How does a critical analysis of the literature inform recommendations for writing about mindfulness in music therapy practice?

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Declaration

This is to certify that:

- The thesis comprises only my original work towards the Masters,
- Due acknowledgement has been made in the text to all other material used,
- The thesis is fewer than 50 000 words in length, exclusive of tables, bibliographies and appendices.

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Date: June 2019
Abstract

Mindfulness Based Therapies have become widespread in clinical work, but so far the literature on integrating mindfulness into music therapy has been limited. The thesis presents the results of a critical interpretive synthesis (CIS) investigating the use of mindfulness in music therapy. The CIS of eight published articles examines how music therapists describe the use of mindfulness in their clinical work. A critical examination of the literature presented in the CIS finds that the use of mindfulness is described under the categories of mindfulness-based, Buddhist-influenced, or mindfulness, and discusses some of the difficulties in describing music therapy processes in this way. Based on the findings from the CIS, and drawing on research from the mindfulness literature as well as my experience as a mindfulness teacher, practising Buddhist, and registered music therapist, the thesis then offers recommendations for music therapists who are interested in using mindfulness-influenced practices in their clinical work and research.

The word ‘mindfulness’ has become widespread, and can describe almost anything from relaxation to in-depth therapeutic work to the path to spiritual enlightenment. This broad use of the term can lead to a lack of clarity in how the use of mindfulness is described. The thesis will explore the use of language, including the challenges of adapting concepts from other cultures and belief systems. Research into the adverse effects of meditation is discussed, and the thesis argues that due to these possible harmful effects, music therapists using mindfulness in their work might consider additional training, ensuring they understand the theoretical basis, the benefits and the contra-indications of mindfulness-based therapies.
There are also indications in the current literature on mindfulness and music therapy that music therapy processes can at times cultivate mindful states in both therapist and client. This could be an exciting area for further research, potentially leading to the development of a new theoretical model of mindfulness arising from within the creative processes of music therapy.
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Glossary of abbreviations

ACT Acceptance and Commitment Therapy

AE adverse effects

BMGIM Bonny Method of Guided Imagery and Music

DBT Dialectical Behavioural Therapy

CMT Creative Music Therapy

CIS Critical Interpretive Synthesis

MBCT Mindfulness Based Cognitive Therapy

MBT Mindfulness Based Therapy

MBP Mindfulness Based Program

MBSR Mindfulness Based Stress Reduction

MBML Mindfulness-Based Music Listening

MBMT Mindfulness Based Music Therapy

MBRP Mindfulness Based Relapse Prevention

RCT Randomised Controlled Trial

RMT Regulative Music Therapy

SAE serious adverse effects
Chapter 1: Introduction

1.1. The evolution of the research project

The seeds for this research project were planted thirty years ago, when within a few months I travelled to India for the first time, and began my undergraduate study in music therapy. In Southern India I was able to spend a day in a Tibetan refugee settlement during a visit by the Dalai Lama, and this day and similar experiences left a deep impression on me, and kindled my desire to learn meditation in a more systematic way. At the same time, the music therapy course allowed me to explore my relationship to music making from a new perspective. My previous training had been as a classical orchestral musician, which emphasised a dedication to high performance standards. Now I was sitting on the floor improvising with children, leading singing and reminiscing groups in aged care facilities, and teaching piano to a deaf-blind teenager. I learnt about being a therapist, about holding space for people and allowing them explore what was most meaningful to them. At the same time, through practising Zen meditation, I was learning about the importance of having a practice within a tradition, an ongoing relationship with a teacher, and being part of a community of other practitioners. I was already teaching Tai Chi, but went on to train as a Mindfulness Based Stress Reduction (MBSR) facilitator in order to teach mindfulness meditation. A little later I also completed a two-year post-graduate course in Buddhism and Psychotherapy with AABCAP (the Association of Buddhist Counsellors and Psychotherapists) to enable me to work therapeutically using mindfulness and Buddhist psychology. For the past five years, I’ve been training in the Bonny Method of Guided Imagery and Music
(BMGIM), which is a form of in-depth music psychotherapy. At the same time, my main music therapy work had become conducting community choirs, such as an Aboriginal choir, and an aphasia choir for stroke survivors.

I was aware of psychologists, psychiatrists and psychotherapists who were using mindfulness in their clinical work to enhance therapeutic outcomes (Siegel, 2010; Kornfield, 2008; Grepmair, Mittelehner, Loew, Bachler, Rother, & Nickel, 2007; Germer, Siegel, & Fulton, 2016), but knew of only limited literature by music therapists in this area (Lesiuk, 2015; Van Dort & Grocke, 2013). And although I had presented on mindfulness at professional development seminars for music therapists, these were focused mainly on using mindfulness for self-care and to enhance therapeutic presence (Geller & Greenberg, 2012; Kabat-Zinn, 2013). I was also conscious of the fact that even though I had acquired sufficient training and experience to integrate my two interests of mindfulness and music therapy, I had not yet done so in my work. This was in part due to the fact I was conducting community choirs, which weren’t a setting which naturally lent themselves to introducing meditation. Yet when I began my Master’s course with the intention of conducting a research project combining mindfulness and music therapy, I soon realised that my reservations went deeper than simply a lack of suitable opportunity. I had been learning about and practising both music therapy and meditation for thirty years, and had been committed to ongoing training and professional development in both fields. Yet my experience of music therapy and of mindfulness were of two quite different processes. I regard both highly, and both are compatible with my values as processes which can encourage strength-based and resource-oriented growth (Gilbert, 2013; Rolvsjord, 2010). However, instead of proceeding with a research project involving clients, I realised I needed to take a step back and reflect more deeply on my personal and professional experience of
mindfulness, and how this might inform me as a music therapist. I was also curious to
discover what other music therapists were offering in this space, and wanted to learn more
about their work.

1.2. Aim and scope of the study

1.2.1 Formulating the research question

Originally, the research question was designed to examine how a range of professions were
integrating music with mindfulness to achieve therapeutic outcomes. It became clear that
this could potentially also include the use of music and mindfulness in other cultures such as
Indigenous cultures, other religious traditions, and the use of music for healing in altered
states of consciousness. As I am a registered music therapist and therefore deeply
interested in the way my colleagues are integrating mindfulness into their practices, I
decided to limit the scope of the current study to looking at writings by accredited music
therapists, researching how they describe the use of mindfulness in their clinical music
therapy work.

As I read and reflected on this literature, I noticed at times a lack of clarity in how
the word ‘mindfulness’ was being used by the authors. Because of my own background in
teaching both secular and Buddhist mindfulness, I was aware of some of the challenges one
can face when describing mindfulness concepts and processes (see Chapter 4), and decided
to explore what an in-depth examination of the music therapy literature would reveal.
1.2.2 The critical interpretive synthesis

The methodology chosen was the critical interpretive synthesis (CIS) as first described by (Dixon-Woods, Cavers, Agarwal, Annandal, Arthur Harvey, ..., & Sutton, 2006) and further developed by others, including Australian music therapists (McFerran, Hense, Medcalf, Murphy, & Fairchild, 2017). As will be discussed in more detail in Chapter 3, a CIS offers the researcher the opportunity to critically examine literature on a particular topic from a wide range of sources and with differing methodologies, allowing the inclusion of relevant writings which might fall outside the scope of a traditional systematic review. It also encourages a critical engagement with the literature, which allowed me to bring my expertise in different mindfulness traditions into the research process. Integrating personal expertise into research can be both enriching but also problematic, and requires a high degree of reflexivity and transparency (Berger, 2015; Finlay, 2002; Pillow, 2003), and this will be discussed in more detail in section 1.3 and throughout the thesis. Through the iterative process discussed above, the research question for the CIS became:

*How do contemporary music therapists write about the integration of mindfulness and music in their therapeutic work? A critical interpretive synthesis.*

1.2.3 The recommendations chapter

The process of extracting and critically reflecting on the data through the CIS allowed me to question some of my assumptions, reflect more deeply on the issues raised, engage with my emotional responses to the data, and clarify my initial reservations about combining music therapy and mindfulness. It also raised interesting possibilities of unique contributions
which could be offered to the field of mindfulness by music therapists. Based on these learnings, the thesis was expanded to include a chapter of recommendations for music therapists writing about mindfulness in their clinical work, and the research question for the thesis as a whole became:

*How does a critical analysis of the literature inform recommendations for writing about mindfulness in music therapy practice?*

### 1.3 Researcher stance

#### 1.3.1 Synthesising research

Because the CIS allows the researcher to choose and analyse from a range of literature, this places the researcher in a central position of the research process, and factors such as the researcher’s professional background, epistemological approach and cultural context all play a role in how the data is chosen, reviewed and interpreted (Meadows & Wimpenny, 2016). Meadows and Wimpenny recommend that researchers acknowledge both personal and professional factors (see 1.3.2) and use reflexivity (see 1.3.3) when describing the synthesis.

#### 1.3.2 Personal and professional factors

As a researcher, I bring experience with a range of mindfulness practices into the research process, and I will now reflect on these in some depth as they will inform my positioning throughout the thesis. My own personal practice of mindfulness is grounded mainly in Buddhist meditation, in particular the Zen tradition. I have also been trained to deliver a
Mindfulness Based Program (MBP) called Mindfulness Based Stress Reduction (MBSR), which is an eight-week intensive course designed to assist people with conditions such as anxiety, depression, chronic ill health, pain management and interpersonal challenges (Kabat-Zinn, 2013). Over the past ten years, I have also offered numerous mindfulness staff training days, community workshops and weekend retreats, where the emphasis is on stress management, self-care, increased capacity when at work or in a caring role, and resilience.

1.3.2a Influence of Buddhist mindfulness

In Buddhism, mindfulness is seen as one of the components of the Noble Eight-fold path, which the Buddha taught as the path to enlightenment (Nhất Hạnh, 1999). The Eight-fold path consists of insight (right view and right intention), meditation practices (right concentration, right mindfulness, and right effort), and ethical behaviour (right speech, right livelihood, right action). In this context, mindfulness is seen as one of the factors leading to spiritual growth, rather than an end in itself (Rosenbaum & Magid, 2016). All eight aspects of the path are interrelated. Without some insight into the nature of non-self (anatta), impermanence (annica) and the unsatisfactory nature of existence (dukkha), the practice of mindfulness by itself would not be considered to be very beneficial (Huxter, 2012). Similarly, the ability to calm the mind and develop deep concentration, and making ethical choices which promote life and reduce suffering, are also essential elements of the practice of Buddhist mindfulness (Huxter, 2016).

The Pali word for mindfulness is ‘sati’, which literally means ‘to remember’, as in remembering to return to the present moment (Huxter, 2016). The English usage of the English word ‘mindfulness’ to describe ‘sati’ goes back to the English/Pali scholar T.W. Rhys Davids, who translated ‘sati’ as ‘mindfulness’ in 1881 (Hwang & Kearney, 2015). Because
English speakers are using an already existing English word with quite different meanings to describe concepts arising from the Buddhist word sati, confusion has at times arisen as to what mindfulness actually is. The different meanings of mindfulness, and the implications of this for writing about mindfulness in music therapy, will be explored throughout this thesis.

The key text on mindfulness in Buddhism is the Sattipathana sutta (Nhât Hạnh, 2012), which describes the four establishments of mindfulness. In this context, mindfulness is practised

‘to look deeply in order to see into the essence of things. With insight and understanding we can realize liberation, peace and joy. Our anger, anxiety and fear are the ropes that bind us to suffering. If we want to be liberated from them, we need to observe their nature, which is ignorance, the lack of clear understanding.’ (p. 100).

Mindfulness in Buddhism means both awareness and also looking deeply. Looking deeply goes beyond observing an object. Through the practice of meditation, the boundaries between the observer, and the object being observed, dissolve over time, and ‘the subject and object become one. This is the essence of meditation.’ (p. 100) The four foundations of mindfulness therefore are embodied practices which go beyond a conceptual understanding of mindfulness to a deeply lived experience of it.

The first foundation is mindfulness of the body in the body. This practice means developing moment to moment awareness of the body in a non-dualistic way, noting the position of the body and our movements at all times. We are also aware of all our body parts, using a body scan to notice the external and internal aspects of our body. We explore the elements which make up the body, such as earth, water, fire and earth, which allows us
to understand the inter-relationship between our body and the universe. We notice our breathing, and work consciously with the breath. (Nhất Hạnh, 1999) Another practice involves the nine contemplations, which are the nine stages of decomposition of a corpse, in order to understand the impermanent nature of our bodies (Nhất Hạnh, 2012).

The second foundation of mindfulness is mindfulness of the feelings in the feelings. We observe the constant flow of pleasant, unpleasant and neutral sensations as they pass through our body, not rejecting them nor clinging on to them. Through this mindful observation, we can begin to identify the physiological causes of these feelings, and develop insight into some of our habits which cause the feelings to manifest. We become aware of when feelings arise, when they are present, and when they pass away. By attending to unpleasant feelings with mindfulness, we can develop insight and understanding into important aspects of our lives. We also learn to appreciate neutral feelings, and let go of the mindset which perceives neutral feelings as unpleasant (Nhật Hạnh, 2012). Our tendency to feel uncomfortable with neutral feelings could be one of the factors driving our often over-stimulated lifestyle.

The third foundation of mindfulness is mindfulness of the mind (chitta) in the mind. Through meditation we become aware of the mental formations, including formations which are always present, such as attention, perception and motivation, and others which only appear with certain circumstances, such as mindfulness, determination and wisdom. We become aware of the circumstances under which some mental formations are wholesome or unwholesome. Nhất Hạnh gives the example of sleepiness, which is wholesome when we need rest, but unwholesome when we feel sleepy all the time (Nhật Hạnh, 1999). The Vijñanavada School of Buddhism lists fifty kinds of mental formations, all of which can be met during meditation with ‘mere recognition’ (p. 74), meaning we simply
acknowledge with mindfulness that they have arisen. Through the practice of this mindful recognition, mental formations which are wholesome will be cultivated, and unwholesome ones will naturally ‘return to our store consciousness and remain there, dormant’ (p. 75).

With ongoing practice, we see deeply into the roots of our mental formations, and become aware of their impermanence and inter-being. We realise that individual consciousness is part of collective consciousness, and vice versa.

The final foundation of mindfulness is mindfulness of phenomena in phenomena. Phenomena are the objects of the mind, also called the dharmas. Whenever our attention is drawn to something, that something becomes the object of the mind. It could be a person, a sound, or a memory. Through familiarising ourselves with the eighteen elements which make perception possible, based on sight, sound, touch, smell, tasting, the object of the mind and mind-consciousness, we realise that our perceptions are based on appearance rather than the true nature of phenomena, which are impermanent and have no separate existence. Buddhist teachings then describe many further realms through which these concepts can be explored (Nhất Hạnh, 1999).

Although I’m careful to distinguish between Buddhist mindfulness and secular mindfulness when I teach mindfulness, nonetheless I’m open with clients about the fact that much of my training and experience of mindfulness comes from within the Buddhist tradition. As part of my reflexive practice as a researcher, I’m also aware that my axiology leans towards valuing mindfulness as a long-term and in-depth practice in order to cultivate lasting changes to the conditions which increase our experience of suffering. On the other hand, most of my mindfulness teaching work is short term, in the context of workshops and professional training, and from feedback about these I’ve learnt to appreciate that these can also be
valuable. I’ve learnt, however, to clearly describe these as an ‘introduction to mindfulness’, and to emphasise the importance of ongoing learning and meditation before significant and lasting changes can be expected.

1.3.2b Reflections on Buddhist and secular mindfulness

Even this brief exploration of the four foundations of mindfulness in Buddhism illustrates some fundamental beliefs which differ in significant ways from a more traditional Western world view. They are based on what is called the Second Noble Truth of Buddhism, which states that dukkha (often translated as suffering, but more accurately described as the unsatisfactory nature of existence) is caused by grasping, aversion, and ignorance (Nhất Hạnh, 2012). Ignorance, in this context, is ‘not understanding the true nature of reality’, which is impermanent and has no separate identity. Thus anatta, no-self, is the belief that we have no separate existing self, that we exist only in relationship to causes and conditions outside ourselves (Mosig, 2006). Buddhism teaches that our suffering cannot be alleviated until we realise this understanding, not through intellectual insight, but through experiencing the dissolution of the boundary between subject and object in deep meditation (Goleman, 1972).

This understanding of the ‘true nature of self’ differs significantly from Western psychological concepts of self and identity (Epstein, 1988). While the modern mindfulness movement in the West has secularised mindfulness so that its benefits can be accessible to all, not just Buddhists, at the same time many of its chief innovators and proponents, including Jon Kabat Zinn, have a long-term background in Buddhist meditation and would be very familiar with these Buddhist concepts as the basis for mindfulness meditation.

However, this is not usually articulated in writings on secular mindfulness, since secular
mindfulness has emphasised the scientific basis of mindfulness meditation in order for it to become more accepted in healthcare and other mainstream settings. These different and often poorly articulated concepts of self/no-self can be one area of confusion when writing about the use of mindfulness in a therapeutic setting.

Another area of confusion can be that Buddhism distinguishes between two main kinds of meditation practice – shamatha, which is a concentration practice, and vipassana, which develops insight into the true nature of our mind. Different meditation traditions emphasise either shamatha or vipassana meditation (Batchelor, 2011). For example, mantra meditation is designed to calm the mind and develop single-pointed concentration, while Zen shikantaza meditation is choiceless awareness of present moment experience leading to insight (Loori, 2004). Mindfulness meditation comes under the vipassana stream, but beginner meditators in this tradition are initially taught concentration practices such as following the breath, in order to calm the over-active ‘monkey-mind’ before the meditator is ready to open up the meditation to non-judgemental moment to moment experience, the vipassana element. (Huxter, 2016, pp 69 – 76). A lack of understanding of these two kinds of meditation and how they are taught in Buddhism means that sometimes a simple concentration practice is described as ‘mindfulness meditation’. For example, following the breath and bringing the mind back to the breath when it wanders is a form of concentration meditation. However, practising the same meditation but noticing the nature of thoughts (for example by labelling them ‘thinking mind’, ‘anxious mind’, ‘fantasy mind’ and so on) before returning to awareness of the breath is a form of vipassana or mindfulness meditation, as through this practice we develop insight into the nature of our thinking mind. In some Zen traditions, students may be instructed to practise ‘following the breath’ for a
number of years before progressing to ‘labelling thoughts’ and eventually to shikantaza, choiceless awareness.

