I began training to be a youth worker. My theories about the ability of music to shape emotion would begin to develop as I played in church bands with music that was deliberately used to engage the congregation in

¹ Cystic Fibrosis (CF) is a hereditary disease whose symptoms usually appear shortly after birth. They include faulty digestion, breathing difficulties and respiratory infections due to mucus accumulation, and excessive loss of salt in sweat. In the past, cystic fibrosis was almost always fatal in childhood, but treatment is now so improved that patients commonly live into their 20s and beyond—from <http://www.hc-sc.gc.ca/sr-sr/biotech/about-apropos/gloss-eng.php#c>

significant experiences of worship. I was plagued by the thought that in providing music for worship, musicians hold some level of power to influence the emotions of those listening. I questioned whether this detracts from the authenticity of the experience and whether musicians are sufficiently reflexive in taking this responsibility seriously. When my work with the Salvation Army became untenable, my active participation in music making diminished and at the most challenging times of my life in my mid-20s, I relied less on music and more on other self-soothing strategies. I was formally diagnosed with anxiety and depression and began to require mental health support as well as increasingly frequent physical health admissions to hospital.

Recently I have established a long-term relationship with a lovely man who also has Cystic Fibrosis and together we are grappling with the very real possibility that our lives may be shortened as a result of our diagnoses. With this relationship has come a renewed hope that there is a way out of the negative patterns of depression and towards a future where I can fit in and make a contribution to society. I have, however, become acutely aware that ultimately I am the only person who can find that answer. This has led me to question the ways in which music may contribute to my mood, thoughts and beliefs. Has my relationship to music always been as protective as I had previously thought or have there been times when I have used it negatively to dwell on past pain or inflate my depressive symptoms? Do other people do this too? Is there value in identifying ways in which music therapy and therapy in general can encourage others to reflect on the multifaceted relationship that they have with music? These are the questions that Katrina and I have reunited to discuss and were my motivation to participate in writing this text.

Katrina says:

The notion of risk and protective factors associated with music (introduced by Miranda, Gaudreau, Debrosse, Morizot, & Kirmayer, 2012) has been chosen as a framework for this text because it avoids dichotomising healthy and unhealthy ways of musicking². We do not subscribe to the view that music has a good or bad influence, and nor do we see ourselves as consistently conscious of the ways that we respond to music. The perspective adopted in this text is that musicking is a power-filled transaction that we seek to understand better by contemplating the unique possibilities

² The term musicking was introduced into music studies by Christopher Small (1998) and is useful because it encapsulates the range of possibilities for music making that includes listening, playing, composing, performing, and other ways of participating such as being in the audience, or being backstage, or being in a musical relationship but not necessarily making music on this day. It refers to the act of doing music as a verb, rather than the use of music as a noun.

that occur in each individual context, but which might illuminate some dimensions that are similar to other people. A systematic review (McFerran, Garrido, & Sarrikallio, under review) that focused on the generalisations made in the literature about helpful and harmful dimensions of the ways young people engage with music identified a number of properties of musical engagement that could be seen on four continua from risky to protective, as depicted in Table 1.

Risk Factor Dimension	Property	Protective Factor Dimension
Alienation	Interpersonal	Connectedness
Worsened	Mood	Improved
Maladaptive	Coping	Adaptive
Pressure	Competence	Achievement

Table 1: *Risk and Protective Factors of Musical Engagement from Literature*

One problem in constructing risk and protective factors in relation to musicking is the likelihood that risk factors will be understood as bad, and protective factors as good. This is not the intention, since some degree of avoidance may be useful as a coping strategy, or alternately, over-connectedness to music may be a sign of dependence. Constant positive mood may indicate a lack of capacity for discrimination, and performance pressure can lead to performances of the highest quality. However, Katrina's research to date shows that vulnerable young people are more likely to depend on music to make them feel better rather than seeing themselves as empowered in appropriating the affordances of music. This may explain why a range of studies show that vulnerable young people are more likely to participate in repetitive forms of musicking that are socially alienating, or result in negative moods, or is used to avoid issues or incorporates a high degree of pressure (McFerran and Saarikallio, under review). A critical point is that it is likely the combination of risk factors that are present repetitively and over time that is problematic, since most people relate to these ways of engaging with music at different times. In the following narrative we illustrate dimensions that are both risky and protective at different times and explore this complexity in relation to Kelly's unique personal experience, both in her life and in music therapy.

Interpersonal Dimensions of Engaging with Music

Kelly says:

On reflection I recall many times in my life when I have engaged with music in solitude. I would listen through head phones in school to block out the world around me, or to keep focus, and I particularly remember the many times as a teenager when I would lock myself away with my guitar playing for extended periods, sometimes jumping around like a rock star and others crying over the mis-shaped chords of some pop song. Although this included a tendency towards isolation this was combined with a fulfilling sense of relief, control and positive creativity.

Katrina says:

Although technically, making music alone in your room is located at the ‘alienation’ end of the spectrum, most musicians would argue that the active nature of this pursuit has protective properties. Support for this position comes from contemporary understandings of happiness in positive psychology, with advocates who refer to this kind of behaviour as ‘flow’ (Csikszentmihalyi, 2002; Seligman & Csikszentmihalyi, 2000). Csikszentmihalyi’s elaborations of this notion explain why a seemingly alienating activity might be considered protective. Kelly’s experience of guitar playing requires concentration, and “deep but effortless involvement that removes from awareness the worries and frustrations of everyday life” (Csikszentmihalyi, 2002, p. 49). This is described as experiencing a sense of control over one’s actions, where self-concern is momentarily lost and perception of time is altered. Seligman (2011) advocates for frequent participation in these kinds of engaged activities, theorising that accumulation of these moments will lead to flourishing by building up stores of psychological and emotional capital.

Whilst it is easy to accept this kind of rationale for the benefits of learning an instrument, it is interesting to note that the same kind of argument can be used for music listening. Csikszentmihalyi (2002) dedicates a number of pages to describing conscious and attentive music listening as flow activity (pp. 109-111), although he ultimately states that “even greater rewards are open to those that learn music” (p. 111). Closer examination of the core features of flow distinguish instrumental practice as being more closely related to enjoyment whereas listening is commonly associated with the more temporary experience of pleasure. The idea that enjoyment is generated when undertaking a task that has clear goals and immediate feedback is critical in this distinction, and importantly, activities are more likely to induce flow if they

are challenging but achievable, involving a merging of action and awareness (p. 53). Playing an instrument is more clearly aligned with flow than music listening, but in both cases, positive psychology scholars see spending time alone engaging in musicking as protective rather than risky. The critical distinction from their perspective is conscious attention to task.

Kelly says:

My experience of listening and playing are quite different. Playing is about creativity and self-expression whereas listening is more in my mind, either through singing along with lyrics that are meaningful or just having music on in the background to help me focus on other stuff. When I play it's more about discovery—I might play the drums because I'm feeling mad, or the piano because I'm feeling sad. It introduces something new into the situation. Listening is different. It reinforces my emotions and I try to find songs that suit what I'm feeling. I often feel lonely when listening to music because the artist understands me better than anyone I actually know. When I make music it's like there is something else inside me, the creative impulse connects me to something bigger.

Growing up I often felt that I didn't quite fit in with any of the different groups of people I would hang out with. I think this is partly because of my personality. I found it hard to see significance in the daily grind of life, preferring to think more analytically and discuss 'deeper' topics such as philosophy or politics. It also felt significant that I was not as sick as most of my CF friends and I often felt like I wasn't sick enough to fully fit in with that group, but I wasn't well enough to really fit in with my school friends either. The beauty of being a musician was that I got to play with people of all ages and backgrounds. I could play sax with the school and community concert bands or drums for rock bands with members of each year level. It really did open the world up to me and keep me from being too isolated.

Katrina says:

The construct of adolescent's musical identities has been examined by music psychology scholars who suggest that musicianship can be dangerous as well as protective. A surprisingly high number of young musicians were found to experience bullying, particularly when their instrument was not considered gender appropriate (O'Neill, 1997). However, it is more common for musicians to bond together and exclude non-musicians from groups, an attitude which is reflected in much of the study of music psychology, where musicianship is assumed to mean elite musicianship based on a

particular kind of musical training. Whether bonding is through shared agreement in music preferences (Tarrant, North, & Hargreaves, 2002), or through playing in a concert band together, shared musical identities have been suggested to enhance connectedness (Frith, 1981). At a more biological level, the act of making music together with others has been found to trigger the release of neurochemicals such as oxytocin (Levitin, 2008) which promote bonding, and are released in other intimate acts such as breast feeding and intimate sexual encounters. Therefore the connections that happen between musicians that play together also have a neurobiological basis, and the real life experience of these bonding chemicals can be seen in Kelly's teenage years. It is worth noting that although connectedness has long been lauded as a protective factor for youth (Resnick, et al., 1997), there is no doubt that peer relationships are complex and multifaceted (Brown, 2004) and that closeness can also lead to vulnerability if the relationship does not last, or becomes unhealthy, a position that is rarely documented in the academic literature.

Kelly says:

Towards the end of my school years, my childhood sweetheart and I broke up and it ended badly. Like many teenage girls experiencing their first heartbreak, I turned to music for comfort. I had it playing in the background for the majority of the day, awake or asleep and yet I played instruments considerably less. This coincided with a number of my CF friends passing away and led me to a pretty dark place that really signified the start of my depression. A pattern began to emerge in my music listening habits where I would seek out music that had a pain to it and spoke to the deeply existential questions that I was asking. I related to these musical idols and admired the artistic contribution they had made (not surprisingly many of them met untimely deaths). It was a real example of the ways in which music had both a positive and inspiring yet also a destructive more negative element.

Even as I sit with Katrina reflecting on our sessions together I can see that this was reflected in our song creation. There was a duality in taking what began as a morbid sounding guitar riff that I had created in my bedroom and, along with one of my CF friends, converting it into a song that we played communally. It turned out to be a very positive experience. Yet there is still a tinge of sadness as I remember this beautiful time because it would also be one of the last times I would see that friend (he passed away shortly after). They are still very precious memories and I occasionally listen to the track to relive them.

Lyrics

*For the rainbow we will stretch across the earth,
Because we know that there has to be a reason why a life is ending.
Some never complaining, must we all find the end?
Try all our lives to avoid, the destiny that has become renowned to so many
of us.³*

Katrina says:

When Kelly first agreed to music with me on the ward, we began in groups that emphasised fun and connectedness through playing songs together that were selected from a songbook. Our work together took a more individualised focus after Kelly described a guitar riff she had been working on for some months. I suggested putting words to the riff and creating a song, and Kelly produced her private journal as a source of material. She identified a poem that spoke cryptically of the kinds of existential dilemmas related to dying that are regularly confronted by young people with chronic illness. Another young man participated in the song writing across a number of sessions, contributing a drum-beat on a middle-eastern doumbek. Kelly's existing musical capacity was clearly a resource that was not only drawn out to inform the direction of therapy, but which was seemed to be what motivated Kelly to attend music therapy in the first place (Aigen, 2005, p. 92; Rolvsjord, 2010, p. 193). Our relationship developed through a mutual enjoyment of musicking together, and I also worked consciously to encourage Kelly to express her feelings and experiences through song writing and to have that witnessed by others as a way of strengthening her identity during a challenging time. It seemed that the group work, performances and recording that resulted did achieve these goals. In addition, the meta-analyses of outcomes in the field of psychotherapy (Duncan, Miller, & Sparks, 2007) suggest that the quality of the relationship between us is one important indicator of the effectiveness of therapy, and the strong rapport we developed provided further confirmation that the process had been helpful and even protective.

Kelly says:

During the interview process, I played our song on my computer, and located the original journal where my lyrics are still written. I actually played the song to my family once, which I was kind of shocked about, since we're not a very emotional family and it is pretty unusual that I would share something so personal with them. They didn't analyse

³ Lyrics © Kelly Baird

the lyrics too much, but they did enjoy it and I caught them singing the hook a few times around the house.

Katrina says:

A careful consideration of the audience for songs created in music therapy has been noted in the literature (McFerran, 2010a, p. 241) since there are a number of risks associated with sharing the material created in therapy. In this case however, music was the one thing that Kelly chose to share with her family, and although she feels the existential meaning of the words were lost on them, they did respond positively. Given the potential value of parental support during adolescence (Epstein, 2007), this can be understood as further strengthening Kelly's interpersonal support network. Kelly also noted that the song is still significant to her, and that she had only recently shared it with her long-term partner. The life of the song (Aasgaard, 2000) continues to impact interpersonal relationships to this day, and we both enjoyed listening to it together once more, singing along and reflecting on the power of the lyrics and guitar riff, despite its rough edges.

Engaging with Music to Manage Mood

Kelly asks:

In reflecting on the ways I use music and the mood management issues I have had, I have begun to question whether uses of music make me feel better or worse. Have my strategies been helpful or harmful to me?

Katrina says:

The possibility that young people may use music to negatively influence their mood has also been raised in a small-scale pilot study in Australia (McFerran, O'Grady, Sawyer, & Grocke, 2007), that has received considerable media attention⁴ suggesting

⁴ i.e. <http://www.metalsucks.net/2011/11/09/just-a-lot-of-noise-about-nothing-dr-katrina-mcferran-responds-to-justin-foleys-response-to-her-study-on-teens-music-and-depression/> and <http://www.metalinsider.net/guest-blog/exclusive-dr-katrina-mcferran-responds-to-reaction-towards-her-study-on-music-and-mood> and <http://ylex.yle.fi/uutiset/popuutiset/metallimusiikki-voi-pilata-elaman-vaittaa-tuore-tutkimus>

that this concept has some kind of traction. In response to a survey completed by 111 older adolescents, between 60-69% of participants described improvements in their mood when listening to music whilst feeling relaxed or happy. When the initial mood was sad or angry, only 40-45% of the young people described improvements. It is noteworthy that positive improvements were even less commonly reported by the sub-group who were identified as being at high-risk of psychological distress (according to the Kessler 10 measure (Kessler, et al., 2005)). In addition, the 19 teenagers scoring in the high-risk category for depression were most likely to report feeling worse after music listening, with four young people feeling worse when they were sad or angry, and three feeling worse when starting out stressed. Young people do not tend to report these kinds of negative outcomes when asked to describe the relationship between music and health however, and a small-scale study of an equivalent but smaller sample of eight Finnish adolescents (Saarikallio & Erkkila, 2007) showed the opposite perception. These young people described the importance of music as being intrinsically related to enjoyment and positive experiences, with mood control and mood improvement being central to their music experiences. This type of positive self-reporting has also been noted in Norwegian studies of adults (Skånland, 2011) and youth (Beckmann, this volume). This assumption of positive outcomes dominates the literature, and is reflected in results of a systematic review where no negative consequences of engaging with music were reported in qualitative studies (McFerran, Garrido & Saarakallio, under review).

Kelly says:

Sometimes music is like an escape for me and it feels like a life-saver, and other times it's a way of making my mood even darker. It's easier to talk about the positive side and how good music is at blocking everything out. Sometimes in my worst moments putting on a CD is the only way I can try and stay sane. But sometimes I consider that when I make a choice to listen to music that reflects and intensifies my dark mood there is something ultimately self indulgent in it, a sort of wallowing in self-pity. I wonder if choosing more inherently positive music would result in me feeling somewhat better, although I struggle to pick that style with the same degree of intentionality. I almost feel like it is cheating, as though I would be avoiding the complexity and depth of the emotional experience rather than facing it. Sometimes it feels like taking a drug when I use music, where there is a danger of just getting stuck in a place where I only end up feeling worse.

Katrina says:

The perception that music evokes authentic emotional experience at all is actually a point of debate within the field of music perception, with emotivists and cognitivists disagreeing about whether people actually experience the emotions they perceive in the music when listening. This question becomes more interesting still when considered in relation to depression. Australian scholar, Sandra Garrido, has focussed on the ways that depressed people ruminate with sad music (Garrido & Schubert, 2012). She describes the involuntary bias that people with clinical depression have towards negative stimulation, and theorises that this may lead to a diminished ability to dissociate from the feelings of sadness that are evoked from the music, where non-ruminators may be able to appreciate the sadness without experiencing it.

Kelly says:

When I am in a darker mood I definitely find myself drawn towards negativity in my choice of music and movies, etc. When I surround myself with these things I genuinely experience the emotion inherent in the art rather than just observing them. This is true in listening/watching as well as playing. For instance, when I used to drum at church, I knew that playing a triplet-based drum fill at the same time as a key change would encourage the congregation to experience a stronger level of emotion. Even though I was aware that I was intentionally manipulating that sense of emotion in the congregations, I would still genuinely experience it myself along with the congregation.

At the age of 26, I was formally diagnosed with depression and anxiety. One of my great frustrations with my illness is the challenge of taking anti-depressants and the fact that they numb me emotionally and I lose the capacity for emotional intensity in positive or the negative directions. For the most part, when I am medicated I am unable to write or make music. Because emotional experience is so important to me, I often stop taking my medication. For me, music therapy was mostly about having a release and a safe place to express my emotions. It was great as a break in the monotony of long boring hospitalizations, but beyond that it was the space to create something and tell some of my story that I loved the most.

Katrina says:

Music therapists often rely on the emotional affordances of music as the basis of therapeutic experiences. In a qualitative investigation of music therapy group work

with bereaved adolescents, young people described letting go of emotions that had previously been bottled up through improvising on instruments, with a subsequent sense of relief (see central category labelled 'Dying to Express my Grief', McFerran (2010b, p. 22)). Similarly, an in-depth investigation of a music therapy group with young people who had abused substances identified that one value aspect of singing together in the group was the opportunity to experience emotions without running away, labelled as 'daring to feel' (McFerran, 2011, p. 260).

The value of being able to combine pleasure and emotional engagement has also been noted by other young people, with an earlier investigation of the experience of group music therapy for bereaved adolescents finding that participants valued the opportunities for fun, freedom, control which, paired with the achievement of group cohesion, made it possible for them to successfully address the emotions associated with grieving and share stories that strengthened continuing bonds with their loved ones who have died (McFerran-Skewes & Erdonmez-Grocke, 2000). It is noteworthy that these experiences of music therapy involve active and shared musical participation, in contrast to individual music listening.

Engaging with Music to Cope

Music is often appropriated by young people in their everyday lives as a strategy for coping with difficult situations. Resilience is one lens that is used to understand what sits beneath coping, however many researchers have adopted the view that resilience is an individual personality trait that can be identified and associated with positive coping, but not effectively used to predict who will cope better (Hjemdal, Friberg, Stiles, Martinussen, & Rosenvinge, 2006). A different, constructivist, perspective more helpfully highlights the transactional and multifaceted nature of resilience, emphasising how the individual negotiates between being exposed to risk and navigating their way to resources that will help them to cope (Ungar, 2005). The quality of the social network surrounding the young person is critical for coping from this perspective, and this is similarly emphasized in developmental perspectives. Most contemporary developmental theorists emphasise the importance of interacting with the external world as integral to the achievement of developmental milestones. Whether this occurs in service of cognitive development, as expressed in the increased cognitive capacity for self-analysis described by Vygotsky (Karpov, 2003), or the development of ego capacity from self interest to conforming with the beliefs of others (Kroger, 2004), the transaction between inner and outer worlds is crucial. Young people often

describe music as 'my best friend' and may relate to either lyrics or musicians more than they do to their real-world social network. However, songs and idols do not have the same dynamic capacity for responsiveness that real people have and therefore attributing human qualities on a relatively static form may be somewhat risky.

Kelly says:

As a teenager, I identified strongly with grunge and other alternative styles of music, particularly because of the lyrics. Few of the people in my life seemed to feel the drive to reflect upon and discuss existential questions as I did and I had an analytical way of thinking that seemed to be different than most of my friends. It was in the lyrics that my idols sang that I would find a deeper, more philosophical approach to life. I strengthened my connection to my idols by learning as much as I could about their lives. I studied film clips, biographies and any media coverage they had. It felt like some artists had the same kind of tortured existence that I related to and there were times when I identified more closely with these musicians than with the majority of people in my every day life. There were downsides to these strong connections though, and over time it became clear that many of the people I admired were also troubled and often came to an untimely end. When Amy Winehouse died for example, I was shattered. I remember feeling almost personally betrayed by the media's portrayal of her as a lost cause and I felt as though I may as well give up too and despaired that nobody had successfully helped her.

Katrina says:

Roger Levesque (2010) claims that replacing real-life peers with 'parasocial' relationships can be a helpful strategy for forging identity in the adolescent context, since there are many parallels. He draws on Erikson's (1968) explanation of these figures as 'secondary attachments' that may play transitional roles during this developmental period. However Levesque also notes concerns about possible risk in this kind of identification, particularly when those doing the idolising have a history of depression and suicide attempts. A Taiwanese study (Cheng, et al., 2007) confirmed that young people who had attempted suicide in the previous year were more likely to re-attempt immediately after a celebrity idol committed suicide, and noted that overall, there was an increase in suicide attempts following public reporting of these events by the media.

Although identifying with morbid music and negative idols is frequently an issue of concern for parents and carers, it is important to acknowledge the transactional nature of this fascination and not leap to simplistic conclusions about causality. As

described in the Taiwanese study of celebrity suicides, the group who were most likely to copy the suicide attempt were those who had a pre-existing inclination. The situation is similar to concerned adult (over) reactions to young people's commitment to 'negative' music. This was most memorably demonstrated in the lobbying of the Parent's Music Resource Center in the US in 1985 (Scheel & Westefeld, 1999). This group fought for the use of the 'Parental Advisory' stickers on albums that they believed had offensive and explicit lyrics or content. More recently, The American Academy of Pediatrics released a policy statement on the impact of music, music lyrics and music videos on children and youth (2009) that suggests professionals should "take a stand" in relation to lyrics, since "several studies have demonstrated that preference for certain types of music could be correlated or associated with certain behaviors" (p. 1489). The inclination to misinterpret correlation for causation is critical in relation both to Kelly's experience, and the perceptions of concerned adults.

The tendency to identify with morbid lyrics and angsty idols does not create problems for young people, but it does communicate something about the lived experience of the people involved. Even Ruud (1997) describes this complex transaction as the performance of identity (1997) in order to clarify that music preferences do not simply provide a window into the soul of young people, but rather, young people appropriate music to express their identity publicly, conscious that it is being observed. This contrasts with Saarikallio and Erkkilä's (2007) conclusion that young people's use of music for mood regulation is mostly sub-conscious. Keith Roe (1999) provides a third perspective by describing music as providing a mirror of self-perception, based on a panel study of more than 500 Swedish adolescents. He concluded that young people express a commitment to isolating music if they feel isolated, and found that this self-perception predicted their future success in a longitudinal analysis. In no way is the performance of identity during youth passive.

Kelly says:

I still find it hard to explain why I chose the Kurt Cobain's and Judy Garland's of the world to identify with. Although the way their lives ended seemed the obvious connection, I sense that it is more about their ability to create beautiful and impacting art almost from the pit of the pain in their stomachs. I wish that I could make a difference in the world in the ways that they did before they died. My career as a Youth Worker was an attempt to make a contribution, but the politics in that place made it impossible to really have an impact. I guess I've given up on that for now, but maybe I'll get another chance sometime.

Katrina's Conclusion

Two distinct approaches to examining the relationship between young people and music were identified at the beginning of the text. Investigators either assumed that music was the more powerful force, or alternately, that young people were in control of the ways they appropriated music. In listening closely to Kelly's story, it is not clear if one or the other of these positions is more relevant. Kelly describes the ways that music and lyrics can intensify a negative mood, but even with this consciousness, she chooses to appropriate music in this way. Her desire to seek out strong emotional experiences through music listening may result in feeling worse, but that is the reality of how she feels and her belief is that it is better than feeling nothing. It is neither one way nor the other and an arrow with tips at both ends in Figure 1 represents the relationship.



Figure 1: *The transaction of power between Kelly and music*

Kelly's descriptions of music listening and music making are distinct. Playing the guitar or the drums in the privacy of her own room has provided a form of both expression and escape, whereas playing the saxophone and drums generated social encounters through participation in bands and ensembles. Therefore music is not one-dimensional. It can be used to release emotions or intensify them at different times. It can be used to isolate oneself or to forge social networks at other times.

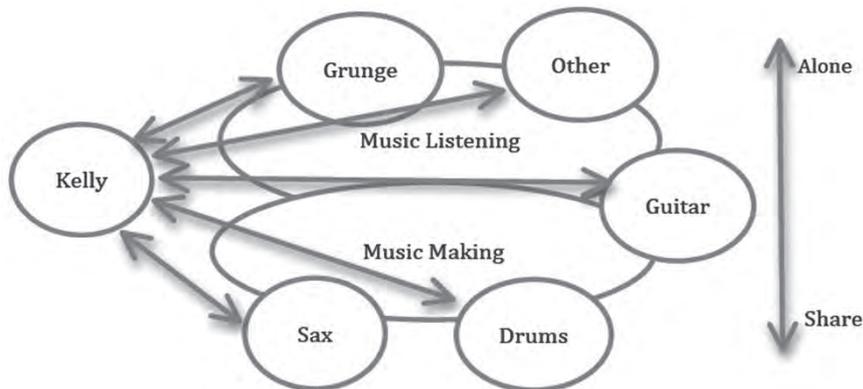


Figure 2: *Kelly's musical resources*

Because Kelly has a rich repertoire of musical competencies, the picture of what music is becomes more and more complex with each attempt to grasp it, as seen in Figure 2.

Nor does a simple circle adequately represent Kelly's choices about how she engages with music. It quickly becomes apparent that she has used music to express and assert her identity; that it is associated with significant life events that are both positive and negative; it has motivated her to participate and to withdraw; she uses music to escape and to think about her life; and she manages her mood with music, both to bring herself up and to take herself down (see Figure 3). It was within this context that Kelly participated in music therapy for a short time across three hospital admissions.



Figure 3: *The ways Kelly uses music in her life*

In examining Kelly's relationship with music in context of her life, it is clear that a timeline of adverse events would highlight a number of challenges including parental divorce to chronic and mental illness. In addition, Kelly has been endowed with a number of resources, from high intelligence and creativity to social competence and good looks. These events and resources have all played out in her web of social relationships, from encounters with her mother and brother, to friends and boyfriends, to church groups and school groups and hospital groups and ultimately work places and enduring intimate relationships. The availability of resources within her social context has varied over time, sometimes for reasons under her control, and at other times beyond her control.

The literature investigating the relationship between young people and music has rarely acknowledged such complexity. Whilst some young people's lives may not be so rich in relationship to both music and life experience, taking a slightly longer term view of people's relationships with music over time and in relation would often reveal some degrees of nuance that challenge the tendency towards duality that is often underpinning the literature. For example, the systematic review mentioned earlier revealed that qualitative researchers often failed to discover any negative experiences from informant's descriptions of their relationship with music (McFerran,

Garrido, & Saarikallio, under review). On the other hand, most surveys that attempt to identify correlations between isolation and a preference for isolating music will find it, whether it is anti-social behaviour and rap music, or depression and metal music (Baker & Bor, 2008). How can both perspectives be right?

The non-dualistic notion of continua of risk and protective factors (rather than healthy and unhealthy) may still be helpful for conceptualising a young person’s relationship with music. However the dialogue presented here suggests that identifying generalizable dimensions is more likely to create an inaccurate picture for most individuals. Constructing an inductively derived set of risk and protective factors may be more helpful as a way of fostering dialogue with young people about their relationship with music, and Table 2 presents a summary for Kelly.

Risk Factors		Protective Factors
<i>Self-indulgent</i>	Emotion Management	<i>Acknowledgment</i>
<i>Intensifying</i>	Emotional Expression	<i>Releasing</i>
<i>Self-destructive</i>	Mood	<i>Mood enhancing</i>
<i>Para-social relationships with idols</i>	Inter-personal	<i>Intimate connections with peers</i>
<i>Perpetuating</i>	Forms of expression	<i>Discovering</i>
<i>Informing</i>	Identity	<i>Conforming</i>
<i>Giving up</i>	The future	<i>Aspirations</i>

Table 2: Risk and Protective Factors of Musical Engagement Identified by Kelly

In an era where access to music is unprecedented, the value of conscious and intentional engagement with music cannot be underestimated. The potential of music to be a helpful resource during difficult times is well understood and frequently lauded. However the recognition that the affordances of music may sometimes be appropriated to reinforce negative health is less popular. This may partly be a counter-response to the Parents Music Resource Center attacks during the 1980s, when metal music in particular was targeted as dangerous for youth (see description in Bushong, 2002). However this text illustrates that a collective denial of the negative potential inherent in our relationships with music limit the service that music therapists can offer to young people in particular, since it is they who spend most time with music. Whilst many healthy young people describe music as ‘my best friend’ and those with mental illness frequently recount that ‘music saved my life’, Kelly suggests that it can also at times perpetuate negative self image and intensify a negative mood. This text argues for a balanced view of the ways that young people appropriate the affordances of music.

Kelly's Conclusions

I agreed to participate in this text because of my instinct that I have, at times in my life, used music in ways that have likely been unhelpful in aiding positive mental health or more specifically ways that have contributed to my depression. It has been a great experience to write, reflect and reunite with Katrina on this particular issue. Personally it has made me more attentive to the motives behind my choice of, and participation in music, and challenged me to fight harder against my mental illness. In a wider sense, I feel that study in this area can bring new understandings about the benefits of music to people with mood disorders. Since I am convinced that all people at times use music to deepen or prolong emotions that are both positive and negative, I feel as though by contributing to this text I have been given an opportunity to be a part of something of meaning from the 'pit of my own pain' that also has the benefit of extending understanding of how that pain can be best aided by the beauty of a healthy relationship to music.

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“Then Certain Songs Came”: Music Listening in the Grieving Process after Losing a Child

Torill Vist & Lars Ole Bonde

Would you hold my hand
If I saw you in heaven?
Would you help me stand
If I saw you in heaven?
Eric Clapton

In this article we investigate the affordances of music listening during a parent’s grieving process following the loss of a child, and what these affordances may tell us about music and grieving processes more generally. The discussion is based on a narrative by Janne that is taken from a longer interview related to music experience as a mediating tool for emotion knowledge. Janne describes her reliance upon music at different stages in the grieving process and emphasises its relational aspects—that is, how she experienced the music as a process of ‘reaching out’ (or in) in the context of her chaotic ‘bubble of grief’. The interview was guided by principles derived from the hermeneutic-phenomenological tradition, and the present analysis draws upon this tradition as well but also integrates narrative theory and contemporary music psychology research. We then present the results in relation to theories of emotion knowledge, grief and receptive music therapy.

Introduction

Imagine yourself as a researcher, beginning ‘just another interview’: A while after the usual entrance question; “If I ask you to tell me about a music experience that is connected to rather strong emotions, what pops up in your mind then?” the interviewee says... “...when I lost my own child...”. Torill Vist, the interviewer in this case, was totally unprepared for such a devastating story, and the paper napkins on the table were regularly used by both interviewer and interviewee during the interview.

This story—Janne’s narrative of her grieving process after losing a child—was remarkably significant both in relation to the original research topic of the study

(music experience as a mediating tool for emotion knowledge) and in relation to narratives of music as a 'technology of the self' (DeNora, 2002). It in turn gave rise to the specific topic of this article: *What music listening can afford in a parent's grieving process after losing a child.*

Although the interview was part of a research project in music education (Vist, 2009), Lars Ole Bonde (when reviewing the project) recognised it as relevant also in the context of music therapy and music and health, and the two of us decided to investigate the text as a music and health narrative in its own right. The interview was conducted from a hermeneutic-phenomenological tradition, which also informed Vist's original analysis of it. In the present context, however, we also draw upon narrative analysis and theory (Gudmundsdottir, 1997; Polkinghorne, 1995), and we will discuss our results in relation to theories of emotion knowledge and competence, and also to theories of grieving and theories from receptive music therapy and contemporary music psychology.

Through one parent's grieving process and music's role in it, we also explore the broader context of how and why music experiences can be a source of comfort and consolation for people suffering from grief and loss. Before we present the narrative, then, we will review selected theories of grieving processes, including theories related to the potential of music listening as a resource for mourning. Then the narrative is presented and related to the theories through analysis, and finally the potential of music listening in grieving processes is discussed.

Theoretical Perspectives on Music and Grieving

Exploring how and why music experiences can be a source of comfort and consolation for people suffering from grief and loss, reveals an understanding of music as relevant to health. In World Health Organization's classical definition, 'health' is understood as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (WHO, 1946). Skånland (2012), among others, comments on this as "utopian and idealistic" and points to the "rare experience of no symptoms of ill health" (pp. 51–52). What is important is that health is not limited to the absence of physical or mental illness. It is related to what is good for us, and what promotes coherence and meaning in our lives etc. We agree with Schei (2009) that what is good for us encompasses a sense of coherence, meaning, safety, self-respect and self-acknowledgment. We also agree with Ruud (2010) that health is a resource and a process: "Health is to experience well-being and meaning in life" (p. 102).

In terms of music and health, it is the individual and contextual experience and appropriation of what the music affords that concerns us most here. Though the elements and qualities of music are relevant and significant aspects of this experience, 'music alone' does not suffice for our purposes and we will therefore include its interaction with an embodied, experiencing human being (Johnson, 1990; Vist, 2008). Of course, this interaction with music can be both experienced and described in various ways. Gibson's concepts of affordance and appropriation have been developed by DeNora (2002) for the empirical study of music in everyday life, seeing music experience as part of a broader context. We will also engage with concepts such as 'peak experience' (Maslow, 1987) or 'strong music experience' (Gabrielsson, 2001) as we gauge the transformative power of this experience. These intended interactions with music are—per se—not limited to any particular level of energy, genre or activity, but this article has a focus on music listening, as illustrated by the case narrative.

Music as comfort and consolation

People appropriate music for all sorts of purposes, and studies of everyday uses of music indicate its presence as an accompaniment to activities such as driving, running, cycling, working out, cleaning and dealing with other types of housework (DeNora, 2002; Sloboda & O'Neill, 2001). It is also well documented by now that music is used as a resource to regulate mood and behaviour (see, for example, Batt-Rawden, 2007; Batt-Rawden, Trythall, & DeNora, 2007; MacDonald, Kreutz, & Mitchell, 2012; Skånland, 2011). According to DeNora's (2002) research, one of the most important uses of music reported by her informants was to recall people they cared about. In this way they could remember the absent or deceased, "and, with these memories, emotionally heightened phases or moments in their lives" (2002, p. 63).

Musical contexts can encourage people to open up for emotions, but these contexts also afford and support the expression of strong feelings, including sadness, yearning and anger. In a supportive (musical) context, this expression is accepted as meaningful and positive, even if intense 'negative' emotions are involved (Skånland, 2011; Sloboda, Lamont & Greasley, 2009). Sloboda and colleagues' four overarching functions of 'self-chosen music use' are distraction, energising, entrainment and meaning enhancement, and all of them are documented in this article.

Grief and loss

Grief can be defined as a multifaceted response to loss. While this article focuses on the emotional response, grief also has physical, cognitive, behavioral and social,

and even spiritual and philosophical dimensions. In English, 'bereavement' generally refers to the state of loss, and 'grief/grieving' to the reaction to loss. Here, the focus will be on the grieving process and music's potential impact upon it.

There are many types of grief, and from the music therapy literature (see, for example, Bush, 1996; Kirkland, 2008; Smith, 1997) we can read about music's role in helping someone accept, live with or even overcome life's great challenges:

- grief related to the loss of close relatives (spouses, parents, children) and friends;
- grief related to personal illness and the loss of physical, mental or social function;
- disenfranchised grief (for example, the loss of a pet, a miscarriage or other losses not acknowledged by society as such);
- anticipatory grief or mourning (for example, when a relative faces life-threatening illness or dementia); and
- complicated grief (grief or mourning processes that get stuck or follow unexpected paths).

Normal grief is a process that unfolds over time and it includes certain stages, which Kübler-Ross (1986, 2005) identifies as follows: denial, anger, depression, bargaining, and acceptance. However, reactions to loss may follow many different trajectories, and often—especially in more individualised and emotionally controlled Western societies—grieving or mourning is replaced by resilience, which Bonnano defines as follows:¹

The ability of adults in otherwise normal circumstances who are exposed to an isolated and potentially highly disruptive event, such as the death of a close relation or a violent or life-threatening situation, to maintain relatively stable, healthy levels of psychological and physical functioning . . . as well as the capacity for generative experiences and positive emotions. (Bonnano, 2004, pp. 20–21)

¹ Bonanno also defines other types of reactions. *Recovery*: When 'normal functioning temporarily gives way to threshold or sub-threshold psychopathology (e.g., symptoms of depression or Posttraumatic Stress Disorder (PTSD), usually for a period of at least several months, and then gradually returns to pre-event levels'. *Chronic dysfunction*: Prolonged suffering and inability to function, usually lasting several years or longer. *Delayed grief or trauma*: When adjustment seems normal but then distress and symptoms increase months later. Researchers have not found evidence of delayed grief as such, but delayed trauma appears to be a genuine phenomenon.

Other relevant contemporary theoretical frameworks have been developed as well. Rando (1993) identified the six ‘Rs’—processes that must be completed successfully by the individual in relation to the deceased or lost person or function, and in relation to the self and the external world—in order for healthy mourning to occur. The first is to *recognise* the loss by acknowledging the reality of death and understanding what has caused it. Then one must *react* to the separation, experiencing the pain and feelings, and identifying, accepting and giving some form of expression to one’s psychological reactions to the loss as well as to the secondary losses that are brought about by the first. The third process is to *recollect* and *re-experience* the deceased and the relationship that was shared. The fourth is to *relinquish* the old attachments to the deceased and the old world within which they existed, and the fifth is to *readjust* to the new world without ever forgetting the old. Lastly, one must *reinvest* one’s emotional energy in other people, objects, pursuits, and so forth, so that emotional gratification can be achieved once again.

Stroebe and Schut (2012) developed a theory of the ‘dual processes of coping with bereavement’: loss orientation and restoration orientation. They suggest that avoiding grief may be both helpful and detrimental, depending on the circumstances. While other models centre on loss, the dual-process model, like Bonanno’s resilience model, recognises that both expressing *and* controlling feelings are important while introducing the new, dynamic concept of *oscillation* between coping behaviors over time.

Grief in relation to music and receptive music therapy

Music psychology literature includes descriptions of how specific music can be used when counseling grieving clients (Butterton 2004, 2007, 2008), and how music is used for mood regulation in everyday life (Davies, 2001; Skånland, 2011). The main conclusion of these studies is that music can indeed support and facilitate grief work in three ways: (1) by mirroring complex and difficult emotions in an embodied, non-verbal medium; (2) by enabling emotional catharsis; and (3) by evoking and stimulating multi-modal imagery as material for psychological exploration and interpretation. The first two ways, plus a handful of other functions, are illustrated in the case studies discussed by Ruud in the present volume.

