

CLASSICAL MUSIC FUTURES PRACTICES OF INNOVATION

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8. Meaningful Music in Healthcare: Professional Development and Discovered Identities of Classical Musicians Working in Hospital Wards

Krista de Wit and Beste Sevindik

Introduction: Musicians as ‘Makers in Society’ in Participatory Socially Engaged Practices

As is widely known, due to the changes in the musicians’ professional landscape, it is increasingly less typical for professional musicians to hold only one position. Instead, they develop so-called *portfolio careers*, where they flexibly seek opportunities to build professional practices in various contexts.¹ Simultaneously, musicians are increasingly encouraged to respond to societal needs as *makers in society*.² These developments require adaptation skills and a flexible and proactive outlook to connect meaningfully in different societal contexts.³

Recently, more and more musicians have created participatory practices, where the emphasis of music-making lies on the reciprocal

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- 1 See Rineke Smilde, *The Music Profession and the Professional Musician: A Reflection* (paper presented at the European Association of Conservatoires, Strasbourg, 2017). See also, Rineke Smilde, *Musicians Working in Community Contexts: Perspectives of Learning* (Learning and teaching conference, the Royal College of Music in Stockholm, 2019).
 - 2 See Helena Gaunt, Celia Duffy, Ana Coric, Isabel R. González Delgado, Linda Messas, Oleksandr Prymenko and Henrik Sveidahl, *Musicians as “Makers in Society”: A Conceptual Foundation for Contemporary Professional Higher Music Education* (Front. Psychol, 2021).
 - 3 Ibid.

processes between musicians and their audiences. Participatory music refers to practices where the focus lies on the co-creative, social processes of music-making rather than performance, in which the division between the audience and performer is accentuated.⁴ Participatory music focuses on facilitating musical engagement, creative processes and social participation through musicking. It means that the forms of the music-making are often loosely threaded rather than pre-composed, responsive to change and diverse impulses in the moment, and actively searching to answer the participants' musical needs as the musical interactions unfold.⁵ Participatory music-making is, thus, highly sensitive to the *ethics of care* underpinning the musicians' work: having an attentive, caring, responsive and receptive disposition towards the participants without assuming to know their needs or interests in advance.⁶

One of the quickly evolving contexts of musicians' participatory professional practices as makers in society is the emergence of professional musicians in various healthcare contexts. Increasingly, since the turn of the millennium professional musicians have started to build their practices in the healthcare sector, particularly in elderly care contexts, as a response to the rapid ageing of populations. As a result, various music practices in healthcare have formed alliances, such as the National Alliance of Musicians in Healthcare (UK), and cultural policies have been put into place to support arts in healthcare, such as the French National Policy for Culture and Health.⁷ At the same time, the number of conferences and symposia on music and healthcare, as well as educational programmes for musicians and music students, such as Care Music in Finland, have increased. Yet, the professional landscape of, as well as the educational programmes for, musicians in healthcare remains fragmented and largely undocumented, increasing

4 See François Matarasso, *A Restless Art: How Participation Won, and Why It Matters* (London: Calouste Gulbenkian Foundation, UK Branch, 2019).

5 See Thomas Turino, *Music as Social Life: The Politics of Participation*. (Chicago: The University of Chicago Press, 2018).

6 See David Lines, 'The Ethics of Community Music', in *The Oxford Handbook of Community Music*, ed. by Brydie-Leigh Bartleet and Lee Higgins (Oxford: Oxford University Press, 2018), 385-402.

7 See Eve-Laure Gay, 'The French National Policy Culture and Health – A Transferable Model?', in *Arts – Health – Entrepreneurship? A Conference on Arts and Health Projects and Practices on 22-23 October 2013 in Helsinki*, ed. by Pia Strandman (Helsinki: Helsinki Metropolia University of Applied Sciences, 2012), 17-19.

the vulnerability of musicians' work in the healthcare sector. Koivisto and Tähti write:

At the moment, the work of healthcare musicians mostly occurs in projects or small-scale interventions and is temporary in nature. It seems that, although their work is appreciated by the healthcare system(s) and healthcare personnel, and many times they work in collaboration with music therapists, the overall picture of healthcare musicians' work is one of being non-systematized, unsustainable, and economically vulnerable in nature.⁸

Similarly, Daykin points out: 'There is as yet no consensus about the prerequisites for this work in terms of education, training, and professional development.'⁹ For example, there is currently no agreement on what to call professional conservatoire-trained musicians who work in healthcare. Suggestions include various terms, e.g. 'health musicians',¹⁰ 'healthcare musicians',¹¹ 'care musicians' and 'hospital musicians',¹² 'visiting musicians', 'extra-clinical musicians',¹³ 'participatory musicians'¹⁴ and 'professional facilitators'¹⁵ or more broadly as community musicians.

