

CHAPTER 7

Songs for Health: The Magical Power

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Abstract: This autoethnographic study shares stories, observations and reflection notes from conversations with patients, relatives and hospital workers. Collated during years of singing at St. Olavs Hospital, a university hospital in Trondheim, Norway, these data are used to illuminate the following research question: How can the unpacking of micro-moments help me in understanding how I connect with patients and their families through singing in a hospital setting?

There is something significant about these encounters in a space where we engage with music and song which needs further exploration. This chapter offers a closer look at how the emotions of others and my own are triggered, how memories are recaptured and how a sense of self is rediscovered through musical interactions. By accepting and examining my own vulnerability, I take a closer look at these emerging “micro-moments,” exploring how they can aid in highlighting the importance of music and song for promoting patients’ well-being in a hospital setting.

Keywords: autoethnography, music education, voice, health, micro-moments

Prelude

25th January 2019 - Will you play at my funeral?

I have just finished my concert, and one of the most eager patients comes up to me after the concert like he always does. To give me a hug, laugh or cry a little, or to tell me about how he’s heard a version of one of the songs I’ve just performed. Today he asks, “Will you play at my funeral?” While I

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have played at several funerals in the past, I don't remember being asked to do so beforehand by someone who is relatively young. Because I have a connection with him, I find it upsetting and difficult to hear that he is thinking about his own funeral. My immediate and natural response to him is that it won't happen for a long time, and that he will be attending many concerts before he passes. "Not likely," he replies. "I've got most things sorted out for my funeral already, and it would make me very happy if you could sing at it." "Of course, I can," I say and give him a hug. He practically jumps into the air, claps his hands together and exclaims. "But it won't be right away; I'll live a little longer because of your concert today." He then holds my hands, and we both look at each other and smile; everything around us has gone silent.

This story is an example of a moment between a patient and myself, where music and song connect us beyond time and situation. It was as though everything stopped for a second: it was a purely joyful moment, and we were both present in it. As short as this moment was, it remains one of my most powerful encounters with another human being.

The term *micro-moments* refers to a very brief amount of time that is significant (Beghetto, 2013). In this chapter I explore these micro-moments. The chapter has four parts, where I firstly present previous research, dive into the methodology of autoethnography and consider the ethics of this research. The second part intends to provide the reader with background information about me and why I have chosen this research area as well as list relevant theories. The third shares stories from the hospital, and the final part connects the stories, or data, to theory.

Research on songs, music and health

There is significant evidence that music plays a key role in people's lives (Lamont et al., 2016). "Music itself can generate feelings of wellbeing and facilitate working through difficult emotions" (Sloboda & Juslin, 2001, p. 254). Hallam (2015) outlines what she calls "the power of music" in relation to other areas of life – the so-called *transfer effect*. She summarises numerous studies that document the impact of music activities throughout life (including listening to music) on an individual's physical and

mental well-being – not least through music’s potential to alleviate anxiety, reduce stress and strengthen the immune system. Batt-Rawden and Storlien (2019) state that singing and playing music are unique activities that have meaning for all of humanity on a physical, cognitive, social, emotional and psychological plane; they also confer meaning and context in life. When taken together, the positive effects of these activities can contribute to giving an individual a better life in the sense of promoting improved well-being, health and quality of life. Balsnes (2014) concludes similar findings in her research on choral singing as *health musicking* where she presents three studies of various choir practices.

I am conscious of the fact that research which examines the relationship between music and health is a growing area of scholarship; however, scholarly discussions in the field of music in healthcare have generally focused on medical, therapeutic and rehabilitative frameworks (Facchini & Ruini, 2021; Raybin & Krajicek, 2020). I also see that exploring the concept of *care* or *health musicking* from creative and storied perspectives could help us further understand the relationship between music and health. The term *health musicking* is an interdisciplinary area of research and practice where professionals and volunteers are engaged in health-promoting music practices in social and healthcare contexts (Batt-Rawden, 2009; Batt-Rawden et al., 2005).

Why the ‘I’ in research?