Music therapists often work with people who are ‘angry or bargaining’ (using Kübler-Ross’s concepts), who are in ‘recovery or delayed grief’ (Bonanno, 2004), who need help with some of the six Rs (as described by Rando [1993]) or who are stuck in ‘loss orientation’ (Stroebe & Schut, 2012). Music educators might be confronted

with these issues as well. In Vist's study (2011b), interviewee Gunn describes a piano student she had for many years whose father had died in an accident:

Gunn: Every fall, her grandfather called me and asked if she could continue. I had to tell him the truth, that she didn't really make any progress. He answered that 'It does not matter as long as she can have you as her friend' (...) And then I thought that there were some aspects in the music that... Because... there will always be relations beside the music. (see Vist, 2011b, p. 334)

Anger and frustration or discouragement are often easily accessed and expressed in so-called active music therapy and in music education when the therapist/teacher and the client/pupil play and sing together. Improvisation and songwriting are often productive ways for the client to express his/her thoughts and emotions.

With regard to Janne's narrative, however, we will concentrate on grief work in receptive (rather than active) music therapy—that is, psychotherapy based on music listening (Bruscia & Grocke, 2002; Grocke & Wigram, 2007). Music listening in (receptive) therapeutic work with grief was described early on by the Australian pioneer Ruth Bright (1986), but the internationally best known and most richly documented receptive model is the Bonny Method of Guided Imagery and Music (GIM) (Bruscia & Grocke, 2002). From what we know, Janne did not have a music therapist, but several resemblances with the GIM tradition will be discussed in what follows. In a GIM session, the client is engaged in multi-modal imagery experiences that are evoked and supported by special classical music programs. The therapist acts as a 'guide' in an ongoing dialogue with the client about the imagery, while the music plays. When this 'music travel' experience is over, the client is invited to create a circle drawing (mandala) highlighting salient elements of the experience, and the session ends with a conversation about the ways in which the imagery makes sense in relation to the client's problem or focus. One of the most common GIM music programs is called 'Grieving', and grieving is part of most of the developmental and growth processes facilitated by GIM. Furthermore, the GIM literature includes studies with grief work as a specific target (Bush, 1996; Cadrin, 2009; Creagh, 2005; Kirkland, 2008; Merritt & Schulberg, 1995; Smith, 1997; Süselbeck-Schulz, 2006), some of which relate to the theoretical models described above.

GIM therapist Barbara Smith (1997) describes her work with clients suffering from unresolved grief. Based on the six tasks in Rando's model of uncomplicated grief (mentioned above), she in turn identifies the major problems involved with complicated grief (inhibited grief, delayed grief, distorted grief, conflicted grief and disenfranchised grief). These are problems of expression (often disguised as or

covered by somatic problems), skewed aspects of grief (persistent anger or guilt) and problems with closure. Smith demonstrates how music imagery in GIM can be used to uncover and heal hidden wounds in an embodied, non-directive and partly non-verbal treatment modality and concludes:

GIM is particularly useful in facilitating the resolution of complicated and disenfranchised grief because it mobilizes a complementary set of inner resources unique to the individual and constructively brings them to bear on the current situation. (Smith, 1997, p. 11)

In GIM, music and imagery comprise a therapist-supported means of exploring, expressing and transforming embodied emotions. In addition, though, music-evoked imagery "appears to form an important part of everyday music listening experiences . . . Music becomes an important means of 'thinking and being elsewhere'" (Herbert, 2011, p. 69). The case of Janne presented below illustrates how 'imaginative involvement' supported by music can be effective in grief work, either with or without the presence of a therapist.

Grief in relation to learning and emotion knowledge

In this text we use a wide definition of learning and knowledge that encompasses theoretical knowledge, practical skills and ethical attitudes (Hanken & Johansen, 1998; Vist, 2009).

Denham and colleagues (2003) define emotion knowledge as one of several emotional prerequisites to social competence and describe it as similar to emotional understanding. In this article, emotion knowledge includes any knowledge of/about feeling and emotion, tacit or conscious, intellectual or embodied, individual or social, useful or not. Vist (2009) has described emotion knowledge as emotion(al) availability, consciousness, empathy, understanding, reflection, expressivity, regulation and interaction, in turn. Moreover, the notion of emotion knowledge is informed by Stern's (1985/2000) theory of self, Saarni's (1999) theory of emotional competence and the rather cognitive theory of emotional intelligence devised by Salovey and Mayer (1990). The interviews in Vist's study revealed that emotion knowledge also can encompass knowledge not mentioned in these theories, such as knowledge that is not considered useful, observable or valuable by a certain learning culture (Vist, 2009)—increased knowledge related to anxiety, egocentrism or an almost 'autistic' state, for example.

In his theory, Biesta (2008) mentions three functions of education: qualifications, socialisation and subjectification. While the idea of qualifications concerns tasks of

providing people with knowledge, skills and understanding, socialisation has to do with the ways we become “part of particular social, cultural and political ‘orders’” (ibid. p. 40). Subjectification in turn relates to becoming a subject, or to “ways of being that hint at independence from such [socialisation] orders” (ibid.). Here we follow Biesta in endorsing all three as functions of education, but we also view all three as fields of knowledge or learning. Emotion knowledge and learning discovered through the processes of grieving certainly involve understanding and skills but are also connected to the functions—and knowledge—of socialisation and subjectification, pointing again to DeNora’s (2002) ‘technology of the self’.

Thus, learning and knowledge are closely related to body and action and extend well beyond the propositional and verbal domains. Both music and the body are relevant mediating tools for reasoning and learning (Johnson, 1990, 2007) and can thereby also afford valuable qualities in a grief process.

Method

This study’s hermeneutic-phenomenological approach views experience as reality while acknowledging the inevitable impact of interpretation upon it (Van Manen, 2001). The data material consists of a single interview with Janne that was both conducted and transcribed by one of the present authors (Vist). It represents one out of ten interviews for a larger study investigating music experience as a mediating tool for emotion knowledge (Vist, 2009). Given the present article’s focus on grieving processes and narratives, we have examined an excerpt from the interview via a new sequence of analysis.² In it, we combine the hermeneutic-phenomenological approaches of van Manen (2001) and Giorgi (1985, 1989) with another subset of qualitative research, narrative inquiry, which boasts a stronger focus on the stories that describe human action (Polkinghorne, 1995) and on the way they are experienced. Since the story/events is/are configured into a temporal unit by means of a plot by the interviewee, it must therefore be considered a paradigmatic-type narrative inquiry (ibid., p. 5).

The fact that the excerpt is taken from an interview focused on another topic influences the validity of its results but not necessarily in a negative direction. As mentioned, the interviewer was not prepared to hear the story Janne told, making the connection between music and grieving processes clearly expressed by the interviewee.

² Earlier phases of the project are discussed in Vist’s doctoral dissertation (2009, pp. 65–107).

Polkinghorne writes: "A storied narrative is the linguistic form that preserves the complexity of human action with its interrelationship of temporal sequence, human motivation, chance happenings, and changing interpersonal and environmental contexts" (Polkinghorne, 1995, p. 7). While the study's original phenomenological approach emphasised the experienced present moment and the notions of emotion availability, consciousness, reflection and understanding, a narrative perspective affords the researcher a better opportunity to see the timeline in retrospect, and, in turn, the relationships between the choices made, the events and the phases of the grieving process. It also enables the researcher to confront the data with the theory mentioned above.

One frequent (and relevant) objection to interview research is that the questions tend to lead the interviewee to reply in a certain way (Kvale & Brinkmann, 2009). However, as Kvale and Brinkmann claim, all questions are leading, and it is by and large more important to acknowledge the effect of a given question than it is to try to avoid leading the interviewee at all. Some obviously 'leading' questions may even improve the validity of the data, because they aim to clarify and verify earlier statements in the interview (these are called confirming questions). The excerpt presented below, in fact, starts with such a confirming question, though it leads from there to the unexpected story of Janne's grief. At the end of the following excerpt, the interviewer sort of 'limits' the possible answers by giving two examples. However, in light of Janne's response, this limitation seems to offer her more independence rather than less, as she chooses to elaborate upon what both of the examples might do rather than selecting one or the other, as prompted.

A Case Excerpt: The Narrative

In what follows, we will present the interview excerpt with Janne, which forms the narrative. Afterward, we will discuss the narrative, first in relation to music psychology and receptive music therapy and then in relation to music experience and emotion knowledge.

The interview was transcribed almost word for word, and thereby at the expense of otherwise polished prose. In our English translation, we wanted to remain loyal to the original, even when complete compatibility was not possible. However, the content, meaning and metaphors in use here forced us to make some choices in favour of clarity over word-for-word correspondence. In the following presentation, '(. .)' indicates parts of the interview that were left out, and '[]' indicates that both

participants were talking at the same time. Parentheses around words—such as '(your child)', for example—indicate that names have been redacted to preserve anonymity. Because the complete interview was divided into meaning units, codes such as '(M37)' indicate various sections' numbers and places in the interview.

T: You have said that you manage to express emotions in a different way through music, that you think, that you become conscious of these feelings.

Janne: Yes.

T: I would like to dig a bit deeper into what you say about thinking when you sit and listen to music. You think about life, and you learn something about yourself, that's about what you said.

Janne: Yes, you learn about yourself, you think about what has happened—because I have experienced quite a lot throughout—that you dare to confront the feelings you had that time. There is something about that too. Because it is actually frightening [

T: [You think those feelings are frightening?]

Janne:] Yes, they are frightening, losing your child produces frightening emotions. (M32)

(...)

Then you have the music turned on, and you think back again, and you have to be alone, and then, well . . .

T: Do you experience that you have acquired other tools for handling those feelings through music? I am particularly thinking about what happened to (your child)—those feelings would be completely unbearable for most people.

Janne: Yes. (M33)

(...)

Janne: For one thing, I'm usually in a rather good mood; I can laugh at most things. In that way, I'm laughing instead of crying, but being alone with the music, I can let the tears fall, right. (M34)

(...)

T: It may be difficult to describe, but what did you learn then, about yourself, about your emotions, when your child died?

Janne: That everything turned into chaos. I didn't understand anything. Everything inside the house was just chaos, totally blacked out. I could look outside (...) the neighbours went to work; I could not understand how they did it. I did not understand how they managed to go ahead and go to work.

Of course, this did not happen to them, but to me, the world had completely gone to (...)

T: But what role did the music play in such life circumstances?

Janne: Then certain songs came. I really like (a dance band)—they have a lot of music that is easy to grasp. You slide right into it, you don't need to ruminate—it just slides right in. And then you remember—it is particularly one song; the tape is ruined now—she sings about losing her boyfriend(...) and he takes his final farewell, and you hope it could wait till the next day. And you want to see (your child) once more, just once more—you don't manage to let go, but you have to.

T: Was it a bit like that when (your child) died too?

Janne: Yes, the day (my child) was buried, it was so final that (...)

T: Oh, dear.

Janne: That day would come anyway, even if you postponed it, even if you wanted to see (the child) once more, there was no other way. (M35)

(...)

In this respect, the music has a lot to say, as a help to remember (the child), which makes me feel good. You are laying down, looking at the pictures, listening to nice music. Right afterwards I could not do that, but now many years have passed, and you get a different . . . you'll never get over it, but you get another relation to it. You remember your child in a nice way. Yes. Not only sad. You do also remember in a nice way. (M36)

T: But there are so many claiming that music strengthens the emotions that are already there (...)

Janne:] Oh yes, oh yes.

T: In this context, we are talking about grief, after all, but still, you say that music helps you remember in a nice way? Does the music almost help you to contain the sorrow, or to be less mournful, or what?

Janne: Both. You need both to let out the sorrow, and to remember. There you have the sorrow, and there you have the good memories. That you can change between them, that it is not dangerous to change between them. (M37)

Analysing the Music Experience in the Grieving Process

The introductory meaning units (M32–34) and the closing units (M36–38) reveal that this traumatic event happened some time ago, long enough to make Kübler-Ross's (1986, 2005) acceptance stage and several of Rando's (1993) stages relevant for the present analysis. Normal grieving processes before acceptance, according to Kübler-Ross, can include denial, anger, depression and bargaining. This core narrative (M35) begins with a description of the very first phase, though Janne does not characterise it as 'denial'. She describes this phase as chaos—frightening and incomprehensible and lacking coherence, meaning and safety, following Schei's (2009) description of the important aspects of health. We might further argue that, in this phase, any grief is 'complicated', in the sense of Smith (1997), given the challenges accompanying its expression, the skewed emotions, and the utter impossibility of 'closure'. When this phase persists a long time, it is described as 'complicated grief'.

Janne goes on to report an important change in her grief process when 'certain songs came' (M35) that afforded her 'imaginative involvement', as described above in relation to GIM. It appears that the music was able to ease her out of her chaotic bubble, but *it* approached *her*, meeting her where she was, rather than the other way around. In a world that seemed meaningless, she felt acknowledged by the music, which afforded some sort of meaning to her. It may even be that she embraced the music or lyrics because the artists expressed her thoughts and emotional state in a familiar and therefore satisfying way. After reaching her where she was, the music helped Janne 'out' into the world again (Vist 2009).

In this way music takes the role of a (co-)therapist or caregiver via a kind of 'affect attunement' (Stern, 1985/2000; Bonde, 2007), whereby music becomes a transitional object (Winnicott, 1993). Elsewhere in the interview, in fact, Janne explicitly describes the music as a therapist (Vist, 2009). This specifically evokes Smith's (1997) explanation of how music imagery in GIM can heal hidden wounds through an embodied, non-directive and partly non-verbal treatment modality by mobilising a complementary set of inner resources.

Later on, Janne's music experiences also helped her through the depression phase by mirroring her sorrow and emptiness from the first chaotic days. While the song lyrics she mentions describe the final farewell of a girl/boyfriend, Janne transferred them to her own experience of saying goodbye for the very last time: 'You don't manage to let go, but you have to'. Looking back, she concluded that music was important to her process of recollection and retrieval as well as her process of letting go: 'You need both to let out the sorrow and to remember'. Over time, music gave her experience meaning and helped her to handle it.

In relation to Rando’s (1993) six Rs, it appears that the music (and the lyrics, in this case) represented a non-threatening means of recognising her loss and experiencing the pain (at times, in fact, the music even made her sadder). Furthermore, playing music (and looking at photographs) comprised a medium for recollecting and re-experiencing (Rando’s phase 3) the deceased via music’s particular affordances for memory work. Interestingly, Janne did not say anything about this particular music being important when her child was alive—this is not a ‘Darling, they are playing our tune’ phenomenon (Davies, 1978). Regardless, though, the music helped her remember her child, express her emotions, and make her emotions explicit.

Relinquishing the old attachment is Rando’s fourth recovery process, and here Janne connects it to the fifth process as well—readjusting to a new world without forgetting the old. ‘There you have the sorrow, and there you have the good memories’, she noted, as if these emotions were located in separate places in her body as well as in the music. As Ruud (2011) observes, we recognise ourselves in the expression and can sort out sadness from anger, fear and frustration.

In GIM, then, music is used to explore, express and transform embodied emotions in an altered state of consciousness. It is a common clinical observation that anger covers (or is followed by) sadness, the latter being the fundamental emotion in the imagery experience. Research in emotional development, in turn, reveals that children first become aware of happy and sad feelings (Camras & Allison, 1985; Denham, 1998), whereas it is hard for them to separate sadness from anger. Trehub, Hannon and Schachner (2010) confirm that even four-year-olds can identify sadness and happiness in music (but still may confuse fear and anger). As adults, however, we are able to distinguish these emotions better in music than in life, and, in turn, it might be correspondingly easier to *learn* to distinguish them in ourselves using music.

In the interview, Janne also talked about her grandchild in a way that illustrates Rando’s last process of reinvesting in other relationships. She describes how she now sings for her grandchild and how much this means to her. She actually brought this tradition with her from her own childhood:

T: What did it do to your relationship with your father, would it have been different if he had not sung (. . .)?

Janne: You got a lot of physical contact because you sat in his armpit and in his lap, wherever you managed to get close to him.

T: Did you do that more often when he sang?

Janne: Oh yes!

T: Was it more accepted to sit in his lap when he sang?

Janne: Yes, it was [laughs], it was time to be cozy. (. . .) That's what I feel today too—time to be cozy. When I hear nice music, it is cozy. (See also Vist, 2009, p. 280)

Although music played an important role in her dramatic grief experience, Janne was still able to think about music in relation to a 'time to be cozy'. Music helped her carry on with her life during and after a traumatic situation, but later on it remains a part of her daily life, even (or especially) in terms of the experience of sharing music within a child-adult relationship.

Analysing Music, Grief and Emotion Knowledge

Janne described the total confusion and chaos of the first phase of grieving ('I didn't understand anything'), when one's situation is so full of pain and shock that it inhibits learning/knowing. So how can such a situation stimulate emotion knowledge? Though the function of the music experiences she presents above is primarily therapeutic and health related, we can also discern processes related to learning and knowledge. The transition between health/therapy and knowledge/education is evidently fluid, and it is perhaps useful to see music as a tool for the regulation, maintenance and development of both aspects of existence. Recognising, reacting, recollecting, relinquishing, readjusting and reinvesting (Rando 1993) all process grief but also lead to new knowledge. Applying the abovementioned eight categories of emotion knowledge (Vist, 2009) to Janne's narrative, we may be able to see how this is so. *Emotion availability* can be understood as an embodied awareness of emotion, or as the opposite of the denial or rejection of emotion. In Vist (2009, p. 272), emotion availability is primarily understood to be something we already have that music can help us sustain. However, Mayer and Salovey (1997) include our ability to stay open to feelings in their 'reflective regulation of emotion' category, thereby defining it as a rather advanced mental level of emotional intelligence. And indeed, when Janne said she thought about life and learned something about herself while listening to music, she used the phrase 'dare to confront the feelings', confirming Mayer and Salovey's position. She also claimed that it was frightening, revealing the temptation of denial. Ultimately, though music is able to 'strengthen the emotions that are already there', she also finds that music experiences helped her open up to the emotions 'in a nice way'. Music allowed her to both contain and handle her powerfully conflicted emotions, so that it was 'not dangerous to change between them'.

Here, then, we enter *emotion consciousness*. Janne also explicitly confirmed that music made her become more conscious of these feelings, even in a cognitive and intellectual way. With this new consciousness or awareness, she was able to think about what happened and learn something about herself, thereby generating *emotion understanding*. The music had ‘a lot to say’; it helped her ‘to remember’, and though it intensified the emotions that were already there, it did so in this beneficial way. In effect, it helped her create meaning both within and about her emotional state. We see this insight in what she reported about needing both sorrow and remembrance, as well as the ability to switch between these modes. By not experiencing this as frightening (M37), she even reveals an important emotion understanding related to grief. We have thus come a long way from the total and meaningless chaos of the grief’s first phase, described in unit M35.

New understanding in turn occasions *emotion reflection*, through both mirroring and thought processes. Using music to remember the child in a good way, that is, can be seen as a kind of emotion knowledge. Janne seemed to develop the ability to reflect upon her grief, one that was related to her particular music experiences and to music itself as a place to straddle and move among sad and joyful memories.

Elsewhere in the interview, Janne claimed that she did not usually *express* all of her emotions in front of people, but that when she was alone with the music, she could cry (Vist, 2009). We don’t know if the dialogue with other people was replaced with an inner dialogue during her music experiences, but she did come to view music as a therapist and music listening (alone) as a place to ‘let go’ and express her various emotions. The intellectual aspect of her emotion reflection, then, was generally overshadowed by the musical affordance of expressing herself. Stige (2003, pp. 307ff) describes a similar situation where the song ‘Lykkeliten’ helped someone accept the loss of a child,³ a loss that was previously denied or locked out. Batt-Rawden’s (2007) interviewees also confirm the value of emotion reflection and especially expression: “[T]o play sad things for people when they are grieving helps them and it helps sharing and that there are other people there with you . . . you put things into perspective and work through it” (p. 126).

Emotion empathy as emotion knowledge is not in the forefront in the present narrative, which involves Janne alone, though aspects of empathy inform her description of her music experience as the ‘songs came to her’. For Stein (2004), music is important to grieving processes because it mediates ‘self-empathy’, especially when close relations fail to help or support in other ways. Listening to music, then, “is a

³ In the song, a child named Lykkeliten (Happylittle) was born ‘when all the stars were lightened’, as a sign of happiness in life.

creative internalization of the properly attuned and regulated self-other interaction” (p. 807). Music wakens, Stein continues, an internalised other and acts as an object that changes but also *answers* and *reflects* the grieving person’s expressions, facilitating “a restitutive transformation of internal experience and affect; we feel held, understood, consoled” (ibid.). Through such reflective musical meetings, Janne too developed self-empathy and understanding, in turn improving her self-efficacy, which was necessary to starting life over again after losing her child.

Here, then, we are already talking about *emotion regulation*. Just as music helps us in the vitally important expression of our emotions, it also helps us regulate our emotions and develop an awareness of the importance of this ability. Stroebe and Schut, as well as Rando, emphasise that both expressing and controlling feelings are equally important to healthy grieving, and Janne indicated the same thing by moving between her joyful and sad memories. Other studies (Laiho, 2004; Skånland, 2012; Vist, 2009) show that music helps us in both expressing and regulating our feelings, thereby satisfying our need for the ‘oscillation between coping behaviours’. Saarni (1999) writes, “Emotional competence entails resilience and self-efficacy” (p. 2). While this seems like too much to hope for after a tragedy like Janne’s, she does display a form of flexibility that is a well-known property of self-efficacy in her interchange between sad emotions and good memories. Music experiences became a tool to help her handle her immediate crisis and develop grieving strategies beyond the present moment. In retrospect, then, the main findings of previous related studies are confirmed by Janne: music can support and facilitate grief work by mirroring emotions in an embodied, non-verbal medium, by enabling emotional expression and catharsis, and by evoking and stimulating multi-modal imagery as material for psychological exploration and interpretation. In Janne’s case, of course, she activated these functions herself; the process was not mediated by a therapist.

The last category of emotion knowledge is *emotion interaction*. As mentioned, Janne was alone with her music, at least in the descriptions in this narrative. Ruud (2011) describes how music helps people come together to search for affiliation and strength in the community and in relationships when confronted with grief and tragedy. This particular case does not confirm or reject such an affordance in music, though Janne’s description of her interaction with music is clearly relational. Certain songs came, and they came *to* her, comforting and helping her like a human being, or, as she said, like a therapist. Thus, one of the important affordances of the music, also in this case, is the one of becoming a comforting, empathic and supporting “person” or transitional object (Winnicott, 1993).

Discussion

In what follows, we will address how Janne's narrative can be related to a social perspective on music and grieving; a music perspective on narratives and health; and finally a music perspective on catharsis and resilience.

Music to ease pain and sorrow: a social perspective

As Janne's narrative confirms, "Music can be employed by the ego in its adaptive reorganizational response to loss" (Stein, 2004, p. 806). Writing in relation to 9/11, Stein continues: "Our relationship with music fosters a restructuring of emotional experience, especially during periods in which trauma and sorrow have created a world experienced as fragmented, disorganized, isolating, distemperate or monochromatic" (p. 807). Both this world experience and the consequent restructuring of emotional experience appear in the emotion reflection and knowledge that informs Janne's story.

If enhancing meaning is an important part of the music experience, parts of the music 'therapy' that occurs during the grief process will happen during the development of meaning and knowledge that results. As Janne indicates, music can reflect our lives and emotions and thus become a technology of self in relation to our well-being and health.

After the acts of terrorism that took place in Norway on 22 July 2011, the Norwegian people have had to recover from trauma, and music has played a part, individually *and* collectively, in this process.⁴ In his reflections upon these horrible events, Ruud (2011) notes that music has been concretely comforting, relaxing tense bodies and relieving pain, and figuratively comforting, helping the Norwegian people to express and work through their many emotions. At the same time, music contained a seed of transformation, hope and (willingness to) fight. The mirror afforded by music gives people the license to recognise how grief and anger takes over and then departs the body.

⁴ In the first phases of shock and grief, Ole Paus's 'Mitt lille land' [My small country] and Nordahl Grieg's 'Til ungdommen' [For the youth] were used in funerals as well as performed in many concerts. During the spring 2012 trial, both anger and acceptance were expressed in the gathering of thousands of people to sing 'Barn av regnbuen' [My rainbow race] by Lillebjørn Nilsen. The singers claimed 'victory' by 'recapturing' the song from the terrorist, who had used it to support his extremist convictions.

Narratives and health

“Being aware of oneself, and later, being aware of our own stories and narratives about us, is the essence of identity”, writes Ruud (2010, p. 40). From this perspective, health not only influences our identity but also becomes part of it (Vist, 2011a). Here, we will further claim that our narratives also become part of our identity.⁵ We create meaning by telling stories, making narratives that are framed by both culture and context in order to shape our identity and make our emotion knowledge more explicit. Bruner (1987/2004) claims that such life narratives reflect the prevailing theories about ‘possible lives’ that also inform one’s culture, and these prevailing theories always encompass music, as well as, for example, a given culture’s accepted ways of experiencing music as a ‘possible tool’ or ‘possible technology’ for handling grief (or life in general). In turn, our culture’s rules for these self-narratives have the power to shape our music experiences, thereby also organising our memory and the understanding we have of ourselves. To a certain extent, then, we *become* our narratives about ourselves, and about how we experience music, grief and health.

Cohen (2001) looks at music’s contribution to the emotional aspects of film through a list of eight ‘functions’ with interesting parallels to music in narratives and the process of grieving. In film, music (1) masks extraneous noises, (2) provides continuity, (3) directs attention to important features, (4) induces emotion, (5) communicates meaning and furthers the narrative (especially in ambiguous situations), (6) becomes integrated with the film through associations in memory, (7) heightens absorption or strengthens the feeling of reality, and (8) increases the aesthetic qualities.⁶ These functions also appear in Janne’s narrative. Besides masking extraneous noises (1) literally and psychologically, the music provided continuity (2) between the moments where Janne could ‘be in’ her grief, directing her attention (3) towards the child she lost and re-inducing the emotions (4) that are naturally related to the grieving process. Also, for Janne, the music communicated meaning (5), not only in an ambiguous situation but also in the complete chaos of the first phases of the grieving process. She clearly demonstrated that the music had become integrated (6) with her narrative *and* her grief in her description of the song lyrics, which ended up being a description of herself. The music also became a part of her history/narrative and strengthened the memories of this real story (7), and it increased the ‘aesthetic’ qualities, giving even this brutal situation a kind of harmony or even beauty (8). Most

⁵ This would include, for example, the anthology contributors’ personal narratives on music and grief, presented at the end of the present volume.

⁶ This list also resonates well with Sloboda, Lamont and Greasley’s (2009) four overarching functions of ‘self-chosen music use’: distraction, energising, entrainment and meaning enhancement.

importantly, this increased meaning, harmony and beauty encouraged thinking and reflection during her grieving and made it, as she put it, easier to remember the child in a good or nice way.

Catharsis and resilience

Music is expressive—of joy, anger, grief and other emotions, and when we identify with the emotion or mood there, we may experience catharsis, first acknowledging the emotion, then feeling its actions and placement in the body, and finally allowing ourselves to express it—in movements, tears or sounds. Lastly, we might recognise and identify the emotion and what it meant to us to express it.

In this article we have discussed Bonanno’s (2004) resilience model in the context of the proposition that both expressing and controlling feelings are important. In the West, society applauds resilience—that is, the ability to withstand a flood of emotions and stay calm—but pure resistance (‘chronic resilience’) is not always a healthy coping strategy. Bonanno’s concept of resilience is dynamic, however, and it underlines the importance of allowing for the oscillation between coping behaviors over time (see also Saarni, 1999, and Stroebe & Schut, 2012). This is very well illustrated by Janne, who experienced catharsis through a non-pathological and non-clinical process of music listening. She developed dynamic resilience and emotional knowledge at the same time. While the music therapy literature documents how dynamic resilience can result from a therapeutic process such as GIM, where music is the ‘co-therapist’, Janne’s narrative indicates that music can also be the primary or only ‘therapist’ in a grieving process, an example of what Ruud, in his contribution to this volume, calls ‘lay health musicking’.

Conclusion

In this article, we have investigated what music listening can afford during a parent’s grieving process after losing a child. Janne’s narrative, supported by selected music psychology and music therapy literature as well as theories and research from fields like emotion knowledge, revealed the range of music’s impact upon her own recovery. We followed her through the first, chaotic phase of her grief to the day when ‘certain songs came’ and reached her inside her chaotic bubble, filling the role of a (co-)therapist or caregiver in a way that evoked at once Stern’s affect attunement, Winnicott’s transitional object and Smith’s healing imagery in GIM.

Her music experiences also helped Janne in the grief phase of depression, mirroring her sorrow and confusion and representing a non-threatening means of recognising her loss and experiencing her pain. Music also established a medium for Rando's phase 3 of recollecting and re-experiencing the deceased. Rando's phase 4 and 5 were closely connected here; readjusting to a new world without forgetting the old, Janne stated, 'There you have the sorrow, and there you have the good memories'. As in the GIM process, Janne used music to explore, express and transform embodied emotions. When Janne talked about her grandchild, she also exemplified Rando's last phase of reinvesting in other relationships. Though music played an important role in Janne's dramatic experience of grieving, she still thought about it as a 'time to be cozy', and the specific experience of sharing music in a child-adult relationship was something she wanted to pass on to the next generation.

Janne also described processes of learning and gaining knowledge in line with Vist's eight categories of emotion knowledge. Janne said that her music experiences helped her open up to the emotions 'in a nice way' (M36), meaning that the music afforded (emotion) availability. Janne also confirmed that music made her become more aware of her feelings, and that through music she thought about what had happened and learned about herself, transitioning from a focus on consciousness to one on understanding and reflection. Janne reported that when she was alone with the music, she could cry and otherwise express her emotions, so that the music became a therapist as well as a tool for regulating emotions. While empathy as emotion knowledge was not prominent in the present narrative, Janne did describe aspects of self-empathy, and her experience was clearly relational. Hence, the findings of previous studies were both sustained and exemplified in the narrative: music can support and facilitate grief work by mirroring emotions in an embodied, nonverbal medium, by enabling emotional expression and catharsis, and by evoking and stimulating multi-modal imagery as material for psychological exploration and interpretation.

In our discussion, we looked at how Janne's narrative might also be related to a social perspective on music and grieving. If the music reflects several people's emotions and in turn becomes a tool for both communication and thinking, it could prove very relevant to the well-being and health of a group or even a nation. After the actions of terror in Norway July 22nd 2011, the Norwegian people experienced that music can be given an important place in the grieving process, individually *and* collectively. We further discussed how narratives like Janne's become important in relation to identity and health. Narratives become part of our health, shape our identity and make our emotion knowledge explicit. This underlines the importance of a given culture's accepted ways of experiencing music as a 'possible technology' to handle grief, or life in general, and further that the culture's rules for self-narratives have power to shape

our music experiences. To a certain extent, we *become* our narratives about ourselves, and about how we experience music, grief and health. Finally, we related music to catharsis and resilience, agreeing that both expressing and controlling feelings are important in the context of 'lay health musicking'.

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Music, Grief and Life Crisis

Even Ruud

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.

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Musical Performance as Health Promotion: A Musician's Narrative

Gro Trondalen

A musician has a wonderful profession: playing the instrument she loves, whether alone or in an orchestra, as a teacher or as a solo performer. Of course, performing on stage demands long hours of practice. Audiences can be fickle as well, and a performance judged as lacking by either critics or the general public can influence both the personal and the professional life of the musician. Working as a freelance musician, one is being at the critics' mercy. Still, some musicians perform for their whole lives because there is simply nothing better. The audience receives, and the audience gives back; the musician finds or makes meaning based on the simple principle that music *is* life. Many musicians pay a price—no pain, no gain—both in the body and in the psyche. Yet most play on and even discover the personal health benefits that musical performance can provide.

In what follows, I will present an interview with an internationally renowned musician whom I address via the pseudonym Rose.¹ Our discussion revolved around one main question: How has your musical life story evolved throughout your career as a musician? The present article uses this dialogue to engage with aspects of musical practice that, despite their demands, increase a sense of personal wellbeing and fight depression and disease.

I will begin by introducing some theoretical aspects related to musicians and the art and craft of playing music. I will then present excerpts from the interview related to the general proposal that the love of music mobilizes one's will power to perform live for an audience, because musical performance itself promotes personal wellbeing and offers an aesthetic experience to the listener. The interview was a

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). My thanks go to the participant who gave her informed consent. I have chosen not to disclose the instrument in question, to help preserve the musician's anonymity.

semi-structured one, and the following data analysis constitutes a starting point for a hermeneutic-phenomenological engagement with the material (Smith, Flowers & Larkin, 2009). Later, the emergent themes are collected into conceptual patterns, to which reflections are linked. A brief closing discussion is offered, before some words from the musician herself.

Musicians and Health

Research on the scope and nature of the medical problems confronting musicians ('performing arts medicine') has increased rapidly since the late 1960s (Wynn Parry, 2004, p. 41). Today, there is literature focusing on performance anxiety, physical injuries such as noise-induced hearing loss and nerve entrapment, and simple stress, among other things (see, for example, Buller, 2002; Esplen & Hodnett, 1999; Jabush, Müller & Altenmüller, 2004; Kenny, 2006; Kenny & Ackermann, 2009; Sternbach, 1993; Taborsky, 2007; Williamon, 2004; Zuskin et al., 2005). In addition, there is an increasing amount of literature focusing on music therapy in the context of musicians and performance, including both expressive and receptive approaches (Grocke, 2005; Maranto, 1989, 1994; Martin, 2007; Montello, 1995; Montello, Coons & Kantor, 1990; Rider, 1987; Trondalen, 2011, 2013).

A comprehensive survey from 1997 of the members of fifty-seven orchestras worldwide studied the physical, psychological and pedagogical factors that might affect the performer. The results were consistent: 56 percent of the musicians reported that they had suffered physical pain within the last year, and 34 percent experienced pain more than once a week. Up to 19 percent had suffered from pain that was severe enough to halt a performance (James, 2000, in Wynn Parry, 2004, p. 42). On the other hand, most musicians report overall satisfaction with their jobs and, assuming a minimal level of mental and physical fitness, respond as most other people do to standard medical intervention (Wynn Parry, 2004; Willis & Cooper, 2006).

Musicians' health challenges are most often met with physiotherapy/psychomotor therapy and/or medical treatment, which often require drug intervention (Maranto, 1994). However, there is growing interest in a departure from the *krankheitsorientiert* (Spahn, 2009, p. 27) approach, which focuses on diagnosis, in favour of a more resource-oriented approach that emphasises health promotion and preventative interventions for musicians (see, for example, Joukano-Ampuja, 2009; Martin, 2007; Sparre, 2009; Trondalen, 2011, 2013). With this in mind, many music training programs now address ancillary subjects like performance physiology and preparation.

The most important aspect in these settings is the activation of musicians' personal resources through strategies and techniques for preventing illness and supporting musical development (Jørgensen & Lehmann, 1997; Manchester, 2007; Palac, 2005; Roland, 1998; Williamon, 2004).

As we will see below, musicians tend to go on playing despite documented health challenges that can be either physical or mental in nature. This may be because the problem is also the solution: though music performance takes its toll, the musician also benefits from music as a means of self-care and even comes to use it to regulate and improve health and develop personal strength, professional identity and creativity (Quentzel & Loewy, 2012a, 2012b). Health is a term with many layers. In western society today, health is more often linked with quality of life connected to individual, collective and social ways of living, rather than focusing on sanitary conditions and the fight against contagious diseases carried out through history (Sigurdson, 2008).

In this text, health arises from the *relationship* between our physical/mental condition and our sense of existential wellbeing. Health ought not to be understood as a category but as a continuum, wherein bodily functioning profoundly influences our mental state of being and vice versa. In addition, the existential aspect of health is linked to human existence, including its cultural, political, reflective, religious and social dimensions (ibid.). E. Schei, with reference to the philosopher van Hooft, points out that human beings must process their circumstances and experiences by applying their self-awareness within a narrative structure (van Hooft in Schei, 2009). We have a fundamental need to create a sense of coherence in life via a superior philosophy of existence, and therefore the lack or loss of health can be experienced as a threat to our existential being, not at least to a musician (Buller, 2002; Schei, 2009; Zosso, 2010).

A Musical Story of Well-Being: My Instrument, My Love

Rose first engaged with a musical instrument at the age of nearly fifteen, when she began piano lessons; at the same time, she was introduced to sheet music and scores. She recalls, "I knew intuitively how to read the music". This feeling was very different from her experience with reading the alphabet, which seemed harder. "It was as if I knew this musical language . . . this is a language I've understood from the beginning", she says. In only a few months, she was performing Beethoven, Chopin, and Schubert on the piano and making plans for her musical education. She passed the entrance test for a music institution, even though she "never felt good [that is, talented] enough". (Many years later, she realised, to her astonishment that people had thought of her as

a prodigy.) She undertook professional music training and spent many hours at the piano. At the age of twenty, she received a steady position as a professional musician in a symphony orchestra.

Rose was introduced soon afterward to her second instrument, which later turned out to be *her instrument*. She played both instruments until her first child was born, after which she ‘fell in love’, as she puts it, with the latter. Rose studied with internationally renowned teachers, attended master classes, won international competitions, and ordered or was given music composed especially for her. She performed this newly composed music with orchestras and sometimes as solo recitals.

When I hold my instrument close, I am embracing my love. My instrument is my love. I have been very faithful to my instrument my whole life . . . When I am touching my instrument, I’m sometimes just sitting there smelling it. It smells like flowers. It is as if I can smell a whole flowery meadow . . . My instrument is fantastic and I can feel it in the whole body . . . I do not socialise so much, so to me, my instrument is ‘my everything’. It is my real life, now more than ever—certainly since I had my disease.

More than half a century later, Rose’s love for her instrument is stronger than ever. It is a love for a lifetime.

Reflections

For some musicians, it takes a long time to establish a ‘love relationship’ with their primary instruments, but this was not the case with Rose. She described a very strong connection to her instrument right away, and it soon became intertwined in her identity as a musician.

Most musicians are proud of their personal instrument (and celebrate its form, sound, shape, color, ability to express things in music and so on) and share themselves with this ‘friend’ through hours of daily practice (Trondalen, 2011). These instruments have diverse connections to the musician, including the following: (a) a means of personal expression, (b) a referent to an affect/quality, (c) an extension of the human body itself, and (d) a symbol carrier at a variety of levels. Accordingly, music instruments are linked to personal identity. Here, I will frame identity as an interdisciplinary construct that is connected to self-in-context and that relates to both an individual and a relational perspective (Ruud, 1997; Stern, 1985/2000; Thorsteinsson, 2000). Music and identity, of course, are connected in different ways. Even Ruud has collected narratives about musical life stories for nearly three decades, and he finds one’s

musical identity to encompass different spaces, or 'rooms' linked to personal, social, transpersonal, and time and space dimensions of life (Ruud, 2003). Also Rose's story shows many 'rooms', as Rose's joy of playing an instrument and receiving recognition for it (and even the grim satisfaction of dealing with the opposite) represent powerful potential cornerstones of her identity as a musician.