This chapter aims to provide new perspectives on musicians' professional development and learning in a participatory music practice

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- 8 See Taru-Anneli Koivisto and Taru Tähti, 'Professional entanglements: A qualitative systematic review of healthcare musicians' work in somatic hospital wards', *Nordic Journal of Music Therapy* 29:5 (2020), 416-436 (p. 423).
 - 9 See Norma Daykin, 'Developing Social Models for Research and Practice in Music, Arts, and Health: A Case Study of Research in a Mental Health Setting', in *Music, Health, and Wellbeing*, ed. by Raymond MacDonald, Gunter Kreutz, and Laura Mitchell (Oxford: Oxford University Press, 2012), 65-75.
 - 10 See Even Ruud, 'The New Health Musicians', in *Music, Health, and Wellbeing*, ed. by Raymond MacDonald, Gunter Kreutz, and Laura Mitchell (Oxford: Oxford University Press, 2012), 88-96.
 - 11 See Koivisto & Tähti, *Professional Entanglements*.
 - 12 See Liisa-Maria Lilja-Viherlampi, *Care music - sairaala- ja hoivamusiikkityö ammattina*. (Turku: Turku University of Applied Sciences, 2013).
 - 13 See Lea Wolf, Thomas Wolf, *Music and Health Care. A Paper Commissioned by the Musical Connections Program of Carnegie Hall's Weill Music Institute* (New York: Carnegie Hall and Wolf Brown, 2011).
 - 14 See De Wit, *Legacy: Participatory Music Practices with Elderly People as a Resource for the Well-being of Healthcare Professionals*. (Doctoral dissertation, the University of Music and Performing Arts Vienna, 2020).
 - 15 See Laura Huhtinen-Hildén, 'Perspectives on Professional Use of Arts and Arts-Based Methods in Elderly Care', *Arts & Health, An International Journal for Research, Policy and Practice* (2014).

in the Dutch hospital care context, Meaningful Music in Healthcare (MiMiC), and to discuss the implications of the growing field of music and healthcare for higher music education in conservatoires.

Meaningful Music in Healthcare (MiMiC): Person-Centred Music-Making Supporting Hospital Care

In a single-person hospital room there is a woman who had said ‘no’ to having music the day before but she is now open to hearing it. She seems very vulnerable, so the mediator who is guiding the musicians on the ward tells the musicians to take a very soft approach when playing for her. The musician team consists of a viola player, a cellist and a violinist who is a student at a Dutch conservatoire taking part as an intern in the project.

Inside the room, the woman tells the musicians that she enjoys classical music, as long as it is not too complex and polyphonic. So, taking this preference as a point of departure, the musicians propose to play an arrangement of the Flower Duet from the opera *Lakmé* by Delibes. The woman agrees and so, the music fills the room. After the piece ends, the woman seems satisfied and tells that the music was not too ‘full’.

There are red tulips in a vase on her window sill and so, the musicians make a remark on the flowers fitting the theme of the Flower Duet. The woman answers playfully: ‘Tulips from Amsterdam’ as a reference to a well-known old Dutch song. By now, the music-making and conversation have opened the interaction more, and the woman looks out of the window and tells the musicians that last night there was a full moon. Inspired by the image of a full moon, the musicians propose an improvisation about the full moon and the tulips. The woman agrees to the idea but asks for confirmation: ‘a piece especially made for me?’ The musicians confirm.

So, the improvisation begins. The piece is calming, meditative, and colourful, yet keeping the energy contained to avoid the ‘fullness’ that the woman wishes not to hear. At the end of it, the woman tells the musicians that the piece relaxed her. She says that she had had some back pain and tension in her body and that she could now feel the tension escaping her body during the piece. The musicians are happy to hear this and wish her a good day. Tomorrow they will come back again to ask if she might need another musical visit.

(Reconstructed from observation notes,
ProMiMiC research, January 2022)

This vignette is a reconstruction of an observed moment in a participatory MiMiC project, where professional classically trained musicians play diverse genres of live music, both improvised and arranged, inside hospital wards for patients and healthcare professionals.¹⁶ The practice of MiMiC has been developed by the research group Lifelong Learning in Music in collaboration with the University Medical Center Groningen (UMCG) (2015-2017). The practice was further researched in an international research project Professional Excellence in Meaningful Music in Healthcare (ProMiMiC) (2019-2023) focusing on the interprofessional learning and collaboration of musicians and nurses. Additionally, a training module 'Music and Healthcare' was developed in the masters' programme at the Prince Claus Conservatoire in Groningen in 2017. The module includes a semester-long training period focusing on the development of necessary preparatory contextual, musical and facilitation skills, followed by an onsite MiMiC internship project led by professional a MiMiC musician.

The practice of MiMiC focuses on providing live music sessions on hospital wards in four- to six-day projects, with a focus on safeguarding the quality of musical experiences from three intertwined perspectives: the patient's well-being and *flourishing*¹⁷ through tailor-made music-making; supporting the occupational well-being of nurses and their compassionate contact with their patients; and finally, the ongoing professional development of MiMiC musicians and the educational opportunities of conservatoire students and working musicians. In a daily MiMiC music session, the musicians play for nurses in their coffee room to connect to them informally without the presence of the patients, after which they make visits to the patients' rooms when invited. A typical visit to one patient's room lasts around ten to fifteen minutes. Visiting the same patients daily during the project allows the social processes of music-making to deepen between the musicians, patients and nurses.