This long-term view of meditation in Buddhism, which views the practice as being developed over decades and even lifetimes, is in contrast to the securalised version, where attending an eight-week mindfulness course and the occasional silent retreat is considered in-depth as compared to two-minute mindfulness apps and mindful colouring-in books. A Buddhist critique of the secular mindfulness movement is that the commercialisation of mindfulness can turn it into a technique for self-improvement rather than bring about a change of consciousness. As Zen teacher and psychiatrist Barry Magid writes about zazen, which is Zen sitting meditation, ‘zazen is in and of itself the alternative to our usual state of grasping, clinging, and goal-orientated life in general. By sitting down, we have arrived.’ (Rosenbaum & Magid, 2016, p. 44). The need to justify the benefits of meditation through neuroscience research has also been questioned by Zen teacher Robert Rosenbaum, who states:

‘Relying on neuroscience to validate Dharma practice implies that the spiritual practice of meditation is not valuable in and of itself: we must justify it with something outside itself.’ (p. 58). He goes on to describe meditation as an embodied practice which doesn’t just involve the brain but the body as a whole, and cautions that the ‘Western need to justify a practice by measuring and quantifying assumes utilitarianism as the highest good, but this is ultimately tragic, for it implies you, too, must justify yourself as having some use. Simply being yourself, it seems, is somehow not enough’ (p. 59).
Nevertheless, despite these reservations, there has been a rich and productive dialogue between Buddhism and Western healing approaches for over forty years now, with Buddhist and non-Buddhist therapists integrating mindfulness approaches into their work, and demonstrating the effectiveness of these through ongoing clinical research and case presentations.

1.3.2c Influence of Mindfulness Based Stress Reduction

While mindfulness has been a part of the Buddhist spiritual tradition for more than 2500 years as part of the Eight-fold path (Nhat Hanh, 1999), its use as an intentional component of Western therapeutic approaches has been more recent. One of the pioneers in this field is Jon Kabat-Zinn, a scientist and long-term Buddhist meditator, who investigated the effectiveness of using Buddhist meditation techniques and a mindfulness approach with patients in a hospital setting by developing the eight-week Mindfulness Based Stress Reduction (MBSR) program in 1979 (Kabat-Zinn, 2013). He defines mindfulness as an “awareness that emerges through paying attention in a particular way: on purpose, in the present moment and non-judgmentally to the unfolding of experience moment by moment” (Kabat-Zinn, 2003, p. 145). The course includes eight weekly classes of 2 ½ hour length, daily home practice of forty minutes, and a silent full-day retreat. Topics such as dealing more effectively with difficult thoughts and emotional patterns, interpersonal mindfulness, working with the breath, and mindfulness in daily life, are explored through a combination of didactic presentations, group discussions, and experiential components. A number of mindfulness practices are taught and practised by the participants at home with the assistance of CDs and workbooks. These include yoga and/or Tai Chi, body scan, sitting meditation, loving-kindness meditation and choiceless awareness. Through daily practice,
participants develop certain attitudinal qualities which Jon Kabat Zinn has described as the core attributes of mindfulness, which are:

**Non judging**
An attitude of not labelling experience as good or bad, to be a fair witness to events. Bringing an attitude of kindness, friendliness and curiosity to all our experiences

**Acceptance**
A willingness to see things as they are. Bringing a sense of openness to our experience

**Patience**
To be completely open to each moment, accepting it in its fullness

**Beginner’s mind**
To see everything as if for the first time, to experience the richness of the present moment – this develops our capacity for appreciation

**Trust**
Developing trust in ourselves and our own feelings and experience

**Non striving**
A paradox – the way to achieve goals in meditation is to let go of striving for results
and instead focus on seeing and accepting things as they are moment by moment – to ‘be here now’

Letting go

An attitude of non-attachment, letting things be, accepting things as they are.

(Kabat-Zinn, 2013)

One of the main goals of the MBSR program is to develop ‘affect tolerance’, that is, the ability to stay present with unpleasant feeling states or thinking patterns without falling into the usual behavioural patterns of either reacting to them or else avoiding them. In this way MBSR differs from relaxation meditation, since staying with an unpleasant feeling state like anxiety is anything but relaxing. It is also much more than attentional training, though developing the ability to choose the focus of one’s awareness and be less easily distracted is a component of the practice. Kabat-Zinn describes how over time, mindfulness can help to shift us from living in the ‘doing mode’ into the ‘being mode’ (Kabat-Zinn, 2012, p. 18), leading to what he calls an ‘orthogonal rotation in consciousness’ (p. 72) where we become less caught up in over-identifying with the contents of our thoughts and emotions and the narrative we have built up around these, and more open to ‘paying attention to the miracle and beauty of our very being and to the expanded possibilities for being, knowing, and doing within a life that is lived and met and held in greater awareness’ (p. 72).

Having taught the MBSR course for over ten years, I appreciate the opportunities offered by MBSR and other mindfulness-based programs (MBP) to people who are
interested in learning meditation without wanting to subscribe to Buddhist or other religious beliefs. The introduction of secular mindfulness has also led to a proliferation of research (Brown, Creswell, & Ryan, 2015) which has greatly enhanced our knowledge of mind/body processes. However, there are also challenges in the popularisation of mindfulness which will be explored in a later section (see 4.3.), and which is helpful for therapists, including music therapists, to be cognisant of.

### 1.3.3 Reflexivity

Reflexivity is a complex process aimed at assuring rigour and transparency in qualitative research, and Finlay (2002) recommends using the style of reflexivity best suited to the particular research project. One approach which was relevant for this particular study is ‘reflexivity as introspection’ (p. 215), which allows the researcher to draw on personal knowledge to engage with the data. The challenge for the researcher using this approach is ‘to use personal revelation not as an end in itself but as a springboard for interpretation and more general insight’ (p. 215). Another approach of interest for this project was described by Finlay as ‘reflexivity as discursive deconstruction’ (p. 222), which explores ambiguity of meaning in language. Some of the ways I have engaged in a reflexive process throughout the writing of this thesis were through supervision, peer supervision and feedback from CaMTRU (Creative and Music Therapy Research Unit, University of Melbourne) seminars and intensives, reflective journaling, meditation, dialogue with my Zen teacher, and being aware of my emotional responses to the CIS data and what these may say about my researcher stance. I have grown up in number of countries with very different cultures (Germany, Japan and Australia) and am therefore aware of living with multiple epistemologies, and that different cultures have quite different ontologies which can
influence us below the level of awareness (Swanson, 2005). However, this transparency about personal factors in the research process can in itself lead to complacency on the part of the researcher, and Pillow (2003) argues for a ‘reflexivity of discomfort’ (p. 192) which keeps us continually engaged with the uncomfortable positions qualitative research work places us in. This can be especially important when we study an area we consider ourselves to be very familiar with, which can lead to an unconscious blurring of personal boundaries and a biased perception of the data (Berger, 2015).

1.4 Use of language

One of the themes which will be explored throughout the thesis is the use of language to describe concepts and processes. An example is the use of the word ‘acceptance’ as one of the core attributes of mindfulness as described by Jon Kabat-Zinn (2013). To someone unfamiliar with the mindfulness literature, ‘acceptance’ might imply passivity or resignation, and this is a concern I have heard expressed by course participants when I teach MBSR. However, Kabat-Zinn describes acceptance as ‘seeing things as they actually are in the present’, which can stop us wasting ‘a lot of energy denying and resisting what is already fact’ (p. 27). Similar issues can arise when teaching other core attributes such as non-striving, non-judging and beginner’s mind. The difficulties of using concepts from Buddhism without a good grounding in Buddhist philosophy will also be discussed in the thesis.
Chapter 2: Literature review

2.1. Mindfulness-Based Programs

The past forty years have seen an exponential growth in the study and teaching of mindfulness meditation in Western countries (Brown et al., 2015), and someone interested in learning mindfulness can choose from programs as diverse as intensive Buddhist meditation retreats, eight-week mindfulness-based courses, a short meditation at the end of a yoga class, or apps which offer brief meditations such as the one-minute pause. While mindfulness has been a part of the Buddhist spiritual tradition for more than 2500 years as part of the Eight-fold path (Nhat Hanh, 1999), its use as an intentional component of Western therapeutic approaches has been more recent. One of the pioneers in this field has been Jon Kabat-Zinn, a scientist and long-term Buddhist meditator, who investigated the effectiveness of using Buddhist meditation techniques and a mindfulness approach with patients in a hospital setting by developing the eight-week Mindfulness Based Stress Reduction (MBSR) program in 1979 (Kabat-Zinn, 2013).

Other mindfulness-based programs which evolved from the MBSR model include Mindfulness Based Cognitive Therapy (MBCT) (Segal, Williams, & Teasdale, 2013), which combines methods from cognitive therapy and mindfulness to particularly work with depression; and Mindfulness Based Relapse Prevention (MBRP) (Bowen, 2011), which has been adapted for working with addictions. Research into Mindfulness-Based Eating Awareness Training (MB-EAT), which offers a 12-session program to target binge eating and related behaviours, found that the degree of clinically significant effect shown was related
to the amount of mindfulness practised by the participants (Kristeller, Wolever, & Sheets, 2014).

A meta-analysis of research into the MBSR course found improved physical and mental health benefits for participants in the course (Grossman, Niemann, Schmidt, & Walach, 2004), while an RCT found MBCT was as effective as maintenance anti-depressants in preventing depressive relapse, and more effective than maintenance anti-depressants in patients with a history of childhood trauma (Kuyken, Hayes, Barrett, Byng, Dalgleish, Kessler, …, & Cardy, 2015). A meta-synthesis using meta-ethnography methodology found that participants of an MBCT course described positive outcomes such as increased control through greater awareness and acceptance, greater enjoyment of life, more self-compassion, and benefiting from the group setting of the course (Cairns & Murray, 2015). Baer (2014) also found that despite significant methodological flaws, a meta-analysis of the current research into mindfulness-based interventions showed promising results in improving mental health and psychological functioning of participants.

Mindfulness based therapies (MBT) have been found to lead to a decrease in anxiety and depression (Hofmann, Sawyer, Witt, & Oh, 2010); to assist in managing health conditions such as cancer, heart disease and chronic pain (Grossman, Niemann, Schmidt, & Walach, 2004); to increase mood regulation (Keng, Tan, Eisenlohr-Moul, & Smoski, 2017) and assist with stress management (Gu, Cavanagh, & Strauss, 2018). Mindfulness has also been increasingly used as an effective treatment adjunct for chronic pain, including for older adults with chronic back pain (Luiggi-Hernandez, Woo, Hamm, Greco, Weiner, & Morone, 2018); people living with long-term chronic pain (la Cour & Petersen, 2015); and decreasing the subjective experience of pain (Wright & Schutte, 2014). A preliminary study has also
found decreased pain, less catastrophising and anxiety for spinal cord patients using a web-based mindfulness training (Hearn & Finlay, 2018).

2.2. Buddhist-influenced psychotherapy

While positivist research into the effectiveness of mindfulness has grown exponentially, other writers have also drawn on understandings from Buddhist psychology, neuroscience and psychotherapy to offer a combination of theoretical models and case studies to illustrate the use of mindfulness in a wide range of therapeutic applications. Jack Kornfield initially trained as a Buddhist monk in Thailand, Burma and India before returning to the USA and becoming a psychologist. His books combine insights from Buddhist teachings and Western psychology with case studies of his work with trauma survivors, prison inmates, war veterans and others. He describes mindfulness as the great medicine which can transform the roots of suffering (Kornfield, 2008), but also realised on his return from Asia that simply transplanting an Asian practice into a Western culture was not always effective in working with emotional challenges in a modern environment. In addition to traditional counselling, he teaches a range of meditation practices to clients as appropriate, and also offers silent retreats. He has developed principles of Buddhist psychology which draw on Buddhist teachings, for example: ‘Delusion misunderstands the world and forgets who we are. Delusion gives rise to all unhealthy states. Free yourself from delusion and see with wisdom.’ (p. 224).

Both Buddhism and psychotherapy offer ways of working with delusions such as denial. Therapists like Kornfield describe how meditation practices like mindfulness, loving-
kindness and visualisations can offer an expanded way of working with these in a clinical context.

Another influential researcher in this area is Daniel Siegel, a clinical professor of psychiatry who has spent many years studying the neuroscience of the developing brain (Siegel, 2015) and mindfulness (Siegel, 2007), as well as working as a psychotherapist. He has developed a method called Mindsight using mindfulness principles, and describes his work supporting clients with acquired brain injury, bipolar disorder, trauma resulting from sexual abuse, and many others (Siegel, 2009). Germer et al. (2016) have also published case studies describing the use of mindfulness in clinical settings including working with depression, anxiety, trauma and addiction. These writings by Buddhist-influenced therapists can offer useful guidance for other therapists, since they explore the depth of understanding required to use mindfulness effectively in a therapeutic setting.

2.3 Mindfulness and the potential for harm

A limited but important contribution to the literature on mindfulness are articles and studies related to the potential for harm arising from mindfulness meditation (Cebolla, Demarzo, Martins, Soler, & Garcia-Campayo, 2017; Lindahl, Fisher, Cooper, Rosen, & Britton, 2017; Lustyk, Chawla, Nolan, & Marlatt, 2009; Germer, Siegel, & Fulton, 2013), especially for clients with ‘fragile personalities’ (Germer et al., 2013, p. 129). Lustyk et al (2009) describe three categories of harm which may arise from mindfulness meditation practice, which they describe as mental, physical, and spiritual health considerations. Their review of seventeen primary and five secondary reports of meditation side effects found descriptions of adverse effects including psychotic episodes, feelings of mania, thought
disorders and grandiosity, attempted suicide, extreme depersonalisation, increased 
epileptogenesis susceptibility, increased anxiety, and physical pain. They emphasise the need 
for careful screening of potential participants before offering mindfulness meditation, and 
offer screening schematics and research safety procedures to minimise the risk of harm.

A recent review of issues and empirical findings relating to harm caused by 
meditation (Baer, Crane, Miller & Kyuken, 2019) found consistent reports that some 
meditators suffer adverse effects (AE) or serious adverse effects (SAE) because of 
meditation, including cases of psychosis, depersonalisation, distressing feelings, and mental
deterioration requiring hospitalisation. The authors noted that the area is neither well-
researched nor well-defined, and mention that in some Buddhist schools, these distressing 
states can be seen as ultimately beneficial for the practice. They describe the following 
factors which can be responsible for increased harm:

1. **Program**: Is the program grounded in the theoretical underpinning of how mindfulness 
works? The authors write that encouraging mere awareness during meditation is not 
sufficient – participants also need to be taught to bring kindness to their experience. Self-
focused awareness can be maladaptive if it leads to increased rumination and self-criticism, 
but adaptive if practised in a non-judgmental and experiential way.

2. **Intensity of meditation experience and support offered**: Mindfulness based programs 
offer structural and group support, a program curriculum designed for beginners, the 
support of teacher, and discussions on how to work with challenges. Some meditation 
courses or retreats offer little in the way of support, including for beginners or vulnerable 
participants.
3. Participants: Participants with a history of a psychiatric condition or trauma are more likely to experience adverse effects arising from meditation if they receive insufficient support. Conversely, sometimes those with a more severe trauma or mental health condition seem to benefit most from participating in an MBP when they are well-supported.

4. Teacher/clinician: The authors note that the literature they reviewed points to the lack of competency of the teacher/clinician delivering a meditation program as being one of the factors which may lead to increased risk of harm in participants. However, much more research is needed in this area to determine if this is indeed the case, and what the key teacher competencies are which can promote a safe meditation experience for participants.

2.4. Music and mindfulness

Just as only a few articles are published on music and mindfulness in the music therapy literature, so limited literature is available on the use of mindfulness and music in other fields. However, the writings so far show interesting possibilities for future research. Eckhardt and Dinsmore (2012) developed a potential treatment for depression called Mindful Music Listening, in which they taught mindfulness meditation to clients, and then supported them to listen to music using the mindfulness skills learnt. They proposed that music could assist the clients to identify and label emotions, which could then be processed through verbal discussion, or through the use of mindfulness techniques such as being with the emotions in a non-judgmental manner leading to increased insight and the ability to manage emotions more effectively. An interesting aspect of their model is that they initially
taught meditation without music, and explored mindfulness concepts with clients using both music listening and also verbal processing.

Graham (2010) explored the use of music combined with attentional training and mindfulness meditation for improved psychological outcomes. He is a clinical psychologist with an interest in treatment approaches which ‘de-prioritise what we think and, instead, encourage a deliberately limited engagement with conceptual or evaluative thinking styles’ (p. 168). He draws on earlier work in MBCT (Williams, Teasdale, Segal, & Kabat-Zinn, 2012) and Attention Training (Wells, 2007) to propose that music can be a ‘highly convenient, effective and tolerable means of achieving the goal of more mindful functioning’ (p. 170), through structured training in non-conceptual and specific awareness of sound. He also offers exercises which are designed to train and enhance the experience of directly experiencing sounds in a mindful way.

Another approach of combining music listening with mindfulness was studied by Goldberg (2015), who developed a tool for stress management called Preferred Music Based Mindfulness (PMBM). His research found that listening to preferred music in combination with a mindfulness technique was more relaxing than the music listening experience alone. The mindfulness technique used consisted of typed instructions on the computer screen which participants were asked to read and follow while they listened to self-chosen music. One important limitation which Goldberg mentions is that the majority of participants had already learnt and practised mindfulness before participating in the study. He therefore suggests that future research looks at the effectiveness of using technology to teach mindfulness to participants with no prior experience of having been taught mindfulness by a live instructor previously. Nonetheless, Goldberg concluded that PMBM might be a useful tool for busy people working in high-stress occupations as it could be easy to include in daily
life and is low-cost and readily accessible. Goldberg draws on the work by Hanson (2009) who writes that because of neurological diversity among individuals, individualised approaches to meditation practices are needed. Hanson also argues that in a modern highly stimulated environment, the more traditional contemplative meditation practices may need to be adapted at times to meet the needs of busy working professionals with ‘methods that are targeted, efficient and effective’ (p. 182). Goldberg suggests that mindfully listening to familiar music could be one such adaptation, as the familiar music can make the mindfulness experience more enjoyable for people who are used to a high level of stimulation, and the use of mindfulness can enhance the already well-documented benefits of listening to familiar music for stress management and relaxation.

The effect of a mindfulness induction on music listening was further studied by Diaz (2010), who investigated whether listening to an audio recording of a fifteen-minute mindfulness meditation prior to listening to music might change the experience of attention, aesthetic response and flow in participants. He found that the mindfulness meditation was described as being helpful for increased engagement with the music listening task, but cautions that the results were difficult to interpret and require further investigation.

