

Full-Length Article

Environmental Music in a Hospital Setting: Considerations of Music Therapists and Performing Musicians

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Abstract

Background: This qualitative study explores the considerations of music therapists and musicians who provide environmental music therapy (EMT) and environmental music (EM) in hospital settings. EMT is an approach within the field of music therapy, utilized by trained, certified professionals who apply live music to address the physical, psychological, and cultural needs of patients, caregivers, and staff in the hospital environment. EM is defined as live music performed by musicians in public areas of hospitals typically on a volunteer basis. Both models might appear to be similar in actual presentation. However, the underlying differences warrant discussion.

Objective: This study explores the similarities and differences between musicians and music therapists' experiences of playing music within the sound environment of hospitals, and the unique considerations and impact their music conditions may have upon patients, and caregivers.

Method: Interviews were conducted with 6 musicians providing EM and 5 music therapists providing EMT. Data were analyzed using a modified grounded theory approach.

Results: Results suggest that music therapists and musicians consider their contributions to be beneficial to the hospital environment and to the emotional states of individuals, as well. Findings indicate that music therapists' considerations are more goal-directed. Of the 11 participants- 5 were music therapists from urban hospital settings and 6 were performing musicians who were involved with community music programs. All of the interviewees expressed unique understanding of music's value in medical settings, which can often be associated with anxiety and stress. Discussion includes considerations for collaborations between music therapists and musicians in the hospital setting inclusive of administrative understanding of the essential differences between music therapists and musicians.

Keywords: *music and medicine, music and health, environmental music, Environmental music therapy, community music, attunement, deep listening.*

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The Impact of Music in a Hospital Setting: Experiences of Music Therapists and Performing Musicians

The purpose of this study is to describe and compare music therapists' and performing musicians' experience of the impact of the music they create in hospital lobbies, waiting rooms, and intensive care units (ICUs), for patients, caregivers, and staff. Environmental Music Therapy (EMT) has been defined by one of its founders, Steve Schneider, as the use of live music that is "broadcast to a particular

environment for therapeutic purposes" [1].

EMT is provided by intentionally modifying music to respond to the sound environment as well as observable behaviors such as facial expression and gestures, as a way of decreasing stress level, and pain perception, and to re-contextualize unwanted noise [2,1]. Performing musicians frequently offer Environmental Music (EM) in hospital settings where the musician is the focus of a receptive experience, such as a harpist playing in the hallway of an oncology unit or music that is played in a hospital lobby by a jazz pianist. Both EMT and EM are offered with the intention of the improving the hospital environment commonly associated with anxiety, frustration, and stress [1,2]. This study seeks to understand the varying considerations that exist between music therapists and musicians, as well as to explicate the changes they perceive as the result of their playing.

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Literature Review

Hospital Noise and Health

The literature indicates that the acoustic environments in hospitals “are characterized by frequent high-level sound events which may negatively affect patient outcomes”.³ The need to improve the hospital soundscape has become a focus within the medical profession and public awareness of the issue is increasing. Noise in hospitals can cause disruption of sleep for infants, children, and adults [4,5,6], which can negatively affect healing. Noise can also cause stress and impact the accuracy of clinicians [7]. Music in the hospital setting has been used to address the issue of hospital noise and improve the sound environment [8], as well as to reduce patients’ pain, decrease anxiety [9], and to promote relaxation [10].

Live Music in Hospitals

Many programs integrating live music in hospitals have been developed by music therapy professionals. Essentially, the field of music therapy emerged after people began to take notice of the therapeutic effects that community musicians had on WWI and WWII veterans while playing in veterans hospitals throughout the country, which helped lead to the formation of music therapy as an established field in the 20th century (American Music Therapy Association, 2014). During the growth and evolution of the music therapy field over the past decades, many different approaches and music interventions have been developed. EMT was first utilized in ICUs to modify the unit’s soundscape, which can be perceived as overwhelming by patients, caregivers, and medical staff. Literature shows that EMT has positive effects on stress level, fatigue, and perception of noise [11;12]. A pilot study of EMT was conducted in a chemotherapy infusion unit by using a questionnaire that asked patients, caregivers, and medical staff about the effect of music on the environment and the preference of musical characteristics. The results indicated EMT’s effectiveness on changing individuals’ perception of noise as well as physical and emotional reaction to treatments [11]. Rossetti and Canga discussed how music in EMT can impact the physical, emotional, and neurological aspects of pain, which are based on various pain perception theories. They propose that EMT is effective in shifting pain perception and enhancing the psychosocial aspect of patients’ well-being.¹³ Schneider described how EMT supports patients in the ICU moving through the dying process. ¹⁴The language of music can help to connect with patients from varying cultural backgrounds and improve their well-being [14].