Music Itself as Life, Music is My Life

Rose tells she has always been emotionally affected by music.

Music means everything . . . I remember I turned on the radio, and it was Beethoven's seventh symphony, second movement. I lay on the floor and cried and cried. It's the same today—tears are pouring. I am so touched by the music.

Rose's personal motto—"I have always followed my inner voice"—has led her to a life of embracing *music itself as life*. Interestingly, she reports that she works so hard on musical performance and teaching that she rarely has time to actually listen to music, except when she hears other musicians in concerts or when she is traveling:

I was driving in my car and I put on the radio, and then came this music. I had to stop. I just started to cry.

In her experience, people are touched by music, and more people should open up their inner selves to truly hear it.

Reflections

A musician's long-term relationship to music allows her to relate and commit to an environment that is filled with it, and she seems to be more sensitive to music and respond more intensely to it than non-musicians, thanks to her training (Maranto, 1989, p. 278). This seems to be the case with Rose as well. In other studies, however, musicians have stated simply, "Music IS my life", and, more reflective, "Passion is the driving force . . . the pain is the hourly rate" (Trondalen, 2011, p. 114).

Utter absorption in music can lead someone to transcend time and space, whether she is playing it (Clark, 2002) or listening to it. Such 'peak experiences' (Maslow, 1962)

or ‘strong experiences’ (Gabrielsson, 2008) can change lives. Some experiences are grounded in the body; others involve the imagination (Bonny, 2002; Bruscia & Grocke, 2002). The music can arrive as a gift and leave behind a feeling of encountering or being connected to something greater than oneself (Trondalen, 2007, 2012).

Allowing oneself to be nurtured through music can also be a way to combat stress and facilitate a personal renewal process—music can prevent burnout, support personal self care or strengthen personal identity (Richardson-Delgado, 2006; Ruud, 2003). One also carries these music-related benefits forward into later situations, where they can prove useful yet again (Stern, 1995, p. 94).

Mobilising Personal Will Power through Music

Rose says that she loves to play her instrument, and that playing changes her:

When you are playing, you are not occupied with your self-esteem at all . . . When I am playing, I am a heroine. I can play for ten thousand people and everything works out nicely. But I find it hard to go to a cinema, or to a party—I am afraid I am going to faint or something. It’s crazy.

She is facing a lot of physical health problems. She has gone through several surgical operations, has been diagnosed with a life-threatening disease and has had a somewhat unsuccessful operation on one arm that still gives her problems, and some pain, when she plays her instrument. “I manage to play at concerts due to my strength of will”, she says:

It is stunning how the body mobilises when you have to play and perform, even though the ‘floor opened in front of me’ when I was given my diagnosis . . . While I am practicing, I do not manage the way I would like to with my playing, but I summon all my strength for a concert and it works! It is like when I am struggling to open a corked bottle or a screw cap and I can’t manage it due to my weak arms. It’s quite incredible at a concert—there I mobilise a strong will power and the right technique, and *it works*, here and now.

Reflections

The pleasure and satisfaction from playing one’s chosen primary instrument are indisputable (Ostwald, 1992). Nevertheless, sometimes, injures and mental state of

mind can threaten a musician's entire career and jeopardise her economic stability (Quentzel & Loewy, 2012a), as Rose also has comments upon in the interview.

Another point made, is the constant feeling of stress, as the musician often experiences. M. Fishbein and S. E. Middlestadt (1988), for example, found that stress is not related to the gender of the musician but is strongly related to age and to the given musician's position within the orchestra (soloists experience the highest levels of stress, for example). Stress factors are also related to experience, performance setting and musical instrument—like soloists, members of small orchestras report more anxiety than members of large orchestras, and brass and wind players, who are more exposed, report more anxiety than other instrumental groups. It appears as though Rose was able to bond to her positive stress, or *eustress* (Selye, 1975), as opposed to her negative stress, or *distress*, and connect it to a sense of meaning, hope and vigour—the performance then came to function as an incentive, of sorts, to go on living. Strong personal will power and the ability of being able to live with stress, seems to be an asset to the musician, as many have reported: “I like to perform, the tension, every day is like an audition . . . I like living on the fringe” (Trondalen, 2011, p. 116).

The Healing Power of a Musical Performance: A Turning Point

Rose was very ill for a long time. At moments, she did not believe she would be able to be “a *musician* again, not for real—just some amateur”. Months passed while she was confined indoors: “It was my body *and* my soul, closed within my house. It was bad”. Luckily, she was able to turn everything around by relying heavily on her instrument and the performance of music. She recalls:

I was invited to participate in an opera production. None of my pupils were able [to do it], so I had to follow my ‘inner voice’ to go to that place . . . I started to practice again, with tremendous effort and a lot of physical pain.

She describes the opera performance as a momentous occasion:

The fantastic sound of my instrument filled a gap in the orchestra, as it spread unto the room . . . It was lovely . . . I came to live again. I felt revitalised. I started to practice again and I feel, ah, I've started to live again.

At this point in her life, Rose had said ‘good-bye’ to so much, because she thought she might not survive. Music inspired her all over again:

During the performance I felt my quality of life was rising . . . Playing makes me good, gives me a kick. I am sure if I hadn’t been able to play, I would have died. Playing again also contributed to healing my illness itself.

Reflections

The combination of the loss of one’s role, status and self-expectations can be profoundly threatening to the musician who faces the possibility of not playing her beloved instrument ever again. Life appears to be turning out differently than she had hoped and planned, and this reality can in turn trigger a change linked directly to life fulfillment and thereby arouse grief (Bright, 1996/2000). Grief, in turn, may produce depression, loneliness and isolation. This was the case with Rose.

Her return to music performance was her ticket back from this bad place. In general, music evokes a variety of feelings, emotions and affects, based upon one’s personal disposition and awareness in the moment (Bonde, 2009; Vist, 2009). During the concert in question, Rose felt as though she was alive and revitalised, which enhanced her quality of life at that moment and going forward from there.

Rose becomes suddenly aware of her personal performance when she realises her instrument is filling a gap in the orchestra. She performs on her own instrument (an act of personal agency) while still fulfilling her responsibility as *a part of* the orchestra, which performed better with her (a condition of ‘self-with-others’; see Stern, 1985/2000). Rose was vitalized and felt alive during the performance. Such experiences can be elucidated through the phenomenon *forms of vitality* (Stern 2010). Dynamic forms of vitality—inner experiences of being alive that relate to *how*, not *what* or *why*—are always present in interpersonal relations, as for Rose. In such a setting it is very important to recognise *how* the musical interaction moves along, rather than focus entirely upon the themes/phrases in the music or the musical actions as such. Forms of vitality are therefore crucially connected to *one* aspect of communicating and understanding any temporally based human activity that evokes a felt experience in another being. When force, movement, temporal flow and intentionality come together, a full gestalt emerges: a sense of vitality or aliveness (ibid.). “I’ve started to live again”, Rose says.

Performance as a Relating Experience

"If one has very professional musicians around, it is easier to surpass oneself musically", Rose insists. She continues by pointing out that everything she has achieved musically has arisen from performing on stage. "Communicating with the audience is of vital importance", she says:

You *receive* signals from the audience that encourage you to *give* . . . I remember one concert where I had struggled and struggled beforehand. And then, at the concert, everything flew, exactly the way I had anticipated and dreamt of. And it was fantastic! It's strange: I was in heaven . . . I've had many experiences like this. Suddenly my fingers start flowing on their own. It's like a dream.

These experiences are linked to Rose's sense of a successful communication with the audience. "If a musician only rehearses on her own, without sharing her music, she doesn't progress to [a level of] excellence", she says. "She won't be able to experience and explore the communication process of giving and receiving in a mutual process".

The audience differs from place to place. I am looking for the one smiling face, and I maintain eye contact with that person. From her I receive a hope for—and expectation of—receiving something from me. It is a mutual process. I pick somebody and play for her.

Rose thinks it is a pity that huge orchestral concerts afford so little contact with the audience that is hidden in the dark assembly hall.

I've tried to communicate these experiences to the students—the feeling when everything you've worked for is united into one experience. Then you realise that the details you have been cramming in suddenly have meaning in a broader sense: you have grown and expanded as a musician. It's a growth for life. It takes indeed time to develop as a musician.

Reflections

I once interviewed another musician who had experiences like Rose's. This musician loved being part of an orchestra "because it is *here* [where] the pulse is escalating—it

is *here* it is boiling and you turn off everything else and it is life and death” (Trondalen, 2011, p. 116). The music in these sorts of experiences seems to be both an agent in itself (a non-referential object) and a tool for dialogue (a frame and medium). In either capacity, the music enables an immediate mutuality (receiving and giving), because the sharing of experiences (one’s intersubjective behavior) is at the core of the musical process.

The most important aspect of this musical interrelation might be the implicit (procedural) knowledge, and in particular an awareness of what to think and feel in a given relational (and musical) context—that is, *how* it feels to be with another person in an authentic (musical) relationship (see Stern, 1998). This experience is based on a joint intersubjective recognition that in turn produces a new, implicit and intersubjective understanding, and consequently a new ‘way-of-being-with-the-other’ (Lyons-Ruth, 1998). This process-based understanding of the mutual exchange between a musician and a person in the audience privileges the communication above all else, and the stakes are high: “It’s a mutual process . . . Music means life”, says Rose.

Performance and Health

“Wellbeing is linked to my inner being, that’s for sure”, Rose admits. In other words, performance is connected to health in a broad sense:

When I know I play badly, I am indeed affected by the experience. A bad performance can make me physically ill . . . And when it comes to reviews, if they are nice, I am high. My body feels light, I walk effortlessly and my mind is easy.

Rose also comments on the paradox of musical performance:

I do a lot of concerts, as you know; it is a tremendous amount of work to perform. I am also getting very tired physically, though I am always stronger mentally afterwards. I actually believe I’ve recovered from my illness by playing and performing.

Reflections

Life as a professional musician is full of contradictions, as we can see from Rose’s story—it is almost as if the problem (having the strength to play after an illness) is

also the solution (playing keeps the illness at bay). Though music performance makes many demands and takes its toll—‘*Mich macht krank, was Ich liebe*’ (What I love makes me ill) is the powerfully apt title of a work by Decker-Vogt (2012)—musicians benefit from music as a means of self-care at the same time, using *music* to regulate and improve their situation, as mentioned above.

These observations also bear upon the general concept of health, as opposed to ‘ill health’ (Boyd, 2000, p. 9), in an interesting way. Rose has many challenges as a result of her long-term physical disease and her personal experience of illness, and she is constantly addressing her health—that is, her physical, mental and existential wellbeing. Health can also be viewed as an ‘experience’ (Ruud, 2008)—both a resource and an act of participation that changes over the course of one’s life. Rose also demonstrates the mutual influence between one’s mental state of being and one’s bodily functions, as she articulates that a bad performance makes her tired and even ill, though she always feels better mentally afterward.

Discussion

Musical performance as health promotion

Practicing and performance are parts of any professional musician’s life, and a concert with an orchestra is both an individual achievement and a joint effort. Typically, a performance is followed by reviews and judgments from others as well as oneself. This process of evaluation affects the work of the musician in turn.²

One special performance, as we saw, had an astonishing impact on the revival of Rose’s wellbeing and health at several levels. She mobilised her inner will to play despite her physical constraints and experienced the powerful emotional desire to ‘live again’. She then points out, “Playing again also contributed to healing of my illness itself”. In what follows, I will link Rose’s story of music performance as health promotion to the evolving practice and discourse within music therapy that is known as community music therapy (Ansdell, 2005; Jampel, 2011). The American music therapist and researcher P. Jampel (2011) suggests that the experience of performing music live involves a complex interplay of five dimensions: (1) connecting within oneself to the music; (2) performers connecting with each other; (3) connecting to the audience; (4) The audience within (that is, the interaction between the performer and the thoughts

² For an exploration of *performance* within the frame of (community) *music therapy*, see, for example, Ansdell, 2005; Jampel, 2011; Kristiansen, 2007; Ruud, 2004; Tumyr, 2012; Stige, 2004.

in her own mind while performing); and (5) the totality of the experience—when the performer experiences the first four coexisting dimensions, this synergetic subjective experience becomes a peak experience (Maslow, 1962).

I propose that such a *totality of experience*, consisting of many co-existing dimensions, characterises Rose's performance: her love of her instrument and the music itself, the mobilisation of her technical skills and strong will power to participate, and the flow of recognition while giving and receiving in a communication with the audience. As she says: "I've tried to communicate these experiences to the students—the feeling when everything you've worked for is united into one experience." She adds: "I had to follow my 'inner voice' to go to that place". This evokes an evocative description by the English music therapist and researcher G. Ansdell (2005), with reference to the anthropologist V. Turner (1982, p. 91), of performance as '*Completion*'. Indeed, Rose's performance seems central to the ongoing work of completion with regard to her physical, mental and existential being—to caring for her health in the broadest sense. She concludes, 'It's a growth for life'.

Furthermore, Ansdell points to a significant shift in the wake of the 'new musicology' with regard to the understanding of performance, which is now seen less as reproduction than as *relationship*. Attention is now being given to the creative act of performing itself as a social event, as opposed to considering performance (and the performer) to be 'supplementary' to the musical work. Ansdell then points to C. Small's (1998) ecological model of musical activity (known as 'musicking'), within which performance is simply and entirely what music is about. Ansdell concludes, "It is the relationship that it brings into existence in which the meaning of a musical performance lies" (2005, p. 193). Rose likewise acknowledges that music means everything, thanks to its interactive capacity: "During the performance I felt my quality of life was rising". This observation points to Rose's dependency upon the music itself and the musical performance as a means of nurturing herself. Professional performance is the basis of her musicking, and it has concrete results for her life.

With reference to the music therapy researcher D. Aldridge (1996), Ansdell (2005) also bases his discussion on Aldridge's suggestive title 'Performance as identity: I perform, therefore I am'. Aldridge synthesises sociological, medical and aesthetic thinking to generate his concept of the 'performed self' as an act of perpetual life improvisation, or 'living as jazz' (Aldridge, 1996, p. 27). Creative arts activities, then, offer us a unique opportunity:

To be remade anew in the moment, to assert identity which is aesthetic in the context of another person, separate yet abandoned, is an activity invested with that vital quality of hope. (1996, p. 241)

Lastly, there is the health-related musicking aspect of the musician's correctly 'tuned body', given the physical, mental and existential demands of expert music making at the highest levels. The musician's health relates to, and arises from, her ability to meet those demands, taken altogether. Rose stresses the importance of musical skills, which emerge from much practice, sometimes in the context of "tremendous effort and a lot of physical pain". When a musician is burdened by illness or injury, her confidence in her own self-agency and ability to act is therefore profoundly shaken. The flutist J. Buller describes what it is like to be an injured musician: "It's painful; it's as if my familiar self and world has died" (Buller, 2002, p. 22). Rose says as well: "I am sure if I hadn't been able to play, I would have died. Playing again also contributed to the healing of my illness itself". When they cause us to lose our connections to familiar events and experiences in our lives, as is the case for these musicians, illness and trauma can threaten our very existential being.

From a philosophical point of view, the phenomenological living and thinking body, which is able to perceive and to grasp at the same time (Merleau-Ponty, 1945/89; von der Fehr, 2008), accommodates a proper balance between the physical/mental and the existential aspects of health. In terms of her own playing, Rose is "getting very tired physically" but is "always stronger mentally afterwards". She concludes, "I actually believe I've recovered from my illness by playing and performing". These experiences thus reinforce her personal sense of wellbeing, existential coherence (Antonovsky, 1987) and social belonging. At a meta-theoretical level, this connection between personal, transpersonal and social spaces both arises from and supports a personal and professional identity as a musician (Ruud, 1997).

Semper major—always more than

The basic assumption in this text is that the relating experience is the driving force of human development and growth. Using *music* as a relating experience (to oneself and to others) is also understood here as a way of 'being-in-the-world' (Trondalen, 2008). In other words, music serves as a means of performing personal identity. As we have seen, a humanistic and resource-oriented perspective (as presented here) can still take the person's illness (the biomedical perspective) into consideration but in a specifically *dialogical* way that focuses positive creative resources on the process of coping with a variety of limitations. Such a humanistic-existential perspective can in turn be interpreted as self-caring or self-actualisation.

From a philosophical point of view, the human being can be understood as *homo communicans* and defined by her inherent ability to share experiences and actions. Such an exchange allows us to recognise one another on a fundamental level, and to

partake in others' lives. The human being is self reflexive—the only species, in fact, that appears to reflect upon its own peculiar nature. Connections based upon the deepest experiences and existential longings in life comprise a universal human phenomenon, and musicians, whose lives are so closely linked to existential dimension, are no exception to this rule. Existential longing is linked to something life giving, vitalising and unifying—something that transcends the limited/controlled self and touches the human being's deepest value as a human creation (Engedal, 2003).

Sharing dreams and values, both during the interview, and in the reflective process afterwards, reminds me that all human being are always more than—*semper major*—any given personal narrative or observation. What we perform in life, whether musically, biologically, socially or spiritually, will never fully disclose the depths of our existence.

Closing Remarks From the Musician

When I play, I see others cry . . . People are affected by the vibrations of the instrument itself.

Playing the instrument itself, with its vibrations penetrating the body—it is therapy, playing some chords allows them to move through your body, [and] that's a healing force . . . We should have music therapy in the same way that we are offered body therapy, massage. People should be able to order a session of live music in their private surroundings. We're not there yet.

You know, people don't always have the ability to talk about their problems, and music could 'drain' their minds and bodies—make them open this small room [points to her chest] that most people have closed.

Most people have physical and mental pain and isolate themselves more and more as the pain increases. When they hear music, everything opens up, that's what happens.

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Music Therapy in Everyday Life, with ‘the Organ as the Third Therapist’

Randi Rolvsjord

Music therapy in mental health care usually unfolds over a limited time and in a limited space, often through weekly sessions which last for a certain period during a person’s stay at an institution. Nevertheless, music therapy is inevitably situated in a broader social, cultural and political context, and to various degrees will the engagement in music therapy involve levels of interaction with other contexts in turn, such as the client’s everyday life context.

In this text I will explore the interaction between music therapy and the use of music in everyday life contexts. The empirical basis for this exploration is interviews with a client and her music therapist. This is in turn linked to a multiple case study aiming towards more understanding of client’s agency in the process of music therapy, that is, what clients do to make music therapy work. The study is situated within a resource-oriented perspective of music therapy practice in mental health care, and combine theoretical perspectives from contextual models in psychotherapy and recovery. The text provides an individual narrative of how music therapy is intertwined with and a part of everyday life uses of music. The main focus will be the client’s agency in linking experiences and pursue goals across various contexts.

Introductory Vignette

K: I have the organ, and that is the basis. I use the organ as a therapist. I see it as my third therapist. I have my psychiatrist, I have my music therapist and I have the organ.

Kristin is a middle-aged woman with long experience with mental health services, mostly as an outpatient. She has struggled with mental health problems most of her life yet comes across as a remarkably resourceful and engaged woman who is able to talk about her experiences with music (and music therapy) with passion and conviction. Her story, and her means of telling it, makes a powerful impression, as she draws the line of her engagement in music through time and space, in everyday life and music therapy.

Kristin's story goes back to her childhood experiences of music making; her experiences of family psalm singing every evening, and organ lessons with a friendly schoolteacher that noticed her personal struggles. As an adult, she has been a dedicated and enthusiastic choir singer, and at home she has established a tradition of singing together and listening to music as part of her family's life. Music has always helped Kristin cope with daily life and her mental health problems.

She started in music therapy during a time in her life when a physical condition affected her voice and severely minimised her engagement with music. In music therapy, she revisited the skills in organ playing that she had acquired in early childhood, in order to renew her engagement with music. Developing these skills and playing beloved songs were central to her collaboration with her music therapist. The meanings and implications of this renewed engagement with music, however, goes far beyond the playing of psalms in the music therapy room, as her story explores the organ as a therapist.

Music Therapy and Music in Everyday Life

In recent years, we have seen a growing music therapy discourse around the health-related use of music in everyday life settings. One obvious reason for this is that such uses of music contribute to a rationale for the therapeutic power of music in general (Ansdell, 1997). Another reason could be the developments in community music therapy that has emphasized the cultural, social and political contexts, and the interaction between individuals and community as a concern for music therapy. In general, community music therapy has contributed to an increased awareness of the uses of music in non-medical, community and everyday-life contexts, and it has sought to address health concerns on structural and political levels as well as individual levels (Ansdell, 2002; Pavlicevic & Ansdell, 2004; Rolvsjord, 2010; Stige, 2002; 2003; Stige, Ansdell, Elefant & Pavlicevic, 2010; Stige & Aaroe, 2012).

This interest towards the uses of music in everyday life in music therapy discourse resembles a growing scholarly interest emerging from a broader landscape of related interdisciplinary fields as well, such as music sociology and music psychology. Through

studies in these areas, it has been documented that people indeed use music in everyday life in ways that could be described as health enhancing or otherwise related to well-being and quality of life (Bonde, 2009; DeNora, 2000; Juslin & Sloboda, 2010; MacDonald, Kreutz, & Mitchell, 2012a; Sloboda, 2005). This conscious and active engagement with music takes place within various relevant interpersonal and social contexts (North, Hargreaves & Hargreaves, 2004, p. 75). Everyday uses of music are also described in terms of emotional regulation, a sense of embodiment, the construction of identity and the facilitation of social interaction, among other ways (Butterton, 2004; DeNora, 2000; Frith, 2003; Ruud, 1997, 2005; Sloboda & O'Neill, 2001; Sloboda, 2005).

The above references, taken together, comprise a 'therapeutic repertoire' of various health-related uses of music originating not only with professional health service providers, such as music therapists, but also with regular people in their everyday lives (Rolvsjord, 2010). MacDonald, Kreutz & Mitchell observe that the utilisation of music related to health and well-being is shared by different 'fields of practice' including music therapy, community music, music education and everyday uses of music (2012b, p. 8). Thus, in their conceptual framework, various professional practices interact with the non-professional, private and social domains. Likewise, Stige finds health-related engagements with music to span "a gamut of practices and perspectives" (Stige, 2012, p. 181) and involve a variety of arenas, agents, activities and artefacts which, he observes, potentially form a very complex web of relationships (Stige, 2012, p. 188). Here, however, we continue to need more insight into the interactions among the various practices involved with the health-related use of music, including how music therapy interacts with a client's use of music in everyday life.

In a study focusing on client's experiences in music therapy, Ansdell and Meehan (2010) found that the benefits of music therapy can be described in terms of a 'music-health-illness narrative'. The clients' experience of the relationship between their lives and their music therapy is brought into relief, and the study's findings imply that music therapy does contribute to their reconnection with music when illness has disrupted the musical engagement. Ansdell and Meehan's work is compelling because it so clearly points to continuity between everyday life and therapy. Rolvsjord (2007; 2010) similarly describes 'regaining rights to music' as essential to the experience of music therapy in a single case study about a client whose enjoyment of music had ceased in the wake of overbearing demands upon her musical abilities. Through music therapy, the client was able to repair her relationship with music so that she could again enjoy singing and listening to music. As Ansdell and Meehan indicate, music therapy can be seen as a mobilisation of music as a "health promoting resource for people in times of illness" (2010, p. 35). Furthermore, as these studies document, the

use of music in everyday life is an important aspect of many clients' stories about how music therapy proved successful for them.

However, the aforementioned studies (Ansdell & Meehan, 2010; Rolvsjord, 2007; 2010) do tend to focus on pre- and post-therapy experiences and relationships with music, rather than on the continuous interaction between experiences in music therapy and experiences in everyday life. In a different case study, Stige (2011) explores both the private and public aspects of the latter interaction and suggests that the client's activities in everyday life and involvement with music should be seen as "an integrated and essential part of the music therapy process" (p. 418). Elsewhere, he develops a theoretical approach to the contextual dimensions of music therapy using a context-inclusive model and the notions of arena, agenda, activities and artefacts (Stige, 2002, p. 209; Stige, 2003, pp. 358ff). Krüger (2011) also proposes a possible framework for linking the experiences of music therapy with the use of music in everyday life, drawing upon Giddens's concept of structuring resources in order to explore how participation in a community music therapy project had significance in other contexts for the participants.

Clients' Engagement in Everyday Life and Therapy

People go in therapy because of a desire or need to make some changes in their everyday lives. The hope is that the therapy in one way another might have some consequences for the client's life in that broader context, such as improved quality of life, increased coping with symptoms, hassles and stressors, or better interaction with significant others. Such intentions resonate with a conceptualization of health as involved with, and performed within, a social and cultural context.

With this as a background, the boundaried act of psychotherapy in general and music therapy in specific is rather paradoxical. Some of the complexities related to this paradox have been explored through recovery perspectives that center upon the mental health client's everyday life (Slade, 2009; Davidson, 2003). The notion of *recovery in mental illness* has the last years been used to express a more wide implication of how people recover to live with their mental health problems. This involves an expanded focus that includes, but moves beyond, aspects of reduction of, and coping with, mental health problems, also including aspects of life and living 'outside' of the illness (Davidson, 2012). Davidson's (2003) research into mental health clients' experiences of recovery describes wide implications and potentials of processes of recovery. By describing the journey of personal recovery he outlines a broad range

of areas such as the redefinition of self, the acceptance of one's illness, overcoming stigma, the renewal of hope and commitment, resuming control and responsibility, exercising citizenship, managing symptoms, being supported by others and being involved in meaningful activities and expanded social roles (Davidson, 2003, pp. 46ff). In this way recovery can be described as a process of engagement that "has to do with pursuing and participating actively in a meaningful and pleasurable life within the limitations imposed by the disability" (Davidson, 2012, p. 255).

However, Davidson questions the role of therapy with regard to recovery, noting that treatment might disturb the recovery process or otherwise add to the stigmatisation and social isolation (Davidson, 2003, p. 48). In addition, he draws a distinction between the processes of recovery (something that the person with a mental health problem does) and rehabilitation and health care service (something that helpers do). We can argue that such a distinction makes less sense if framing therapy within a *contextual common factors model* that emphasises the client's efforts (Bohart, 2000; Bohart & Tallmann, 1999; Duncan & Miller, 2000; Hubble & Miller, 2004; Wampold, 2002). Regardless, though, if professional services are warranted, the goal of the provider must be to support a person's recovery rather than impede it (Davidson, 2003, p.48). This implicates an embrace of the client's position in 'the 'driver's seat' of their own lives as well as their therapy processes (Solli, 2012).

In a contextual common factors model, the client's role as an active agent in psychotherapy encompasses both the extra-therapeutic (that is, the ways in which processes outside of the therapy sessions contribute to the outcome of therapy) as well as to client's efforts in the sessions. Outcome research in psychotherapy has documented, in support of this model, the relatively small contribution to the overall effectiveness of psychotherapy that is made by the specific factors or specific therapeutic techniques (Lambert, 1992; Wampold, 2001). In the explorations of common factors in psychotherapy following the so-called Dodo-bird convict (Luborsky, Singer & Luborsky, 1976), a large portion of the effectiveness of psychotherapy has been linked to client factors and extra-therapeutic factors (Asay & Lambert, 1999; Lambert, 1992; Lambert & Barley, 2002; Wampold, 2001).

This emphasis upon extra-therapeutic factors and client factors is not surprising, given the limitations in time and space of psychotherapy. Psychotherapy (and music therapy) is most commonly practiced in forty-five- to sixty-minute weekly sessions in a defined and bounded space. This so, even whether the actual session or project take place in a closed music therapy room or in a more open arena as in community music therapy projects. It is up to the client, then, to extend the benefits of these sessions to the rest of the week, spent engaging in his or her everyday life pursuits. The concept of extra-therapeutic factors explicates facets of how therapy is dependent

upon the active efforts of a client. Lambert (1992; see also Asay & Lambert, 1999) calculated that as much as 40 per cent of the outcome of therapy was related to factors that were independent of the therapeutic sessions themselves. Within the realm of the extra-therapeutic. Lambert included factors that are part of the individual client and factors that are part of the environment (Lambert, 1992, p. 97). Drisko (2004) in turn criticises Lambert for ignoring the impact of policy and agency contexts within the extra-therapeutic. He proposes an alternative trifold scheme: the policy and agency context, the client's context, and the client as a common factor (her/his personality and personal resources) (Drisko, 2004, p. 85).

The notion of extra-therapeutic factors is identified by several authors as an argument for the importance of client's efforts, pointing towards the client as a potent common factor (Bohart & Tallmann, 1999; 2010; Hubble & Miller, 2004). Bohart and Tallmann (1999; 2010) emphasise the client's naturally occurring self-healing outside of therapy, and propose a similar agency in therapy. Mackrill (2009), however, finds such a distinction between agency in therapy and agency in everyday life contexts too simplified, arguing that it depicts an erroneous independency between the clients' agency in sessions and everyday life (Mackrill, 2009, p. 196). In order to understand how clients make therapy work, Mackrill suggests instead, we must draw upon perspectives that encompass the client's efforts in relating experiences in therapy to everyday life contexts and vice versa.

Dreier (2008; 2009) proposes a theory of social practices to help us reconcile experiences in therapy to everyday life. In a qualitative case study of family therapy, he explored how the members made use of their therapy as they moved within and between different contexts and social practices. Rather than seeing life changes as the results of changes in therapy sessions, he mapped a complex web of change within several social contexts and social practices. Dreier found therapy to be constantly interacting with other contexts, with the participants (or clients) actively involved in negotiating and reflecting upon their participation, positions and abilities within various social contexts and social practices. Clients pursue concerns and change across contexts, and are actively linking experiences in psychotherapy to their engagement in other contexts (Dreier, 2008). With regard to music therapy, such concerns across contexts might for example be centred on ways of using music to promote health, as will be explored in the following.

Methodology

In this text, I report on findings from a qualitative single case study that is part of a larger multiple case study intended to explore what clients do to make music therapy work. This single case study explores a theme emerging from the preliminary analysis of the multiple case study. In this way this case study can be described as instrumental (Stake, 1995). The selection of this particular case is purposive (Creswell, 1998, p. 118) as this informant in particular provided rich descriptions regarding the theme that I wanted to explore.

The empirical material for the single case study presented in this text derives from two qualitative semi-structured interviews (Kvale, 1996) with the client and one interview with the therapist. The first client interview centered on the use of music in everyday life, and the second explored the therapeutic interaction and the client's active engagement in the music therapy sessions. In preparation for the first interview, the client documented her/his use of music in everyday life for a week. A video recording of a single music therapy session preceded the second client interview and the interview with the music therapist. Excerpts from the video recording were used during the interviews as an aid to recall events, feelings and thoughts in the music therapy session, informed by the procedure of Interpersonal Process Recall (IPR) (Elliot, 1986).

A combination of narrative approaches, thematic analysis and microanalysis was used on the data. Categories and narratives were first identified through a thematic analysis of the transcriptions of the client interviews that relied upon a process of coding units of meaning (Miles & Huberman, 1994; Ryen, 2002). These categories and narratives were then triangulated with other parts of the empirical material (the video recordings and the interview with the therapist) to nuance them and allow for thick descriptions (Kvale, 1996; Ryen, 2002).

This project was approved by the Norwegian Regional Committee for Medical Research Ethics (REK-vest). Nevertheless, the reporting of rich qualitative data can compromise anonymity even in the intentional absence of direct identifiable information (McLeod, 2001, p. 15). The total amount of non-identifiable information discussed in this text was approved by the informant.

Pursuing Goals Across Contexts

In her two interviews, Kristin talks about several contexts in her life in which music has played and plays an important role. She defines these contexts in time and space as she moves around in her life history and within her various social communities and life arenas—her home life context (involving the personal, family and socially intimacy); her broader social and religious community context; the context of her mental health services; and the music therapy setting. In addition her story ranges across her life span, from her childhood home to her present life as a grandmother. It includes a life-long history of membership in religious communities and choirs. Her story about the mental health care system ranges from her first experiences with being admitted to a large institution to her present experiences as an outpatient in a local mental health centre.

In line with Dreier (2008), I will explore Kristin's story across these contexts in time and space. I will focus on how she pursues three health-related goals across various contexts, comprising both her everyday life and her therapy: (1) pursuing possibilities for participation in music; 2) pursuing religious experiences and identity; and (3) pursuing coping with her mental health problems. As an overarching theme, her story highlights how her active engagement with music in everyday life interacts with her music therapy in her continuous pursue of these goals.

Pursuing Possibilities for Participation in Music

All her life, Kristin had actively participated in music whenever she had the chance. In her childhood, her grandparents gathered the family together every evening to sing. She also eagerly embraced the opportunity to learn to play the organ with her teacher. As an adult, she continued the family tradition of singing with her children and grandchildren at celebrations and occasions where they gathered. Her participation in choirs and singalongs in church and other local gatherings was crucial to her engagement and sense of belonging in those social contexts. Not surprisingly, for Kristin, the experienced loss of her ability to sing added to her burden of mental health problems:

K: What happened is that I think I got a depression ...I simply think that I got a depression from losing my voice. And I got a grief reaction, because I couldn't participate in any of the choirs anymore. . . Nobody talked with

me about how I could rehearse my voice [after losing the ability to sing]. I used to have a very reliable alto voice, and sometimes I used to sing the alto voice alone in the choir in the church, because I had such a powerful voice.

After the first period of her voice problems, she tried to start up again as a choir singer, but she gave up as her problems escalated because of her physical condition. She tried to continue singing with her grandchildren but eventually gave that up too. The musical silence, however, didn't stop with that. It affected the whole family, and their habits of singing together almost ceased:

K: When I didn't sing anymore at home, it was, in a way, the end of our tradition of singing around the Christmas tree.

This musical silence characterized the situation when Kristin started her music therapy. There she developed her skills in organ playing while also working on her voice and her relationship to her voice. As she developed a renewed trust in her voice (and an acknowledgment of its limitations), she started singing again. With pride and satisfaction she talks about a funeral in which she took part in the singing:

R: What does it mean to you to sing together?

K: It means a lot! I realised that when I was in a funeral and managed to sing along in all the songs.

R: Yes!

K: Well, it was songs that were in a good pitch for me to sing, so of course that mattered. It was an expected death, but she was a great woman. And that I could join in with singing songs at the end of her life . . . that was just amazing.

R: That sounds good.

K: To be part of this for an old religious woman that had lived so quiet and great, a gorgeous sweet woman. I have never noticed anything affecting me like that in a funeral . . . that I could actually sing with the others, even if people around me did not sing. I think many people don't sing much. But I wasn't afraid of hearing my own voice. I sang along.

Kristin learned to enjoy singing despite the limitations of her new voice, and she gradually started singing again with her family. Especially she enjoyed singing with as well, teaching her grandchildren children's songs.

At the time of the second interview, however, she was confronted with new problems with her voice and a further surgical operation that could possibly reduce her ability to use her voice even further. She was therefore preparing to compensate for her eventual inability to sing by rehearsing the organ:

K: I am losing track of the melodies—it takes only a few words . . . I can only sing a few notes . . . but then I think: ‘But I still have the music!’

R: Yes, you have your organ.

K: Yes, I can play the organ, the melody, and the grandchildren can sing while I am playing. They will sing about Christmas. So I have got something instead of the voice. Perhaps you don’t understand what?

R: It’s like a new voice?

K: A new voice!

Her new confidence in her organ playing and the new possibilities it offered her for musical participation, made the impending operation (and its further threat to her voice) less upsetting. In the music therapy session that was videotaped and discussed in the interview, she rehearses Christmas carols. Her comment in the interview makes no doubts: ‘This year Grandma can play the organ and the others can sing!’

For Kristin, music participation delivers a sense of belonging, as her descriptions of singing so beautifully indicate. Musicking is basically a social activity (Small, 1998), and several authors describe experiences of musicking in term of social belonging, identity and *communitas* (Ruud, 1997; 1998; Stige et al., 2010). By substituting the organ for her voice around the Christmas tree, then, Kristin is not only negotiating her participation to her own satisfaction but also creatively ‘performing community’ (Ansdell, 2010)—in this case, her sense of belonging in her family and affirmation of its cultural values. While she uses music therapy to work with her voice and adjust to her new condition regarding her voice (and the organ), she uses the everyday life contexts of family and church to gradually participate in actual singing again.

Pursuing Religious Experiences and Identity

Kristin grew up in a religious family and community, and all her life she cultivated a religious identity and participated actively in religious practices. Music had been a natural part of her religious and spiritual practice. Her musical identity is closely connected to her religious identity; thus, when she is singing, going to music therapy,

or playing her organ, she generally performs religious songs. Singing/playing these songs affirms her religious faith, helps her find comfort in their words and allows her to find hope through prayer. At times, singing or playing songs about salvation and heaven helps her get on with her life:

K: I sing songs about how good everything will be when the pain I experience here has passed. Then one will have peace and happiness. In those periods, I have used lots of 'heaven songs', as I call them. And my children say, "Are you listening to those heaven songs again?" "Yes, just think about it", I say, "isn't it great how happy we will be?"

In the interviews, Kristin talked about her experience with the mental health care system in relation to her religiosity. She puts forward one episode many years ago at the time of her first admission to a psychiatric hospital as particularly important: As a way of dealing with a dramatic incident that had occurred just before her admission, she had brought some religious songs with her, only to find her songbook (as well as her Bible) taken away from her:

K: That did something to me that is painful even today. They took it away and that value that I had . . . in a way got lost for a period of time.

R: Something that you actually had to find comfort and could use . . .

K: They took it; you shouldn't do that. My Bible was locked in.

R: Oh no!

K: You shouldn't bring religion into it, that's it! That was the rule those days.

Kristin goes on to explain that this experience with the prohibition of religious songs had for many years made her very skeptical about music therapy. She worried that she would not be allowed to sing the songs she loved, and that she might lose her musical identity in the mental health care setting. One strategy to deal with such worries had been to protect her religious songs by keeping them away from this context. However, after she started music therapy, she was pleasantly surprised to find that her religious songs were welcomed and acknowledged by the music therapist. This embrace of her religious identity contributed to her sense of personal wholeness in this mental health care context:

K: I take those songs with me into music therapy, and I am allowed to do that. No one has stopped me. For me it is important that you can play songs that give meaning. Because you have both body and soul, and it is important

to build up the whole person. It is great to have more normal therapy sessions as well, but in a way it does not take into account the spiritual. Through my songs I find the strength to continue. I get food for my soul at the same time. That is why I choose religious songs.

Religion and spirituality constitute a resource for many people with mental health problems—they might strengthen a sense of self and self-esteem, present coping strategies or act as a source of social support or simply hope (Fallot, 2007). Recently there are indeed more awareness of the importance of religion and spirituality within the field of mental health and mental health care (Awara & Fasey, 2008; Fallon, 2007; Galek, Flannelly, Koenig & Fogg, 2007; Slade, 2009), as well as in music therapy (Aigen, 2008; Potvin, 2012). Kristin's religious practice had served as a resource for coping in everyday life, and was intimately tied into her sense of identity and social and cultural belonging. Thus, through her engagement with religious songs in music therapy she was able to bring this into the mental health care context.

