Engaging with New Audiences
Perspectives of Professional Musicians' Biographical Learning and Its Innovative Potential for Higher Music Education

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Music can touch people deeply, and lead to well-being as an all-encompassing word for everything that makes life worth living, or at least can make it liveable. Musicians can play an important role in these processes, not as pseudo-therapists, but from their own artistic identity, with an approach in which they profoundly understand the social contexts to which they respond. In essence, this is about connecting as a musician with those who, due to whatever circumstances, are vulnerable, and/or those who cannot easily come into contact with live music.

This requires new qualities and skills from such "new audience musicians" who want to engage with people in contexts beyond the concert hall, jazz club or church, like schools, hospitals, nursing homes, prisons, or e.g. the corporate world.

Underpinning engagement with those new audiences is first and foremost a set of values that implies that music can work as a catalyst for interactive communication between various groups of people from different cultural and social contexts, and can bring about social change, no matter how small (Smilde 2018: 673). The point of departure is the idea that artistic processes can have a transformative potential which can bring about a sense of community, inclusion and collective identity.

In this chapter, research into musicians' engagement with new audiences will be explored through examples in the field of music and healthcare. I will do that from a biographical perspective, where the musicians' personal and professional development is strongly influenced by their experiences in their

artistic practice. Here, biographical learning processes are at the core of what we might term, musicians' "professional performance" (Lombarts 2010).

Two examples are discussed in this light: research into the programme "Music for Life", on music and dementia, taking place in elderly care homes, and the project entitled "Meaningful Music in Healthcare", which focuses on music in the hospital. After that, the text will address what everything that has been learnt means for learning and teaching in higher music education, embracing the idea of engaging with new audiences and the potentials of *Musikvermittlung*.

Learning Processes of New Audience Musicians

Before delving into these two examples, I will first elaborate on new audience musicians and their learning processes as a theoretical underpinning of the two examples.

Musicians who engage with audiences beyond those in the traditional concert hall need more than only their artistic skills. They are required to be innovative, entrepreneurial, responsive and communicative, to be able to create sustained partnerships, and collaborate with an eye for the contexts they relate to (Smilde 2009, Bennett 2012). They must be reflective, aware of what is needed in order to generate their work and to produce it with high quality. This includes an awareness of their own individual needs for learning and development (Smilde 2018: 674-5). In short, they need to be "lifelong learners", in the holistic definition of Peter Jarvis:

> "The combination of processes throughout a lifetime, whereby the whole person – body (genetic, physical and biological) and mind (knowledge, skills, attitudes, values, emotions, beliefs and senses) – experiences social situations, the perceived content of which is then transformed cognitively, emotively or practically (or through any combination) and integrated into the individual person's biography, resulting in a continually changing (or more experienced) person." (Jarvis 2006: 134)

Musicians who want to connect to new audiences must be able to respond artistically and reflexively to changing social contexts, read their audience, be able to step out of their comfort zone and reflect on their learning processes. That requires, in other words, lifelong learning. Biographical learning is at the core of such lifelong learning processes. There is no biography without

learning, and no learning without biography. Biographical learning includes people's experience, knowledge and self-reflection, and learning about transitions in their lives; in short, everything people have learned throughout their lives and have absorbed into their biographies (Smilde 2009: 16). From biographical learning a new understanding of people's learning processes can emerge, both in terms of emotion and cognition. A biographical approach to learning has the capacity to change both the learner and their environment, and that is the social context in which the learning takes place (Smilde 2009: 16).

Another important concept within these lifelong learning processes is the social learning, the learning as participation, which can take place within a "community of practice" (Lave/Wenger 1991, Wenger 1998, 2009). Within his definition of a community of practice, Etienne Wenger (2009: 211) distinguishes four interconnected components. These are Meaning ("a way of talking about our (changing) ability [...] to experience our life and the world as meaningful"); Practice ("a way of talking about the shared historical and social resources, frameworks and perspectives that can sustain mutual engagement in action"); Community ("a way of talking about the social configurations in which our enterprises are defined as worth pursuing and our participation is recognisable as competence") and Identity ("a way of talking about how learning changes who we are and creates personal histories of becoming in the context of our communities"). A community of practice integrates these components. In a community of practice, the concept of "peripheral participation" (Lave/Wenger 1991) is pivotal, where the learner learns through participation, starting in a peripheral position, gradually reaching a more central position, and finally achieving full membership of a community.