Live music in the hospital setting has been a step toward “humanizing the hospital community” [15], and has been used to improve the overall perception of the hospital experience [2]. Organizations that bring EM into healthcare settings such as Music in Hospitals [2] and Musicians on Call

recognize a correlation of music with wellness and quality of life. These organizations primarily focus on music performances in a broad range of healthcare settings, rather than in public areas of hospitals, which was the focus of this study [16].

Music Therapists and Musicians in Hospitals

There has been little research about the relationship of music therapists’ and musicians’ work in hospitals. Schneider discussed how trained music therapists can provide the most effective environmental music to meet the complex and diverse goals in the hospital setting even as musicians are able to provide benefits as well.¹⁷ Preti and Welch studied musicians’ professional identities, motivations, and perceptions of playing live music in hospitals.^{17, 18} They suggested that musicians have the potential to experience “burnout” in the long-term due to the lack of a professional support system and sufficient training, whereas music therapists may experience less burnout, as they are associated with an established healthcare profession.¹⁷ Preti and Welch also found an emergent theme, “Is it therapy or performing?”, where the musician participants were reluctant to label their work in hospitals “therapy”.¹⁸ However, some musicians perceived and reported their perceptions of a ‘therapeutic potential’ in offering music in hospitals. These may include observations of improved emotional state, reduced stress, and distracting attention from a threatening environment.¹⁸ Although the above studies alluded to the comparison of the two professionals’ work in hospital settings, there is no existing study that focuses on exploring succinct differences between music therapists’ and musicians’ considerations of music in public areas of hospitals.

Situating the Researchers

Two of the authors of the article were graduate students who finished their internship and Masters’-level classes while in process of conducting the study. Although they came from different cultural systems, they shared common interests in exploring the difference between EMT and EM that may appear to be perceived as similar when lacking deeper understanding of the phenomenon. As musicians who perform regularly in settings ranging from the stage to within the community, and as they practice as trained music therapists, they found the role of playing music in a setting of EMT challenging at the beginning of their practices. However, their consciousness shifted from self to the environment gradually as the practice progressed, resulting in improved changes in the environment. Two of the authors observed musicians that played live music in hospital lobbies and began to notice succinct differences between EM and EMT. These differences seem hidden from public knowledge and may be helpful to provide to administrators of healthcare institutes for improving the understanding, depth and quality of care that is

provided for patients. This curiosity brought the authors toward the collaborative development of conducting the current study. Their interests in exploring the underpinning differences between the considerations of music therapists and musicians led them to define what such differences might bring to the outcomes of instituting EMT and EM in hospital environments.

Method

Participants

A search for hospitals in the United States with music programs resulted in enrollment of 11 participants-5 music therapists and 6 performing musicians from hospitals in the Northeastern United States.

Procedure

The participants were recruited from two music therapy programs that collaborate with local musicians, and one live music program in hospitals of metropolitan cities in the Northeast coast of the U.S. An invitation for the study was e-mailed to the participants to notify them about the aim of the study and the structure of the interview. Interviews were audio-recorded with verbal consent of the participants and then transcribed. 5 interviews were conducted in-person, 3 via telephone, and 3 via Skype. Participants were informed that the data would remain confidential and anonymous. Verbal interviews were the only collected data. Transcriptions of each interview were made by the researcher that conducted the interview. This was followed by an analysis of the transcription. The two researchers analyzed the data from the transcriptions they had made independently and then engaged in discussions together, finding overall themes, sub-themes, and categories. Transcriptions of the interviews were also sent back and read by participants, where they were given the option of adding or correcting data as a form of “member-checking” [19].

The research method used in this study was modified grounded theory, which is informed by grounded theory procedures but does not aim to generate a theory [20]. The data were analyzed using a process of open coding, focused coding, and axial coding to generate categories and overall themes in the data [21]. Interview protocol was conducted by the two researchers. One researcher interviewed 5 participants and the other researcher interviewed 6 participants. The average length of interviews was 28 minutes. The research received the approval from the Human Research Ethics Board (HREB) of SUNY New Paltz.