¹⁶ See Smilde et al., *If Music Be the Food of Love, Play On*.

¹⁷ Martin E. P. Seligman, *Flourish: A Visionary New Understanding of Happiness and Well-Being* (New York: Free Press, 2011).

Person-Centred Music-Making as a Cultural Counterpart for Person-Centred Care

As their main musical approach, the MiMiC musicians use *person-centred music-making* to connect with patients and nurses. Person-centred music-making is an approach in which contact with audiences is central to any musical choice.¹⁸ The participants' unique musical wishes, preferences and needs are at the core of the musical approaches, as described in the vignette above. A team of MiMiC musicians consists of three players in different instrumental combinations out of a group of professional musicians working in the Foundation MiMiC Muziek.¹⁹ At the time of writing, these instrumentalists include cellists, viola players, violinists, clarinetists, a guitarist and a flautist, and all of them are classically trained musicians holding Masters' degrees in the performing arts.

To meet the demands of person-centredness in music-making, the musicians must be flexible improvisers (see also the vignette above) making music based on the participants' verbal and non-verbal cues, such as improvisations connecting to the patients' biographies, e.g. favourite holiday destinations or landscapes near home, which can be portrayed musically. In pre-pandemic conditions, the musicians would also ask the participants to conduct them with a conductor's baton as a means to respect and promote the participants' autonomy and control over the musical creative process. Additionally, the musicians write trio arrangements of music of various genres and styles, from Bach to contemporary pop, and from classic rock by Queen to Debussy. The catalogue of music accumulates over time, as more pieces are, where possible, arranged based on the nurses' and patients' particular wishes, though without the musicians becoming 'living jukeboxes'. Some arrangements are made without writing a score at all, and, instead, created directly based on a recording of the original piece (as was done in preparation for a live performance together with a doctor-in-training, who was also an experienced musical singer, at the University Medical Center Groningen).²⁰ On some occasions, patients may be present

18 See Smilde et al., *While the Music Lasts – On Music and Dementia*; Smilde et al., *If Music Be the Food of Love, Play On*.

19 www.mimicmuziek.nl

20 See video recording: <https://fb.watch/bNptGurBMg/>

during the process of arranging ad-hoc versions of pieces that have special significance to them.

As Gaunt et al. propose, underpinning musicians' work as makers in society are so-called 'partnering artistic and social values',²¹ through which musicians can respond to societal needs with professional integrity and vision. In the context of the MiMiC, these partnering values are particularly pronounced. The musical approaches to person-centred music-making, which build upon respect for the participants' musical needs, wishes and preferences, can be directly connected with the values and aims of person-centred care. As such, person-centred music-making requires constant awareness of the previously mentioned *ethics of care*, combined with the general ethical protocols of the hospital context regarding privacy, confidentiality and safety. De Wit reports that, given the ethical sensitivity of the musical approach, nurses taking part in the MiMiC sessions tend to recognise person-centred music-making as a cultural counterpart to providing person-centred care that respects patients' unique situations and needs.²²

Learning Pathways and 'Gates' of Development

When it comes to the musicians' learning processes in the context of work, Smilde et al. found that musicians taking part in MiMiC share a typical learning pathway, beginning from a place of 'disconnectedness' from their new context and 'apprehension' about how to go about bringing live music into it.²³ Through connecting with the patients in 'sharing their grief' about their hospitalisation through musical interactions, as well as through displaying 'compassion' towards the patients and themselves, the musicians begin to find ways into this new context and start to 'share leadership' of the musical facilitation.²⁴ A sense of increased inclusion helps to inspire the confidence to engage in interprofessional collaboration with nurses and for the social and artistic connections between nurses, musicians, and patients to take

21 Gaunt et al., *Musicians as 'Makers in Society'*, p. 8.

22 De Wit, *Legacy*, p. 202.

23 Smilde et al., *If Music Be the Food of Love, Play On*, p. 77.

24 Ibid.

form.²⁵ 'Being in the moment' is a crucial element of the musicians' work in MiMiC: responding to participants' verbal and physical cues about the music-making, most prominently in improvised pieces, and flexibly adjusting to every new situation as it unfolds.²⁶ The musicians then reflect on the 'quality of the artistic response' both from patients and the nurses to further adjust their 'tailor-made approaches'.²⁷ This learning pathway and reflection on its processes leads to an increased 'awareness of (professional) development' connected to the musicians' evolving artistic identities in the practice.²⁸

This description of a learning pathway resonates with another exploration of musicians' processual development working in hospitals: that of Björkman, which is published in a Finnish *Care Music* report.²⁹ Björkman explains that musicians in hospitals work by feeling and exploring the needs of each situation they encounter. This requires them to move through various 'gates'. At first, the musicians will pass the gate of the hospital as an environment to their practice, meaning they have to learn to cope with unpredictable situations, noise and bustle. Secondly, Björkman explains that musicians need to cope with and look past patients' vulnerability brought upon by illness and pain. Thirdly, the musicians need to find ways to enable consensual musical interactions, meaning sensitively observing, feeling and listening to the patient in the moment. Finally, the musicians make musical and artistic choices to facilitate meaningful musical interaction, using their professional knowhow in initiating musical participation.