A further study looking at the effect of a short mindfulness induction on music listening (Baylan, McGinlay, MacDonald, Easto, Cullen, Haig,..., & Evans, 2018) randomly assigned stroke survivors to mindful music listening, music listening and audiobook group. The researchers were investigating the effect of stroke on mood, with the aim of offering effective resources which the stroke survivors would be able to use by themselves to improve their mood following the stroke. The mindful music listening group followed a guided five-minute meditation (body scan or ‘following the breath’) before listening to self-
selected music each day. Music listening increased engagement in other activities and was described as lifting the mood. Mindful music listening was found to be particularly effective at improving attentional control, and for some participants was correlated with better emotional regulation. The authors acknowledged that the mindfulness component was very brief compared to what is offered during an MBSR or MBCT course.

Comparing two different cultural contexts, Hwang (2018) interviewed six South Korean and six UK health practitioners in medical practice, meditation and music therapy about use of relaxation techniques (RT), mindfulness meditation (MM) and relaxation music (RM). These techniques were used for stress reduction, emotional support and regulation, rehabilitation, personal and spiritual development across a wide range of client groups. Her aim was the ‘development of traditional Korean spiritual practice for general healthcare purposes through the incorporation of meditation’ (p. 13). Her research found interesting differences in how meditation was taught to clients, with the UK therapists focusing more on practical experiences and inductive learning, while South Korean therapists would begin with a theoretical explanation using their expertise to guide the clients. She writes that South Korean people interested in learning meditation have greater access to monks and nuns, as well as extensive facilities and practice communities, to support their practice. She also found that although music therapy is a young discipline in South Korea, the use of meditation in healthcare settings has been widely recognised for a long time through the traditional Buddhist culture. This could be an interesting area for music therapists in South Korea to explore, and could lead to a new model of music therapy and meditation which music therapists from other cultures could also benefit from.

A review of articles relating to mindfulness and music (Rodríguez-Carvajal & de la Cruz, 2014) found 27 articles, ranging in subject matter from music performance to music
listening and music therapy. They suggest further research to explore mindfulness to increase the psychological wellbeing of performing musicians, to enhance the experience of music listening, and for increased clinical applications. They call for more theoretical development in the field, as well as exploring how music could be used to induce mindfulness states.

2.5. Mindfulness for musicians

Research into mindfulness for performing musicians has illuminated interesting aspects of musical processes and mindfulness which can help to inform music therapy practice. One such area is performance anxiety and perfectionism, which can potentially affect both music therapy students and also professional music therapists. Diaz (2018) examined the possible effect of a meditative practice on trait mindfulness, perfectionism and music performance anxiety in college music students. He distinguishes between trait mindfulness, which is ‘present and stable to some degree in all individuals’ (paragraph 8) and state mindfulness generated during formal meditation, which is ‘examined within the context of formal meditation practice, in which practitioners deliberately evoke and sustain mindful qualities for a prescribed period’ (paragraph 8). Through an online survey of 255 music students, he found indications that regular meditation practice might be beneficial to decrease music performance anxiety, especially in students with high levels of socially-prescribed and self-directed levels of perfectionism.

A more recent study investigated the use of MBSR meditation to increase flow state and self-compassion during music practice for college music students (Lavery-Thompson, 2019). The twenty-minute mindfulness meditation was downloaded onto a laptop and
played through the laptop speakers to individual students before a practice session. No statistically significant differences between the control and meditation group were found in relation to flow and self-compassion, but the author noted that one twenty-minute meditation may not be sufficient, and recommends longer and more frequent interventions.

Performance anxiety can be a very debilitating condition for musicians including music therapists, and a number of studies have investigated whether meditation can assist musicians with performance anxiety. Chang, Midlarsky and Lin (2003) found in a small, preliminary study that participating in an eight-week meditation course led to a decrease in performance anxiety, as measured in the levels of pre-test trait anxiety. Participants in the meditation group also reported more moments of relaxed pleasure in their lives, including shortly before a performance.

Some interesting results were discovered in a study on using Chan (Zen) meditation to assist with performance anxiety (Lin, Chang, Zemon, & Midlarsky, 2008). A group of music students from music conservatories were assigned to either an eight-week meditation group or waitlist control. The participants in the meditation group learnt both shamatha (concentration) and vipassana (insight) meditation skills, a process which is described in Chan as ‘silent illumination’, meaning a state of inner calm not influenced by outside events, which also includes awareness of all states taking place in the present moment, including inner events, such as thoughts, and external events such as sounds. At the end of the course, the course participants and wait-list controls all took part in a public performance. The performers were measured for anxiety and performance quality. While the control group showed a correlation between performance anxiety and a decrease in performance quality, the meditation group, while showing no decrease in performance anxiety, showed the opposite effect – there was a positive relationship between performance anxiety and
the quality of their performance. The authors refer to research which shows that mindfulness is a different physiological state from relaxation, showing both slow delta and theta (demonstrating calmness) as well as fast alpha and beta 1 (being awake and alert) brain wave activity during EEG tests. Because mindfulness trains in acceptance of the full range of emotions, the authors conclude that the meditators in their study had been able to use their performance anxiety to fuel a strong performance instead of being debilitated by it. By accepting the autonomic effects of anxiety without an averse psychological reaction, the performers were able to use this anxious state to enhance their performance. This finding could have interesting applications for the music therapy profession, by assisting music therapists with performance anxiety, as well as enabling music therapists to use these concepts to assist clients who are struggling with feelings of anxiety around performance in daily life and at work.

Music therapists are sometimes asked by clients to play the same songs again and again, and an interesting study by Langer, Russell & Eisenkraft (2009) investigated the use of mindfulness by orchestral musicians who had reported low job satisfaction, partly because of playing the same orchestral repertoire repeatedly. The researchers encouraged the musicians to become more mindfully engaged during a performance by drawing ‘novel distinctions’ (p. 126) for each performance rather than aiming for the ‘finest performance of this piece that you can remember’ (p. 127). They found that orchestral musicians preferred playing in the more mindful state, and that an audience of trained musicians preferred listening to the mindful performance over the one which aimed for the highest standard. Despite a number of limitations to the study, the authors recommended that musicians deliberately evoke a sense of mindfulness by including subtle elements of novelty into their performance in order to keep their playing engaged and enjoyable.
The concept of examining mindfulness as a flow state arising from repeating an activity such as playing tennis, sailing or playing a musical instrument was investigated by Steinfeld and Brewer (2015). They describe mindfulness as awareness of what is happening: ‘Anything can be a meditation; it just depends on how a person applies their mind to a given task.’ (p. 84). Mindfulness has been shown to decrease activity in the regions associated with the default mode network, which is the state of mind our brain reverts to when not engaged in a particular activity requiring attention. The authors point to similarities between learning meditation and a musical instrument, in particular having a long-term relationship with a teacher within the context of a tradition. They also state that both practices involve ‘the experiencing of one’s mind’ (p. 85) and ‘being able to experience the self in silence, whether sitting on a cushion, in a practice room, or in the spaces between notes.’ (p. 85). Because both meditation and music making involve the practitioner returning to the object of awareness following distraction, the authors describe music-making as a ‘specialized manifestation of mindfulness practice’ (p. 86). They argue that conceptualising music making as a mindfulness practice could lead to decreased performance anxiety due to less judgmental thoughts; develop better practice habits because of decreased procrastination; be more aware of the ephemeral nature of musical skills; and increase a sense of flow as a result of less critical self-monitoring. However, they do not describe how this might be facilitated in practice.

An autoethnographic study linking the experience of flow with the concept of mindfulness for a piano accompanist by Brown (2011) drew on the work of Csikszentmihalyi on flow (Csikszentmihalyi, 2002) and Langer on creativity and mindfulness (Langer, 1989) among others, to investigate a link between focused attention as described in the literature on both flow and mindfulness. Brown writes that a preliminary analysis of the data found a
strong link between these phenomena, and hopes that this can add to an increased understanding of the phenomena of flow.

### 2.6. Mindful states arising from musical activity

Of particular interest for music therapists is research investigating whether participating in a musical activity can in itself increase the state mindfulness of performers, including amateur musicians. Two community choirs in Ireland were recruited for a study (Lynch & Wilson, 2018) to measure the effects of choral singing on state mindfulness. Participants filled out a *Mindfulness State Questionnaire (MSQ)* and the *Mindful Attention Awareness Scale (MAAS)* before choir practice and the MSQ after choir practice. The control condition involved listening to a piece of choral music provided by the researchers at home during the week, again filling out the MSQ before and after the experience. Both choral singing and listening to music led to a significant increase in self-reported mindfulness, with the choral singing condition leading to a greater effect size of increase in mindfulness. However, the authors noted that the lack of an operational definition of mindfulness makes it challenging to develop psychometrically sound measures. The experimental condition also took place in a Church, a venue which the choir participants might already have associated with being a place of mindful prayer. A strength of the study, on the other hand, was described by the authors to be that the participants were community members rather than undergraduate students, and they write that a measuring tool such as MSQ could be helpful in defining and further studying the well-documented link between choral singing and wellbeing.

Another perspective on mindfulness arising from music making was explored in a study of 12 children aged between 11 and 14 attending an after-care facility in an
impoverished area in South Africa (Auerbach & Delport, 2018). Over the course of ten
months, they participated in a music program which aimed to develop focused attention,
 improved listening and communication skills, and increased awareness of others. The
children also participated in a ‘connecting with the senses’ exercise without music, which
was designed to increase present-moment awareness. The authors found that participation
in the program enhanced the children’s awareness of self and others, and their ability to
actively listen with improved attention. This was seen to lead to an increased sense of well-
being, accomplishment and self-discipline in the children. The data for the study was
generated through personal observations and field notes, and the authors state currently
there is still a lack of agreement as to what constitutes the ‘active ingredients of
mindfulness training’ (p. 6) and how to measure their effectiveness. However, based on
their observations of the benefits for the children who had participated in the program, they
recommend positioning music and the creative arts, as well as mindfulness, as core
elements of a more ‘conscious education where the needs of the whole human being are
integrated into the curriculum’ (p. 6, italics by author).

2.7. Music therapy

Registered music therapists are committed to ongoing professional development as part of
their registration, and a considerable body of constructionist, positivist and mixed-method
research into music therapy exists to inform the clinical practice of registered music
therapists. Since music therapists work in many different countries and cultures, and with a
wide range of population groups from pre-natal to palliative care, there are quite a number
of different theoretical and methodological orientations and schools within the profession.
Music therapists seek to connect with the clients’ inherent musicality as well as form a therapeutic relationship in order to achieve client-centred goals in therapy (Bruscia, 2014). The methods used will depend on the client population and context and may include clinical improvisation, active music making, song-writing, receptive music therapy and guided imagery and music. Music therapy can be offered as individual sessions, small groups, larger groups in community settings, and a combination of these. Many music therapists will be familiar with more than one music therapy orientation and will draw on a number of different approaches in their work. Some schools of music therapy require specialised additional training, such as the Bonny Method of Guided Imagery and Music (BMGI&M), Creative Music Therapy (CMT) and Neurological Music Therapy (NMT).

Although the requirements for being a registered music therapist vary across countries, a registered music therapist will need to have completed an approved training course, usually at a university, and fulfil other criteria such as ongoing professional development and adherence to a code of ethics. In Australia, the Australian Music Therapy Association (AMTA) code of ethics includes the following sections under ‘Ethical Responsibilities to the Client’:

2.5 ‘Registered Music Therapists take all reasonable steps to avoid harm to their Clients as a result of music therapy practice or related professional activity.

2.6 Registered Music Therapists faced with situations that extend the boundary of their competence, seek Supervision and consider referral to other professionals.
2.7 Registered Music Therapists do not use any technique or intervention unless trained in its use or are in training and under supervision.’ (AMTA, 2019).

Given the potential of adverse effects arising from meditation practice (see section 2.3), registered music therapists are obliged to ensure they’re trained sufficiently in mindfulness to be able to safely offer this technique to their clients.

2.8. Mindfulness for music therapists

A significant portion of the literature on music therapy and mindfulness is discussed in Chapter 3 as part of the CIS and therefore will not be covered in this section. In other writings by music therapists, a number have described using mindfulness for their own personal and professional development. Moran (2018) conducted a self-enquiry within a heuristic methodological framework to explore how participating in a six week mindfulness course and establishing a regular meditation practice as well as musical improvisations and reflexive journaling might lead to increased self-care as a practising music therapist. He found the practices useful for identifying anxiety, negative self-beliefs and overthinking, as well as leading to increased self-awareness, greater empathy towards clients, and a more positive outlook about his music therapy practice.

Graham (2018) also explored the benefits of MBSR training to enhance her work with young people with complex needs during a music therapy student placement. The author attended an eight-week MBSR course and also practised mindfulness exercises at home. She then conducted a secondary analysis of clinical case notes, a reflexive journal and meeting notes, and analysed these for a six-month period which included times before,
during and following her participation in the MBSR course. After coding the data she developed five themes (presence, non-striving, beginner’s mind, acceptance and patience) and found an increased ability to be present with the clients, using the five attitudinal mindfulness themes, as well as the positive benefits of modelling mindfulness attitudes as a therapist working with young people with complex needs.

Medcalf (2017) interviewed four Australian registered music therapists (RMTs) who described using mindfulness in their personal life and work. Using phenomenological micro-analysis, she explored themes such as the relationship between music and mindfulness, its effectiveness in client work, and the therapists’ personal relationship with mindfulness practices. The RMTs described how music could enhance an experience of mindfulness for clients, and that they noted positive client outcomes when mindfulness and music where combined. They also discussed how their personal mindfulness practice enhanced therapeutic presence with clients, as well as benefitting their own quality of life. The RMTs noted that mindfulness practices were not suitable for all clients, and Medcalf comments on research showing the importance of training for therapists who are offering mindfulness to their clients.

Mika (2014) interviewed seven music therapists working in London about their understanding of mindfulness and its influence in their clinical work. She found the music therapists had a wide range of definitions of mindfulness, and that at times it was equated with clinical concepts such as insight, awareness, reflective practice, and mentally preparing for a session. Some of the music therapists had trained in mindfulness and described this training and their ongoing meditation practice as enhancing their clinical work, for example
through having the ability to hold both self and client in awareness during a session, and assisting with attunement, self-care and making better clinical decisions. There are also examples of the use of mindfulness in receptive music therapy in palliative care (Grocke & Wigram, 2007) and through the use of Tibetan singing bowls in order to ‘focus in mindfulness on the center of the unconscious conflict’ (Schmucker, 2007, p. 179) during sound-guided trance.

2.9. Regulative music therapy

Regulative music therapy (RMT) was first developed in the former East Germany as part of a ‘Communicative Psychotherapy’ program being offered at Leipzig University hospital (Schwabe, 2007). Although the method doesn’t use the word ‘mindfulness’, it nevertheless shows many similarities with mindfulness-based programs. It was designed as a long-term program used in either group or individual settings, where participants develop ‘increasingly differentiated awareness’ (p. 205) through being guided to listen to music using a free flow of awareness in a state of acceptance. Following the music listening experience, the music therapist encourages participants to describe their experiences of awareness. Schwabe writes:

‘The aim is to practice a state of awareness, which can also turn into a state of living. In this regard, Regulative Music Therapy has a function comparable to meditation.’ (p. 206). The process is designed to gradually break down defensive mechanisms, and has been used to work with people suffering from somatic disorders, chronic pain, personality disorders, phobias and depressive symptoms (Röhrborn, 2007).

Regulative Music Therapy group sessions usually run for around sixty minutes. Participants listen to music, generally chosen from the classical symphonic or instrumental
concerto repertoire, and are asked to start observing themselves and their responses (Wosch, 2005). The music listening experience is followed by a therapeutic group discussion.

Over the course of therapy treatment, which can go for fifty sessions or more, participants are guided by the therapist through six stages of perception, which are ‘1) broad perception, 2) deep perception, 3) emotional reactions on perceptions, 4) differentiation of accepted and non-accepted perceptions, 5) detailed perception of non-accepted perceptions, and 6) training and transfer of perception regulation’ (Schwabe, 1996, pp 59 – 71). The therapy guides participants in careful stages through a process where established defence mechanisms are gradually loosened, and the participant, through a process of noticing, letting go and acceptance, turns towards not-accepted perceptions, leading to greater self-awareness and self-regulation (Wosch, 2005). While MBSR is not a therapeutic program and consists of only eight sessions and a retreat day as compared to the fifty or more sessions in Regulative Music Therapy, nonetheless they appear to have much in common. In particular, they use group work supported by a suitably trained facilitator to develop the capacity of participants to become aware and stay present with the full range of their experiences, in a way which is accepting, releases old habituated patterns of cognition, emotion and behaviour, and leads to improved self-regulation and functioning in daily life.

An adaptation of RMT was developed by Moridaira (2011) for a college counselling centre for students. Moridaira writes that RMT shares characteristics with Morita therapy, which was developed in Japan, as well as Zen, which is one of the Japanese forms of Buddhism. She describes the central principle of Morita therapy as ‘leaving things as they are’ (p. 212), and this, she writes, aligns well with both RMT and Zen. Because of these similarities, she argues, RMT was readily accepted by Japanese students. The session were usually less than an hour in length, and a typical program would involve twenty sessions,
guiding the participants through four stages of practice. After delivering this program for over twenty years, Moridaira found that RMT assisted students with issues such as exam stress, becoming lost in negative thinking, psychosomatic disorders, and difficulties with concentration and sleep.

In a later paper (Moridaira, 2016) she again draws a clear link between RMT, Zen and mindfulness, and writes that RMT is unique among mindfulness methods as it uses music ‘to efficiently train an attitude of mindfulness’ (p. 463). She advises therapists interested in implementing RMT to encourage participants to not be attached to expectations, to instruct participants to be aware of as many sensations as possible regardless of whether they are pleasant or unpleasant, and to listen to feedback from participants with an attitude of acceptance which allows the clients to expand their awareness (p. 463).

2.10. Conclusion

Mindfulness has been practised as part of the Buddhist eight-fold path for over 2500 years, and in recent decades has become a key component in a wide range of educational and therapeutic programs offering mindfulness meditation to improve the health and wellbeing of people. Some interesting research points to applications where mindfulness combined with music can assist with areas such as music performance, enhanced music listening, self-care, and increased attunement with clients. Although limited, some research has highlighted the potential harmful effects of meditation on people who may be vulnerable either due to pre-existing mental health issues, or because they have experienced trauma or bereavement, which has implications for music therapists wishing to use mindfulness in
their work. The following chapter will present a critical analysis of the current (2002 – 2017) literature exploring mindfulness in music therapy.
3.1 Choosing the research method

The integration of mindfulness and music for healing is a complex area to describe and study. Mindfulness exists in all cultures, but was particularly highly developed in Buddhism, and many of the concepts and practices of mindfulness which are now used in clinical settings around the world were originally drawn from Buddhist teachings (Kabat-Zinn, 2013). However, in a clinical setting they are mostly no longer taught in a Buddhist context, and Western psychological world views may differ in many ways from traditional Buddhist beliefs. A review of current research into music and mindfulness inevitably raises questions about the definition of mindfulness, the context in which it is used therapeutically, the training and skills required of the clinician, and the way in which outcomes are evaluated and described.