Music and Dementia

The research project "Music and Dementia" took place between 2009, when we[1] started with a first sensitisation of the field, and 2014, when our publication "While the Music Lasts" appeared, presented at our second dissemination symposium. It was a project which showed to what extent participatory music workshops with people with dementia and their caregivers can enhance the quality of life and work, and in which the learning processes of all involved

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1   The research was conducted by Rineke Smilde, Kate Page and Peter Alheit.

(eight people living with dementia, five caregivers and three musicians) were found to lead to (small-scale) social changes.

We conducted ethnographically informed research into the programme "Music for Life", which is managed by Wigmore Hall in London, in collaboration with the organisation Jewish Care. "Music for Life" consists of a series of interactive creative music workshops in various care homes and centres for day-care for people living with dementia. Professional musicians with a portfolio career (Smilde 2009), where they combine several forms of professional activity, like playing in an orchestra or ensemble, or teaching, take part in "Music for Life", after receiving a training from Wigmore Hall.

In the "Music for Life" programme, held over an eight-week period, three of these musicians work together with a group of eight residents and five members of care staff and use improvisation as a kind of catalyst to bring about communication in the broadest sense of the word. The musicians use an array of verbal and non-verbal cues to connect to residents and their caregivers as a group (Smilde/Page/Alheit 2014: 27). In these interactive creative music workshops, the musicians need, as they call it themselves, a 360-degree radar: a great sensitivity for the group they are working with. That is also apparent in their improvisations with the residents and caregivers, which for that reason we have called "person-centred" or "applied" improvisation in our research. We defined this as "a variety of approaches that seek to tune in to the group in order to create music that authentically reflects the members of the group, with musicians drawing upon a body of shared repertoire and approaches" (Smilde/Page/Alheit 2014: 27).

A strong impact of this programme, as found by (unpublished) evaluations previously conducted by Wigmore Hall, can be that caregivers come to realise that a resident has a biography and that a person's observable behaviour can be a manifestation of the condition of dementia and does not necessarily reflect the person themself. That awareness can lead to an improved interaction and relationship between caregivers and residents. The projects are therefore about "finding the person behind the dementia" (Smilde/Page/Alheit 2014: 27, see also Kitwood 1997).

There is a considerable amount of research that shows that musical communication is beneficial for people with dementia, and that they can be reached through music, even in the later stages of dementia, when verbal communication is no longer possible. Oliver Sacks wrote: "Once one has seen such responses, one knows that there is still a self to be called upon, even if music, and only music, can do the calling" (Sacks 2008: 385). Sacks talks

about the "I" that can always be appealed to and that is exactly the core value of this practice.

After preliminary research, where we observed various "Music for Life" workshops and held interviews with musicians and caregivers in order to familiarise ourselves with the field, we researched during eight successive weeks the workshops of a particular "Music for Life" project as it had been organised in a care home in London. Here we gathered data using participant observation and narrative expert interviews with the three musicians (an oboist, a cellist and a harpist), as well as with the staff development practitioner. We also held three group interviews with the group of musicians, before, during and after the project. In addition, the musicians and staff development practitioner kept a reflective journal which they handed in every week, after the sessions. We then analysed the data, using grounded theory (Charmaz 2006).

When looking at the learning processes of the musicians in this practice, it showed that the musicians' ability to reflect on their practice, and on the roles they have and respond to, is key. Critical reflection, as it is defined by Donald Schön (1983, 1987), can give a practitioner the opportunity to make a new sense of situations. The musicians therefore had to be, as Schön (1983, 1987) terms it, "reflective practitioners", reflecting "on" their action as well as "in" their action, in the latter case drawing on implicit or tacit knowledge (Polanyi 1966). When the musicians reflected, their implicit knowledge gradually became explicit, and as of then it could lead to insight, enabling an increasing awareness of the emotional and implicit, as well as the cognitive and explicit, to emerge (Smilde/Alheit 2016: 285). That is clearly a part of the concept of lifelong learning, where one can get to know what one implicitly knew before, and where one is learning from oneself, through critical reflection.

