



Hanze
University of Applied Sciences
Groningen

Centre of Research & Innovation
Art & Society

Research group Lifelong Learning in Music

Meaningful Music in Health Care

Healthy Ageing through Music



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1. Live music in hospital: introducing MiMiC

A musical improvisation inspired by a beautiful summer day or by a song by Elvis; for patients admitted in hospital for an operation, music can have healing powers. With the research project Meaningful Music in Health Care (MiMiC), that took place from autumn 2015 until 2018, the research group Lifelong Learning in Music (LLM), together with the department of surgery of the University Medical Center Groningen (UMCG), researched the practice of live music for hospital patients and their health care professionals. For the research group Lifelong Learning in Music the focus of the research was on the meaning of this musical practice for musicians and health care professionals, and on the development of this practice.

The research of UMCG concentrated on the effects of live music on the recovery and wellbeing of patients.

Integration of live music in health care gives possibilities for the future treatment of especially older surgical patients. The introduction of music programmes can offer new perspectives on the wellbeing and pain management of patients who have undergone surgery. For musicians this new practice can be an extension of their professional practice. This is why, based on the research, a module has been developed for Master students in the professional music course.



During the MiMiC-project a documentary was made about this innovative music practice, entitled 'Resonans. Meaningful Music in Health Care'. A trailer of this film can be viewed via the research group's website: www.hanze.nl/lifelonglearninginmusic.nl.

The project Meaningful Music in Health Care was carried out with financial support from the Prins Bernhard Cultuur Fonds (Banning de Jong Fonds), het Fonds Sluyterman van Loo and the Bavo Stichting Heemstede.

Cellist René, violinist Beste and clarinetist Jesse play in a patients' room

2. Background and objectives

Music and Healthy Ageing: new practices

Why music in a hospital? More and more often musicians work in places in society, which at first glance may not be an obvious fit with their traditional professional practice, like care homes, prisons, and asylum seekers centres. This is rapidly changing, as more and more evidence shows that music can contribute to people's health and wellbeing.

The research project Meaningful Music in Health Care (MiMiC) is based on these ideas. For this research project, the research group Lifelong Learning in Music and the surgical department of the University Medical Center Groningen have worked together. Since 2014 the research group LLM has been dedicated to the knowledge development concerning the relationship between musicians and society, and to questions such as what it means to be working with new audiences for the different roles, learning processes and leadership of musicians, often in relation to Healthy Ageing. The UMCG, as the largest institution for specialist health care in the north of the Netherlands, was the ideal research partner for the project Meaningful Music in Health Care. For the MiMiC-research, live music was performed in a small-scale setting, in pilot projects in three surgical departments of the UMCG for patients and nurses, from autumn 2016 until the summer of 2017. Despite the fact that the music was of course for everyone, the focus ended up being on elderly patients and on the wellbeing of health care professionals in the hustle and bustle of their daily practice.

Partners involved in the research and practice development

For the implementation of MiMiC the following people were involved from the research group Lifelong Learning in Music: three professional musicians, two advisors from London (Wigmore Hall Learning) with extensive experience in the field of live music for vulnerable people, two teacher-researchers and four Master students of the Prince Claus Conservatoire. The project was supervised by

the professor of LLM. The so-called development group consisted of the teacher-researchers, one professional musician, the two advisors and the professor of LLM. Based on the pilot projects this group developed the training and the module for Master students of the Prince Claus Conservatoire. On the part of the UMCG the project was managed by the head of the department of surgery and a surgical oncologist. A research nurse was involved as well, and there was collaboration with various surgical departments. In addition, the project had a group of critical friends which served as a sounding board, giving solicited and unsolicited advice. This group gathered twice during the course of the project. The group was made up of various disciplines and consisted of a professor of Professional Performance (for health care professionals), an experienced creative music workshop leader, and an international expert in the field of creative music learning.

Preliminary research, pre-pilots and objectives

During the preparations of the research project MiMiC, a systematic literature review was conducted by researchers of the UMCG and the research group LLM. The objective of this study was to map existing research into the effects of music on the recovery and wellbeing of older patients after surgery. This review showed that musical interventions have a positive effect on the way people experience pain and fear, and on their cognitive functioning and their wellbeing during the post-operative recovery of older patients (Van der Wal-Huisman et al., accepted for publication). What this study also demonstrated was that there is knowledge about the effects of 'recorded' music, but relatively little about interventions with live music.

In the preparatory phase a number of existing practices were studied. One of them was the programme Musique et Santé in Paris. Furthermore, in the autumn of 2015 two pre-pilots for the MiMiC-



Clarinetist Jesse Faber together with advisors Lucy and Patrizia of Wigmore Hall Learning during the preparation for the pilots

project took place, in two surgical departments of the UMCG. Musicians played for patients and nurses seven consecutive days, playing both repertoire and using person-centred improvisation. Person-centred improvisation is interactive; in the moment a piece is made for a patient, in which she or he has a say, and therefore can have ownership of the music (see chapter 6 for more on this). The pre-pilots provided important information for the setup of the six research pilots in 2016 and 2017.