Pursuing Coping with Mental Health Problems

Lastly, Kristin's goals with her music were explicitly related to her mental health problems, and to her aspirations for living a good life in spite of her symptoms and challenges. For years, she had used music as a resource for coping with her life and to help her relax, to reduce her anxiety, to regulate her emotions, and to provide a sense of mastery. Her competence in this regard goes back to her childhood, when she had observed her grandfather's use of music to control his own anxiety, and when her school teacher provided music (organ lessons) in response to her struggles.

K: Music and singing have had such a central role in my life, and that is why I have coped so well in spite of the anxiety that I have struggled with since I was five years old.

Her engagement as a choir singer was also a longtime part of her use of music to control and cope with her anxiety:

K: My singing was almost sacred to me. Even when I had children, I just had to go to the choir rehearsals. I had to, because I knew already back then what singing did for my anxiety.

For years, as well, Kristin had used active music listening for personal emotional regulation and the easing of anxiety and depression. At times she used techniques such as lying down and focusing upon classical music as a way to soothe herself. More often, in recent years, she selected music with lyrics that fit her mood. Depending on her emotional state then, listening to the selected songs could either help her to relax, alternatively to find motivation or energy. She explained that music therapy made her more conscious about the ways in which she had always used music. In her daily life at the time of our interview, she had arranged her house so as to always have a radio, CD player or television close by:

K: I have a radio with a cassette player at my kitchen table. I have a radio with a CD player in my dining room, where I have my sewing equipment. And then I have my TV, and if I go out from the living room, I have my organ. So in a small radius I have much to choose from, depending on my mood and what I want.

Still, she notes that it is not always easy to turn to music. Even if she by experience knows what would be helpful to do, it takes tremendous efforts to actually do it in the midst of anxiety or depression:

K: Well, it isn't done in one day. I have been in music therapy for about one and a half years—not longer than that. You have to learn along the way. It's not like snapping your fingers—'Get music therapy and learn to use music'. You have to go through a phase, find the music you used to like [while] thinking about what helped and what did not help. And then it is to manage . . . it is terribly difficult when you are in a state of restlessness and anxiety to be able to put on the music, so in periods it is a bit like, 'Oh no, I can't do that'. And then I go and lay down on the sofa.

Interestingly, her use of music in everyday life was seldom explicitly explored in her music therapy sessions, even though the music therapy experience stimulated her to use music more and in new, health-related ways. Crucial to her new and more explicitly and conscious health related use of music is the organ that she was able to get hold on and bring to her house:

R: Do you play the organ every day?

K: Yes, almost. It isn't many days I don't. Either I play a little tune in the morning . . . well, I am usually feeling terrible in the morning, so sometimes

especially if I need to go anywhere then I play some songs in the morning in order to calm down a bit.

In the music therapy sessions, the music therapist helps her with chords and guides her through songs. This is significant to her as she emphasize that having someone at her side while she practices gives her a sense of support and helps her to accomplish more. At home, however, there is no one to ask for help, but in this case, if negative thoughts drag her down, she plays one of the songs she learned as a child:

K: There are a couple of songs that I know really well, and if I don't manage so well, then I play one of those in order to avoid a sense of defeat. One of them is one of my husband's favourite songs, so then he'll come in and tell me that I am playing well.

As we have seen, learning to play the organ is very important to Kristin at this point in her life, because it allows her to participate in music once again despite her reduced capacity for singing. But learning the organ also gives her 'something to strive for' or work toward; it contributes to a sense of self-efficacy, a more general belief that she can cope with and manage things (Bandura, 1997). A successful time with the organ helps her start to get her work done:

K: When you are ill or feeling bad and then you don't feel you manage anything at all . . . everything stops and you don't get anything done. But when I come to the organ and I manage to learn something new, then I think, 'Well, actually I can manage!'

R: Yes . . . ?

K: . . . And when you manage there, then you dare trying something else again.

R: What sort of things?

K: It could be housework—dusting, for example—or daring to sit down with a difficult craft that you struggle with. I sew, and at times it is like, 'No, I am not able [to do it]'. Then I don't even dare to start, because I don't think I will manage. But after I have managed something at the organ, I can actually start with the most difficult tasks.

Kristin's use of music resembles a common and conscious everyday use of music that has been documented extensively in other studies (DeNora, 2000; North & Hargreaves, 2004; Sloboda & O'Neill, 2001; Saarikallio & Erkkilä, 2007). With regard

to her mental health, her use of music might be understood as a self-management strategy (Slade, 2009), one that involves certain musical 'experience skills' (Rolvsjord, 2010) that she has gained through a lifelong engagement with music. In tandem, she uses music therapy to learn more about music and to learn more music skills to apply in her everyday life in order to control and manage her health.

Concluding Discussion: 'The Organ as the Third Therapist'

From Kristin's story here, we find that her experience with music therapy fits with several goals and aspects that are commonly identified with, and situated within, a continuous process of recovery (Davidson, 2003, 2012; Slade, 2009). The importance of music therapy in this process was strongly emphasised by her as well as by her music therapist. Interestingly, when the music therapist talked about the outcome of music therapy in Kristin's case, she/he also emphasised her use of music at home rather than any development that was observed in therapy sessions. The focus of the present text, however, is not to identify outcomes of the therapeutic process but to explore how the client's engagement in music therapy interacts with her/his engagements with music in other contexts. Clearly, Kristin's process of health musicking extends far beyond her music therapy sessions. In particular she emphasized the significance of her procurement of the organ:

K:... if I hadn't been able to get hold of that organ that I have at home, I wouldn't have gained so much from the music therapy.

From this quote we understand that her procurement of, and use of, the organ is significantly related to her experiences with music therapy. Still, as we saw earlier in this text, her use of the organ was only one part of a larger engagement with music in several contexts of her everyday life. Understood as a metaphor, we might extend her description of the organ as the 'third therapist' to the continuous engagement with music in her everyday life—that is, to any use of music outside of music therapy. Her 'third therapist', then, is her own agency in a bi-directional linking of the music therapy process with pursuits and engagement across other contexts of life.

According to Dreier (2008; 2009), as mentioned above, therapy should be approached as part of a much greater whole:

Therapy does not and cannot work abstractly as the only cause of change. It works in conjunction with other conditions, events, activities, co-participants, social relations, and contexts in clients' lives. Indeed, for therapy to work involves much varied work on the part of the client between sessions, elsewhere and later. (Dreier, 2009, p. 206)

Following this, we may say that Kristin's pursue of the goals mentioned in this text, of musical participation, of religious identity and spirituality and her use of music in coping is definitively part of her engagement in music therapy. However, this engagement in music therapy is in interaction with a similar and continuous engagement across several contexts, such as her home and family, her religious community and her mental health care institution.

Kristin's pursuit of health and quality of life involves an active and continuous engagement with music in several social practices that include music therapy. Music therapy, in consequence is one possible resource within a larger strategy of service provision for mental health that needs to include personal levels as well as organisational and community levels (Prilleltensky & Prilleltensky, 2006). However, if the therapeutic strategy is extended to an engagement with client's everyday life contexts, we need to have a critical stance towards the possibilities and consequences of implementing professional conducts into people's everyday life (Dreier, 2008, p.17). Indeed we should not reduce life to a therapeutic process. Thus, it is crucial to recognize the client's agency in terms of this process of linking the experiences in music therapy to other contexts of life through a continuous engagement across contexts in time and space.

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Less Comfortably Numb, More Meaningfully Occupied

Steve Hooper¹ & Simon Procter

Steve, a singer songwriter, and Simon, a music therapist, met and worked together at a community mental health centre in London. Some years later, the two of them are sitting on a beach in southwest England, reflecting on the work they did together. It's the first time they have met up since they worked together and Simon is keen to hear how Steve feels his period of music therapy fitted into his life as a whole, and to what extent music is still a coherent thread through Steve's life.

Simon: We started working together about seven years ago, but music had been important for you long before that, hadn't it?

Steve: Oh yes. As a child I was always into music. Even at junior school I can remember being really into music, singing along to stuff and mucking around and showing off. And I remember going into school the morning after *Top of the Pops*², you'd talk about who had been on and what they'd sung.

Simon: So music was something social for you even then—you were performing before you'd learned to play!

Steve: Ha, yes, that's absolutely right! But I guess it is for most people—I mean, that's what music is, isn't it—something social, something you do with other people?

Simon: And what about making music yourself?

¹ Steve Hooper is a pseudonym.

² *Top of the Pops* was a weekly television programme broadcast by the BBC from 1964 to 2006, showcasing live performances of current hits and always finishing with the latest "Number One". In the 1960s and 1970s it was essential viewing for young people who wanted to know what was "in". For more information, see its archive website: <http://www.bbc.co.uk/totp/history>

Steve: Well, I played air-guitar for years! When I was growing up I had an older cousin who had some guitar lessons at his school, and the idea was he was going to show me what he'd learned but that's easier said than done really. So I learned a couple of chords on the guitar and that was it. And I was very shy really—I never really had the confidence to do anything. I didn't actually learn to play the guitar until I was eighteen, maybe nineteen. I must have had about a dozen lessons, and that gave me the tools to go away and learn more of the guitar myself.

Simon: And how did you get on with that?

Steve: Well, I think I'd already got the hang of strumming from all those years of playing air-guitar! I needed to learn much more about what to do with my left hand. And then there was finger-picking: one thing I really remember learning when I was young, it must be one of the first songs guitar players everywhere learn, was *The House of the Rising Sun*. That basic finger-picking pattern is the same on so many songs. So yes, I'd always been into music. I was just too shy to do anything about it until I was about 18 or 19.

Simon: So what happened then?

Steve: That's when I joined a band, which is of course what I'd really wanted to do. I think most people do who learn the guitar. We ended up moving away from here to London to 'make it', but that fell apart quite quickly and my music died away with it really, like it does.

Simon: Hmm, yes. People tend to think of music and playing in bands as something for teenagers really, don't they?

Steve: Yes, that kind of attitude seemed normal to me then—that when you grow up you leave things like music behind. But now that seems daft!

Simon: So what happened in London?

Steve: Well, from about my mid-twenties to my mid-thirties I did very little musically. I worked in a dole office³ for years: I was a union rep and it was all very pressured. Things got out of control: I was drinking too much, smoking too much dope, taking too many pills to try to cope with everything, and it all ended in a breakdown. And it was round about that time that I started writing songs. It sounds funny now but I'd never really written songs when I'd been in bands years before, and looking back it's clear that each time I had a breakdown—there were two—I got back into music. I think it was a way of dealing with all those pent-up emotions and chaotic things

³ A dole office is where unemployed people go to seek work and to collect their unemployment welfare benefit payments.

going on inside. I suppose some people run marathons and things like that but I found myself writing songs a lot of the time.

Simon: What were they like?

Steve: Well, they weren't really songs so much as bits of ideas scribbled down on bits of paper – fragments which I'd then try to piece together into proper songs.

Simon: Yes, I remember those bits of paper from when we started working together... but that was later, wasn't it?

Steve: Well, I did try music therapy for a couple of sessions after I had that first breakdown. But it just seemed like a lot of banging and crashing to be honest. It wasn't what I wanted to be doing: I knew that we were supposed to finish banging around at a certain time and I worked out the signals of how that happened but beyond that it didn't seem to make much sense really. The therapist was nice but I couldn't see any point in that kind of thing.

Simon: So you didn't stick with it?

Steve: No, I tried to sort myself out by doing stuff really: I was at home a lot and my next door neighbour had started working with a homeless charity and she said "Why don't you come down and do a bit of volunteering? It's better than sitting around" - she knew I was depressed. So I ended up doing some volunteering and in the end I got a job working in their office. And I was still trying to write songs then, so they suggested I come and do some sessions in one of their hostels. We did some great jamming sessions, but I was lost myself as well. And being in that environment didn't help. Once again I was drinking and smoking and taking too many pills and it all spiralled out of control.

Simon: And you were writing songs all this time?

Steve: Yes—well, as I say, they were more fragments than songs. Sometimes they came out straightaway but quite often I just got fragments of words, fragments of phrases, you know—a little thing on the guitar or a tune in my head: it was all very chaotic! Trying to make songs out of those fragments was a way of trying to make order out of the chaos.

Simon: So what brought you back to music therapy?

Steve: To be honest I was desperate. Desperate for any kind of help from anywhere, desperate for some meaningful contact with someone—just desperate to get my life back together really. I wasn't thinking about putting it back together though: very often I really felt like it was the end. It sounds dramatic now, but I had suicidal thoughts: life didn't feel worth living. There's not been a darker time in my life. Looking back now, I think

I needed an outlet but some kind of structure too—someone or something to help me get organised, to feel organised and be organised.

Simon: And that's what music therapy did?

Steve: Yes, definitely. I didn't really have high hopes after my previous experience of music therapy, but when I realised that you were up for anything, that we could do singing and recording and performing and all of that, it made sense. I think I realised I'd turned back to music and especially songwriting to try to start being me again after the first breakdown but then I'd put it on hold again while I was working with homeless people, and I was often gripped by panic: everything seemed so chaotic. Working with you meant I could finish songs that I'd had on the go for ages. It was something to get out of bed for in the morning: coming to sessions was a big deal. I'd be at home all the time and I found it really hard to leave the flat. Just getting to sessions was a major undertaking—I'd have to plan the whole day around it, pack my bag and cycle over with my guitar on my back. I needed something that meaningful to go out for.

Simon: And what about the time you spent with me in the room? Was it any different to playing and singing on your own at home?

Steve: Oh yes, massively different. I sang and played differently in the room. For a start you were there, and that made it very different. I came to do music with you, not just in another room. But also there was something special about the room: I could sing as loudly or as raucously as I wanted there, whereas at home I would have felt inhibited because of the neighbours in the flats: the walls were like paper in that place! So I could be more me with you there than on my own at home. Because even if people overheard us, and I know they did, it didn't matter somehow, because there it was legitimate, because of you.

Simon: I noticed you talked about 'working' with me, just as you had 'worked' with homeless people. Did it feel like working?

Steve: Yes, definitely. But in a good way! I mean, I didn't come to mess around—I was serious about what we were doing, and it mattered that you were serious about it too. And once I'd got my audio recorder, I used to go straight back home and listen back to what we'd recorded in sessions, so that was like doing my homework.

Simon: Often when people talk about music therapy, they think of the therapist doing the work and the client being 'treated'. Did you feel 'treated'?

Steve: Well, I knew you were a trained professional and I presumed you were being paid... but I still felt we were working together. I think our relationship was based on working together.

Simon: So did you not come to 'get better'?

Steve: I suppose in a way I did—and I did 'get better' as you call it. But I would have been too desperate and chaotic at the time to say that.

Simon: So how did the 'getting better' happen?

Steve: Oh, by me getting to grips with my music. By moving away from it being chaotic and towards it opening up possibilities for me, like I have now.

Simon: So it was all about musical work?

Steve: Totally.

Simon: And the nature of that work changed, didn't it? I mean, I remember that when you first came you would come with your bits of paper with chords and lyrics and sing songs to me. I remember hardly doing anything: I would set the room up, then record you and just listen.

Steve: Yes, I suppose that's all I could cope with then. But the recording was great. I would go home and listen back to the recordings we'd done. It gave me a feeling of some kind of resolution, of some kind of outcome. And then I bought my own digital recorder and I brought it to you—I didn't even know how to turn it on really—and we spent a session twiddling with it, and afterwards I felt, "Oh, great, wonderful, I can do this for myself now!" I needed that practical help and then I was much more capable.

Simon: Again, some people might question whether showing someone how to use an audio recorder is part of therapy, but for you it was?

Steve: Of course—I needed that to go forward. It made me more able to do things for myself. You didn't have to make CDs for me all the time then—in fact I made some for you, didn't I?

Simon: You did. And by that time we'd started playing together.

Steve: That's right. You'd play the violin or the accordion usually. It made all the difference playing with you—it put some kind of stamp on the music for me and it brought the songs alive. I felt they must be proper songs because someone else could play along on them. And they were alive because they kept changing—they could happen in so many different ways. I stopped being so fixed about how they were supposed to be and enjoyed them more.

Simon: And then you had the idea of doing gigs.

Steve: Was that my idea?

Simon: Yes, I remember you talking about a pub that you used to go to sometimes—that was when you talked about it for the first time.

Steve: That's right—someone I knew was running it. That's how I found out about those pub nights where you could just turn up and play.

Simon: So we worked up a set for the first one, didn't we?

Steve: Yes, I remember it was going out live on the internet: I don't suppose many people were watching but I completely froze up! I couldn't even remember the first chord to the first song!

Simon: But you still wanted to do it? Again, some people might say that performance has no place in music therapy?

Steve: I don't see why not—I mean, it's what I wanted to do, and it's what music is all about for me now. I don't think I'd be where I am now without those gigs then. And I couldn't have done them on my own. I needed someone I could really trust, someone really reliable, to do them with me. I'm not saying it would be the right thing for everyone, but it was right for me.

Simon: So what did playing in public do for you that you didn't get just from playing with me?

Steve: Well, you say 'in public': there might have been only half a dozen people there at some of those gigs but they were still public performances. And it made all the difference to me not playing on my own, but playing with you, and later playing with other people too. Then later we did bigger gigs: that was quite incredible, because I'd been happy enough just to get a gig, but there they gave us free food and a drink as well! I felt like a musician because someone was sort of paying me to be a musician. And that was an incredible thing, you know. And it was great that you were there. And even now when I've been playing around here for a couple of years and someone says, "Oh, you get a free drink", it feels amazing to be given that kind of recognition. And sometimes you get a free meal as well! It's not so much the free food and drink, it's like a really nice pat on the back. You're being validated. Someone's said "This is a musician, otherwise why would we look after them?"

Simon: Another thing that might raise eyebrows amongst music therapists is that we were playing together with your friends. And I never really knew whether they knew that I was a music therapist. Did you tell them? Did you want to tell them?

Steve: I can't remember actually. But there wouldn't have been an issue anyway. I probably would have told them how I knew you, but I wouldn't have gone into detail. I wouldn't have had to go into detail because they

were all musical people—not necessarily trained, but musical—they would all understand how music therapy makes sense, and they would have been pleased to be part of it.

Simon: So it wouldn't have been an issue for you had they known?

Steve: No, they were my friends and musical people too, so why would I have minded?

Simon: And they knew you'd had a breakdown?

Steve: Most of them, yes, and that's kind of the point, isn't it? The gigs were me getting back to my best—I wanted them to be there and it was great that I could play with them more and more.

Simon: Some people would say that any form of therapy should be confidential and properly boundaried, which means keeping other people out.

Steve: Yes, but I know what a lack of boundaries looks like—that's what happened when I was working in the homeless shelter and there was no difference between unhealthiness and healthiness. I lost all sense of who I was and what I could do because of that. But you didn't get chaotic like me: you helped me back into a way of using music that was healthy and which I could build on myself. That's healthy, not unhealthy.

Simon: So healthiness has to do with the way we were using music, the way you were using music, not your psychiatric state?

Steve: You know, I'd been diagnosed with anxiety, depression and some kind of 'OCD tendencies' or 'personality traits' or whatever—different people kept using different words. But my kind of compulsiveness wasn't like people who have to turn round three times in a doorway—I can see how that can really affect your life. For me, it's not like that .. do you remember, I was a bit obsessed with the idea that songs shouldn't go over three and a half minutes? That's not really going to damage anyone, is it? It's a matter of degree, and I think some obsessional traits are just a way of wanting to get things right, you know. And that's useful sometimes. And now I can even cope with seven-minute songs!

Simon: So, despite your diagnosis, you didn't come to music therapy to reduce your symptoms or de-diagnose yourself in some way?

Steve: No, I came to play music! I think somehow I already knew that music was my route to getting better.

Simon: And part of that way was working with me, but part of it was also the way you started engaging other service users in that place in music-making.

Steve: Yes, that was something I hadn't expected, but they asked me about it and I was really surprised when you said "Go for it"—you had such faith in me! It was a really nice place—you didn't need a medical referral to go there so it wasn't stigmatising like a hospital or a social services place. Many people used it socially as a drop-in centre, and they enjoyed the music groups you did and they knew I could play guitar so they started asking for lessons. So with your encouragement I had a go!

Simon: I'd always tried to build up a musical culture there and it was brilliant to have someone who could teach people the guitar.

Steve: A few of them joined in with a couple of our gigs, remember? At first I wasn't very confident about what I was doing, but after a while it felt so good to think "I can really do this", and to feel I could give something. And you were always there to help out or ask advice from if I needed it. It also got me connected with other people there: a couple of the people I gave lessons to had spells in hospital so I'd visit them there too, which was nice for them but good for me too because I was so isolated.

Simon: And I think you ended up improvising with people as well, didn't you?

Steve: Yes, one chap would just start singing anything and I'd just have to find a way to play along with him. And funnily enough, sometimes I'd find myself playing a riff which I'd had hanging round in my head for ages and it just seemed to fit, so we found a way of playing together. But for me to do that came out of me coming to you in the first place.

Simon: And perhaps in some ways you were doing with him what I was doing with you—being there for him musically.

Steve: Well, in some ways yes. I mean I wasn't trained or anything, and I can't talk any of the theory or whatever...

Simon: But you were doing it practically.

Steve: Yeah. Yeah, definitely. But I wouldn't have been doing it if I hadn't have come to do it with you in the first place. I would never call myself a guitar teacher: I think what I did was a very informal kind of music facilitating, but I would have felt a bit grandiose calling myself a 'volunteer' and claiming the free meals they offered to volunteers, because I was happy to do it—I was really so happy to do it. Finding I could contribute something musically as well as getting those experiences with you, that was really something. And the staff treated me differently when they saw me doing things: I remember one of them asked my advice about buying an audio

recorder for recording meetings or something and it felt amazing that someone would ask me for my advice!

Simon: So you worked on two fronts at least: working with me on the songs and working by teaching people and I suppose befriending them musically. And that seems to be something you've built into the life you have now down here.

Steve: Yes, well, the better I felt, the more time I spent down here: I mean, I'd never imagined moving back down here before. And probably I would have drifted back to London again if I hadn't found musicians here and started playing music here. I found it hard to make contact with people in London, even though I'd been there for years. I think the pubs are different: in London there are plenty of open mics⁴ where you turn up and play a few songs but it's not the same as sitting around unplugged and playing with each other, which is what happens in the pubs here.

Simon: So what's the difference between turning up to an open mic and taking part in the sort of sessions that might happen in a pub down here?

Steve: It's a whole other experience—it's not always easy because it's hard to accommodate people who always play too loud or too fast or whatever. And there are people who love singing but always forget the words or sing off-key. But I think I've learned from music therapy that you can play with anyone—so everyone can sit round and play. And sometimes it feels as though we are part of a family round here: no one openly argues but you can tell that there are factions. There can be black looks or rolled eyes! But playing music changes how you feel about people: there might be someone I'm really not sure of but we've both come to play music so we'll say hello and shake hands, and if he's playing certain songs then I'll play along with him and if I'm playing certain songs he'll play along with me. And you know, that's not bad for two people who wouldn't otherwise feel that they liked each other. And that is like a family—you might not always like people, but you do what you can to get along with them.

Simon: So music is a way of getting along with people?

Steve: Yes, it is. It's an amazing way. If you're doing a session or a performance with someone, then you're there for the music or the performance so you make sure you don't fall out. It's a great way to get along. After living in London for years I thought I'd find it really hard to be back in an area where

⁴ An "open mic" is an event (usually held in a pub) where anyone present can do a short performance: participating in these is often how performers on a pub circuit first become known.

your life is so open to scrutiny: I thought I wouldn't want people knowing my business, but I've ended up choosing to share my business with other people to a certain extent by making music with them. No one makes you go out and sing—and I laugh when I find myself screaming some kind of country rockabilly like a lunatic in front of a packed pub—I imagined that wasn't the kind of thing I'd do, but of course it is!

Simon: So is music a way for you to discover different aspects of yourself?

Steve: Yes, it turns out that I am the sort of person who enjoys living in a place like this after all! And without being big-headed, I think that's partly because in the sort of music-making I do here I know it makes a difference whether I'm there or not. Someone might think "Ooh, there's a gap in this song, I could do with a bit of guitar"—well, they know that I'm going to be able to supply something. I can improvise with people quite easily really. So I think it does make a difference when I go to a session or play a gig with someone in the same way I know they would make a difference to me. So I'm worth something. Not long ago I would have felt arrogant saying that—in fact I feel a bit big-headed saying it now, but I think it's true. It's been a very long journey to get there, and music therapy was a major part of it, especially in showing me what was possible. But I can't imagine going back to not having music in my life.

Simon: And it seems to me that your life is now remarkably full of music!

Steve: I do a lot of playing and singing, yes. And the more I do, the more opportunities come along. Last week I played in a pub gig on Friday, and then at a local carnival on Sunday and then a charity gig on the Monday.

Simon: All with the same band?

Steve: Oh no, it's all different combinations: and that's the nice thing. I don't do just one kind of thing and I play with different people. One of the bands I play with—it's just me, my girlfriend and a friend who's a singer and songwriter—we did a session on the local BBC radio station a couple of weeks ago. I was really nervous: I thought they'd find me out for being not a proper musician, but it was great and gave me such a buzz. And everyone said they'd really enjoyed it, which is the best sort of feedback you can ask for. And we get to travel around a bit too—all over the county and sometimes even beyond, which is fun, and something I otherwise couldn't afford to do, with being unemployed.

Simon: How do you feel about that? I mean, you've done some really responsible, high-pressure work in the past. And it sounds as though you're

busy, even though you're not getting paid for your work, especially with all these charity gigs and so on.

Steve: I don't like being unemployed at all: I don't have a lot of money. I've applied for various jobs down here, working with the homeless and so on. But on some level I've been relieved not to get them: I think that kind of work made me ill before and I don't want to end up like that again. And in a strange kind of way I feel really lucky. I'm 51 and unemployed and pretty much penniless yet there's never been a better time in my life than now. And I couldn't even have ever envisaged living back down here because I always thought "Well, what would I do?" And I could never have imagined that what I could do down here is what I've always wanted to do anyway, which is music. And even though I don't have a job, I feel I contribute through my music—I've done some gigs for cancer charities and the RNLI⁵, I play at carnivals and so on, and I'm about to start doing volunteer work for a local organisation that promotes diversity here in Devon and helps people integrate.

Simon: So in a sense you are working, using music with people, aren't you? You've found a way of working with people in which you are most able to help them—which is a bit like me as a music therapist, I guess.

Steve: Yes, I think that's right. When I was unemployed in London I used to just sit and watch television all day long. And now it's like being employed again because I don't have time for that any more: it's nice to have a night off sometimes and just relax in front of the telly! You know that Pink Floyd song about 'I have become Comfortably Numb'⁶? Well, I have become 'Meaningfully Occupied'—ha ha! It's great—I couldn't have predicted it. I am meaningfully occupied thanks to music. And part of the meaningfulness is that I know I am making a contribution.

Simon: That's quite a testament to what music can be. And there's one more thing I want to ask you about. I'm really struck by the fact that in our work together you were a folky, punky, rock and roll-y guitarist and singer playing with me—a classically trained violinist. And now your girlfriend, with whom you do lots of playing, is a classically trained violinist! What's that all about then?

Steve: Well, I wasn't in love with you, if that's what you mean!

⁵ The Royal National Lifeboat Institution is a charity which provides the lifeboat service around the UK.

⁶ *Comfortably Numb* first appeared on Pink Floyd's double album *The Wall* in 1979.

Simon: Ha! No, probably not! But does it make a difference that she's a musician, and does the way she plays with you impact on you? I'm interested because so many musicians end up with musicians...

Steve: Well, there's definitely a difference between being with someone who's not into music, or who's into music a bit, and someone who actually plays music, because they know much more what it's all about. We go to sessions together, we do gigs together, we rehearse together, we listen to music, we talk about music, we know the same kind of people. And if we go to see other people's sessions or someone else comes to an open mic or something, we appreciate the same things. When a song's gone on too long we kind of look at each other as if to say "This song should finish" or "They shouldn't have done that extra chorus". We're 'in sync' on those things.

Simon: So is it simply a question of being the same kind of people?

Steve: No, we're quite different in some ways: before we perform I'm the one who gets really nervous. I might get a bit snappy and impatient but it really makes me realise when I come through it afterwards how lucky I am: it makes me appreciate the life I've got and the life we've got together now. I'm with someone who understands me, and the differences between us, both musically and personally, contribute to that as well as the similarities. Our musical backgrounds aren't the same but we listen to each other, and I learn from her and she learns from me. It's rich, and it's good, and it's satisfying.

Simon's Reflections on Our Conversation

As a music therapist my attention is most often focussed on the here and now: I try to be as attentive as possible to the musical moment. Much of my training and subsequent professional development has been about cultivating an acute awareness of what is happening within musical interactions, both within sessions and on the basis of reviewing recordings afterwards. This matters because it is in the minutiae of moment-by-moment musical interaction that we experience the quality of another's presence and attention and hence the potential for transformation of self-experience. This is often linked with the notion of communicative musicality (Trevarthen & Malloch, 2000) and hence to the formative musical interaction that occurs between infants and their caregivers.

But Steve reminds me that there is more to music than the immediately interactional and dyadically relational. Music isn't just communicative—it is also social.

This is something that ethnomusicology, musical anthropology and the sociology of music demonstrate over and over again—see for example Torino (2008). And likewise health and illness aren't just individualistic, they are also socially observed, codified and understood (Morgan, Calnan & Manning 1985, p. 29). Health isn't just the absence of disease or pathology (as if this were in any case possible): it is also the building of a life which is satisfying and sustainable, not least in terms of its social ecology. This is a lifelong undertaking: the question for music therapists must be how their work with their clients contributes to this process. Any attempt to answer this question must firstly acknowledge that this is generally an area of lay expertise: most people do this perfectly well without the aid of a therapist—for most musicians, music is a means of living life and they work out how to do this for themselves. And even people who don't consider themselves musicians make use of music in a variety of health-promoting ways which contribute to their sense of self, to their self-regulation, to their ability to deal with ill-health and social disadvantage, and to their capacity to manage relationships and the world around them (DeNora 2000; Batt-Rawden, DeNora & Ruud, 2005). This, then, is not an area compatible with claims of professional exclusivity.

Steve was not a 'typical' client—but then there is no such thing as a 'typical' client. Steve's particular situation was that he came to music therapy with a highly developed skill as a musician and songwriter: this was not anything that I taught him. Indeed, as a guitarist he is considerably more skilled than I am ever likely to be. In the earliest phase of our work together, I contributed nothing in terms of active music-making: I simply listened to Steve singing his songs and sometimes talking about them, and also acted as a kind of basic recording engineer, setting up the room to facilitate recording and operating the mp3 recorder and microphone. Later, I started to join in on violin or accordion, and my active involvement inevitably meant that the songs were realised differently: this in turn led Steve to think about alternative ways of conceiving his own songs. From a psychiatric perspective this might be thought of as a way of 'working on' Steve's diagnosed pathology of 'OCD tendencies' as well as providing meaningful, motivating, aesthetically rewarding engagement which could offer something other than the unremitting experience of 'depression'. Throughout, however, everything we did was led by and posited on Steve's skills and strengths, and in this sense our work fits well within the resource-oriented approach described by Rolvsjord (2010), with its non-acceptance of pathologisation, its emphasis on collaboration rather than intervention, and its understanding of music as a resource for health.

Later I encouraged Steve in his willingness to share his musical abilities in his interactions with others at the mental health centre: in so doing he discovered strengths and capacities of which he had previously been much less aware. And of course we made the step out of the room and onto the stage, playing at gigs in pubs together.

This paved the way for Steve to do much more of the same but without me—with existing friends and with new friends he would meet through exactly this kind of social music-making. Ultimately this set the tone for the life he has built for himself since—a life founded not only on music-making as an activity of daily life but also on a recognition of Steve’s musical skill and ability coupled with a clear understanding, eloquently expressed, of how music ‘oils the wheels’ of the negotiations inherent in all everyday social interactions and transactions. It is, as he says, a way of being (and making it possible to be) with other people as well as a means of discovering different aspects of oneself in the process.

In all of this, I see a constant thread of Steve’s *work*. He is explicit about this himself and his description matches exactly my own perception. From our earliest tentative sessions to our latest public performances, Steve invested heavily in the music therapy process, not simply by getting himself to sessions or performances (itself no mean feat for him in those days) but also by always coming with an attitude of actively ‘working together’ rather than passively ‘being treated’. This recalls the centrality of the concept of work to the practice of music therapy pioneers Paul Nordoff and Clive Robbins, as discussed in detail by Aigen (1998, pp. 283-287). Perhaps most pertinent here is Aigen’s observation that “the ability to engage in meaningful work is a necessary component of psychological health because it gives meaning to life” (p. 284). And our work was unquestionably musical. Sometimes we would talk about the difficulties of everyday life, or about the challenges of living on benefits. But the real work, the reason for our spending time together, was not to talk psychologically, but to work musically. Our relationship, which became so strong and productive, was unquestionably a musical relationship forged in the demanding atmosphere of musical collaboration. I encouraged Steve to work harder and achieve more, but likewise he demanded that I go beyond my areas of musical comfort. The styles in which I found myself playing were new for me: this was a process of musical endeavour and musical discovery for me too. Turning our attention to the present day, Steve is unemployed—our market-driven society, centred purely on money growing money, is unable to furnish him with meaningful work which might promote his psychological health, but music is an area of life in which Steve has learned to take the initiative for himself, creating meaning, connection with others and hence a sense of worth and purpose.

Steve’s work has of course continued and continues still. It is the same process of work with which we engaged in music therapy sessions that I see being followed through into his building of a satisfying and rewarding life. Something of our collaboration can be traced in his engagement in performing, in music group facilitating and of course in his relationship with his partner. To say this is not at all to claim credit for myself: on the contrary, I wish to underscore that the benefits Steve is enjoying

are down to his work, and that this work extends from the time of our early music therapy sessions through the more public work into the present day.

So what of my role in our sessions? Some readers might object that my role does not sound like that of a music therapist at all. As Stige (2010, p. 10) points out, despite the fact that many music therapy pioneers started out with very broad practices encompassing open and performative modes, their followers have subsequently tended to imitate 'specialists' in psychotherapy, medicine, psychology or special education by restricting their practices to increasingly narrow, pathology-focused and privatised modes, and all the more so in recent years with the pursuit of professionalisation (Procter, 2008). But to a casual observer our sessions might well have looked simply like two middle-aged men jamming together. Nevertheless, as I have already tried to make clear, the notion of 'musical work' is as central to this therapy process as it was to the case studies of Nordoff and Robbins, as discussed by Aigen (1998, pp. 283-287)—on my side as well as Steve's. Nor was I in any way a teacher for Steve. Rather, as in any music therapy session conceived of from a music-centred perspective, I sought to help Steve to extend his range of musical possibilities, understanding these as personal and social as well as musical. Thus Steve's ideas that he could teach people at the centre to play guitar or that we could try performing together were clearly the way to go, and it seemed to me that it was my responsibility as a music therapist to support him in this. This was Steve finding his own way: my role was simply to accompany him supportively (again, both musically and personally, and in whatever way was appropriate at the time).

A theoretical objection to this might come from those therapists whose thinking is rooted in psychoanalytic traditions—that therapy by definition has to occur in maximally privatised spaces and within maximally bounded therapeutic relationships (where the therapist reveals as little as possible about themselves) in order that an exclusive relationship can be developed which permits adequate opportunities for transference, countertransference and the like. But for Steve, and for me too, such an objection would be to deny the nature of music-making and in particular musical collaboration, and the opportunities for relationship and self-experience that these offer.

Music can be many things for many people, but for Steve it was (and is) vividly and unequivocally a potential means of social interaction, of building relationships, of feeling an ability to contribute to society and of receiving approbation from others. My role as a music therapist was therefore to accompany him on this journey: such accompanying demands not a blank non-revelatory withholding of self, but a genuinely personal engagement. To play Steve's songs with him in a non-committal or reserved way would have been to betray the trust he was placing in me, or to prevent that trust developing in the first place.

Steve talks of needing someone he could trust to perform with—I understand this as a personal-musical trust, developed through genuine engagement in social collaboration. It is a truism of contemporary therapy culture that a therapist is there to accompany a client on a journey: usually this is predicated on first reconfiguring the landscape for the projected journey as a psychological one, thus transforming the social into the emotional (Furedi, 2004, p. 24). But my task seemed to be not a metaphorical accompanying, but a real musical accompanying. As in the musical accompanying I do outside music therapy, I had to apply all of my musicianship, spark and ability to the task of accompanying this stage of his much longer musical journey. And this notion of accompanying is what, from my perspective, means that what some might see as the flagrant violation of therapeutic boundaries required to permit me to show Steve how to use a recording device, to encourage Steve to teach and to perform with him—not only in public but in pubs where we would of course drink beer together—was not only justified but absolutely necessary. I confess that I thought about this long and hard at the time—it was not and is not my usual practice to do this with music therapy clients. But I judged that this was a necessary part of Steve’s journey, and our conversation confirms this for me. Steve points out what is for him the most important boundary of all—the boundary between chaos and order. It was important for Steve that I didn’t just do what he did. I was able to offer him a different experience of himself because whilst supporting him I didn’t get drawn into his chaos, but instead actively offered experiences of structure within which he was able to take risks and experience his own capacity for creativity, relationship and wellness.

Sociologist Erving Goffman, in his dramaturgical account of social interaction (1959), describes ‘back regions’ and ‘front regions’ of activity. To summarise his thinking crudely, the back region (or backstage) is where we rehearse—where we try out aspects of being ourselves in the company of only those whom we most intimately trust—whilst the front region is the public arena in which we perform ourselves for the consumption of the world at large. Whilst often this is a solitary transition, in this case I was able to bridge the gap for Steve at exactly the time when he needed this. We worked backstage (in private in the music therapy room) on Steve’s musical (and hence social) repertoire, and then I accompanied him (musically, physically and personally) into the front region (the world out there, starting with his teaching of others and later performing in a pub) so that he could safely and assuredly try out this repertoire in public. Having done so, his need for me lessened and he was able to engage in performances without me. This was a particular accompanying role at a particular time in Steve’s much longer journey: it is perhaps a mark of its therapeutic nature that it led to its own redundancy.

This observation seems valuable as a means of conceptualising how music therapists can be of use to their clients in such situations, but it also sits well with Paul Atkinson's critique (2006) of the general interest in performativity within sociology since Goffman's work appeared. Atkinson points out that study of performance (in the sense of musical, dramatic or artistic performance to an audience) has been neglected in favour of more general (and often metaphorical) conceptions of performativity in everyday life and that simultaneously studies of 'high art' (where performance *per se* is more likely to be focused on) tend to neglect "the practicalities of production and its collective negotiation" (p. 67). Perhaps this kind of music therapy work can provide sociology with fresh understandings of the nature of such performance.

