

# **ProMiMiC Vienna**

Interim Report / WP 3

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## Abstract

The project ProMiMiC Vienna is the child of its time - shortly after the original project start shot, in January 2020, Covid laid down the whole world. The main actors of the project - performing artists and patients in the hospital - were affected by the pandemic from the very beginning and to this day in a very special way. It will take a year until we can restart - still in the middle of the pandemic, but in the meantime equipped with more means and courage not to give up ideas but to adapt them to the completely changed circumstances.

We called the Viennese subproject "Music on the ward" and were actually able to start our research on the interprofessionality of musicians and music therapists in the hospital context in February 2021 in the largest hospital in Vienna, AKH (General Hospital), on a ward with particularly vulnerable patients – the Department of Radiation Oncology at the Medical University of Vienna.

The Viennese ensemble consisted of two performance musicians and a music therapist, who together offered person-centered, tailor-made improvisation at the request of the patients. In three so-called LABs, the ensemble's interaction in accomplishing this task was observed, analyzed, discussed, and placed in the context of existing research.

Due to the pandemic, two of the LAB weeks – four to five days of music-making at the request of interested patients – could only take place virtually. In Vienna, a unique hybrid format was developed. The mediator, a music therapist in training, was able to supervise the project live on site on the ward and in personal conversation win over the patients for the encounter with the musicians and prepare them accordingly. Both her role and her music therapy background were key to the success of the project. Even though the responsible senior and head physicians opened the doors to the project, the actual staff hardly had the time and resources to devote to the project in any way in their challenging daily lives and between routines on the ward.

So, literally single-handedly, the mediator brought the musicians to the bedsides of the patients who wanted music, via a live stream using a video link and sound-box. After a short personal conversation, tailor-made music was played live from the concert hall of the mdw University of Music and Performing Arts Vienna for the respective patient. The wishes ranged from concrete songs, pieces and epochs, to longings, landscapes, journeys and activities, to the simple wish for what is there right now: The desire to musically capture what could find expression in music in the encounter that was just taking place.

The third LAB week could then actually take place in presence on the ward at the AKH.

The Viennese hybrid variant of the project - unique in the entire international ProMiMiC setting and originally born out of necessity - was able to develop into an appropriate way of creating special, meaningful moments for patients under these extraordinary circumstances. The attention given to them by the musicians, which the patients could choose or refuse voluntarily and self-determined, and the person-centered approach of the ensemble in making music could

visibly contribute both to patient well-being and to the professional development of the musicians involved.

The Viennese ProMiMiC model is now being evaluated in two further project weeks - in so-called pilots - live at the AKH on the above-mentioned ward. The first pilot starts End of April and the second pilot is planned for September, will include students, who will also be prepared and trained accordingly as part of the project.

The model is based on the excellent musical, artistic and especially improvisational skills of the musicians and music therapists involved, as well as on their excellence and experience in communication, and also on their flexibility and attention to context and their situative excellence in this new field.

Research to date shows that interprofessional collaboration between musicians and music therapists in the hospital context proves fruitful, and the process of joint creation and learning from each other contributes to the further development of their respective professionalism. Here, the contextual knowledge of the music therapists, especially their familiarity with patients on the one hand, and the artistic self-conception of the performance musicians on the other hand, should be emphasized. The fertile common ground is the ability and joy of free improvisation and the shared responsibility for the respective encounter. The shared challenge is communicating with ward staff and anchoring the new ProMiMiC offering on the ward, where it could expand the set of possible treatment for the patients.

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## 1. Introduction: Researchers' reflections

In times of general, pandemic-related distance, conscious isolation of vulnerable people, I was involved as a researcher in a project in which I was allowed to be close to interactions with patients. Even though they were patients of a hospital, this was not at all about medical actions. Through ProMiMiC, I witnessed the creation of very special moments, of music never heard before like this. I have experienced about 70 unique artistic moments, touching encounters between hospitalized people and empathic musicians and music therapists. I have seen people learn, people open up to each other, and I have witnessed visibly seriously ill people struggling in the hectic hospital context to find peace to enjoy their personal musical moments "all to myself".

I was witness when very different people built bridges to each other - and found each other, sometimes only with eyes, sometimes with the help of linguistically mediating daughters, parents, or also only via voice computers and google-translate-tools, sometimes only with gestures, sometimes by pure presence with each other. In all this, music, sounds produced live by excellent artists, played the main role.

In addition to the particular joy and honor of having been there during this time, I was able to collect enough and diverse data, especially as a researcher, to shed light on the development of this new model in Vienna from various perspectives. Interviews, daily reflections, observations, group discussions now flow together in this report after one year of work and offer a first insight into what ProMiMiC Vienna is all about. We have just arrived at the intermediate stage of the project, at the transition from WP 3 to WP 4 - on a journey between a new territory one year ago in February 21 to the present day in February 22, a journey and a development that will become clear in the following months of ProMiMiC musicians, the first one referring to the Covid situation and the new invented hybrid solution to start ProMiMiC in Vienna:

*It is such an extraordinary situation in the time we are in right now. Nobody has learned and studied anything for it yet. We are total pioneers and I have the feeling I'm in a space station, like the first man on Mars trying to communicate for the first time. (musician, Lab 1 hybrid, Day 1, after meeting the first patient)*

*I feel exhausted, relieved, process all the new impressions and encounters. I feel comfortable with the team and the musicians. In contact via Zoom with the staff and the patients, I am still unsure where and how I can position myself, and be natural, despite the unnatural setting. I literally feel as if I am behind glass, am grateful to the music for its ability to create connection, atmosphere and thus a new, own space, in which one can then meet by feeling-hearing [spürbar-hörbar]. (music therapist, Lab 2 hybrid, Kick-off day)*

*For me, the moments of going into the room and positioning yourself are really like jumping together. It works really well. There's also humor but everyone is united in a strong determination to move something good forward. (musician, at the end of Lab 2)*

*Quite often I found myself in situations in the two labs that felt very familiar "music-therapeutic" or reminded me of situations from my work and where I then asked myself - where does the concert end here, where does the therapeutic begin? And what is it that works here? Is it the music itself? The ensemble and how it makes contact? Is it the kind of setting, the encounter, the conversations before and after? (music therapist, post-reflections)*

## **2. Background and Research Design**

ProMiMiC Vienna is a qualitative study researching how musicians and music therapists in collaboration can employ effective personalised live music for patients and their nurses in the hospital context. The music-making practice is based on *Meaningful Music in Health Care* (MiMiC), an innovative, artistic practice developed by Hanze University Groningen and the University Medical Center Groningen. In MiMiC musicians make 'tailor-made' music for patients and health care professionals in hospital wards. MiMiC aims to open up meaningful communication between patients, health care professionals and musicians in the often stressful, clinical hospital environment. The specially trained musicians create personalised live music for the participants. This means that they gear their music towards the patient(s) as well as to health care professionals, e.g. using existing repertoire of various genres, but also by improvisation, where musicians create music in the moment, based on input of the patient(s), or patients and health professionals as a group. This can for example be the description of a landscape, a colour, an emotion, or the musical description of a holiday journey.

MiMiC has already shown to have a positive effect on patients, shown through physiological measurements and measurements of experienced pain, stress, anxiety and general well-being (Smilde et al., 2019). The current study aims to explore the MiMiC practice on the ward of radio oncology at AKH Hospital in Vienna, with musicians and music therapists collaborating/experiencing in this practice together. The research team in Vienna has its focus on the interprofessionality between musicians and music therapists in the hospital context.

Interprofessional collaboration between musicians and music therapists is still *in statu nascendi*. Wood & Ansdell (2018) and Wolf & Wolf (2011) recommend exploring possible collaboration between professional musicians and music therapists in live music sessions in healthcare. This eventually is a question of shared work and joint identities (Wood & Andell, 2018, p. 467) and whether or not the future profession of health musicians (Ruud, 2012) is shared between the disciplines.

Koivisto & Tähti who 2020 provide an overview of research into healthcare musicians' work on hospital wards, find many *professional entanglements* – how they title their findings. They state that “the emerging movement of expanding professionalism, which healthcare musicians are a part of, needs to be addressed more clearly in practice, research and education.” (p. 416)

*„It can be assumed that there are professional tensions between music therapists and other music practitioners that need to be revealed in order to understand the novel*

*professional spaces, and need for interprofessional collaboration, that healthcare musicians are creating in healthcare environments.” (Koivisto&Tähti, 2020 p.417)*

There is little literature that examines the work of the musicians in health care from their perspective (Oakland, 2012, p. 4). Preti (2004) explains that “we do not know very much about particular practical aspects of their work, least of all if their activities are generalisable” (p. 79). However, the core of the activities appears to lie, indeed, in interaction (Viherlampi, 2012). Thus, this study especially focuses on the interaction and collaboration of the involved musicians and music therapists.