My personal choice of literature has always been biographies, and I adore art that focuses on portraiture.

I also journal a lot, so I carry a little book with me, accurately titled “Fieldnotes.” I frequently record fragments of musical ideas, including melodies and lyrics, or I merely record thoughts and reflections on my day-to-day experiences, big and small. I tap into my feelings this way; I allow them space and consideration, and I often revisit them for a little chat. I have consistently kept up with this activity throughout my time singing at the hospital; by fostering these elements into my work, they now constitute a huge part of my research. “Autoethnographers often rely on various methods of data gathering and research tools common to other

forms of qualitative social research, including participant observation, interviews, conversational engagement, focus groups, narrative analysis, artefact analysis, archival research, journaling, field notes, thematic analysis, description, context, interpretation and storytelling” (Polous, 2021, p. 5). I am about connecting with and sharing my true self, and I have come to fully accept that my feelings and thoughts play a vital role in constructing my research. I want to make connections with and awaken feelings in the reader by revealing and embracing my own vulnerability in order to better understand human relations.

I am neither searching for objectivity in this chapter nor trying to uncover an absolute truth. What I am trying to do is to better understand what’s happening in these complex and multi-layered, multifaceted situations we are continually producing and reproducing. I believe that knowledge is created through interactions with the world and others and not as something which is an absolute truth (Vygotsky, 1978). As Barad (2007) writes, “We don’t obtain knowledge by standing outside the world; we know because we are of the world.”

‘I’ntroduction

I am a singer and educator who has worked with children and young adults for 15 years, which I believe strengthens my research. Building relationships and connecting with others are what guide me in trying to understand the world, and it follows that exploring moments with others quite naturally helps me do so. During the last five years, I have regularly sung and played guitar in the sitting rooms of the Department of Pediatric Cancer at the Women & Children’s Centre as well as at a community centre for families of adults living with life-threatening illnesses at St. Olavs Hospital in Trondheim. Sometimes I visit on my own to sing and play the acoustic guitar; other times, my husband, a double bass player and educator, joins me. Among my favourite times are when our 11-year-old daughter joins us with her beautiful voice and kind personality. During these visits, we engage our audience members through interactive singing games and activities where the children get to experiment and explore using their voices. They are all encouraged to participate in

the group sessions as I bring a treasure chest full of small, colourful percussion instruments. We also carry our instruments around the different departments like a mini marching band, sometimes visiting the individual rooms of children and their families. We do all of this while being accompanied by hospital workers who carefully assess the situations in close dialogue with the patients and their families. At the community centre, we perform acoustic sets of well known and loved songs while sitting next to the cosy fireplace. During these visits, it has become evident that these concerts allow an entire family to enjoy a musical performance together. It provides them with a small break in their otherwise tough day, a rest from anxiety for the patients, and, for the families, a time free from the constant agonising worry of having to part with those they love most in the world.

In this chapter, I will share stories from these hospital departments. They tell of my encounters with children and adults who share a deep and passionate love for music; however, they also share how sad it can be to live with a life-threatening illness. The tremendously powerful and poignant impact on me is something these stories also have in common. They will stay with me for the rest of my life for somber reasons which I will share with you, the reader. But firstly, I would like to invite you into my childhood and how I began to use my voice to connect with others. For me, this journey began when I was a young girl singing to my grandparents.

I become a singing human

The last time all of my grandparents were still alive, I was 5 years old. I sang all the time from the moment I woke up until I joined my mum in singing lullabies at bedtime. My grandparents also loved singing. I've been told that my paternal grandfather, who passed away when I was five, was a stern man, but that his singing showed a soft side to him as well. Whenever I ask my dad or other family members to share stories about him, they all say that he sang with a wonderfully powerful, yet comforting, voice. A few years after he passed away, my grandmother moved to a care centre which I frequently visited. At that point, I was in

school, and singing featured heavily in our school day, mostly thanks to a wonderful music teacher who, as I remember, sang all the time. My huge repertoire and continuously renewed love and discovery of new songs came in handy whenever I visited my grandmother. I never knew it, but at that point in her life, she had serious health problems which caused her chronic pain; also, due to having suffered several strokes, she had started to forget things. Whenever I sang to her, I remember seeing changes in her mood, and a smile came to her face. This made me feel like I had some sort of magical power, so I went around knocking on everyone's door and singing to any residents who welcomed me into the little apartment in which they would spend the rest of their lives.