Conversely, Atkinson's own ethnography of opera (2006), along with Cottrell's ethnography of professional music-making in London (2004) and Berkaak & Ruud's ethnography of a rock band (1994) might well be considered models for how music therapy itself might be researched and explored as a social health performance milieu or as a form of cultural intermediary (after Bourdieu, 1984 and as discussed by Wynn, 2012). The social practice of music-making for well-being is a well-established one, dating from well before the creation of any modern profession (Horden, 2000): surely we could learn much from examining how this practice gets done and how sense gets made of it and value attached to it, not by swallowing professional rhetoric whole and pre-conceiving of it as 'clinical' in advance, but by observing it in its natural contexts, in all its messiness and with all its vicissitudes. This is what ethnography has to offer⁷.

Finally, it seems important that in our music therapy work together, music was 'the real thing'. Neither of us was treating it as symbolic or representational of something else: we were being fully musical together and therefore fully ourselves. And so Steve has been able to continue the work himself in collaboration with others, most powerfully with his girlfriend, but also more loosely with others, thus providing him with the range of bonds (bridging as well as bonding) which social capital theorists recognise both as so essential to living well and also as effectively generated by musical collaboration (Putnam, 2000; Saguaro Seminar on Civic Engagement, 2000). In this sense, then, our musical work together can be seen as proto-social, enabling Steve to use the 'cultural toolkit' he had added to in his work with me in order to establish a 'strategy of action' (both concepts are from Swidler, 1986) which entails taking musical-social opportunities to construct a network of friends and musicians in whose company he is able to lead a fulfilling life. Connecting this back to Putnam's work on social capital theory, therefore, the element of risk-taking which characterised our work together

⁷ For an extensive overview of what ethnography might have to offer music therapy, see Stige (2005).

seems particularly significant. Through taking a risk (whether in sharing his songs with me, in being prepared to teach others or in performing in public) Steve experienced reciprocation which encouraged him to continue taking such risks in pursuit of personal and aesthetic satisfaction in life more generally. This is a fundamental tenet of Putnam's social capital theory here observable on a musical and hence, I would argue, proto-social level (for detailed argument on this issue see Procter, 2011⁸).

This then is music-centred music therapy. The work is the music, and the music is the work. And whilst sometimes it was hard work for either or both of us, much of it was also highly enjoyable, and the genuine sharing of fun and joy was an essential element. As Aigen notes (2005, p. xxii), "the joy of listening to, composing and creating music is at the heart of all processes in music therapy": whilst there are all sorts of reasons why professionals might want to couch music therapy in other terms, this is what we keep coming back to. It is a privilege to work musically with people: Steve and I worked hard together. I too was challenged and have consequently developed as a musician, person and music therapist as a result of playing with him and accompanying him on a part of his musical journey.

Steve's Concluding Remarks

As people we need to make order out of chaos. And music's one way of doing that—it's the way that works for me. Everything was chaotic for me, and music helped me to order things. Even the music I was doing back then was chaotic, and music therapy helped me get it back into order. And that way my life has order too. I've got some control back and the life I'm living now thanks to that—well, it's full of music and it's amazing. I feel lucky.

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Healing Singing

Renate Gretsich

Healing singing is a special form of collective singing that is increasingly employed in clinics and hospitals as a therapy-supporting measure.¹ Once a week, people meet to sing special songs together under the direction of a music therapist. Depending on interest, between twenty and ninety people will take part in the singing, which is offered to everyone who wishes to participate. Each singing session takes about ninety minutes. Participants begin by warming up, which involves making facial expressions and doing body exercises while using the voice. Next, participants alternate between singing familiar songs and learning new ones. At the end of the session, the group sings a parting song, which gives everyone the chance to achieve inner closure.

The songs are characterised by their simple melodies and powerful, expressive lyrics that deal with life issues such as self-acceptance, faith in one's abilities, and the development of one's personality. All of the songs are sung without the use of sheet music and are accompanied by gestures and dance steps that involve turning towards a partner or forming a circle, so that collective dance movements complement the collective singing. A guitar and percussion instruments accompany the singing. Each song is repeated several times so that every participant can join in, even if he/she has not heard the song before.

A distinctive feature of the healing singing group is that all of the participants are viewed as equals regardless of their status as patient, clinic staff member, former patient or local resident. It is a great boost for the current patients to shift their focus away from their illnesses and need for therapy and toward their healthy aspects and existing abilities. The experience of being equal members of the group both encourages and inspires them, and this new energy in turn has a positive influence on the healing process.

The present paper addresses this special technique in terms of whether participation in the group generates a sense of communion and social resonance that is capable of influencing the physical state of the participants, as reflected in measurable changes

¹ See Singende-Krankenhäuser.de.

in brain activity. Patients suffering from psychological illnesses would experience this resonance as a marked therapeutic effect (Gretsch, 2011). From a neurobiological perspective, active mirror neurons are required in order for resonance to develop between people (Bauer, 2006). Through this resonance, interpersonal relationships can develop and grow stronger, which then produces positive emotional experiences within the group. Participating in social activities together, more broadly speaking, plays an important role in activating the motivation and reward systems in the human brain, but emotional experience is also functionally relevant to genes (Bauer, 2008). Accordingly, the activation of the genes that are responsible for the mirror neurons and the reward system is directly linked to the positive resonance experiences between a person and their fellow human beings (McGowan et al., 2009).

The findings of the studies consulted for the present text make it possible to propose the following hypothesis:

The social resonance and bond that result from the music and dance movements in healing singing activate not only the mirror neurons but also the motivation and reward systems. Singing in combination with movement promotes coherence in the body. The involvement of the emotional centres creates a feeling of happiness and joy, and the experience of the group interaction leads to new neural connections. The more often the positive experience of belonging and being appreciated is repeated, the greater the chance that the functioning of the genes responsible for motivation and reward will change and exhibit stronger activity. (Gretsch, 2011, pp. 23ff)

This study is carried out using a grounded theory methodology. Its data sources are eight interviews with healing singing participants that are analysed and evaluated. These responses confirm that the resonance of a positive relationship and the feeling of communion that ensues can promote learning processes and result in behavioural changes.

Theoretical Part: Neurobiology

Social recognition and the experience of receiving positive attention within a group stimulate our motivation systems. The resultant release of dopamine and the body's own opioids elicits feelings of euphoria in our emotional centres and increase our vitality and enjoyment of life. In addition, positive interactions of all sorts promote the synthesis of the hormone oxytocin, which contributes significantly to the development

and maintenance of stable relationships through the cultivation of our social memory (Bauer, 2008). Oxytocin ensures that these experiences (singing and dancing, for example), in combination with their associated good feelings, are stored in the body's emotional centres (Insel & Fernald, 2004). If this process is repeated with the same group of people, a close bond and sense of trust result.

Moreover, positive relationship experiences stimulate the mirror neuron network. These nerve cells become active when one person observes another person's activities or particular emotional state (Bauer, 2006), and this activity constitutes a neurobiological resonance event. Mirror neurons play a major role in our empathetic perception of other people by producing an inner simulation of what we see and experience. This resonance process occurs spontaneously (Bauer, 2006). Every learning process that leads to a change in a person's outlook, and thus in his/her behaviour, depends on a successful reflection. Mirror neurons are actively involved in all intra- and interpersonal learning processes, including the learning of a sense of self, the ability to communicate and our overall social competence. Only through a reciprocal reflection does the process of seeing and being seen take place. When people 'tune in' to one another, that is, they begin to resonate (*ibid.*). The network of the mirror neurons and motivation systems is 'hardwired' at birth, though it is necessary to activate both of them (Bauer, 2006, 2008). In the absence of activation, our functionality is impaired, and our ability to form attachments and trust in the viability of our relationships remains limited. More broadly speaking, our ability to enjoy life is unable to unfold to its full potential, and our sense of self-worth, ability to communicate and sense of empathy are unable to develop to an adequate degree.

Mirror neurons and motivation systems are activated via genes, and research has shown that genes are activated in turn by external signals, which vary in their impact (Bauer, 2008). Interpersonal experiences affect the genes that determine our spiritual state. If a person receives attention, acknowledgment, and recognition, the genes responsible for the neural network 'motivation cascade' are activated, as well as those responsible for the stimulation of the mirror neurons (Weaver et al., 2004). Gene activity research has established that genes are chemically marked by methyl groups, and if a gene is strongly methylated, it remains (or even becomes) inactive. Yet the process of methylation is reversible, and genes are not fixed in this regard; they react sensitively to social stimuli by changing their activity according to a person's experiences (McGowan et al., 2009). Both the mirror neurons, which are responsible for understanding and empathy, and the reward systems, which are responsible for motivation and the enjoyment of life, are activated by positive interpersonal encounters.

Findings in neurobiology and genetic research confirm the four basic needs formulated by Stucki and Grawe (2007): attachment (positive encounter), self-esteem

elevation (recognition and acceptance), displeasure avoidance and pleasure (active reward systems) and orientation and control (understanding and self-determination). In Stucki and Grawe's view, the cause of psychological illness is an inconsistency-derived tension that persists over a long period despite the efforts of the affected person to reduce it, and that results from the fact that one or more of these basic needs is not satisfied. All basic needs are satisfied, on the other hand, in a successful relationship, and healing singing produces exactly that requisite social resonance within the group. The collective 'tuning in' activates the mirror neurons, giving rise to a socially resonant space in which participants can develop a sense of security, belonging and communion. This positive interpersonal encounter activates the reward systems, which elicits a sense of euphoria and enjoyment of life. As a result, the aforementioned basic human needs are satisfied.

A Life with Music

Healing singing has a basis in childhood: the communal singing of songs can form a link in the early stages of a parent-child relationship. When parents sing with and for their children, they give them affection and create an atmosphere of care and attentiveness (Bossinger, 2006). Healing singing does the same and often causes particularly deep emotional reactions in people who have not experienced parental singing as children themselves. One aspect of these reactions is a longing to be shielded and to belong, which is something they have never had and can now experience (Baer, 2006; Bissegger, 2005).

Songs promote emotional expression and can also have an emotionally stabilising effect in unfamiliar or unpleasant situations. They are linked to a context of interaction and thus promote the initiation and maintenance of relationships (Wanke-Greiner, 2005). The emotional state of participants singing together in a group is apparent in the collective tone of their voices (Feuerstein, 2006), but this emotional state is also possible to change through music. Music that has associations with a highly emotional situation is particularly well-suited to realising a targeted change of mood (Spitzer, 2009). Healing singing exploits this quality by associating the group's sense of protection and great joy with the songs they share. The participants then invoke this emotional mood in their daily lives as well. Related changes of mood from healing singing can be ascertained in three areas: more positivity (less stress), greater alertness (less torpid) and elevated presence (less lonely and uninvolved) (Sloboda, 1999).

Music can invoke emotional and physical reactions even without associations. Certain musical phrases can cause goosebumps, make people smile, or bring them to tears (Spitzer, 2009). Readings of brain activity when one is listening to 'goosebump music' show that the reward system is activated and that regions associated with fear and unpleasant experiences are suppressed (Blood & Zatorre, 2001).

Positive emotional involvement is a decisive component in the durability of learning processes. Early experiences and perceptions lead to specific synapse connections within the neural networks that communicate with one another (Hüther in Bossinger & Eckle, 2008). These canalisations are particularly stable if the emotional centres are involved during an experience. They are incorporated into the emotional memory and can only be changed if the emotional centres are activated by a new experience in a comparable situation (ibid.) Canalisations that arise from oppressive experiences are extremely difficult to change. They determine the inner perceptions and expectations upon which people act in their environments, and their reactions to interpersonal encounters as well (ibid.) A cycle of experiences then arises that deepens the existing canalisation, reflecting the 'experience-dependent plasticity of neural connections' (ibid. p. 113).

Music supports relearning processes, because in most people it leads to a positive stimulation of the emotional centres. If modified behaviours are then linked to the positive emotional effect of music, long-lasting learning processes can result. The newly established activation patterns in the brain can be successively stabilised so that old patterns are overwritten and the person gains access to alternatives to his previously learned behaviour (Hüther, 2008).

Dance is closely tied to music. It is usually the rhythm of music that evokes the desire within us to move our bodies. The general receptivity of the human body to rhythm is based on the fact that we ourselves produce a number of rhythms and possess the ability to oscillate in time with external rhythms (Spitzer, 2009). Chronobiology and chronomedicine examine how synchronisation processes in the body can be initiated and promoted. One study examined the effect of dance movements on the participants of a folk dance group (Kapteiner & Zhang, 2008), and its measurements of bodily resonance fields showed that these fields were in a chaotic state before the dance session, whereas afterwards they were synchronised and coherent. One can assume that the folk-like dances and gestural movements in healing singing have a comparable synchronising effect on the resonance fields in the bodies of the participants.

Group Psychotherapy

One of the decisive factors for success in the therapeutic process within a given group is each participant's reflection on his/her own emotional reaction to his/her interaction with other participants (Yalom, 1996/2007). A supportive and trust-building group atmosphere contributes significantly to our willingness to examine our own emotional state and to correct the reactions and behaviours we demonstrate. Yalom has formulated four basic assumptions regarding the causes and effective treatment of psychological illness (Yalom, 1996, in Tschuschke, 2003):

1. Psychopathology has an interpersonal genesis; that is, the patient's problems are a result of a failed relationship (see also Bauer 2006, 2008; this means that the mirror neurons and motivation systems are not sufficiently active and that there is a lack of dopamine and oxytocin).
2. Interpersonal learning makes change, and thus a re-learning process, possible (see also Hüther 2008; this is to say that neuronal connections change with the involvement of the emotional centres).
3. As a social microcosm, the group promotes the acting out of typical behaviour patterns so that social difficulties, disappointments and frustration emerge and can be worked on.
4. A corrective emotional experience awakens the motivation to change interpersonal concepts (see also Bauer 2006, 2008; Hüther 2008; this means that the social interaction in the group activates the mirror neurons and motivation systems, causing dopamine and oxytocin levels to rise with the involvement of the emotional centres and establishing the requirements for the successful change in behaviour).

Accordingly, the dynamic that arises within a group is optimally suited to the initiation of learning and transformation processes. In order to establish such a constructive working atmosphere, the group requires an active, competent leader who is able to support and promote the group-dynamic energy of the participants. Furthermore, this leader should radiate an air of credible authority so as to make the best use of the participants' readiness to identify and bond with a benevolent person who gives them a sense of security (Tschuschke, 2003; Stucki & Grawe, 2007).

The therapeutic relationship that emerges between participants and leader has a considerable influence on the former's cooperativeness, and therefore on the viability of the therapy. At first, patients are often fearful and anxious because they do not know how they will be treated in the session. They may complain of a pressure to perform

because they cannot ascertain what is expected of them. Above all, however, they bear the ballast of troubling and painful relationship experiences that overburden their interpersonal resources for making further contacts.

In group psychotherapy, of course, therapist and patient sign a contract before treatment commences. This forms the basis of the therapy and covers the general group rules, the goals of the therapy, the tasks and responsibilities of the patient, and the specific role of the therapist (Tschuschke, 2003). In the early stages of group work, it is important to build up a group culture that promotes interaction. This culture should facilitate the free and sincere expression of feelings, encourage active participation and mutual self-help, promote a non-judgemental, accepting attitude and support unrestrained self-revelation, as well as the desire to understand oneself and others and to embrace change in oneself (Yalom, 1996/2007). It is the leader's responsibility to establish and maintain the group culture by communicating information clearly and by acting as a role model. When the group has begun its work, the therapist must pay attention so that problems are updated in the 'here and now'.

A group with this kind of working atmosphere will develop a strong sense of cohesion that can have a therapeutic effect. As social resonance and communion within the group become stronger, its sense of cohesion grows as well, and with it the mutual support that arrives via interpersonal learning processes that depend upon respect for, and acceptance of, individual idiosyncrasies.

Methods

An analysis of healing singing must encompass how the special atmosphere in the group develops and the extent to which its effects on the participants with psychological illnesses have a therapeutic quality. In order to explore the function (and therapeutic dimension) of healing singing in the context of the social resonance and communion within the group of participants, I joined a healing singing group for a duration of four weeks. Wolfgang Bossinger introduced me to the participants, and I presented my project and invited them to be part of it.² I collected data by means of targeted sampling and a focussed interview centred upon narration-generating questions (Flick, 2007). The categorisation and analysis of the data was thematically

² Wolfgang Bossinger is a certified music therapist and is active in clinical psychiatry. He has been dedicated to researching the healing potential of music and singing for nearly thirty years. He established healing singing after being inspired by reports about the Homeless Choir in Montreal, Canada (Bossinger, 2006).

focused and oriented content-wise on the basis of grounded theory (Flick, 2007; Potter & Hepburn, 2005). The data sources were eight interviews with healing singing participants suffering psychological illnesses, from which three narratives were selected for the present text. All interviewee names have been changed. The interviews were conducted in March 2010.

Following the transcription (Kuckartz et al., 2007) and an intensive examination of the interviews, the process of open coding began (Amir, 2005). I applied an inductive approach to assemble categories based on the data gained from the interviews. An examination of the categorised phenomena allowed me to determine relationships and links among the dimensions of music, group interaction and introspection. After revisiting the transcripts and the formation and organisation of the categories, I was able to formulate the central categories. I then linked all of the categories and sub-categories to the key categories and analysed and checked them for accuracy. The resulting operating levels are presented in fig. 1.

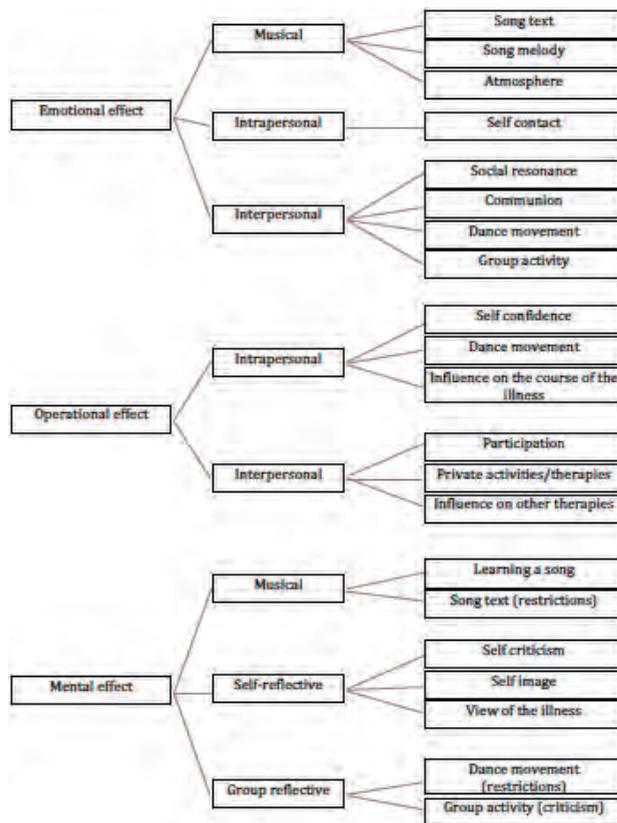


Fig. 1: Operating levels of healing singing in people with psychological illnesses.

Analysis

An analysis of the interviews clearly indicated that the effects observed by the interviewees were relevant on three levels of change: in feelings (the emotional level), actions (the operational level) and thoughts (the mental level). In particular, people pointed to a profound feeling of protection in the group and its positive effect on the mood. They also observed that their growing self-confidence changed the way they behaved and shaped their daily lives. The song lyrics encouraged reflection, promoted self-acceptance and helped participants to develop a positive self-image. These observations all describe experiences that are supported by neurobiological research. That is, the positive stimulation of emotional centres leads to an increased release of neuroplastic transmitters, which are needed for the canalisation processes required for changing one's experiences, thoughts, feelings and actions (Hüther, 2008).

Distinguishing these three operating levels from one another provides the clearest overview. Naturally, however, these levels are related and also affect on one another.

The emotional effect

The emotional effect of healing singing mainly operates through social resonance and the sense of communion with the group (the group experience). The participants react to the music and its associated lyrics (the therapeutic medium) by opening themselves up to contact with one another. In addition, active singing, in tandem with dance movements, promotes self-awareness in the encounter with other group members (the self experience).

During the process of healing singing, the group leader repeatedly reminds participants that everyone should sing in whatever way he/she considers appropriate. The intention at the heart of the shared singing encounter is to establish respect for others and mutual acceptance. Liberated from expectations and constantly encouraged to realise their potential, participants are much more willing to both reveal themselves and approach their peer singers with an open mind.

For example, Michael is in his mid-fifties and suffers from chronic depression. As a teenager, he tried hard to meet his parents' high expectations and graduated from school with good marks; he then attained a Ph.D. and began a successful career as the owner of a company. His private life was likewise modelled according to the wishes of his parents: he got married and built a home for his family. But depression eventually disrupted this seemingly happy and contented life, which in turn led to him developing an alcohol problem and ultimately resulted in his being hospitalised for a period.

At first, the depression was treated with medication and conversational therapy, but his condition did not improve significantly. He then underwent electro-convulsive therapy (ECT), which did not deliver the desired improvement either. However, Michael did respond well to respiratory therapy and music therapy, though he had never made music before. At school, he found singing to be a horrible experience and avoided choir, preferring simply to listen to his favourite music on records (the Beatles, Rolling Stones, and so on). It was only in music therapy that he first began to actively make music and to sing:

You come here to the clinic and basically expect that you're going to be helped. You think that you're going to be given pills and receive consultation. But that didn't help at all. Now I am being treated with respiratory therapy and music therapy. The verbal consultations are now channelled differently.

Since 2007, Michael has regularly participated in healing singing. He is divorced from his former wife and now lives with a new partner, whom he met at healing singing. He has resumed the management of his company and is actively involved in the *Singende Krankenhäuser* as well.

The problem was basically that I formerly had no self-confidence. I considered myself a failure. I used to drink a great deal of alcohol and I felt that I was a bad person. My parents were also part of the reason why I had no self-confidence. They always said the others were better and that I wasn't good enough. That was the root of the problem. We began working on these things in respiratory therapy and music therapy, and that was the key to my recovery.

Healing singing as a music-therapeutic intervention played a significant role in the reorganisation and stabilisation of Michael's daily life. It had its greatest effect on an emotional level. The sense of belonging to the group gave him the courage to show who he really was and also enabled him to break free of entrenched relationship patterns and make self-determined decisions:

I don't take part in the 'lion greeting' and 'grumbling' anymore [two encounter-group exercises designed to loosen up the voice and body]. It's a very good thing that I am able to make the decision for myself, because otherwise the whole thing wouldn't appeal to me very much. If that were the case, I'd always ask myself, 'Shall I go there, or not?' And if I don't go just one time,

then I won't go at all anymore. It's very important to me that I can decide not to take part, and that I can sing wrongly. If I'm feeling courageous, I deliberately sing during the pauses, and I don't care at all.

For Michael, the need to fulfil the expectations of other people, which derives from a fear of being excluded, has given way to a growing sense of self-confidence that thrives within the stable communion of the healing singing group.

Herbert has participated in healing singing for over a year (since 2008). He suffers from chronic depression, which led to his first referral to a clinic in 1999, followed by further stays at regular intervals. During the course of his treatment, he responded very well to body-centred therapies and participated in mantra singing at a clinic. In his early childhood and youth, he enjoyed singing with his siblings. His wife sings in a church choir presently and has tried to persuade him to join too, but church music simply is not his thing. As well as practising healing singing, he also attends the 'night of spiritual songs' events that are offered in various towns. He is a teacher by profession and was introduced to healing singing at a workshop for teachers' health:

So I came along here . . . I am really amazed at the effect the singing has on me—the way it opens me up for contact with other people. The meetings are the day of the week on which all the pressure that builds up just falls away. My problems just seem to disappear. I think that the music here is simply used as a tool to let something enter me . . . When I sing the song 'I wish you profound peace', the song transports this peace into me.³

In healing singing, the focus is not only on the dynamics of the group and the songs but also on the self-perception of the individual. Even as early as their very first singing and body exercises, participants are encouraged to 'feel inside' themselves, observe how they are feeling during the exercise, and register any changes in the perception of their body and mood.

Erika has attended healing singing for one year (since 2009). She had been declared unfit for work for six months due to burnout and is currently undergoing reintegration. She loves her being a primary school teacher and wants to return to full health as soon as possible. She always enjoyed singing and was a long-time member of her local singing circle, though she eventually lost interest in participating in it. She still suffers profoundly from anxiety, combined with avolition and a lack of strength. She

³ Peace song lyrics: 'I wish you profound peace at the end of your day, that your heart look back in thanks on all your actions and being'.

first heard about healing singing by word-of-mouth and has been a regular participant since that time:

I came here for the singing and I suddenly realised that it was really good for me. Quite simply, my spirits are uplifted. As a result of all my therapies I've become very sensitive, and I suddenly had the feeling that a lot of energy was building up in the room. And it wasn't just in the room: it was something that I could take home with me. Since I've been coming here I feel somehow lighter, and I take more pleasure in life—I have more courage and more lust for life. It's not like that every day—I have the occasional slump now and then—but in general I feel much more happiness and I've also rediscovered a sense of meaning.

Herbert, too, practices self-awareness and describes his coenaesthesia while 'sounding' at the start of healing singing:

I can sense myself in a very profound way. It begins with the exercises, when I feel a tingling everywhere as we do massage tapping. When singing I can feel the notes throughout my body, [and] the way they generate resonance. I feel so at one with myself and I enjoy it immensely. When I feel the notes sounding within me, I sense that I'm doing something that's really good for me. You could describe it as being a bit like having a massage from the inside.

Sometimes he uses the songs to find out why he isn't feeling very good as well:

Quite often you have the feeling that you don't feel all that great, but you don't know what the problem is. Then I listen to something, sing along and name the title in order to find out what I'm responding to at that moment. And then I'm able to determine what's wrong with me. I'm able to observe myself better and as a result perhaps manage things better.

As mentioned earlier, the emotional effects in the interpersonal dimension (the group experience), the musical dimension (the therapeutic medium) and the intrapersonal dimension (the self experience) are all augmented and reinforced by the dance movements that are assigned to the songs. For Erika, the dance movements

accompanying the songs are a decisive factor in her sense of well-being and the communion of the participants:

The movements make the whole thing holistic, I feel. It's not just melody and lyrics; the whole body is involved. And the movements are what bind us together in the dance, when we hold hands or when we turn to face one another.

The positive physical sensation that derives from the harmonisation of one's body rhythms is tied to the self experience of being an esteemed, respected individual in the group, which makes space for an existence without pressure or role expectations. The mutual respect and acceptance shared among the participants lead to an encounter that is free of fear (it is also considered essential that no distinction is made between patients and other participants). In general, this group experience is seen as essential to healing singing. Erika describes her first impressions of the practise:

One thing that fascinated me was the means of dealing with one another. It was completely immaterial whether one was a patient, someone from the outside, or a therapist or whatever. Each of us showed the others complete respect. That was something I really liked.

Herbert also pointed out how therapeutic it is for him simply to be able to feel like part of a group:

When we sing, I feel we are reduced to simply 'people'. In other words, we are no longer 'men', 'women', or 'director' or 'cleaner'—none of that plays a role any longer. It gives me a feeling of happiness when we are able to forget all of the distinctions that we uphold in the world out there, and to really see everyone regardless of what they're wearing or what hairstyle they have and all that ballast that we carry around, consciously or unconsciously.

The relationship experience of social recognition and affection activates the emotional centres in particular. The melodies and lyrics in the healing songs support this process and contribute to a positive response to the stimulation. Herbert calls some of the songs 'contact songs' and describes the effect they have on him and the other singers:

For me, the encounter with other people is very palpable. There are always these contact songs—'I am OK, you are OK, we are OK', or 'I am lovable, you are lovable, we are lovable' . . . Of course, you can keep to yourself . . . But

sometimes I'm more inclined to approach others, I try to make eye contact, and I am really happy that they are so open. That's a really wonderful experience. And one thing I always find really great is when new people come . . . who are still very reserved: 'I can't sing anyway, and I won't do it!' But when they actually start, it can be an amazing thing to witness what happens in those ninety minutes.

This emotional stimulation, which is welcomed as something very positive, initiates re-learning processes whereby old activation patterns in the brain based on negative relationship experiences are subdued and new canalisations can arise. The feelings of the participants change and trigger a consequent change in their actions and thoughts.

The mental effect

The mental effect of healing singing develops in two directions. First, learning processes are promoted during the learning of songs, texts and movements; second, self-reflection and reflection on the group's dynamics are initiated.

Healing singing draws on the most fundamental form of learning—imitation and repetition. When a new song is introduced the melody is sung briefly without the text, and the text is spoken without the melody. Following this, the song is immediately sung in its complete form with the allocated dance moves as well. During the repetitions that follow, participants have the opportunity to learn from the group leader and other members until they feel sure of themselves.

People with depressive illnesses are particularly prone to doubting their own mental abilities, so successful learning processes have a positive effect on their self-image. In the case of Herbert and Michael, for example, it was very challenging to coordinate the dance steps together with the singing:

As soon as I have to do this sequence of steps, which are really like dance steps, I'm confronted with the problem that men are supposedly unable to multi-task. When I manage do the step right, I stop singing. Or vice-versa: I sing the song right, and then I crash into people. But now I've internalised many of the songs and the choreography, and I can manage them with ease . . . It's basically just a matter of learning them . . . I think it's really great. It heightens the holistic aspect within me. The movements are in exactly the same flow as the tones that I sing, and it is a really beautiful enhancement. (Herbert)

The movements are really hard work at first, because I have a coordination problem. Women say they can do a lot of things at the same time and that a man can only do one—though he does it with full concentration. So I sing with concentration, but then I can't dance at the same time. So I tend to neglect the singing. So then the text maybe isn't totally there, and it's more of a melodious humming. Then, when I'm in a certain mood, my brain switches off and I'm able to do it—both at the same time. It's a bit like carnival for me . . . You feel jubilant, and you no longer feel like you have two left feet. Everything happens very easily then . . . This euphoric state is easier to achieve when the movement is there too. (Michael)

In contrast, Erika has a hard time learning the lyrics by heart. Repeated singing has helped her to memorise them, however:

I must admit, learning things by heart is really hard for me, but in the group I am able to sing along at any time. I can suddenly recall the lyrics, and I don't need any paper. By now I can even recall them at home, having been coming for long enough.

The operational effect

The transfer effect from the experience of healing singing in the group impacts the interviewees' motivation, behaviour in daily life and 'self contact'. The songs that are sung often become rooted in the memory and pop up spontaneously during the week in different situations; through them, participants carry along the positive feelings of healing singing and sometimes consciously use them to cope better with emotional stress. So the songs remain with Erika throughout her week:

For a time I had problems dealing with my difficult job situation. Then I began playing a CD [Healing Songs, CD 1] every morning on the way to work, and singing along . . . I arrive at work full of energy, and I don't have to look at everything so negatively right from the beginning.

At home I often listen to a CD. It's kind of background music, not necessarily for singing along. If I have something to do and I realise that I'm feeling anxious and agitated but I want to do it anyway, the music helps me to calm down. Even if I don't sing along myself.

The 'Thank You' song was one that really appealed to me.⁴ After I heard it, I sang it for days on end, and it made me feel really good. It's this totally conscious way of saying thank you and feeling thankful. Not just saying 'thank you' but actually feeling it—that happens here while singing again and again.

For Herbert the effect of the songs is also not limited to one meeting a week:

In my daily life I constantly think of some song or other, and always in a fitting situation. We sing, 'There is always a way, always', for example. I need that [sentiment] sometimes, to help me find a way again. Then I recall the feeling I have here, and I can open up again and then things are okay again. I have the feeling that my body stores these feelings—or my nervous system. When I think of it, I don't even need to sing properly, because the feeling comes back anyway.

He goes on to mention the vitalising effect of healing singing and its interaction with other therapies:

I just think that in all the things where I am lacking, that I improve at things through singing. When I feel weak, I feel stronger; when I feel insecure, I feel more secure through singing. For me it's a source that I am able to draw on. To put it in concrete terms, I'd say that singing opens me up—it opens up my heart. My feelings are able to flow and I think that when I'm like that, I'm more receptive to every other type of therapy.

In Michael's case, the increasing self-awareness and stabilising self-confidence he gained during healing singing actually led him to try a new therapist:

Then, after the insights I gained through respiratory and music therapy, I changed my therapist, because it didn't make sense. It makes you wonder what people study psychology. They are very interesting people. Maybe they just want to look good and are a bit narcissistic, and your role as a patient is to give them a boost. That's not the way it should be.

⁴ Thank you song lyrics: 'I would simply like to say thank you and embrace the whole world, feel like someone reborn. Thank you!'

Furthermore, healing singing has initiated certain other activities in Michael's private life. He has become involved in the 'Singing Hospitals' association and has published articles on healing singing from the perspective of the extremely positive effect it has had on the course of his illness. He emphasises that the lyrics are of great importance to him:

Here [at healing singing] we talk a lot about singing and also about vibrations. It's strange that we talk so little about the lyrics. But the lyrics are important too.

He uses the lyrics to incorporate the group's atmosphere into his personal daily life, which allows him to deal with hard situations in a more relaxed way:

I can transport these songs to other points in time. I don't necessarily sing them then, but I think about them. That has a positive effect on me. When I'm feeling really bad, I sing or I think of the song 'I Am Free' ... Then I recall this block and transport it into a different time.

Both Erika and Herbert's regular participation in healing singing demonstrates their strong bond with the group and the great importance it has in their lives.

I'd estimate that I attend 90 percent of the meetings. In the winter I missed a session once because the weather was too bad to drive there. But as a rule I always make sure that I attend the meetings, because it's very important to me. (Herbert)

The Thursday afternoon is a fixed appointment for me, and I only miss it on very rare occasions. It's really important to me, and I cancel everything else for it. (Erika)

Discussion

Healing singing trains participants to become aware of interpersonal encounters on various levels. Participants describe meeting people while singing with them as an unusually intense and positive experience. It appears, then, that the stimulation of the motivation systems, as described by Bauer, does indeed take place, thanks to the shared, unbiased awareness of the people in the group. When the motivation systems

are stimulated, oxytocin level rises, producing a feeling of communion with the group, which is demonstrated by the fact that the participants regularly come to sing.

The positive encounter also activates the mirror neurons, making it possible for the participants to ‘tune in’ to one another, which leads to social resonance.

Lastly, the positive group experience, over the course of months and years, has a lasting effect on the gene activity of the participants as well. Genes that might once have been strongly methylated become active again, which means that motivation systems and mirror neurons basically begin to work more. The interviewees observed the effects of this biological change in the way they were better able to cope with daily tasks.

The healing songs themselves ensure that the emotional centres are thoroughly engaged, which neutralises previous group experiences, which may have been oppressive and threatening, in favour of free and open encounters while singing together. Neural connections that were reinforced by negative interpersonal experiences are likewise changed, due to the ‘experience-dependent plasticity of neural connections’, as described by Hüther (2008)—frequent positive experiences such as healing singing sessions make this re-learning process possible. The interviewees gave an impressive accounting of how they selected specific songs and lyrics to create a connection between their daily life and the free and trusting atmosphere of the group, stabilising the new connections still further.

The sense of well-being in the group is intensified by the dance movements. The interviewees describe a so-called peak experience once they have internalised the movements and their bodies can execute them without conscious thought. This state of being is an indication of the harmonisation of the body’s resonant fields, as described by Kapteiner and Zhang (2008) in their study on the effects of dance movements on the body.

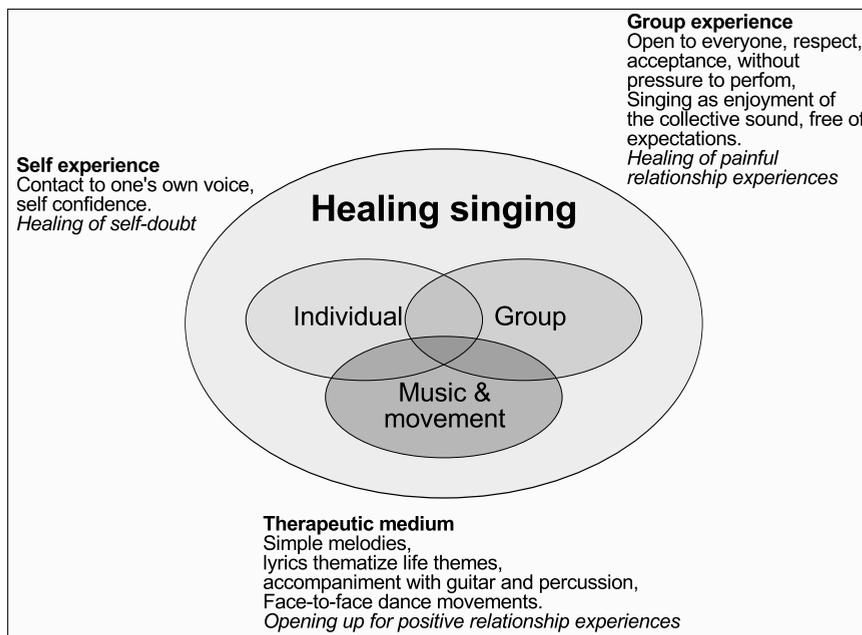
Encountering oneself is also an essential part of healing singing. As is the case with Yalom’s (1996/2007) interpersonal group psychotherapy, participants are constantly encouraged to engage in introspection while they are singing. Healing singing, however, eschews the stipulation of therapy goals or any explicit reflection upon one’s experiences in the fashion common to group psychotherapy. Nevertheless, participants do observe and reflect on their emotional experiences; they are aware of any significant changes in themselves; and they relate all of this to healing singing. Thus, Erika sees parallels between the rhythm of the songs and the structure of her daily life:

What I just realised today—and this is something that I’ve not been hitherto aware of to this extent—is that the rhythm of the songs, in which we proceeded step by step, is definitely related to my daily life . . . I really make

an effort to get a grip on it and to organise my daily life. I think that these rhythmical things in dance and when we clap along are . . . very helpful.

Music, lyrics and dance are all used as therapeutic media and are consequently impulses for new and positive group and self experiences as well.

See fig. 2 for an overview of the interactions between experiences, encounters and resonance during healing singing. The participants may choose among the three areas, or they may try out all of them. The interviewees describe the experiences they had in all of the areas. The high spirits begin when they make their way into the centre and get in contact with the group, with themselves and with the songs and dance.



If resonance arises from an encounter, a feeling of communion can develop

Levels of encounter are:

- Encounter with other people,
- Encounter with oneself,
- Encounter with music and lyrics
- Encounter with dance movements

Contact arises through resonance.

Resonance means that oscillation fields harmonise, their frequencies tune in to one another, comparable to the overtones of a fundamental frequency. The resulting **coherence** expresses the mutual communion.