In music therapy, clinical goals are predominantly pursued, which is why it can happen that the music therapist's own artistic identity recedes into the background or even gets lost over time. Maintaining this can be challenging, but at the same time it prevents overwork and professional fatigue. Self-care is a concept to prevent or to cope with professional and compassion fatigue.

Hoffmann (2010) elaborated on the great influence of self-care on the music-therapeutic attitude. In addition to an attitude of presence, the music therapist needs a "connection with her own soul", a "being with oneself" to be able to build a relationship with the patient. This *being with oneself* as a part of self-care is one of the most important aspects to be able to work well as a therapist (Hoffmann, p. 118, in Pudelko 2021).

*Self-care is "[...] the ability to deal with oneself well, to be good to oneself, to protect oneself and to look after oneself, to take into account one's own needs, to assess stresses correctly, not to overexert oneself or to remain sensitive to excessive demands" (Küchenhoff, 1999, S. 151, in Pudelko 2021).*

For musicians, on the other hand, playing in a hospital setting can be very challenging when confronted with strong emotions or unpredictable situations. Music therapy methods, in turn, can also be learned by musicians and applied in this setting. This raises the question of how musicians and music therapists can benefit and learn from each other through their respective competencies. The aim is to create a transferable concept and working method as well as to make visible the balance and interaction between professional (artistic) identity and empathy skills.

### **3. Primary Objectives and Research Questions**

The primary objective of the international project ProMiMiC is the exploration of the concepts of interprofessional collaboration and learning.

In the ProMiMiC Vienna research strand the aim is to explore the processes of interprofessionality between musicians and music therapists in a hospital context and their artistic approaches to improvisation and person-centered music-making. The research questions are:

- *How can musicians and music therapists employ effective personalised live music for patients in the hospital context and how can the joint approach and the practice of musicians and music therapists be complementary?*
- *How can the interprofessionality in the context of the hospital ward for radio oncology increase the artistic and situative excellence of musicians and music therapists?*

#### **4. Methods**

ProMiMIC is a qualitative research study with ethnographically underpinned research methods – interview, participant observation, reflective journal and group discussion.

##### Participant observation

Participant observation is “the systematic description of events, behaviours, and artefacts in the social setting chosen for study” (Marshall & Rossman, 1989, p. 79, in Kawulich, 2005). The researcher observes “What is going on?”: the live music events, documenting in detail what happens; how musicians and music therapists interact with patients; what skills the musicians and music therapists are using; moments of challenge; moments of connection, and so on. Only audio and video recording of the musical interactions, without the patients being seen or heard was approved by the ethic commission of the hospital.

##### Interviews

A semi-structured (expert) interview is open, and gives the interviewee the chance to talk freely, without being subject to a strict framework of questions. However, the interviewer will also think through the questions in advance, and work from an interview guide (Meuser & Nagel, 2006). A narrative approach (Alheit, 1993) will be used, following three phases of opening question, narration and follow up. Episodic elements (Flick, 2007), can be addressed for the interviewee to reflect on a specific moment of his experiences.

Every musician, music therapist, as well as the mediator – due to her new, key role in the hybrid setting of Lab 1 and Lab 2 – were invited to a semi-structured, episodic narrative expert interview after every Living Lab. The opening question was: “What stood out for you in this project week?” Some additional, deepening questions were used where it seemed necessary for the interviewee.

#### **Concerning the Lab in general and the professional identity**

- *What did you experience in Lab...? Narrate...*
- *What situations were typical for your profession, which ones were different? maybe even strange?*



• *How does this experience influence your professional development as a musician/music therapist?*

• *How might it impact your professional practice in the future?*

### **Concerning the ensemble identity**

• *How did you perceive the collaboration in the ensemble? Concrete example...*

• *In what way was it noticeable to you that it was a mixed ensemble of musicians and music therapists?*

• *What have you learnt from this Lab to shape the next Lab?*

### Group Discussion

Group discussions (Bohnsack, Przyborski & Schäffer, 2019) have a special function because they do not just express individual opinions, but also reflect emerging discourses, i.e. collective opinions.

The musicians and music therapists of every Living Lab were put together for a group discussion. They were asked to discuss and reflect together their experiences on the ward.

Due to Corona a special hybrid setting was developed in Vienna, with the mediator being the only one live on ward in Lab 1 and Lab 2, thus a group discussion / group interview was added to the original research design. After 4 days of the team being only connected via Zoom with each other, this group discussion on the fifth day with everybody present at the University was important to reflect the different experiences on the ward (the mediator) and in the concert room at the Music University (ensemble and researcher).

### Reflective journals

A reflective journal is a way of thinking in a critical and analytical way about one's work in progress. It is a personal journal that can address anything that is learnt, personally and professionally. Each musician kept a reflective journal, documenting their experience of facilitating the music. The journal was based on two open-ended questions:

*What did you experience?*

and

*What have you learnt?*

In the third lab, more specific questions were added, *according to the advanced state of knowledge:*

*How did you feel today in the ensemble?*

*How did you feel today artistically/musically?*

*How did you feel about the contact with the patients?*

*How does today's ProMiMic session relate to your profession/professional identity?*

## **5. Data**

Data collected in WP 3 is:

- 12 individual interviews (4 in each Lab)
- 3 group discussions amongst the ensemble
- 3 exchange amongst the whole team: ensemble + mediator + researcher resp. project leader Thomas Stegemann after Lab 3
- daily reflections ("Reflective Journals") from all musicians/music therapists on every project day (14 days in total)
- daily reports and reflections from the mediator in Lab 1&2 (hybrid setting)
- researchers' own observations from each day
- official daily reports for the ward staff by mediator and researcher

## **6. Analysis**

The analysis of the data is based on Grounded Theory (Flick, 2017; Mey & Mruck, 2010; Strauss & Corbin, 1996). After collection, the data was transcribed and evaluated with the support of the software MAXQDA 2018. Open and selective coding was used. Open coding was useful because research on collaborative learning of musicians and music therapists is a new research field. Selective coding was applied where sensitizing concepts already existed because of former research – in this case into the MiMiC practice, into the new career models of musicians (Smilde 2009, Bork 2010) and into theories of social learning and communities of practice (Wenger, 1998) – fields, upon which the researcher has built theoretical sensitivity. "Theoretical sensitivity refers to the ability to have insight, to make meaning of data, the ability to understand, and to separate the important from the unimportant" (Strauss & Corbin 1996, p. 25).

## **7. Getting ready: preparations and adaptations in ProMiMiC Vienna**

As an introduction to the project, workshop via Zoom (originally scheduled live) with Krista de Wit took place for the ensemble. Krista de Wit is herself a musician, mediator and researcher at MiMiC in Groningen. The goal was to prepare the group of musicians and music therapists for the hospital context in terms of content and music. On three dates between the end of May and June 2020, each lasting 90 minutes, Krista de Wit provided insights into MiMiC practice, musical and improvisational approaches, as well as collaboration with nursing staff and making music in the hospital context. On a fourth date, the MiMiC film Resonance was viewed together.

The first Lab could still not take place as planned in July 2020 due to the ongoing COVID-19-related security regulations. But a meeting in presence with the entire ProMiMiC team was finally possible in mid-October 2020. But it still was not predictable, when the project would finally start. Thus the meeting was primarily about keeping in touch with each other, strengthen the team spirits which were so much challenged by the pandemic and reconnect with the project. There was space to make music together and an exchange about the different professions. Initially, it was decided to wait with the labs until it is allowed to enter a hospital in presence.

As it was still not possible to start by December 2020 and further planning was also complicated by the high incidence values in those days, the ProMiMiC team decided to change the project to a hybrid format. In the meantime, institutional changes also occurred in the project. The originally planned collaboration with the Rudolfstiftung Hospital was not feasible. Instead, a contact was established with the University Hospital for Radiation Oncology of the Vienna General Hospital, and the new collaboration was agreed. The Department of Music Therapy at mdw has had a continuous collaboration with the AKH for many years, for the internships of the music therapy students, so this change was immediately welcomed as even more suitable.

