

ARTICLE

“Music is something to cling to; a lifeline” – Music listening in managing life with chronic pain and anxiety

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ABSTRACT

This article presents a single case study that explores the role of music listening in managing life with chronic pain and anxiety. Engagement in music can reduce the subjective experience of pain and can be a valuable tool for self-regulation and emotion management. However, engagement in music and the effects deriving from it are highly individual and multifaceted; therefore, it is difficult to make generalisations about the role of music in physiological and psychological functioning. Instead, the present case constitutes an idiographic research approach, based on an understanding that in-depth, qualitative research on individuals' personal experiences may be fruitful to broaden our knowledge base. Employing an interpretative phenomenological analysis, this article presents a rich, singular case of a woman suffering from chronic pain related to childhood trauma. An in-depth interview explored the informant's daily music listening habits and how these related to her experiences of physical and mental pain. The informant listens to music to dull the experience of physical pain, to distract her from psychological distress, to keep her in the here-and-now and to represent her healthy self. This case can add to our understanding of music listening as a holistic life management skill in coping with chronic pain and trauma, and stresses the interrelation between body, emotion and cognition.

KEYWORDS

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chronic pain,
migraines,
trauma,
coping,
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INTRODUCTION

This article explores a rich and singular case of a woman suffering from chronic pain, related to childhood trauma, who uses music listening for management of that pain. We know that music is often used to manage physical pain (Lee, 2016) and psychological distress (Skånland, 2013a; Vist & Bonde, 2013), and that individuals use music actively to regulate emotions (Thoma, Ryf et al., 2012; van Goethem & Sloboda, 2011) and bodily states (DeNora, 2000; Ruud, 2007; Skånland, 2012). Music is further used in pain management both in medical settings (Bernatzky et al., 2011; Vaajoki et al., 2011) and by individuals in everyday life (Linnemann et al., 2015; Mitchell et al., 2007).

While engagement with music can mitigate the subjective experience of pain and offers a valuable tool for self-regulation and emotion management, it is a highly individual and multifaceted experience and effects are variable. It is difficult to devise general laws regarding the role of music in physiological and psychological functioning (McFerran, 2016; Thoma, Scholz et al., 2012). On the other hand, in-depth qualitative research on individuals' personal experiences may broaden our understanding of music's role, as it allows for more exhaustive exploration of these subjective and often complex experiences.

This article presents findings from an in-depth interview that explored an informant's daily music-listening habits and their relation to her experiences of chronic pain and emotional difficulty stemming from childhood trauma. By thoroughly engaging one woman's situation, this article gains significant insight into how music functions as a coping resource on an individual level and emphasises the interrelation between body, emotion and cognition.

EXPERIENCING PAIN: AN EMBODIED UNDERSTANDING

Biomedicine has been criticised for its fragmentation of the human body into seemingly discrete parts and, more generally, by its separation of the body from the mind (Blaxter, 2004; Kirkengen & Næss, 2015; Kirkengen, 2018), which has given rise to an understanding of medicine and psychology as different sciences. Although a more holistic understanding of health and human experience has accompanied the arrival of the social model of health (Antonovsky, 1979; Mæland, 2016) and the biopsychosocial model (Engel, 1977), Kirkengen (2018) indicates a continuing tendency to seek redress for bodily responses such as chronic pain through biomedical procedures. In this article, I will propose a holistic understanding of human processes and experiences—one that views bodily and mental processes as parts of the same system. This links to the biopsychosocial (Meints & Edwards, 2018) and phenomenological understanding of pain (Kirkengen, 2017, 2018).

Merleau-Ponty (2002) views the human as a 'bodily self' in sensory interaction with the world. He claims that the human exists in the world as a *lived body*, not a thinking consciousness, revisiting the separation of body and mind that has dominated Western thought since Descartes in the seventeenth century. Kirkengen and Næss (2015) subscribe to Merleau-Ponty's perspective when they explore how violated children become sick adults. When it comes to chronic pain, this notion of the *lived body* supplies a crucial framing device. Any form of trauma, also psychological violation, will prompt a physical response, such as inflammation, tension and pain (Kirkengen & Næss, 2015; Van Houdenhove et al., 2009).¹ Kirkengen (2018) therefore unambiguously states that the so-called division between physical and psychical trauma is an illusion.

In order to fully understand human functioning, then, it appears fruitful to cultivate a phenomenological approach, where we view the human being as a *whole person*, and body and mind as aspects of the same (human) system.