Fig 2: *Healing Singing*

In contrast to group psychotherapy, healing singing gives a lot of responsibility to the patient in terms of participation. Those who have participated for a long time inform others on their ward about it and take over the initiation of a new group member. The potential participant is given the option of taking part in the group on a trial basis and thus comparing his expectations to the actual group experience.

During the first thirty minutes of each session, the leadership team promotes a strong working relationship among the participants, in which the mutual encounters of the warm-up exercises take a central role. The group culture of respect and acceptance that develops over time encourages the participants to express themselves openly within the group. This openness, however, does not manifest itself in the verbal self-revelation that is found in group psychotherapy but in the tone of voice, eye contact, facial expression and shared physical contact of the dance movements.

Whereas verbal self-revelation often leads to a confrontational examination of the patient's problem, in healing singing, the patient experiences the openness within the group as a source of strength, which releases personal resources and reinforces a sense of self-worth. Here the group functions as a therapist and offers a therapeutic relationship supported by the musical action. Singing the songs is an important factor in the process of giving patients a significant degree of responsibility—it focuses not on the patients' symptoms but on their competences. The patients' sense of self-worth is supported insofar as they participate in the group as an equal member rather than as a patient.

In turn, the 'anchor' of the songs, the participants' newfound individual responsibility and their growing self-confidence allow patients to make the transition to daily life that is essential for therapeutic success. This does not require any additional reflection within the group. The deep emotional experience that the interviewees report while healing singing initiates the 'adaptive spiral' described by Yalom (1996/2007), through which an emotional experience becomes a therapeutic one.

Conclusion

This study confirms the hypothesis that healing singing leads to positive emotional experiences in relation to other people through social resonance and a strong shared bond. People who have had negative interpersonal relationship experiences that have led to depression and fear respond favourably to healing singing, because it makes a positive encounter possible. Even if their resonance ability is limited by their illness, they can be reached through music, which allows them to slowly start perceiving the

feeling of togetherness in the group and to oscillate again. Patients suffering from an acute severe depressive episode are the exception.

The group relationship that ensues can be thought of as a therapeutic relationship. It fulfils the basic human needs of attachment, appreciation, understanding and self-determination, which are the prerequisites for a therapeutic process. It also quite noticeably facilitates pleasure, which influences the participant's commitment. Addressing the patients' individual sense of responsibility while focusing on their abilities and potential engages and exploits their resources, so that their growing self-confidence helps them to begin to change their daily lives and relationships. The observed transfer is evidence of successful learning effects and points to how profound the therapeutic effect of healing singing is.

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“Together!” RagnaRock, the Band and Their Musical Life Story

Karette Stensæth & Tom Næss

It is apparent that nearly thirty years of participation in the band RagnaRock (henceforth RR) has had a vital impact on the lives of its members, who in turn represent a somewhat unusual congregation. Aside from the three leaders—two music therapists and a special education teacher—the other eight members all have a mental handicap of some sort.¹ Some of them also have various physical health problems. Given these aspects, and the fact that the band has existed for so long that four ‘front figures’ already have passed away, this particular musical life story appears to be uniquely interesting and timely: RR’s lifelong story contains not only interesting knowledge of the relationship between lifelong band playing and people with and without mental handicaps; an elaboration of this relationship is also of specific relevance to the field of music and health, especially for those who want to start similar band projects. Because we know of no other bands with such a group of people who share such a long band story, we think it is important to listen carefully to their experiences and descriptions. We therefore felt that we needed to act while the band still existed with this specific group of people.

In order to tell their story, we have collected various data regarding the band’s history. In 2012, we asked the following two questions in an interview with the longest-serving RR band members: What has RR meant for you and your lives? Is there anything in the music and the playing in the band that makes you experience it in a particular way? We mingled the interview data with various RR historical materials, including published articles, TV documentaries and DVDs from tours and concerts around the world.

¹ Here we will define mental handicap following the American Association on Intellectual and Developmental Disabilities as an intellectual disability characterised by significant limitations in both intellectual functioning and adaptive behavior that covers many everyday social and practical skills. Such a disability typically appears before the age of eighteen (retrieved 15 October 2011 from www.aaid.org).

We then applied theory perspectives from *performance* and *health*. The data connecting to performance, then, relates to Jampel's (2012) model of band performance. Although we will include reflections here from all of the band members, we will emphasise those from the members with mental handicaps (henceforth simply handicaps). All of the band members have said that they would like their names to be published in this article. The leaders also approved the use of their own names here.

We will begin with a presentation of the background of the band and a review of the particular methodological challenges connected with the interviews. We will then engage with concepts like performance and health and address the potential relationships between the theoretical and empirical aspects of our study.

Background

*It would have been jolly nice if we could get good enough to come out
[of the music therapy room] and play for people out there!*
(Kjell Erik in Næss, 1987)

Following Kjell Erik's solicitation, the band RR came about in 1983 at Nordre Aasen special education school in Oslo, Norway. Its members were mainly former pupils of the *Ragna* Ringdal day care centre, hence the name *RagnaRock*. Interestingly, of course, the name also evokes the Nordic myth of Ragnarok (Bringsværd & Nortvedt, 1995), where we read that the fortuneteller Mime concludes her story of the collapse of the world to the Nordic god Odin as follows: "But everything can end in a thousand different ways". Odin then replies: "So far the collapse is just a bad dream. It is just one of very many possible outcomes. *We still have time to change . . . to find new and better ways*" (ibid., p. 53, our italics, freely translated by authors). Where the myth of Ragnarok ends, then, is where the band *RagnaRock* starts: initially, at least, the founding band members wanted to *change* their identity and social status from *clients* in a day care centre for the handicapped to *rock musicians*. In what follows, we will explore their success in this regard.

Obviously, given their special needs, there were adjustments to be made to the rock band stereotype. The band's first leader, Tom Næss, together with music therapy students Elin Wengersgaard and Grethe Brustad, creatively explored new ways of playing that would allow everyone to master their instruments. The guitars were adjusted to open tunings using fewer (two to four, rather than six) strings, so that the

guitarist could grip the neck with one finger. In addition, the guitar frets were coloured to correspond with a Næss invention known as the 'colour lamp machine', which had foot switches to operate three coloured lamps that directed chord changes—green for C, yellow for F and red for G.² Likewise, coloured tape was placed on the keyboards (an accordion and, later, a synthesiser). With these lamps, the band leaders could 'conduct' the harmonies for the band. Since many rock and popular songs are based on three chords, RR achieved a high level of performance ability using Næss's device.³

Concerts, Tours, TV, CDs, and Participants

Success soon followed for the band, thanks to weekly rehearsals for nearly three decades. RR has performed on local and national television several times, has headed up annual concerts and has undertaken many tours. The band's first big trip, in 1987, was to Sandane on the western coast of Norway (Næss, 1987, p. 4). Within a few years, the band had toured Norway and was playing four or five concerts a year. RR attended the Kongsberg jazz festival and played at the 'health dancing' festival at Ringerike Folkehøgskole several times. Once, in connection with Unicef, it also played a Christmas concert in the Oslo concert hall.

Eventually the band travelled outside Norway as well. RR has performed throughout Scandinavia and in several European cities, including Cadiz and Barcelona in Spain. In 2007, the members travelled by minibus and trailer with their instruments to Holland, to perform at the 7th Music Therapy Congress in Eindhoven. The band members tell that this trip was a particular highlight of their career performing together.

The band has released several CDs, one of which was produced in Praha in Sono Studio (David Bowie and Julian Lennon, among others, are Sono clients.)

Presently (June 2012), the band consists of eight members with handicaps—Gunn Elisabeth Sandnes, Camilla Asbjørnsen, Rune Larsson, Hans Robert Andås, Kalle Andreas Sydnes, Lars Cato Arnhol, Kenneth Hansen, and Vebjørn Rønningen)—and three co-playing leaders—Heidi Sandmo Kristoffersen, Bjørn Steinmo, and Tom Næss. A former co-leader, Lise Ødegård-Pettersen, was collected for the interviews.⁴ The

² The chords themselves were constructed of root and fifth only, because by leaving out the third, either major or minor inclinations were possible.

³ For more on this rock method, see *Lyd og vekst* (Næss, 1985), *Lettrack* (Næss and Steinmo, 1995) and *Pop and rock with colours: Easy ways of building a pop rock band using special tuning and colours* (Næss and Steinmo, 2009).

⁴ The band members have requested that their full names were used in this text. This has been approved by the Norwegian Social Science Data Services (NSD). A disclosure of their identity in an

ages of the band members range from twenty-two to fifty-eight years. In order to avoid stigmatisation, the band members with handicaps will hereafter be called *band members*, while the leaders will be called *leaders*. The band practices for two hours once a week, as it has done since 1983. Though individual participants have come and gone, founder and current leader Tom Næss has stayed in the band since it began.

Methodological Challenges

Taken together, the historical material and recent interviews represent a large amount of data that we will mine selectively via individual episodes and statements. Our presentation of the RR life story, however, is still intended to be a ‘trustworthy narrative’ in terms of analysis. In this vein, we will now describe in more detail how we have proceeded and what we have produced.

The entire band (members and leaders) participated in the group interviews. Band members Rune and Hans Robert were also interviewed a second time, individually, in order to follow up on things they brought up in the group interview. One former co-leader was also interviewed separately, in depth.

In the semi-structured interviews, band members varied significantly in their abilities to express themselves—some spoke only a few words, while others were quite active verbally. In order to better understand all of the interviewees, we coupled our textual interpretations with video analysis of the interview context, so we could integrate body language into the data pool. Personal considerations were taken into account as well. One of the band members, for example, does not talk easily and thus often answers questions with a yes or no. This, together with the fact that his epileptic seizures wear him out, made it necessary to structure his interview in stages—first, a short interview alone, then an interview together with the whole band and then a last follow-up over the telephone while he was at home.

Despite the various communication challenges, it was of paramount importance to listen directly to what each person said about being a member of the band. Very often, research on people with handicaps is based on how other people (the experts) observe and interpret them. Following Mohlin (2009) and Tumyr (2011), on the other

article like this, the band members said, would make them feel proud and happy. In terms of ethics, research and privacy, the publication of full names of people with handicaps is sometimes difficult. The Norwegian Social Science Data Services decided to listen to the band members who said that this was important for them, and that this could be understood as a way to strengthen their identity and self confidence.

hand, we feel that if we want to understand a person's lifeworld, we must talk directly to him or her. Tumyr even insists that by listening carefully to what someone says, we will gain new perspectives on our studies as well as our subjects. In terms of the present project, this means that we have welcomed rather than discouraged unique and even somewhat unusual expressions.

We are aware that these communication challenges demand both an *ethical consciousness* and *careful preparation and consideration of the interview situation* from us as interviewers (Mohlin, 2009). We have therefore tried to prepare for the interview situation adequately and pragmatically so as to encourage the band members to speak easily and freely (Stensæth, 2010). For example, we held many of the interviews right after band rehearsal so that the experiences and feelings of playing in the band were most immediate.

Additionally, we decided that Tom Næss, longtime RR leader, was best suited to conduct the interviews. For the band members, he was someone to whom they have related closely for years. He also shared many of the tours, concerts and other experiences that generated the themes of the RR life story. Næss was therefore someone with whom the members would communicate explicitly and openly, and he knew them as well as they knew him. Interestingly, even Næss had some trouble understanding what the band members meant to say at times in the interviews, but by 'rewinding' his own memories, he has been able to supply who, what, and where to the stories members told. This was very helpful as we sought to develop exact descriptions of feelings and experiences connected to specific events that were mentioned in the interviews.⁵

All in all, we felt that the combination of the textual data sources and the complex but compelling interviews gave us a trustworthy sense of the ways in which the band members reflected upon and felt about their time with RR, while preserving their individual integrity. Following Kvale (2004), we have here sketched out a hermeneutic interpretative approach that engages both the depth and the diversity of these unique informants' responses.

⁵ Scientifically, of course, Næss's double role is problematic, but as part of an author team with Stensæth, he worked hard to contain his bias by continually questioning and discussing what was said in the interviews. In addition, the authors divided their roles here: in general, Næss has collected the data, while Stensæth was the primary author of the study. Both interpreted the data, both individually and in tandem. It is also worth mentioning that both authors are experienced music therapists with long practical experience working with people with handicaps.

Results

It is apparent that the band plays a major role in the lives of its leaders but especially its members, whom it has profoundly empowered. The change of identity from clients to rock musicians, as mentioned above, represents a huge change in social status and level of self-respect. In what follows, we will venture more deeply into all of this; suffice it to say for now that in the interviews, several essential issues surfaced, and almost all of them were rather positive. This may indicate that the *most meaningful and memorable* impressions of the RR experience are good ones, but it does not mean that the band members have *not* experienced difficulties and challenging times in the band as well.⁶

Challenges

Bandleader Næss notes that difficulties and negative aspects were always dealt with promptly over the years. A typical challenge was when more than one band member wanted to be the lead singer of a particular song. The leaders then had to compromise by letting each interested band member sing a verse or more. Other times, the band members settled things for themselves through negotiation: “If you let me sing this song, you can have that song”.

Conflicts occurred as well. In terms of rehearsal style, if most of the band members wanted a flexible structure but one wanted a strict structure with little room for verbal comments, trouble might ensue. Sometimes certain band members found it boring to rehearse the same song several times in a row. Practically speaking, it could be tricky to find a suitable roommate on tour and agree upon things like bedtime or whether the light stays on overnight.

According to the leaders, thankfully, the band members were generally rather open about how they felt. Not only did this make potential conflicts more transparent and easier to handle but also it seemed to allow them to be quite positive about their band experience. Næss likewise points out that the band members would not have stayed in the band for such a long time if their interest and motivation were low and/or the conflict level was high.

⁶ Among our follow-up questions were the following: Do you find anything difficult about being in the band? Have you ever thought about ending your membership in the band?

Main Categories

We categorised the main findings using the following subheads: *love for the band, the empowering force of music, fun, mastery of musical skills, unique individual experiences, togetherness and the sharing of a band history.*

Love for the band

The band members (and leaders), both individually and collectively, tended to feel strongly about RR, based upon the way that they talk about the band. Their comments indicated, above all, a tremendous love for the band as a notion—for the many happy events associated with it, for the music, for the experience of performance, for each other as band members and friends, and so on. When asked what the band has meant to them, for example, they all responded enthusiastically along these lines:

Very much! Everything!

Some of them added a bit more. Hans Robert, for example, said:

RR is where my friends are.

Rune added:

I don't know what I would have done without the band.

Holding the palm of his hand symbolically on the heart side of his chest, he continued:

RR is my life! Sometimes, when I look at Heidi (one of the leaders) while I play the guitar, I can feel it in my heart!

One of the leaders said:

The life with RR has often moved me. It has indeed made my life so meaningful!

Another leader continued:

I feel so at home with this group of people; they're my family.

It seems like the love for the band is very strong: It is expressed as a bodily (heart) and even an existentially (life) feeling that glues them together as family and friends.

The empowering force of music

The empowering force of music often accompanied other aspects of the RR experience. Rune hinted at this in the following way when he was asked how he feels about playing music:

Better! [He stretches his body and continues in a higher voice.] I feel like another human being! Inside myself and outside myself! [He gesticulates a lot as he says this.]

Later on, he continued:

I like that the music gives hearts to people!

Images of a heart are, for us, a way of indicating how life demanding (i.e. heart) this band member feels about the band. One of the leaders had a similar experience:

It is meaningful for me in my life to witness and be part of what music can do for people. The way it does so in RR is so wonderful!

The empowering force of music arises from a special song, a special group of songs by a particular artist, a particular vocal or instrumental solo or melody, or a song's lyrics. One favourite mentioned by two of the band members is the Norwegian parody of the song 'I Am the Believer' by the popular Norwegian band Vaselina Bilopphøggere (Vaseline Car Demolishers). There seems to be something with this group's funny performance of this particular song that empowers the whole band.

The leaders added that they think the empowering force of music also connects to the immersion of the band members in an energised sort of focus when they perform their music. According to them this has to do with the band members' level of involvement, focused motivation and enjoyment in the musical performances.

Fun

While the leaders could not explain why the members liked the Norwegian version of 'I Am a Believer' so much, they assumed that it was simply fun (as well as vigorous

and bawdy). In general, in fact, the band members often associated fun with being in RR. Gunn Elisabeth, in a newspaper in 2005, was asked how she felt about playing in a concert at Ringerike Folkehøgskole and replied:

It was great fun!

Kenneth and Rune also mentioned 'fun'. Kenneth stated simply:

It is fun to do music!

In the group interview, they referred to several events as fun, laughing as they described how they had been practicing Elvis's song 'Love Me Tender' by replacing certain words in the song with the colours they were playing:

Love me tender, love me green! Never let me red!

In fact, this happened before RR got the 'colour-lamp-machine', when leaders were still shouting out which colour to play.

Another event the group particularly enjoyed describing was the time when Rune met Carla Bley, the famous jazz pianist, after her concert at the Kongsberg jazz festival. Næss introduced the topic:

I remember that you, Rune, and I went to this concert . . .

Rune interrupted:

Yes, with Carla Bley! [He smiles.] I too remember very well! We went behind the stage. Asked about . . . to get her autograph! Suddenly I couldn't see her face, because she had so much hair . . . So I took her head like this [lifts his hands to his head and pushes hair aside] and I did like this [bends over and kisses in the air].

They continued the conversation, both smiling:

Tom: You kissed her!

Rune: Right on the mouth!

Tom: Right on the mouth, yes. Carla Bley said that that was really something! Very stylish!

Rune: I still [he pauses] have it [he pauses again] in my head.

One of the leaders summarised:

Probably the band wouldn't have existed without the fun! Because that is what it is: it is great fun to play in RR! We laugh and cry because we are so moved, but we laugh the most!

In general 'Fun' seems to be the category that explains why the band players find RR to be so amusing. Their mentions confirm how basic they experience fun to be. As the leader summarizes in the quotation above; the band would perhaps not have existed without the fun. Therefore, like the two former categories, 'Love for the band' and 'The Empowering Force of Music', 'Fun' links to the story of RR as something that vitalizes and empowers the band members profoundly. Perhaps we could say that 'Fun' explains their basic motivation to continue playing in the band?

Mastery of musical skills

Members all remark upon the satisfaction that comes from the mastery of a singing and playing a song. Rune said:

I like it when I master the guitar playing. I don't like it when it is too difficult for me.

Lars Cato said:

[It is] nice to play the guitar [he pauses]. The best thing about playing guitar is [the] solo and such. [I] practice at home [he pauses]. Not nervous to play for people.

Lars Cato liked to be challenged musically via specific musical tasks such as learning, practicing and performing solos on his guitar. In 'Love Me Tender', for example, he played the melody line as a solo on his guitar, in both the verse and the refrain. He felt very happy and proud when he managed to play his solo without a hitch, confirming Ruud's (2010, p. 41) observation that "music provides opportunities for the building of skills, for joy and pride in vocal expressions and the handling of instruments".

The category, 'Mastery of Musical Skills', does not only underline the importance of having a skill; it also informs professionals working with educational aspects in

band playing about the importance of providing the right challenges and to experience the joy of learning.

Unique individual experiences

Band members also frequently recall especially memorable meaningful moments. Rune, for example, described the time when a female music therapy student joined the band during a rehearsal to sing ‘Summertime’ while Rune played the guitar solo. At one point, she caught his eye, and he felt very moved by the whole experience. He remembered:

A tear came then!

In the same interview, Hans Robert recalled a concert on the west coast of Norway when he sang a duet with another local young woman. Because he usually sang solo, the duet (with someone he had just met) felt new and surprisingly warm.

Kenneth linked his RR experiences to audience reception, either personally meeting people and noticing the way that audiences responded during performances—whether they applauded enthusiastically—or even danced along—or not.

Lars Cato, who did not say much, showed his enthusiasm when the members started to talk about the first time he managed to play a guitar solo, something he remembered as very precious as well.

The category ‘Unique Individual Experiences’ informs us how the band story also is represented by several individual stories. These memorable experiences represent pieces of the band history that also explains how each member personally bonds with the band.

Togetherness

Everyone in RR experienced a mutual feeling of connection through the band. They all accepted and recognised each other’s strong and weak points, and they cultivated a feeling of brother/sisterhood. Perhaps more so than in rock bands without people with handicaps, RR seemed like a ‘family project’, where the family derives from shared participation in the music, which creates a strong feeling of *togetherness*. It is this feeling that in turn empowers them to write songs like ‘Together’ (published on YouTube):

You and I, there is something we can do now. You and I, we can make a better world.

Hearing the cry of the people, inviting them into a song of peace, inviting our voices together, and searching a way into harmony.⁷

The word *together* seems to unlock a key aspect of this band's musical life story, in that the change of identity from clients to rock musicians seems to derive directly from the qualitative feeling of togetherness they all share in RR. Together, as rock musicians, they are charming and compelling performers.

The sharing of a band history

All of the band members liked to recall shared experiences of a specific concert and even a particular song at that concert. Sometimes they also referred to something that had been happening outside the concert hall or during a tour. Their performance at the Music Therapy Congress in Eindhoven, Holland, in 2007 was one such event. The band-leaders attribute its powerful impression upon the members to the strong and heartfelt response from the audience of music therapists there. Norwegian music therapist and theorist Brynjulf Stige described his impressions in an article after the RR performance:

At the recent 7th European Music Therapy Congress in the Netherlands, a large international group of music therapists encountered RagnaRock. Friday night the band was presenting a concert, and I dare say that it was an experience for all who were there. There was something contagious in the warmth, energy, and humor of the musicians—and there was something contagious in the warmth, energy, and humor of the audience!⁸

Stige's enthusiastic description above anticipates the value of RR performances: What do the performances mean to RR's musical life story? This question leads us to the essential notion of performance.

⁷ 'Together' is written by Tom Næss. See www.youtube.com/watch?v=aB9ZP9guiU8.

⁸ See www.voices.no/?q=colstige270807.

Performance

Christian starts to present the band. He does this with such charm that I wonder if we can live up to this opening. When we hit the first chords, time stops . . . Does everything work? How is the sound with such a big crowd in the room? Will we hear each other well enough to be in tune? The intense tension loosens up when we understand that we are functioning and are in the groove. Already by the first song the response from the audience is just fantastic! We all do our best and the temperature in the band is penetrating the audience, who gives all their warmth and intensity in return. (Næss, 1987)

None of the abovementioned categories has any salience outside of the structure of musical performance through which they are realised. Both collectively and individually, band members and leaders depend upon a musical *form* that allows them *to act the categories out*. In what follows we will discuss the etymological and existential philosophical aspects of performance as a notion.

Perform comes from the Latin *per-* (through) *formo* (form) and means to carry out an action to completion, or to undertake or proceed, often with skill or care (see, for example, www.thefreedictionary.com). We find that the verb 'perform' associates with the Latin origin of the verb 'exist', which combines *ex-* (out) with *ist* (being). Both verbs could refer to a way to (personally) *come out* (in the meaning of being heard and seen by others) and have *actual being* (be real, live). To perform becomes in this framework a way to imitate reality, or rather: to perform announces that what is contained within the frame is not simply real, and the more 'real' the imitation the more deceptive it becomes.

Interestingly, the word *person*, which comes from the Latin, *per-* (through) *sona* (sound), also anticipates a link between the words person and sound, which adds another aspect to the philosophical lines of thought: Performing is also identity work. This indicates that to perform in a band is to make music with one's personality or, in Ruud's words, one's "inner feeling of identity" (Ruud, 1997, p. 46). Eventually, identity work in a band like RR becomes an enduring subjective conscious experience of being the same yet different from other people (*ibid.*). In the following we will return to aspects connected to our understanding of the performing.

Existential Aspects

One utterance with existential aspects came from Rune:

When I perform with RR, I feel that I give the audience musical flowers!

Here, Rune poetically underlines how beautiful he finds the act of making music for others; more broadly, he acknowledges music's ability to create particularly strong and sensuous experiences in general. The value of actually having a form (*per-forming*) with which to reach out to people is very clear here, on an existential level. Elsewhere, he concluded:

'It (RR) is a matter of life and death for me'

As we said initially, RR seems to have a profound meaning for the band members. Perhaps this is because they have few other activities that afford *forms* through which they can explore themselves?

The leaders seem to connect RR to existential and healthful aspects. One of the leaders said:

I get very proud and moved by the band members when they master and succeed in performances. I think that RR means a lot for my life and health!

Næss added:

It is not just that we play by colours; RR has made my life more colourful!

He went on to say that he feels strongly about playing together with the band members with handicaps, whom he thinks of as more colourful than average. He also wondered whether the music allowed for more 'colourful behavior'.

Along those lines, a former co-leader, Lise, emphasised what she labelled the band members' *authenticity*, as she looked back on her time in the band:

It was this authenticity . . . the authentic way of being . . . that the band members showed, which was the greatest thing about RR! And the authentic joy and the appreciation of the music.

Interestingly, although the roles were different between the leaders (who had responsibilities other than the band members themselves) and the members, this asymmetry did not affect their mutual bonding within the band. The co-leader also recalled:

There was no difference between us! When [we were] playing, we all had to achieve on equal levels [draws a horizontal line in the air with her hands] and then we all focused totally [draws a vertical line in the air with her hands] and concentrated. In this, we were a team. Everybody knew what to do! Pure joy! What fun!

As a co-leader who tried to provide the band members with space to express themselves—or what she called a ‘joyful playroom’—she nevertheless was able to share in the transformation that the members underwent in this context. Looking back on her time in RR, she celebrated a unique feeling of being part of something larger and particularly meaningful. She summed up:

I miss RR!

It is obvious that the leaders experienced RR to be a very meaningful part of their lives. It seems as though performing with RR served as a ‘life reminder’, as if playing in the band created a strong feeling of being alive. The leaders also connected the act of musical performance with the feeling of becoming more human. RR was also an arena in which they could practice humanity, so to speak. Playing in the band did not just make their own lives more colourful; it also educated how to become good human beings. RR offered a way for them to move toward a ‘fuller potential’ as human beings (Bruscia, 1998, p. 84; see also Ruud, 2010).

Identity Work

In his interview, Kenneth surprised us with the following observation:

I especially like to play for people that have mental handicaps like us.

This is the first time we heard him identify himself (and some of his fellow band members) as mentally handicapped. Did the music (and playing in the band) in fact help him construct a realistic self-view? Or did he say this because people with

handicaps tend to applaud more loudly and devotedly than other people do? Music therapist Brynjulf Stige talked to Kenneth after the concert in Eindhoven in 2007 and reported this observation:

After the concert the drum player of the band told me how easy and fun it is to play when people in the audience start dancing. (Stige, 2007)⁹

This could indicate that Kenneth most of all wanted a lively audience whose applause is happy and heartfelt. This not only makes it easier and more fun for Kenneth to play the drums but also creates a way for him to be recognised and build his own identity through the felt and active bridging between him and the audience. Stige reflects on Kenneth's comment this way:

In many ways, this concert enacted a theme that I have taken interest in for some time, namely how performances operate as *co-created events and negotiations of relationships*. (ibid.)

Stige continues by relating RR's performance to Northern myths:

In the context of this congress you could almost think of the power of Thor's hammer Mjølner, if you could excuse this use of the old legend. Well, I am not suggesting that their music could pulverize giants or mountains like Thor's hammer could, but in the concert I felt that it had at least two of the qualities of his famous weapon: It would always hit its target and like a boomerang it would always come back to its owner after use. To be part of this musicking event and experience how the sounds and gestures of the band would 'hit' the audience and then return as energizing feedback of various sorts was fascinating indeed. (ibid.)

With this in mind, we will conclude this subsection by observing that RR's performance reflects the ways in which the band members connect with the audience. The connection facilitated by the performance vitalises both the band and the audience.

We will in the following relate our understanding of the life story of the band to Jampel's (2011) model of performance.

⁹ No paging. See www.voices.no/?q=colstige270807

Jampel's Model of Band Performance

Jampel (2012) relates his model to the performers' view whereby he suggests five dimensions of the band performance for the purpose of analysis:

- (1) connecting within to the music;
- (2) performers connecting with each other;
- (3) connecting to the audience;
- (4) the audience within;
- (5) the totality of experience.

He elaborates upon this scheme as follows:

The experience of performing music involves a complex interplay of connections: between the musician and the music that is being played; between performing musicians in terms of how they feel together playing on stage; between the performer and the audience in terms of the connection that develops between them in both directions, and between the performer and the thoughts within his/her own mind while performing. The experiential totality of these four co-existing states or dimensions represent the presence of a fifth dimension—the feeling state of the performer. If all four previous dimensions are in a relational state of maximum connection toward themselves and each other, a complementary process ensues. The performer and the music are one, players riff off of each other and move more deeply into sync together, the audience gets drawn in by the action on stage, which is felt by the musicians, who then play off of the audience's energy, and the performers' inner thoughts and feelings act to provide emotional connection, which heightens the act of music making by adding depth and meaning. (ibid.)¹⁰

"When all of this is synergistic", he continues,

the effect can be riveting, transforming the moment into a peak experience (Maslow, 1971), or, as Ansdell (2005) describes it, performance as epiphany, [or] 'natural high'; as 'completion', not competition; as a site for identity work, musical *communitas* and social hope. (ibid.)

¹⁰ No paging. See <https://normt.uib.no/index.php/voices/article/view/275/440>

Communitas refers to the experiencing of being in and sharing an especially meaningful space (Ruud, 1998). This is something both Krüger (2004) and Erdal and Hovden (2008) identify as a typical feeling deriving from the companionship in musical (rock) bands. Erdal and Hovden describe this as a 'we feeling'. It also evokes what Ruud (2010) labels 'space', which designates the area where experiences from different times and environments come together.¹¹ In this sense, RR is a container for collaborative feelings and experiences, as well as memories and landmarks, a place to which the band members return to recharge themselves. RR, then, affords "an instant way of constructing a cultural and personal platform, which clearly gives a sense of partaking, acting upon" (Ruud, 2010, p. 42). As a collaboration project, RR 'unfolds and grows by containing collective and individual experiences from different times and environments' (ibid.).

The experiential factors emerging from the life story of RR connect to all of Jampel's dimensions. The importance of each dimension, however, seems to vary within the group and according to the individual band member.

Connecting within to the music (dimension 1) was represented differently by each of the band members, depending upon certain things. A close relationship to certain music/songs was especially important to Hans Robert. The mastery of musical tasks, such as being able to sing lyrics by heart, was especially important to Gunn Elisabeth and Hans Robert. Learning to play an instrument well enough to contribute to the band was especially important to Lars Cato and Rune. Learning to perform a solo on an instrument was especially important to Lars Cato, Kalle and Gunn Elisabeth.

A metaphor for the second dimension, *performers connecting with each other*, (dimension 2), is a *feeling of togetherness*. This was an important aspect for the band members, and especially Rune, as well as the leaders. Rune recalled more about that moment during Gershwin's 'Summertime' when he met the eyes of the guest singer who was performing with him:

I could feel it in my heart! I get the lady in my chest, in a way! [He holds his hands over his chest and smiles broadly.] And then I give back to her. And then she is moved. And this makes me . . . [He seems moved.] . . . to be used to . . . too much. [He composes himself.]

Connecting to the audience (dimension 3) seemed to be important to the whole band but especially Rune and Kenneth, who talked at length about the response and applause from the audience. This dimension, of course, presents certain social

¹¹ Ruud refers here to Giddens (see Ruud, 2010).

prospects to the band members. Hans Robert returned several times to a specific event on the first trip to Sandane, when he sang a duet with a local young woman from the audience:

I liked very much to sing with her!

Gunn Elisabeth, in an interview for a paper, was asked if she talked to anyone after the performance:

Yes, I made friends with Kjersti!

In his article, Brynjulf Stige recognised RR's connection with the audience as well, via his metaphor of Thor's hammer.

The audience within, (dimension 4) is interesting in that it is both an image and a state of mind. Jampel describes it further:

Performers carry their own audiences around inside of them. In this the audience is unseen to others but present in the mind of the performer . . . These internal presences can serve a deepening, connective function. (ibid.)

Jampel compares this *internal presence* aspect of musical performance to actors' work:

When produced intentionally it can provide an emotional basis for the music much in the same way an actor does in preparing for a role. It may also happen without design, as when in the musical moment an internal association occurs that transports the artist to a particular image, feeling or place. (ibid.)

Thanks to their long musical band story, all of the members carry these internal associations within them in the form of powerful images, feelings, and memories of places. For Hans Robert, then, a certain song reminds him of a particular young woman from the audience (with whom he sang) at a particular time and in a particular place. Conversely, he associates her face (which he sees on videos of the tour, for example) with that particular song. This history of performance evokes 'authentic emotional memory' (in Jampel's words) in Hans Robert and the other RR members. It is a vivid sense of the past that is reactivated in each ensuing performance.

The totality of the experience (dimension 5) connects all of the other dimensions, because a disturbance in one of the first dimensions will affect the others and leave individual members (or the band as a whole) discouraged or even unsatisfied. As such, this aspect can help to identify problem areas in the other dimensions that influence the fifth dimension, which has a profound meaning in and of itself. Along with their many concerts, we also include here rehearsals, meetings, tours and every other band-related context.

We believe that it is this fifth dimension, the totality of all of the other band dimensions, that contributes most to the change of identity of the band members from clients to rock musicians, which is, in turn, the most healthful aspect of the whole enterprise, as we will discuss below.

Health-Promoting Prospects

When the playing in the band becomes vitalising and life fulfilling for the band members, RR begins to have health implications, or prospects for *health musicking* (Bonde, 2011). *Musicking* (see also Small, 1998) reflects the action that is involved, while *health* describes its aim. An example of RR as health musicking would be the way in which the identity work (see before) in the band members affirms emotional and relational experiences for them. One of the band members said that the performing in the band gave her social courage. Normally, she said, when she was among others, her awareness of her ADHD diagnosis made her feel shy, but when she played with the band, she felt empowered instead.

Health, in this context, must be understood in a broad sense as a benefit derived from a long and happy musical life story. It is something other than simply the absence of illness, or surviving. Through health musicking, the band members find themselves able to perform as subjects with integrity and self-respect while being embraced within a family-like environment. Each band member is then empowered to move towards his/her “individual and ecological wholeness” (Bruscia, 1989, p. 84). Poor mental health, on the other hand, would result from a disruption of this ability (Schei, 2009). Each band member is able to be at the centre of his/her own existence, or as Nordenfelt (1991, p. 17, our translation) puts it: “For the human being, health is about reaching his/her vital goals within his/her social and cultural context”.

Music therapy pioneer Clive Robbins, in an oral presentation of his work in 1994 to music therapy students in Oslo, put it this way: “Music therapy is in its essence a *celebration* of the unique individual and what he/she can do”. There is an ethical aspect here, in that it is the *right* of every individual to feel free to be who he/she is and to grow and

develop uniquely. Kenneth's emphasis upon the importance of audience applause, then, indicates his recognition of his own uniqueness as a person, and of the audience's (and his own) *celebration* of what he can do.

The leaders also touch upon health when they talk about 'the power of what music can do' and the 'authenticity' of the experience and the ways in which the sincere joy expressed by the band members has impressed them profoundly and made their lives more 'meaningful' and 'rich'. All of this relates to their impression of the positive value of playing in the band, for the band members but also for other people and the larger community.

This collaborative ripple effect introduces another aspect of health musicking, expressed here by Stige:

Health is a quality of mutual care in human co-existence and a set of developing personal qualifications for participation. As such, health is the process of building resources for the individual, the community, and the relationship between individual and community. (Stige, 2003, p. 207; Stige & Aarø, 2012, p. 68)

Ideally, then, RR creates a means for its members to participate in society in a new and mutually constructive way. RR becomes more than singing and playing; it becomes a healthy path to social participation, bridging the world inside RR with the world outside. Rune captured this beautifully when he recognised the importance of being able to give (not simply receive) through his performance. After his 'musical flowers', he noted this of the audience:

I see them get happy, that makes me glad!

Rune has something beautiful that he wants to give to other people 'out there', and they are happy to receive it from him! The recognition from others enables his further participation and creates for him at the same time a feeling of inclusion in something larger, as an occasion of both *bonding* and *bridging* (Procter, 2011; Stige & Aarø, 2012). Bonding relates to the social capital Rune gains when he is "associated [through his performances] with groups and networks of homogenous groups of people" (Stige & Aarø, 2012, p. 102), which in turn is manifested in RR as "cohesion, [and] solidarity" with the audiences and through "high levels of emotional support" from them (p. 115). Bridging relates to the social capital that the band members gain as they transcend their differences amongst themselves and with their audience.

Conclusion

The audience gives all their warmth and intensity in return.

We are one! Common pulse and common temperature.

How often in life can we say that we share pulse and temperature with other human beings?

(Næss, 1987, p. 7)

Lifelong dedication and membership indicate in and of themselves how important RR has been for its members and leaders. In general, their musical life story is about the change of identity from clients to rock musicians, but this band's narrative is also about so much more: certain music, rehearsal methods prepared especially for the band, instrumental learning, significant events and performances, feelings and experiences, even eye contact in rehearsals. The story is very personal and unique for each member, of course, and it contains more unexpressed experiences than the data collected for this study can ever reveal.

However, a musical story as happy as RR's derives as much as anything from sensitive and competent leadership. The leaders have all had several roles. First, they led the band itself, drawing upon musical, educational and therapeutic skills while playing instruments as well. Second, they had to be not only bandmates but friends or even 'mothers/fathers'. When conflicts occurred, for example, they had to negotiate resolutions. When the band went out on tours, they had to make arrangements by booking hotels and buying meals and so forth.

But most of all it was the unique *togetherness* that made the RR story so happy, a togetherness that developed over years through a shared love of music, playing, and each other. RR is therefore an example of how we might create healthful personal and social capital through bonding and bridging for people with handicaps. The band has helped its members avoid isolation, which is today perhaps the biggest threat for people with handicaps, and as such, band participation has been an important component of health for them!

Through our study of RR, we have also found it to represent a means of creative and aesthetic expression that allows for the performance of the self and the development of identity.¹² This reminds us, as well, that playing in a band like RR offers an arena where people with various personal prerequisites can join in but remain who they are. In this sense, RR is an example of how to arrange for activities that accommodate basic needs and at the same time preserve human dignity. Mary Law (2002) quotes Adolph Meyer, one of the founders of occupational therapy, who speaks of the human being as an organism that

¹² Interestingly, Stensæth et al. (2012) point that because music (and other creative aesthetic activities) are so inviting in the way that they include the senses and cause joy, strong feelings and the experience of breaking boundaries, self-performing is easier to accomplish through such means.

maintains and balances itself in the world of reality by leading an active life. The use that we make of ourselves, says Meyer, “gives the ultimate stamp to our every organ” (Meyer in Law, 2002, p. 640). Therefore, arrangements like RR constitute powerful affirmations of everyone’s need to feel wanted, useful and needed.

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Evaluation of Community Music Therapy: Why is it a Problem?

Stuart Wood

How does evaluation work in a Community Music Therapy setting? The professional obligation of evaluation operates within a large network of complex relationships, but what exactly is that network, and how does it cope with the flow of knowledge and information across its many levels? And why do practitioners report it to be problematic?