The similarities of the descriptions of musicians' learning and the development of professional performance in Smilde et al. and Björkman give a strong basis to the assertion that musicians' adjustment to a new context of work in the hospital environment is above all a processual, socially and contextually sensitive journey.³⁰

25 Ibid.

26 Ibid.

27 Ibid.

28 Ibid.

29 See Pia-Maria Björkman, 'Musiikkipedagogina lasten klinikalla — musiikillisia kohtaamisia', in *Care music - sairaala- ja hoivamusiikkityö ammattina*, ed. by Lilja-Viherlampi, L-M. (Turku: Turku University of Applied Sciences, 2013), pp. 58-80.

30 Smilde et al., *If Music Be the Food of Love, Play On*; Björkman, *Musiikkipedagogina lasten klinikalla*.

Methodological Approach

The qualitative research data used for this chapter have been collected by the research group Lifelong Learning in Music (now Music in Context) in collaboration with the surgical department of the University Medical Center Groningen (UMCG) during two research projects into the practice of MiMiC. The data collection employed an ethnographic research approach, combining participant observation, group discussion both among musicians and in mixed groups of musicians and nurses, interviews with individual musicians and nurses, and reflective journals written by musicians. Firstly, a research project into the development of the MiMiC practice (2015-2017) aimed to answer the research question: 'What does music actually move in the hospital?'³¹ Secondly, a follow-up research project, Professional Excellence in Meaningful Music in Healthcare (ProMiMiC, 2019-2023),³² focused on the interprofessional learning and collaboration of musicians and nurses in MiMiC practice, as well as on the cultivation of nurses' compassionate care through the participatory music sessions.

The qualitative data has been processed with a grounded theory approach to data analysis, meaning theorising categories of data, which emerge from the coding of empirical data and interpretations thereof.³³ This chapter has an autoethnographic thread underpinning the knowledge construction, as both authors are classically trained violinists and experienced MiMiC musicians working in various hospital wards, as well as in other elderly care contexts in The Netherlands.

31 See Smilde et al., *If Music Be the Food of Love, Play On*.

32 ProMiMiC was led by the Research group Lifelong Learning in Music of Hanze University Groningen. Partners in the project are University Medical Center Groningen, Research group Nursing Diagnostics of Hanze University, Royal Conservatoire in The Hague, Haaglanden Medical Centre The Hague, University of Music Performing Arts Vienna, Allgemeines Krankenhaus Vienna, Royal College of Music / Centre of Performance Science London, Chelsea and Westminster Hospital London, and Foundation Mimic Muziek. The project was co-financed through the RAAK-Pro programme of Regieorgaan SIA, part of the Dutch Research Council (NWO), <https://www.hanze.nl/nl/onderzoeken/centers/kenniscentrum-kunst-en-samenleving/projecten/promimic>

33 See Kathy Charmaz, *Constructing Grounded Theory. A Practical Guide Through Qualitative Analysis* (London: SAGE, 2006).

Findings

Interprofessional Communities of Practice Nurturing Professional Development

As previously suggested, musicians' apprehension and initial experiences of contextual disconnectedness in MiMiC practice can be eased by a sense of inclusion through the development of interprofessional collaboration with nurses. Here, Lave and Wenger's concept of *communities of practice* is helpful to explain the emergence of membership in the joint practice between nurses and musicians, and its meaningfulness for the musicians and nurses' professional development.³⁴ As discovered by Smilde et al. and De Wit,³⁵ in MiMiC, communities of practice can emerge between musicians and care professionals, meaning that through coming together and getting to know each other, the musicians and nurses alike may begin to find ways to share the practice as equal partners. A viola player reflects upon the processes of learning to know the 'other' (from a musicians' group discussion after a ProMiMiC research lab):

I thought, 'okay, [...] great that we are aware of these professional differences within the teams because it helps us, you know... when you have medical nurse[s], [...] they give a different kind of point of contact [to the patients] for us. So, that kind of an ecosystem, knowing it, being aware of it I think is hugely important when you come to a new ward.

A cellist reflects on the emerging interprofessional collaboration and the combining of the different expertise for providing positive care for patients (from a mixed group discussion during a ProMiMiC research lab):

[...] we complement each other very nicely, in facilitating the music for the patient. We both use our expertise in this to make the best possible assessment about the situation and to make it run as smoothly as possible.