Mindful of what Jarvis (2006: 134) calls the "continually changing (or more experienced) person" within the concept of lifelong learning, we were able to become aware of the transformative processes the musicians went through. That is where the biographical learning comes in: it includes learning about transitions.

For musicians and caregivers alike, such "learning in transition" (Alheit 1994) underpinned this practice. When, for instance, a caregiver has changed her attitude to a resident as a result of an awareness or new insight created by interaction through music, she has learnt in transition. This transitional learning is self-referential, where it changes both the learner and the social context (Smilde 2011: 241).

An example of learning in transition is given by cellist Fiona, who wrote in her reflective journal after the eight-week project had finished:

> "I feel we have managed in moments to create a group of equals – staff, residents and musicians all as human beings together – joined by the experience of music. I think we created a place of belonging that did enable the residents to feel safe and I believe these moments of wellbeing have helped to create change, even for a few moments or perhaps long term… I feel like I have been left with something unquantifiable in terms of a human/spiritual experience. I feel like it has left a mark in the tapestry of my life and I like to think, whether it is 'remembered' or not by the residents, that it has had a similar impact on them." (Smilde et al. 2014: 24)

Fiona's reflection is not only interesting in terms of the clearly visible biographical learning, when she speaks about the "tapestry of my life". The "place of belonging" to which she refers also relates to Wenger's (1998) concept of identity ("learning as becoming") within the community of practice (Lave/Wenger 1991, Wenger 1998), which was referred to earlier on.

As also pointed out earlier on, in a community of practice, the concept of peripheral participation (Lave/Wenger 1991) is pivotal, where the learner gradually reaches a more central position, and finally achieves full membership of a community. However, Lave and Wenger (1991) warn against thinking only in terms of a linear development within the community, going from the periphery to the core. We saw that indeed this is not always the case; moreover, it turned out to be one of the most important learning points for the musicians. Sticking to their aim and desires in terms of residents' improvement initially gave the musicians a feeling of failure and low self-esteem as soon as a resident did not respond musically or got locked into the dementia. Dementia cannot improve, nor heal, and learning to accept this as it is was therefore key for the musicians: at one moment the resident can be a conductor, or a fellow musician; the next moment this can be over. Nonetheless, there is learning going on: people living with dementia can realise their biography and identity in the moment through artistic practice, as many examples in our participant observation showed (Smilde et al. 2014). Fiona reflected:

> "I've been thinking a lot about how music can be inclusive without people having to actively participate. Music can simply go to people, without people having to come to it. It is a wonderful thing about music, and as a performer you can even play for someone in particular without it being known or ac-

knowledged and yet, something of that intention can be felt by the listener."
(Smilde et al. 2014: 89)

Leadership

Musicians' leadership, and in particular their shared leadership, constitutes another pivotal aspect within their learning processes. Shared leadership within the context of this particular practice requires more than the ability to read a group and having a radar for what is appropriate for a certain moment. Daniel, one of the musicians who took part in the preliminary interviews of the research project, commented on this as follows:

> "[I]t requires […] to be very flexible to go with somebody else's ideas. […] It's very easy to just improvise freely, and just sort of let the music go wherever, but when you have a particular agenda, [with] a person who is playing that music with a particular resident, you have to incorporate them into what you're doing. So you can't just think, 'oh well, I feel like playing it like that'. Because then that's *your* thing, you know? So it's really floating, we float around each other in that way." (Smilde et al. 2014: 27)

This reflection is revealing about what exactly makes the improvisation person-centred. In addition, Fiona also asks herself the question what sound can reflect who the residents are at a particular moment: "What sound can I try now to help either reflect who they are at this moment or what sound is going to connect? It's all about your observations about that person, rather than about what you're creating." (Smilde et al. 2014: 90)

The person-centred musical improvisation in this practice thus consists of tuning in with a resident and oneself as a musician and "sound" can therefore be considered a musical metaphor for one's own identity and one's connection with the other, as Fiona also says: "You're trying to be someone else's music for them" (Smilde et al. 2014: 79). Fiona thus tries to highlight a resident, through musically reflecting the person's identity. Music workshop leader Matthew adds in this respect:

> "I think there's […] that sort of thing that musicians or artists can do that other people don't do or that sort of, yeah, it's another level of support, isn't it? About acknowledging who somebody is that's completely without words, completely beyond words, a sort of recognition of them […] You know, of kind

of losing myself so much in the essence of another person." (Smilde et al. 2014: 144)

Matthew's observation can also be understood in terms of reflecting "the other". George Herbert Mead's (1934/1967) theory of the self is significant in this respect and can help understand what actually happens here. The self, Mead argues, is always a "social self". In order to gain a deeper understanding of the self, Mead distinguishes between the "I" and the "Me" as two different aspects of the self. Both have a distinct position within social interaction: the "I" is the direct utterance of the self, acting and reacting, the "Me" is the social self, the self that is aware of others and that views itself through the eyes of others. In Mead's words: "It is not initially there at birth but arises in the process of social experience and activity, that is, develops in the given individual as a result of his relations to the process as a whole, and to other individuals within that process." (Mead [1934] 1967: 168).

According to Mead, there is always, and has always been an "I". Therefore, this does not change when the cognitive competence of a person with dementia to become an "object to oneself" has diminished (Alheit/Page/Smilde 2015: 24). Even when the "Me", the social self that can see oneself through the eye of another, has disappeared, the eyes of others (here the musicians) can still be on me (the person with dementia), and the musicians can recognise and acknowledge me through their person-centred improvisation. Here they reflect musically who I really am, as the person behind my dementia. The value that the musicians give me has its basis in my biography, in my life story, in me as the person who I really am (Smilde 2016: 320).

Linda Rose, founder of the project Music for Life, observed:

"[…] if you get it right as a musician, if you match something in your music, about the person you are working with, whose identity is lost, who very often doesn't know who they are, where they are, what's going on… if that match is right, then somewhere between you and that other person, somewhere in that space where the music is happening, is that person's identity. It's in that music. And they see themselves, they feel themselves, they notice, they know that somewhere in there, is them. And that is the essence of that connection." (Smilde et al. 2014: 292)

Meaningful Music in Healthcare

With the practice on "Music and Dementia", described above, in the back of our heads, we[2] embarked from 2015 onwards upon a new, explorative research project, "Meaningful Music in Health Care" (MiMiC), now not in the care home, but in a hospital, the University Medical Center Groningen. Also in this practice, person-centred music-making and "being in the moment", where one can let go of one's anxieties and be fully present, remained at the core. This time, we did not research an existing practice, but developed a practice which we researched in an explorative way at the same time.

"MiMiC" takes place between a group of three professional musicians, patients and nurses. It consists of, as the musicians termed it, "person-centred music-making" for patients and their nurses in patient rooms for one, two or four persons. Every patient on the ward that is interested in receiving music is included in the visit. Mostly the musicians use person-centred improvisation, but also idiomatic improvisation[3], repertoire and arrangements in all sorts of styles and genres. Since the end of 2015 we executed some 20 six-mornings-in-a-row projects, all on surgical wards. We chose professional musicians who were experienced in engaging with new audiences and using improvisation in various social contexts, including health care.

In the explorative research we looked at musicians' interactions with patients and nurses, "MiMiC's" contribution to the well-being of patients and nurses, and lastly, the professional performance of musicians, by which we meant the performance of the musicians in an artistic, social and situational sense. This research was, like the one on "Music and Dementia", ethnographically informed, using participant observation, narrative episodic expert interviews with musicians and nurses, and reflective journals of musicians. Our holistic research question was: "What does music actually move in a hospital setting?" (Smilde/Heineman/De Wit/Dons/Alheit 2019). This, based on our collective data, led to a number of stories of mutual development, from the perspective of musicians, patients and nurses. These stories foreshadowed the three main themes, or core categories, that emerged from our analyses: Participation, Compassion, and Excellence. The stories, based

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2   The research was undertaken by Rineke Smilde, Erik Heineman, Krista de Wit, Karolien Dons and Peter Alheit.