The last decade has seen increased interest in developing ways to synthesise the rich and varied contributions of interpretivist research in order to inform clinical practice and public policy, identify gaps in knowledge, encourage dialogue and debate, and minimise the duplication of research studies (Wheeler & Murphy, 2016). These methodologies include qualitative research synthesis, meta-ethnography, and qualitative meta-synthesis (Wheeler & Murphy, 2016). Another approach which has recently been used by music therapy researchers is Qualitative research synthesis (QRS)(Major & Savin-Baden, 2011; Meadows & Wimpenny, 2017). QRS was developed as a ‘constructionist approach’ (Major & Baden,
2011, p. 656) in order to encourage an in-depth analysis of the research which takes into account the context in which the research took place, as well as the position of the researcher and the data. They encourage close attention to the language used by participants, and a reflective process which enables the researcher to become ‘critically aware of how and why social and cultural assumptions have constrained the way we see ourselves’ (p. 658). QRS encourages uncertainty which ‘allows for openness to new ideas and new interpretations’ (p. 659). Meadows and Wimpenny (2017) used this approach to synthesise thirteen qualitative music therapy studies around the themes of professional artistry, performing self and meaning-making. The authors also added arts-informed re-representation as an additional component of their research.

Another contribution to this field is the Critical Interpretive Synthesis (CIS), first developed by Dixon-Woods et al. (2006) in order to synthesise health research in a way which would directly lead to improved patient outcomes. An important aspect of the CIS is the critical nature of the analysis, which seeks to question assumptions and biases in the research examined, even as it values a range of research approaches and epistemological stances (Harden, 2010). The process throughout a CIS is iterative, in that the review question may be continually adapted to best reflect the knowledge being generated. Dixon-Woods et al. (2006) also recommend searching widely for literature, but then using sampling techniques to identify the papers which are most relevant to the research question, rather than attempting to prioritise papers according to methodological criteria. The next important step in a CIS is data extraction, using a range of categories and sub-categories to draw out information from each paper which can then be compared and analysed. For the purposes of this CIS, the extracted information was listed in an excel spreadsheet to lay the groundwork for initial comparisons, which would then allow for more
in-depth analysis leading to a ‘synthesising argument’ and possibly the generation of ‘synthesising constructs’:

‘Synthetic constructs are grounded in the evidence, but result from an interpretation of the whole of that evidence, and allow the possibility of several disparate aspects of a phenomenon being unified in a more useful and explanatory way.’ (Dixon-Woods et al., 2006, p. 5).

Through studying the information provided by the data extraction, the analysis identifies common themes, using a critical perspective to generate new theories if appropriate. The critical interpretation of the data is a key aspect of the CIS, making it a recursive and reflexive process which recognises that another researcher may view the same data from a different lens, leading to a different set of interpretations.

A further development of the CIS model which proved to be valuable for my research was to consciously integrate emotional responses into the research process. This approach was developed by five Australian music therapy researchers (McFerran et al., 2017) who wanted to align their research methodology more closely with their clinical practice as music therapists. They write that ‘by acknowledging our emotional reactions, we use them to consciously fuel the process rather than subvert our focus unconsciously’ (p. 4). As part of the iterative data extraction process I kept notes on my emotional responses to each article, and reflected on how this emotional response might influence my interpretation of the data, as well as my decisions on which aspect of the research to emphasise. This eventually led to a conscious decision to focus on how the music therapists were describing their use of mindfulness, rather than how they were using it, as I had often felt frustration at the way the use of mindfulness was described, while at the same time enjoying reading about the
thoughtfulness and skill which had gone into designing sessions for their clients, and very much respecting their clinical work as music therapists.

This iterative process also enabled me to embed an element of reflexivity into my research, as I noticed that some of my responses to the data came out of my own training and experience as a music therapist, MBSR teacher and long-term student of Zen. As I developed my ideas and responses, it became clear that ignoring my expertise in this area was being disingenuous and not adding to the value of what I was wanting to express. Finlay (2002) encourages researchers to choose a reflexive style which best meets the needs of the research, without becoming so caught up in personal reflections that the researcher becomes more prominent than the researched. She quotes Maslow as saying ‘there is no substitute for experience, none at all’ (Maslow, 1966, p. 45), and so I bring to this research my long-term experiences of both music therapy and mindfulness, while at the same time being interested and curious about new ideas and approaches.

3.2 Research design

As mentioned above, qualitative research demands a high degree of reflexivity in the researcher, so that the process of data collection, analysis and critical interpretation is transparent to the reader. The researcher should also reflect on her ontology, and discuss how this may influence the research process and results. A critical approach, taking into consideration historical influences and cultural perspectives, and an understanding of the role of language as well as power structures, are also imperative (Ruud, 2010).
3.3 Concepts of power in research

‘Mindfulness! Sort of invented by white people, so you know it works!’¹

As the ‘Mindfulness Krackspert’ on the TV comedy show Get Krack!n puts so eloquently:

‘The practice of mindfulness is like meditation, but without all the Asian-y bits, so it’s scientific now.’ ²

While the introduction of secular mindfulness to the West in the late 1970s (Kabat-Zinn, 2013) has enabled many people who would not choose to visit a Buddhist temple to benefit from the practice, its rapid proliferation within the mainstream has also meant it has at times become removed from the ethical framework of Buddhism, and has been occasionally misused by unqualified teachers with exploitative agendas (Kabat-Zinn, 2017). Some authors have expressed concern that the de-contextualised use of clinical mindfulness is not allowing its spiritual, psychosomatic and aesthetic healing potentials to be utilised (Lomas, Etcoff, Van Gordon, & Shonin, 2017; Shonin, Van Gordon, & Griffiths, 2014).

This has led to an imbalance of power in regards to the kind of research valued in the field. It is possible for a young graduate student with almost no meditation experience to publish an article on mindfulness, while the knowledge of an experienced Asian Buddhist monastic in the next suburb might be ignored. Of particular concern is the use of the word ‘mindfulness’ without clarification as to how it is understood and used.

As part of my reflexive practice, I am aware that my own strong grounding in the practices of MBSR and Zen meditation may leave me less open to valuing the unique contributions which music therapists and other clinicians might be able to offer the field. My

¹ Banner text on TV show Get Krack!n, Series 1, Episode 2, ABC TV
² Quote by ‘mindfulness krackspert’ on TV show Get Krack!n, Series 1, Episode 2, ABC TV
use of the word ‘mindfulness’ in a clinical setting is strongly informed by the work of Jon Kabat-Zinn and others working with MBPs, as this aligns most closely with my work as a music therapist and MBSR teacher. At the same time, as a music therapist, I am curious and excited about the specialised contributions which music therapists and other creative arts therapists may be able to offer to the therapeutic use of mindfulness. There seemed to be many similarities, but also differences, in the way I taught mindfulness and also used music in a therapeutic context. For example, I had initially been trained as a classical orchestral musician, which placed strong emphasis on playing music according to particular criteria. As a music therapist, on the other hand, I was open to how music unfolded during a session, I was patient and accepting of where my clients were at, I didn’t judge the quality of the musicianship of my clients, I trusted the process rather than being fixated on a particular musical outcome, and was curious rather than demanding, all of which are mindfulness qualities. Yet at the same time, based on my own experience of thousands of hours of meditation, I wasn’t convinced that adding music to a traditional mindfulness or Zen meditation would necessarily add much value. I felt that the creative arts therapies could make an important contribution by using their existing processes and consciously integrating mindfulness qualities into these, potentially developing a new area of clinical work.

3.4 Searching the literature

Data based searches were conducted using key words, and the findings were as follows (see Table 1)
Articles were selected from peer-reviewed journals, books, theses and dissertations.

A secondary search of references mentioned in articles and related publications also discovered relevant articles of interest.

### 3.4.1 Sampling

The articles chosen to be included in the CIS met the following criteria:

1. The topic was the use of mindfulness by music therapists in their clinical work

<table>
<thead>
<tr>
<th>Data base</th>
<th>Map term</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>PsycInfo</td>
<td>mindfulness (explode) and “music therapy” (explode)</td>
<td>91 results</td>
</tr>
<tr>
<td>PsycInfo</td>
<td>meditation (explode) and music</td>
<td>21 results</td>
</tr>
<tr>
<td>PsycInfo</td>
<td>Jon Kabat-Zinn</td>
<td>204 results</td>
</tr>
<tr>
<td>CINAHL/RILM/ERIC/SOC Index:</td>
<td>(mindful* OR meditate* ) AND &quot;music therapy&quot;-</td>
<td>100 results</td>
</tr>
<tr>
<td>CINAHL/RILM/ERIC/SOC Index:</td>
<td>(mindful* OR meditate* ) AND &quot;music therapy&quot;-</td>
<td>273 results</td>
</tr>
<tr>
<td>CINAHL/RILM/ERIC/SOC Index:</td>
<td>Jon Kabat Zinn</td>
<td>57 results</td>
</tr>
<tr>
<td>Cochrane</td>
<td>(meditat* or mindful*) and (music or &quot;music therapy&quot;)-</td>
<td>161 results</td>
</tr>
</tbody>
</table>

Table 1: Search databases and results
2. The author had a professionally recognised qualification as a music therapist.

3. The author demonstrated some familiarity with the mindfulness literature (this criteria was later dropped in order to be able to include an article by Robarts (2009).

4. The article was published in the past 15 years (2002 – 2017). This time period was selected as it allowed for inclusion of all eight articles which had been found.

3.4.2 Determination of quality

Traditionally a CIS has some criteria of quality. However, because music therapy is so broad, and the current writings on mindfulness are so limited, I decided to include all eight articles I found which had been written by music therapists in the past 15 years describing the use of mindfulness in their clinical work. This included journal articles, book chapters, and dissertations (see Table 2).

<table>
<thead>
<tr>
<th>Title</th>
<th>Author(s)</th>
<th>Year</th>
<th>Publication</th>
</tr>
</thead>
<tbody>
<tr>
<td>The development of a Mindfulness Based Music Therapy (MBMT) program for Women Receiving Adjuvant Chemotherapy for Breast Cancer</td>
<td>Teresa Lesiuk</td>
<td>2016</td>
<td>Healthcare 2016</td>
</tr>
<tr>
<td>The Effect of Mindfulness-Based Music Therapy on Attention and Mood in Women Receiving Adjuvant Chemotherapy for Breast Cancer: A pilot study</td>
<td>Teresa Lesiuk</td>
<td>2015</td>
<td>Oncology nursing forum</td>
</tr>
<tr>
<td>A mindfulness-based music intervention to decrease anxiety and depression in cancer patients</td>
<td>John Britton</td>
<td>2016</td>
<td>Master’s thesis, University of Miami</td>
</tr>
<tr>
<td>Music, Imagery and Mindfulness in Substance Dependency</td>
<td>Carolyn van Dort and Denise Grocke</td>
<td>2013</td>
<td>Mindfulness and the Arts therapies</td>
</tr>
</tbody>
</table>
Table 2: Details of articles included in the CIS (Title, author/s, year, publication)

<table>
<thead>
<tr>
<th></th>
<th>Title</th>
<th>Author/s</th>
<th>Year</th>
<th>Publication</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Supporting the development of mindfulness and meaning: Clinical pathways in music therapy with a sexually abused child</td>
<td>Jacqueline Robarts</td>
<td>2009</td>
<td>Communicative Musicality - Exploring the basis of human companionship</td>
</tr>
<tr>
<td>6</td>
<td>The Effect of Mindfulness-Based Music Listening on the Anxiety Symptoms and Awareness of Older Adults in a Senior Living Facility</td>
<td>Kimberly A Tomaselli</td>
<td>2014</td>
<td>Florida State University Electronic Theses, Treatises and Dissertations</td>
</tr>
<tr>
<td>7</td>
<td>Music Therapy and Mindfulness - Treating Women with Addiction in a Therapeutic Community</td>
<td>Stephanie Miller</td>
<td>2017</td>
<td>Music and Medicine</td>
</tr>
</tbody>
</table>

3.5 Data extraction

Each paper was read several times, and key information was extracted to enable a critical perspective on the data. Background information such as the year, type and country of publication was noted, as well as the cultural and professional backgrounds of the authors where known. Client population, session format and, where applicable, the research methodology, were also listed. Please see Appendix A for a list of headings used for data extraction.

The questions I asked for the initial data extraction included:

**The research background of the authors:** Were they academics, trained in research methodology? If not, what were their qualifications to write about the topic?

**Mindfulness background of the authors:** Some writers argue that in order to offer a mindfulness-based program (MBP), a therapist or facilitator needs to have their own long-term meditation practice, as well as in-depth training (Crane, Brewer, Feldman, Kabat-Zinn,
Santorelli, Williams, & Kyuken, 2016; Santorelli, 2014). To what extent did any of the authors engage with this concept? If they did not meet these criteria, did they offer a rationale for their own approach to including mindfulness in their music practice? How transparent were the authors about their own meditation background and/or training in mindfulness?

**Music therapy processes used:** What did the music therapy component of the session consist of, and how well was it described? As a reader, was it possible to gain a clear sense of how the author used music in their work?

**Authors’ assumptions about the benefits of the music therapy intervention:** Did the authors articulate their beliefs about the possible benefits of using music therapy? Was this explicit or implicit? How clearly did they write about their assumptions regarding music, and did their assumptions arise out of their own work, and/or were they referenced?

**Mindfulness practices used:** What mindfulness practices, if any, were used? Were they described in sufficient detail for the reader to understand the scope and depth of practices offered?

**Key mindfulness theories referenced:** Which mindfulness theories were discussed?

**Authors’ assumptions about the benefits of the mindfulness intervention:** Did the authors articulate their beliefs about the possible benefits of using mindfulness as an intervention? Was this explicit or implicit? How clearly did they write about their assumptions regarding mindfulness, and did their assumptions arise out of their own work, and/or were they referenced?

**Authors’ own theoretical model:** Does the author have his/her own theoretical model; what is it?
Mindfulness theory vs practice: Does the author use techniques and practices which are drawn from the mindfulness theories being referenced? What are the similarities and differences between the theories quoted (for example MBPs), and the implementation of the mindfulness intervention by the author?

Conclusion by authors regarding benefits: How do the authors describe the benefits for clients when mindfulness and music are integrated? What tools did they use in order to measure and describe the benefits for clients?

Limitations: What were the limitations of the articles? How serious were these, and how useful was the contribution of the article to the field considering these limitations?

3.6 Findings

Following the data extraction, the process of reflecting and writing about the findings took several months and included reflexive journaling, supervision and peer supervision, searching for relevant literature to further develop my thinking, and returning to the data with new perspectives and understandings. Throughout this process of immersion in the data I added further columns to the spreadsheet, and also began to focus on certain areas which, given my training and experience, seemed would benefit from a more in-depth analysis. The main areas which I began to explore in this iterative way were the mindfulness literature cited, the description of the mindfulness components of the music therapy sessions, and how the authors articulated their beliefs about the benefits of the mindfulness aspects of their work given their own background in mindfulness. I was also interested in the parallels and differences between the wide range music of therapy processes being described, and traditional and adapted mindfulness trainings. These themes raised practical
as well as philosophical questions in my mind, and the process was both stimulating and also frustrating at times.

Some of the key questions I kept returning to while analysing these articles were:

1. What kind of mindfulness is being described? Does the use of mindfulness relate directly to the literature being quoted, and if not, is there a clear description and justification of why and how it differs? (I have a lot of respect for the depth of work which has gone into developing and teaching programs such as MBSR and MBCT, and feel I need to have more information about some of the adaptations being offered before making a judgement about their potential effectiveness).

2. Is mindfulness the best word to describe the processes used, or would other words, such as guided meditation, increased awareness, grounding, flow, therapeutic insight, or relaxation meditation, offer a more accurate description of what took place? (Mindfulness has become a buzzword, but is only one of many useful therapeutic and meditative methodologies which have been developed by therapists and meditators).

3. How much training and experience in mindfulness meditation did the authors bring to their work? (At its most effective, mindfulness is embodied, using the experience of years of meditation training to slowly free ourselves from limiting behaviour patterns and beliefs, and then, with further training, being able to offer this approach to others).
Because of my training in both music therapy as well as the use of mindfulness in Buddhism and psychotherapy, I was conscious that music therapists are often working with vulnerable clients, and the additional responsibility this places on therapists when exploring new methodologies in their work. I was very interested to know exactly how music therapy and mindfulness were used during the music therapy sessions, and the background in mindfulness training which the authors brought to their clinical work. My analysis of the articles found a number of gaps in this area, and I began to reflect on the potential implications of this for future research and clinical development in the area of music therapy and mindfulness.

3.6.1 General background about articles

One of the most striking features of the eight articles being analysed is their diversity. They were written by music therapists ranging from Masters students to professors, and coming from a wide range of clinical backgrounds including Creative Music Therapy, Guided Imagery and Music, Communicative Music Therapy, and others. The range of theoretical orientations reflects the diversity of the music therapy profession, and it is interesting to note that clinicians from these various schools, despite significant differences in theoretical orientation, felt drawn to include aspects of mindfulness in their clinical work. In terms of the cultural backgrounds of the authors, there was far less diversity. Most came from America – of the eight authors, five were working in America, one in the UK, and two in Australia. No articles by non-English speaking music therapists were identified, despite the fact that many Asian countries have a history of strong Buddhist traditions, and courses such as Mindfulness Based Stress Reduction (MBSR) are widely offered in European countries. Despite the small number of articles available, it appears that American music
therapists are currently particularly prolific when writing about the use of mindfulness in music therapy. It is possible that some music therapists from non-English speaking countries are also integrating mindfulness into their music therapy practice, but either haven’t published their work yet in English, or perhaps are using similar approaches but using different terminology to describe their work, or else may feel that a mindfulness approach fits naturally with their cultural traditions (Moridaira, 2011) and might be explored using concepts from within that culture.

One of the pioneers of bringing concepts from Buddhist meditation into clinical practice, Jon Kabat-Zinn, began his work in the United States in the late 1970s, so it is also possible that American therapists have had longer exposure to mindfulness-based ideas than therapists from other countries.

### 3.6.2 Format of articles

One article was published in both a quantitative and case study (Lesiuk, 2015) format. Another article (Tomasseli, 2014) also used quantitative analysis. The other five articles consisted of case descriptions describing either group or individual music therapy sessions, and Britton developed a treatment protocol based on his observations and data collection.