¹ Kirkengen (2018, p. 2) notes: "[...] all ways of being in the world that are experienced as being continually and existentially threatened engender processes on the physiological level in the human body that affect the most central bodily systems for safeguarding viability and vitality. These include, among others, the hormonal, immunological, and central nervous systems, the systems for regulation of glucose, lipids, and minerals, and the autonomous nervous system regulating sleep, breath, digestion, muscular tonus, and body temperature."

BACKGROUND: MUSIC, PAIN AND SELF-MANAGEMENT

While several studies on music and pain perception have been conducted within experimental or medical frameworks (Bernatzky et al., 2011; Hsieh et al., 2014; Mitchell & MacDonald, 2006, 2012; Vaajoki et al., 2011), those discussed below deal particularly with daily music listening and chronic pain.

Through a survey investigation of the effects of music listening on chronic pain (n=318), Mitchell and colleagues (2007) found music to be an effective distraction, which could reduce both the experienced intensity of the pain and the negative affects which accompany it. The authors identified positive effects of daily music listening on the general quality of life of participants with chronic pain. The respondents who listened most frequently and invested most profoundly in the music seemed to benefit the most.

Linnemann and colleagues (2015) conducted another study on daily-life music listening and chronic pain with a group of thirty patients with fibromyalgia syndrome. Using an ecological momentary-assessment design, they found that music listening increased the participants' perceived control over their pain. The effect was most pronounced when music was listened to for activation or relaxation.

Gold and Clare (2012) conducted interviews with eleven people living with chronic pain in order to explore the role of music listening in their experience of that pain. Several of the informants experienced reduced involvement with and enjoyment of music as a consequence of living with chronic pain, yet it still appeared to be a viable self-management strategy. It could improve their emotional state and distract from the physical pain, while also activating and motivating them to move and exercise. Music could also offer a connection to memories of a former, pain-free self.

In sum, music listening appears to have a beneficial impact on chronic pain, particularly thanks to perceived control, attendant enjoyment and improvement of emotional state. Coping strategies that appear most viable include distraction, relaxation and activation (Gold & Clare, 2012; Linneman et al., 2015; Mitchell et al., 2007). Importantly, self-selected music is the most effective form of music in this context (Mitchell et al., 2007).

We know that people with chronic pain are significantly prone to depression (Berrahal et al., 2017; Saariaho et al., 2013). When approaching the subject of music and chronic pain holistically, we must therefore acknowledge music's role in coping, self-regulation and emotion management (Baltazar & Saarikallio, 2017; Saarikallio, 2011; Schäfer et al., 2013; Skånland, 2011, 2013b; van Goethem & Sloboda, 2011). Affect regulation is a crucial aspect in depression, alexithymia and general well-being (Grewal & Salovey, 2006; Larsen & Prizmic, 2004). Among a variety of tactics for affect regulation, e.g. exercising, eating, calling a friend, or watching TV, Thayer and colleagues (1994) found music to represent a remarkably successful tactic in this regard.² Notably, music is used for the regulation of both affect, energy levels and tension (Thayer et al., 1994).

In a mixed-methods study with participants recruited from a university in the UK, van Goethem

² I use van Goethem's (2010) framework for affect regulation, which includes goals, tactics, strategies and mechanisms. Music listening can be used as a tactic to achieve the affect regulation goal (e.g. enhance happiness), while strategies explain why the tactic is used (for e.g. distraction, introspection or coping). This framework also makes sense for pain management, where distraction, relaxation and activation would be defined as strategies.

(2010) found that participants used music listening more often, and for a wider range of strategies, than any other affect regulation tactic. Common strategies discerned by van Goethem (2010) and Saarikallio (2011) include distraction, mental work (introspection, rational thinking), relaxation and venting. While Saarikallio (2011) notes similar conclusions in other studies, she also wonders whether individual differences exist in these strategies based on personal factors. By analysing a single case, it has been my intention to explore a compound, individual experience that may reflect a more general, human experience. I will present findings from the interview after briefly outlining the method employed.

METHOD

Participant

The participant in the study is a woman in her early thirties who lives with chronic migraines and has dealt with psychological challenges since childhood. She has participated in physical therapy and conversational therapy, but not music therapy. She is an urban citizen who was living alone at the time of the interview. The informant in question was asked to participate through a mutual acquaintance – a friend – based on a strategic choice: it was known to me that she was living with chronic pain, but I knew nothing about her music listening habits. It appeared fruitful to me to explore her lived experiences as a case on the matter. Interviewing ‘a friend of a friend’ does however require some ethical precautions. I will reflect on these issues below.