The following is a presentation of the ward where the project is being carried out.

## **8. Ward 14D at the University Hospital for Radiation Oncology**

The University Hospital for Radiation Oncology employs 170 staff members, including certified nurses, physicians, psychooncologists, biologists, physicists, radiotechnologists and administrative staff. Univ.-Prof. Dr. Joachim Widder is the director of the clinic, who is responsible for the collaboration with ProMiMiC on his ward.

Radiation oncology consists of two wards - bed wards 14D and 14E. The ProMiMiC project is carried out on ward 14D, which is equipped with 36 beds. Ward 14E, on the other hand, is managed as a weekly ward (from Monday to Friday) with 12 beds and is spatially connected to ward 14D via an open ward corridor (Medical University of Vienna, 2022). Due to the location of the wards on the 14th level, the patients' rooms are equipped with large windows from which one has a wide view over Vienna. Many rooms are occupied by two patients, thus that there is not much space apart from the beds and a small table.

When the project start in February 2021, there are 23 patients on ward 14D. Some patients were able to occupy a single room, which brought some advantages for the project in the hybrid setting as well as in the Live Lab, as in this case there was no need to consider a neighbor who might due to her condition not be able or willing to listen to music. In all labs, however, there were also repeated bonding situations of roommates through joint participation in the music sessions.

## 9. The situation and burdens of patients undergoing radiation therapy

Zur allgemeinen Situation von Patienten einer Radioonkologie lässt sich einiges der Forschung entnehmen, die Laura Bezold in ihrer Master thesis ausführt (Bezold 2022) Im Folgenden werden nur einige Aspekte beschrieben, die zum besseren Verständnis dieses besonderen Kontextes im ProMiMIC Vienna beitragen.

Regarding the general situation of patients in a radiation oncology unit, some information can be taken from the research that Laura Bezold elaborates in her master thesis (Bezold 2022). In the following, some aspects are described that contribute to a better understanding of this special context in ProMiMIC Vienna.

Patients diagnosed with cancer feel „confronted with heavy burdens“ according to Faller (1998)

*While healthy people can easily ignore the fact that they will have to die one day, a person with cancer is forced to deal with this thought. The natural self-evidence of life is suddenly questioned. [...] Additional stresses arise from the physical effects of the disease, such as fatigue, weakness, loss of appetite, and from intervening therapeutic measures. (Faller, 1998, p. 25f.)*

Faller describes the loss of self-determination and control when patients have to undergo treatment and depend on the expertise and advice of specialists.

*Patients experience themselves as highly dependent on their physicians, having to trust their range of therapies. They may also have to get used to being cared for by others, whether in the hospital or at home. Sometimes they feel they can no longer determine their own lives, for example, if they are vitally dependent on a treatment measure. (p. 25)*

It is therefore crucial that those affected receive "continuous, unobtrusive support" in order to be able to cope with the stresses. Faller names following aspects of stress that can accompany a cancer diagnosis (1998, p. 26ff.):

- Threat of death
- Violation of physical integrity
- Loss of autonomy
- loss of activities
- social isolation, fear of stigmatization
- Threat to social identity and self-esteem

It can be seen that the stress of cancer manifests itself on a wide variety of levels - physically, psychologically, and in social as well as spiritual contexts.

## 10. Coping with compassion as musicians on the radio oncology ward

Meeting the patients of the radio oncology ward, among the musicians of ProMiMiC, too, memories were triggered of people close to them who had received a cancer diagnosis, recovered from it or succumbed to it.

This was mainly discussed in the personal reflective journals, but the musicians and music therapists also intensively exchanged ideas on this among themselves, from the first meeting to prepare the project on. Already here the role and importance of the presence of a music therapist was relevant, since the personal experiences got new sides through the exchange about the professional background from the music therapist's point of view. Even though both music therapists participating in ProMiMiC currently work professionally mainly with adolescents or young adults, they also have internships in palliative care units and had already been able to gain some professional experience here.

It was key for all participants to be able to talk to each other about this topic and to be able to share their own feelings that the encounters with the patients had triggered. The following reflections on the encounters with two different older female patients, the musicians met in Lab 2 (hybrid) show how the musicians' own parent-child relationship was touched, and what connections the encounters could have with personal topics.

*Out of the four pieces for one patient each, the one that touched me the most was the one for an elderly lady. Her daughter was present. We saw both persons in front of us and in me, the parent-child relationship was very strongly called up, in which I myself also stand. Here lies an aging mother, next to her sits her adult daughter who visits her daily. Kind of the situation of a handover - just as the mother cared for the young child, the child now cares for the mother. Never before in MiMic has it hit me so hard emotionally. I was on the verge of tears, but then was able to stay in the sound itself and keep playing. Very impressive were the words of the patient's daughter: that there is a better tomorrow with this music.... (Musician LAB 2 day 3)*

*From today's unit, I take away a feeling of exhaustion and also uncertainty. We were informed at the very beginning that there was a new patient suffering from a brain tumor. Since my mother had a (fortunately benign) brain tumor a few months ago (successfully operated), I was suddenly personally affected and found myself imagining what it would have been like if the operation had not been successful... (...) We were all very touched that during the music she lifted her hand very slightly and seemed to reach out in our direction. We all had the feeling that she wanted to make contact with us. That was very touching. I also thought it was a nice sign that the head nurse gave Laura [the mediator] the hint that the music would do this woman good. Then I had the feeling that our work and its effect was really received and accepted by the ward staff. (Musician Lab 2 day 4)*

*Questions run through my head: "How is the person really doing? What has she experienced? What's on their mind right now? How long have they been in the hospital? What is the perspective? Life and death as the main themes, present here.*

*Even though I know that this is a kind of musical gift that we can give to these persons and the persons have given us positive feedback, it makes me sad today. I am also reminded of two people who were in similar situations in life, have already died and loved music and dance. (Music therapist, Lab 1 day 1)*

## **11. ProMiMiC: a concept for a psycho-oncological intervention?**

The cancer patients the musicians encounter are adults who are undergoing radiooncological treatment. Research shows that many patients experience this treatment as "something incomprehensible and threatening" (Krichheiner et al. 2011), and "feelings of helplessness, dependence, and loss of control" (p. 299) can occur, but also "feelings of being at the mercy of others and of instrumentalization of one's own body" (Kirchheiner et al., 2011). Thus, in addition to the physical stress, there is also a great deal of psychological stress. Psycho-oncology is concerned with this area, which is very important in this context, since about 30-60% of Kriebs patients develop a psychiatric illness, such as "acute stress reaction, depressive disorders or episodes or an exhaustion syndrome, all of those diagnoses requiring treatment.

Helpful psycho-oncological interventions include provision of information and counseling, psychoeducational methods, relaxation techniques, psychotherapeutic interventions but also creative therapies, such as painting, dance or music therapy.

The overarching goals of psycho-oncological interventions can be summarized under the following headings (Tschuschke, 2011, p. 134):

- Reduction of stress, anxiety, depression, and despair
- Improvement of fatigue and quality of life
- Improvement of coping as well as disease- and treatment-related knowledge
- Increase in compliance

Associated with creative therapies, music therapy is also used as a psycho-oncology intervention. The new ProMiMiC model could add to the existing interventions for patients, with further research on the effects needed.

The other strands of the ProMiMiC research in The Hague, Groningen and London deal with the side of the nursing staff. Since the ensemble also played for the staff of the ward from the first project week on, we also got an insight into how intensive this side looks like. Even though the encounters were usually very short, due to the intensive work on this ward, we were able to clearly feel the stress, the hectic, the constant emergency readiness of the staff. In the first two labs, it was the mediator Laura who was alone on the ward. She describes it like this to the musicians:

*So I have already noticed what a different world it is there, on this ward. Even though I already know various clinical settings from internships, it's even more... intense. It's all so fast, there's so much going on... I have a lot of strong images in my head of situations that I've witnessed, where I have the feeling that there's just never time on this ward to reflect on that. And if, then, then it is so incidentally, as for example once two nurses sat in the social room and you then also played for them and they had meanwhile briefly then exchanged and then apparently an incident was, presumably with a patient ... (...) I had to swallow at first... And when I realized, ok, they have their five-minute coffee break now, and they can briefly talk about what's actually going on, but otherwise it's one after the other until they go home... That's really hard... (mediator, exchange with team)*

*There were little moments where I thought, hey, there is something, but there is so little time for it, so little time...(...) Yesterday there was the young doctor, I saw him briefly, "Yes, do you want music we would play again in a moment" and then he said, "I'm sorry, I was just called, I need to run" and then he left immediately. And then he came back and said, "I'm here in the next room and when you start, I'll come over" and I could then notice that there is interest. And he is also one who perhaps still has the capacity to express that to me, and explain himself to me, while the others were immediately gone again and didn't say anything, and then of course I don't know, does that mean they don't have time or does that mean they're not interested? (mediator, Lab 1)*

## **12. The first Lab: The leap into cold water**

In February 2021, the first hybrid project week could take place at the AKH's radiation oncology ward. Due to the Corona situation, only one person from the team was allowed to be on site at the ward, while the ensemble was connected via video call. The following requirements were necessary for the technical implementation: A room at the mdw, equipped with a laptop, projector, camera, screen and room microphones as well as appropriate concert acoustics, was available to the ensemble for the entire project week as a stage and broadcast location.