3   Idiomatic improvisation means improvisation in a certain style or genre, or e.g. based on the work of a particular composer.

on our observations, interviews and musicians' reflective journals, give a deep insight into the "MiMiC" practice and in particular into what we termed the "learning pathways" of the musicians, patients and nurses in the space of time. With the help of the scheme below we will take a look at the learning pathway of the musicians as we reconstructed them.

Fig. 1: Musicians' pathway
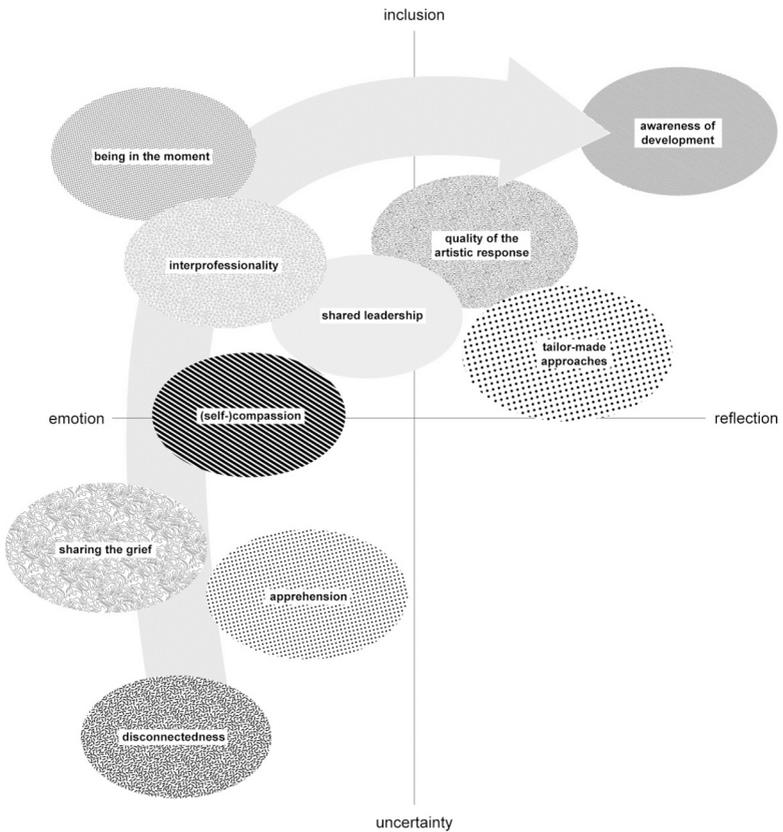
Source: Smilde et al. 2019: 77

We used our data, analysed with the grounded theory approach (Charmaz 2006), to capture the encounter between the hospital world and the live music practice in what we called a "mental field", spanned between the poles of Re-

flection and Emotion, and those between Uncertainty and Inclusion. Within these poles, which emerged from the data, complex social processes unfolded in time. Fig. 1 maps the biographical story of the musicians' learning pathway throughout time, brought together in what we termed "semantic clusters", which can be seen pictured in the figure.

When following the arrow in the figure, it can be observed that the musicians started from a great feeling of uncertainty, apprehension and sometimes insecurity. The social environment in the hospital was unfamiliar and challenging for them, and musicians felt hugely out of their comfort zone, their more or less natural habitat. Slowly, throughout a process of shared feeling and emotion, and not in the least through their close communication and engagement with the patients, initially also outsiders in the hospital, this journey led to a sense of inclusion. This was in particular the case when the connection with the nurses was beginning to firmly take shape, and the triangle musicians-patients-nurses became completer and more interconnected. In the end, this led to an overall reflection by the musicians on what was learnt; they could take stock of their learning, stepping back from everything that had passed, observing it, reflecting it and not only learn from it, but feel genuinely empowered (Smilde et al. 2019: 75). Below, we will take a closer look at a few examples of these semantic clusters.