This article takes an ecological approach to understanding the value of music therapy in a collaboration between a large care home company (Barchester Healthcare¹) and a major specialist music charity (Nordoff Robbins²) in the UK. I use the term 'organisation' to denote the overall collaboration between these two bodies. The article takes a case study form, using the music therapy experiences of one resident, Pam, to illustrate a how music therapy evaluation is performed in interpersonal, professional, organizational and mass media discourses. Influenced by Actor-network Theory, the discussion offers an account of how the materials of Community Music Therapy assemble to create a network in which evaluation is performed, and of why this might be problematic.

The case study is an account of Pam's music therapy process in a care home, starting with the choices that developed her music therapy from improvisation, piano exercises and songwriting, into a project involving members of the whole organisation, culminating in a theatrical performance. The diversity and also the reach of these music therapy formats creates a widely dispersed style of practice, challenging the standard professional requirement of evaluation, and illustrating the impact of ecological approaches to music therapy. The case study traces how the evidence of music therapy in everyday working life changes throughout a complex network,

¹ Barchester Healthcare is a private company in the UK, with approximately 250 care settings. The material here relates to one home in the South East of England.

² Nordoff Robbins is a leading UK provider of music therapy services, education and research.

incorporating an originating sense of musical purpose into thought, word, song, plot, performance, corporate morale, DVD, training resource and printed communications.

There are over 20,000 care homes in the UK (CQC Annual Report, 2011), forming a major part of healthcare provision for people living with long term chronic illness, particularly the dementias and neurological disability. I have worked as a music therapist in this context for over 10 years, and I am fascinated by how it combines clinical and social models. Clinical nursing and health care is situated within a domestic, social environment in care homes, and music therapy continually has to negotiate this sense of co-existing values and orientations. Both the care home company featured here and its collaborating specialist music charity are motivated by a desire to care well, but both are also located in industrial, commercial environments. These factors create a particular set of values that contribute directly to the content and focus of music therapy work.

The music therapy experiences at the core of this article are framed within a Community Music Therapy perspective. This locates them within a social model, influenced by the past decade of theory and discourse within Community Music Therapy particularly in the UK, USA and Skandinavia. As a movement, Community Music Therapy has developed a set of theoretical references, practical orientations and professional values (as demonstrated in Stige & Aarø, 2012), but that movement still resists strict definition and standardization. This article is influenced by the potential problems inherent in that resistance, as much as it subscribes to it. It identifies professional evaluation of practice as one of the main areas in which that resistance to standardization is problematic.

The case study is prompted by my experiences as a practitioner in evaluating music therapy experiences in this context, illustrated by Pam's process. I summarise these as problems of *what*, *who*, *when* and *how* to evaluate. I ask *what* to evaluate because the practice of Community Music Therapy creates a frame in which any music-making, or any activity connected to music-making, can be harnessed for health benefit. There is no rule within the literature on Community Music Therapy that marks out the territory of what counts as an acceptable mode of practice, except what falls within safe conduct according to the professional and registering bodies and the judgment of the practitioner.

Similarly, the basis of any ecological theory of music therapy is that the named 'client' is not the only person or interest that benefits. Families, groups, organisations, and cultures can also be touched by the ripples of musical work, leading me to wonder *who* to evaluate. It is also a feature of psycho-social music therapy approaches that the choice of *when* to evaluate is not fixed only at end-points. Evaluation is an integral part of reflexive practice, and while it does occur in formal summative moments, it also

happens informally, and often in the client's—or even the therapist's—best timing. Finally I problematise the question of *how* to evaluate because the way music works in people is multiple. It will have impact in measurable, functional ways along with more indefinable, qualitative ways. The simultaneous action of music in multiple modes is a key feature of its power, but is equally a problem at the point of evaluation.

The methodological grounding in this case study is drawn from Actor-network Theory. This approach originated in the Sociology of Science and questions the performance of knowledge within complex systems of people, objects and values. It is used here particularly in relation to the identification of problems, the role of performance in constructing meaning, and the effect of translation between elements in networks.

The Context of Care Homes

According to the Care Quality Commission³ (2011) there were 18,083 care homes for adults in England in July 2011. This figure includes nursing homes and homes without nursing. The Care Commission in Scotland⁴ reported 1562 care home services for adults in Scotland as of April 2011. The Care and Social Services Inspectorate Wales⁵ reports 1185 in Wales. The combined number of care homes included in the most recent annual reports of the three inspectorates of England, Scotland and Wales is 20,830.

Taking England as an example, the CQC Annual Report states that:

Registration data show that there were 4,608 care homes with nursing and 13,475 care homes without nursing in England, in July 2011. Some care homes may be registered as both 'with nursing' and 'without nursing', for example, if they take residents who need nursing care, and those who only require personal care. Therefore the numbers are not mutually exclusive. (2011, p. 25)

Although the language of registration refers to older people and dementia in its nursing care statistics, other research suggests that it is more difficult to establish the precise clinical details of people who live in care homes.

Care homes in the UK are professionalised environments. While they are underpinned by the clinical practices of professional nursing care, they operate according to a

³ The Care Quality Commission, or CQC.

⁴ Appendix 4, Annual Report 2011.

⁵ Information Brief, Annual Report for 2009-2010, January 2011.

social model, under the values of Person-Centred Care. The NICE-SCIE Guidelines in the UK describe Person-Centred Care as an approach concerned with “looking for the person” so that people living with illness can be “treated as individuals with a unique identity and biography and cared for with greater understanding” (p. 72).

In this way, the ‘clinical’ is often apparently accessed via the ‘cultural’. It is a natural place for musical work, to take a normalized form, in which clinical use is embedded in a cultural form. The development of the ‘communal’ approach to musical work in the UK has been advanced significantly by the care home setting, owing in part to this unusual need to approach the ‘clinical’ via the ‘cultural’. This makes the care home a strong example of the current state of healthcare in the UK, and possibly as an example of the ongoing global conversation about the relationship between the medical and the social. As a discrete ecological exemplar, the care home offers rich research opportunities.

Care homes are not only driven by clinical, cultural and communal values, they are maintained by—and often run for the purpose of—commercial interests. Whether put in terms of cost effectiveness, or profit, it is clear that a consideration of how funds are spent and how they can be managed or minimized, creates an *industrial* element in the ecology of care homes. They are independent organisations, operating in a changing commercial context, where the question of funding is a constant concern. This question of funding is located increasingly in the choice of services offered for residents, rather than only in the assessments and treatments provided. This article proposes that where the ecological setting of professionalised musical work is made of cultural, clinical, communal and industrial forces, the practice itself will be influenced and structured from those forces too.

Pre-understandings

It will be clear already that this article arises out of my own professional experiences and beliefs, and my pre-understanding of how to contextualise them. I am a Nordoff Robbins trained music therapist, qualified since 1999, having spent the majority of my clinical practice exploring the pathways of musical experience that can be forged for participants from medical neurological settings and nursing care settings.⁶ My thinking has been formed by the grounding of the Nordoff Robbins training in London and

⁶ This involves a perspective that music therapy practice can embrace any way of making music, or ‘format’; and that participants may often need to proceed from one format to another over time.

subsequent theoretical work in modelling Community Music Therapy (Wood, 2006). I am also writing as an insider in Community Music Therapy. My aim is to address aspects of that practice and theory that concern me, with the desire to contribute to their clarification.

Pam, Phase 1: Exploring Physical Function and Autonomy

Pam referred herself to music therapy with the commanding authority that characterised everything she did. A master scrabble player, and former IT professional, Pam had observed me interacting with others in the home, and I had a comfortable rapport with her. She had lived independently all her life—a single professional woman, well-read and well-travelled. By now the limiting effects of her Multiple Sclerosis had required her to exchange her own property for life in a care home.

Her slim frame seemed slight in her electric wheelchair, and she would sweep into the social areas of the home every morning ready to complete the crossword and answer all the quiz questions. Pam's mind was keen and razor-sharp. Her physical life, however, was severely limited. With advanced MS, she had very limited energy. Chronic pain, discomfort and fatigue left her frustrated, isolated and dissatisfied. With characteristic tenacity, Pam refused to give in, and developed an air of protest in relation to her disease and her limitations.

Pam used to play the piano, and had enjoyed writing poetry in the past. She seemed to bring her attitude of defiance into her sessions with me, demanding that music show her what she can still do. We began with piano, simple percussion instruments and vocal explorations. Unusually, it became clear very early that improvisation might not be the best way to proceed. I struggled to create a spirit of total immersion and acceptance in our shared playing, feeling that Pam's acute self-editing (and self-criticism) might actually be tendencies to harness rather than pathologies. What if this ability to self-critique was also a mark of pride? Also, Pam's fatigue levels meant that her best playing or singing was always in the first two minutes, so we had to 'hit the ground running' and establish a sense of achievement immediately, with no time wasted. A third consideration was that Pam was fairly independent, and I wanted her to feel that she could practise her musicianship at any time, including when I wasn't around.

I wondered, was there a way to hold on to a form of improvisational attitude but use the musical format of exercises via specially composed studies? We talked about it, and Pam liked this idea. I started to write piano exercises aimed at drawing her skills

out slowly, thinking about posture, hand extension, coordination, beauty, expressiveness and strength.

Being an organised lady, Pam enjoyed having a scheduled time for her sessions. Although this wasn't my approach with everyone, it had benefits here. So we saw each other at the same time each Friday. Of course, disease and the body do not have a timetable, and some Friday mornings were better than others. On some occasions Pam would be full of energy, and on others, deeply frustrated by chronic pain and fatigue. I learned two things: first, while music can bring out the best in someone, it will not always be the same level. When we act, and when we choose to document achievements, can create very mixed results. Second, I was going to have to be very creative with my musical ideas in order to maintain Pam's motivation, self-satisfaction and creative process over time. This would require me to edit my own ideas, discard anything that wasn't directly helpful to Pam, and get used to recycling, re-inventing, and re-framing.

Reflection on phase 1

Reflecting on this stage of work with Pam brings up two of the problems identified earlier: *when* to evaluate, and *how*. The problem of *when* relates to my observation that Pam's development was continually in negotiation with contingencies such as her own strength, the timing of the session, and even the calendar of events in the care home. Pam's music therapy was driven by my changing attempts to find what would help her thrive at any given time. I undertook to alter what I did, and how it was framed, in order to give her the best chance of optimising her musicality. The paradox is that Pam's process required a stable base, but that stability needed to be contingent.

The process involved catching moments in sessions where chance remarks or accidental gestures with instruments could become musical improvisations, as well as more pre-planned piano or singing exercises. We were jointly involved in a process of discovery at this stage, learning some things instantly, and allowing other evidence of ability to emerge slowly. I also wanted to engage Pam intellectually, so we agreed to set the monthly care home music quiz together, which allowed natural rest periods in the sessions.

There is also a problem inside the question of *how* to evaluate the work. Even within small piano exercises I was presented with the choice of evaluating from a functional or psycho-social standpoint. Whereas my own tradition uses a descriptive model of evaluation that charts musical change with scales that model interpersonal or communicative dimensions, the enquiring appetites of the surrounding healthcare system want to know more concretely and immediately 'is this working?' and 'how?'. When

it is clear that change is happening in more than one dimension, there is a dilemma in choosing *how* to make the evaluation comprehensive.

This phase of work illustrated to me the way in which music destabilises the professional requirement of evaluation. Its multiplicity—that changing, emergent, multi-modal quality—makes simple evaluation difficult. And yet, multiplicity is part of the definition and framing of Community Music Therapy itself. In other words, a main concept that characterises Community Music Therapy is also what makes it difficult to pin down. It is problematic to both evaluate and research a professional practice that itself emerges, disappears, changes form and responds unexpectedly to its foundational structural elements. Understanding the link between the material aspects of musical bodies and the definitional aspects of evaluation, is itself a problem of multiplicity.

Pam, Phase 2: Forming a Partnership, a Project and a Product.

Pam explained her total frustration with her life most directly when she said “I feel like I’ve been thrown on the scrap-heap of life”. This seemed to have two meanings to me. First, her experience of having a degenerative neurological disease, and living with the disability that this created. Certainly, she could do far less than she used to, and with far less independence. The second meaning for me was that having to live in a care home meant to her that she was in a kind of ‘ghetto’: residential nursing care symbolised for her a form of ‘scrap-heap’ for people who had lost their use. I could see what a devastating impact this attitude could have, and although I didn’t share that belief, it was tangible and enacted every day for Pam.

I had an urge to surprise her, to harness that property of creative work to shake up our beliefs, to dislodge our habits of mind as well as body. I also wanted to find ways of eliciting genuine amusement and excitement to complement the fierceness of ‘facing up’ to life. As our sessions progressed, I could see that the active playing was becoming more difficult physically, and I struggled to vary the musical material sufficiently to keep it interesting. It was time for a shift. Pam’s comments came just when they were needed. I found myself responding: “Right, well that’s where we’ll go, then. We’ll go to the scrap-heap and do our music there.”

My observation at that moment was that Pam’s intellectual curiosity needed to be engaged. She had a strong sense of allegory, and absurdity, and I could see that the processes involved in musical experimentation could be harnessed here. With the correct

preparation, assessment of risk, and reflection, I thought we might find a sense of metaphor, adventure and direction that could be absorbed well into a creative musical process.

Assisted by the home's Activities Organiser, and our Health and Safety Officer, we carefully arranged a trip to the local scrap-yard. There we were helped to source objects safely that interested Pam. I imagined she might be motivated by what they could sound like, when played as percussion. I was wrong. She was immediately moved to see the objects as metaphors for her own state. She ascribed human characteristics to them, collecting items that suggested personality. We came back in the minibus with a vacuum cleaner, the inside of a mattress, some television parts, and some copper pipes.

Over the next six months, Pam began writing song lyrics in the voice of these and other scrap items. She imagined that the vacuum cleaner was a lovesick man; that the mattress was an amorous young teenager, creating more characters and linking them with song styles that she enjoyed. Her encyclopaedic knowledge of pop music from the 60s and 70s emerged, as she left notes for me each week: "Just Seventeen, like the Beatles, rock and roll..." or "We'll go where the grass is green, Mamas and Papas, California Dreaming...". We collaborated each week on turning her lyrics and song interests into new works, inspired by her own preferences. As those took shape, a plot emerged that would link these songs into a musical product.

Reflection on phase 2

By now the picture of what is really happening in music therapy is significantly more complex. Pam's process had begun with brief expressive moments at the piano, in which she tested her own functional level and took steps towards being communicative and creative within a less self-critical attitude. The act of visiting the scrap yard and subsequently arriving at a song-writing process with an emerging theatrical narrative caused the aspects of her music therapy to proliferate.

Yet within each moment of lyric-writing, or listening to musical parody, or even in her thoughts as she went to sleep perhaps, there was both the momentary structure of a musical event, and the ongoing development of a new musical awareness. I found it was challenging to isolate *what*, within this marvellous ecology of musical change, I should evaluate. Equally, by now Pam's process was impacting on other staff members and residents in the home. They too were becoming interested in her ideas, and part of the process. Did I have to think also about *who* to evaluate? The questions about *when* and *how* remained. There were now many moments in which Pam was musically active, most significantly when I was not around. She wrote her lyrics during the week when she was alone—what was happening in her process during those times? I was interested in how Pam's own musical history related to this story too. Her choice of

styles for us to parody, and the way she structured songs, seemed to be influenced by cultural forces beyond this setting, and beyond only that present moment.

I felt as a music therapist that for me to keep a professional awareness of this array of activity I had to accept the discomfort of it not all making clear sense yet. In fact, I thought that the life of the work was exactly where it seemed most problematic: inside those questions of *what, when, who, and how*, was where Community Music Therapy was most alive, and most visible.

Phase 3: Creating a Gang, a Company, and Reaching an Audience

Soon Pam had completed a sophisticated musical product. Her story described five discarded, 'useless' items: a TV, a mattress, a vacuum cleaner, a sink and a dustbin. They 'lived' in a scrap-yard that was owned by a mean, ungenerous man. His neglect of them and their space was a consequence of his own dissatisfaction with life. He spent his time getting drunk while they secretly fell in love, flirted and argued. Only at his lowest moment, when he was desperate, did he suddenly realise that he could hear the objects talking. They had been watching him all along, and they were angry! In his moment of need, they join together, and he discovers that his true vocation, to be an artist, can be realised if he sees them differently: not as useless objects, but as equal partners, and able to help him. The piece ends with him changing the scrap-yard into a gallery, and transforming the objects into sculptures.

Pam asked if this could be performed in the care home. She could see it was a powerful piece of metaphor and it appealed to her spirit of protest. She was also very proud of the songs, the jokes and the characters. We discussed how she would want it to be done. Firmly, she said, "I want staff to perform it". I wondered two things, first, who would be willing to commit to quite a large project; but secondly, given the allegorical nature, and the opportunity for really embodying it, which staff would give the most powerful symbolic force to it? Pam had her own ideas, which we followed. She named two people she had written parts for. They both agreed. I then saw the possibility of taking senior figures from the organisations involved and giving them roles, both as scrap objects but also as the 'bad' mean-spirited owner.

To our delight, everyone we asked auditioned for Pam, passed the test, and agreed to rehearse and perform the project. Pam had instigated the creation of a gang, which slowly became a theatrical company for that event. The care home agreed to house it and Barchester funded outdoor staging, which meant that we were allowed to create a

huge pile of scrap in special containers in the grounds of the home. Sound, lighting and set were arranged, along with catering, special hosts and a huge enthusiastic audience. Pam's process had become identified in a wide range of products—and now a production. Each week during this time I met with her, to report on any steps she had not been part of herself, playing her recordings of rehearsals, checking the printed material, and keeping her involved. For me, to allow this development of Pam's status and role was important in giving her the experience of co-creating a large work of art.

I was acutely aware that the role of 'client' in which we had begun our work was now very different. First, Pam was more of a partner, now focussed on a future performance event, with a project to complete. The work involved making decisions and judgements, and maintaining a creative vision over time, rather than physical coordination or energy in the present moment. But secondly, the role of client had dispersed. Now the project had a lot more people invested, each of them risking something in the process. Although they were not clients in the strict sense, I was accountable to them, and responsible for them, in different ways.

It was also clear that the successful production, its recording and subsequent editing into a DVD, were translations of an initial musical impulse into vastly different materials, each bearing different connection to the original music source. We had not simply created a list of 'outcomes'. We had created an array of new material forces, each one a translation of Pam's musical work. That array included a DVD, an edited training resource to be distributed in the company, staff morale, company cohesion, a sense of completion of an endeavour, brand identity, corporate value, good PR and corporate records in the charity's Annual Review, and—still at the core—a feeling of completion for Pam.

Reflections on phase 3

The problem of *who* to include in evaluations brings into question the limits of professional accountability. When staff training, or advocacy, or performance projects become part of Community Music Therapy, the participants go through their own process of musical change. To what extent does anyone coming into contact with Community Music Therapy border on being a client? Knowledge of Community Music Therapy seems to be created and re-created by multiple elements in a wide network far beyond the originating therapist/resident dyad. That is to say, the culture of care homes and of the healthcare professions is that a large number of people allow themselves to be changed in response to music therapy. Care is enacted mutually, much as music is, and it is a common feature of this that families, friends, and care home staff seek out opportunities to collaborate with residents during their music therapy times.

I came to think that this contributed to both the creation of *meaning about* and the *reality of* the work itself. Often other perspectives are welcomed by the music therapist, and incorporated into their overall music therapy strategies. Yet the implication here is that a wide constituency of people also give over part of their own vulnerability to the act of music-making, seeking restoration, benefit, or connection on their own behalf.

Discussion: The Network of Knowledge and Information

This case study has been drawn to illustrate the way evaluation works in a Community Music Therapy site, what the network of complex relationships looks like, and how that network copes with the flow of knowledge and information across many levels, and why evaluation seems problematic in this context. It began with the four basic questions of *what, who, when* and *how* to evaluate, triggered by my recognition that Community Music Therapy is a particularly dispersed kind of practice, reflecting the multiplicity of music itself in its own multiple structures. This section discusses that picture—of a large network of changing relationships, typified by problems in the flow of information around the network, and involving material processes, human interaction and objects. It draws on Actor-network Theory to frame the discussion.

Actor-network theory

Like all qualitative approaches in ethnography, the basis of Actor-network Theory is the claim that meaning is contingent to context (Latour, 1993, 2005, 2010). Actor-network Theory has arrived at a particular understanding of that context, proposing that it is constructed by the continual interplay of ‘actors’ that can be both human and non-human. That interplay relies on a process of ‘translation’ between elements in ever-changing connections, the translation itself being the thing that creates the network moment-to-moment. For Actor-network Theory, that translation is dependent on active interaction across time, requiring *performed* production of meaning.

But what is being performed? This is not a reference to the importance of performing music, but instead a description of how reality is co-created.⁷ Actor-network Theory would argue that it is not only multiple meanings that are performed but also realities. Its radical argument is that our various performing creates the world

⁷ Other authors use different terms here to avoid confusion. See Mol, 2002 for example, who uses the term ‘enactment’ in place of performance.

variously: elements of the world themselves performing us, at each instance in a fresh and contrasting reality. This is where performance reaches across epistemology and touches on the structure of ontology. Mol (2002) describes this move as an “*ontological-politics*” (2002, p.xiii). In this sense we might say that we are performed in tandem with the things whose existence we also perform.

How does evaluation work in this context?

Latour (1993) gave an early perspective on how things—people, and inanimate objects—actively create political realities, such as value, by the connections between each other. In a music therapy context, these things could be as challenging as a *YouTube* video, and as apparently banal as a standard care home record form. In my process with Pam, the formal evaluation moments included process notes, index forms, care home records, and periodic evaluation forms. Informally, I would also include corridor conversations, her written notes to me, and the many objects that carried meaning about the performance project, including the event’s programme, photographs, the DVD edit and the ‘Thankyou’ cards we received. The full evaluative picture is a complex translation across time between these and other elements.

Translation within a network is an ongoing process made up of uncertain, fragile, controversial and ever-shifting associations. The task of the researcher in Actor-network Theory is to render these associations traceable, and it might be said that the task of the evaluator in Community Music Therapy is to do the same. This involves valuing the constructive role of all networked elements in the translation of meaning, and sometimes keeping a clear focus on the controversies that continue to make them visible. This is a solution that requires us to consider at once both the resident and also the wide network of which she is part. The points of translation in this net are of crucial importance. The translation between the musical material, and the music therapist’s emerging thoughts while playing, or between those thoughts and the process notes that occur moments later, take on greater significance. So too do the objects, organisations and cultural forces that precede the music therapy.

I would argue that evaluation works in this context by a complex material change: a material process of transformation between will and sound, musical organisation and verbal meaning, and between verbal meaning and a proliferation of physical and conceptual objects. I also suggest that only by trying to connect the elements that do not seem to work together can an evaluation discover the underlying connections between them, and perhaps bring us closer to an understanding of music’s multiplicity: “these sites are the shadow image of some entirely different phenomenon” (Latour, 2005, p. 171).

What is the network created by Community Music Therapy?

Community Music Therapy comes into visibility at the points at which parts of the network as a whole come into contact. In this sense a part of the network can equally be a client, a music therapist, a piano, a vacuum cleaner, a report, a journalist, a DVD, a mood, a corporate ethos or a Company Director: and still more. Paradoxically, the coherence of Community Music Therapy relies on a temporary flow of meaning through that network. Community Music Therapy seems to touch, or have the potential to touch, on the lives of a whole workforce. This covers a geographical 'out-reach', but also an 'in-reach' through not only care staff but also kitchen, hospitality or house-keeping, management and support staff. The lens of learning allows this practice, and affords it, an *official* reach. From one perspective this could be seen as a blurring of professional boundaries. Within that view, the encouragement of such a reach might risk being unethical. But within this system it is viewed as an advantage, something to work with and celebrate, when moderated by the necessary professional considerations.

The constituencies of interest that are made visible in Community Music Therapy evaluation reach beyond the core of resident, family and staff. They emerge as organisational interests affecting workforce morale, corporate identity and branding. Here the role of publicity points to the likelihood of mass readership or viewership. This requires ways of organising information towards an agenda that goes beyond the record-keeping of healthcare systems, or the training of a workforce, and into the endeavour of creating specific marketing images for the purpose of convincing strangers of the value of something. This case study suggests that Community Music Therapy could contain various kinds of currency for the company and the charity's benefit. The range of the network reaches a set of operations that have no direct link with the music therapist and the resident, yet which seek to carry the force and personality of those musical encounters.

Beyond the direct interpersonal contact and organisational information or training opportunities generated by Community Music Therapy, another translation occurs in the public sphere. A good example of this is when organisations publish documents such as Annual Reviews. The Nordoff Robbins Annual Review 2011 for example, is constructed to appeal to an array of readership types. This is an example of Nordoff Robbins' public information output where all information discourses are drawn together into an assemblage of numbers, reviews, images, and branding. As with any such text, this document is heavily layered with the various interests, agendas, texts, images and representations of practice. The Annual Review is addressed to any

reader who is interested in the work of the charity. It also contains references (text and image) to a huge range of stakeholders, including:

- Children and adult clients
- Music therapists
- Financial supporters
- Partner organisations—health, education, social care, day centres, higher education, private sector
- Staff
- Board of Governors—industry, legal, finance, business, medical, community arts, charity sector
- Students
- Geographical bases—London and North West particularly
- Teachers
- Parents / family
- BRIT Trust
- Prospective students
- Research community
- Interested professionals
- Political figures—Minister for Third Sector
- Pop / rock / classical musicians
- Sports celebrities or professional athletes
- Actors
- Celebrities

The range of discourses or language styles is also vast, compared with other forms of evaluative material, covering:

- Third sector vernacular
- Corporate branding and design
- Inspirational writing
- Professional organisational discourse
- Academic discourse
- Professional case-study discourse
- Medical discourse
- Educational prospectus discourse
- Emotive photographic text
- Theatrical conventions

- Professional research discourse
- Self-development
- CPD / professional enrichment discourse
- Newsletter discourse
- Corporate governance
- Financial report
- Service review
- Celebrity reporting / Paparazzi
- Fundraising discourse

The range of the network of Community Music Therapy proliferates far beyond what the music therapist does, the immediate concerns of the workplace, or the needs of the resident in the care home. This unfolding list of diverse interests, desires, points of contact or knowledge worlds are not only different stakes or language games in relation to one inviolate musical encounter. They create and re-create that encounter, spinning off into different and parallel versions of the event.

How does the network cope?

Given the levels and range of Community Music Therapy as a practice, it is scarcely possible to store the amount of information this must create. It is not only a question of storage of information, or of recall. One problem is that knowledge of the fullness of interpersonal musical experience cannot be reduced to data. The other question for Community Music Therapy evaluation is justifying the links claimed between an event and a supposed outcome. On film, perhaps, it might be easier to create the appearance of direct causality, but at this range, where exchanges derived from Community Music Therapy, via film extracts or training initiatives, are released as data into a workforce or a large organisation, the ability to trace connections becomes daunting for the system.

These ideas, films, accounts, tables of numbers, performances, are evaluative objects of multiple provenance, containing diverse and parallel types of information; speculative, summative, detailed and generalised. They are versatile objects which have evolved or been innovated to serve desires and urges far beyond the musical encounter; the desires of a workforce, a company ethos, an entrepreneurial spirit, a sense of corporate governance, or the interest of a generalised readership. This case study suggests that there is more than one kind of evaluative material, perhaps reflected in the difference between 'information' and 'knowledge'. What people gain knowledge of through experience may not be reflected exactly in the information

created about it. It seems that Community Music Therapy moments become products that change in transfer between points in the system.

An impression has emerged of a system that is widely dispersed, encoding and translating knowledge and information in diverse time frames and in relation to multiple objects. The range of purposes, strategies and rationales has also been shown to be various, and fragmentary. The case study proposes that a process of commodification occurs, creating products that themselves have value, in order to store and transfer processes that are irreducible. A view of the system has arisen in which commodification is not imposed solely by the music therapist, the host organisation or the reader of music therapy information; but emerges out of the shared flows of meaning between the people, the material and the organisation mutually.

Why is evaluation of Community Music Therapy a problem?

This picture illuminates in some ways why evaluation is problematic in Community Music Therapy practice. Perhaps in summary we might say that Community Music Therapy evaluation is problematic because it is multiple, and it is multiple because music is multiple. Problems are encountered by music therapists in choosing *what*, *who*, *when* and *how* to evaluate. Their work generates more than one kind of knowledge and information for use in evaluation, and the surrounding discourses of their practice require them to suit more than one kind of purpose. So it is suggested here that in the process of sharing knowledge and information, meaning is changed and distorted. Actor-network Theory would then propose that this creates multiple realities. This in turn may affect how music therapy decisions are arrived at in practice, or how a person's own musicality relates to the pervasive ethos of company performance or public relations.

This in itself is not entirely problematic. I suggest here that music is multiple. Perhaps that can be extended to the system around it—towards a 'musicality' of organisations. With reference to the literature on Communicative Musicality (see Malloch & Trevarthen, 2009), I allude to that here as a suggestion for further research in clarifying what is meant by 'context' in Community Music Therapy literature.

The musicality of this organisation is not only in the sounds created by the music therapist and the resident. It is in the co-ordination of multiple material flows carrying meaning between people and other elements each in coordination with the other. At any point in this system the flow of materials could be stopped and isolated, for the purposes of translation, encoding and storage. That moment contains a paradoxical flow of multiple realities and possibilities, the relative priority of one reality over another being determined by the related interests of the originator and the 'reader'

of the evaluative material, connecting with and via other points within an established value system.

What is suggested in this case study is that the points in the network created by Community Music Therapy seem to *seek connection*, and to create connection contingently via mixed modes of information and knowledge translation. The ecology appears to desire proliferation, dispersal, coding, communication. This desire for community appears to be generated within the phenomena of contemporary corporate and charity culture, mass media and commerce as much as in the interpersonal world of music-making. I would argue that this desire for musical community requires at its core a process of 'non-knowing': a state of embodied knowing that remains material and mutual as distinct from knowledge that is named and separated. Perhaps while we in music therapy have grown familiar with the demands of naming what we do, our problem is that we are yet to come to terms with what non-knowing demands of us.

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

Lars Ole Bonde

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

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.

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 Wohlit Klavier
												Bach Matthæus Passion
												Brahms requiem
												Folke og nævere

Fig. 1. RepGrid in display mode, showing the process of relating elements to constructs.

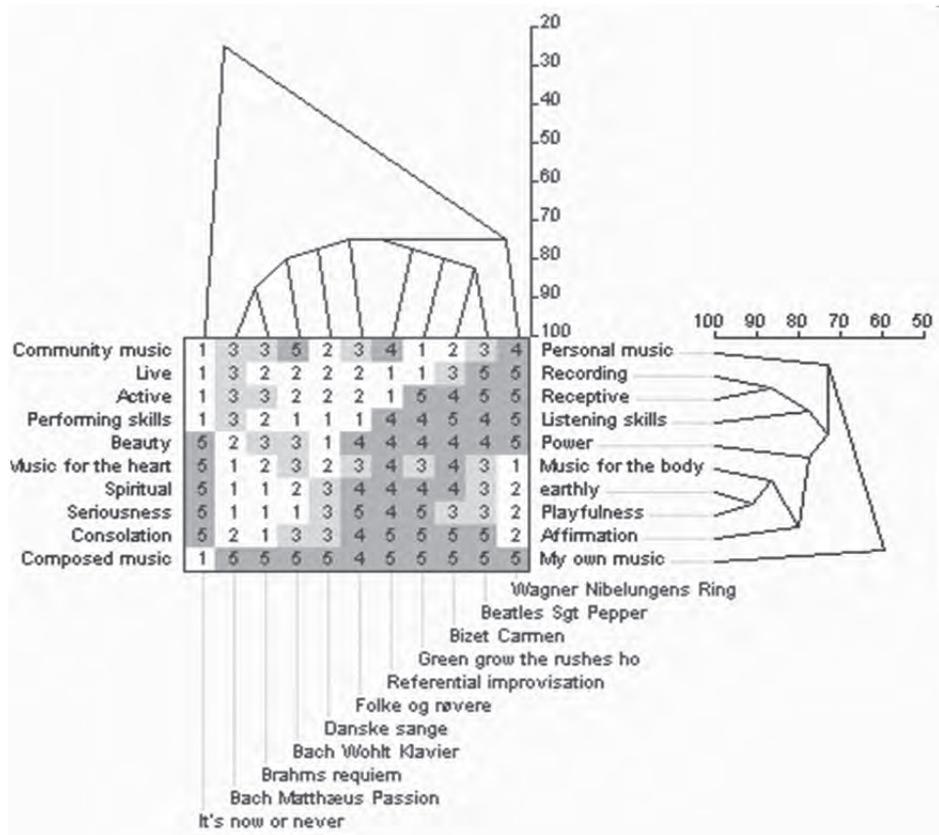


Fig. 2 RepGrid in focus grid mode, showing closeness and relatedness of elements and constructs.

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.

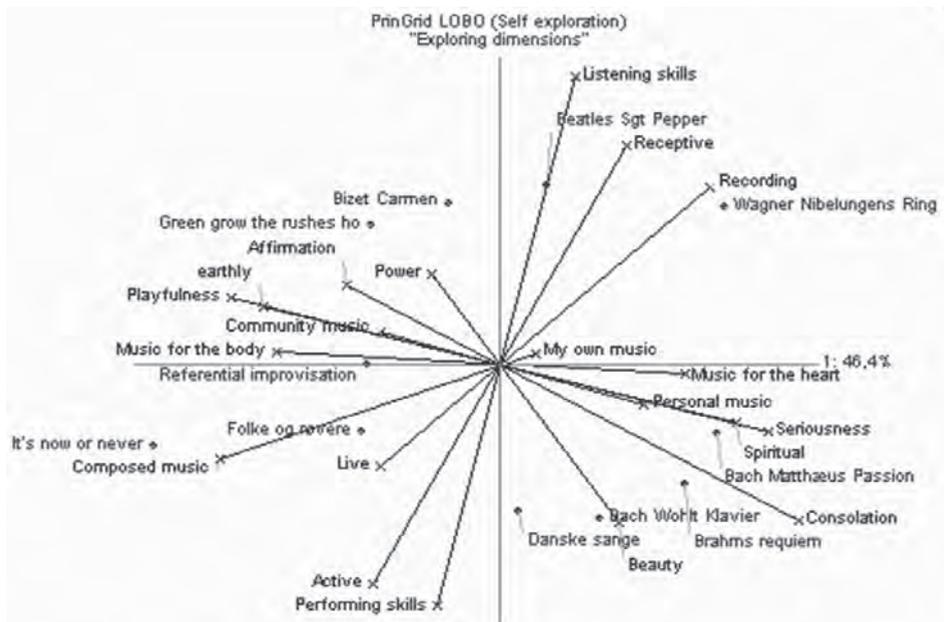


Fig. 3 RepGrid in PrinCom mode, showing closeness of and distance between elements (straight lines passing through the center, with crosses on each end) and constructs (dots) in a two-dimensional 'map'.⁵

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, earthy, 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.

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

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.

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).

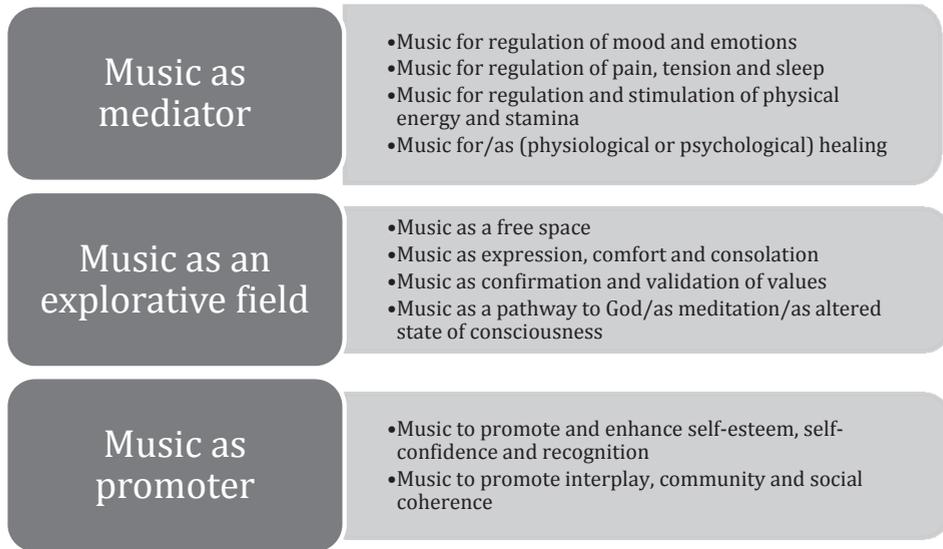


Fig. 4 *Music as a health resource: themes and sub-themes in Danish music therapy students' narratives on 'music and health' in their personal lives.*

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

<p>Music for the regulation of mood and emotions</p>	<p><i>With the right music, I can access otherwise inaccessible emotions. Music is a tool for the amplification of or entrance into a desired mood.</i></p>
<p>Music for the regulation of pain, tension and sleep</p>	<p><i>Pains related to my traffic accident disappeared when I played the piano. At that time, it was my only way to escape the pain.</i></p>
<p>Music for the regulation and stimulation of physical energy and stamina</p>	<p><i>Music with a firm pulse helps me to train harder in the fitness centre.</i></p>
<p>Music for/as (physiological or psychological) healing</p>	<p><i>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.</i></p>
<p>Music as a free space</p>	<p><i>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.</i></p>

Music as expression, comfort and consolation	<i>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.</i>
Music as confirmation and validation of values	<i>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.</i>
Music as a pathway to God/as meditation/as an altered state of consciousness	<i>The sound of the enormous bell on the holy mountain was at the same time powerful, 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.</i>
Music to promote and enhance self-esteem, self-confidence and recognition	<i>Through singing and playing, I proclaim my musicality to achieve positive self-esteem.</i>
Music to promote interplay, community and social coherence	<i>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.</i>

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, interpersonal 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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Music and Talk in Tandem: The Production of Micro-Narratives in Real Time

Tia DeNora

In this text I explore the interrelationship between musical encounters and the self-perception, and self-report, of health-status and self-identity.¹ I describe how music can be seen to interact and offer a basis for the type of action with which sociologists are most familiar—verbal action as a means of narrating, telling and consolidating social realities. For this task, I present two ‘worked examples’, the first illustrating how musical activity can prime, cue, or trigger forms of self-report, the second illustrating how wellness identities and wellness orientations can be built from the ways in which musical activity and self-reporting about that activity (for example in the form of narratives) make mutual reference. Overall, my aim will be to consider how music offers resources for making a change in wellness situations. As I will describe in the conclusion, the topic of musically-linked micro-narrative connects with a growing body of theoretical work devoted to the question of where and how music can ‘help’ as a medium of relational health (DeNora, 2007; Aasgaard, 2001; Ruud, 2010; Stige, Ansdell, Elefant & Pavlicevic, 2010; Ansdell & DeNora, 2012). In particular, the focus on micro-narratives and music can tell us about practical consciousness and its formation.