In addition, one or two technicians from the mdw's Audio-Video Center were present at broadcast times to ensure the best possible audio quality for the live transmission via Zoom and to take care of all technical matters. This allowed the ensemble to concentrate exclusively on contact with the patients and improvisation, which was repeatedly and gratefully emphasized by the musicians.

In my role as a researcher who follows the sessions as an observer I also was in the room with the ensemble – not visible to the patients.

As the only one on site in the hospital, Laura Bezold took on the role of mediator. For the technical implementation on the ward, she was equipped with an Ipad Pro 12, a loudspeaker and a mobile router for a stable internet connection.

With Johanna Ritscher-Dickbauer, Maria Gstättner and Stefan Heckel as ensemble members for the first Lab, the trio consisted of clarinet, bassoon and accordion played by a music therapist and two musicians. In the weeks leading up to the Lab, the trio met for several rehearsals to improvise together and to get to know each other musically and also personally. As mentioned above, this preparation was extremely important for all three musicians to get in tune with each other as a trio for the upcoming new task.

The musician Stefan Heckel had already gained some experience as a musician in the hospital within a project on a palliative care ward as a teacher with his students from the University of Art in Graz. For the music therapist the hospital setting was familiar from internships within her music therapy education – in her current profession though, she works in a group practice. Also, clarinet is not part of her professional practice as a music therapist, where she uses other instruments. Improvising on the clarinet was thus a completely new approach for her – until the Start of ProMiMiC, she associated with this instrument 7 years of performance studies experience, so perfection, thus “only rehearsed repertoire and also pressure and stress”. Maria and Stefan have been playing together for many years and free improvisation, and playing together, is very familiar to them. As a trio, however, the musicians first got to know each other for ProMiMiC and the upcoming task of bringing person-centered music as an ensemble for patients to their hospital beds was new to them all.

### **13. Repertoire vs. improvisation**

During the preparation of the project Stefan Heckel also arranged some pieces for the ensemble, which were also rehearsed. These served as a "back-up" that the trio could fall back on at any time, either when a piece was requested instead of an improvisation, or when it seemed appropriate to play something from the repertoire. The prepared pieces covered various genres, from classical to Austro-pop to folk music - thus hoping to meet different tastes of the potential patients. From the first meeting, however, the trio had defined free improvisation as their core offering and rehearsed it with each other accordingly, as one of the musicians elaborates:

*At yesterday's rehearsal we also practiced what happens if one of us simply stops, how does it continue, how do the other two stay on...? At each rehearsal we also chose pictures ourselves. The exercise was: think of a picture, a mood etc..., then the first one starts, says his picture, then it is played, after the piece the next one says it, it is played again etc... - so no feedback talks in between, to stay in the flow for about 10-15min and to oscillate between the language, the performance and the music making. Afterwards we talk about what we have experienced/heard.*

How important this artistic decision was for the musicians is also shown by the excerpt from an email exchange in the run-up to the first project week. The musicians exchanged their wishes and expectations for the project week via email. The following thoughts of Stefan were also inspired by the documentary film that the Dutch musicians created about making music in the MiMiC context.

*The film about person-centered improvisation is very touching and insightful. (...)*



*For me, free (but person-centered) improvisation is already a completely different, much more interesting dimension than playing our 2-3 prepared pieces like at a request concert. I think that it will be quite essential how Laura tunes in the patients on the spot, what the patients expect, what they expect from us. The idea of inventing a whole new piece just for this person is probably unimaginable for many. It may be that some reflexively prefer to simply listen to familiar music. But we should first exploit the potential of person-centered improvisation.*

*Maybe we should almost invent a slogan, a marketing concept, which addresses the patients (and the nursing staff!) first and which clearly emphasizes the aspect: A PIECE ONLY FOR YOU, THAT NO ONE HAS EVER HEARD BEFORE.*

It is interesting to note that this phrase, formulated at such an early stage of preparation, actually became something like the visiting card [Visitenkarte] of the ensemble and was used very frequently in the encounters with the patients. In all three project weeks so far, the ensemble has played just once from their repertoire, and that was for the staff. Later they reflected on this, and explained it to themselves by the fact that they apparently wanted to "play it safe" with the staff and were under particular pressure to "please them". After this realization, they decided to also play only person-centered improvisation for the staff

#### **14. Supervision: "doing good for the patients".**

As further preparation and attunement to the first project week, the trio also had a supervision session with music therapist Anke Hoyer. On the one hand, the ensemble members were able to share with each other their expectations and/or fears/uncertainties regarding the upcoming project week at the hospital. On the other hand, through the in-depth exchange with each other, the different professional backgrounds and resulting ideas and approaches were reflected. The supervision could also give space for group dynamic issues - especially concerning the different professions.

The team decided to use the supervision as a protected space exclusively for the ensemble, a space that is deliberately available to the musicians outside of the research setting. In the run-up to the supervision, concerns and questions were collected, including: what is the primal motivation for each of us for making music and specifically for participating in ProMiMiC? Is it possible to find a common intention/motivation? But also questions about dealing with the "fates of the patients"? i.e. questions about compassion and the control of compassion, as well as exploring the difference between compassion and sympathy [Mitleid und Mitgefühl]. It was also desired to prepare "*what issues can we face in oncology (powerlessness, helplessness, suffering, tensions, fear, life-death, struggle, hope, grief... etc)? How do we deal with it, are there personal experiences with the issues, how do we manage in the group to keep the path of empathy and at the same time neutrality?*".

In their conversations during the first Lab, the musicians repeatedly referred to the supervision they had experienced, in which they negotiated one common intention above all: to do something good for the patients. Around this theme of "doing good to patients" one of the rare

connections with the staff succeeds, where both actors - the nurses and the musicians - feel themselves as a total team in the approach to the patient. On the last day of Lab 2, still in the hybrid setting, the mediator is asked by the head of nursing to send the musicians to a woman with a severe brain tumor. An assignment that will especially touch that musician, whom this reminds of his mother, who "thank God", as he writes, was treated successfully at that time. This request from the head nurse makes the team feel not only valued in their work, but raised to the equal level, "at eye level": We are all acting here for the benefit of the patients:

*I also found it a nice sign that the head nurse gave Laura [mediator] the hint that the music would do this woman good. Then I had the feeling that our work and its effect was really received and accepted by the ward staff. (musician, lab 2, day 4)*

It also is an issue much discussed and reflected about for the ensemble in many other situations with the nursing staff, which also shows e.g. here:

*Today, playing for the nursing staff worked very well. Just like at the kick-off, for me personally the contact was there very quickly. Kind of at eye level - them as medical care staff, us as musical care staff. The inputs/wishes of the nursing team were "Vacation, away from here" as well as "Leberkäsesemmel" [the male nurse was just taking his traditionally austrian lunch]. The first piece was still more of a warm-up on our part, but in my memory very animated and invigorating. The second piece was quite funny and "digestive" (Leberkäsesemmel). This daily routine of playing and talking with the staff is a settling in and plugging into the hospital routine. (Musician, Lab 2, Day 1)*

## **15. Contact with the AKH ward: between *meeting at eye level* and *ward reality***

Since the time capacities of the ward team were very limited and the AKH had very strict access regulations due to corona, it was unfortunately not possible for the radiooncology staff and the ProMiMiC team to get to know each other personally before the first project week. As a contact person on the part of the AKH, the psychologist of the ward agreed to discuss the necessary details with the ProMiMiC team and to forward them to the ward team or to clarify queries. In order to introduce and promote the project to staff and patients in advance, flyers and posters were designed and a website was created. The slogan "Music on the ward" was developed as a name for the project, as "ProMiMiC" sounded too abstract and the long variant (Professional Excellence in Meaningful Music in Healthcare) did not seem easily accessible from a German-speaking perspective.