Jesse Faber, clarinetist

It is good to reflect on how I can shape a musical experience more. For example by thinking of the interventions as a bigger picture with an emotional sequence, instead of as a collection of pieces. I would love to experiment with this outside health care contexts too! How can I approach a 'normal' concert as an interaction in a health care setting?

Objectives

Based on the preliminary research and the pre-pilots the following objectives were formulated for the research:

1. An informed development of the MiMiC-practice: an innovative artistic music practice for hospital patients and health care professionals.
2. An informed development of a training programme for this practice. This training is aimed at the development of knowledge and skills that will enable musicians to work with hospital patients in a health care setting. The training programme will be implemented as an optional module in the Master of Music of the Prince Claus Conservatoire. For professional musicians following this module can be useful for the broadening of the scope of their professional practice.
3. Generating new knowledge in the following areas:
 - a. The effects of music as a non-pharmacological tool in the recovery of older patients after surgery (making use of quantitative research techniques)
 - b. The meaning of interactive music for health care professionals and for their patients (through observation and interviews)
 - c. The interaction between musicians and fragile older people in person-centred forms of making music (through observation and interviews)
 - d. The professional performance of musicians (through observation and reflective journals)

The results of this research will be disseminated as scholarly publications such as the theses of two PhD students of the research group LLM and a PhD student of the UMCG.

The nature of the Meaningful Music in Health Care practice is artistic. This means that the artistic response and the way music is experienced is the key focus. The starting point of the MiMiC-practice is not therapeutic; even if it concerns musical input in a medical setting, the work is not aimed at clinical objectives or a health care plan. In addition to the artistic experience patients, nursing staff and musicians have in the MiMiC-practice, the practice may also have its effects in social and psychological areas. It is well known that person-centred ways of making music, as happens in MiMiC, can induce feelings of wellbeing, connectedness and authentic communication in the participants (Smilde, Page and Alheit, 2014).

A male patient is waiting to be admitted. The musicians play a piece of Vivaldi for him. He comments: "I think my operation will go well now."

After conducting Maaïke, a patient said: "Nice!" Maaïke answered: "You were painting for me." The patient responded "And you were influenced by it."

A patient: "Thank you for doing this for me." René: "Thank you for being so hospitable." Patient: "It was golden to me."

Nurse

I was first very concerned how music would fit here at the ward, but actually it leaves behind calmness, even for a couple of hours, a feeling of zen.

MiMiC:

the health care perspective

Erik Heineman, professor of surgery and head of the department of surgery of the University Medical Centre Groningen

Life expectancy is increasing. Of course, there are exceptions to the rule. However, in the Western world and in China it is to be expected that the number of elderly people will increase considerably. For the north of the Netherlands estimate of the growth of the number of elderly people, depending on the municipality, will range from less than 30 to more than 60 percent.

Elderly people will (and will have to) stay active and independent for a longer period of time.

Developments such as the so-called 'Blue Zone' concept in which attention for social cohesion, healthy nutrition and sufficient regular physical activity are central, are becoming more popular. Physical and psychological fitness, and actively pursuing this yourself, also at an advanced age, are the focus of much attention. Furthermore, particularly in the Western world, a redefinition of the concept of health is being discussed. Until recently, health was defined as the absence of illness. Machteld Huber introduced the notion of positive health in the Netherlands in 2012. Because of this notion, health is no longer seen as the absence or presence of illness, but as the ability of people to deal with life's physical, emotional and social challenges and take control as much as possible.

In short: the elderly person is encouraged to have control over their 'old age' in sickness and in health. At the same time, the vulnerability of the elderly unmistakably increases with age.

The number of vulnerable elderly people in hospitals is increasing. Admission to hospital can have a large impact on an elderly patient. A bed is two square metres. Control is an illusion. Loneliness, pain and fear are the rule rather than the exception.

In patients who have surgery, complications such as infections (lung, wound, urinary tract infections), malfunctioning of bodily functions (gastrointestinal tract, heart, kidneys), weight loss, and delirium

can complicate an operation. The treatment of these complications often leads to undesirable side effects that make things even worse.

Besides the standard treatment of these complications, there is a need for alternatives.

The MiMiC-project examines the question what live music can contribute to the recovery of patients after an operation. With undivided attention, musicians play music for a patient. Before, during and after the musical intervention, pain, fear and stress, blood pressure, heart rate and breathing are monitored.

A control group of patients, where otherwise everything is the same, do not receive a musical intervention. Besides patients, health care professionals are also part of the project.

The first results are definitely promising; music clearly makes a difference! More detailed outcomes will be published in the near future.



