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In Your Own Time: A Collaboration Between Music Therapy In a Large Pediatric Hospital And a Metropolitan Symphony Orchestra

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Background

Early in 2004, ground breaking work in Australia began between a metropolitan symphony orchestra and a large pediatric hospital in a collaboration that was designed to be ongoing and sustainable for both institutions. The initial framework was set up as a pilot project called 'In your own time'. It brought together the Music Therapy Unit of the hospital and the Community Outreach Program of the orchestra to develop a music therapy program based on the adolescent ward. The concept was new. So the pilot was designed to build the relationship between the two organizations and to develop a long term vision. The collaboration encouraged both professions to explore new meanings, as we joined together to reflect on the practice of music therapy and the process of music making. The inaugural project was held over 13 sessions in the adolescent ward of the hospital and will be the foundation of this report.

The metropolitan symphony orchestra involved in the project has a dynamic Community Outreach Program that is committed to taking music to the wider community. It is equally committed to broadening the artistic life of the musicians, making sure they get a range of artistic experiences while with the orchestra. The outreach program typically goes to schools and engages in interactive programs with the students, making music with them. 'In your own time' was the first time the Community Outreach Program had collaborated with a music therapy program.

During the project I worked as the music therapist on the adolescent unit of the paediatric hospital. I was part of a team of music therapists all specializing in different areas of the hospital. The adolescent ward is dedicated to the developmental needs of young people while they are in the hospital. They understand that teenagers are grappling with more than just their illness during this important developmental stage and music therapy has become part of the way the adolescent unit defines its model of care and the services it provides to young people.

The 6 months leading up to the implementation of the project involved securing funding, developing the model and scheduling sessions. Towards the end of 2004, the pilot project was ready to begin and was run by myself as the adolescent music therapist, working with 7 orchestral musicians - 3 musicians in each session. The model we developed was to bring the musicians into the music therapy sessions. It was not a performance based model. The musicians would form part of each session as active music makers and co-facilitators of the work. They would naturally become part of the group dynamics, actively participating in the music therapy.

I had many concerns and questions about engaging with orchestral musicians in this inaugural

collaboration. Some of these included:

- Are these musicians going to understand music therapy?
- Will they know how to improvise?
- Will they allow the young people to make their own music?
- Will they be able to listen non-judgmentally to the creativity of the young people involved?
- Are the young people going to be able to relate to these high arts musicians?

Then broader questions arose for me:

- What about the authenticity of the music therapy experience?
- How am I going to be able to maintain a therapeutic environment as I bring high level, professional music performers into the hospital?

As I considered these questions, it became clear to me that I needed to join this group of co-facilitators. I needed to educate them about music therapy so it wouldn't become a situation where they were just more group members that needed support. I wanted to establish boundaries and a project structure so they would feel prepared and would have allocated time to debrief and receive ongoing training. I wanted these people with amazing gifts to allow their own styles and personalities to shine through while maintaining safety for them and most importantly, the young people we were working with. I began to further consider these issues about maintaining a safe environment for the young people and managing so many more issues. It became clear that an important part of beginning to work with this model was a training day.

Training Day

The training day was a single day focused on orientating the musicians to the profession of music therapy, the environment of the hospital, and how these two interact, particularly on the adolescent ward. It was also a day for the orchestral musicians and myself to get to know each other; to help facilitate the sessions we would be running with the young people on the ward.

The first session of the training day was held as a music therapy information session in the building where the orchestra is housed and in the auditorium where they rehearse. This brief presentation outlined methods and approaches used by music therapists in different contexts in which music therapy is applied, pointing to how it works, why it is effective and how this effectiveness is measured. I also spoke about how music therapists bring together the role of the creative musician with that of the therapist. The second session started to work with some of the deeper aspects of therapy work and the ethics involved. We discussed the expectations of the role of the musicians in the project and the aims of the project within the music therapy program and guidelines for the sessions. I asked them what they may have to offer this music therapy program both individually and collectively. This included opportunities for each person to share with the group some of the things that may influence their work at the hospital, beginning with a safe and measured approach to self disclosure and trust within the group. This session was focused on bringing the group together and beginning to understand the process of therapy. It addressed how therapy works and anticipated that this environment may trigger issues related to their musicianship, their relationship to music or their personal life.

The remainder of the day was based in the hospital. I knew that understanding the impact of just walking into a large pediatric hospital for the first time is important to consider. In the third session we had time with their instruments and a range of percussion instruments. I asked each musician to play for the group an excerpt from their favorite piece of music or the piece of music that inspired them to become an orchestral musician and then to share with the group why they selected that piece and what meaning it held for them. We then had an improvisation on tuned and un-tuned percussion to address some of those feelings, and discussed the improvisations, all the while using every opportunity to educate them about music therapy theory and practice and the potential of the work in this particular project.