The ward staff was also informed in a detailed email about the exact course of the project. Since the project was also a premiere for the ProMiMiC team and the hybrid setting presented technical challenges, it seemed sensible to conduct a trial run in the week before the first Lab. This allowed the mediator to get to know the ward on site and get a first impression of the procedures. The psychologist gave the mediator a tour of the ward on the agreed day and introduced her to the staff. She had already told some patients about the project, but it turned out that many patients either felt too weak or were too uncertain about what to expect.

Nevertheless, one patient was found for the trial run who was curious about the project and agreed to participate in a "dress rehearsal".

From the patient lounge, which was little used at the time because of Corona, the mediator was able to communicate via Zoom with the musicians at the university and retreat here for some moments between patient visits.

## **16. Daily procedure**

A certain procedure was repeated similarly on each project day:

### **Preparation mediator / hospital**

- Arrival at the ward
- Set up technical equipment
- Ask psychologist and nursing staff about new admissions, discharges and other changes/special events
- Agree with staff on the most suitable time for the musicians to visit the staff
- Visit new and already known patients and introduce the project or ask if they would like to participate (again) today
- Make list of potential patients and possible sequence (order?)
- Start zoom connection to the ensemble

### **Preparation Ensemble / mdw**

- Arrive at the mdw
- Covid antigen testing
- Rehearsal, arrival rituals of the ensemble
- Technical test in the room

### **Start of transmission between hospital and mdw**

- Sound check with ensemble: playing and speaking
- Explain ensemble about today's patients and present the agenda for the day
- Before the transmission: knock again on the door of registered patients or at the staff base and clarify whether music is desired at the moment.
- Start video transmission, mediator introduces patient and trio to each other.
- The trio takes over the conversation with the patient
- Follow-up conversation between mediator and patients in the hospital after the video connection has been disconnected.

### **And simultaneously**

- Follow-up conversation among the ensemble at the mdw

- Again transmission between AKH and mdw: debriefing of mediator with the ensemble and preparation for the next patients.
- And so on, until the agreed time of the visit at AKH was over (approx. 1- 1.5h)

The project week took place from Monday to Thursday. Around 1 p.m. the mediator arrived at the station, and around the same time the ensemble met in a room at the mdw to prepare and get musically in tune with each other. At about 2 p.m., the sound check between mdw and AKH began. Afterwards, the mediator explained the schedule planned for the day, reported on special events on the ward and shared information about each patient the trio would meet today. From 2:30 p.m. to about 3:30 p.m., the trio played music for patients and staff. Depending on how many patients were interested in getting some music on that day, there were different numbers of encounters on each day.

### **Change of contact person in AKH**

At the beginning of the week, only a few patients seemed to consider participating in the project. In the conversation with the psychologist it turned out that she had difficulties to explain the project to the patients, because she herself had no concrete idea of what would happen and what benefit the patients could get from it. It was agreed that the mediator would talk directly with the patients.

When the patients were ready for a transmission, the mediator, in consultation with the patients, placed the Ipad near their bed so that they could both see the trio clearly and decide for themselves what they wanted the trio to see of them. Then the video connection to the ensemble was started and the mediator virtually invited the ensemble into the patients' room. From then on, one person from the trio took over the conversation.

### **17. The person-centered approach**

After an exchange with the patient, which varied in length depending on the condition and character of the person, the ensemble played one to three pieces. The patients usually requested either a certain landscape (sea, forest, Tuscany...), a certain mood (something cheerful, funny, relaxing, to fall asleep...) or a certain style of music or piece of music (folk music, something to dance to, Bach, alla Turca, Peter and the Wolf...). For the musicians it was always something special when a patient asked them to play something "just like that", something "they like themselves". Here, the challenge of not fulfilling a certain wish or not meeting a desired mood and possibly disappoint the listeners was eliminated. Thus it was often more pleasant for the musicians to simply create something free as an ensemble out of the moment, out of the mood, out of the situation here and now.

Afterwards, questions or feedback came from patients to the music or the trio, patients thanked the trio or the trio had more questions for the patients. After the trio had said goodbye to the patients, the video connection was terminated and the mediator had a quiet follow-up conversation with the patients in the AKH, where they could share their experiences and feelings.

Meanwhile, the musicians at the mdw discussed what they had experienced. When the mediator started the connection again, she first reported on the follow-up discussion with the patients and the musicians also briefly described how they had experienced the session and what topics had occupied them afterwards. From this arose the routine that after almost every music session a short debriefing was held to round off what had just been experienced.

## 18. Meeting the staff

From the second day on, the trio also played once a day at the base for the staff of the ward – whenever it seemed convenient for the staff. Great flexibility was required here. This became a meaningful routine for the ProMiMiC team and for the staff an important and almost only connection point to the project: In all three labs it happened only twice that a staff person (psychologist and a nurse) took part in a session together with their patients. There was no time capacity left in the obviously extremely dense procedures on the ward. A comment of nurse who was again called suddenly to the patient by loud beeping during a musical performance: "It was so nice, and now: reality calls" (transcript researcher in Lab 1).

In order for the whole ward team to participate in or at least feel informed about the project, even if they could not be present during the sessions, reports were written every day by the mediator together with the researcher for the ward, describing the daily encounters and experiences with the patients. These reports give a good overview of what happened during the respective project weeks.

In the course of this first week, the psychologist responsible for us informed us that she would unfortunately not be able to be available as a contact person for another lab. Her working hours and the number of patients she cared for every day left too little capacity to spend additional time on the ProMiMiC project. The head of the ward, who was very interested in our project, then asked the head of the nursing team to take on the role as our contact person for the next two labs.

Despite only those brief daily encounters with the staff, valuing and affirming feedback from the ward directors was addressed to the team during the first Lab, referring to our mails with the daily reports:

*Thank you very much for the great reports and the so well [erfreulich] running project! Exceeds my expectations even a bit! Am already excited about today! (Prof. J. Widder, head of the Department of Radiation Oncology)*

*Thanks again for the very successful project! It would be really fine if a continuation could be found. (s.a.)*

*On behalf of Station 14D, I would like to thank you for the extremely professional and entertaining performance of the artists and ask you to convey our respect to the artists for their performance. (Dr.med.univ. A. Kranz, ward director)*

In one of the sessions with the staff, on the last day of the first lab, the above-mentioned ward director was also at the base – since he was dressed the same as all the others in the room, via zoom his position was not recognizable to the team. There were about 5-6 people at the base that day, some were holding coffee mugs in their hands, the atmosphere was relaxed and lively throughout, persons kept joining in and out the session.

From Dr. Kranz came first the request "alla Turca" and then, accompanied by much laughter from his colleagues "Peter and the Wolf by Prokofiev". The musicians take up the challenge with much humor as well and first play "an improvisation on alla Turca" and then "an excerpt from Peter and the Wolf". In both improvisations there are indeed many motifs and themes from the two well-known pieces and the staff is visibly impressed by this performance, there is much applause and appreciation heard. One of the staff even asks "was that really spontaneous?" whereupon Stefan takes the opportunity to explain the scientific background of the project a little and even to invite the researcher into the screen. Only in the follow-up discussion with the mediator does the team at the mdw learn that even a few doctors, including the senior physician and ward director were present.

*The pieces/improvisations played today went very well. For the doctors and nurses we received two special orders directly from the senior physician: first he wanted Rondo Alla Turca by Mozart and then Peter and the Wolf by Prokofiev. Of course we pointed out that we would not play the original but improvise in the sense of the mentioned works. This succeeded amazingly well by using the familiar motifs (fortunately we knew them). The two pieces turned out formally in such a way that one or two motifs were present throughout, sequenced, slightly varied, etc... the rhythm held everything together. The feedback from the doctors and nurses was very good. (musician)*

*(...) Maybe the order was too precise and I wanted to play it the way I know it, but there's no trying in this case, so just play! Whew, always a challenge! However, Stefan on accordion started the piece so confidently and well, so there was time to kind of get into it. Peter and the Wolf was great and that was also lot of fun in the common back and forth change with the themes and motifs. And the staff liked it too :) (music therapist)*

On Friday of the project week, all participants met live at mdw for a debriefing as a whole team and a group discussion of the ensemble. The individual interviews took place on Thursday and also on Friday. Each day of the project week, the three musicians and the mediator wrote down their reflections and sent them to the researcher.