<table>
<thead>
<tr>
<th>Author</th>
<th>Published in</th>
<th>Focus of article/central question</th>
<th>Design/approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesiuk (2015)</td>
<td>Journal</td>
<td>To determine (a) the effect of MBMT on participant attention, and (b) the immediate effect of MBMT on participant mood</td>
<td>Descriptive quantitative study Conner’s continuous performance test II, POMS-BF using a descriptive longitudinal design</td>
</tr>
<tr>
<td>Lesiuk (2016)</td>
<td>Journal</td>
<td>How MBMT may contribute to healthcare programs, by improving attention and mood in women receiving chemotherapy</td>
<td>Case description</td>
</tr>
</tbody>
</table>

3 For example, there are some fascinating similarities between Regulative Music Therapy and a mindfulness-based approach, as discussed in 2.9
### Table 3: Focus of article and format

<table>
<thead>
<tr>
<th>Author</th>
<th>Setting</th>
<th>Participants</th>
<th>Inclusion/Exclusion criteria</th>
<th>Session length/frequency</th>
<th>Other/previous experience of mindfulness for participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesiuk (2015, 2016)</td>
<td>Comprehensive cancer hospital</td>
<td>Women Receiving Adjuvant Chemotherapy for Breast Cancer</td>
<td>Exclusion for prior cognitive impairment (head injury, psychosis)</td>
<td>4 weekly 1 hour individual MBMT sessions (sometimes accompanied by family member or friend)</td>
<td>5 out of 15 participants had some previous meditation experience</td>
</tr>
<tr>
<td>Van Dort &amp; Grocke</td>
<td>Outpatient drug and rehabilitation facility</td>
<td>Clients with AOD dependency, outpatient program</td>
<td>Not described</td>
<td>10 fortnightly group sessions</td>
<td>Participants learnt about mindfulness in other groups run at facility</td>
</tr>
</tbody>
</table>

### 3.6.3 Session setting and participants
It is concerning that none of the authors mentioned the potential negative side effects of mindfulness meditation in their articles. The articles describe sessions which involved a wide range of participants, including patients receiving treatment for cancer, participants in alcohol and drug rehabilitation programs, residents of aged care facilities, and a young child with a history of severe trauma (see Table 4). Meditation can be harmful when taught incorrectly to vulnerable clients (see 2.3), but this was not discussed by the authors as a factor when choosing participants.

The only specific exclusions mentioned in the eight articles were for psychosis and traumatic brain injury (Lesiuk, 2015 & 2016) and dementia (Tomaselli, 2014). The
participants from alcohol and drug rehabilitation programs (van Dort & Grocke, 2013; Miller, 2017) would have been screened as part of the intake process into the facility. Even for people without major mental health issues, the training in affect tolerance during mindfulness meditation often intensifies any symptomology and can be experienced as quite uncomfortable or even distressing. During a course such as MBSR, participants are invited to stay present to these unpleasant sensations and thus develop the capacity to develop new ways of dealing with stressful situations in their lives. A trained facilitator will be able to guide this process in a way which is safe for the participant, but also leads to ongoing and significant changes in their lives. This common effect of mindfulness meditation was not mentioned in the articles, so I was left wondering whether the authors were aware of this aspect of mindfulness, and how they would have handled distressing experiences arising during mindfulness in way which was safe, but also offered the potential for therapeutic growth.

3.6.4 Use of music therapy

<table>
<thead>
<tr>
<th>Author</th>
<th>Duration/frequency of music therapy sessions</th>
<th>Music therapy method(s)</th>
<th>Authors’ stated considerations when choosing music for mindfulness</th>
<th>Authors’ stated beliefs about benefits of music therapy in context of sessions provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesiuk</td>
<td>4 weekly one hour individual sessions</td>
<td>Music listening and writing, exploring new instruments, singing, ensemble playing, music-assisted relaxation</td>
<td>A range of music chosen to facilitate various mindfulness attributes.</td>
<td>Music therapy can decrease anxiety and depression, improve quality of life, shorten hospital stay</td>
</tr>
<tr>
<td>Van Dort &amp; Grocke</td>
<td>Ten fortnightly ninety minute sessions</td>
<td>Group music and imagery, incl relaxation induction, focus, MI experience, mandala drawing, discussion</td>
<td>Classical music chosen for particular qualities (predictable in melody, rhythm and harmony, small intervals, linking phrases to breath, repetitive)</td>
<td>Music and imagery can assist clients to use imagery for healing, for affect regulation, to integrate different aspects of the self, and to promote centering and self-organising.</td>
</tr>
<tr>
<td>Author</td>
<td>Description</td>
<td>Techniques</td>
<td>Challenges</td>
<td>Notes</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Robarts</td>
<td>Weekly individual sessions over more than 4 years, 30 – 40 minutes</td>
<td>Clinical improvisation, vocalising, children’s songs</td>
<td>N/A</td>
<td>Kinetic and tonal properties of music evoke innate musicality, MT draws on this to develop therapeutic relationship based on client’s needs</td>
</tr>
<tr>
<td>Tomaselli</td>
<td>2 individual or small group sessions</td>
<td>Live musical accompaniment on classical guitar,</td>
<td>Three chords played continually, arpeggiated finger-picking pattern (G, Cadd9, Dadd11), triple metre, four bars each chord, moderately slow.</td>
<td>Music listening can increase energy levels. Music imagery and relaxation techniques can improve depressive symptoms in older adults.</td>
</tr>
<tr>
<td>Miller</td>
<td>13 weekly one hour group sessions</td>
<td>Active music making - group improvisation. Song discussion. Guided mindfulness practice focusing on AA steps.</td>
<td>Trance-like music, 10-20 minutes, for guided mindfulness</td>
<td>Music therapy can strengthen interpersonal bonds and help to communicate and connect with others. Assist recovery with greater awareness and strength.</td>
</tr>
<tr>
<td>Fidelibus</td>
<td>90 minute interviews with music therapist participants, five follow up interviews</td>
<td>The music therapists interviewed were working in the Nordoff Robbins method.</td>
<td>Clinical improvisation evokes mindful qualities</td>
<td>Nordoff Robbins approach aims to engage and draw the client into a music world as inherent growth-seeking endeavour, transcending mental and physical human conditions, and offering ‘enhanced expressive freedom, confidence, insight and personal power</td>
</tr>
<tr>
<td>Britton</td>
<td>4 individual weekly or fortnightly sessions</td>
<td>Primarily used recorded music, infrequent use of live music, including original music composed by author for mindful instrument playing practice.</td>
<td>Recorded music more familiar, consistency of stimulus, allows for independent practice. Novel aspects of performance may act as distraction during mindfulness</td>
<td>Music can act as primary object of attention, can improve motivation, moderate acceptance, and provide a non-specific memory cue</td>
</tr>
</tbody>
</table>

Table 5: Music therapy techniques

The music therapy processes described by the authors include music listening, clinical improvisation, music and imagery experiences, song discussion, exploring new instruments, and relaxation to music. Several authors described choosing particular musical qualities for music and mindfulness experiences. Van Dort and Grocke chose classical music which was
predictable in melody, harmony and rhythm. Miller chose music with trance-like qualities for the guided meditations. Britton chose familiar recorded music as well as original music, and Tomasselli played a repeated pattern of three arpeggiated chords on the guitar. Lesiuk chose familiar songs, and exercises with novel instruments and rhythms, depending on which mindfulness quality the music and mindfulness activity was exploring.

In describing his rationale for choosing mostly recorded music, Britton (2016) wrote that ‘the novel aspects of performance, such as variances in timbre, tempo and instrumentations may act as distractions during mindfulness practice’ (p. 27). However, it could be argued that the novel qualities of each new moment (which is sometimes referred to in the mindfulness literature as ‘beginner’s mind’) is one of the aspects of experience being developed by mindfulness meditation. Similarly, van Dort and Grocke (2013) state that ‘the most effective music for mindfulness has certain characteristics, including a steady pulse, quiet mood, and predictability’ (p. 119). These qualities in music may encourage a calmer mind and increased relaxation, but may not encourage the listener to develop non-judgemental awareness of the present moment. They go on to state that ‘repetition is a key feature of music that enhances mindfulness, so that the mindful brain is not stimulated by new sounds and patterns that require processing’ (p. 119). Again, mindfulness meditation encourages openness to the ever-changing and unpredictable nature of experience, rather than trying to remain in a particular state of being, so a combination of predictable and novel music experiences might be more effective when combining mindfulness practice with music.
3.6.5 Mindfulness background of authors

Two of the authors (Lesiuk and Britton) had attended a four-week introductory mindfulness course, and Britton also describes learning Tai Chi since age 16, and maintaining a daily mindfulness meditation practice during two years of project. Fidelibus mentions having experienced Buddhist meditation, but does not provide further details. None of the other authors describe their training and experience of mindfulness meditation. Van Dam, van Vugt, Vago, Schmalz, Saron, Olendzki, ... and Fox (2018) have recently written detailed guidelines for authors writing about mindfulness which recommend providing information about the teacher including the number and types of meditation retreats attended, as well as formal training and experience in contemplative instruction. Crane et al. (2016) recommend that those who deliver MBPs have a ‘sustained commitment to cultivating mindfulness through regular daily formal and informal mindfulness practices’ (p. 6) and ‘periodic periods of intensive mindfulness practice in a residential setting’ (p. 6), and have engaged in appropriate training so they are able to embody mindfulness qualities. Lustyk et al. (2009) state that mindfulness-based interventions such as MBSR, MBCT and MBRP all ‘consider modelling an attitude of openness and non-judgment to be a foundational skill to teaching MM (mindfulness meditation – my notes); these are skills that come from personal practice.’ (p. 9). They also suggest that someone who is not very experienced in mindfulness meditation ‘consult with a more experienced practitioner’ (p. 9). These recommendations resonate with my own experience of learning and teaching mindfulness as a pathway which requires many years of meditation practice including regular silent retreats, as well as ongoing personal learning and professional development. I believe this is especially important for therapists using mindfulness with vulnerable clients, as through mindfulness
we are inviting the clients to enter altered states of consciousness, loosen some of their
personal boundaries, and remain present with challenging emotions, thought patterns and
feeling states, all of which, if not used safely, have the potential to increase rather than
transform suffering.

3.6.6 Mindfulness research and Buddhist writers mentioned by authors

<table>
<thead>
<tr>
<th>Author</th>
<th>Mindfulness research</th>
<th>Buddhist writers</th>
<th>Other meditation research</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesiuk</td>
<td>MBSR</td>
<td>N/A</td>
<td>Integrative mind/body training based on Chinese medicine</td>
</tr>
<tr>
<td>Van Dort &amp; Grocke</td>
<td>MBSR</td>
<td>Thich Nhat Hanh</td>
<td>N/A</td>
</tr>
<tr>
<td>Robarts</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Tomaselli</td>
<td>MBSR, MBCT, meta-analysis of MBTs</td>
<td>Four foundations of mindfulness</td>
<td>N/A</td>
</tr>
<tr>
<td>Miller</td>
<td>MBSR, MBRP</td>
<td>N/A</td>
<td>Music in altered states of consciousness (ASC)</td>
</tr>
<tr>
<td>Fidelibus</td>
<td>N/A</td>
<td>Wide range including Thich Nhat Hanh, Barry Magid, Pema Chodron and many more</td>
<td>Buddhist meditation</td>
</tr>
<tr>
<td>Britton</td>
<td>MBSR, ACT, DBT, MBCT MBCR, MBMT</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Table 6: Research quoted by authors

Apart from Robarts and Fidelibus, all writers quoted research on mindfulness-based
programs such as Mindfulness-Based Stress Reduction (MBSR), Mindfulness Based Cognitive
Therapy (MBCT), and Mindfulness Based Relapse Prevention (MBRP). Britton also briefly
referred to other forms of mindfulness-based therapies including Acceptance and
Commitment Therapy (ACT), Dialectical Behavioural Therapy (DBT), Mindfulness Based
Cancer Recovery (MBCR) and Mindfulness Based Music Therapy (MBMT).

Two of the articles (Van Dort & Grocke, Fidelibus) drew mostly on Buddhist concepts
of mindfulness to inform their work. Van Dort and Grocke use the concept of the five
aggregates, which is a traditional Buddhist teaching on interdependence, impermanency, and compassion (Nhat Hanh 1987, 1999).

Fidelibus draws on the writings of a wide range of Buddhist teachers such as Pema Chodron, D.T Suzuki, Philip Kapleau and Thich Nhat Hanh. He also mentions the work of Buddhist-influenced therapists such as Mark Epstein and Barry Magid. Robarts does not mention mindfulness research in her review of literature. In addition to discussing the research on MBSR, Lesiuk also mentions studies on the benefits of short-term meditation (Tang, Ma, Wang, Fan, Feng, Lu, ..., & Posner, 2007; Zeidan, Johnson, Diamond, David, & Goolkasian, 2010).

3.6.7 Descriptions of the use of mindfulness during music therapy sessions

Traditional mindfulness practices have included sitting meditation, the body scan, yoga and walking meditation (Kabat-Zinn, 2013). These practices are intended to develop qualities such as affect tolerance, non-reactivity, equanimity and acceptance by training the practitioner to remain with challenging feeling states rather than becoming distracted or over-reacting. As Germer et al. (2016) write:

‘Beginning meditators often misunderstand what mindfulness meditation is and does. Mindfulness meditation is not a relaxation exercise; sometimes its effect is quite the opposite when the object of awareness is disturbing. It is not a way to avoid difficulties in life, because it brings us closer to our difficulties before we disentangle from them. It does not bypass our personality problems; it is a slow, gentle process of coming to grips with who we are. Finally, mindfulness meditation is not about achieving a different state of mind; it is about settling into our current experience in a relaxed, alert, and openhearted way’ (p. 34).
The music therapists in the articles have adapted mindfulness practices from other programs in order to also to include music in their work, and to adapt the program to the particular context of their work. As van Dam et al. (2018) write: ‘Any study that uses the term mindfulness must be scrutinized carefully, ascertaining exactly what type of “mindfulness” was involved, and what sorts of explicit instruction were actually given to participants for directing practice, if there was any practice involved.’ (p. 4). Crane et al. (2016) also emphasise that any adaptions of MBPs need to demonstrate that the new model is ‘clearly an added value to the adaption over existing MBPs’ (p. 7), and recommend that ‘new adaptations making use of new formats are given appropriate titles to clearly distinguish them from established programs’ (p. 8).

I will explore this issue under the headings of Mindfulness Based Programs (MBP), Buddhist mindfulness, mindfulness, and increased self-awareness. Using these categories, I will look at how the use of mindfulness is described, and to what extent the mindfulness adaptions are related to the literature quoted by the authors.

3.6.7a Mindfulness Based programs

Three of the authors (Lesuik, Tomaselli and Britton) use the term ‘mindfulness-based’ to describe their model. The terminology ‘mindfulness-based’ was first used by Jon Kabat-Zinn in 1979, when he developed the MBSR program (Kabat-Zinn, 2013). Since then, a number of adaptations have been developed, which has led to a call by Crane et al. (2016) for greater clarity when describing mindfulness-based programs:

‘Given the proliferation of MBP development and research, there is a need to re-
clarify the core ingredients of mindfulness-based programs, and the implications this has for professional training, supervision and implementation. This clarity is important for the field so that existing research can be meaningfully interpreted, future research uses agreed definitions and established protocols, MBP teachers are trained appropriately, and the general public are assured that program titles accurately describe what is delivered.’ (p. 2).

Crane et al. (2016) outline the following qualities as being essential for a program to be described as mindfulness-based:

‘The MBP
(1) is informed by theories and practices that draw from a confluence of contemplative traditions, science, and the major disciplines of medicine, psychology and education
(2) Is underpinned by a model of human experience which addresses the causes of human distress and the pathways to relieving it
(3) Develops a new relationship with experience characterised by present moment focus, de-centering, and an approach orientation
(4) Supports the development of greater attentional, emotional and behavioural self-regulation, as well as positive qualities such as compassion, wisdom, equanimity.
(5) Engages the participant in a sustained intensive training in mindfulness meditation practice, in an experiential inquiry-based learning process and in exercises to develop insight and understanding’ (pp 6-7).

Mindfulness-based programs such as MBSR and MBCT include lengthy periods (forty plus minutes) of formal mindfulness practices such as meditation or yoga in each session, and expect participants to practice forty or more minutes of a formal mindfulness practice
every day at home. This requirement for considerable amounts of mindfulness meditation during the eight-week course is considered essential for participants to develop the ability to respond rather than react to life challenges; to train affect tolerance, i.e., their ability to stay with unpleasant feeling states; to develop an approach orientation towards their difficulties, and to experience less psychological and physiological arousal during times of stress. (Kabat-Zinn, 2013; Segal et al., 2013).

MBPs also require their teachers to have a background in a personal practice of meditation over a number of years, attendance at silent multi-day meditation retreats, as well as training and supervision in the MBP they are delivering (Crane et al., 2012).

The mindfulness-based adaptations by Lesiuk, Britton, and Tomasselli took place in settings (two hospitals and an assisted living facility) which offer participants only limited opportunities to attend a mindfulness session. They therefore adapted their program to meet the needs of the facilities and client populations. However, because of this, they were not able to offer the intensive meditation training considered by Crane et al. (2016) to be a key component in a mindfulness-based program.

Britton (2016) used music for all mindfulness practices offered in his Mindfulness-based Music program. He writes that he chose music ‘to induce a positive emotion in the client, which was important for the mindfulness practice’ (p. 32). However, mindfulness meditation is training in non-judgemental awareness of whatever feeling states arise (Kabat-Zinn, 2013), not aiming to induce certain emotions over others. Britton uses music at 100 bpm in order to facilitate ‘deep, slow breathing’ (Britton, 2016, p. 33) to encourage ‘oxygenation of the blood’ and reduce anxiety (p. 33). In traditional MBPs, participants are instructed to allow ‘the breath to breathe itself’ (Segal et al., 2013, p. 195) These instructions are also given during an MBSR course (Kabat-Zinn, 2013) and in Mindfulness-
Based Relapse Prevention (Bowen, 2011) where participants are informed, ‘we’re not trying to breathe deeply or change the breathing in any way.’ (p. 87). By offering music at 100 bpm, Britton did not give his patients the opportunity to simply observe the breath, but instead encouraged them to control the breath in a particular way. Slow, deep breathing to a certain beat may have a relaxing effect on a patient (Fried, 1990) but would not be described as mindfulness of breathing in an MBP.