Interprofessionality

The interprofessional dialogue and development between musicians and nurses was interesting to follow. Cellist Max wrote that at some point the head of surgery gave him "a unique view into the anthropology of a nursing ward" (Smilde et al. 2019: 65) and this opened his eyes. It helped get rid of feelings of uncertainty. He became determined to give things time and show the utmost modesty, respect and understanding. This can be considered transformative learning, "changing your frame of reference" in Jack Mezirow's (1990) words. It payed off, as Max wrote later on: "We have become part of the 'care framework' and that feels good. It feels as if I am part of an important part of society and that I am doing valuable work. [...] I feel that besides a musician I am even more." (Smilde et al. 2019: 66)

Being in the moment

There are a number of reflections on how "Chronos", linear clock time, and "Kairos", the moment, the now, consciousness (Lombarts 2010), can exist together, and the huge quality of the latter for everyone involved. The most striking example was that of an eighteen-year-old Iranian refugee, who was able to be completely in the moment when enjoying the music, in which he played an active role. No matter that he did not know whether he would be able to remain in the country, nor to which refugee centre he would be transferred after leaving the hospital, as the one where he was previously residing was at the time not safe enough for him, he could let go of all these anxieties during the musical session and be fully present. This made a lasting impression on the musicians, as could be read in their reflective journals.

Awareness of development

In our observations, in the interviews and in the reflective journals, we saw an increase of intuitional sensitivity in the musicians, evident in much reflection on the transferability of this practice to other social contexts, and on the question of how one might obtain this particular quality in standard classical concert situations. Cellist Max observed in his reflective journal:

> "This is not just a little different from playing for an audience in a concert hall, it is *completely* different. The relationship between musicians and audience, the function of music, and even the music changes completely. Still it remains an artistic practice [...] In [the hospital] music is not a luxury product, but something extremely important. I would love to find other contexts in which this can take shape or find ways in which a normal concert can get more urgency." (Smilde et al. 2019: 66)

We could observe recurring narratives which seemed key for artistic practices like "MiMiC", and where the three main themes, or core categories, that played a fundamental role, namely Participation, Compassion and Excellence, were clearly displayed. Throughout the musicians' journey we saw the striving to be a member of a community, in a collective identity with the nurses and patients, to "belong" (Lave/Wenger 1991, Wenger 1998) and engage profoundly with everyone involved, which is part of the participation. This required in the end compassion, for the patients in the first place, and also for the nurses. However, musicians' self-compassion also needed to be exercised, in order to

let go of a perfectionism that can work against oneself as a musician, and accept and "tolerate" one's perceived shortcomings. Compassion in this context goes further than empathy (Bloom 2016), it is more active and can be defined as: "a way to develop the kindness, support and encouragement to [...] take the actions we need in order to promote the flourishing and well-being of ourselves and others" (Gilbert/Choden 2013: 138).

Excellence

As mentioned above, the third main theme, or core category, we established was excellence. After the six research-pilots had finished, Aline, one of the external advisors of the project, wrote the following beautiful observation on excellence:

> "The true artistry of the musicians from MiMiC lies in their desire to find just the right music for the right 'moment'. In the ever-changing environment of a hospital, they need to use their sensitivity, judgement and intuition to tune in to all that is happening around them and find or create the appropriate music for the person in front of them. This might be a piece of repertoire or an improvisation based on a theme or image that emerges from a conversation with a patient. Each musical encounter has the aim of connecting deeply with the patient, in whichever way feels appropriate in the moment. It is aimed to be person-centred and to 'feel personal' and therefore creates a connection with the musician and a sense of ownership and empowerment for the patient or member of staff [...] In this way a rapport was built and a sense of equality between staff and patients was created. In each encounter I have been struck by the skill of the musicians who brought their music into the hospital with great sensitivity for everyone who stayed or worked there. In what needs to be a 'clinical environment' I witnessed the cathartic power of music to help people 'feel' more human and more 'alive'. Surely, this is healing in the broadest sense and therefore an essential aspect of healthcare?" (Smilde et al. 2019: 129)

Aline talks here about musicians' artistry. We encounter that word in the work of Schön (1987), who defines it as: "the competence by which practitioners actually handle indeterminate zones of practice" (Schön 1983: 13). There are two meanings of artistry, being the "intuitive knowing", and the "reflection-in-action on the intuitive knowing". When a practitioner displays artistry, Schön

says, "his intuitive knowing is richer in information than any description of it" (Schön 1983: 276, Smilde et al. 2019: 276).