The data suggest that through the growing mutual engagement and collaboration, the musicians begin to learn how to navigate professionally

34 See Jean Lave and Etienne Wenger, *Situated Learning. Legitimate Peripheral Participation* (New York: Cambridge University Press, 1991).

35 See Smilde et. al., *If Music Be the Food of Love, Play On*; and De Wit, *Legacy*.

in the new context and how to engage with their new audiences. When it comes to higher music education, however, current music students rarely have an opportunity to enter collaborative learning together with healthcare students or professionals during their studies. This lack of interprofessional training hinders musicians' early familiarisation of working together with healthcare professionals in the new context. Therefore, one of the aims of the ProMiMiC research project was to strengthen the interprofessional collaboration and learning of musicians and nurses, and additionally, to develop concrete training opportunities for music students together with nursing students in the Netherlands.

With regards to MiMiC musicians' professional development, mutual trust in the nurses is crucial for the musicians' performance in particularly vulnerable or challenging situations of engaging with a patient. A violinist reflects (in a musicians' group discussion during a ProMiMiC research lab):

You just try to deliver a beautiful piece, [while] you are checking with the nurses: 'it seems appropriate, okay, [the patient] is responding to [the music].'

Being in the moment remains an important element of the interactions in the emerging community of practice, which means responding to each moment without any kinds of pre-decided or planned 'formulas' of music-making. One concrete example is to avoid habitually asking nurses to engage in the music sessions and gift improvised pieces to their patients, without truly considering the unique circumstances of each encounter. A cellist explains in an interview after a ProMiMiC research lab:

[...] giving a piece [of music as a gift to a patient] is the most meaningful, I think, when we have a nurse and a patient, just sitting together, you know? And when you really sense that they have this sort of a bond. [...] You see it in their looks in the way that [the nurses] look at their patient or talk with a patient or the patient look[s] at them, you sense that there is a bond or less of a bond. You sort of sense that, yeah. [...] The circumstances have to be right. So there has to be a felt bond at least [rather than] trying to repeat something that was successful in the past, but then the circumstances are completely different now.

Here, the cellist is describing the need for social sensitivity to feel the needs of the situation, which can catalyse change in interpersonal

dynamics: 'the nurse stops being an observer and starts being a participant', the cellist concludes. The social sensitivity required to facilitate musical participation reflects Björkman's notion of the gate of consensual musical interaction,³⁶ namely sensitively observing and feeling the musical needs of the participants before initiating music-making. Relatedly, Smilde et al. make a case for the musicians' 'situational excellence' in MiMiC practice,³⁷ meaning the developed ability to exercise one's artistic excellence in the most appropriate way possible, while taking into account various contextual variables, and qualities like modesty, integrity and having antennae for the social environment. As such, situational excellence goes far beyond the musicians' artistic skills as 'makers'³⁸ in the societal context. Increasing students' opportunities in higher music education to engage with different audiences in various social contexts beyond pre-designed performance conventions could develop their situational excellence further, not least for working in the hospital environment.

An important place for professional development in the emergence of a community of practice is a so-called 'backstage region' of the MiMiC practice. According to Erwin Goffman (1959), a 'backstage' is a space of social interaction, to which people can retreat from the 'frontstage', on which they actively 'perform' the assumed characteristics of their profession, e.g. nurses perform the expected role of caregiving and musicians perform the expected qualities of artists.³⁹ In the backstage region, however, professionals can behave 'out of character', relax their professional front and interact informally.⁴⁰ They may joke, give each other advice or even argue, which they would not do on the frontstage of the professional performance. In the MiMiC practice, the frontstage can be understood as the presence of patients, to whom both nurses and musicians aim to convey the best qualities of their respective professions. A violinist reflects on the importance of having backstage contact with the nurses (in a musicians' group discussion after a ProMiMiC research lab):

36 See Björkman, *Musiikkipedagogina lasten klinikalla*.

37 Smilde et. al., *If Music Be the Food of Love, Play On*.

38 See Gaunt et al., *Musicians as 'Makers in Society'*.

39 See Goffman, *The Presentation of Self in Everyday Life*.

40 Ibid., p. 70.

I felt that it is so refreshing, [that] the nurses said [in the coffee room], ‘You know what, [the music] is not always good for me’ or ‘It is not always handy for me.’ I appreciate that honesty so much because then, it can open us doors on how can we do it better. Or ‘how can we make it better for [them], what could be a better option?’ So, I like that.

The data on musicians’ and nurses’ interprofessional collaboration in MiMiC practice suggests that, in the backstage region of the nurses’ private break room, the musicians learn more closely how to adapt to the new context of their work as artistic collaborators. In particular, musicians reflect on the honesty and informality between them and nurses, which is fostered backstage, and how it feeds into their professional development, as described in the reflection above. On the other hand, as proposed by De Wit,⁴¹ nurses accepting musicians as collaborators and contributors to care requires a bottom-up process of experiential learning, where nurses – through gaining first-hand experience of MiMiC sessions – begin to reflect on the value of musical interactions for care. Such learning processes are significantly facilitated by collegial encouragement among nurses, and management support from the team leaders of hospital wards.