3. The practice



The musicians start the day playing in the nurses' room

From September 2016 to June 2017 six pilot projects took place within the framework of Meaningful Music in Health Care at the UMCG. In each pilot, small-scale, personalised musical interventions were offered to patients and health care professionals on the wards. The MiMiC-sessions took place in the morning on six or seven consecutive days in the departments Traumatology, Abdominal and oncological surgery and Vascular and hepatobiliary surgery. For the patients, the interventions in the clinical environment of the hospital offered a moment of peace, personal contact, enjoyment and distraction in a quite often-precarious situation. Especially for the nurses, who are often under great pressure, the music meant a moment of quiet and the music was able to function as a catalyst to regulate the usual commotion of the ward.

MiMiC-team, musical instruments and mediator

A typical MiMiC-team consists of three musicians and a mediator. The choice of instruments is very

important. Ideally, there are one or two instruments with a bass range and one or two with a higher range for a more melodic role or a middle voice. It is important that the musicians as a trio are able to vary the timbre and harmony sufficiently. In the research, the musicians worked in various combinations of flute, violin, clarinet, viola, cello and double bass. The mediator keeps an eye on the time and the planning of the visit, and also serves as an intermediary between the musicians, the patients and the health care professionals on the ward. It is also the mediator who enters the room before the musicians do, and asks whether music is welcome and decides whether the moment is appropriate.

A MiMiC morning or afternoon

A MiMiC morning or afternoon has a regular structure and begins with a briefing of the musicians by the coordinating nurse. During this meeting the musicians hear which patients are on the ward, and details that are of importance to them are discussed. After this, during the health

care professionals' coffee break, the musicians create a musical moment especially for them. Following that, the musicians go from room to room. How they make contact with the patient(s) and whether they play existing repertoire or an improvisation, varies per room and per moment. For a person-centred improvisation the musicians often ask input from the patient (or group of patients) in the form of a landscape, a colour or a feeling. Sometimes the musicians invite a patient to conduct them. In this case the patient is handed a baton and through the movements she or he makes, creates the improvisation. It happens quite regularly that musicians and patients start up a conversation together during the musical visit, but it can also be that the patient listens with closed eyes to the music. In some cases hardly a word is said during the visit. The musicians have a very flexible attitude and adjust their interaction and decisions to the patient's verbal and non-verbal signals. After the visits to the rooms a brief evaluation takes place in which the musicians and the coordinating nurse discuss the experiences of the morning. There is a lot of attention for informal contact and the building of mutual trust.

A MiMiC-session

Because the interventions are tailor-made and patients are able to influence the course of the musical session in the moment, it is hard to give an unequivocal idea of what happens exactly in a room. Sometimes the musicians play for a patient and a nurse, sometimes they play for several patients and their nurses in one room. It can also happen that one musician plays for one patient, for example when the patient is in a lot of pain.

A MiMiC-session could look like this:

The mediator has already been to see the patient when the musicians arrive. She is standing by the door and tells that the patient, unlike the day before, is sitting next to his bed. They discuss the situation and decide that they will offer the patient the baton today. The musicians enter the room and are welcomed by the patient. A nurse is sitting on the side of the bed and listens to the conversation that is taking place. Every now and again, she smiles. The musicians tell the patient that they would like to play an arrangement of Sam Cook's *What a wonderful world*. The patient nods and the musicians begin to play. When the piece is finished the patient applauds briefly. The nurse joins him. The patient shares a memory he has of the song, and the musicians respond to this. Then one of the musicians takes the baton and invites the patient to lead an improvisation. At first the patient appears to hesitate, but after further explanation he agrees. The musicians respond to the directions of the patient, which at first are careful and cautious, but as time goes on, show ever more direction. This way the patient and the musicians make an improvisation together in which slow and more dynamic parts are interchanged. In the last part the patient makes a few quick movements and the musical response to this makes both the patient, the nurse and the musicians laugh: a moment of release. On the faces of the participants one can read concentration, attention for the other participants and pleasure. After the improvisation there is a brief conversation about the shared experience. The musicians go to the next room, but will return the next day for a new musical session.



Musicians on their way to a new room



Guillem Sagré Calabre, violist, master student participating in a MiMIC-pilot

Even though there were some difficult moments, I have also experienced one of the most rewarding experiences of my life making music.

4. Research approach

The research approach consisted of a mix of qualitative and quantitative techniques and was designed from three domains: the medical, musical and social science domain. The development of the practice was carefully mapped and monitored. For this ethnographically underpinned research techniques were used. Ethnography is the collection of research data that are close to daily life. The aim is to generate answers concerning the why and how of phenomena in our society (Hammersley & Atkinson, 3rd ed., 2007). Ethnographic research typically makes use of continuous analysis and reflection during all phases of the research process. In the MiMiC-research this was an essential element as well, in the continuous monitoring of the development of a new practice.

Viewpoints research and research questions

The research was aimed at the following perspectives and questions concerning:

- The musicians' activities and their musical and non-musical interaction with patients, health care professionals and the ward as a whole;
- The contribution of the MiMiC-practice to the wellbeing of patients, nurses and other health care professionals in the ward;
- The 'professional performance of the musicians', artistic, social and situational;
- The transfer of the MiMiC-practice to musicians by means of a module in the Master programme.