My other set of grandparents are a different story; however, song is key to how I most fondly remember connecting with them. Although my maternal grandfather lost his hearing completely at a young age, he was a wonderful singer and remained passionate about singing throughout his entire life. I remember asking my mum how he could sing so purely and in tune despite his impaired hearing, to which my mum replied that singing was "in his body." My maternal grandmother was a trickier nut to crack. I loved her, but I remember questioning whether she loved me at times apart from when I sat by the kitchen window with a little tape player and sang to her. She would do her daily chores around the house, and I would sing to her for hours. "Sing me that one I like again," she would say, and I would happily comply. It is without a doubt my most fond memory of my grandmother. Our mutual love for singing and my unique bond with my grandparents continued through their entire lives until their respective passings. And naturally, my final words to them were sung at their funerals.

I am sharing these stories because they represent how I as a child used singing songs as a tool to connect with others. Since then, singing has featured heavily in my day-to-day life. It remains integral to the way I communicate and connect with my daughter, how I teach young children and deliver my presentations to students and other fellow teachers, how I remember important events in my life and, ultimately, how I reconnect with myself and others during turbulent times. In my childhood and young "adult" life before becoming a parent, my family and I were

extremely fortunate to be blessed with good health. Sure, we had a few health scares: I especially remember when my dad was diagnosed with a tumour and had to wait for further testing and surgery. Overnight, my entire body broke out in hives, I had severe anxiety and there was no way of explaining it other than being concerned about my father, whom I love tremendously. He was fine though, my dad. The day he found out that the tumour was benign, my hives and anxiety vanished – although it does rear its evil head from time to time, mainly when my interactions with others feel disruptive or unsafe. However, during my time singing at the hospital, I discovered it is worth looking a little closer at when these sensations appear. Upon unwrapping these emotions, I have come to realise that in order to connect with myself and others, it is essential to accept them.

Methodological and ethical considerations

In the research method of autoethnography, personal accounts of self-experience are commonly used to gain insights into a particular culture or social phenomenon, which will necessarily involve others. In his (self-described) manifesto on autoethnography, Bochner stated that “human beings are relational beings, and thus every story of the self is a story of relations with others” (Bochner, 2017, p. 76). In this research, I have included stories of family members and accounts from two contacts at St. Olavs Hospital, who have all signed a consent form approved by NSD¹ and will therefore be identified by name. I obtained verbal consent from family members before including them in this research. They have a clear understanding of what the research entails and acknowledge that personal disclosure is essential to create a deeper understanding of the social dynamics at play in this context.

I have used observations of the audience, which includes patients, families and health workers, as a way of generating data in naturally occurring settings. These observations were noted in initial post-reflections, which ultimately became personal diary entries or auto-narratives. In analysing

¹ NSD – Norwegian Centre for Research Data is now part of Sikt – Norwegian Agency for Shared Services in Education and Research.

these narratives, I will actively seek to find underlying themes and shared perceptions which may aid in answering the research question. Riessman (2008), who positions herself within narrative enquiry, notes how narratives do not speak for themselves, but rather require unpacking and interpretation when used as data. Throughout my research study, I have been in dialogue with my two hospital contacts who know the patients well and can share their insights into what is happening before and after the visits. My correspondence with them has been through mail and text message as well as my notations of our conversations for the purpose of this chapter. Ellis (2007) proposed that processing consent, or checking in with the person that they have understood how their interactions will be represented, is necessary.