He also writes, ‘if clients had difficulty coping with frustration from an inability to focus or from unpleasant experience during the practice, they were advised to stop the meditation at any time.’ (Britton, 2016, p. 34) He doesn’t describe how he encouraged the clients to develop affect tolerance by staying with difficult feeling states, thereby developing a new approach to behaviour patterns and responses as is traditionally taught in MBPs (Kabat-Zinn, 2013). He also uses music as a memory cue during the guided body scan, by playing an original composition recording of electric piano, bass, organ, shaker, strings, celesta and wind chimes. However, the purpose of the body scan in an MBP is for the participant to notice subtle sensations in different parts of the body while maintaining an open and curious awareness of the range of pleasant, unpleasant or neutral sensations which may be present at any particular time (Bowen, 2011). A participant will practise the body scan many times during an MBSR, MBCT or MBRP course, both in class and also as home practice. It is expected that each experience of doing the body scan will be different, sometimes in subtle ways, and other times quite dramatically. Britton doesn’t illustrate how using the same piece of music during each body scan would enhance the participant’s ability to notice a changing range of subtle signals and sensations in the body.

Britton goes on to state, ‘one unique challenge of mindful music listening was managing reactions to the music such as memories, movement, emotions or visual
imagery’. (Britton, 2016, p. 31). This is a question which would be worth exploring further – does music potentially distract from, rather than enhance, an experience of mindful listening?

Tomaselli (2014) called her program Mindfulness Based Music Listening, and studied whether two fifteen-minute sessions of mindfulness meditation to music would decrease anxiety symptoms and increase awareness among older adults who were living in a Senior Living Facility. She found no significant difference in anxiety symptoms of mindful awareness between the treatment group and the controls. In her discussion, she comments on the fact that meta-analyses on the ‘effectiveness of mindfulness interventions typically examine studies that have been conducted over a longer period of time, being generally around eight weeks in length’ (p. 24), and concludes that offering only two sessions one week apart may have ‘limited the intervention’s effectiveness (p. 24).’ She also reflected on the fact that older adults with memory disorders may find it more difficult to remember what had happened in the first session, which may also have limited the effectiveness of the Mindfulness Based Music Listening intervention.

Lesiuk named her program Mindfulness-Based Music Therapy (MBMT), aligning herself through her use of language with other MBPs such as MBSR, MBCT and so on (Lesiuk, 2015, 2016). She only included short meditations to music in her sessions, and chose a different mindfulness attitude, based on Jon Kabat-Zinn’s core attributes of mindfulness, (Kabat-Zinn, 2013), each week as a theme for the music therapy intervention. These were ‘non-judging’, ‘beginner’s mind’, ‘suspending judgement’, and ‘acceptance and letting go’. Lesiuk gave her participants handouts and music CDs with instructions on practising the mindfulness
attitudes in daily life, but described the guided meditations as ‘music-assisted relaxations scripts’ (p. 11).

The MBMT program lacked a number of the features commonly associated with MBPs, such as a strong emphasis on formal meditation practice, both during class and at home, in order to develop present-moment awareness, new patterns of relating to experience, and associated insights (Crane et al., 2016). MBPs emphasise the importance of bringing a sense of curious exploration to both pleasant and unpleasant experiences, and to remain present during difficult experiences which would normally cause an aversive reaction (Crane et al., 2016). Lesiuk states that she purposefully only offered short meditation practices as she felt that ‘enhanced awareness of the moment could potentially exacerbate the anxiety’ (Lesiuk, 2016, p. 11). She also states that the participants were new to mindfulness, and therefore needed shorter meditation experiences. However, in a traditional MBSR course, the purpose of including extended meditation practices each week (beginning with a 45 minute body scan Week 1) is to increase affect tolerance in the participants, which eventually (though not necessarily initially) leads to decreased anxiety levels (Kabat-Zinn, 2013).

Lesiuk saw the participants for four weekly one hour individual sessions, as opposed to the eight-week 2 ½ hour group format, plus a full silent retreat day, of the MBSR course. She also wanted to include music in her session, which further limited her ability to offer an MBP. She saw the role of music as supporting the mindfulness attitudes, and states that she therefore concludes that the music would assist with moment-to-moment experience. She writes that music ‘promotes the development of de-centering awareness’ (Lesiuk, 2016, p. 3), which she describes as the psychological concept where distressing thoughts are regarded as transient mental events as opposed to reality. While this is a concept worth
investigating further, in her articles she does not describe the mechanism of how the music assisted her clients with de-centering.

She quotes research to show that a short-term meditation program of four sessions can be effective in decreasing fatigue and anxiety while improving mindfulness (Zeidan et al., 2010). An integrative mind-body training based on Chinese medicine also increased attention and body-regulation when practised short-term (Tang et al., 2007).

In the conclusion of the article, Lesiuk writes that the participants described positive changes such as significantly reduced negative mood states, increasing energy, and improved attention. Given she only had four hours available for each patient, these can be regarded as very positive outcomes. It seems that the introduction of some mindfulness attitudes was helpful when combined with the music therapy intervention. However, by calling her program Mindfulness-Based Music Therapy, she is using the language of the MBPs, which differ in significant ways from what she has offered. As a short-term intervention in a hospital setting, her model has much to offer the music therapy profession. However, she is not trained to deliver an MBP course such as MBSR, and does not describe any long-term meditation practice of her own. She is also not able to offer a more intensive mindfulness-based program for the patients due to the nature of their cancer treatment schedule.

In order to avoid confusion for potential clients and future research, Britton, Tomaselli and Lesiuk could consider describing their programs without use of the terminology ‘mindfulness based’, perhaps considering another phrase such as ‘mindfulness-influenced’ or ‘mindfulness-informed’ instead. There is an interesting precedent for this in the area of music therapy, when researchers such as Baker (2015) used terminology like
‘psychodynamic-informed’ when writing about music therapy methods which had been strongly influenced by psychodynamic theories.

3.6.7b Buddhist mindfulness

Van Dort and Grocke (2013) use the concept of the five aggregates, which is a traditional Buddhist teaching on interdependence, impermanency, and compassion/no self (Nhất Hạnh, 1987; Nhất Hạnh, 1999). They link the qualities of the five aggregates with qualities inherent in music, without describing further how this link was made, or in which way this might apply to using music in meditation. They distinguish between ‘deliberate mindfulness’ (Grocke & Van Dort, 2013, p. 118) as described by Jon Kabat Zinn, and ‘effortless mindfulness’, which they state ‘spontaneously arises as the clients become more practised in the MI process’ (p. 118). However, they don’t define ‘effortless mindfulness’ or how it differs from other forms of mindfulness.

It is challenging to translate words from another language. Swanson and Heisig (2005) draw on their extensive experience in translating religious texts to caution us that ‘there is no one-to-one correspondence between words of different languages. None, never.’ (p. 116). Later they expand on this: ‘Each word has multileveled meanings and implications that can never be carried over in toto to another language. When a word is used, it carries with it layers of historical development, contextual nuances, and half-hidden associations that are often unconsciously present even to the original verbalizer.’ (p. 118). This is true of individual words, and even more so for concepts taken from one ontology, such as Buddhism, into another system of thought, training and world view, such as clinical music therapy. As Buddhist scholar Patrick Kearney (Hwang & Kearney, 2015) explains, the first Western scholar known to have translated the Pali word ‘sati’ as ‘mindfulness’, was the
nineteenth century Pali scholar T.W. Rhys Davids. However, the Pali word ‘sati’ literally means ‘memory’, meaning attentiveness of mind and remembering to be present, noticing experiences in the body, sensations, mind and external factors moment by moment, ‘tracking the experience and maintaining a continuity of awareness and attention which allows development of a sensitivity to how things behave over time’ (p. 6). Mindfulness in the Buddhist tradition, as described in the Satipatthana sutra, is about becoming one with the object of awareness, instead of merely observing it (Nhất Hạnh, 2012). By using a pre-existing English word with quite different meanings, Rhys Davids has perhaps unwittingly contributed to some of the current confusion around the use of the word mindfulness.

The purpose of mindfulness in Buddhism is to assist the practitioner to gain insight into anatta (no-self), anicca (impermanence) and dukkha (the unsatisfactory nature of existence) (Nhất Hạnh, 1999). The teachings of the five aggregates, which contain the elements humans are made of, show that all five aggregates are empty of inherent existence, and that suffering is caused by our ‘lack of understanding about the impermanent, non-self, and interdependent nature of the Five Aggregates’ (from the Ratnakuta Sutra, chap 23. Taisho 310, quoted in Nhat Hanh, 1999, p. 182). It is likely that most if not all participants in the music and imagery program offered by van Dort and Grocke have a different understanding of the causes and nature of suffering. Mindfulness Based Relapse Prevention (MBRP) for addictive behaviours (Bowen, 2011) offers a more Western clinical approach to using mindfulness when working with addictive behaviours.

The participants in Van Dort and Grocke’s group were already familiar with mindfulness principles through attending other programs at the outpatient facility. Van Dort and Grocke state that attending the ten music and imagery sessions allowed the
participants to develop greater self-awareness and to become more accepting of their vulnerabilities. It would be possible to describe these outcomes without using the word ‘mindfulness’, instead drawing on concepts from the literature on the Bonny Method of Guided Imagery and Music (BMGIM). If the word mindfulness is to be used, it would be helpful to describe what kind of mindfulness is being offered, how it relates to the mindfulness learnt by participants in other groups at the facility, and how it differs from other uses of mindfulness such as mindfulness in Buddhism or in MBPs.

Fidelibus (2004) also draws on mainly Buddhist concepts to describe the use of mindfulness in his model of the Third Space. He states that he related the ‘paradoxical nature and salient features of the clinical improvisation process’ (Fidelibus, 2004, p. 207) to ‘spiritual tenets that can be linked to and are effectively explicated in Buddhist philosophy’ (p. 207). He goes on to write that he has ‘appropriated aspects of the Buddhist metaphysical belief system, placing the themes within a larger thinking system, one that elucidates human universals or truths that have emerged from the data’ (p. 208).

As stated earlier, it is problematic to link one belief system to a very different one, even if the use of language appears to be similar. However, the data of Fidelibus’ research does strongly support his claim that clinical improvisation contains elements of mindfulness. He writes about the improvising music therapist:

‘The simple and yet profound capacity of bringing himself to the present moment involves a disciplined and precise attention and awareness. To be mindful means that the therapist is directly experiencing the present musical moment.’ (p. 208). Clinical improvisation, as well as other forms of music therapy, may well develop mindful qualities for both therapist and client. Rather than drawing on models and concepts outside of music
therapy, perhaps it could be possible to develop a model of mindfulness unique to music therapy and other creative arts therapies. This idea will be explored further in Chapter 4 of the thesis.

3.6.7c Mindfulness

Miller offered her music therapy program to women with addiction living in a therapeutic community. She drew on ideas from MBRP (Bowen, 2011) and aimed to incorporate elements of these mindfulness principles into the music therapy session. She also mentions other traditions which for centuries have used altered states of consciousness with music for healing, describing how using certain music can improve relaxation, mental clarity, and positive physiological changes (Brummel-Smith, 2008). The mindfulness and music component of the sessions consisted of a guided mindfulness practice focused on steps 1 – 3 of the Alcoholics Anonymous (AA) program combined with soothing music with a stable pulse and limited melodic movement. She does not provide a script of the mindfulness meditation, and doesn’t offer details on which elements of the MBRP program she has chosen to incorporate into her program. The music was chosen from traditional meditation music, relaxation music, as well as some classical music. It is possible that the clients experienced calm meditative rather than mindfulness states during the music and mindfulness experience.

Miller found that by the end of the music therapy program, clients showed a greater familiarity with AA slogans, and signs of personal growth. As the music therapy sessions also included other elements such as song discussion and active music making, and as the clients participated in other programs in the therapeutic community, Miller states that further
research is needed into the effectiveness of combining a gender-specific treatment approach with music therapy and mindfulness.

3.6.7d Increased self-awareness

Although Robarts (2009) uses the word ‘mindfulness’ in the title of her book chapter ‘Supporting the development of mindfulness and meaning: Clinical pathways in music therapy with a sexually abused child’, she does not quote any mindfulness literature or research, and uses the word ‘mindfulness’ only once apart from the title. At first this seemed a valid reason to exclude the article from the CIS, as it did not meet the criteria of demonstrating some familiarity with the mindfulness literature. However, on repeated readings of the article, it seemed to me that she was pointing to some very interesting possibilities in how the area of music therapy and mindfulness might be further developed in the future, so I decided to change the criteria for selection, and to include the article in the CIS.

Robarts describes her long-term work over many years with a severely traumatised girl using clinical improvisation and other music therapy techniques. She states that severely traumatised children may exist in a state of ‘mindlessness and timelessness’ (p. 381), and draws on Stern’s concept of an ‘emergent moment’, which is ‘a subjective chunk of time that is constructed by the mind as it is being lived. One experiences oneself as being “in” a moment’ (Stern, 1995, p. 96). Over the course of therapy, Robarts reports that the client experienced increased self-cohesion, integration, emotional regulation and resilience. Apart from the title, her only use of the word ‘mindfulness’ in the article is when she describes
how music therapy can assist the traumatised child with early ‘pre-verbal symbolization’ (Robarts, 2009, p. 394), and how therefore ‘music can help develop proto-forms of thinking and mindfulness’ (p. 394). She describes how ‘musical improvisation tries to bring organization and coherent moments of feeling and living, a sense of being in one’s own body as an aware and confident agent’ (p. 382).

Robarts’ use of the word mindfulness seems more closely aligned with the traditional use of the English word, as described in the OED, meaning in part ‘The quality or state of being conscious or aware of something; attention.’ (OED)

In her work with the child there is a focus of being in the moment, and being aware of the body, which are both training elements in mindfulness-based programs. Her way of developing increased mindfulness in the client is based on the concepts such the emergent moment by Stern mentioned above, and the ‘creative now’ as described by Nordoff and Robbins, in which ‘the integration of affective and capacities of self may take place’ (Robarts, 2009, p. 382). Like the work of Fidelibus mentioned previously, Robarts’ use of mindfulness may open up possibilities unique to creative arts therapies including music therapy, in how mindfulness can be developed through creativity and the therapeutic process, rather than meditation.

### 3.7 Conclusion

Although the current literature on the integration of mindfulness into music therapy practice is still limited, the breadth of articles examined in this CIS shows promise for future research and increased clinical applications. The authors describe using mindfulness as part
of their clinical practice with diverse populations including clients undergoing treatment for cancer, attending rehabilitation programs for addiction, older adults, and a young child healing from severe childhood trauma. Some have developed their own methods and treatment protocols, and all have shared their reflections and learnings from their clinical work with us. The authors have been inspired by writings from Buddhism and mindfulness-based programs, as well as a wide range of music therapy literature including Creative Music Therapy, Communicative Music Therapy, BMGIM, and many others.

For future research to be clearly communicated, and to build on work gone before, music therapists will benefit from increased experiential learning and understanding of mindfulness practices, as well as articulating clearly what kind of mindfulness they are using in their clinical work, and how any adaptations enhance the research which has already taken place. Van Dam et al. (2018) argue that misunderstanding of what mindfulness is can ‘lead to people being harmed, cheated, disappointed, and/or disaffected’ (pp 2-3). Music therapists are in a position to make a unique contribution to the field of mindfulness research and practice, by utilising music therapy processes which seem to enhance mindfulness qualities in both therapist and client. In order to avoid confusion with other forms of mindfulness, music therapists may want to distinguish their use of mindfulness by choosing a terminology which fits the context of their clinical work. Music therapy, like mindfulness, embraces a wide range of traditions, ontologies, and practices. The rich diversity of music therapy and mindfulness practices means it is especially important that music therapy researchers and therapists define mindfulness for their particular context, and clearly describe its use in language which distinguishes it from other forms of mindfulness, and which embraces the unique qualities of the mindfulness practices which
music therapists are able to offer their clients.
Chapter 4: Recommendations for describing the use of mindfulness in music therapy

4.1 Chapter outline

This chapter explores some of the challenges faced by music therapists when describing the use of mindfulness in their work. It looks at different uses of the word ‘mindfulness’ which music therapists might encounter, and includes literature from other fields as well as my personal and professional reflections on these meanings. The chapter then draws directly on the findings from the CIS in Chapter 3 to discuss some of the challenges faced by music therapists when adapting existing mindfulness models. It also incorporates recommendations from other researchers who have written guidelines about what kind of information to include when writing about mindfulness. These guidelines were developed to support future research and clinical practice by encouraging clarity of language.

The second part of the chapter discusses the potential for music therapy to develop a new way of conceiving mindfulness, and explores writings by several music therapists in this area.

4.2 Different meanings of mindfulness

4.2.1 Introduction

As described in previous sections, the word ‘mindfulness’ has always had a range of meanings depending on the context in which it is used. As the use of mindfulness has
become increasingly mainstream, there can be a lack of clarity about what kind of mindfulness is being described, to the point where it has become ‘a broadly based term that can lose meaning in its general usage’ (Geller & Greenberg, 2012, p 180). Below are some of the varying interpretations of the term ‘mindfulness’ I have come across in my reading of academic, popular and Buddhist literature. These categories are broader than those mentioned in the literature review, and are included in this chapter as they may be helpful for researchers and clinicians when differentiating between various usages of the term.

The comments in italics are reflections drawn from my personal experience of mindfulness as a student of Zen, an MBSR teacher, Tai Chi teacher and Buddhist therapist.

4.2.2 Buddhist mindfulness

Mindfulness is part of the Noble Eight-Fold Path in Buddhism and has been practised and studied for over 2500 years of Buddhist practice. Although different traditions emphasise different aspects of mindfulness, most Buddhist schools describe the importance of being aware of phenomena in the present moment as they arise, and the value of practising mindfulness at any stage of the spiritual path (Shonin, Van Gordon, & Singh, 2015).

As a long-term student of Zen meditation, I am familiar with conceptualising mindfulness within the Buddhist framework. I resonate with Gil Fronsdal’s description of mindfulness as ‘a state of receptive awareness not requiring self-conscious effort’ (Rosenbaum & Magid, 2016, p. 97) and understand that Buddhist concepts such as no-self and impermanence are crucial to the practice of Buddhist mindfulness. Buddhism also has a vast range of schools and traditions, most of which I have little familiarity with. There is no ‘Buddhist mindfulness’
as such, as different traditions will describe and teach mindfulness from within their own ontologies. However, the fact that many of the concepts and practices in mindfulness-based programs came originally from the Buddhist tradition can lead to confusion and misunderstandings in how mindfulness is described.

4.2.3 Religious mindfulness

While mindfulness is often associated with the Buddhist religion, it has also been explored by writers and researchers of other religious backgrounds. Some Christian monastics actively sought out teachings from Buddhist teachers to enhance their own faith (Merton, 1968; Aitken & Steindl-Rast, 1996) Others explored mindfulness in Christianity (Ih-Ren Mong, 2015) and the link between mindfulness and the concept of surrender in Christian centering prayer (Frederick & White, 2015). The language of mindfulness in the Christian context has also been explored (Anderson, 2010), as well as the use of mindfulness by Christian mental health practitioners (Trammel, 2017, 2018).