The research group Lifelong Learning in Music was responsible for the qualitative research and the development of the MiMiC-practice. Including the professor of LLM, three researchers were involved in the practice development. In the pilot, the three researchers took on the alternating role of mediator and participant observer. Depending on the interconnection between their individual PhD work and/or research projects within MiMiC they introduced their own expertise, and they also had their own focus on the collection and analysis of the research data. The three expert views and their interconnection with the practice development relate to each other as reflected in the figure below:



Data collection

The researchers wrote daily observation reports of the sessions during the pilots. These reports formed the primary research data. They were written based on field notes, sound recordings and the authors' own experiences. The observation report also contained a chronological description of the visit to the ward, important reactions of the participants, a description of the interpersonal interactions and aspects of the performance of the music. In addition, the three LLM researchers each collected their own data relating to their individual part of the research. The data consisted of various interviews and reflective journals. The researchers held episodic one-to-one interviews and group discussions with health care professionals at the wards. These concerned the professionals' experience of the musical interventions and the influence these had on their professional and personal wellbeing. With the musicians the researchers also held one-to-one interviews periodically, with the objective to gain greater insight into their motivation and choices in the interactions with the participants. Finally, the professional musicians kept an individual reflective journal about their experiences and learning processes. The researchers also had at their disposal data that was important for the further analysis. After each morning session the musicians made a so-called 'consensus document' together, in which they recorded remarkable moments, points for improvement, musical considerations, interactions and, for example, logistical issues. Furthermore, one of the two advisors from London were there to give feedback to the musicians. The consensus documents and the advisors' feedback were not used as research data, but were used for the development of the training and curriculum. They influenced the thinking and the mutual discussions, and as such also the development process.

Analysis and reflexivity

Analysis of the data took place based on the individual research focus of the three researchers mentioned before. During the process of data collection and analysis, a regular exchange took place in varying combinations in order to share progress and experiences, which gave space to the researchers' reflexivity:



Researcher Krista and professor Rineke working on their data after the musical interventions

- Regular and ad-hoc discussions between LLM researchers
- Monthly meetings between LLM researchers and UMCG researchers
- Discussions with and advice from group of Critical Friends of MiMiC
- Meetings of the development group during all six pilots
- Meetings with the scientific advisor of the research group LLM for the integration of the three perspectives in the qualitative analysis.

The research plan was, prior to the data collection, put before and approved of by the Medical Ethical Test committee (METc) of the UMCG.

5. Impressions and characteristics

‘A personal meeting in a crowded room’: a space of intimate encounter

An older female patient, Mrs. A. is in a room for four. Since the beginning of the week, she has been rather frail and staying in bed under the blankets. At the start of the project, she was apprehensive about the music and whether it would be too much for her, but since then she has started to develop a personal connection with flautist Maaïke. On the third day, Maaïke enters the room alone and sits down by her bedside. After a short moment of acknowledging each other and choosing one of her two flutes, Maaïke starts to play a soothing improvisation for the woman, never breaking eye contact with her. Only after the improvisation has fully developed, cellist René and clarinetist Jesse come into the room and start to accompany her playing. The connection between Maaïke and Mrs. A. is profound and lasts throughout the full time of the musical interaction. For Maaïke this experience is very special. She explains in her reflective journal:

For a couple of days, I have had a connection with a somewhat frail older woman. She always looks at me and indicates that she is very moved by the music [...] I went to sit beside the woman and asked whether she would like me to personally improvise a music piece for her. She said, ‘Well that I am to experience that at my age, that is almost impossible to imagine ... wonderful, yes please, I heard both your flutes the past days and I really love them both very much.’ I subsequently improvised about five minutes for her while we looked into each other’s eyes non-stop (I sat very close to her on a chair). This eye contact wasn’t at all uncomfortable, not once. It was very intimate and rather emotional. It was very beautiful and also touched me extremely.

What this moment portrays is that there are opportunities to form very personal and private musical encounters between the musicians and patients, even in situations in which more people are in a room together and where privacy can be compromised.



Flautist Maaïke, cellist René and clarinetist Jesse play in a patients’ room

‘Opening the curtains’: shared musical participation

Two men share a room. One of them is younger than the other; both are recovering from a demanding surgery. On the first day of the project, only one of the musicians, René, enters and plays a movement of a solo suite by Bach. Anything more would have been too much. During the week, both men are recovering from their operations, and the musicians as a trio start to build a relationship with them. On the sixth day, both men take part in the music session without curtains blocking their view to each other and the musicians. The interactions are deepening and growing, and both men seem to be physically strengthening.

During this session, the men acknowledge each other increasingly through the music. The musicians ask for their favourite colours. These are blue and green. The musicians begin an improvisation from blue to green. Mid-way of the piece, when the colour

is changing, Mr. Y. looks at Mr. Z. smilingly, as if to ask him “Do you enjoy it, too? See, they are arriving at your colour now!”