Design

The research was designed as a single case study. Interview was chosen as an appropriate method because I wanted to learn about the informant’s real-life experiences with music, and about the meaning of music in her life. Qualitative methods are a fruitful means of engaging the subjective meaning of everyday experiences (Flick, 2006; Kvale & Brinkmann, 2014). The qualitative interview provided me with a comprehensive and detailed understanding of the informant’s personal experiences and allowed me to both clarify and follow up on her responses on the spot.

The interview, which lasted for ninety minutes, followed a semi-structured framework and focused on the informant’s everyday music listening in dealing with her life challenges. The questions concerned her listening habits, her reasons behind her choice of music and the ways in which music listening affected her emotionally and physiologically. The informant was very articulate and spoke quite freely about the issues raised by our conversation. Trustworthiness in the interview was tested via interpreting questions (Kvale & Brinkmann, 2014), which involved rephrasing an answer and trying to clarify it, as well as via returning to certain topics several times during the interview and summarising my understanding of the informant’s statements at the end of the interview.

In presenting a single case, this article intentionally challenges the notion of the ‘anecdotal’ as a non-scientific or invalid method of knowledge production (Kirkengen, 2017). Single case studies fit particularly well within interpretative phenomenology, as they allow for in-depth learning about a particular person and exploration of connections within the single account (Smith et al., 2009). Doing a single interview as such allowed me to thoroughly explore the informant’s real-life experiences, and

the fact that she was highly reflective about these experiences added to the method's success.

Analysis

Focusing entirely on one story allowed for a thorough exploration of multiple and intertwined aspects within the single case. Interpretative, phenomenological analysis was considered a useful analytical approach, as it advocates the case study as well as a holistic framework (Smith et al., 2009).

Using Interpretative Phenomenological Analysis (IPA) (Smith et al., 2009), the full interview was transcribed verbatim, then analysed according to emerging themes. Thematic clusters were interpreted according to a phenomenological hermeneutic tradition and within the frameworks of embodiment and self-regulation theories. The emerging themes were *music listening as a coping tactic*, *music as painkiller*, *music as distraction*, *music as a trigger*, *music and the here-and-now*, and *music and identity*.

The approach comprised a double hermeneutic of sorts, because the analysis required that I tried to make sense of the informant trying to make sense of the role of everyday music listening in her coping with experiences of pain and trauma (Smith et al., 2009). As pointed out, IPA is concerned with thoroughly exploring the particular case in question (Smith et al., 2009). In line with this approach, I wanted to know, in detail, what the experience is for *the informant*, and what sense *the informant* is making of music in her life, as we will see below.

Ethics

Ethical approval for the study has been given by The Norwegian Social Science Data Services. The informant was given information concerning the purpose of the interview before she gave her free consent to participate. She was further informed that participation was voluntary, that personal information about her would not be stored, and that all data material would be anonymised. She was also informed that she could withdraw from the study at any point without any consequences on her part. The informant will be presented below as 'Laura'.

Inviting a 'friend of a friend' to participate in a research interview requires additional ethical reflections. There is a risk that the informant agreed to participate and speak of her personal experiences to avoid letting me down. As a means to reduce this risk, I asked the informant for her consent to participate prior to the interview *and* prior to the publication of the results in an aim for a genuine free consent as well as the opportunity for her to withdraw. Second, I strived for a sensitivity in the interview situation. I allowed the informant to speak as freely as possible and tried to be sensitive to her cues and directions in our conversation. The informant was further given the opportunity to read excerpts from the interview used in publications, and she has read and approved the results section of this article prior to publication. These measures are also believed to add to the trustworthiness of the findings.

RESULTS: MUSIC AS A COPING TOOL TO DEAL WITH LIFE

Laura struggles with migraines, as well as childhood trauma. For many years, the migraines were chronic. Now, she normally suffers a migraine three or four days per week. The pain evokes disturbing

memories and sensations that are related to a period in her life which she describes as hopeless, and which therefore trigger anxiety. Laura has been in therapy for many years, trying to deal with these struggles. She describes music as a tool which helps her to cope with the physical pain of the migraines, as well as the anxiety that they evoke:

I'm in therapy to acquire tools to somehow deal with the everyday. And music can be such a tool, like I have in a way put together my own tool—it's obviously something I haven't thought about, but after this conversation I realise that I use it actively—and music is a tool that helps me deal with life, and to cope with memories and trauma.