## **19. Statistics**

Six patients participated in ProMiMiC during the first Lab, with three of them receiving several music sessions. Over the course of the project week, there were ten music sessions for patients and three for the staff, resulting in 24 different improvisations. Only once did the musicians play a piece from their rehearsed repertoire.

Two encounters from Lab 1 will be narrated and analyzed in detail below. First, the lady from the very first encounter in the dress rehearsal - the Tuscany Woman, whom the musicians visited three times and with whom they spent 15-20 min each time. Then the Garden Lady, a resolute elderly patient who gave the ensemble *a special lesson* on feedback.

Both encounters had far-reaching significance for the entire first Lab and for the development of the Vienna ProMiMiC model as a whole.

What is special about the constellation of music therapists in collaboration with performance musicians becomes tangible here, and both cases show how these two approaches can complement each other. The case analysis can thus also be read like a first answer to the first research question:

*How can musicians and music therapists employ effective personalised live music for patients in the hospital context and how can the joint approach and the practice of musicians and music therapists be complementary?*

## **20. Building a relationship: The „Tuscany Woman“**

The patient, who soon becomes "Tuscany woman" or also "homeland woman" by the musicians, is particularly remembered by the entire team because she was the first: For this patient, the musicians already play at the rehearsal, a few days before the start of the first Lab.

The musically broadly interested patient, who likes to listen to "everything from jazz to classical music", wishes for "something cheerful" in the first encounter - a wish that the musicians will hear often, both from patients and staff. This patient, who seems cheerful and curious to us, visibly enjoys the performance. Afterwards, she inquires with great interest what the musicians "do in normal life" and also asks whether "one can transfer some money", "one has to live from something". There is a lot of laughter together, and since the technology also works perfectly in this dress rehearsal, an undisturbed positive energy can flow between the musicians in the Metternichgasse at the mdw and the patient in the AKH.

A few days later, on a Monday in February, at their second meeting via Zoom, there is already a noticeable relationship of trust between all parties involved. There is a mutual interest, musicians and patient ask each other questions about their lives, and thus continue to get to know each other a little.

Since she is already familiar with the rules of the ensemble, she already brings a wish for the second meeting: "something Tuscan". She would like to hear something from her former homeland, where she lived for 15 years. When the music therapist leading the conversation inquires in more detail, keywords like "lightness of the Italians", their "being content with what they have" but also the landscape on a high, long mountain pass come up.

The musicians respond differently to the request. Maria will later describe that at first she was a bit stressed: she herself had only been to Tuscany once and there only to the sea. The patient,

however, alludes with her wish rather to a place in the interior of the country where she used to live for many years – a place which Maria cannot connect to at first. Relying on her years of experience in improvising together, she thinks that Stefan will have an idea.

In fact, Stefan later states in his reflections, "the desire for a piece about Tuscany sounded easy at first, but when we played, I found that we didn't really get into the flow." At the same time, however, he recognizes that even if he himself feels he doesn't exactly "hit the right note" in the truest sense of the word, nevertheless the ensemble "works well together."

Maria, on the other hand, who at first had doubts, is downright thrilled with the result: "The sounds were so beautiful and I had goosebumps for a brief moment during the music. I was able to really engage and feel my heart space."

Johanna apparently observed the patient particularly well while she was playing. She noticed that the lady was visibly touched and kept wiping her eyes.

Laura, sitting next to the patient in the hospital, confirms afterwards the impression of emotion and gratitude for this special piece of music for her.

After playing, everyone gets back into conversation with each other and shares images from Italy that the piece of music has triggered. When Maria again emphasizes that it is "music that is being created for you at the moment, we don't know beforehand what is coming, what we are doing", the patient replies that it is exactly "the great thing" that the musicians are doing, and in the same breath inquires about the feedback of the other patients "who you have played for so far".

She also mentions that she told "a lot of people" "50 friends and acquaintances" that she "got such a private concert here" and that "everyone was very enthusiastic about the idea". "I think it's meaningful [bedeutsam]," she tells the musicians, and in a personal follow-up conversation after the meeting, she confides to the mediator that she generally doesn't like to talk about her suffering. That is why she avoids contact with other patients and deliberately does not take advantage of the hospital's offer to consult the ward psychologist.

After the Tuscany-piece the patient wishes for another piece, this time she passes the ball back to the musicians "Now you play for me what you like to play". The musicians are happy about "this very great invitation" and experience another, very special appreciation after the piece. The patient feedbacks "that you obviously enjoy giving joy to others". Here the resonance is not only perceptible but also expressed, "this empathy with your audience (...) that I find so great, that's what I felt".

Something else is special about this encounter and remains unique in the entire project: the patient wishes the farewell piece "homeland" which the ensemble plays for her at their third and last encounter in electronic form, as a give-away, so that she can listen to it later, at home. The ensemble learns that she will be discharged this week, after a stay of over five weeks in the hospital. The fact that in this one case the *music from the here and now* is actually to be taken



along as something lasting, subsequently preoccupies everyone: "... like a smell from a distant time, such a piece of music has the potential to recall the situation to mind again and again" writes on of the musicians in his reflections.

The learning moment for the ensemble in this encounter is also that it makes a difference whether one sees patients only once briefly and then immediately, "at the push of a button, zack zack", as the music therapist often calls it, tries to express musically a wish that was perhaps only mentioned quickly, or whether something like a relationship can actually develop from where a wish, a picture, an inspiration eventually arises. The musicians notice that it influences the quality of their performance if they can have a longer contact with a patient.

On the one hand, it is easy for the ensemble to enter into communication with the Tuscany woman because she acts very openly, appreciatively and lively and also does not hide her emotions - even if the patient first had to gain trust and especially in this case the connection via the mediator, who had much more time for pre- and post-talk, was a very significant one.

On the other hand, the Tuscany woman was also able to articulate herself well - which was not the case with many other patients, some of whom could only make themselves understood with difficulty, and in addition there was the spatial distance in the first two labs due to the special zoom situation.

This case further shows that it can do the patients good to direct their interest to something else than just illness and everyday hospital life, which also depresses the Tuscan woman. ProMiMiC thus can be a way to have a new agenda, to focus and look forward to something outside of the normal daily routine in a hospital, in Maria's words, "I also felt like, we bring in another life, another focus, another attention."

At the same time, music can also offer patients a way to allow tears and feelings to be and to show – perhaps because it is possible in this protected setting of ProMiMiC without judgment or consequences? The following are some original quotes from various perspectives on these three particular encounters with the Tuscany woman.

*Patient 2 has lived in Tuscany for 15 years and asks for an impro about it, echoing the lightness, don't take life so seriously – a mentality she knows from there. After this improvisation, she asks the musicians to play according to their own wishes. She reports back that she feels that the musicians want to do something good for her and is impressed by the creativity of the musicians. At the end, she wipes her eyes, but it is not clear whether these are tears of touch or of illness/physical condition. She is already thinking about a new wish for tomorrow.*

(Mediator, day 1)

*Patient 1, whom we are seeing for the third time today, will be discharged tomorrow, so today we have the last music session with her. She wants music on the theme of home. She tells us that she lived in Tuscany and Salzburg for many years and only later returned to Vienna, her hometown, and that she is glad to be back in her home country.*

*Already while telling about it, tears come to her eyes and she seems very touched. The musicians play a very touching improvisation. Even after the improvisation, she is still very touched, thanks them and confirms that she could hear her homeland in the music. → She gives me her e-mail address so that we can send her the recorded improvisations.*  
(Mediator, day 2)

*Afterwards she tells me that she doesn't like to talk about her illness. Her friends ask about it, of course, but it is important to her that other topics still have space. She feels psychologically stable enough and therefore does not need time with the psychologist who would be available to her on the ward. She also does not want to have contact with the other patients because she does not want to talk only about illness.*  
(Mediator, day 3)

*...I then also had the feeling that that was not, not unpleasant for her either, that she reacted so emotionally. So that somehow, that somehow that was ok. (Pause) And then I was able to leave her alone afterwards with a good feeling, instead of thinking: Oh, we have triggered something strong, I can't leave her alone, but it was more like: Yes, something has opened up and she could let something out at that moment. (Pause) And also... you could also feel that it was very emotional for the musicians and that they also felt it very much and she also felt that and that's why I think it was a protected setting where it was simply okay that the tears could come.*  
(Mediator, in exchange amongst the whole team)

