REVIEW

Music as a transfer of faith

Towards recovery and healing

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'We all live in a yellow submarine . . .'



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Ι

I ride the Big Yellow Bus to work each day, travelling through a long strip of local businesses. A particular charity shop that I have noticed from the bus is 'Hospital Radio Bedside'. Hospital radio began in York around 1925, broadcasting football commentary, church services and gramophone recordings to hospital patients. Now, eighty-five years later, the Hospital Broadcasting Association boasts about 300 stations in the UK (Watson, 2000). The name and purpose of this charity shop fascinated me. I wondered if this concept is, perhaps, a throwback to gentler times. I imagined early NHS patients — happy to have 'free' hospital care at all and 'over the moon' to discover that they also had a free radio at hand for their personal listening

A not-so-quiet revolution is currently taking place in qualitative health research. The use of tools from the arts and humanities, in both investigation of patient concerns and dissemination of data, is gaining critical mass (Jones, 2006). Photography, music, dance and so forth have been added to the researcher's investigative toolbox and 'performance' — in the widest sense of the word — has become a catchphrase for the work of qualitative researchers no longer satisfied with typical PowerPoint conference presentations or journal restrictions. Qualitative investigators are courageously developing arts-based research methods and dissemination techniques in order to both investigate deeper and reach wider audiences. This is good news, not only for participants in research studies, who are often involved in producing subsequent performative reports, but also for the larger community to whom findings should be directed.

Batt-Rawden's paper contributes to the growing use of tools from the arts to investigate health concerns. This research, participatory and action-oriented, focuses on whether participants could learn to use music as a 'technology' of health promotion and self-care. This process consequently raised the musical consciousness of its study participants.

The use of patients' self-constructed musical autobiographies has resonance with the biographic work of McAdams (1993, 1994, 1995, 1996; McAdams et al., 1997). McAdams has devised a framework for the study of narrated lives that includes investigating the psychosocial construction of life stories through which modern adults create identity, and proposes a structure for the content of life stories (1996: 308-309). The naturally recurrent themes unearthed in Batt-Rawden's study resonate

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with McAdams' work through the use of a framework for the four double CDs compiled by participants: 'Music and its Significance For Me' (CD 2), 'My Mood' (CD 3), 'Feeling at My Best' (CD 4) and 'All Time Best' (CD 5). Batt-Rawden's work, therefore, may very well be engaging patients on two levels: creating tools for healing and comfort as well as providing identity work through which individually crafted, narrated musical autobiographies are unearthed. The technique holds promise for future studies, tapping into the gestalt and leitmotifs of patients' life worlds.

Batt-Rawden's study, using recorded music, provided participants with opportunities to (re)construct their own identities through music, often in the face of uncertainty, pain and unfamiliar institutional environments. These cases demonstrate the 'self' reaffirmed through song. Batt-Rawden substantiates this theory through a scholarly and meticulous use of tools from the arts in this research.

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