Other scholars have investigated mindfulness in the Islamic tradition, by looking for links between Islamic-spiritual schemes and mindfulness (Aslami, Alipour, Najib, & Aghayosefi, 2017), and the relationship between saying Salah (Islamic prayer) and mindfulness (Ijaz, Khalily, & Ahmad, 2017). Resonances between Islamic concepts and mindfulness (Thomas, Furber, & Grey, 2017) have also been described in order to allow mindfulness-based treatments to become more available to people from an Islamic faith background.

In Australian Aboriginal spirituality, the concept of ‘dadirri’, deep listening, has been compared to mindfulness (Ungunmerr, 2017). Aboriginal and Torres Strait Islander people identified mindfulness as a key component of good mental health in a study looking at
strength-based themes (Kilcullen, Swinbourne, & Cadet-James, 2018), and it has also been used as one of the components for healing Indigenous intergenerational trauma (Atkinson, 2019).

*My experience of presenting on mindfulness to Clinical Pastoral Education (CPE) students and members of an interfaith friendship group over many years has reinforced my belief that the qualities of mindfulness are not only appreciated in Buddhist settings. Faith traditions have their own language and understanding of these, and it remains to be seen how much the modern mindfulness movement can offer to other religions.*

### 4.2.4 Clinical mindfulness

This area, which supports participants to work more effectively with emotional, mental and interpersonal challenges, was pioneered by Jon Kabat Zinn in the late 1970s and led to a proliferation in mindfulness-based programs (MBPs) such as MBSR, MBCT and MBRP, and mindfulness-influenced therapies such as DBT, ACT etc (Baer, 2003). Learning and practising clinical mindfulness is challenging as it asks the client to change long-standing patterns of thoughts and behaviours (Germer & Fulton, 2016). The practice of clinical mindfulness can initially aggravate symptoms, as the client develops increased awareness of physical, emotional and mental states. At the same time, the client practises staying present with distressing feeling states, instead of their usual coping behaviours such as avoidance or projection.

The development of clinical mindfulness was strongly influenced by psychological concepts and practices drawn from Buddhism (Huxter, 2012) as well as cognitive therapy (Rohan, 2003) and neuroscience (Young et al., 2018). As discussed in Chapter 2, the use of
Mindfulness for therapeutic aims, either in mindfulness-based group programs or in individual counselling practices, has become wide-spread and is supported by a substantial body of research (see section 2.1).

I have taught MBSR for ten years, and have found that people’s expectations that meditation should feel relaxing can be deeply embedded, despite repeated psycho-education on how clinical mindfulness works. The difference between mindfulness meditation and relaxation meditation continues to be an area of confusion for many. Over the eight weeks of an intensive MBSR course, participants commonly reported changes in how they relate to the challenging experiences in their lives, in a way which felt empowering and offered more life choices. An increased sense of appreciation, greater clarity, and decreased physical and emotional distress were also frequently mentioned by participants. The MBSR course requires a significant time commitment from participants, including eight weekly classes (2 ½ hours each), a full silent retreat day, and a daily meditation of at least forty minutes as well as other home practices. This intensity seems to be helpful to allow the development of a new way of relating to life’s challenges.

4.2.5 Performance-enhancing mindfulness

Mindfulness has been studied in relation to improving performance in areas such as music (Lin et al., 2008), business (Ehrlich, 2015), sport (Dehghani, Saf, Vosoughi, Tebbenouri, & Zarnagh, 2018) and the military (Zanesco, Denkova, Rogers, MacNulty, & Jha, 2019), and the results can be encouraging. One of the criticisms of this form of mindfulness, however, has been that its use in corporations ‘conveniently shifts the burden onto the individual employee: stress is framed as a personal problem, and mindfulness is offered as just the
right medicine to help employees work more efficiently and calmly within toxic environments’ (Purser & Loy, 2013, paragraph 14). Its use in the military has also been questioned, citing historical examples such as the Zen training of kamikaze pilots in World War II (Turnbull & Dawson, 2006), as well as its more recent use in the US army and in large corporations (Stone, 2014).

As discussed in Chapter 2 (2.5), mindfulness might be helpful for musicians, including music therapists, who are struggling with performance anxiety. However, the criticisms noted above show that the intention behind offering mindfulness teaching is also important, as will be discussed in more detail in 4.2.11 below.

4.2.6 Relaxation mindfulness

Mindfulness meditation is not the same as relaxation meditation, and the neural processes involved with mindfulness meditation differ from a meditation designed to activate the relaxation response (Sevinc, Hölzel, Hashmi, Greenberg, McCallister, Treadway, …, & Lazar, 2018). While this distinction is made in literature describing MBPs (Kabat-Zinn, 2013; Segal et al., 2013), the popular literature and even organisations such as Beyond Blue do not always differentiate between these two forms of meditation (“Relaxation exercises”, 2019).

This failure to differentiate mindfulness from relaxation can be discouraging for beginner meditators, who may feel that they should start to feel relaxed as soon as they begin a meditation. In fact, my experience of running mindfulness retreats and workshops is that for many people, the initial experience is one of noticing just how stressed they may be feeling, and how busy their mind actually is. This awareness is useful information, and a good
grounding for developing a meditation practice, but it may be some time before the practice of mindfulness meditation also leads to a feeling of increased relaxation in life.

### 4.2.7 Body-based mindfulness

Body-based practices such as Tai Chi, yoga and Kum Nye are sometimes described as a moving meditation, and form a key component of the MBSR course (Kabat-Zinn, 2013). Unlike conventional exercise, body-based mindfulness is usually meditative, using the breath and proprioceptive focus to become aware of the flow of energy in the body (La Forge, 2005). Other forms of movement-based awareness training such as the Alexander Technique, Feldenkrais or Pilates can also be considered mindful practices (La Forge, 2005).

*I started my own meditation practice through Tai Chi, and believe it was valuable for me to learn how to relax my body before going on to sitting meditation. Whenever I teach mindfulness, I aim to include body-based mindfulness along with sitting meditation. We sometimes think of meditation as something which happens in the mind, but in fact it is an embodied practice, and should perhaps be called something like ‘bodyfulness’. It is probably no coincidence that the first home practice for the MBRS course is a forty minute body scan, and that the first foundation of mindfulness in the Satipatthana Sutta is mindfulness of the body in the body.*

### 4.2.8 Mindful therapeutic presence

Mindfulness is sometimes used by those who are engaged in interpersonal work, such as therapists, teachers, carers, or religious leaders, in order to enhance their therapeutic presence. By practising open, accepting and non-judgemental presence with themselves,
therapists can then bring these qualities into the therapeutic relationship (Geller & Greenberg, 2012). Mindfulness can lead to increased attunement with a client (Siegel, 2010) and potentially improve client outcome (Grepmaier et al., 2007). It can also potentially assist therapists to maintain a positive outlook towards their clients and prevent burn out (Krasner, Ronald, Epstein, Beckman, Suchman, Chapman, ..., & Quill, 2009). In the case of Buddhist therapists, there is often a strong relationship between Buddhist principles and the use of mindfulness in their practice (Kornfield, 2008). Insight dialogue (Kramer, 2007) is another area where mindfulness and Buddhist principles are combined to lead to greater therapeutic presence in a Western psychological context.

Medcalf (2017) also found that the music therapists in her study described their mindfulness practice as enabling a deeper connection between themselves as therapists and their clients, as well as enhanced therapeutic presence leading to improved client outcomes.

This is an area of mindfulness I have studied over many years, and I feel that music therapists could benefit from learning about mindfulness during their training, and as part of their ongoing professional practice. The study by Medcalf (2017) offers some interesting feedback from practising music therapists about the potential value of including mindfulness as part of their personal and professional practice. My experience of working as a music therapist in stressful settings such as hospitals, community choirs and residential aged care was that consciously including mindfulness practices in my day seemed to improve my ability to stay focused and present with the clients. This could be a rich area for future research and practice.
4.2.9 Educational mindfulness

Mindfulness has been used in educational settings to improve the students’ ability to pay attention and focus, as well as increase their capacity to self-regulate and manage stress and their emotions more effectively. It has been taught to pre-teenagers (Maloney, Lawlor, Schonert-Reichl, & Whitehead, 2016) and adolescents (Broderick & Metz, 2016), and is currently being studied in a large-scale trial of 6000 school children in London (“Mindfulness trial in schools”, 2015). In Australia, the organisation Smiling Mind has brought mindfulness training into many schools and workplace settings and claims to have reached over 1.5 million students so far (https://www.smilingmind.com.au).

I have little direct experience of educational mindfulness, but often meet teachers and parents of children learning mindfulness at school or through apps, and hear about how helpful mindfulness meditation in the classroom can be. While it is a relatively new area, and more research is needed to ensure quality programs are delivered to school children, nonetheless this area of mindfulness seems to hold promise for future generations.

4.2.10 Attentional mindfulness

Meditation has been studied as a way of improving attention, by training the mind to return to a specific focus and reducing activity in the default mode network (Scheibner, Bogler, Gleich, Haynes, & Bermpohl, 2017).

As mentioned in the literature review, this kind of meditation can be more accurately described as concentration meditation instead of mindfulness, although mindfulness can
include elements of those practices. Currently, it is still often described as mindfulness meditation, which can lead to confusion about the nature of mindfulness meditation.

### 4.2.11 McMindfulness

The proliferation of mindfulness products and programs in the marketplace has led to a critical examination of what is being offered by some of these adaptions. In the mindfulness research and teaching community, concern at the commercialisation of mindfulness at the expense of quality or safety has led some to describe this trend as McMindfulness (Hyland, 2016). Critiques include the side-lining of Asian Buddhist teachers by mainstream secular mindfulness, which has used ancient Buddhist teachings while at the same time distancing itself from its Asian or Buddhist roots in order to fit in with a Western model of evidence-based health (Hsu, 2016). Mindfulness has also been linked to a neo-liberal self-improvement imperative which leads to a commodification of both therapy and religion (Payne, 2016). The movement has been criticised for ignoring the ethical components which situate mindfulness within a Buddhist practice (Hyland, 2016); and for placing science above humanities in mindfulness research, leading to an impoverished understanding of its place in society (Walsh, 2016). As Walsh writes, ‘in response to critiques of McMindfulness, the mindfulness movement should replace universal, asocial, and ahistorical views of mindfulness with critical, socially aware and engaged forms of mindfulness’ (p. 11).

Kabat-Zinn, in discussing this issue, wrote that ‘to address it even partially, we will also need to take into account and honor the seriousness, the depth, and the authenticity with which mindfulness has taken root in mainstream culture in so many different domains in so many different parts of the world’ (Kabat-Zinn, 2017, p. 4). Instead of a personal
reflection, I will conclude this section with an extended quote from Kabat-Zinn from the same article, which speaks to my concerns and hopes on this issue:

‘I do think that the outsized popularity and hype accorded to mindfulness at the moment will be a passing fad, and that those with more opportunistic motivations will soon become bored and move on to the next next (sic) thing. Hopefully, “mindfulness” will fast become so “yesterday” to those interests. That will leave those of us who care deeply about it and see its potential for healing and liberation from suffering and the causes of suffering in one form or another to continue doing our work and cultivating our practice in ways that the world is actually starving for, and we might also say, literally and metaphorically, dying for. These are the stakes, in my view. In this regard, perhaps the less we use or overuse the word “mindfulness” and the more we embody it in our being and our doing, the better.’ (p. 8).

4.3 Describing the use of mindfulness

4.3.1 Introduction

It is clear from the above list, which is by no means comprehensive, that mindfulness is being applied in a wide range of settings, with a considerable diversity of understandings as to what mindfulness is and how it works. As Gethin (2015) writes in the Handbook of Mindfulness: Theory, Research, and Practice, ‘it is not clear what standard we might use to judge any given account of mindfulness as either wanting or fitting’ (p. 9). A similar point
was made by van Dam et al. (2018) when discussing their concerns about the current state of mindfulness research:

‘The term *mindfulness* has a plethora of meanings: a reflection of its incredible popularity alongside some preliminary support, considerable misinformation and misunderstandings, as well as a general lack of methodologically rigorous research’ (p. 2)

While some attempts have been made to operationalise the components of mindfulness for research purposes (Baer, 2006; Dimidjian & Lineham, 2003; Bishop et al., 2004), these definitions are usually still situated within a specific framework, such as clinical mindfulness. It is unlikely that the word ‘mindfulness’ will ever be reduced to a single definition with clearly described components and variables which can be studied independently. It is the richness of a range of traditions which have been cultivating and are now informing mindfulness which makes it such a valuable concept for our modern times. Yet as philosopher Richard Tarnas (2010) has pointed out, postmodern developments which allow for different conceptions of reality mean that ‘the human being must therefore choose among a multiplicity of potentially viable options, and whatever option is chosen, will in turn affect both the nature of reality and the choosing subject’ (p. 406). He draws on Wittgenstein’s thesis of ‘family resemblances’, where what appears to be a common understanding of a general word ‘in fact often comprises a whole range of indefinite, overlapping similarities and relationships’ (p. 405). When a single word such as ‘mindfulness’ carries such a multitude of meanings arising from a wide range of world views and philosophical traditions, it is not surprising that some of the more subtle distinctions can get lost in a generalist discourse. This means that in order for a researcher or clinician to communicate clearly about a particular usage of mindfulness, care may need to be taken to describe very clearly:
a) which kind of mindfulness they offered,
b) what training they had completed in order to be able to offer mindfulness,
c) and what the mindfulness components of the session consisted of.

In response to this issue, van Dam et al. (2018) have developed a ‘Nonexhaustive list of Study Design Features for Mindfulness-Based Interventions’ (p. 7) for researchers which contains categories such as:

- **teacher information** (including number of meditation retreats attended, experience in contemplative instruction, formal contemplative training),
- **practice information** (including setting, duration of program, types of formal practice including approximate percentage of each different mindfulness practice, types of informal practice, logs and instructional materials provided),
- **general information** (including control group conditions, and monitoring adverse effects),
- **participant information** (such as inclusion/exclusion criteria and prior meditation experience), as well as any
- **conflicts of interest** (see Van Dam et al., 2018, p. 7) for a complete list of criteria).

I will now discuss these categories in more detail, and explore how some of these suggestions from the mindfulness literature might be applied to enhance the description of mindfulness in both clinical work and research in the music therapy literature.
4.3.2 Teacher information

By including information about their own background in learning and practising mindfulness, music therapists will allow future researchers to meaningfully compare the work of music therapists to that of other therapists who are using mindfulness in their work. In this way, music therapists can contribute to the ongoing research into the benefits of using mindfulness in clinical work. For example, Crane et al. (2016) write that teachers of mindfulness-based programs (MBPs) are expected to ‘embody the qualities and attitudes of mindfulness’ (p. 995) and show a ‘sustained commitment to cultivating mindfulness through regular daily formal and informal mindfulness practices’ (p. 995). They are trained in the particular MBP they are teaching and commit to ongoing professional supervision and a regular meditation practice including intensive meditation retreats (Santorelli, 2014). For therapists using mindfulness in their clinical work, there are currently no such guidelines, and any guidelines for therapists which are developed in the future may well differ from those recommended for teachers of MBPs. Nonetheless, given that therapists often work with vulnerable clients, and the potential for adverse effects of meditation, it will be important for future research to build on a sound knowledge base about how mindfulness is being offered to clients, including information about the mindfulness background of the researcher/clinician.

4.3.3 Practice information

This also applies to providing a clear description of the kinds of mindfulness practices used in a session with clients or students, so that readers know what kind of meditations and mindfulness practices were involved. Just stating that mindfulness meditation was offered
does not provide much detail as to the type and length of meditation. Here again, van Dam et al. (2017) explain their rationale for recommending a detailed description:

‘With current use of umbrella terms, a 5-minute meditation exercise from a popular phone application might be treated the same as a 3-month meditation retreat (both labelled as meditation) and a self-report questionnaire might be equated with the characteristics of someone who has spent decades practicing a particular type of meditation (both labelled as mindfulness)’ (p. 3).

This information could include what kind of meditation was included in a session – for example, awareness of breath, body scan, mindfulness of thoughts, yoga movements etc. A description of the length and frequency of each meditation is also helpful. Another consideration is the kind of instruction given to the client about the practice. For example, an awareness of the breath meditation can be introduced in a number of different ways, such as:

a. ‘Now become aware of the breath, and every time you breathe out, feel your muscles relaxing more and more, becoming heavier, letting go.’ (relaxation meditation)

b. ‘Allow the breath to be the object of meditation, and every time you notice your mind has wandered off, bring it back to the breath again.’ (concentration meditation)

c. ‘Allow the breath to be the object of the meditation, and every time you notice your mind has wandered off, just noting what it was which took you away from awareness of the breath – was it a sound, or body sensation, or thought?’ (mindfulness meditation).
Each meditation could be described as ‘awareness of breath meditation’, but the intention behind the practice can vary depending on the emphasis given to it by the teacher. A mindfulness teacher might use any of the three instructions listed above, depending on the context. For example, it is common for students of mindfulness to be introduced to concentration practices first, before moving on to more insight-orientated mindfulness meditation (Huxter, 2016; Kabat-Zinn, 2013). However, only teaching the first two forms, without including the third at some stage, would not be considered teaching ‘mindfulness’ in an MBP.

It is also important for the reader to know whether the mindfulness practices used were similar to those referred to by the author of the article in their literature review. An author might quote studies citing the effectiveness of mindfulness for a condition such as anxiety, and these studies might be based on an eight-week MBSR or MBCT course. If the music therapist then uses very brief mindfulness meditations, perhaps with the addition of music, then it could be argued that there is little commonality between the research quoted on mindfulness, and what was offered in the music therapy session. This doesn’t mean that the music therapy was ineffective. It would be difficult to know, however, to what extent it was the music, the mindfulness, the therapeutic relationship or other factors which may have led to an improved outcome for the client.

4.3.4 Participant information

Given the potential for adverse effects of mindfulness meditation (see 2.3), it is important to demonstrate familiarity with the research into contra-indications and cautions, and to indicate what the inclusion and exclusion criteria for participation were, and the rationale
for these. It is also useful for the reader to know whether the participants had prior meditation experience, and, if so, what kind and to what extent.

4.4 Implications for music therapy

Mindfulness, as noted above, has been used and adapted in many ways in order to meet the needs of particular client groups or organisational settings, or due to other factors such as cultural considerations or the background and professional practice of the therapist. This adaptability of mindfulness can be both a strength and a vulnerability. The strength is that people from all walks of life can encounter mindfulness and benefit in some way from practising it. However, because mindfulness is now so widespread, there is considerable lack of clarity around the use of the word. Van Dam et al. (2018) point out that the popular media can at times make mindfulness sound like a ‘panacea’ (p. 2) for just about any ailment, when the evidence base is, in fact, not all that strong.