*But that's great, she experienced something that she can suddenly talk about. What does a friend ask her when she calls: How are you? and when you want to talk and say: Yes, I have experienced something and then you can tell that, you are grateful?*  
(Musician, group discussion)

*...the woman yesterday, who somehow... that touched me too, who just cried, that was already very, very close... close.*  
(Music therapist, individual interview)

*Actually, first of all, the relationship with the lady who mentioned the word "home" and "Tuscany," stood out for me, namely, because we played for her three times, also met her over the longest period of time, because of the rehearsal before the lab week and then again and again. And there was a relationship built, I didn't expect that. It's worked out well. Firstly, because we had her for a longer period of time, secondly, because she herself was the type who was interested and, I think, also understood a lot about the creative process. Understood? I don't know... Or guessed somehow. And she was a super audience, so it was a real success with her, I think. Including the fact that she showed such emotional movement, that was very strong for me.*  
(Musician, individual interview)

## 21. Baptism of fire: meeting the garden woman

On the second day in LAB 1, the musicians play for a patient whom the team hereafter calls "the garden woman." This contact is particularly memorable for many reasons and stands out both in the reflections and in the individual and group interviews.

Namely, the lady was quite a challenging [anspruchsvoll] listener. She tells the musicians about her enchanting garden, which her friend has once called "paradise,". Especially in the hospital, she longs very much back to this place, which she describes as a place full of birdsong and greenery; her garden is simply "pure nature" for her.

The ensemble listens attentively to the description of the garden, and then focuses its interpretation on the vibrancy and variety that the musicians hear from the description. Music therapist Johanna later describes her improvisation as a piece "with lots of trills and birdsong sounds, rather excited and not many melodic motifs in it, but very colorful." After the piece has faded away, the ensemble asks the lady if she is satisfied with the result, if they have hit the spirit of the garden. The patient then asks in turn if she can be honest and if the musicians "can take the truth." When the ensemble, surprised and curious at the same time, affirms, the patient admits that she has not recognized her garden at all in the improvisation. Although parts of the music touched her soul, the musicians still have "rather chased away the birds" and the piece has been "too provocative [aufreizend]" – presumably the musicians were "too young", or she rather had "a different taste" - her conclusion: that has not been paradisiacal at all.

The ensemble is on the one hand happy about the patient's openness, but at the same time also concerned and a bit perplexed - no wonder, since in the preliminary discussions there was often the fear that the patients might be disappointed and that their expectations of a piece of improvised music might not be met. The music therapist in particular had expressed concern that in ProMiMiC setting it is generally difficult for her to make contact with the patients only briefly and then not knowing how they deal with the experience, whereas in her profession the clients are accompanied over a longer period of time and there is also more communication. It is then Johanna who asks the garden woman straightforwardly, "May we try again?" Stefan will later state in his reflections, "I don't think I would have dared say that." The woman agrees and - just like the ensemble itself - gets involved in a second attempt at interpretation, with the request of the patient "Surprise me!".

The initial "defeat" thus turns into a success for all involved. In the second piece, the ensemble takes up the garden woman's critical remarks and plays a "very quiet, idyllic and tender piece - without much excitement". After just a few bars, the patient says to the mediator sitting next to her, "Now they've got it." When the musicians finish the second attempt, the patient speaks up; Maria misunderstands her acoustically and immediately remarks, noticeably frustrated: "Didn't you like that one either?" The other musicians, however, have understood the patient correctly and intervene reassuringly - yes, she did like it this time. "Thank God! Now we are relieved!" Maria comments, laughing. The tension clearly and audibly drops, with laughter now on both sides of the zoom connection.

In the after-discussions it becomes clear that the ensemble was confronted with a real challenge to accept that the ideas of the listeners and those of the musicians can diverge, and that it takes openness and communication skills on both sides to come to an agreement about something as abstract as a musical interpretation of a concrete, unique image of an individual.

The learning of the ensemble from this experience is to become a little more relaxed and not to put themselves under unnecessary pressure: one is also allowed to "fail" once in a while and an improvisation can always only be an approximation to an idea of the other.

On the other hand, it becomes clear that the more often and intensively one comes into contact with a patient, the more a relationship can be developed and one gets to know each other, the sooner one can meet the demands or to negotiate a space where unrealistic demands do not disturb the creative processes of the moment – processes in the music and in the relationship with the patient.

The encounter with the garden woman right on the second day of the first project week had a great impact and influence on the further course of the project, as many questions were raised, the reflections and answers to which have greatly advanced the development of the ensemble. What music do we offer? How do we explain our approach to the patients? How do we deal with specific requests? How do we deal with the fact that we can only approach the patients' own images? How do we stay open and flexible in ANY situation?

However, this encounter not only triggers questions to the ensemble - this experience with the unexpectedly open criticism also triggered each of the musicians' personal experiences with criticism and demands. The music therapist reflects on how she deals with demarcation and the emergence of personal issues in therapy sessions with her patients. The musician Stefan is concerned with the honesty or even freshness of genuine direct criticism, which he usually misses from his audience in his everyday professional life as an improviser on stage. Maria reflects about pleasing and wanting to correspond and assigns this encounter in the exchange with her colleagues rather to a therapeutic effect of a counter-transference or mirroring.

In the following, some original quotes from the different perspectives will show the breadth of topics and the personal learnings that the encounter with the garden woman triggered.

In a direct follow-up conversation between the ensemble and the mediator:

Musician

*It was super interesting, this baptism of fire (everyone laughs).*

Mediator

*She was great - I talked to her some more, then I said, it's great that you're so honest, she said, that's always been important and she doesn't like it, well, when you first say it's okay and then afterwards (laughs) And she liked it very much, the second piece, I*

*should say again. There was the garden there... In the second piece she already said to me quite at the beginning: Now they got it (all laugh)*

Stefan in a one-on-one interview

*I don't think I would have dared to say that. (...) But it was also clear from the woman that she wanted to give us this chance out of gratitude or out of respect for what we were doing.*

Music therapist in an individual interview

*I was totally surprised simply also, where the woman said, that was now wrong, completely beside her image. Because on the first day I had this expectation, they have to like it, it has to fit now. We are here and they get that (...) and expect... The lady was very expectant. She said: Yes, do something, offer me something! (...) But I actually found it cool, too. (...) Now, with that certain distance, that you don't take it so personally. Yes, that's also an art... With some patient it's possible to distance oneself well and with others... With me I'm already in the boat. Although we as therapists should actually be well trained. But unfortunately, it's not always easy to draw the line, to somehow say, "Okay, I'm touched by this now, but I'll treat it later. That's just a personal topic now, that doesn't have so much space here, now it's just about you." Yes, but the woman, she just said that: No, you guys just didn't catch that! Yes well, we didn't. We are just us three (laughs), who try there, to play something from the nothing, which is a garden with some birds for us, for our ears. But actually I thought: Luckily she said that then. That was always my fear and worries that they wouldn't admit that. That we would play something and the patients would say: Thank you, that's fine. But then they get all up set and we leave again. So that calmed me down, that we could play for her again and then I think she honestly said, so now it was good – "good", not in a judgmental sense but pleasant for HER.*

Music therapist in the Reflective Journal

*Although we could not fulfill her expectations the first time it was good the way it was, because of course we always play our own interpretation and imagination of things, landscapes, feelings, whatever, despite the attempted explanations. That became so clear to me again today. And I even found it very exciting that this happened like this today, because thus it is clear that it is always just an attempt and the pressure of expectation can and should be completely removed, because we hardly know or don't know the person for whom we are playing, and yet we give our best in this moment and what emerges can emerge.*

Music therapist in the post-reflections, a few months after the project

*What I would certainly like to do more in the future in my music therapy work is to really ask beforehand exactly how something should sound, e.g. the garden we had at a lady's*

*house. Should there be animals? Sound loud or soft? chaotic? orderly? Tempo? Simply to find out what the image of the other person is, to bring it into the music and not to overwhelm the patient, especially in the first contact when you don't know them well yet, or not to trigger something unpleasant.*