Results

Comparison Between Descriptions from Music Therapists and Musicians

During extensive data analysis, researchers discovered similarities and differences between the two groups within the themes of (a) musical descriptors, (b) environment, and (c) music and environment.

Throughout the study, music therapists’ answers to the interview protocol appeared to be more consistent than the musician participants’ answers. Possible explanations for this consistency are (a) all music therapist participants were from music therapy programs in hospitals, (b) their theoretical orientations were consistent, and/or (c) they were all influenced by an established academic program by either receiving the training in a university or receiving supervision from an alumnus. However, musician participants had various musical backgrounds, played in different hospitals around the Northeastern United States, and had varying levels of understanding music’s impact on health and wellbeing, resulting in answers that were more diverse.

Music descriptors. Both music therapists and musicians played pre-composed music. While the musicians tended to play specific songs and genres with which they felt most comfortable with, all of the music therapists played diverse genres in EMT sessions and improvised within pre-composed music to fit the environment. Regarding instruments used, musicians and music therapists tended to use their primary instruments. However, music therapists reported using chimes and ocean drums along with guitar and piano. Improvisation was more widely used by music therapists, which is probably due to the prominent focus on it during training in their Master’s program, whereas musicians had a larger emphasis on repertoire. Furthermore, music therapists did not discuss choosing music based on pre-determined musical qualities to “sooth” or “relax” people as many musicians did, because of their focus on using improvisation was slated to meet the environment’s needs “in the moment.”

Environment. Music therapists and musicians commonly perceived the hospital environment as busy and tense. Since music therapists and musicians provided EMT and EM in different areas in hospitals, the environment that they perceived varied in intensity. For example, all of the music therapists had experience playing in the ICUs, which are the most critical medical care areas, while most musicians played in main lobby areas. Most musicians seemed to have less direct contact with patients, caregivers, and staff. Musicians did not discuss hospital noise in the same manner as the music therapists, who gave descriptions of many different types of hospital noise. Interestingly, the musician who described the sound environment in a similar fashion as the music therapists had experience playing in critical medical care areas, such as oncology units and in the pediatric ICU. Lastly, music therapists did not mention the hospital’s pleasant physical characteristics, whereas two musicians reported their appreciation of the physical environment of the hospitals in which they played. It may be due to the fact that music therapists

usually provide EMT in areas of hospital that have more critical needs.

Music and environment. In the sections about the environment's impact on music, the music-making processes of musicians and music therapists revealed different awareness levels regarding the assessing, observing, and shifting of an environment. Music therapists talked about how the melodic contour, harmony, dynamics, and tempo in improvisation reflect the sound environment. Improvised songs were played by music therapists to address specific goals that were set after an assessment. Music therapists also responded to song requests and viewed them as opportunities to attend to needs of individuals. Musicians showed awareness and sensitivity to the needs of the environment, as demonstrated by their attention to volume, people's affect, and responses to song requests. For example, two musicians described the use of "openness" in their music to introduce the sound and gauge the environment. However, their process was less systematic, and intentions were more general in scope. It is also worth noticing that participants from both groups described the use of intuition in their music-making process, such as the use of the "feeling in the room" to inform their musical decisions. Music therapists often used intuition to address specific goals, such as reducing pain, promoting relaxation, or enhancing social interaction, in EMT sessions. Those goals are similar to clinical goals in traditional music therapy sessions. Some musicians also stated that they use intuition to choose a song in the moment, which is less focused on specific needs of the environment. The difference in the use of intuition between music therapists and musicians sometimes was not clear, which indicates that this may be valuable to explore in future studies.

Regarding music's impact on the environment, music therapists and musicians observed people's engagement, such as singing along with the music, dancing, and initiating conversation, during and/or after music. Both groups valued patients' and staffs' appreciation. Additionally, music therapists and musicians mentioned how live music improves the overall hospital environment, bringing an aesthetic experience. However, music therapists elaborated on specific outcomes in terms of how music reduced the noise, improved patients' perception of pain, reduced stress and state anxiety, and improved people's social interactions. Again, music therapists seem to bring clinical intention when providing EMT.

The Environment's Impact on Music for Music Therapists

Categories regarding (a) assessment, (b) music choice, and (c) music, environment, and self emerged through data analysis.