I have continuously reviewed the ethical considerations when it comes to involving my own family members, especially when it concerns my own daughter. The visits firstly started in the hospital waiting areas in addition to more conventional concert settings. As connections and trust started to build between us and the patients, and through close dialogues with the hospital staff who care for them daily, we slowly moved the musical interaction to their private rooms. My husband and I have spoken in depth about our encounters, and the hospital staff has closely observed our daughter and how she has interacted with the other children. As her mum, I have felt safe about her well-being the entire time, wholeheartedly believing her when she tells me she cannot wait to sing at the hospital again.

Autoethnographic narratives often have the power to awaken feelings and thoughts in both researcher and reader which are often marginalised in research (Karlsson et al., 2021). I am using autoethnography as a way of recognising subjective experiences. My stories find their home within both evocative and analytical autoethnography. The latter form seeks to establish connections between lived experience and wider social and cultural processes (Muncey, 2010). Ellis and Bochner (2006) argue that the evocative is the goal, and not a characteristic, of the method. If it is not evocative, it is not autoethnography, either. In the research method of autoethnography, personal accounts of self-experience are commonly used to gain insights into a particular culture or social phenomenon, thereby necessarily involving others.

“What is your magical power?” - connecting the “I” to theory

Upon being asked this question by a colleague when sharing my research, I hesitated before answering simply, “I sing to them.” “What happens when you sing to make these moments so special?” I think back to my years in arts education, especially as a music teacher for young children, and how I used singing as my most important and prevalent tool for classroom management and connection with facilitating creativity from my students. “That’s it!” My magical power is that through my singing, I invite people into a space where moments emerge and connections form. When referring to *space* in this article, I am using the term primarily as a figurative space constructed through social relations between me and the patients to whom I’m singing. As a music teacher, you can design lessons with the intention of helping the participants who enter your classroom for an assigned period of time learn something beneficial to them.

When it comes to spaces outside of the classroom, we can look at spaces in terms of how they are used. My work at the hospital requires that I present an inclusive atmosphere to frame the interaction through observation, assessment and careful evaluation. Within this space, my purpose is to offer patients a sense of freedom, brief rest and distraction from illness, pain and worry. These micro-moments provide them with a sense of healing. Micro-moments are often referred to as *stop moments*, which, according to Fels (2012), are moments which are temporal and elusive; further, they may be missed, cannot be planned or manufactured and require that one is present in the here and now. There is considerable evidence that very short musical extracts (even as short as one second) can communicate clear emotional signals about which there is little inter-rater disagreement (Bigand et al., 2005; Watt & Ash, 1998). Furthermore, Fels’ concept of stop moments builds on Appelbaum’s (1995) concept of “the stop,” which is defined as a moment where one moves away from automatic thinking and towards embodied awareness; thus, it is seen as a movement of transition. As an artist and educator, I am constantly responding to what is going on to best connect with the audience, students, the here and now and myself. By creating conditions

for acknowledging the value of micro-moments within the social context, I am trying to understand how these moments can be transformative and what they might mean to others.

Moments from the community centre, St. Olavs Hospital, Trondheim

30th August 2018 – I get a text

Hi Elisabeth,

I work as a volunteer at a community centre for cancer patients at St. Olavs. I organise a musical lunch once a month on Tuesdays or Thursdays from 11.30. It would be fantastic if you could come and sing for us sometime.

Warm regards,

Tone

Dear Tone,

Thank you so much for the wonderful invitation. I would love to come and play for you. I usually teach during those times; however, I will ask my employer for time off so I can come and sing for you all. Please send me the dates and I will try my very best to organise it.

Best wishes,

Elisabeth

Interestingly, I felt an immediate closeness with Tone. It was as though she was a close relative, someone I trusted and wanted to be around. She has worked as a volunteer at the community centre for nearly 5 years. The purpose of the centre is to act as a meeting place for cancer patients and relatives through organising activities that promote patients' quality of life and well-being; as such, it provides them with a much-needed break from their hospital routine. The centre has held monthly concerts since 2018, but due to the restrictions during the pandemic, they had been unable to organise concerts. Tone explained the centre's importance:

Patients and relatives found it difficult. We have patients who stay at the patient hotel during their treatment. They might have daily radiation treatment, but what to do for the rest of the day? For them, the centre and its activities are vital to their healing process and mental health. It has also become a social arena. It is often full during the concerts; people sit close together. New friendships are made.