Songs and Words

How does music ‘get into’ verbalization, and how can we understand verbalization as helping to constitute musical activity? (Indeed, this begs the question of whether the

¹ This article is based on a paper given as part of the Art of Society panel at the International Sociological Association RC 16 (Theoretical Sociology) conference, Trento, Italy, June 2012. Thanks to Eduardo de la Fuente and Antonio Strati for comments on an earlier draft and to Gary Ansdell, as always.

two can ever be considered as separate matters and the extent to which *all* human action can be understood as para-musical.) And how can understanding the connection between musical activity and narrative accounts be a useful component of health promotion and maintenance, more specifically, how can an understanding of how music and narrative action are related be used to encourage the development of pathways to wellbeing? To address these questions I turn to two examples from music therapy research. Each example highlights an aspect of the interrelationship between words (talk) and music:

- Example one (taken from Ansdell et al, 2010): music as an agent of change (short-term time frame) as a means for modulating affective orientation and as a platform for change-oriented talk about self/condition and situation
- Example two: music as its parameters are transferred into action and linger after the music stops—in ways that afford affective and stylistic orientation, and thus identity construction and talk about self in the social world in and apart from real-time musicking.

In both examples I want to develop a perspective that does not unduly privilege talk and verbal modalities but situates real-time verbal action (micro-narrative) in the context of many other, often simultaneous modalities such as gesture, the interaction with materials and—in this case—musicking. In both cases, narratives ‘in action’ are not protracted ‘stories’ but are akin to verbal gestures, instances when words are used to elaborate upon circumstances and identities already being established through other, non- or pre-verbal, cultural channels or when words are used to presage or prefigure musical action (the meaning and power of a musical act is verbally clarified and elaborated). Like Haiku or as with fragments of poetry, these narratives can be short, fleeting and allusive and in ways where ‘less is more’, as illustrated in the first of the two examples (beginning with a quote from Ansdell et al, 2010).

Songs Before Words

Example 1

Pam hits the xylophone hard with the beaters and throws them towards the piano, which they hit, causing the piano strings to vibrate. She shouts “This fucking life!” and becomes very upset. (The therapist [Gary Ansdell] later finds out that the outburst was caused by her seeing the letter names on the xylophone spelling out abusive messages to her from an internal voice). Immediately after the blow-up the therapist encourages Pam to come to the piano, to sit beside him, and encourages her back into musical engagement again. She begins playing a few notes on the top of the piano, which leads into a short piano duet and then into shared singing with the therapist. Pam takes over the singing herself after a short time (accompanied by the therapist on the piano), becoming involved and expressive. The music seems to take her somewhere else. After the music cadences she sighs and says “That’s better!” The entire episode has lasted just over four minutes. (Ansdell et al, 2010)

In the seemingly brief interval of four minutes as described here by Ansdell et al (2010), a mental health client was musically captivated (drawn into music) and (in her own words) transformed (different after music). This transformation was by no means about ‘treating’ the client (stimulating the brain, offering a chance for her to ‘express’ something internal, etc). Rather it can be seen as a music-led *social* and collaborative process, one that mobilised environmental materials so as to effect ‘change’. Or, as Ansdell et al put it, the change was both effected by and about the achievement of ‘communicative musicality’:

Trevarthen (2002, p. 21) defines communicative musicality as “.. the dynamic sympathetic state of a human person that allows co-ordinated companionship to arise”. Such active musical communication happens through the largely non-conscious mutual negotiation between interacting partners, using three music-like dimensions: (i) shared timing (through pulse), (ii) shared shaping of the melodic contour, texture and intensity, and (iii) shared overall narrative form. (Ansdell et al, 2010)

The concept of communicative musicality as used here by Ansdell et al highlights music’s specifically musical—and thus social—features and also highlights how

music offers a material and relational basis for the production (and change) of narrative description of self, other, and situation. I will describe three examples of music's materiality here, the ways in which music recontextualises situations such that it offers pre-texts for re-texting/retelling the story of oneself and circumstances. Music, in other words, is an agent of change.

First, in the four minute episode involving Pam and the xylophone/piano, the *instruments* were changed (Pam 'drops' the insidious xylophone's beaters, distancing herself from them by actually throwing them away from her—they hit the piano and cause it to sound). As an aside, it is worth considering the musical 'biographies' of the instruments in question. On the one hand, the xylophone's broader cultural connotations include images and meanings associated with death, the macabre, and the supernatural. Acoustically, its 'hollow' timbre is often exploited to create 'spooky' effects, the sound of bones in particular (Saint-Saën's *Danse Macabre*, but also Walt Disney's 1929 cartoon, *Skeleton Dance* where the xylophone being played is the backbone of a 'live' skeleton.) The piano, by contrast, is the domestic instrument par excellence and the gendered convention of the piano duet—male at the lower end of the keyboard, female at the higher, is a deep cultural signifier.

Second, when Ansdell encourages Pam to sit beside him at the piano, a *repositioning* is effected (sitting together at the piano and facing the piano rather than each other). The participants are repositioned in such a way that is non-confrontational, literally, and one in which they are placed upon an equal footing, both inhabiting a similar physical/acoustical musical space. Too often, and especially outside music therapy, the embodied relationships that music not only represents but requires, are ignored in favour of music 'as text' and as meaningful representation. Yet music, if it is to be produced, involves materiality—arms straining to beat a drum, bodies in alignment at the piano, vocal chords relaxed while singing a quiet low note.

Third, this re-orchestration and repositioning in turn enabled the *relationship* between therapist and client to be re-cast as one involving musical collaborators and companions ('a short duet' and 'shared singing'). Thus, in four minutes of musical time, moment-by-moment, Pam and Ansdell move away from the crisis of the xylophone and toward increased possibilities of musical companionship (both facing the keyboard and performing a duet together, both piano and vocal). When the music stops (and Ansdell remains silent), an ending is (perhaps) cued (the silence functioning as a question or request for comment from Pam). Pam picks up this cue and redefines the situation saying, 'that's better!'

Note here that what Pam says (including the sigh that preceded her words) works as a kind of health/illness narrative, albeit *in miniature* and in real time as part of on-going, multimodal action. As such, Pam's utterance provides a 'cap' on or frame

of what has gone before her two brief words project both backward and forward, collecting events into a before-and-after account of what has happened, and what has been achieved. Pam's words thus highlight how health-illness narratives may be deployed *in interaction*, during real-time talk and as a way of enhancing that interaction. The point so far is that such narratives can be primed and elicited through musical and embodied activity. In the space of four minutes she has offered two distinctly opposed narrative 'caps' on social reality, literally from 'this f*****g world' to 'that's better'. Music, then, and in this case embodied, shared communicative musicking, can cue or elicit alternate narrative or discursive registers and thus prime forms of agency. By the time (four minutes in) that Pam speaks in words, a pre-textual situation has been achieved. Her words simply seal the reality of this situation and their future, promissory reality ('That's better' is equated with an implicit, 'no more need for outbursts'—at least for a while.) Such a promise can, of course, be 'developed or embroidered upon later, such that this encounter can take on the potential to become a Time 1 in a larger course of change, a situational paving stone to a more extended narrative about overall 'improvement' from Time 1 to Time 2. (In other words, the sum total of this multi-media event, including how it encompassed a change and 'improvement' can be tapped later for a further performance, musical or verbal. The spiral can continue and move in many directions but linking the event, remembered later, to additional and perhaps more elaborated accounts, perhaps elicited through interview, of 'how music helps me' can in turn further fix the trend toward improved wellbeing through music.)

What is of interest here is that music laid the initial groundwork for such micro-narrative. It gave Pam something to 'talk about'. A musical interlude (four minutes) modulated the situation so that Pam and Ansdell shifted from an A to a B, from one place and set of stances (laden with psychiatric implications and roles—Pam's psychosis, Ansdell's role as a representative of the mental hospital) to another 'better', and noticeably calmer stance (Pam sighs before she speaks, they are now in the role of co-musicians). This 'new place' and set of stances brings with it potential—albeit with no guarantee—for the future, for what Pam can do 'next time' and for, in the moment, her sense of being, if not 'well', at least 'better'. So the music (its instrumentalities, its embodied positionings, its format) has 'acted' to set the scene for a different form of talk, a verbal redefinition of an already musically redefined situation. Here music has acted in concert with other practices (not least Ansdell's considerable craft, his long-experience working with mental health clients and his familiarity with this client in particular). The practices by which it is mobilised has cleared a space for situation re-definition. The succinct narrative that Pam provides ('that's better') made possible by a musical change can—in future musical encounters—provide a

shared history of what (musically and beyond) the two can achieve and what other things (psychotic moments, words spelled out by the xylophone) can or might be put behind them. Musical materials in tandem with musical practices thus come to afford new situations in which this musical-verbal-practical spiral can continue and be 'repeated'. Through repetition, role relationships can continue to be redirected and elaborated. The social is or can be enacted through and in relation to music. And at times, music's parameters do not merely 'effect' change, but leave their imprint upon actors after the music stops. In this sense music does not only offer resources for action (metaphors or props) but music, understood as communicative musicality, is a *modus operandi* for action.

Words Before Songs

Example 2

We are in a group music therapy session, adjacent to the hospital where Pam and Ansdell made their music in example one. Incidentally Pam is also a part of this group, some years on from her earlier 'that's better' encounter with Ansdell. About thirty mental health clients, some hospital residents, some not, along with additional members of the public and staff, meet here each week to sing and perform. There are solos, ensemble songs, instrumental interludes and group singing. While Gary works as a strategic 'accompanist' (musical shepherd might be a more appropriate term) he is not entirely in charge of the musical doings, sometimes others take the piano, sometimes the group who have formed a band take over.

In this case, Robbie goes up to the microphone and mentions in an off-hand way as he prepares to sing (*If I loved you*) that he *is* Billy Holiday ('I am Billy Holiday').² This affiliation is evident in Robbie's manner of performing jazz ballads where he channels some of Holiday's delivery as 'his way' of doing the song. Music is a medium, in other words, for capturing, containing, and projecting self to others within the frame of its performance.

But what happens in music does not stay 'in music'. To the contrary, the craft of self-performance—communicative musicality, the projection of persona—migrates to realms outside the real-time performance of the song and when it does it exports musical elements. Robbie's communicative style is imbued with a whiff of Billie Holiday,

² Clients' names and identifying details have been changed. Here, Robbie's musical affiliation has also been changed to protect his anonymity.

from the low and 'cool' manner of speech, to the body language, to the sorts of gestures he would or would not make. This *modus operandi* of being in everyday life can—in Robbie's case as in our own—be seen to take shape from musical exemplary conduct. He 'is' the song: the song offers, or affords, materials with which to craft interactional style, persona in real time encounters outside song. Thus, Robbie's musical and para-musical performance, prefaced by his micro-narrative pointer ('I am Billie Holiday') is a show and tell, a way of organizing our attention to him, what he is doing and what he can be or become (what we will enable him to become). 'I am Billie Holiday' has a promissory quality, it offers a token of what we can expect from him in the future (he is, for example, a Celine Dion-free zone). Robbie's micro-narrative is part of how he enlists musical materials and his musical performance to build character, and to create a stylistically inflected situation. He is effectively saying, 'look, this is a way of being', a sensibility, one that he and we can understand as an identity stance, one that we can acknowledge, admire and share. At the same time, its promissory quality sets up expectations and claims upon our shared (para-musical and musical) world. It says, within this musical space, this is 'how I, Robbie, do it' this is 'my stylistic bandwidth'. Finding, tuning in to that bandwidth involves a musical-spatial location, a declaration of, 'this is where you will find me here', I inhabit this part/this kind of space'. It thus effects, musically and para-musically, a form of social belonging. Music affords and creates space for (aesthetic) agency in the world as the elements of performance style, in other words, become proxies for identity, signs of embodied and tacit dispositions that shoot through and structure social action.

Songs With and Without Words

When Robbie performs himself musically, in the persona of Billie Holiday, and when, after the performance ends, he remains half in role, employing verbally an echo of Holiday's musical manner, he has found a *modus operandi* that transfers from making music to performing self through the medium of spoken interaction. His micro-narrative ('I am Billy Holiday') serves, moreover, as a container and marker, a way of returning him to his musically grounded identity next time (what and how he performs musically) and as a pivotal form insofar as it affords a *modus operandi* (a style of doing) that takes him in and through social situations (how he speaks, how he moves, what he does and does not do and say). In this way it is possible to see musical action leading verbal reports about self, and verbal reports about self simultaneously helping to organise musical action. This reflexive spiral is the place where informal

learning—about how to be, how to be with others, what it is we are or can be, and thus how we are part of a social fabric, how we accrue social capital—occurs, albeit often at the mostly tacit level of ‘felt’ reality. Thus, for Robbie, a critical point of the community music therapy is that it offers a medium (one that is relatively ‘safe’) within which self may be projected and—outside and after the musical action—sustained as ways of being in the world. So, for example, if I can acquire the knack of presenting myself musically (through a two or three minute song), and if I can forge a musical identity indexed by some form of stylistic regularity, repertoire and persona, I have developed a more general skill of sustaining a self through the mastery of competences in a communicative medium.

In this sense, musical performance is a means for resource generation, a way of generating materials for the sustenance and development of self. (In this sense music offers what Procter describes as proto-social capital [Procter, 2012]). Thus, when I go to another social gathering tomorrow, I can talk about my musical hobby or interest and, if only to myself, recall that I did well there yesterday and I can tap my developing skills at interpersonal performance, of rendering myself to others in ways that allow them to relate (recognize, attune) to me. In doing these things, I am converting my musical activity into something else—a topic of conversation and in my conversation I may resort to some of the musical manners that I have absorbed by—to take Robbie’s case—‘being’ Billie Holiday. If so, I have managed to project or ‘spread’ my presence across time (the time I sang in the style of Billie Holiday) and now, here, as I am speaking with you. I have expanded my self by tapping the resource that I created for myself via my musical projection of self. Thus, like laying down pavement, in collaboration with others, I can pave the way to expanded and changed identities and associated health-states, paving block by paving block, as it were and some of these paving stones are my musical performances and musical encounters.

So too, when Pam engages in one form of music and it primes her outburst (‘this f*****g world’) and when, with the help of a music therapist she is encouraged to move into a different musical domain, that new musical domain lays down the groundwork for different forms of talk, both substantively and stylistically. In both of these cases, music has afforded the possibility of narrative, and simultaneously, those narratives frame music—its situated meaning in (musical/para-musical) interaction. Musical action and linguistic action collaborate to create the patchwork of social realities, health and illness realities, capabilities and forms of agency.

Conclusion: Songs With and Without Words

Within recent work on music and consciousness (DeNora, 2011), and work in the area of music and guided imagery (Bonde, 2007; Summer, 2002) and music and sensory perception (Hara & DeNora, forthcoming), there has been considerable attention to the topic of music as an elicitation device for verbalisation and conscious awareness. This work highlights how music inflects situations and offers cues to forms of ambience and stylistic orientation. Thus music can be seen to offer orientational devices, to provide parameters against which experience is formulated and perception organized. Music 'leads' experience and offers platforms (object lessons, metaphors, templates, emotional experiences) that in turn offer purchase for verbal depictions of 'what is happening'. As Bonde puts it (2007, p.72), music provides a *source domain* in which to structure *target domains*—such as emotions, conduct, consciousness and health.

Thinking about the relationship between music and narrative in this way points to a different understanding of what we, as researchers, everyday actors, and/or healthcare professionals do with and about narrative. Narrative is not an *expos facto* description, something independent of experience (including musical experience). Rather, narrative is 'inside' experience, it performs experience; musical narratives are thus not about how something distinct from narrative (the music) has 'helped'. To the contrary, music and narrative are mutually referencing, indeed they are fused. Both offer media that enhance and make possible the others effects; they are part of the multi-modal array of communicative action that crafts an on-going sense of place—who we are (together) and what we (can) do, and what we can change. Thus, to ask someone 'how did music help you' is to ask them to perform a (possible) self in ways that are musically afforded, again, here and now, in real-time. Eliciting such stories can be useful if one wants to capitalise on music as a focal point for effecting change. Thus, recognising—via ethnographic, situated and real-time methods of observation—how micro-narratives emerge and come to be developed into more protracted stories is thus an important part of understanding how music helps.

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Authors' Personal Narratives

The editors invited the authors to present a small personal narrative as part of their contribution to this book. We asked them to write about personal experiences with 'health musicking' from any time in their life – one or more situations or a context where music was experienced helpful in some health-related way. The narratives are very personal, and at the same time they link beautifully to the themes of the book. Below are the stories from the authors who chose to contribute with their personal narratives.

Kari Batt-Rawden

My love of music was kindled early in my life, due probably to a mixture of musical experiences and events. The earliest musical memories I have from my childhood are of my mother and I, each morning, after breakfast, sitting and singing through a favourite songbook. She would sit on a chair, and I would sit attentively on the bread bin. I recall these early morning musical rituals as very powerful and happy moments. My father was a tenor in the Norwegian Opera Choir for twenty years. I remember my father singing 'Jerusalem' in a church at a wedding. I was six years old, and I cried. I was overwhelmed by the strength and the power of my father's voice, and by the organ, and the atmosphere—though I did not quite understand what was going on.

I was around six years old as well when I started piano lessons. I got my first guitar a few years later, and singing along with it became a natural, enjoyable activity. Many years later, I started to play the fiddle as well, despite some teasing from others. (I was apparently too old to start learning an instrument at that point.) I have never regretted the decision to persevere, however, or the effort it took to do so. The time dedicated to the fiddle—then and now—is insignificant compared to the pleasure I have gained from it.

Throughout my life, I have sought musical company, and it has brought me both meaning and purpose. I have experienced the way music is able to move me, to allow me to transcend everything or enter another 'dimension', one full of pleasure and joy. Music is a companion, a connector and a life-enhancing contributor to my energy level and sense of well-being. Through the act of choosing the music for the different

CDs in my PhD project, as a participant and contributor myself, I have increased my own self-awareness and consciousness of the importance of music in my own life.

These musical choices represent or evoke strong memories, life highlights and peak experiences that all contributed to my decision to undertake a PhD project on the subject of music and health promotion. The songs that I have sung, the tunes I have played in joyful company, either at gigs or at concerts—in short, the music I have shared and the delight and sense of well-being I have gained from it—shaped my basic ‘pre-conception’ and assumptions regarding how music works as a ‘self-healing practice’ in my own life. I am referring in particular to my love of folk music, especially that from Ireland, Scotland, England and Norway. This type of music has been part of my life for many years, through both singing and playing guitar and fiddle, and it will be for many years to come, hopefully.

When life has been rough, tough or painful, I have always turned to music as a ‘healer’—a kind of lifesaver, and a provider of both vitality and ease of mind. In doing so, I have ‘learned’ about the ways in which my personal musical endeavours can have a huge impact on my health and quality of life. Music has empowered, enchanted and enthralled me. Participating in musical activities makes me feel stronger and more energised. In light of all my experience, I have come to believe that music has a special power to enable one to connect to oneself and other people, to heal the body, mind and soul and to act as an generous provider of joy, humour and fun. Music, I think, can be an aesthetic remedy for illness, promote well-being and bring lightness, brightness and peace into our hearts of darkness. My musical experiences have created a strong desire to share this vision with others in the future.

Hege Bjørnestrøl Beckmann

I was seven years old, and I had just completed the first year of primary school. As a celebration, parents were invited to a school play. Together with my schoolmates, I had been preparing poems, dramatic readings and songs for weeks. This gathering was a special occasion for me. It was a celebration but also a farewell to my friends. During the summer, my family was moving to a new place and I had to start at a new school. The gathering was a success, with talented children and a proud audience. As the final performance, I had prepared a solo song. I would sing and my teacher would play the piano. Now, many years later, I am not able to recall how the song sounded—probably a little girl with a tender voice, and a teacher playing simple chords. I most likely sang the song twice and then repeated the last line as an ending. But what I

clearly remember is the feeling of it all. I was so proud! I felt special! I was the only child who was given the opportunity to sing a song on my own. A whole song—just me. This was my special moment!

As I recall this special event, I understand more about how this performance in many ways formed me as a person. I did close a chapter there, that day, and when the summer was over, I started at the new school. The first day I felt a bit nervous, but still proud—I knew that I was the girl who could sing!

In this anthology, we present narratives in which music, in different ways, impacts experiences of health. So far, I have been spared any major physical disease. Still, I often confront the mental challenges of just being human. At those times when life seems rough and I am feeling down, I often turn to music. Singing, playing and listening to music helps me process life's ups and downs. I often recall that special moment from first grade—a moment of success with important consequences. To me, life is about trusting yourself and your own achievements, no matter the circumstances, and music is a resource that enhances my self-esteem and daily functionality. It is therefore an important resource for my experience of health as well.

Lars Ole Bonde

Listening to a recent live performance of Bach's cantata BWV 140 'Wachet auf, ruft uns die Stimme' in the Trinity Church of Copenhagen, as part of a service there, reminded me of my youth. I have known this music since I was a teenager, and the words of Jesus in the bass recitative resonate especially deeply in my body and soul:

Vergiss, o Seele, nun / die Angst, den Schmerz, / Den du erdulden müssen;
/ auf meiner Linken sollst du ruhn, / und meiner Rechte soll dich küssen.

I grew up in a family with a depressed father, and at times the atmosphere at home was extremely burdened with grief, despair and futility. In such periods, I found deep comfort and hope in listening to certain Bach cantatas and sections of his Passions. Even if I found the Pietist texts to be pompous and overwrought, Bach's music helped me recognise and even find comfort in this longing for death (the entrance to the kingdom of God) as redemption from earthly sorrow and pain. I regained hope for my own life by listening to—and trying to sing—particularly the two great bass cantatas 'Ich will den Kreuztab gerne tragen' (BWV 56) and 'Ich habe genug' (BWV 82). I felt that the music reflected my despair and sorrow about all the daily suffering (my

father's and my family's), and it empowered me to hold on and know hope in times of agony.

I was familiar with other psychological qualities in Bach's music since I started playing it on the piano as a schoolboy. The preludes and fugues of *Das Wohltemperierte Klavier*, in particular, made me realise that a wordless universe of beauty, balance and unpretentious perfection existed in this music, and that it was accessible to me as well.

Later in my life, I suffered from depression myself, even to a degree where I could not tolerate music at all. Such times represent the darkest memories of my life. When I was able to hear music, though, Bach continued to represent a source of comfort and solace. I also discovered that I could use specific music by Wagner when I felt numb, stuck or unable to express my sorrow and existential pain. The music Wagner composed in *Parsifal* to express King Amfortas's despair and longing for death and redemption could almost always help me to endure my own complex and difficult feelings, and finally make me cry—that is, counsel myself through redeeming tears. One great difference between Bach and Wagner is that Amfortas—unlike the 'ordinary sinners' of the Pietist texts—has sinned (made existential mistakes) in a tragic and unique, yet understandable and even familiar way: he is wounded because he has betrayed his ideals and let down the people who trusted in him. This is exactly how a depressed person feels, and Wagner expresses this anguish through what I think are some of the most passionate dissonances in the history of tonal music. In difficult times in my life, depressed or otherwise, I have deliberately used this music for emotional catharsis. In other words, long before I learned theoretically about music as a means of regulating the emotions, I actually practiced it.

Renate Gretsch

From a very young age, my life was filled with music. My father played the piano, and I was particularly fond of the Chopin nocturnes and Schubert impromptus. My mother knew all of the traditional German folk and children's songs by heart (or at least it seemed that way to me, because of how many she could sing). She would play the songs on the recorder and sing them with us too. I don't remember exactly how I learned to play the recorder myself, but what I do remember is how much I enjoyed the feeling of accompanying her and the sound of a two-voiced melody. To me, music was almost like a second mother tongue.

Oh, how I loved the weeks leading up to Christmas! We'd make Christmas presents, sing festive songs, play the recorder and bake biscuits. Then, on Christmas, the

door to the living room was shut tight. Behind it stood the piano (now joined by the Christmas tree). My father would put Bach's *Christmas Oratorio* on the record player and begin to trim the tree. And we children would wait with bated breath until it was time to unwrap the presents. Then the sound of the piano could be heard from inside:

Come ye little children,
O come ye all!

And we were let into the room! The candles on the tree were lit, and ornaments twinkled in the light. Presents were the furthest thing from my mind, all of a sudden, because I would be spellbound. My father would play, and we'd sing with heartfelt voices:

From heaven above,
to earth I come.

We would sing all of the other Christmas songs as well. It was pure bliss. To this day, my eyes fill with tears when I think about those moments.

Later, after learning to play the piano, then the guitar, there came a period in my life when I'd feel very alone, and at times I'd often want to *be* alone. After my parents and siblings had gone to bed, I'd take my guitar into the kitchen and play my favourite pieces for hours on end. I'd sing songs by Joan Baez and Leonard Cohen—about longing, separation and peace—finding solace in them so I could sleep soundly.

It was at this time that I discovered my love of choral music, and before long I was singing in three choirs, with my school, my congregation and a city group. Doing so helped me get through those school years.

Many years later, after completing my music studies, giving many hours of guitar lessons to many students and spending a significant amount of time directing a music school—which became ever more bureaucratic and nearly drove music from my life—I had a nervous breakdown brought on by long-term exhaustion. I felt completely drained. It was then that music returned to my life, helping me to slowly regain my strength and get on the road to recovery.

Today, I know how essential it is for me to have music in my life, as a source of strength and solace, to help me get through those tough times in life, and a source of true happiness, as is experienced when multiple voices are joined in song.

Lars Lilliestam

As a music fanatic since the age of twelve or so, I have long been intrigued by the effects of music, and I have always felt that music has been immensely important to my own sense of well-being. It is easy to recall moments of extreme joy in the company of the Band, the Beatles, Gustav Mahler, Annie Lennox, Bela Bartok, Miles Davis, Bob Dylan, Keith Jarrett, Gillian Welch. Or when I have watched my children take part in some nice musical occasion. Or when my Martin guitar has vibrated against my chest as my fingers (in rare instances) have produced just the sounds I have wanted them to.

The idea that music could have a profound effect on health, a much broader notion than well-being, seemed, however, rather odd and didn't really occur to me until a few years ago. When I discovered the concept of existential health, which I describe in the article, it all fell into place for me.

On a grey and ordinary, slightly rainy August 5, 2010, at 1.30 p.m., I was driving to the recycling station with a load of garbage in my car. After I dumped the junk and headed for home, I put the radio on, and it happened to be playing 'My Song' by Keith Jarrett, a recording I must have heard hundreds of times and knew almost note for note. But this time it was different, especially when they came to the middle part of the song and Jarrett played the theme all by himself at a somewhat slower pace than he had been with the whole band. Suddenly, tears filled my eyes, I had goose bumps, my breathing became heavy and my legs started to feel weak. I was shivering. Somehow, I felt euphoria and melancholia at the same time—a powerful love for everything alive, for my fellow men and the whole of existence, but one that was shaded by a sorrow for all of the things in the world that were not as they should be.

As a professor of musicology, of course, I realised that I was having what Alf Gabrielsson has called 'a strong experience of music'—a very rare moment in life. Somehow, I managed to suppress my intellectual and analytical impulses and just gave in to the feeling and went with it. When I came home, I felt, in a strange way, totally relaxed and exhausted at the same time. And surprised. Even amazed. It was hard to return to normal daily activities.

This overwhelming experience has stayed in my mind ever since. Did it make me a better person? I don't know. Did it make me a happier person? Yes, I think so. Did it make me a healthier person? I don't know, but it was an experience I am glad I had. In the flash of a moment, everything, and I mean EVERYTHING, made sense! And I was a part of it.

Katrina Skewes McFerran

Music has been a part of my identity for as long as I can remember. It has accompanied me through so many stages of my life, as I have tried to express myself. Taking up the piano at an early age provided the perfect means to realise my desire for constant action and emotional engagement. It required dedication, commitment, emotional expression and, most importantly, connection with others. Initially, I found all of these things while teaching Bible songs to the younger children at Sunday school and playing Barry Manilow songs while my sister improvised free expressive dances in the room behind me. As my music skills increased, I was able to accompany classes at the local ballet school and play saxophone in a big band while audience members danced and clapped. As I grew up, music became part of my mature relationships, both through my marriage to a musician and through the way I sing constantly to and with my children (though they often beg me to stop, mostly in jest but sometimes very seriously). Now I sit with them each day as they do their own practicing. I often wonder how other people communicate and express themselves without this deep connection to music, and I am amazed that they are able to do so. For me, music is an inextricable part of who I am.

Tom Næss

When I was a little boy, maybe around five years old, I was anxious about the dark at bedtime. I remember lying in my bed and looking out of the little window high up on the wall. I thought to myself that here I am in my bed, the bed is inside a bedroom and the bedroom is inside our house. All this 'thinking about insides' and being surrounded by something felt kind of safe. But looking out of that window into the dark and seeing the stars, I also thought, what are the stars inside? The fact that I did not know made me nervous. There was a big darkness out there, and I did not understand where it ended. Lying there, working with scary thoughts that I could not solve and surrounded by the scary darkness itself, my anxiety would increase.

But I had a remedy. My cousins lived with my uncle and aunt on the floor above us, and they had a piano that one of my cousins could play. I would call out for my mother to go upstairs to my cousin and ask if she could play piano for a while. She would do so, and through the thin walls in that old house I could easily hear her. She often played *Für Elise* by Beethoven. And as I listened to her, I calmed down. It was like the music was a tranquilizer. When I sing the opening phrase now, I guess the repeated minor

second matched my tension and the melody led this tension through a descending melody that brought with it relaxation. Of course, I had no such analysis at that time. I only remember very well that the music took away my anxiety so I could fall asleep.

Randi Rolvsjord

Some years ago, my father died unexpectedly. A few days later, I gathered with my family in the front row of the church for the funeral. My father had been actively engaged in the local community, and in church in particular, for all of his adult life since he first moved there in the 1960s. The church was filled with familiar faces from many years ago when I used to live in my hometown. And the service brought familiar songs: songs that my father had loved, that I had sung in that same church. But this time, I could not find my voice to sing. At one point, however, I became aware of the singing that was coming from the benches behind me. The voices of the local community sounded familiar but somehow louder than what I remembered or expected. It was a beautiful wall of singing—a wall to lean into. I felt a sudden moment of pleasure as I listened to the mixture of old and young, male and female voices, embracing me and my family and paying tribute to my father, who always appreciated it when people took part in the singing at church. A strange but strong feeling of belonging: in my family, in church, in the local community. I felt connected.

Even Ruud

There have been times in my life when music has been a source of comfort—something to turn to for help in handling difficult times. And there have been times when music has surprised me or showed me aspects of reality I did not know about. Two stories comes to mind. The first has to do with how music helped me to regulate and control my thoughts in order to go to sleep; the second concerns more existential aspects of health.

I recall the final weeks before my mother died—days and nights of great discomfort and a sense of helplessness. It was difficult to sleep; negative thoughts kept going through my head and kept me awake, because there was nothing I could do to change the course of her illness. To keep disturbing thoughts away before bedtime, I decided to start listening to my favourite music at that time. I bought a new CD for

this purpose (by Toots Tieleman, the harmonica player), played it before I went to sleep and thus managed to stop the ruminating.

For many years afterward, I could not listen to this music, but I kept the CD anyway. A few years ago, I decided to see what this music would do to me, and I found, to my surprise, that it recalled only the good memories I had about my mother. I did not have to fear this music any longer!

After my father died (this was a few years before my mother), I had a peculiar experience while I was in one of my first BMGIM sessions. When the music was turned on, after I had been induced into a deep, relaxed state, I immediately saw myself flying through the air, aiming for the graveyard where my father had been buried a few months earlier. While flying over the grave, I imagined my father, more or less like a ghost, coming out of the grave, up into the air, taking his farewell with me. Although we were both non-religious people, I felt that this was a fine way to manage a virtual goodbye with my loving father, and I found myself ready to complete the grieving process. Music both started and helped me through this process.

Karete Stensæth

The year when I was fourteen and turning fifteen was particularly important to me, both personally and, later on, professionally. I quit the last grade of school in Norway and attended instead the radical international and intercultural boarding school Ecole d'Humanité in Switzerland. This school emphasises the importance of practical aesthetics and offers a lot of music activity, such as playing instruments, folk dancing and singing.

Every Saturday morning after breakfast, the whole school, including teachers, headmasters, helpers and students, attended a singing session. One Saturday morning in February 1979 was special. It was right after the tragic death of my father and at a time in my life when I was personally vulnerable and susceptible to emotions. It was also a time when the school board was struggling with problematic behaviour among some of the students. Yet that morning, right after the whole school had performed a beautiful version of the old song 'Down in the Sally Gardens', there was an unanticipated moment of shared, positive silence. Then, after a few loaded and rather powerful moments, the headmaster at the school, who had just led the singing, broke the silence with these accurate words: 'If we can be together in music this way, everything else becomes easy!' I think we all felt that this was true. We had been so empowered by the music. In fact, the singing together literally produced a

strong feeling of togetherness that encompassed us all, with whatever problems we had at the moment. The program at the Ecole d'Humanité operates under the motto 'Become who thou art', and I think this particular experience in the Saturday singing session explains why I chose to become a music therapist later in life. This community singing not only taught me about the health potential of music but also showed me the broad value of bringing people together and making music, perhaps the easiest and happiest cure for any life challenge. And I have come full circle in this regard: the special education school where I have worked as a music therapist for almost twenty-five years also offers singing for everyone, every Monday.

Gro Trondalen

Music has always been a part of my life. As long as I can remember, I have sung, played and listened to music of all sorts. Music has always been there, as a source of life itself, as these three examples will show.

Playing. In my early teens, I was run over by a tanker truck. Due to my bodily injuries, I was not able to go to school for months, nor could I walk or move properly—but I could play the piano, and so I did. Months passed by as I expressed myself through music, embedding in my playing all of the feelings a teenager possesses. I can easily recall my oblique body posture at the piano; I was partly wrapped in plaster as I played Bach, Beethoven, Gershwin, Grieg and so on. Playing music was a life-giving way of expressing and mastering this period of my adolescence.

Singing. I sang before I spoke words . . . I remember I was in my twenties, and eight choirs of five voices each were performing a forty-part Renaissance motet by Thomas Tallis called *Spem in alium* [Hope in any other] at the huge Holy Trinity Church in my hometown. I was in one of the choirs. All of the singers were placed side by side in a large half-circle gallery with a huge organ in the middle. The church was packed. I was singing my part, counting bars, when I suddenly felt like I was in the middle of the music. It was as if I were in the peaceful eye of some kind of storm, surrounded by human voices and the sound of music itself. It was as if the music were both inside and outside of me at the same time; I felt I was a part of the huge humankind.

Listening. In my forties, I went to BMGIM therapy for four years as a part of my training in the method. This model of music therapy offers travelling to classical music in a relaxed state of mind, accompanied by a GIM therapist. These listening experiences afforded me the exploration and expansion of my inner self and involved transpersonal experiences as well. During these years, music supported and challenged me through

images of reparation, anger, support, joy, wisdom, nurturing, healing, laughter, grief, groundedness, anger, spirituality, power and most of all the experience of purely enjoying and dwelling within music itself. This exploration and integration of my inner world and (eventually) outer life world through music profoundly influenced and enriched my life.

Torill Vist

“How come that you, who seems to be such a happy, smiling child, always play this passionate, sad music?” I got this question more than once during my childhood, and don’t think I ever really answered it; when I was younger because I didn’t know, and then in my adolescence because I didn’t want to offend the questioner with my answer: How come you don’t see that I could never have been such a happy child if I didn’t have the music to confront the darker side of life, giving me a way to express my sorrow and yearning, comforting me, making all of my emotions explicit and accepted, and not only the ones others wanted to see? I didn’t like Mozart then. I needed the irony of Shostakovitch, the yearning of Chopin, the passion of Beethoven, the heaviness of Brahms and the drama(tics) of Rachmaninov. I thirstily drank them in, as others drink lemonade. Their dynamics and harmonic changes mirrored my emotions like a person in perfect affect attunement. After some serious life changes, I discovered Salsa in my 40s. The dance afforded me another mediating tool for emotional expression and comfort. The harmonics of the salsa music were rather dull, but the vitality in the intricate rhythms filled my body with life and energy, eliminating any potentially depressing thoughts about the past or the future, forcing me to be in the present and to enjoy life.

Stuart Wood

I grew up in a family and community that was rooted in church life. Some of my earliest memories are of the electric feeling of singing together in a small chapel in northern England. The hymns came from working-class Christian converts in the mining towns of the North West and North Wales. They had simple harmonies, sentimental tunes and many, many verses! As a teenager, I began to play the piano or organ to accompany this singing. I felt an immediate inner recognition of myself in

this role, and I loved it. I started to improvise on the hymn tunes at the beginning and end of services, and I would try to find ways of making people sing more fully. I used to imagine, while I was playing, that some people were sort of glowing, and I would try to play for them. My piano teacher was also the butcher in town, and a church pianist as well. He taught me techniques of accompaniment that I was reminded of years later during my Nordoff Robbins music therapy training. It was a wonderful connection to my roots, and I think most of my music therapy training was embedded in my time of playing in church.

Since childhood, music has been for me a way of connecting with people. It gave me a voice and a place in groups that otherwise I would not have been confident enough to secure. Singing, more than anything, has been that entry point into being social, and, in fact, knowing myself better. Maybe that is what makes me passionate about helping others find a voice in music and connect to the world around them through it. In that process, I always find that the desire in others for musical connection is the same as mine. Music calls to us, and for me it is one of our most important human experiences.

Author Information

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Simon Procter trained at the Nordoff-Robbins London Centre from 1995 to 1997. He has worked as a music therapist in schools, hospitals, social service day centres and community mental health settings. He now works as a music therapist within a non-medical mental health resource centre for adults in London. In 2007 he was appointed Director of the Nordoff Robbins Master of Music Therapy training programme. Procter has pursued his doctoral research within the Sociology Department of the University of Exeter.

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Torill Vist is Associate Professor in music at the University of Stavanger, Faculty of Arts and Education. She holds a Ph.D in music education from the Norwegian Academy of Music, Oslo, related to music experience and emotion knowledge. She now leads the faculty's research group on aesthetic and emotional learning processes and is involved in further research on aesthetic experience, learning and emotion knowledge in early childhood.

Stuart Wood is the Head Music Therapist in the Barchester Nordoff Robbins Initiative in the UK and Ireland. The 'BNRI' provides music therapy in care settings within Barchester Healthcare, gives training in musicality to all care staff, and supports research into music therapy and musical communication. Stuart is also a Ph.D student at Nordoff Robbins / City University in London. His research interests are evaluation of Community Music Therapy, and the role of musical awareness in healthcare.