Assessment. Assessment is an essential part of EMT. Music therapists assessed multiple components within the hospital space to generate music to achieve specific clinical goals that can improve patients, caregivers, and staff's experience in an environment. Some music therapists spoke about the initial

assessment, while all of the music therapists described the continuous assessment that was a moment-to-moment process. MT5 discussed factors that she assesses when she walks into a space:

I just put out antennas and say, "Okay, where are we? What time is it? What time of a day is it? What day of the week is it? ... What's going on in the space? ... What's the sound level? ... What are the clinical needs? Also, what's happening outside of the hospital today in the world? ... In the big environment? And looking at that, comparing that with my inner self. Where am I? What's going to come out most therapeutically beneficial to meld the inside of the hospital with outside of the hospital, inside me with outside me?"

In the continuous assessment, music therapists constantly considered the sound and energy in a space, the individuals' physical, emotional and psychosocial states by noticing and evaluating patients' facial expression, movements, body language, and interactions with others. One music therapist described how she was observing and assessing individuals in the NICU:

I'm observing the body language of the caregivers - so, is mom tapping really fast on the baby's back to burp them? Are they shaking their legs? Do they have their hands folded? Do they look stressed out? I'm looking at the staff to see how quickly they're moving... the space in terms of the sounds... the babies, and their vitals to see if the machines are jumping, if their heart rates are going up and down quickly.

Song/music choice. Music therapists considered the population and unit's needs, cultural differences, and staff's musical preference when choosing songs and music for an environment. Music therapists often talked about considering patients' ethnicity and cultural background, which may be related to the demographic diversity in the city where the hospital is located. MT2 explained, "The familiar songs usually come from looking at patient's cultural background and age as I play." MT1 described the elements of world music in his musical choices, which also reflected cultural considerations:

I like to access or reference a lot of different types of world music including scales, modes, and idioms. I think that it's important to break outside of Western notions and Western associations. So world music is important to access - various forms of pentatonic, Spanish idioms, Middle Eastern idioms, some blues, jazz chording.

Most music therapists discussed how a requested song needs to be adjusted for "meeting the space." MT1 stressed the importance of not losing focus on addressing the environment's needs by integrating a particular staff's song request. He explained further:

I think that as therapists, we can reference parts of a piece of music that will appease someone who's asking for something... I can hear someone asking for a song or an artist, and I integrate that into the goal of EMT. (MT1)

Another music therapist participant adjusted requested songs that contained inappropriate content: "So if we have a nurse that likes Rihanna, we might play, 'Rude Boy', and it's an inappropriate song, but we make it appropriate in the environmental music so she would recognize it." (MT5)

In addition to selecting music by assessing the population's demographic backgrounds and staff's music preferences, music therapists also chose songs that hold significant meaning to a specific population. MT3, who works in the NICU, often played songs that have themes of love, bonding, and attachment for premature babies and their parents. She gave an example of choosing music that matches the moment in the context:

I might be inspired by something I see in the room and that triggers an idea for a particular song. Maybe a mom brought a blanket with a lot of different little whales on the blanket and then I might go into the song "Baby Beluga". Or maybe just however the mood may be. Maybe I know that there is a baby who is being discharged, those parents are in there, so I'll use a song that may focus on that. (MT3)

Music, environment, and self. In the context of EMT, music, environment, and self seemed to be integrated rather than separated. Sound, people's physical and emotional state, interactions, and energy in an environment influenced how a piece of music was played. Music therapists used their sense of self as a medium to process all the elements in a space and to convert his or her perception of the surroundings into the music. A transformation from perceived information to musical response can be an immediate process that is led by music therapists' intuition. MT4 offered the description of this process in his interview:

The process that I frequently use in EMT is a kind of a stream of consciousness process in which whatever music comes into my mind based on an ongoing assessment of the space that I'm playing in is the basis of what I play. The people in the space, the sounds in the space. I just let whatever music comes to me come through the instrument, if I can play it. The music is consistently based on my responses to what is happening in the moment.

MT1 described how his music reflects his internal process: "What I create - my first musical statement- I want it to be immersed in and meet what's happening in the 'here and now.' I have to always be conscious of changes in the environment." This is also the process of the concept of continuous assessment discussed above, which cannot be

formed if it lacks awareness of the environment, music, or sense of self.