Below I will explore further how Laura uses music and how it helps her.

Music listening as a coping tactic: 'I *always* put on music'

Laura describes her music listening as constant, at least when she is at home:

I *always* put on music, so to speak. I can't really cope with being in silence. I think that can be demanding when I'm at home.

Laura mainly listens to Spotify, and often chooses predefined playlists that she adjusts to her liking. She explains how she can create playlists according to mood or season, such as "autumn" or "sleep", or search among the predefined playlists such as "sunset" to find music that 'matches' her state of pain.

The main reason she listens to music is because it helps her to focus on something other than her pain and her own thoughts, as will be explored in the sections below. She explains that there are other tactics that could be of use, such as meeting people or watching TV, but the physical pain of the migraines forces her to relax and often lie still with her eyes closed. In those situations, music is the most available coping tool:

Being at work helps, because then I have to be here-and-now, but the most difficult thing is often to be alone and at home. Therefore, the music—well, you could have the television as well, but that demands a different focus—and the good thing about music is that you can have it with you. And I'm sometimes too sick to watch TV, and I need to lie still and close my eyes.

Laura is clearly impacted by her migraines, as well as her personal history. She feels as though the conditions of her existence are invisible to others, and this can make it hard for her to be around people even though she considers herself an outgoing person. Thus, in all contexts, not only when she is by herself, she finds that music can help her in dealing with both physical and mental distress:

I can often find it difficult to be social and constantly fighting a battle no one else knows about. And then having music in the background can be liberating in a

way. Often, I can find it intense to sit and talk and not have anything else to focus on, because then my thoughts... [...] Often, the pain is so prominent that I feel I'm two places at the same time, and that is demanding. [...] Music then becomes a support that helps you focus on something else.

Music helps Laura to settle down and to shift her focus productively, both when she is alone and when she is with other people. It is a primary coping tactic when she is in pain, because tactics such as watching television seem too demanding.

Music as a painkiller: 'It's a little like earplugs'

Laura takes medicine for the pain, but it is not always sufficient. Music then allows Laura to focus on something other than the pain; she describes how it dulls the pain the way earplugs mute noise:

The music works a little the same way that you have medicine to make you sleep—earlier, when the pain was chronic and I was in pain 24/7, then [the medication] worked the same as if there's noise and you put in earplugs, then you can still hear the noise, but you have created a space that makes you able to relax—and that's how the pills worked—that the pain was still there, but with a little distance, so I could relax enough to fall asleep. And that's how the music works when I'm in pain. Like today, when no medicine works, then I kind of have to realise that I've lost the battle against the pain today, but then I need to somehow create a space to endure, I need to shift focus. [...] The music becomes a rescue [...] because it creates a kind of protection between the pain and me, to gain a little distance, even if you still feel it.

Music can create a separation between Laura and the pain, allowing her to better endure it. She compares the music to sleeping pills and earplugs in its ability to shield her. Music does not fix the problem, she says, but it can function like a painkiller:

I think it [the music] is a good tool. It's a little like earplugs, so it becomes a tool, without becoming a solution, if you understand. I don't think the music can change anything in me, specifically, but it can work like a painkiller. It doesn't fix the cause of the problem, but it can dull, a little like an antipyretic, so it can help to reduce the flow of thoughts.

The pain can be overwhelming and Laura experiences it as filling her entire body and even the whole room. Music opens a space for her, she says, where she can be in peace, while the pain is left on the 'outside':

You become so aware of your body when you're in so much pain. [...] The pain can almost fill the whole room. Then the music comes and kind of puts a veil around me, and it capsules me in, perhaps, and the pain can be on the outside. It's as though I become really inflated when I'm in pain—I become a giant air balloon, in a way, which fills a really, really big space. I'm not always able to

comprehend that I can be in so much pain—it's just little me, I mean, that it's possible to feel so much just in a body. And then I think it's the same earplug function, it [the music] comes between. So, then the pain becomes like the noise outside of the house. So, I get a little peace in here.

Listening to music, in other words, transforms her experience of pain. Laura describes the experience of listening to music as enjoying protection from the pain.