Re-Defining Classical Music Identities

As explained above, the MiMiC musicians operate with formal classical music training behind them. This classical training gives them rich tools to express various moods, colours and impressions, particularly in the person-centred improvisational landscapes they create, as well as to play to classical repertoire securely by heart with professionally written arrangements and a high level of ensemble playing. Smilde et al. and De Wit found that nurses tend to notice the qualities of the musicians’ communicational ensemble and teamwork skills, in particular their non-verbal communication and cues to each other, which likely have been developed partly through extended chamber music studies and practices.⁴²

⁴¹ See De Wit, 2020, pp. 200-201.

⁴² See Smilde et. al., *If Music Be the Food of Love, Play On*; De Wit, *Legacy*.

Yet, the fact that the musicians play instruments (mainly strings and woodwinds) that are directly associated with classical music performance can also limit how patients and nurses relate to the musicians as a professional group. Some musicians speak about how their identity as a classical musician seems to dominate in the eyes of the nurses, and how they seek to break away from being identified that way. A cellist talks in an interview about how musical genre divisions are not relevant for tailor-made person-centred music-making and so, instead of being assumed to be a classical musician, he could instead be seen as ‘exploring different personas that work the best in different cases.’ The cellist explains:

Maybe there was one remark [made by nurses] about pop music [wrapped] in a ‘classical jacket’. That just feels like, ‘Oh, come on, we’re really trying, we’re really doing our best here,’ you know? I don’t think we played that classically, like some of this pop stuff or folk stuff, but that’s apparently how [the nurse], I guess, perceived it. That’s something I really would like to turn around and make other people see differently, like that we’re really more versatile than that, more versatile than doing classical covers of pop songs, which is not what we’re doing, but maybe what we were perceived to be doing.

Similarly, another cellist reflects in an interview on breaking through the labels attached to classical musicianship and being recognised as a musician in more holistic terms:

Yeah, this is also something as a classical musician, I’ve constantly dealt with my whole life. That people make assumptions about what sort of a person you are, I think, [...] and that’s totally understandable. Because of pop culture, and because of how classic musicians are depicted in the media: always these very strait-laced, strict people, very disciplined. And you do have to have certain character traits like that, in a way to do it. But at the same time, I think most musicians are pretty relaxed people.

It appears that the MiMiC musicians seek to be recognised as versatile musicians across the borders of classical music rather than identifying as classical music ambassadors. Genre fluidity seems to be a central element of person-centred music-making. Yet, as discovered by De Wit,⁴³ being brought into contact with classical music through MiMiC sessions

43 De Wit, *Legacy*.

can also be a meaningful experience for nurses, who otherwise may not choose to listen to classical music. A nurse reflects in an interview:⁴⁴

The first time [...] I said: 'I do not like classical music', but since [the musicians] have visited, I sometimes put on some classical music on the radio. [...] So, I have started to listen more [to classical music].

With regards to the value of classical music for the care of patients, a coordinating nurse explains:⁴⁵

I think that classical music touches a lot of emotions. It loosens people up. Perhaps it can be a tool to help people who have a difficulty expressing themselves verbally. They feel that music makes it a little easier for them. So, something can be released. We notice that now. Afterwards, [the patients] talk about it.

It appears that although classical music has an important place in MiMiC in supporting patients' positive musical experiences and well-being in the hospital, the MiMiC musicians are actively working to re-define their classical musicianship in it.

Developing New Relationships with Audiences and Recognising One's Impact as a Social Change-Maker

What stands out in the musicians' reflections on MiMiC and their interprofessional collaboration in healthcare is the closeness and intimacy of their relationship with their audiences compared to traditional podium performance. This closeness leads to a sense of urgency to create similar bonds in the stage performance contexts. A cellist reflects on the connectedness within the process of creating person-centred improvisations in the hospital:⁴⁶

You feel the kinetic energy of your fellow musicians or the person for whom you are playing in the room. This is a direct, engaged way of playing and listening, you are physically close and in fact, that is ideal for good musical communication. I would want to strive for this communication in any concert I am playing.

44 Ibid., p. 178.

45 Ibid., p. 178.

46 Smilde et al., *If Music Be the Food of Love, Play On*, p. 74.

The understanding of the directness, connectedness and collectiveness of person-centred music-making as an *ideal* form of musical communication with new audiences challenges the conventional approaches to musicians' professional training and performance practices. The cellist explains:⁴⁷

It is difficult to create the same urgency which you feel at a visit in the rooms of UMCG in a concert situation. In UMCG, music is not a luxury product, but something extremely important. I would love to find other contexts in which this can take shape and find ways in which a normal concert can get more urgency.