It seemed to be important for music therapists to obtain an open mind before starting an EMT session. Three of the five music therapists talked about how they were aware of their internal state. They used the phrases like, "start with breathing" and "create a blank space in my mind." The process is similar to meditation, where individuals focus attention on the breathing and their surroundings, so they can sense everything from a fresh state of consciousness. MT5 explained, "I am attuning myself to the conditions around me - whether it's someone screaming, or an alarm, or stressed out nurses walking through the lobby and that affects how I attune myself and the music to the environment." Music therapist participants also stated the use of intuition in making clinical decisions. When MT3 discussed her process of choosing music, she said, "Maybe however I feel, in terms of what I think the space would need."

As stated above, music, environment, and the therapists' sense of self impact one another-which forms the flow of music in EMT. The integration of these three elements enabled music therapists to better attune themselves and then in turn, attune their music to the environment. Music therapist participants observed sound, tension, and individuals in an assessment with cultural considerations as well.

Environment's Impact on Music for Musicians

Regarding musicians' perception of the environment's impact and influence on their music, the following categories emerged: (a) pre-determined musical qualities, (b) song/composition requests, (c) intuition, and (d) volume of the environment.

Pre-determined musical qualities. Some musicians tended to choose pre-composed songs or compositions based on musical characteristics, or pre-determined musical qualities, such as "easy to hear" and "predictable." The negative associations with the hospital environment impacted the music by influencing musicians to seek these musical qualities.

What I have discovered is that people appear to be more at ease and like the piano music when it's easy music to hear... Debussy is just great. It's that kind of atmosphere that think people benefit from. I just look for that quiet, lovely music...with the capacity to distract people (M3).

Musicians who tended to choose the pre-determined qualities described music that contrasted with what people in the hospital may have been experiencing and avoided music that may have related to their experience regarding tone and intensity. For instance, while sharing the process of maintaining subtle chord changes in her music, M5 explained how she avoided "shock" or abrupt changes because patients

and families may have already been shocked or overwhelmed by their situation.

It is important to revisit the process of avoiding minor keys, as explained by M3 and M6. “I’m careful about minor keys, too, because sometimes that can get heavy”, is a clear indication of her awareness of the emotional impact associated with a stay in the hospital. M6 described choosing “happy” and “uplifting” music in the cancer care unit as well as avoiding minor keys. Although neither musician elaborated further on the intention behind these musical choices, it was implied in their descriptions that the emotional content in the atmosphere impacted them.

Song or composition requests. Individuals within the environment also made an impact in the provisions of live music by requesting songs or compositions. This was cited by all but one musician. Providing live music in a hospital setting frequently involves song requests from an audience. Musicians described instances of patients, staff, and caregivers requesting music. M6 described how individuals in the oncology unit impact the musical decisions with song requests, which demonstrates how requests can form a chain from patient, to staff, to musician, creating a positive, connected interaction for all individuals involved: “Since we are in the hallway, we can’t really see the patients... [Nurses] often come to tell us a patient’s request.” Song requests represent an interest and engagement in the music, even in the hospital environment, which is not traditionally associated with live music or enjoyable experiences.

Intuition. The use of intuition was described by M1 as well as others with regards to the environment impacting their music-making process: “I play whatever I feel in the moment based on my feelings or the environment.” Although they were not referring to something as specific as a song request, what was felt “in the moment” by musicians tended to inform musical decisions. Developing a musical plan prior to the session became an unnecessary task for M2 as he began to notice that the plan would often not “feel right.” He also cited “the feeling in the room” as an intuitive element that impacted his musical choices. M4 described intuition’s deep place in her process,

It kind of flows through my fingertips. It’s hard to describe. I’m definitely in a zone when I’m doing this. If I’ve extended that kind of energy, then I feel like what I’m led to do is going to be the right thing.

When describing the use of intuition, such as the “feeling in the room,” or what was felt “in the moment,” musicians implied that there was a rather ambiguous environmental influence on their music. This description lacked specificity, which is to be expected when discussing the use of intuition.