Music as distraction: 'Music stops the flood of thoughts'

For Laura, as mentioned, the physical pain of migraines is linked to disturbing thoughts and a general feeling of hopelessness:

For me, the most difficult part of living with this pain is that often—when I'm less ill, in a way—is that I have so many bad memories linked to being ill. So, the migraine can trigger a whole lot of reactions. And then I've maybe had to turn to the music to try to stop the flood of thoughts that emanate. For me, it can function a little like meeting someone, so that I have to talk [to them]. You don't always have that option, and if you need to be home to try and relax, then the music is what can help stop that stream of thoughts—but then I can't have associations to it from before.

The music functions first as a painkiller but also as a distraction: "Normally the pain comes first, and then the thoughts, so the pain is the problem, but the hopelessness that is linked to it, that's hard to separate", Laura says. When music dulls the pain, the thoughts also let go a little. Music then helps to break the thought patterns Laura describes as 'catastrophic', which are triggered by the pain. Notably, Laura demands *new* music that does not arouse associations in her:

And often that desperation you have when you're in pain, the only thing you think about is that you want to be pain free. And like today, when I've taken all the medication and there is no more, I'll need to listen to new music. I really need that distraction. Then I'm probably a little desperate, because nothing works, and then new music, at least if I find a song that really hits, then to listen to that over again can be very liberating. You get a little distance.

Music as a trigger: 'They say the senses are powerful in re-experiencing trauma'

Laura prefers *not* to listen to well-known music to distract her from her distress:

I mostly enjoy music I haven't heard before, or that I recently discovered. I can enjoy it for a while, but then I soon grow tired of it. They [the songs] create a mood or give pleasure until I know them, and then they don't work anymore. I think that's important to me, that I don't know them, because then they absorb my concentration. But if I know how they go, I can listen and think about a lot of other things at the same time.

When the music becomes well-known, it does not demand the same amount of attention and therefore loses its effectiveness. The purpose of Laura's music listening, after all, is to focus on something other than her distress.

Relatedly, music from Laura's youth evokes particularly painful emotions from that time in her life. Because it is such an efficient trigger, Laura avoids the radio, for example, in order to maintain control over what she hears:

I have trouble listening to the radio because then suddenly they play a song, and I connect songs to incidents in life extremely quickly. Like on the radio on the way to work the other day, they played 'Don't speak', and I'm right back in junior high school, and I see the whole setting. [...] I don't normally have nostalgic memories to music—it's more flashes of memories that you don't want.

Laura explains that it can be challenging to be in situations where she is not in control of the music:

They say the senses are very powerful in re-experiencing trauma, and I think music is a strong link for me, more than smell, I think. And when I heard that No Doubt song, I had to change channels—I can't take it. And sometimes that happens when I'm with friends or I'm out somewhere—'oh please, don't make me [listen to this]'. I can get angry at some songs [...], because they were in the top ten when I wasn't okay. Even if nothing bad happened in those situations, they represent a period of my life.

Instead of being a nostalgic mnemonic for Laura, music brings back disturbing memories or sensations from her past. Also, Laura works actively to stay in the present, as we will see below.

Music and the here-and-now: 'Get my brain to understand that I'm in the present'

One of Laura's challenges is to stay present in the here-and-now, even while dealing with great physical pain. Her problem is that the pain evokes sensations and memories from her past, and therefore triggers anxiety. She explains:

I believe that a lot of what I'm working on is to manage to believe, or to get my brain to understand, that I'm in the present. Because when you're in pain three or four times a week, then that pain is very recognisable, and then often the problem is that once the pain appears, it puts me back in a situation when I'm in a lot of pain, and life was completely hopeless. And therefore the pain, it's exactly the same as before, but my life is not the same.

Laura therefore works actively on convincing herself that she is in the present year, in the current part of her life. As a way of staying in the present, Laura turns to new music, as mentioned:

Q: Can you explain what you mean when you say that the music makes you more present here-and-now?

L: Yes, and that's why it's important that it's something new, because if I put on music I have heard before, it will connect to old stuff, while new music that I don't associate with things becomes a kind of confirmation of the sound in the room, precisely to say that this is happening here and now, you haven't heard this before, you can create associations, but they will be new ones. And then you can kind of recreate your past history.

By listening to new music, and thereby managing to understand – mentally and bodily – that she is in the present, Laura avoids being pulled back to old traumas and sensations that trigger anxiety. Music then appears as a healthy coping device, and music listening becomes a life management skill for Laura.