Whenever I visit, I am met by Tone, who gives me a warm hug and tells me how happy she is to see me. She hands me a knitted pair of slippers and welcomes me into the space where I meet the patients, their families and staff. The warmth embraces me like a woollen blanket. There's always a fire going, a lady is cooking soup in the open kitchen, and I'm met by smiles, occasional looks of recognition and new faces with curiosity written all over them. Before I start singing, Tone gives me a wonderful and heartfelt introduction. She tells me that my visit has been eagerly anticipated and that I am appreciated and loved at the centre. I sit down, take a deep breath, look around the room and try to meet as many eyes as I can. When I start singing, I feel my face and neck go hot as a flush spreads across them, my palms get sweaty, and I feel vulnerable and exposed. This always happens to me, and I have often reflected on why that is. I used to think that the healthcare setting caused me anxiety, and I initially connected it to my embodied experience of worrying about my dad. It made me feel exposed and vulnerable, so I actively tried to avoid it, which only heightened the feeling. However, in revisiting, reassessing and fully opening myself up and accepting the physical sensations of these moments, I have learned that they are safe. They are also deeply moving and overwhelming because they are shared with others. Tone reflected on her observations of my singing and the impact on the audience:

Something happens to them; you can see it on their faces. It creates joy, it removes stress from the illness for a little while, and it triggers memories. There are smiles, laughter and tears, and you can see that they are having a positive experience, a break from the constant concerns they have for their son, mother or husband. It also has a deep impact on us who work there. I remember a moment from one of your concerts before the pandemic, Elisabeth, when a patient asked you to play at his funeral. I found it deeply moving, and I will never forget it.

4th April 2022 - I return

I am visiting the care centre again today; it is my first concert after the pandemic. I have kept in touch with Tone throughout this time. She contacted me about six months after my previous visit to tell me that this patient, or “my biggest fan” as she refers to him, had passed away. I am excited about returning; however, my heart is heavier knowing that he will not be there. He would always give me a warm hug, make me laugh and fill the entire room with his energy. I know it will feel lonelier without him there, and I am sad that due to Covid restrictions, I was unable to honour his wish and sing at his funeral. I am sorry I couldn't.

I am just about to start singing. My eyes wander around the centre as I am looking for my other friends who always greet me with smiles and tears, lifting me up with positive words about how I lift them up with my songs. Tone tells me that they have all passed away except for one patient, but he is too ill to attend the concert. I picture them before me with their families sitting by. My eyes drop to the floor and I choke up; but I take a deep breath and tune into the warmth and anticipation in the room. Today, I met a new group of vulnerable and strong people. A patient comes up to me after the concert. He wants to tell me about a version of one of the songs I played. But first he wants to thank me for deeply moving him with music and say that he is looking forward to my return.

Moments from the Women & Children's Centre, St. Olavs Hospital, Trondheim

A dear friend initially put me in contact with Solrun in 2018. This is the same friend who connected Tone and me. He is fiercely passionate about facilitating cultural experiences for everyone. He also wholeheartedly believes in me and my “magical power.” I reach out to Solrun via email, introduce myself and tell her that I would love to visit the ward and play for everyone. My husband and I played our first concert there in May 2018. I have such a vivid memory from our first visit. It was of a very young child who arrived a little after we had started playing. She walked up to my husband and looked up at him with her big, curious eyes. He

saw her, and his face broke into a huge smile. He tilted the bass over so she could reach the strings. I remember this brief but powerful moment as though it happened yesterday. She gazed excitedly at this huge and glorious instrument and was clearly eager to touch it. The slow movement of her hand reaching for the strings and the way that she gently plucked a string with such care and subtlety were so beautiful. Her mother stood by and lovingly watched her as she explored, just like children are supposed to do. Solrun, who is the manager of the hospital nursery, reflected on the impact of these concerts:

I've worked here for 5 years, and I love the job as much today as when I started. Even though there is sickness, misery and pain that we have to face a lot, I have never felt so significant before, and the work we do overshadows the difficult reality we work in. I don't take my work home with me. I manage to be here in the moment, to live in the present. We must put up with a lot here, so getting a musical break and getting to reconnect with our own emotions, sing along and join in laughing and having fun is just as important to us as the patients. I think it helps us do a better job, too. The thing about singing is that it affects us all. I especially see parents with tears in their eyes because they see their child for who she or he really is. However, it's sad that a few children are not well enough to join in the singing or even leave their room to attend the concerts.

11th May 2022 – our eyes meet

My husband and I finally played at the children's ward again today, our first concert after the pandemic. Before the concert, we are told that a young girl will not be able to make it down to the area where we are playing. She has been lying still in her bed for months, hardly opens her mouth and sleeps a lot. When the nurses went into her room to escort her downstairs, she was sleeping heavily. Solrun is clearly affected by this, and she tells us that this girl loves music and has been looking forward to this concert for several weeks. Solrun then asks if we have time after the concert to visit her room and play some songs? We say yes; however, I can tell that my husband is feeling a little uneasy, as am I. How would we react to seeing a young girl so ill? We experienced it once before with

our own child. When she was two, she suffered a diabetic coma due to low blood sugar levels. This happened once at home while she was lying in bed next to us and once at the hospital. We thought we had lost our only child twice.

After the concert, Solrun goes upstairs to check if the little girl has woken up and finds her crying in bed. She quickly comes to get us and tells us that the girl is very upset about having missed the concert. We take the lift up to her floor with our double bass and guitar and are greeted by a group of smiling nurses. Solrun again informs us that she is seriously ill; she does this to prepare us. The little girl is lying in bed and sunken deeply into her mattress with duvets bunched around her little body. She is holding the hand of her visiting uncle. She is still crying, but her eyes pop open when she sees that she is being visited by a mini orchestra. We exchange a few words with her, and she nods gently. "Can we play you some songs?" I ask. It's very hard to see a young child this way, but I maintain eye contact with her throughout the entire song. Her uncle starts crying and gives his phone to Solrun so she can take pictures to share with the girl's parents as he is unable to do it himself. He later tells Solrun that he felt completely paralyzed at that moment. Solrun smiles and strokes the girl's cheek gently between taking photos and filming.

After the first song, there is a completely magical atmosphere in the room. So palpable, calm, moving and peaceful. I ask her if we can play one more song, and if she wants to join us. Solrun fastens a bell around her wrist and puts a small colourful tambourine in her other hand. I am aware of my own tears starting, and I can feel a clump in my throat. I purposefully turn my head to make eye contact with Solrun, who is smiling broadly. My tears stop and my throat clears. We play a lively song, and the room fills with musical joy. The girl raises her arms above her body and shakes them in time with the music. She smiles with her mouth open. She's having fun like any other 5-year-old playful child. After the song is over, she removes the bells and turns on her side to rest. We thank her for letting us visit, and uncle says, "Thank you so much" with tears in his voice. It is so sincere and heartfelt. We give her a gentle wave, smile and turn to leave; it's then we hear a faint little child's voice saying "good-bye." We are greeted by the same group of nurses with even bigger smiles.

Solrun says that the everyday is so tough, but this is magical, and that these moments leave the deepest marks and make their jobs worth doing. She follows us downstairs, gives us a hug goodbye and says she must hurry and send the videos and pictures to the parents so that they can see their daughter so full of life. It has been a long time since they did.

Dear reader, I am sharing this story because I feel it represents what I am trying to highlight in this chapter. It is an example of how music connects us, lifts our spirits and makes time stand still for a while. I am so happy it was captured in photos and videos, and I cannot begin to imagine what viewing this interaction meant to this little girl's parents.