The final afternoon session was orientating the musicians to the hospital, the adolescent unit and the space where the sessions would be held. This was also another opportunity to again clarify roles and review the ethical boundaries of working in a therapeutic environment.

The training day was about us all getting to know each other and our personal styles. I found myself using small non-verbal cues to communicate with them. During the third session for instance I found myself crunching on an apple during a violin and viola duet. I wanted to

communicate that the young people would not necessarily be listening to each note they play with the kind of intensity and devotion that their weekly audiences do. In my own way I was communicating that they should not to be overly precious about their music making.

The training day gave the musicians the time to evaluate their relationship with music and how they can begin to approach music making with therapeutic intent. I asked them to consider the delicacy of a hospital environment and to promote reflexive practice. At times I reflected that this was all because I wanted to invite the musicians into the group therapy environment to work with me. I wanted there to be opportunities in the future for shared leadership roles, similar to how we work with new music therapy students on clinical placement.

Therapy Sessions

The sessions were held in the 'Recreation Room' of the adolescent unit with 3 musicians in each group. The Outreach Program Coordinator was present and participated in every session. The pilot project explored a range of different interventions - predominantly group work but also individual and bedside sessions. This was in order to get a sense of how the project might influence all of these situations as well as the range of services a program such as this could offer to the adolescent ward and also the hospital environment.

Each session at the hospital lasted for three hours in the afternoon. The musicians would arrive for a half hour set up and overview of the structure of the session as well as a general overview of the configuration of the group's participants. Being an acute care hospital the young people involved in the group were different week to week. The therapy session would then run for just over 1 hour, within the time frame of an hour and a half to take into consideration the gathering of young people to the space and settling in time. After the therapy session we would have a short break and pack up the instruments and then debrief/discuss for about 1 hour to review as a group of co-facilitators. At the end of each session, the musicians would usually be leaving for a rehearsal or performance that evening.

Debriefing

The briefs and debriefs became a fundamental part of the structure of each session and also each project. It was important for the ongoing training of the musicians to have a chance to reflect on and discuss each session - what were the interventions and why, what were the turning points, the challenges, what could have been done differently. The session debriefs and the post-project debriefs revealed the details of the relationship of this collaboration, and the recurrent issues.

For example, due to scheduling issues and the summer break, the inaugural 'In your own time' project had 13 sessions over 5 months. The impact of scheduling was one outcome of the pilot. The musicians, the Outreach Coordinator and I all felt the lack of continuity. Subsequent projects have been shorter in length, about 5-6 weeks with the same musicians each week for the length of each project. In this way, the issues that consistently arose in the debriefs informed not only how we navigated the next session but also the broader collaborative long term vision.

In the first few debriefs common musical feedback to the musicians from the improvisation sessions was 'do not over play'. They would get carried away with the music in the session and want to play and move the music somewhere that was often quite complex. However, with some feedback they were able to improve on this issue quickly. As orchestral musicians, they know what it means to follow and to feel music. During rehearsals and concerts, they look at the hand and body gestures of a person standing some distance away from them and are able to interpret them with the group and play with the timbre, accent, volume and intensity that they see, hear and feel. Who else does that sound like? What other profession works in these ways? It was necessary to bring the musician's attention to these familiar details, but in a therapeutic context.

Product versus Process

Another common issue for performing musicians in a music therapy context and one that surfaced often in debriefs was the product versus process issue. The pilot project purposely tried a range of different approaches and interventions so that the role of the musicians could be explored fully. Some sessions were group improvisations, open to anyone on the ward who was interested in taking part. These sessions were very process oriented, the music would emerge and I would facilitate the group dynamics for therapeutic outcomes. Other sessions were individually focused when we would work with a young person who I felt would benefit from the

opportunity of participating in this novel project. These sessions were often much more product-oriented, as songs brought to the session by an adolescent would be arranged and recorded with the end product being a CD created from a minidisk recording.

It was important to both honor the process oriented work and respond to the emerging music, as well as to be able to work within a timeframe and a finished product when this need was presented. One young woman participated in a small group session playing keyboard. She had a repetitive 3 chord progression that she played over and over and the musicians improvised along with the other group members to her chord progression. After this rather lengthy initial improvisation finished, she revealed to the group that this was actually the basis for a whole song that she had already written but never arranged nor recorded. We ended up working on this song for the remainder of the session, using the melodies and rhythms that had emerged during the improvisation to embellish her song. There was a wonderful recording of her song by the end of the session.

Some musicians revealed that they felt their roles were less defined in the improvisation sessions. They often felt that they 'didn't have anything to show' and commented that they were used to 'an end result' like a rehearsal, performance, or recording. As far as assessing its worth, the musicians sometimes struggled with not having an obvious tangible or musical outcome.