Maaïke reflects: “It is also really sweet that Mister Y. is so caring and looked interested at his neighbour.” A nurse witnessing the interaction agrees and finds the moment remarkable:

The most wonderful moment was the two gentlemen together. That the other man kept looking around the corner to check: ‘Are you enjoying this as much as I am?’ I thought that that was really the most beautiful part. That the patients interacted while otherwise they might not talk to each other. Now simply asking: ‘Are you ok today?’ - ‘Yes, I’m ok.’

On the last day of the project, the musicians ask the nurse of the two men to give a gift to her patients through music. Both men have had a heavy recovery period, so she explains what she chose to wish for them:

By chance, we had previously talked about that they were very tense and actually a little fed up being sick; it all takes so long, that you have to give up so much for it. And well, I said: ‘I would like to give you some more relief’. Then they got an improvisation made for them. That was very special, I thought, to be part of it there. Anyhow these men together, say, were searching for each other like: ‘Did you find it beautiful, too?’ or ‘How do you react to that?’ It really touched a nerve for them. If you sit in the middle, that somehow feels quite intimate. It is good to see that it does so much with people, in the best sense of the word.

This description portrays the processes of increasing interactions among patients within the MiMiC-practice and the growing participation during recovery. The nurses value it very highly that the patients support each other during hospitalization, as social support is an important part of recovery.

‘Spiegel im Spiegel’: Tailor-made idiomatic music

Mr. B., who has met with the musicians throughout the week on a daily basis, often accompanied by his wife, has via the health care professionals sent a request to the musicians for music by Arvo Pärt. In the session, the musicians, René, Jesse and Beste, meet the couple, and tell them that they have received his request.

Mr. and Ms. B. explain that they have heard Arvo Pärt’s music at a concert and that they loved it. René

suggests the introduction of *Fratres*, which he has played before. He then plays a solo cello version of the piece. In the end of the piece, Mr. B. explains: “It is so minimal that it touches me.”

In the end of the session, the musicians improvise on the idiom of Arvo Pärt’s *Spiegel im Spiegel*. It feels very authentic. Afterwards Mr. B. is speechless. He makes a gesture with his hand while exhaling that looks as if he wants to say: “It took my breath away.” Jesse jokes that these were long breaths for him on the clarinet, and tells that he needed breathing pauses in between. Laughter fills the room.

Ms. B. tells that the music is balm for their wounds. She states that music takes the stress and pain away that they have felt during the time of hospitalization. It is time to go, but the musicians promise to be back tomorrow: “Our last day.” “No”, says Mr. B., visibly sorry that the sessions will come to an end. Ms. B. explains that the music altered the experience in the hospital in a positive way. René remarks that Mr. B. looks much better today.

This description portrays one of the person-centred music-making approaches of the MiMiC-practice. This is improvisation with idiomatic or genre-based characteristics. By taking this approach using Pärt’s music, the musicians reconstruct and portray the essential elements of a composition that has meaning for the patient.



The interaction between health care professionals and patients is an important element in the musical interventions



Cellist René plays a solo for a patient and his wife

‘Stories of lived life’: processes of co-creation

“What can we play for you today?”, the musicians ask Mr. C., who is sitting on a chair next to his bed. “That is an indulgence”, he answers. Without further words, Jesse initiates the baton for him. Mr. C. is smiling widely and agrees to conduct the musicians. René begins the improvisation to Mr. C’s round baton movements. Jesse joins in as the music continues. In the end of the piece, Mr. C. tells that he has conducted before, and it was difficult back then. He says that it was challenging now as well, but fun. Jesse responds that Mr. C. was very clear and communicative in his conducting.

Another piece requiring inspiration. René asks for an idea for an improvisation for Mr. C. and his two nurses, who have come in too. “Ok”, they agree. Mr. C. has decided: “France!” The male nurse adds mountains to the landscape, and describes a beautiful view. Mr. C. remembers a story about his travels, and begins to tell how he once got lost in the French Pyrenees. He could not find his way back and had to sleep in his sleeping bag. Then, finally, he found a little cabin in the mountains, where there was a man who played the accordion. There his special love for the accordion began. He goes on to talk about the beauty of the French waltzes he enjoys. The musicians find inspiration and make a musical journey in the French Pyrenees for him and his nurses. Mr. C. listens seriously and with concentration. At the end of the piece, he comments: “It ended with a waltz!” Jesse says that there was thematic

material from the French song *Au clair de la lune*. It is the end of the session.

This description portrays one of the characteristics of the MiMiC-practice, which is the co-creation of the music with the patient and the nurses. Many of the musical material of the person-centred improvisations come from the patients’ descriptions of their lives, and stories about events that have meaning for them. Furthermore, the portrait shows conducting with a baton as an approach of improvised music-making, based on co-creation in the moment by the patient and the musician(s) together. It may be a means of shifting back control to patients during their hospitalisation in a situation where they have had to give up their autonomy and privacy.