During this project, I sent out an anonymous questionnaire to both families and staff members. The families reported that the concerts bring out the “wellness” in their children, and they forget about starting the day with painful routines such as blood tests and treatments. For the families themselves, the concerts offer an opportunity to process their worry and emotional stress. In response to one question about whether these musical intervals could promote well-being, I received the following response: “It offers a break from pain and illness; your mind is occupied both during and after the concerts, and the children are keen to talk about the experience. It creates new memories and can make the stay at the hospital less scary. Therefore, it promotes well-being” (anonymous patient, 2022). One family member who attended a concert while waiting for her partner's surgery to be completed shared that it gave her strength and hope while getting through that time in her life, and that the concert will remain with her forever. According to Curtis et al., (2019) music connects us, moves us – physically and emotionally – and provides us with strength in difficult times. Music therefore inspires us in times of challenge and gives us a medium for personal expression that, both with words or without, can enhance healing and empowerment.

A conclusion or am I just getting started?

Both knowledge and the researcher must be given room and breathing space to “become” (Klevan et al., 2019). In my own “becoming,” I have frequently asked myself, “How can my stories be enough?” I reflect on

and try to acknowledge my journey and the process between the first story that emerged up until the present.

So here I am. Staring at the screen. I have been sitting here for quite some time. Somehow, I have navigated through pages of written words and ended up at this point in the process; is it a conclusion, or is this just the beginning? I think about all the hours of work writing this chapter, shaping, reshaping, deleting, revisiting. Not to mention all the visits to the hospital, conversations with nurses and doctors, families and patients. And I think about the impressions it has left me with, how I have cried, laughed, felt at various times, anxious, sad, grateful, hopeful, nervous and sometimes completely helpless.

Whilst there is nothing I can do to cure patients living with a life-threatening illness, I can merely share my “magical power” in the hope that it will make a difference. I can also share stories and, through telling them, awaken a thought or emotion in you, the reader. This is how I myself make sense of things; the story writing and sharing is a form of analysis. I am the data, and by making my experiences as real to you as possible, I am analysing the data.

How can the unpacking of micro-moments help me in understanding how I connect with patients and their families through singing in a hospital setting?

When discussing perspectives related to health and quality of life in connection to music, I am looking with more of an overview perspective at all areas where music is significant for the development, maintenance and inclusion of health factors (Balsnes, 2014). Health, in this context, is concerned with a high-quality emotional life, vitality, social belonging, agency and meaning (Ruud, 2010). Treatment of serious illness is not just about the medical procedures but also about the promotion of patients’ mental health, their general wellbeing and maintaining their sense of self. I also lean on Sloboda’s empirical study of emotional response to music, illustrating how music is capable of arousing deep and significant emotions in those who interact with it; I believe that my stories are highly supported by these perspectives. These moments are felt and shared,

something is moving within us, and everyone's story becomes an equal part of the experience. The value of singing as an empowering, enchanting or enthralling activity should not be underrated; rather, it should be seen as a vital health-enhancing aspect of everyday life (Batt-Rawden, 2020) (see also Bhatt-Rawden, ch. 4; Jenssen, ch. 9). This supports my research of songs as a magical power or tool to promote well-being. However, I am unable to describe my most significant finding in words. These moments have become deeply rooted in my embodied experience and, furthermore, as a way of understanding social and cultural phenomena. Through exploration of my own vulnerability, and by using deep reflection, observation, and intuition, I am guided when telling stories of connectedness; thus, the magic of micro-moments becomes transformative. Micro-moments open an area into intuitions, feelings and emotions that can be hard to quantify (Pacifici & Garrison, 2004). They are merely felt, and writing this article has also illuminated the thrilling potential of tapping into them to enhance my teaching practice. It has taught me to acknowledge that there is something in the "small moment" in any interaction which is more significant than what I previously have acknowledged. Therefore, I must be open and create conditions in practises for opportunities for them to emerge. As Pacifici and Garrison (2004) state, "Research that investigated the role of teachers' intuitions, interest, and imagination would help us create more teachable moments in schools with the joy and delight such moments bring to all" (p. 123). This is why there is significant potential within the interaction and micro-moments that occur in the classroom. Indeed, by moving this into a more mainstream setting such as a classroom, the educator could become mindful of micro interactions and nonverbal clues demonstrated by participants. By observing the response on a deeper level, learning experiences can become more flexible and meaningful using deep listening and observation. With these techniques in mind, the educator can begin to establish trust with participants, differentiating in real time and aiming to challenge and support all learners at a realistic and purposeful level.