Music and identity: 'The music is something that is me'

Laura explains how she struggles to hold on to her identity and sense of self when she is in so much pain. The music becomes a lifeline, she states—something to cling to when she would otherwise be drowned in the hopelessness:

You erase your identity. You're just sick, and that's something I think people don't do when they're only sick once in a while—I don't lose my identity when I'm down with fever for a week; then, I don't lose myself. But that happens with the pain because it's chronic, and I most likely will never escape it, so there's something hopeless in it. I know that this is my life, and this is how it will stay, and those thoughts are so scary. And that's where the music helps. [...] It's just about the musical aspects, the music, it's something to cling to. A lifeline.

For Laura, music represents and connects with a part of herself that is not sick. She listens to the same music whether she is sick or well in an effort to sustain positive associations with it and remain in an optimistic present:

I think that's what's nice also: it [the music] is something that is me, and that's not linked directly to being sick. Music is something safe, because it's the same when you're healthy. That's why I don't listen to different music when I'm healthy and when I'm sick, because then I can create positive associations when I'm well and connect them to stuff that is here and now. And then to listen to that when I'm sick helps me to not disappear into old stuff.

Laura describes how the migraines *damage* her sense of self while music *supports* her sense of self:

I think it's important to me that the things I like don't differ when I'm well and when I'm sick. [...] So the taste in music doesn't shift. And it's important to get that effect—that it's something else, that it's something that's me independently.

Because that's what I find difficult about being sick so much of the time, that it's a very big part of me that I strongly dislike, that feels like an invasion of me, an exhausting, destroying force. Then to have the music, it becomes a support to me during that phase—that this is something that represents you and that you like. Because the danger is, you lie on the couch, you don't look good, right, you lose a part of yourself, when you should be out meeting people and being affirmed, but instead you're left to yourself.

Living with chronic pain makes Laura feel like she is losing herself in herself, and she yearns for the validation of other people. Positive associations with music ease this loneliness and existential dread, making the music a lifeline in managing chronic pain.

DISCUSSION

In the discussion of the results, I wish to maintain a link between the broader themes and Laura's narrative, in an effort to bring Laura's experiences to the core of a more theoretical reflection. In doing so, I relate to Smith, Flower and Larkin's understanding of the 'insightful case study' that can take us into the universal in that "it touches on what it is to be human at its most essential" (Smith et al., 2009, p. 38). Laura's case may here be understood as a mirror to a more general human experience, as "everyone carries a minimum of everyone within themselves" (Schleimaker, 1998, p. 92).

Music as a life management skill

Laura has obviously developed music listening as a life management skill (Aldwin, 2007), although she seemed to not be fully conscious of this prior to the interview. As seen in previous research on daily music listening and chronic pain management (Gold & Clare, 2012; Linneman et al., 2015; Mitchell et al., 2007), distraction, relaxation and activation were presented as the most viable coping strategies. Laura mainly uses music as a distraction from her distress, but it also allows her to relax, which recalls these findings. It is worthwhile to note how distraction and relaxation are described in the literature as helpful strategies in coping with the subjective experience of pain, and also as prominent strategies in studies on musical affect regulation (Saarikallio, 2011; Saarikallio et al., 2017; van Goethem, 2010). This perhaps points to the interrelation between body and mind, and illuminates bodily and affective regulation as holistic actions. For Laura, the music does indeed distract from the physical sensation of pain as well as the distress accompanying it. This merges into her experience of music as earplugs; it dulls, distances and distracts from her overall painful existence.

Traumatised memories

In an earlier interview study (Skånland, 2012), I found that music from one's past was particularly important, because of its specific nostalgic value. This music becomes a mnemonic, which merges music into the listener's identity constructions and sense of self (Ruud, 2013a; 2017). For Laura, however, music from her youth evokes painful emotions and she does her best to avoid it. Laura herself

emphasises her efforts to stay in the present and explore *new* music to sustain a health-giving sense of 'here-and-now'. We can understand her experiences in relation to how a person's memory functions differently in distant after-effects of trauma; because the episode is not cognitively processed, traumatic experiences will often not be stored as conscious and verbal memories, but remain instead as sensory reminiscence (Axelsen & Wessel, 2006; Kirkengen & Næss, 2015). When these experiences are aroused by a present-day trigger, they will not be recognised as a *memory*. The sensory experience will not represent something from the past but something that is happening *here and now*, and will possibly trigger reactions involving fear, pain, anxiety and so on (Kirkengen & Næss, 2015). It is obvious that music can trigger such sensory reactions in Laura, evoked by past trauma. When the sensory experience is aroused, she loses her presence in the *now* and literally re-experiences the event as if it is still happening (Axelsen & Wessel, 2006). The traumatized person can struggle with being in the present, as we have seen in Laura's narrative. It is therefore vital for her to seek out music that does not represent anything from her past.