René van Munster, cellist

In a traditional concert setting it is difficult to create the same kind of urgency that you have in making music for patients at the UMCG. There music is not a luxury product but is desperately needed. I would like to explore other contexts in which this is possible, or find ways in which an ordinary concert can gain more urgency.

6. Practice development for musicians



Violinist Beste, cellist René and clarinetist Jesse share their musical experiences with the nurses at the beginning of the day

The research of the research group LLM has led to the development of a new music practice for professional musicians, as well as a new elective module for the master programme of the Prince Claus Conservatoire.

Six pilot projects

During each of these six pilot projects at the UMCG, the practice development group met to discuss the musical approach in the project and the on-site observations. In the preparatory phase, it had become evident that the MiMiC-practice required a team of three musicians, who could perform music and improvisations with three

voices. The three musicians wrote a daily consensus document, in which they evaluated all musical and practical aspects about the interactions with patients and nurses. The consensus documents were used as support throughout the practice development and provided valuable input for the structure of the training and module. The participating master students wrote reflections about their experiences. Overall, the practice had strong personal meaning for them and made them aware of new possible roles of musicians in society.

Summary of musical approach

The MiMiC-musicians have developed multiple

approaches of person-centred music making through reflection on appropriate ways of engaging patients and health care professionals in the music sessions. Following the melody or texture and sensitivity to the atmosphere play an important part in the improvisations. The atmosphere of the music can range from upbeat joyous to profound and tranquil. The music is completely suited to the situation in the room and the condition of the patient. The use of a combination of repertoire and improvised music suited to the situation can be summed up in the overarching phrase ‘person-centred music making’. This creates meaningful moments for everyone participating and is at the heart of the MiMiC-practice.

The following approaches are used in MiMiC:

1. Musical feed-back moments with health care professionals

Before the start of the MiMiC-session the musicians play for the health care professionals in the nurses’ room every day. The aim is to gain feedback on significant musical interactions during the patient encounters during the previous day. To start like this every day allows the musicians and the health care professionals to share and connect. It stimulates the inclusion of the health care professionals in the music sessions with the patients.

2. Musical round on the hallway of the ward

In order to make the patients aware of the presence of the musicians at the ward and of the soon-to-begin session, one of the musicians goes around the ward hallway to play an inviting melody.

3. Existing repertoire or improvisation for patients

The musicians may choose to play carefully selected pieces of repertoire or create improvised pieces of music in the moment. Sometimes, the musicians play a certain genre-based improvisation with tonal structures or familiar motives for a patient, for instance a pop or blues melody or an improvisation based on a theme of a Beethoven symphony.

4. In patient rooms: improvisation based on input of patients and nurses

Also creating improvisations with verbal input from the patient is an approach often used. In this improvisation musicians can for instance create a landscape with a special meaning for the patient, or express a colour or a mood. In fact any subject with personal meaning for the patient can serve as input. Sometimes, groups of patients and health care

professionals jointly provide the ingredients for a piece. Then an improvisation can lead to a musical journey from the mountains to the sea.

5. Introducing the baton in the music sessions

Sometimes, the patients join actively in the music making by conducting the musicians with a baton. In these improvisations the musicians aim to follow the patient with the baton as carefully as possible and allow them to be in control of the musical creation.

All repertoire that is played in the MiMiC-sessions has been carefully developed, based on experience from MiMiC-projects and on the composition of the musicians in the team. All musicians add repertoire from their own musical background. In general, the focus in the MiMiC-practice is always on creating person-centred musical interactions.

The most important approach is person-centred improvisation. In this specific form of applied improvisation, the musicians read the patients’ physical signals and adjust their musical responses to them. Verbal input and the introduction of the baton are useful here.

The improvised pieces can be played by all three musicians in different combinations of instrumentation or remain intimate, in one-to-one interactions with the patient.

Training programme

Based on the explorative research and parallel to the practice development of MiMiC, a new master module was developed for students of the Prince Claus Conservatoire in Groningen. During the last three pilot projects master students did an internship: they took part in MiMiC to learn the essential skills needed for working in this practice. A requirement for the students was that they would possess competences in interaction and communication, improvisation, solo playing and ensemble musicianship. These competences were further developed in a training to prepare them for participation in the MiMiC-pilots in the hospital.

The module

The pre-pilots and the pilots gave essential understanding of the composition of the content necessary in the elective module in the Master programme. In addition to the developers, the musical advisors from the UK were involved in the development of the module. They worked with the students as a group on the different strategies of person-centred music making.



In MiMiC the focus is on person-centred music making

In the developed elective module, students first complete a MiMiC-training period of nine group-based sessions and then take part in an internship in the MiMiC-practice at the UMCG. During the training period, each student takes part in an observation on-site during a music session, to gain first hand understanding of the nature of the practice as well as the practical (health care) setting and the musical approaches. The internship consists of six successive days on one hospital ward.