It goes without saying that excellence in MiMiC extends beyond artistic excellence. Whereas artistic excellence is without any doubt an absolute prerequisite for MiMiC, in order to reach the patients and nurses, musicians cannot do without an intensely observing eye for the social situation. Therefore, what we might term "situational" and artistic excellence are married in the MiMiC practice.

The Relevance of Biographical Learning

The example of "Music and Dementia", as presented here, focused on person-centredness, which is also key in "MiMiC". The second example focused on participation, compassion and excellence, which are also critically important concepts in "Music and Dementia". In both projects as described, the biographical learning is immanent. The projects consisted of processes that unfold in time, and which changed the participants involved. These are reciprocal processes, joint learning processes. The musicians learned, their lifeworlds changed, they went through a transitional process, which is the biographical learning process. It shows for example in the following observation of cellist Max in "MiMiC":

> "Observing the 'care machine' in action gives me a lot of inspiration. No matter that there will be many obstacles for the nurses, I feel that they do their work with a lot of commitment and that they bring a quality and human aspect in their work which is admirable, and which I would like to implement myself in my work as a musician as well. To approach each human being, no matter where she or he is coming from, her or his status or age, in the same human way. Everybody can become a patient; everybody can be my audience." (Smilde et al. 2019: 129)

Biographical learning also shows in the reflection of Matthew, workshop leader of Music for Life, after the project on Music and Dementia had finished:

> "During this project I think I have learned even more deeply the importance of… valuing each person in the group; and that group consists of the musicians, the staff, the residents, the managers. Then beyond those people who

have direct contact are the receptionists, staff who bring the residents to the group and transfer them from wheelchair to armchair, relatives, cleaners… and so the list continues. And then, once the session is over and I have left the care home, something of that awareness seems to remain as I get on the tube and share that time with other strangers, as I go into a busy department store, and gradually I have to let it slip away, and adjust to being in the 'normal' world again, with its sharp edges, deadlines, and exacting demands for perfection. But I can carry what I have experienced with me and try to remember to connect with it when I can, to value this life I have for what it is."
(Smilde et al. 2014: 85)

Matthew understands himself in a new way, both as a person and as a musician. His biographical learning process also reflects on the institutional level of the care home, in the awareness of the "list that continues", as the experience is more and more shared and integrated among staff, musicians and residents alike. It can lead to the perception of a "holistic learning environment", which consists of lifeworlds that include biographical learning following "[…] its own 'individual logic' that is generated by the specific, biographically layered structure of experience" (Alheit/Dausien 2007: 67).

Biographical Learning in Higher Music Education

These examples show how relevant it is to take biographical learning into account, also in the formal learning environment of higher music education. This does not necessarily need to happen through creating new curricula, but in the first place through a mindset of awareness and willingness to grant students space for their own personal and professional development (Smilde 2009).

Understanding the multifold roles of musicians in society and its values should not be in the margin, but on the contrary, be deeply rooted in higher music education. Discourses on artistic practices being either *l'art pour l'art* or social work should reversely move to the margin, and in the end could become redundant.

Higher music education is, in general, not used to considering professional training in fields where musicians engage with people in various social contexts as very important. This is remarkable, as connecting with one's audience and creating meaningful experiences has always been musicians' core

business. Institutions of higher music education therefore need to be responsive and reflexive and, considering their role in contemporary society, take up responsibility to connect to society in ways that intertwine with their purpose in supporting the development of their students' artistic and personal expression (Smilde 2016). In other words, institutions need to facilitate students' ability to profoundly address the holistic key question of any musician: "Who am I as a musician, and how can I contribute to society?" This is at the core of *Musikvermittlung*; the "innovative potentials" to which this anthology aims to contribute lie exactly here, and biographical learning plays an important role in that.

This facilitation of biographical learning processes needs to come to the fore in the institutions through a clear vision, which mirrors – in open and flexible curricula and learning and teaching approaches, as well as in relevant professional partnerships, not only in the cultural sector, but also for example in health care – partnerships that are ambitious and innovative.

Last but not least, it is therefore also obvious that improvisation needs a prominent role in higher music education. We are well aware that improvisation is a fundamental means of self-expression for a musician, and we have also seen that improvisation can be crucial to the expression of "the other" in any social context, especially for those who are vulnerable and whose voices are not always heard.

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