Similarly, in a Master's thesis on transferable learning from person-centred music-making in healthcare contexts to classical podium performance, Gonzáles Pastor discovered that the closeness in her relationship with the audiences in the hospital made her feel less intimidated when performing to audiences on stage, as the division between audience and performer suddenly felt unnecessary, and thus, the need to connect with the audiences on a more personal level exceeded the initial performance anxiety.⁴⁸ Gonzáles Pastor writes:⁴⁹

[Based on the] person-centred approach, I have developed my self-confidence and self-esteem as a classical player through new understandings of what I can reach with my music. This is visible in [the] classical music-making in the way I now present myself on the stage and the way I introduce the music to the audience trying to connect and create links.

On the other hand, during the COVID-19 pandemic, when the musicians' professional opportunities to work in their conventional performance settings almost entirely disappeared, having the opportunity to carry out MiMiC projects virtually to patients served as a crucial platform to connect meaningfully with audiences again and to feel a sense of purpose in society. A viola player reflects in a musicians group discussion after a ProMiMiC research lab:

47 Ibid.

48 Sara Gonzáles Pastor, 'Developing Classical Musicianship: Transferable musical skills development through person-centred music-making in healthcare settings' (Unpublished Master's thesis, Prince Claus Conservatoire of Hanze University of Applied Sciences Groningen, 2020).

49 Ibid., p. 64.

Also this kind of trust [the nurses] give us to really feel like we are part of the team, so we are kind of like ‘musician-nurses’, in that sense, and they really [consider] us as a tool to get closer to the patients. Also, for them to kind of relax or help them with their daily work. That is why it was so nice and special.

The growing sense of being able to contribute to daily hospital care through music and recognising oneself as a social change-maker in this new context is significant for the musicians’ sense of belonging as cultural collaborators in person-centred hospital care. It appears that person-centred improvisations in particular present artistic possibilities for creating positive change in the hospital environment. A flautist reflects upon a moment when a female patient, originally from Suriname, asked to hear a landscape from her home country evoked musically by an improvisation, while her nurse was sharing this musical interaction (from a musicians’ group discussion after a ProMiMiC research lab):

What stood out for me, in terms of somebody taking part in the co-creation of an improvisation, was [when] one nurse said that when you are visualising this landscape, for example the Suriname moment, you are asking for this input, you start to create it together, and it becomes this kind of a place that the person can kind of visit. The nurse [said that she] can professionally also use this technique, sans music, but just do it. I thought, ‘wow, okay, so there is a lot of potential to learn or to get some new tools in their professional toolkit [influenced by person-centred music-making].’

A violinist agrees with what the flautist is proposing in the musicians’ group discussion:

What [the nurse] said made a lot of sense: using the creative mental images as a way of connecting socially and creating calmness for the patients and in her work. This made me realise how much power there is in the improvisations [...].

The consistent findings about the transformative potential of person-centred improvisations to create connectedness and support a sense of well-being in the moment, which is also described by Smilde et al. and De Wit, emphasise the need for improvisation to be recognised as

a central approach to socially engaged music-making by institutes of higher music education.⁵⁰

Shared Values of Integrity and Compassion Underpinning the Practice

The data from the ProMiMiC research into the interprofessional collaboration of musicians and nurses suggest that the cornerstones of the practice are the shared ethical values of person-centredness both in music and healthcare: integrity, compassion and respect towards the patients' personhood and preferences in the moment. The mutual recognition of these shared values is important for the interprofessional community of practice between musicians and nurses to grow. Musicians often reflect on these deeper social processes emerging through music-making, and how they are tied to their developing professional identities as musicians. A flautist reflects on moments of music-making for an older woman who was receiving palliative end-of-life care (from a reflective journal after a ProMiMiC research lab):

We played every day for her, something classical and calm. It was very beautiful, especially when we got to play for her and her family. I really felt emotional (in a good way) seeing how the music moved the family being in the middle of saying goodbye to [the patient] and being there with her in her last days here. The family also expressed how much it meant to them. Encounters like this always make me aware of the power of music and how deep and multi-faced it is. That what we do is not just about 'music as a medicine', it is also about dignity and somehow [connecting with] people's lives and relationships in a meaningful way.

Not only does the practice of MiMiC enable the musicians to display compassion and dignity in their professional practice, as described in the reflection above, it also seems to open possibilities for healthcare professionals to display compassion to their patients through the socially shared musical processes.⁵¹ A flautist reflects in her reflective journal (after a ProMiMiC research lab):

⁵⁰ See Smilde et. al., *If Music Be the Food of Love, Play On*; De Wit, *Legacy*.

⁵¹ See also as corroborated by Krista De Wit, 'Person-centred Music-making as a Cultural Change Agent for Compassionate Healthcare: through the Lens of Experiential Workplace Learning', in *Critical Artistic Research and Arts Practices*

I was observing the way the nurses were touching and caring for the patients during the music-making. I was convinced that in those moments, their care was intertwined with the musical situation: it was not either care or music, it was both at the same time. Very special to witness.

These findings on music supporting nurses' compassionate care by blending with it are corroborated by De Wit.⁵² The findings suggest a strong foundation of shared understanding and the display of ethics of care in the interprofessional collaboration of musicians and nurses.