Summary of learning objectives

- Development of collaboration skills as a member of a team of musicians in MiMiC
- Development of contextual awareness and social antennae necessary to work in this practice
- Development of competences aimed at artistic and musical interaction with patients and health care professionals through improvisation and arranged repertoire with and without verbal communication
- Reflection on one's participation in the practice and on how the experience may influence one's own practice as a musician

The content of the module entails:

- Introduction including information about the hospital environment and the documentary 'Resonans' about the MiMiC-practice
- Training programme focusing on person-centred music making, improvisation, repertoire build-up and selection with a focus on music for trios, arrangements, and communication and facilitation skills
- Observation of the MiMiC-practice in the hospital
- Practical MiMiC-internship at the UMCG including coaching by a trainer-musician
- Final reflection and evaluation



Cellist and trainer René addresses the conducting by patients in the training

7. Conclusions and perspectives for the future

The outcomes of the MiMiC-research have provided a great deal of insight into the meaning of this new practice, which introduces music in health care, for patients, health care professionals and musicians.

In addition, the outcomes also give us valuable knowledge about the professional practice of musicians, professional music education and for health care.

Professional practice of musicians

More and more musicians are, next to being on the stage, active in other areas of society, such as health care. Moreover, the innovative practice of MiMiC allows musicians, next to performing existing repertoire, to adapt repertoire to specific patients in small ensembles and to create new material. This person and context-centred form of making music had not been applied in a medical setting before, but turns out to be very meaningful to the patients, the health care professionals and the musicians themselves. MiMiC strives to interweave musical interaction seamlessly with the daily running of the department. A good example of this is the question one of the musicians received from a patient during a pilot, to plan the visit during his wound care, which was a complicated and painful procedure. The music was apparently very comforting for both the patient and the nurse. In this way, music can have a complementary role in the daily medical routines of the ward.

New skills for musicians

For professional music education the research provides knowledge about the competences needed to work in a practice in health care. The MiMiC-musicians were confronted regularly with complicated medical situations. For them this was anything but usual. Often they were personally affected and it

also challenged them to give their best, both artistically and socially. For the musicians the very encounter with a new patient is a moment to be alert.

Patients in hospital are a cross-section of the general population and every patient is unique. The greatest common denominator is the vulnerability and the loss of control patients can experience.

The MiMiC-research has provided insight into the varied palette of skills needed for musicians to work in a challenging setting such as this. Personal qualities that are important are a high degree of empathy and compassion. In addition, resilience and the capacity to deal with often very sensitive medical situations are essential. Moreover, modesty, openness and good reflexive skills are important as well. Musically-artistically speaking, the requirements that are especially important are the ability to be able to make music in a person and context-centred way. Authenticity is important as well. Even if the music performed is 'tailor-made', it is chiefly an artistic response to the human interaction of the moment. It is much more, therefore, than just playing a musical request. Musicians need a wide range of skills and strategies in order to be able to lead, cooperate and support musically. Moreover, they must be able to 'read', involve and reach people both verbally, non-verbally and artistically at all times.

A new perspective for health care

Tailor-made live music can be a valuable addition in hospital wards for both patients and health care professionals. The effect-measurements that took place among patients, carried out by the research team of the UMCG, indicate that the musical interventions have a positive effect on recovery and wellbeing of the participating surgical patients. In this way, music can be a non-pharmacological alternative

for dealing with pain. Furthermore, the qualitative interviews show that the health care professionals experience the music as a positive addition. They felt the music provided a moment of peace or pleasure, or as an opportunity to make a different kind of contact with their patients. MiMiC can influence the dynamics in a ward with relatively small-scale musical interventions. It is therefore well worth the effort to explore whether this practice can be implemented in a sustained way to guarantee the positive contributions for health care.

Development and transferability

The impact MiMiC has on patients, health care professionals and the wards as a whole is considerable, as becomes clear from both the qualitative research conducted by the research group Lifelong Learning in Music and the impact assessment conducted by the UMCG. The complexity of the wards and the sometimes delicate circumstances during the interventions required a well-founded and methodical approach. This was characterised by:

- Collaboration, leadership and shared responsibility by all partners, based on trust and mutual respect
- The search for meaning for all parties concerned

And from the musicians' perspective in particular:

- Safeguarding artistic quality in which making music in a person and context-centred way plays an important role
- Attention for each other and a feeling of safety within the team
- Care for ethical aspects
- Space for continued reflection – both individually and as a team

Krista Pyykönen, violinist

We became somehow part of the routines of the ward and perhaps, dare I say, part of their community for a week. This did not just happen at once, but we built the trust and communication with the health care professionals, trying to find a balance of not intruding, but also being inviting and sharing. I regard this cooperation very highly.