Volume. Attention to volume was a primary concern for M4 and M5. M5 described a friendly camaraderie between herself and nursing staff regarding volume. She would routinely ask the nursing staff “if they needed the volume higher or lower.” She also added, “I do tend to play softer in the beginning to gauge the sound.” M4 mentioned volume many times during the interview, particularly in the context of trying to find the “appropriate” volume for the environment: “If it’s really quiet, then I’m turning it down. If it’s really noisy, then I may turn it up a little bit just so that I can be heard at all.” Consequently, M4 mentioned being asked to turn her volume down occasionally by people in the environment. She quoted the head of the volunteer programs at the hospital: “We got a call from the clinic upstairs and could you turn it down?” Being asked to turn down the volume resulted in M4 adjusting the keyboard but also in feelings of discouragement and self-consciousness. Ultimately, the volume of the environment itself and individuals within it impacted the volume of musicians’ music.

Discussion

A Discussion on Training

It is significant that half of the musicians interviewed for this study described an interest in entering the field of music therapy. Interestingly, these same musicians shared feelings of inadequate training for providing EM. A music therapist shared her insight on the significance of music therapy training:

It’s really different than someone coming in from Juilliard who may be playing Bach beautifully, and it might hook into the environment but that’s just coincidence. With me, because I’m a music therapist, it’s never a coincidence. I am clearly attuning myself and my skill of understanding trauma and tension, noise and sound to the environment. So it’s a distinct difference- probably more improvisation.

It seems that training in music therapy was valued by both groups. However, long-term formal musical training and public performance were common backgrounds for all participants, which were cited as being important to their current work. In addition, a music therapist participant believed that music therapists who have strong backgrounds as professional musicians offer the best EMT sessions. As discussed above, EMT is a complex musical process with therapeutic intention. It requests a high level of musical skill that involves the ability to improvise in various musical styles and genres, along with the mastering of a large repertoire that can support populations with diverse cultural backgrounds and needs. It is not a surprise that music therapists found their experience as professional musicians helpful in their EMT work. Kenneth Aigen discussed the fundamental similarities

of music therapists and musicians' music-making experience, which include listening, communication, and exploration. He suggests that experienced musicianship is transformable to a clinical music experience [22].

Necessity of Communication and Collaboration

There seemed to be a need for collaboration between music therapists and musicians working in hospital settings. Musician participants who had access to music therapists' support showed a higher awareness of adjusting music to improve the environment than musicians who worked independently. They also seemed to be more sensitive to how the environment and the music can be affected by each other.

At the administrative level, a music therapist participant discussed her belief that music therapists working in hospitals should involve musicians in their work, which can be mutually beneficial. She also explained that having musicians provide EM in lobby areas can increase the visibility of the music therapy program, while music therapy programs can give musicians opportunities to be involved in the community and share their music in a healthcare setting. Musicians may also help distribute live music around the hospital when music therapists are attending to other work-related obligations. A successful collaboration program between music therapists and musicians in Melbourne, Australia demonstrates the possibilities of growing a mutually beneficial relationship for the two professions in the future [23].

On the other hand, this study suggests that the work of EMT requires a high level of musicianship. Aasgaard explained how music therapists are often challenged by musical improvisation in the hospital setting. It should be noted that music therapists have varying musical backgrounds.²⁴ Music therapists in some approaches may not improvise as much as music therapists in this study did. There is not enough evidence to state if music skills and knowledge are positively related to the effect of EMT, however, it is a variation that needs to be taken into consideration. In light of the arguments presented above, a skilled musician may be able to use his or her knowledge of music to provide a significantly improved hospital environment when he or she receives support and advice from music therapists. This is especially beneficial when music therapists are not comfortable with improvisation. The collaboration between music therapists and musicians will expand both professionals' ability to provide live music in public areas of hospitals.

The Continuum from Performance to Therapy

As discussed above, experience and training largely influenced how participants perceived their environment. It is evident that musician participants were aware of the hospital context. Furthermore, playing in a healthcare setting influenced the way they perceived their music and raised some musicians' interest in entering the field of music therapy. Two of these musicians discussed a shift in perception that resulted from

providing EM: "This isn't about impressing people. This isn't about me," M2 explained. M5 also experienced a similar awakening: "I think my mindset switched. I became a little bit more in tune." Other musicians discussed the involvement of altruism in their work, but did not mention the field of music therapy.