However, in addition to music, the physical pain also functions as a trigger of past trauma for Laura. She explains how she must actively resist being pulled back in time by the sensory experience of the pain. By listening to new music and creating new associations to it, Laura purposefully uses the music to stay in the present. By listening to this music when she has a migraine, then, Laura manages to convince her brain and body that she is in the here-and-now. We thus see how Laura employs music as a tool to deal with her 'traumatised memory' (Axelsen & Wessel, 2006).

A healthy identity

Ruud (2013a; 2017) shows how music as a mnemonic is connected to an individual's identity. While Laura rejects music as nostalgia, she nevertheless positions it at the centre of her identity as a *healthy, whole* person. This experience is reflected in qualitative research on music in pain management (Gold & Clare, 2012). Whereas the informants in Gold and Clare's study (2012) said music could evoke an earlier, healthy self, Laura wants music to convince her that she is something *more* than her pain. She does this by listening to the same music when she feels well and when she is ill. In creating positive associations to the music when she is well, Laura consciously conditions music to represent her healthy side. Music then offers her something to cling to when she might otherwise be overwhelmed by hopelessness.

Moreover, Laura describes how the music can confirm her as a whole person. We can understand a person as a social self (Burkitt, 2008), who needs validation from others to form a sense of self and experience coherence in life (Trondalen, 2016). The experience of self becomes possible in or through the interaction with the other. In order to become ourselves, then, our initiatives must be met and responded to by others (Binder, et.al, 2006; Burkitt, 2008). For Laura, however, the pain prevents her from meeting people who could normally give her this response. Music then becomes a valuable 'other' that offers this affirmation, and helps Laura remain a healthy sense of self. The informants in Gold and Clare's study (2012) also described music as a companion that would help them feel less lonely. Because individuals living with chronic pain are easily cut off from their social world, music here offers a vital sense of connection.

Musical competency

Ruud (2013b) suggests that musical competency will enhance the health potential of music, whether it involves musical training, informed interest or skill. While Ruud acknowledges that we need more data to fully comprehend the role of one's musical background in one's music-related self-management or self-care, I believe Laura's account adds an interesting perspective here. Her competencies are not related to her familiarity with the music she listens to (or to musical skill as such), but rather to her nimble awareness of the importance of *avoiding* certain music. When she considers specific musical genres or 'moods', for example through Spotify's pre-defined playlists, she actively privileges unknown music to most successfully gain what she seeks: distraction from pain and distress. The question is, then, how should we define 'skill' or 'competence' in this context? Laura does indeed have knowledge of musical genres and musical moods, allowing her to avoid certain music and embrace other. Thus, we should understand musical competence here as the ability to differentiate between engagement in music that reinforces well-being and music engagement that relates to measures of ill-health. This would be in line with Saarikallio, Gold and McFerran's (2015) notion of healthy and unhealthy music listening.

A holistic life management skill

"Like pain, the power of music may be related to its operating simultaneously on multiple levels", Gold and Clare note (2012, p. 546). Laura's narrative shows us how music can be used in multifaceted ways to cope with physical and mental pain. We have seen how Laura listens to music to dull the experience of physical pain, to distract her from psychological distress, to keep her in the here-and-now and to represent her healthy self. These appear essential, yet complex and intertwined aspects of managing life with chronic pain (Ferreira-Valente et al., 2014; Meints & Edwards, 2018; Pothoulaki et al., 2012). Laura is in this world as a *lived body* (cf. Merleau-Ponty, 2002), and music is integrated in her *sensations* of self and the world. Her sensations of pain, past trauma, the here-and-now, her sense of self and her sense of self in relation to the world cannot be separated as individual experiences. If we view Laura's use of music listening in self-management from a phenomenological perspective, we see instead how the different aspects of her experiences are all parts of a holistic strategy for managing physical and mental pain, which are themselves aspects of one and the same experiential trauma.