Violinist and trainer Krista prepares master students for their participation in the pilot at UMCG

MiMiC: musicians' perspectives

Lucy Payne, cellist

Wigmore Hall Learning



The true artistry of the musicians from MiMiC lies in their desire to find just the right music for the right 'moment'. In the ever-changing environment of a hospital, they need to use their sensitivity, judgement and intuition to tune in to all that is happening around them and find or create the appropriate music for the person in front of them.

This might be a piece of repertoire or an improvisation based on a theme or image that emerges from a conversation with a patient. Each musical encounter has the aim of connecting deeply with the patient, in whichever way feels appropriate in the moment. It is aimed to be person-centred and to 'feel personal' and therefore creates a connection with the musician and a sense of ownership and empowerment for the patient or nurse.

I have witnessed many powerful moments: the beauty of Bach's Goldberg variations at the bedside of a man recovering from a terrible fall; an improvisation on a Johnny Cash song for a patient who is a drummer and who directs and drives the piece

forward with his body percussion; an improvisation based on the theme of 'Paradise' as requested by a patient in much pain; a Bach solo in the corridor; an improvisation that represented a journey between a patient and nurse about favourite holiday destinations. In this way a rapport was built and a sense of equality between health care professionals and patients was created.

In each encounter I have been struck by the skill of the musicians who brought their music into the hospital with great sensitivity for everyone who stayed or worked there. In what needs to be a 'clinical environment' I witnessed the cathartic power of music to help people 'feel' more human and more 'alive'. Surely, this is healing in the broadest sense and therefore an essential aspect of health care?

A key characteristic for this type of innovative practice to succeed is that it is tailor-made work. Not only are the musical interactions tailor-made; the development of the practice is also characterised by continuing search, adjustment to wishes, and possibilities for all parties involved. Transparency and communication are major factors in this. Also for the further development and implementation of MiMiC, or the start of initiatives in comparable contexts, tailor-made interventions and a well-founded approach with room for a flexible continuing development, are very important requirements.

The MiMiC-practice is based on participation of all those involved, patients, health care professionals and musicians. The research shows that here the concept of compassion gains an extra dimension. Through the music the person becomes visible in the room again. For musicians as well as health care professionals this leads to a new meaning of the concept of excellence. Excellence in the field of health care, but also artistic and situational excellence. An important step!

Nurse

At that moment you are all people talking about music and wonderful conversations start up. Anything other than the hospital or the condition, the pain. I liked that you just have a human relationship instead of nursing and health care. Coincidentally, there was now a doctor coming in the patient room, and he had to wait for the music to end. He really liked it, he thought it was really special to see. And then, you're starting from the place of music and not immediately from the condition.



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Nurse

If the patients show their emotions, that is easier for us to respond to. Sometimes it can be quite difficult to talk about emotions, to start talking about it, but if someone gets... well a piece of music, then you can ask: 'How did you feel about that? I saw you were quite moved, why was that?' So, you have an opening to talk with your patient a little more communicatively. For us I think that is a positive thing.

Beste Sevindik, violinist, master student participating in a MiMiC-pilot

You basically get your inspiration from the person in the bed, and create it instantly. I think this is quite special for both parties.

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Clarinetist Jesse offers the baton to a patient for the leading of an improvisation

Research group Lifelong Learning in Music

- Prof. Rineke Smilde PhD, professor of Lifelong Learning in Music, Hanze University Groningen and Professor of Music Pedagogy, University of Music and Performing Arts, Vienna
- Karolien Dons, MA, teacher/researcher at Prince Claus Conservatoire
- Krista Pyykönen, MMus, teacher/researcher at Prince Claus Conservatoire

University Medical Center Groningen

- Prof. Erik Heineman MD PhD, Professor of Surgery and Head of the Department of Surgery at the UMCG
- Barbara van Leeuwen MD PhD, surgical oncologist
- Hanneke van der Wal-Huisman MSc, research nurse

Advisors

- Lucy Payne MA, Wigmore Hall Learning UK, cellist
- Patrizia Maier MMus, Wigmore Hall Learning UK, harpist

Musicians

- René van Munster MA, cello
- Jesse Faber MMus, clarinet
- Maaïke van der Linde MMus, flute
- Krista Pyykönen MMus, violin

Master students

- Guillem Cabré Salagre MMus, violin/viola
- Luca Altdorfer, MMus, viola
- Severiano Paoli MMus, double bass
- Beste Sevindik MMus, violin

More information about the project, an online resource about the MiMiC-practice and a film impression of MiMiC are on the website: lifelonglearninginmusic.org

Colophon

Publication Research group Lifelong Learning in Music
 Prince Claus Conservatoire, Hanze University of Applied Sciences,
 Groningen, Meeuwerderweg 1
 9424 EM Groningen, The Netherlands

Text: Karolien Dons, Krista Pyykönen, Linda Hendriks
 Translators: Annejoke Smids, Sara Stegen
 Editors: Linda Hendriks, Rineke Smilde
 Photos: Deborah Roffel, Linda Hendriks, Anna Prent, Krista Pyykönen
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