Concluding Thoughts

Given the ongoing developments in the emerging professional profile of classically trained musicians working in hospitals, or more widely in the healthcare sector, it is worthwhile discussing these in the framework of classical music futures. As described, working in the hospital ecosystem is not only personally significant for classically trained musicians but it enables a strong professional sense of being able to contribute meaningfully to society as recognised allies for compassionate person-centred healthcare. MiMiC also enables musicians to develop versatile professionalism and build a completely different kind of closeness with their audiences than conventional podium performance does. The feeling of urgency to connect deeper with one's audiences in concert settings implies that more dialogical means of re-thinking classical music performance could result in more meaningful shared musical experiences for both performing musicians and their audiences.

The high contextual sensitivity of MiMiC helps musicians to develop their situational excellence beyond artistic excellence,⁵³ which is especially significant when working with vulnerable audiences. Situational excellence is a transferable concept to any social context of music-making, but it requires a real commitment to taking the

as *Forms of (Radical) Care*, ed. by Marie-Andrée Godin, Mira Kallio-Tavin and Abdullah Qureshi (= *Research in Arts and Education*, 2021:4 (2021)), 326-354, <https://doi.org/10.54916/rae.119540>

52 See De Wit, *Legacy*; De Wit, 'Person-centred Music-making as a Cultural Change Agent for Compassionate Healthcare: through the Lens of Experiential Workplace Learning'.

53 See Smilde et al., *If Music Be the Food of Love, Play On*.

situational needs of the participants as a point of departure for the music-making instead of the artistic approach itself. This is where curricular reconsiderations of higher music education are necessary. The development of situational excellence in music-making cannot be fostered separately from a global vision of what socially engaged music-making means for the education of professional musicians. Moreover, discussion about the ethics of socially engaged music-making is needed in conservatoires in order to understand the aspects of safety, responsibility and dialogue when working with particularly vulnerable people. Entering new healthcare spaces as ethically well-informed professional musicians requires sufficient understanding of person-centredness both in music-making and care, as well as knowledge of and respect towards contextual protocols.

Through the developments in musicians' professional performance in the practice of MiMiC, as well as in their interprofessional collaboration with nurses, the musicians' professional identities are shaped. The data suggest that there is a need to re-imagine the role of classical music and classically trained musicians working in person-centred participatory music practices in healthcare from a more genre-fluid perspective. Instead of labelling themselves as classical musicians, the MiMiC musicians begin to identify more holistically as musicians working to create tailor-made music to fit participants' unique musical and artistic needs, no matter the musical style. Finally, the MiMiC musicians' professional identities may extend past the lines of music and healthcare, meaning that they may feel a strong connectedness and belonging to the new field of practice and see themselves as legitimate cultural change agents supporting person-centred care.⁵⁴

These findings have educational consequences for institutes of higher music education. Firstly, classical music education needs to hold a more genre-neutral view when educating future musicians. Person-centred music-making in healthcare asks for musicians' flexibility to play music of various styles, both improvised and arranged. Secondly, we must better educate classical musicians as improvisers in conservatoires. Rather than simply introducing classical musicians to improvisation as a form of music-making, improvisation training should be connected to

54 See also Smilde et al., *If Music Be the Food of Love, Play On*.

ensemble skills development and contextual awareness: for whom are we creating a piece of music, how do we go about it and why?

Thirdly, the questions above require structurally created opportunities for novice musicians to take part in socially engaged arts practices as part of their studies, to explore and reflect upon their relationships with their audiences, as well as their artistic voices in society at large. Such opportunities should also take place in cross-sectoral settings to support early familiarisation with interprofessional collaboration. Fourthly, there is a need to educate classical musicians to recognise their capacity to make music beyond their main instrument: using one's voice to connect with vulnerable audiences, arranging music for specific audiences or contexts, as well as learning various musical roles in an ensemble, such as keeping rhythm and bass, melody-making, harmonising and soloing, which are all musical skills needed for person-centred music-making. These more horizontal skills can be learned from dedicated training programmes in conservatoires. However, they also require cultivating a conservatoire culture that appreciates generalist skills development parallel to fostering specialism in podium performance.

Finally, given the currently fragmented professional landscape of musicians in healthcare, it is important to prepare novice musicians with robust competences in cultural entrepreneurship to help them to successfully enter this new sector of work, as well as to form national and international networks and alliances both in practice and in education to help musicians access and navigate various healthcare contexts. Conservatoires offering music students local training opportunities for socially engaged music-making in healthcare contexts have a role in the process of co-defining the emerging professional profile of musicians in healthcare. Therefore, higher music education also needs to recognise musicians in healthcare as a growing professional group of 'makers in society' in classical music futures. Simultaneously, explicit medical guidelines supporting the legitimacy of live music in healthcare, as well as further research on the impact of live music on the well-being of patients and healthcare professionals, remain necessary for the wider implementation and sustainability of participatory live music practices in hospitals and other healthcare contexts.

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