

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

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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.

References

- Aasgaard, T. (2002). *Song Creations By Children with Cancer: Process and Meaning*. (Doctoral dissertation. Aalborg University.)
- Aldridge, D. (Eds.) (1999). *Music Therapy in Palliative Care: New Voices*. London: Jessica Kingsley Publishers.
- Ansdell, G. (2002). Community Music Therapy and the Winds of Change: A Discussion Paper. VOICES: Main Issues 2. Available at <http://www.voices.no/mainissues> (retrieved 21 September 2005).
- Batt-Rawden, K. B. (2007). *Music and Health Promotion: The Role and Significance of Music and Musicking in the Lives of Men and Women with Long Term Illnesses*. (Doctoral dissertation. University of Exeter.)
- Batt-Rawden, K. B. & DeNora, T. (2005). Music and Informal Learning in Everyday Life. *Music Education Research* 7 (3), pp. 289–304.
- Batt-Rawden, K. B., DeNora, T. & Ruud, E. (2005). Music Listening and Empowerment in Health Promotion: A Study of the Role and Significance of Music in Everyday Life of the Long-term Ill. *Nordic Journal of Music Therapy* 14 (2), pp. 120–136.
- Batt-Rawden, K. B. (2010a). The Role of Music in a Salutogenic Approach to Health. *International Journal of Mental Health Promotion* 12 (2), pp. 11–18.
- Batt-Rawden, K. B. (2010b). The Benefits of Self-Selected Music on Health and Wellbeing. *The Arts in Psychotherapy* 37 (4), pp. 301-310.
- Batt-Rawden, K. B. & Tellnes, G. (2011). How Music May Promote Healthy Behaviors. *Scandinavian Journal of Public Health* 39, pp. 113–120.
- Becker, J. (2004). *Deep Listeners: Music, Emotion and Trancing*. Bloomington: Indiana University Press.
- Bennet, S. L. & Maas, F. (1988). The Effect of Music-Based Life Reviews on the Life Satisfaction and Ego Integrity of Elderly People. *British Journal of Occupational Therapy* 51 (12), pp. 433–436.
- Butterton, M. (2004). *Music and Meaning*. Radcliffe. Medical Press. Oxford.
- DeNora, T. (2000). *Music in Everyday Life*. Cambridge: Cambridge University Press.
- Frith, S. (1996). *Performing Rites. Evaluating Popular Music*. Oxford University Press. Oxford
- Green, L. (2002). *How Popular Musicians Learn: A Way Ahead for Music Education*. Aldershot: Ashgate.
- Kenny, C. (2006). *Music and Life in the Field of Play: An Anthology*. Gilsum, N.H.: Barcelona Publishing.

- Pavlicevic, M. & Ansdell, G. (Eds.) 2004. *Community Music Therapy*. London: Jessica Kingsley Publishers.
- Procter, S. (2004). Playing Politics: Community Music Therapy and the Therapeutic Redistribution of Music Capital for Mental Health. In M. Pavlicevic & G. Ansdell (Eds.), *Community Music Therapy*, pp. 214–230. London: Jessica Kingsley Publishers.
- Reason, P. & Bradbury, H. (Eds.) (2001). *Handbook of Action Research*. London: Sage Publications.
- Ritchie, J. & Lewis, J. (2003). *Qualitative Research Practice: A Guide for Social Science Students and Researchers*. London: Sage Publications.
- Ruud, E. (2001). *Varme øyeblikk. [Happy moments]*. Oslo: Unipub.
- Ruud, E. (2005). *Lydlandskap: Om bruk og misbruk av musikk. [Soundscapes: about use and misuse of music]*. Bergen: Fagbokforlaget.
- Schensul, S., Schensul, J. & LeCompte, M. D. (1999). *Wicke Essential Ethnographic Methods*. London: Altamira Press.
- Shepard, J. (2003). Music and Social Categories. In M. Clayton, T. Herbert & R. Middleton (Eds.), *The Cultural Study of Music: A Critical Introduction*, pp. 69–79. London: Routledge.
- Sloboda, J. A. (1992). Empirical Studies of Emotional Response to Music. In M. R. Jones & S. Holleran (Eds.), *Cognitive Bases of Musical Communication*, pp. 110-120 Washington, D.C.: American Psychological Association.
- Sloboda, J. A., O'Neill, S. A. & Ivaldi, A. (2001). Functions of Music in Everyday Life: An Exploratory Study Using the Experience Sampling Method. *Music Scientiae* 5 (1), pp. 9–32.
- Small, C. (1998). *Musicking: The Meanings of Performing and Listening*. Middletown, Conn.: Wesleyan Press.
- Smith, S. E., Dennis, G. W. & Johnson, N. A. (1997). *Nurtured by Knowledge: Learning How to Do Participatory Action-Research*. New York: Apex Press.
- Whyte, W. F. (1991). *Participatory Action Research*. London: Sage Publications.