#### Maria in the reflection diary

*Today it was important to me that clearer boundaries are needed between the wishes of the patients and our play. I noticed that this wanting to please limited me a lot in my playing. That's a strange thing to describe - we play for the person's wishes, but there doesn't have to be the thought and the feeling at the same time: Do I correspond now? Does this person like this? It's all about making music - the sound does what it's supposed to do anyway. But still, there is the matter of taste - the second lady today wanted her garden played, with birds and hedges. We did that then - and then it was too grueling for her - I think that's what she said. Mmh ... then we asked again and played a second - very gentle version and she liked that better. The contact with this lady was lively for me.*

#### Maria in exchange with all

*Because with, the garden woman was in the piece completely the energy that came from her - this bursting forth, from the first garden. (...) In the first garden we mirrored her, much more mirrored her than she might have imagined. (...) Because why did we play that? I think we were very responsive to her, only for her it was too... the way she spoke, that everything is too much and it's all too restless. Then came the restless garden. And she didn't like it: No, it's really not. (...) Then we played something quiet and then we had the condition that she actually wished for, but which she now always doesn't have in the hospital. Because there is always this and that and so and so. And first we mirrored HER, how she experiences it and then we brought that here and made a bit of a balance of that. That's where the beginnings of this happened.*

#### Music therapist in exchange with all

*Countertransference but in the sense that we didn't quite check out what was actually going on with the woman because she was so far away, somewhere on screen. She also said: Show me something, come up with something! I can't think of the word, not derogatory but a little bit from above (...) maybe that also stirred us up inside and we didn't check out this feeling at all, so like that: Ok, that's what it's about, that's hers and we - just as you say, Maria - put that back to her. But not consciously. (...) We don't check it in the moment. And normally you give something, if the patient transmits something, you give it back – but put in order (laughs)...*

## Mediator

*Exactly, she said: Can you take the truth (laughs) Yes, so I thought it was kind of great how she just challenged the musicians a bit and tested them in the end... But then she also got what she wanted and was able to report it back right away. (...) She already said after two bars or so "Now they got it"! And that was really so, then she also really enjoyed it (...) you could see that in her posture, how she sat there, and her look - it no longer had this aggressiveness, which she maybe had a bit before. But rather: Ahhh now she can actually lean back for a moment, and it's really something for her.*

## Miusician in the individual interview

*And also the word of criticism, a very clear criticism from the garden woman. That this has come so clearly, I have almost never experienced with improvised music. Because until now most people say: Yes, sounds interesting, it actually sounds interesting. And RARELY, that you get a real critics. (...) That's very rare. I've received that before, and there was also quite clear immediately that the person here will not open, but really rejects that music can sound like that at all. (...) But the nice thing with the garden woman was that it was also clear from the setting, she doesn't leave the room, she lies there in her bed, and we don't leave right away either, because we have the assignment [Auftrag]. And the fact that we REALLY succeeded in bringing about a kind of reversal, that was also really a super success, that stands out. That we succeeded in 15 minutes to turn it around. It certainly has a lot to do with us. That we WANTED it. I wasn't the one who would have tried it again so easily. I think it came from Johanna or Maria: Give us another chance - I don't think I would have dared to say that. And then, that was the offer from our side, but it was also clear from the woman that she wanted to give us this chance out of gratitude or respect for what we do. And perhaps she simply listened with different ears the second time and heard what she wanted to hear. And that made it a success for her. So that's how you can turn this listening habit around. It's totally about the relationship, which is so strong – that's the person-centered thing.*

## **22. The second lab: familiar waters**

*My feelings fluctuate between curiosity and nervousness. The technical set-up in the room for the transmission to the hospital is ready and cleverly solved for us musicians, the atmosphere in the small hall is friendly, and so are the two technicians. The short attunement ritual that we do as a music trio before the whole thing begins helps me to perceive the mood of the other two more consciously, and to strengthen the still fragile feeling of togetherness. The connection with Laura [at AKH] works well, the short conversation and her description of the situation on the radiooncology ward gives orientation. The second online contact is with the nursing staff, who initially makes a reserved, waiting, slightly irritated impression on me. I, too, feel reserved, waiting and irritated by the unusual setting.*

That's how the music therapist who joined ProMiMic for the first time in this second Lab described her mood just before kick-off day - on a hot summer day in July 2021.

This lab still had to take place in a hybrid format due to the ongoing uncertain Corona situation. In order to be able to profit from the already gathered experience of the ensemble members, we decided to make only one personnel change in the line-up. Maria Gstättner and Stefan Heckel remained, the above-mentioned Judith Prieler (violin) joined as a music therapist in place of Johanna Ritscher-Dickbauer. For the second Lab, the ensemble did not study any more repertoire from the beginning. Instead, they focused on person-centered improvisations in the rehearsals, since they had made the experience in the first Lab that they were able to meet the requests well even without rehearsed pieces and that the improvisations enabled a more personal contact with the patients.

After the project in the first Lab was only little noticed by the staff in the run-up, before the mediator entering the ward in presence, for the second Lab we extended the test run to a "kick-off event". The idea was to introduce the whole idea of the project and our Viennese team to the staff via video transmission and to have the trio play for the staff as an introduction to the week. Unfortunately, on the appointed day, only three nurses were at the base at the agreed time, so the project did not have the desired effect of introducing the project to as many members of the ward team as possible.

It had already become apparent in the weeks before that the time capacities of the head nurse, the new contact person, were even more limited than those of the psychologist, despite all his efforts. In very short telephone conversations the mediator could quickly clarify the most important organizational questions, but there never was time left for a more detailed conversation about the bigger context of the project.

Regarding the organization, the week was very similar to the first Lab. The ProMiMiC team was again hybrid on the station from Monday to Thursday in the afternoon. The processes that were worked out and already established in Lab 1 proved to be useful this week as well. New and with great gain for the research the mediator's master thesis was added, thus gaining more insights into the perspective of the patients' on ProMiMiC. The thesis was already mentioned above.

As in the first lab, the project week ended with a research day at the university.

## **23. Statistics**

In the second lab the trio played for eight different patients, for four of them on several days. This resulted in 18 musical sessions, 13 for patients and five for staff, creating 29 improvised pieces. On the project website, some of the improvisations of the first and second lab are available as videos.



## 24. The third Lab: *Flooding the station*

In September 2021, the first Live Lab could finally take place with everyone on site at the ward. The cast of the ensemble remained the same, with Judith Prieler, Maria Gstättner and Stefan Heckel: Since there were only a few weeks between the two Labs, and moreover the Live Lab was to start right after the summer vacations, no personnel changes were made in the ensemble in order to bring as much stability as possible for the live premiere in the hospital. Due to the development of the pandemic, it was not possible to risk starting the Lab later in autumn, as there were reasonable fears of a next wave that would particularly affect the AKH as the largest hospital in Vienna.

In contrast to the two hybrid labs, we started this project week on a Sunday instead of Monday. This turned out to be very convenient, as it was way quieter and much less busy at the ward on a Sunday, especially as still only few visitors were possible in hospitals.

From Sunday to Wednesday we were at the ward every day between 13-16h.

The mediator and the researcher arrived at the ward around 1 p.m. and presented the project to the patients. From 2 p.m. the ensemble joined. On the ward we had a meeting room at our disposal. We used this as a place of retreat, as a “base camp” where we met between the units for pre- and post-discussions and where the trio could rehearse. After we had informed the ensemble about the agenda for the day and the patients we have met, we made our rounds to the patients with the whole team.

In the live setting, we also decided on 60 minutes of playing time, from 2:30 to 3:30 p.m. each time. The presence of the trio on the station resulted in some changes compared to the hybrid setting.

Now it was no longer the mediator who led the conversations to give the trio a starting point, but the musicians could directly start the conversation with patients and staff themselves. The mediator merely knocked on the patients' doors beforehand and asked them if they were ready for the music. A special feature of the week occurred on the last day of the project. Instead of just playing in the patients' rooms, the ensemble walked down the ward corridor playing as an announcement that the trio was ready again from now on. This had the effect that even patients who had not heard of the project before became aware of it and were lured out of their rooms.

A patient, previously unaware of the project, came out of her room, sat across from the trio in her nightgown, and listened curiously. When the trio stopped playing, she applauded and laughingly said, "Forgive me for not wearing evening clothes!" Afterwards, it turned out that her less mobile roommate had been listening from bed as well and enjoying the music.

Following the four project days at the hospital, the entire ProMiMiC team debriefed again.

In total, the trio played for twelve different patients in the third Lab, including four patients more than once, and three times for the staff. This resulted in 20 improvisations.