Another aspect of moving this into a mainstream setting that is worth considering is how we approach students and people with limited information. All my visits to the children's department are unique

and unpredictable in terms of how much the children can participate or engage due to their lack of energy or pain as a symptom of their illness. There are parallels in healthcare and mainstream settings in terms of pre-knowledge, including experts' assessments that give details of a student's individual need and scientific data that provides information about the patients. Having drawn this parallel, it is important to argue the difference between what I as a music practitioner anticipate in the various settings I encounter. Whilst the "backpack" of illness cannot be taken off in a hospital setting, the students we meet daily who may appear disengaged, lazy or even reluctant might carry a backpack which is invisible to the eyes (see also Heide & Reistadbakk, ch. 3; Wiik, ch. 6). As educators, we must consider the in-between and begin to see all our students in a new light of heightened awareness and sensitivity (see also Kibirige, ch. 5; Jensen, ch. 9). Perhaps we should do this in the same way as how we view those who are suffering and vulnerable in a healthcare setting?

Personally speaking, these visits reinforce the importance of viewing others and the world with love, sensitivity, compassion and understanding. They highlight the value and necessity of promoting a community that allows its connectedness to flow without judgement and to meet others where our similarities connect us as human beings and our differences challenge us to learn from each other and grow. Realising how it has shaped me as an educator, I would argue that all music students or students in teacher education would benefit from experiencing similar encounters to help them understand the importance of music in a larger context.

I believe my research approach challenges objectives and notions of an absolute truth; further, it is supported by the autoethnographic approach in which "stories are complex, constitutive, meaningful phenomena that teachers" morals and ethics and introduces unique ways of thinking and feeling, in turn helping people make sense of themselves and others (Adams, 2008; Bochner, 2001, 2002). I have shown how, by examining myself, I can use songs to connect with patients and how these moments, big or small – even micro-moments – can promote well-being. The accounts from staff and families also show that they have a significant meaning for many individuals. My stories are valuable, and they are

transferable to education because they can relate to children and young people who are trying to cope in all phases of life. By accepting and using my vulnerability as an educator and generously sharing my “magical power,” my hope is that it will alleviate the creative vulnerability of students, patients and colleagues so that they can both discover and share theirs (see also Jenssen, ch. 9).

So there! My moments are no longer just mine, but also yours. As musicians, human beings and educators, our musical encounters with fellow humans (young, old, sick, healthy) might contain similar or other micro-moments. It is up to each and every one of us to identify these moments and embrace their potential for energising connectedness and story sharing – in hospitals, schools and other contexts in society. I invite you to join me in doing so.

Coda

15th December 2022 – Do you recognise her?

It's our Christmas concert at the children's ward. We first sing in our usual spot; afterwards, we head up to the small living room where there are toys, a comfy sofa and cosy atmosphere. The space is right outside the children's private rooms. I glance down the corridor towards a young girl's room that we have visited before. I wonder if she is still there. Our daughter has joined us today, and while my husband and I are setting up, she slowly walks up to a patient, who smiles and waves at her. We can hear them exchanging a few words: “What are you doing here?” the little girl asks. “I'm going to sing with my parents, would you like to listen?” our daughter replies. The little girl claps her hands together, does a little dance and sits down next to her mother. Our daughter comes over to us and picks up a soft, cuddly teddy bear that she has received as a gift for singing earlier. We watch her as she walks over to the little girl, hands her the stuffed animal and asks, “Can you look after him while I sing to you?” The girl nods, then opens her arms up, gives the teddy bear a cuddle and gently places him on her lap. Solrun comes over to us with a smile on her face and whispers, “Do you recognise her? You both met her in May.”

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