EMT and EM are both provided in public spaces and may look similar to passersby. As discussed in the previous section, both music therapists and musicians used the medium of music, with different levels of intention, listening, awareness, and understanding of its impact on the surroundings. Schneider believes that music therapists' EMT is different from musicians' entertainment or performance. He wrote, "Trained music therapists are really best suited for this level of work [EMT]" [1]. After analyzing the descriptions of music therapists and musicians, the authors of this study found that the sense of performance and therapeutic impact of music in hospitals is not one way or another, rather, they are located on a continuum. The therapy end of the continuum is a pure state of therapy, while the other end of it is a complete state of performance. The end of therapy on the continuum would require one's full presence, being continually aware of all factors in the environment and processing this information to create a live 'soundtrack' to improve the environment and individuals in it. On the other end, the person who offers music can be completely immersed in his or her own music-making without considering what is happening in the surrounding environment. The music may sound pleasant, but it lacks therapeutic intention. For example, a concert musician who is entertaining people in the hospital with his or her musical talent can fall into the 'play to' of the continuum, while a music therapist at the other end of the continuum may be using a 'play for' and or 'with' improvisation may be working to shift a patient experience, such as pain perception. As seen with the two musicians above, their description of a "shift" in mindset from focusing on impressing the audience toward becoming more attuned to the needs of people in the hospital, demonstrates a movement from one end of the continuum toward the other. These musicians stated that this "shift" impacted their music-making process outside of the hospital context. M2 explained, "It really affected the way I play guitar and piano outside of EM. I saw myself being a lot more aware of things, even while doing rock gigs. It's a different way of paying attention." This continuum between performance and therapy suggests that musicians have the potential to be trained to provide music experiences that may contribute to a more "healing" environment and move closer toward the therapy end of the continuum. Some music therapists may fall further away from the therapy end, if the therapist does not listen deeply and attune to the environment.

Deep Listening and Attunement

Much of what was discussed in this study, in one way or another, is involved with the process of deep listening and attunement. Pauline Oliveros defines deep listening as,

Listening in every possible way to everything possible - this means one hears all sounds, no matter what one is doing. Such intense listening includes hearing the sounds of daily life, of nature and of one's own thoughts, as well as musical sounds [26].

Deep listening seems to be part of the music-making process for the music therapy participants, as assessing the sound environment was described as a significant part of EMT. The concept of deep listening could be viewed as part of the “performance to therapy” continuum discussed above, as some participants listen more deeply than others to all sounds, even the sounds of “one’s own thoughts” 26, which can refer to music therapists’ and musicians’ intuition and perception in this context. Deep listening may require an openness in mind that is alert and the ability to hear the sounds in the air, the objects, the people who make sound by talking, laughing, crying, screaming, and moving. If we consider “deep listening” in a broader sense, it may not only be about listening by ear, but about attuning to the environment, which was a process described by many music therapist participants. By analyzing music therapist participants’ description of attunement, the researchers of this study believe it is a process of acclimating and entraining oneself and his or her music with the sounds and individuals in the environment by listening deeply, watching, and sensing all elements in a time and space. Music therapists talked about how they create a blank space in their mind and attune themselves and their music with the external environment. Some musicians seemed to use varying levels of attunement, such as using openness in the music to gauge the sound environment. Deep listening and attunement appear to be important processes for the provision of both EM and EMT, as they are both undertaken with sensitivity and compassion for the hospital environment itself and both are crucial for moving musicians and music therapists closer toward the therapy end of the continuum. Future research can explore how musicians and music therapists can strengthen the practice of deep listening and attunement to improve the quality of EM and EMT in hospital settings.

Conclusion

This is the first study of its kind to explore music therapists’ and musicians’ considerations of EMT and EM in public areas of hospitals. The purpose of this article was to bring awareness to the varying applications of live music in hospitals provided by musicians and music therapists through exploring their consideration related to music making in EMT and EM. The current paper is part of the thesis which provides a more comprehensive discussion on considerations on environment and music. This study intended to build an understanding of the similarities and differences of music therapists’ and

musicians’ work in the hospital environment, as well as to discover implications about EM and EMT’s place in hospitals overall. The results and discussion suggest that music therapists’ and musicians’ collaboration may expand environmental music’s influence throughout the hospital and improve its impact on the hospital environment in increasingly effective ways. The current research did not include specific music data because of limitations with regard to the timing of the study. Future research should consider analyzing the music data that can speak to the nature of music-making process and furthermore may offer ways to explore how it impacts the environment. The concepts of *Continuum from Performance to Therapy*, and *Deep Listening and Attunement*, were initiated by the authors. However, more in-depth theories behind these concepts merit further exploration. Future research might follow the path to construct theories that can guide and support practices that are specific to environmental music therapy.

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