Empowerment as Outcome

Empowerment was another word that kept coming up in the debriefs. The musicians reflected that their presence seemed to empower the young people's ideas. One musician said "we are the experts in our craft and to invite their musical ideas and work with them, make them even the center of our attention is something that in this environment gives them a bit of power. If they see us placing a high value on their input, they are going to place a higher value on it. So it's about empowerment."

This was demonstrated during work with a 17 year old young man with cystic fibrosis who had spent much of his life in the hospital. He had participated in the music therapy program on the adolescent ward over many years but at the time of this project was a burgeoning songwriter. Two of his original songs were worked on with the orchestral musicians over consecutive weeks and recorded to minidisk in the duration of each session. As soon as he was told about the new project he was keen for the sessions to begin. His already developed musicianship was very ready for this collaborative encounter. It presented opportunities to broaden his own musicality, experiencing up close the artistry of the musicians. Being involved in a project like this placed him in an extraordinary position to channel his new found talent for song writing. In addition, this young man walked away with a CD of orchestral musicians playing his music. He was thrilled with the outcome, and described it as one of the best experiences of his life. He said 'I couldn't believe they were playing along to my songs'.

One of the musicians reflected on the situation of young people who spend a large part of their lives in the hospital: 'It's like they are imprisoned when they're young and vital, but they are so strong and buoyant and positive, and eventually that took over – I developed from feeling pity to - this kid's got it all together and he's getting that stuff out of him'. An excerpt of one of the songs recorded is included here.



Music audio excerpt, 1,44MB

Emotional Experiences

The emotional response of the musicians to the hospitalization of the young people involved in the project touched on another issue of this project in the hospital environment – the emotional content. Many of the young people on the adolescent ward do not have curable diseases, they have lifelong illnesses. They spend much of their lives in the hospital receiving treatment and when they are at home they are self-administering treatment. As a professional in this situation, it is important to understand these young people developmentally and psychosocially and to make sure music therapy presents many opportunities for them to develop strong identities and have broad life experiences that promote good coping strategies so that they have a solid platform from which to grow into young adults.

One young woman I had worked with for many years, who was living with a chronic illness, completed a compilation recording of all her original songs and favorite cover songs during the time of this project. It was wonderful for me as a music therapist after all of our sessions

together to offer her something really special when we were recording part of her personal compilation album. Here is some footage during her final music therapy session, recording a cover song 'Beautiful' by Christina Aguilera with the double bass player from the orchestral project.



Music video excerpt, 7,81MB

Only a month later this 'beautiful' young woman passed away from her terminal illness. It was a very emotional time for the adolescent unit, for me and for the double bass player who had experienced a lovely intimate session with her and her music. He said "I was quite concerned about the emotional impact it would have on me--seeing kids who were so unwell. Working with this young woman proved to me that I was strong enough to handle it. What happened was full on and it does have an impact, but I feel like I did make a difference and in a way I am now a part of her legacy, which is her recording."

Group Dynamics

On a personal note, I was pleasantly surprised by the orchestral musicians. Their ability to communicate with the young people through music and interact with the young people with such ease was impressive. Their spontaneous music making and original musical ideas were inspiring, as was their capacity for understanding group process and group dynamics. I believe there is something in this concept about orchestral musicians; they know what it is to be involved in a group, to listen, to take direction and for the focus to not be about them as individuals.

Orchestral musicians go to work in a group and I go to work with groups of adolescents. Throughout the pilot project 'In your own time' there seemed to be something quite important that was really working, and I was surprised that I was enjoying it so much. The musicians also reported enjoying the project, not only the work with the young people but also the opportunity for them to get to know each other and bring to light aspects of their relationship with music.

One musician stated, "The most valuable thing for me was, rather than music being the focus all the time, the music was the medium to relationships with other people, which was something I wasn't expecting. Even though we work together we don't work this closely together' Another stated that 'It has changed quite considerably my attitude to what the whole music making process is about ... it has put it in a context that music is a means to an end and is part of a more warm, generous and sympathetic process rather than a cold, cut throat, professional job.'

My Experience

I had some break through experiences with some of the young people I worked with during this project. The orchestral involvement deepened my work with them. I was able to offer a broader palette with which to evolve their musical ideas and it took the pressure off me to have to create the music all the time. Working in collaboration allowed me to be predominantly the therapist and not necessarily the musician in the session. I was able to share my work with others and my large knowledge base of group facilitation, whilst enjoying their musical input and reflections.

The pilot project 'In your own time' was developed as a pilot partnership to encourage a cohesive working relationship between two large institutions, with a view to continuing through future projects with music therapists in different units of the hospital. It was very successful in drawing out issues around the collaboration of the two institutions and the two professions steeped in their own traditions and expectations. To ensure ongoing funding of this type of project and to promote a higher profile for the concept, it is necessary to make it attractive to hospitals who require evidence-based work and orchestras who are considering approaching the hospital environment with the growing interest of combining the arts with health. Future project funding needs to include research and explore the potential for this collaboration to address a range of different patient needs and populations.

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