CONCLUDING REFLECTIONS ON A FRAGMENTED LANGUAGE

When approaching the subject of experiences of pain, I have found myself in the dilemma of presenting the 'whole' (Laura's lived experiences) while simultaneously structuring a presentation of these lived, holistic experiences ('the whole') in a text like this. Our lifeworld does not necessarily fit within defined themes or categories, but it is nevertheless necessary to structure these lived experiences when we want to present them in a comprehensible manner. Our language is further built on categories, which can be difficult to circumvent. My intention has been to apply a phenomenological approach and embodied understanding of the present case of childhood trauma and chronic pain. The aim has been to better understand the impact of music listening as a coping resource in pain- and self-management, while avoiding a fragmentation of this subjective experience. However, I have wanted to also, in line

with a phenomenological approach, base the analysis on the experiences of the informant. I have therefore chosen to incorporate her personal concepts and categories in my presentation of her experiences. In our interview conversation, she would speak of the physical pain, her thoughts and the trauma as different categories, although she said that these are “hard to separate.” Hence, and although I have striven for an understanding of the ‘whole’, I have used physical and mental pain as linguistic categories. I do however acknowledge that the translation of embodied experiences into a verbal presentation is in many ways a reduction of lived life.

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Ελληνική περίληψη | Greek abstract

«Η μουσική είναι κάτι για να κρατηθώ: μια σανίδα σωτηρίας» – Η μουσική ακρόαση στη διαχείριση της ζωής με χρόνια πόνο και άγχος

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ΠΕΡΙΛΗΨΗ

Αυτό το άρθρο παρουσιάζει μια μελέτη περίπτωσης που διερευνά το ρόλο της μουσικής ακρόασης στη διαχείριση της ζωής με χρόνιο πόνο και άγχος. Η ενασχόληση με τη μουσική μπορεί να μειώσει την υποκειμενική εμπειρία του πόνου και μπορεί να είναι ένα πολύτιμο εργαλείο αυτορρύθμισης και συναισθηματικής διαχείρισης. Εντούτοις, η ενασχόληση με τη μουσική και οι επιδράσεις που προκύπτουν από αυτήν είναι σε μεγάλο βαθμό εξατομικευμένες και πολύπλευρες και ως εκ τούτου είναι δύσκολο να γίνουν γενικεύσεις αναφορικά με το ρόλο της μουσικής σε σχέση με τη φυσιολογική και ψυχολογική λειτουργία. Αντ' αυτού, η παρούσα περίπτωση συνιστά μια ιδιογραφική ερευνητική προσέγγιση, βασισμένη στην αντίληψη ότι η σε βάθος ποιοτική έρευνα ατομικών προσωπικών εμπειριών ίσως μπορεί να διευρύνει τη βάση των γνώσεών μας. Με τη χρήση της ερμηνευτικής φαινομενολογικής ανάλυσης, αυτό το άρθρο παρουσιάζει μια πλούσια, ατομική περίπτωση μιας γυναίκας που έπασχε από χρόνιο πόνο ο οποίος σχετιζόταν με τραύματα κατά την παιδική ηλικία. Μια συνέντευξη σε βάθος διερεύνησε τις καθημερινές συνήθειες της συνεντευξιζόμενης αναφορικά με τη μουσική ακρόαση και το πώς αυτές σχετιζόνταν με τις δικές της εμπειρίες σωματικού και ψυχικού πόνου. Η συνεντευξιζόμενη ακούει μουσική για να αμβλύνει την εμπειρία του σωματικού πόνου, για να αποσπάσει την προσοχή της από την ψυχολογική δυσφορία, για να κρατηθεί στο εδώ και τώρα και για να παρουσιάσει τον υγιή της εαυτό. Αυτή η περίπτωση μπορεί να ενισχύσει τον τρόπο με τον οποίο κατανοούμε τη μουσική ακρόαση ως μια δεξιότητα ολιστικής διαχείρισης της ζωής για την αντιμετώπιση του χρόνιου πόνου και του τραύματος, και τονίζει την αλληλοσύνδεση σώματος, συναισθήματος και νόησης.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσική ακρόαση, χρόνιος πόνος, ημικρανίες, τραύμα, διαχείριση πόνου, συναισθηματική ρύθμιση, ταυτότητα, διαχείριση ζωής, μελέτη περίπτωσης, φαινομενολογία