

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

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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; Süsselbeck-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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