There is no doubt the word ‘mindfulness’ has become very popular, but as music therapists we can ask ourselves— is ‘mindfulness’ necessarily the most accurate word to describe what has occurred during a session? Are there other words, such as relaxation induction, increased focus, therapeutic insight, present-moment awareness or a grounding exercise which would better reflect what took place? The music therapy profession has a rich history of different schools and theoretical frameworks which have been developing the use of language to describe complex processes taking place during a music therapy session. And music therapists have been exploring areas such as music-assisted relaxation (Hwang, 2018) or ‘the musical moment’ (Austin, 1996) long before the word mindfulness became
widespread. While sometimes the word ‘mindfulness’ might describe a process perfectly, at other times there may be a word from within the music therapy literature, or from other related fields, which might capture more accurately what took place.

Music therapists may be able to make unique contributions to the field of mindfulness research if they bring an understanding of more traditional forms of mindfulness into their work, which will then enable them to clearly describe their adaptations. As Crane et al. (2016) have argued, any adaptations to existing mindfulness-based programs should clearly articulate what these adaptions are, and how they are an improvement to existing models. The language used to describe the new models should also provide clarity on what is offered, so that similar-sounding programs which have considerable variability in regards to structure, form and dose are not conflated in the scientific literature (Crane et al., 2016).

4.5 Challenges when integrating existing mindfulness models into music therapy

4.5.1 Adapting mindfulness-based programs

Mindfulness meditation usually takes place in an environment where most of the usual external stimulations of our daily life have been removed. During the silent retreat day of an MBSR program, participants are instructed that there will be no talking apart from instructions given by the teacher, no reading or writing, no eye contact, no use of smartphones or any other technical devices, and no music (Kabat-Zinn, 2013). These restrictions form an important element of the meditation experience, as Siegel explains:
'Why silence? Silence creates a rare opportunity to pause and drop into stillness, to become intimate with your own mind. So often we have things to do, places to be, people to see. In our busy lives our minds are full and reactive. When we start the journey to attune to our own minds by pausing into stillness we enter a new realm of experience that can produce surprise in each moment. (...) As the stillness permits the mind to “settle” it becomes possible to be aware of the subtleties in the fine structures of the mind’s functions’ (Siegel, 2007, pp 72-73).

One of the challenges of integrating mindfulness with music therapy is that adding music to a mindful meditation immediately changes that sense of dropping into stillness and becoming aware of the more subtle elements of our experience. Britton (2016) reflected on this when he wrote about his mindfulness-based music intervention: ‘one unique challenge of mindful music listening was managing reactions to the music such as memories, movement, emotions, or visual imagery.’ (p. 31).

He instructed clients to treat these like other distractions and returning to the object of focus. However, some clients enjoyed the reactions and were reluctant to let them go, so Britton advised them to ‘focus on associated memories and imagery, and include these as purposeful secondary object of attention in the meditation.’ (p. 31) This process is moving away considerably from the definition of mindfulness as ‘non-judgemental awareness of present-moment experience’ (Kabat-Zinn, 2013), to the point where it is worth asking whether, in this case, music is enhancing or hindering the experience of mindfulness within the framework of a mindfulness-based program.
Britton also used client-preferred recorded music which the client identified as having induced a positive emotion in the past. He states that ‘by using these criteria, the musical selection would be more likely to induce a positive emotion in the client, which was important for the mindfulness practice’ (p. 32). However, the effectiveness of mindfulness meditation lies in bringing acceptance and non-judgmental awareness to the full range of emotional experiences, not just positive ones (Segal et al., 2013). In his introduction, Britton links experiencing pleasure while practising mindful music listening to potentially increased motivation for more frequent practice, writing that ‘acceptance typically is easier for individuals to practice during pleasant experiences, which may be amplified during mindful music listening’ (p. 10). He also mentions that music may be able to moderate unpleasant experiences. While it may be true that clients might be more inclined to practise mindful music listening at home if the experience is pleasant, the question is: what are they actually practising? Is it developing affect tolerance so that they are able to stay present with distressing emotions instead of reacting to them or avoiding them, thus leading to the opportunity to meet these challenges in a new way, as practised in MBPs (Crane et al., 2016)? While Britton does mention that listening to unfamiliar music may assist the client to strengthen acceptance in a more ‘challenging, though approachable context’ (Britton, 2016, p. 11), overall his emphasis seems to be on fostering positive experiences for clients through the choice of music. In the context of his music therapy practice, working with cancer patients in a hospital setting over four weekly or bi-weekly sessions, the emphasis on positive experiences may be appropriate. As he has stated, ‘to adapt MBSR to a MBM intervention, many changes are made to promote music’s role and to accommodate time, the setting, and patient limitations’ (p. 20). It could, however, be argued that the
adaptations were so significant that the MBSR course may not offer the best theoretical mindfulness model for him to adapt to his work.

Similar constraints were faced by Lesiuk (2015, 2016), who also used the MBSR course as the influence for her Mindfulness-Based Music Therapy (MBMT) program, which consisted of four one-hour individual MBMT sessions for women receiving treatment for breast cancer. Instead of teaching and practising mindfulness meditation, Lesiuk chose four of the seven mindfulness attitudes from the MBSR program, and used music to ‘support the mindfulness attitudes, which in turn support moment-to-moment experience’ (Lesiuk, 2016, p. 3). To practise ‘non-judging’, for example, she asked the participants to listen to five different pieces of music of no more than two minutes each, and asked the participants to verbally reflect on their responses. They were also asked to take note of pleasant and unpleasant experiences during the week and complete a pleasant/unpleasant chart. The attitude of ‘beginner’s mind’ was cultivated through novel instrument playing, as well as practising singing or listening to a familiar song while perceiving something new in the music. Again, this practice was continued at home using familiar music and in daily events. This is a substantially different approach to that of the MBSR course, where a participant is expected to practice formal mindfulness meditation for around five hours a week. Lesiuk explains that in her view, given the participant’s cancer diagnosis, ‘enhanced awareness of the moment could potentially exacerbate the anxiety’ (Lesiuk, 2016, p. 11). This is in contrast to one of the foundational principles of MBSR, which is that being able to stay with anxiety in a non-judgmental way, is the way that suffering is reduced (Kabat-Zinn, 2013). Like Britton, Lesiuk worked within the constraints of her setting to offer clients individual music therapy sessions which were found to be beneficial (Lesiuk, 2015). However, using
the terminology of mindfulness-based to describe her work may be confusing for clients as well as future researchers, as what she has offered differs substantially from other MBPs (Crane et al., 2016).

Tomaselli (2014) also mentions research on the effectiveness of Mindfulness-Based Therapies (MBT) such as the MBSR and MBCT course in reducing anxiety as the main theoretical foundation for her Mindfulness-Based Music Listening (MBML) program for Older Adults experiencing anxiety. She offered each participant two sessions of a fifteen-minute guided body scan script which was read out by her as she played a series of slow arpeggiated chords on the guitar, followed by a brief discussion with the participant about the experience of the body scan. She found that the mindfulness-based music listening did not influence either the anxiety symptoms nor the mindful awareness of the participants. She notes that the meta-analyses of the effectiveness of mindfulness interventions are usually based on studies of eight-week programs, and that Jon Kabat-Zinn has described mindfulness as a ‘way of life’ (Kabat-Zinn, 2003), to be ‘developed over time, and the difficulty of implementing the technique in a short-term format’ (Tomaselli, 2014, p. 8).

4.5.2 Adapting Buddhist mindfulness practices

While there are increasing numbers of therapists drawing on Buddhist psychology for their work (Geller & Greenberg, 2012; Germer et al., 2016; Kornfield, 2008), drawing a direct link between Buddhist concepts and music can be problematic. Van Dort & Grocke (2013) quote the concept of the five aggregates from The Mircale of Mindfulness (Nhật Hạnh, 1987) as follows:

1. bodily and physical forms
They then link these directly to music, writing that ‘music itself contains the blueprint of the five aggregates’ (Van Dort & Grocke, 2013, p.118) as it:

‘1. has discernible form and structure
2. conveys feelings through its composed form
3. enhances perception
4. is an organized, non-verbal language open to the interpretation by the listener
5. is a complete whole, heard in the present moment.’ (p. 118)

However, the five aggregates are a Buddhist teaching on impermanence and no-self, which teach the essential emptiness of all our experiences (Nhất Hạnh, 1999). For example, on the body, Nhất Hạnh writes: ‘See the body as a formation, empty of any substance that might be called “self”.’ (p. 177). Perceptions, according to this teaching, are conditioned by our afflictions such as ignorance, hatred, and fear, and we ‘perceive phenomena on the basis of our lack of insight into the nature of impermanence and interbeing. (...) All suffering is born from wrong perception’ (p. 179). While the process of music and imagery explores concepts of the self, where ‘the presence of the witness, the observer, or the distal self, gains reflective distance and can lead to dis-identification from the ego and self-concepts’
(Goldberg, 2002, p. 369) this is quite a different understanding of the self from that in Buddhism, as described by Shonin et al. (2015):

‘The Buddha taught that when suitably developed, the concentration-regulating faculty of mindfulness: (i) gives rise to a pervasive and enduring feeling of calm and spiritual wellness, and (ii) brings the mind into a state of meditative focus that is conducive for examining and gaining insight into the nonself or empty nature of self and reality’ (p.2).

Although music may have some elements in common with the five aggregates, it is nonetheless not possible to link elements of music with the Buddhist concept of the five aggregates as a way of elucidating principles of mindfulness.

4.6 Mindfulness arising from music therapy

4.6.1 Introduction

In the previous section, I have discussed some of the challenges faced by music therapists when drawing on theories from MBPs or Buddhism for their work in integrating mindfulness and music therapy. However, in my reading of the articles written by music therapists from a diversity of backgrounds, I was inspired by indications that music therapy processes might in themselves cultivate elements of mindfulness, without these needing to be adaptations of more traditional, meditation-based mindfulness programs. In my work as music therapist and mindfulness teacher, I have been struck by some of the similarities between the two traditions. Germer et al. (2016) define mindful moments as being:
• Nonconceptual. Mindfulness is awareness without absorption in our thought processes.

• Present-centered. Mindfulness is always in the present moment. Thoughts about our experience are one step removed from the present moment.

• Nonjudgmental. Awareness cannot occur freely if we would like our experience to be other than it is.

• Intentional. Mindfulness always includes an intention to direct attention somewhere. Returning attention to the present moment gives mindfulness continuity over time.

• Participant observation. Mindfulness is not detached witnessing. It is experiencing the mind and body more intimately.

• Nonverbal. The experience of mindfulness cannot be captured in words, because awareness occurs before words arise in the mind.

• Exploratory. Mindful awareness is always investigating subtler levels of perception.

• Liberating. Every moment of mindful awareness provides freedom from conditioned suffering.’ (p. 9).

I found resonances of these elements as well as other mindfulness attributes in the writings by music therapists. This will lead me to explore how music therapists, rather than trying to fit within existing models such as mindfulness-based programs (MBP), may bring a unique perspective to the use of mindfulness which may develop into its own mindfulness tradition. To explore this concept further I will discuss the PhD thesis by Fidelibus (2004), the book chapter of a case presentation by Robarts (2009), and the journal article by Medcalf (2017).
4.6.2 Fidelibus

Fidelibus (2004), in his study of the experience of music therapists using clinical improvisation, addresses this idea directly:

‘What would I mean by asserting that the work of the therapist in clinical improvisation involves a practice of being mindful? What I mean to convey is the therapist’s continual work to be ever attentive and present with himself, the client, and the music throughout the clinical improvisation. He simply guides his attention to the present moment. The present musical moment is essentially the only moment that is truly happening. Past and future are aspects of his imagination. The simple and yet profound capacity of bringing himself to the present moment involves a disciplined and precise attention and awareness. To be mindful means that the therapist is directly experiencing the present musical moment. He is directly experiencing himself, the client, and the music of the therapy dyad.’ (p. 208).

Fidelibus used a naturalistic, constructivist inquiry methodology to analyse the data, which consisted of qualitative interview with music therapists as they listened to recordings of their clinical sessions. While Fidelibus was initially interested in studying the experience of flow in clinical improvisation, the emerging data shifted his interest to include other areas such as therapeutic presence, mindfulness, and spirituality. The music therapists described their experience of improvisation with clients in language which showed interesting parallels with concepts such as Jon Kabat-Zinn’s core attributes of mindfulness (Kabat-Zinn, 2013), or the definition of mindful moments by Germer et al. (2016) quoted above. Below are some examples of quotes by the music therapists from Fidelibus’ study to illustrate this:
‘I reach a point in the clinical improvisation where I am able to let go of thoughts and feelings, allowing the music to just happen.’ (Fidelibus, 2004, p. 128) (letting go)

‘My capacity to play as would a child and to be present are vital aspects of being in the creative space with my clients.’ (p. 124) (beginner’s mind)

‘The client and I co-exist in parity and synchronistically in a creative space in which thinking, judgments, and self-consciousness are superceded by listening as the primary mode of perception between us.’ (p. 122). (non-judgment, letting go, non-verbal)

‘As I stay musically with the client, I find the direction of the music in the present moment.’ (p. 121) (present-centered)

‘Fantasy and expectation about a desired result impedes my capacity to relate musically to the client in the present.’ (p. 118) (non-striving).

Based on the data, and extensive reading of literature in music therapy, Buddhism, and other therapeutic approaches, Fidelibus developed a model for clinical improvisation called ‘Third Space’ (p. 205). The three steps in the model are ‘starting where you are’, ‘getting to the point’, and ‘the point’. ‘Starting where you are’ lists tendencies of the mind, such as dualistic thinking, agendas, goals and static self-constructs, as well as musical tendencies such as habitual playing and musical reacting. ‘Getting to the point’ involves increased musical self-awareness through concentration, deep listening and responsiveness. ‘The
point’ is the third space, which contains musical co-arising, mindfulness, inter-being, affective flow, and other qualities such as compassion, joy and wonder (p. 205). Fidelibus has ordered the data into these steps to reflect the description by the music therapists of a ‘musical path that unfolded out of their movement to and from the point of being in the present musical moment with clients physically psychologically and spiritually’ (p. 193). An example of this is illustrated below:

*The unfolding path from a bird’s eye view*

<table>
<thead>
<tr>
<th>Starting where you are</th>
<th>Being distracted from musical involvement by thinking and emotional tendencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting to the point</td>
<td>Letting go</td>
</tr>
<tr>
<td></td>
<td>Making musical decisions reflecting a deepening engagement and relatedness</td>
</tr>
<tr>
<td></td>
<td>Sensing music as a bridge between physical and non-physical realms</td>
</tr>
<tr>
<td>The point</td>
<td>Sustaining a mindful attentional stance</td>
</tr>
<tr>
<td></td>
<td>Perceiving music as the impermanent dye of moment to moment presence.</td>
</tr>
</tbody>
</table>

As Fidelibus writes:
‘Albeit complex and complicated, what can be gleaned from the data is that the therapists’ awareness of their thinking process led them to be able to relinquish this kind of thinking and to attend moment to moment to the music itself. Hence, the therapist may or may not have been making a conscious decision to let go of fantasies and tendencies to control the client and his musical responses and expressions. Though, nonetheless, at some point, they either, consciously or not, relinquished fantasies and control in the music... The therapists appeared to reach the limits of “thinking about the music”, and moved their attention to be precisely on the present musical moment’ (pp 170-171).

In Fidelibus’ model, this would be seen as reaching the point and being in the third space, ‘sustaining a mindful attentional stance’ (p. 194). In his model, mindfulness in music therapy is developed through a process of clinical improvisation to which the therapist brings a range of clinical and musical skills, as well as an ongoing commitment to engage fully with the client in the therapy space. It is a combination of the professionalism and personal qualities of the therapist, as well as a deepening of the therapeutic relationship over the course of regular sessions, which, according to Fidelibus, allows mindfulness to flourish. While his model doesn’t include formal meditation practices (although he himself practises Buddhist meditation), it involves elements of intention, ongoing practice and commitment to the process in the music therapist which are similar to the demands of a regular meditation practice. His findings therefore point to some interesting possibilities for music therapists interested in exploring mindfulness in their clinical work.
4.6.3 Robarts

Robarts, in describing her long-term work with a young girl who had been sexually abused, describes music as ‘primary catalyst in the development of the therapeutic relationship and the therapeutic processes of change’ (2009, p. 377). Music, she writes, can provide structure and help to regulate emotions, and together with ‘clinically perceptive listening and the skilled use of improvisation’ (p. 377) by the therapist, can assist with the development of mindfulness and meaning. She doesn’t mention research into mindfulness as informing her work, but instead draws on concepts from the music therapy literature such as communicative musicality (Trevarthon & Malloch, 2000) and the ‘music child’ in Creative Music Therapy (Nordoff & Robbins, 2007), as well as child developmental theorists like Stern (1985) and Siegel (1999). She describes the music therapy processes in language which has strong resonances with some of the theories and concepts of mindfulness.

The thread running through her article is that over the years of receiving music therapy and other interdisciplinary supports, the girl is supported to move from a state of mindlessness to mindfulness. Robarts writes that when working with abused children, ‘the child presents as remote, unmindful of the present, in fact mindless’ (p. 387). Music therapy, Robarts writes, allows the child to engage in the ‘creative now’ (p. 382) where, according to Nordoff and Robbins (2007), integration of different aspects of self can take place. This sense of being present in the here and now, which is a key component of mindfulness, is also reflected in Daniel Stern’s concept of the ‘emergent moment’ (p. 382) which Robarts quotes as being ‘a subjective chunk of experience that is constructed by the mind as it is being lived. One experiences oneself as being “in” a moment.’ (Stern, 1995, p. 96).
Musical improvisation, through assisting a child to develop her capacity for healthy being and relating, can therefore give the child ‘a sense of being in one’s body as an aware and confident agent.’ (p. 382). The child develops a ‘fresh awareness’ (p. 383) and, by working with all the senses in music therapy, an increased capacity for self-expression and a sense of an ‘I’ being in this moment.

Interestingly, Robarts also discusses the idea of ‘stillness’ within the therapeutic process. The dynamic elements of music create aesthetic experiences which lead to a ‘state of stillness or spaciousness in which listening to the self is a felt experience’ (p. 385). This is similar to experiences sometimes described during meditation. The Japanese Zen concept of ‘seijaku’, for example, is a state of stillness and tranquillity within the movement of a creative process or intense action, and has been linked to practices within the modern mindfulness movement such as walking meditation and yoga (Lomas et al., 2017).

All these – being in the present moment, increased awareness of self, the body and the senses, a place of stillness, and fresh awareness - are elements of being mindful rather than mindless. In the case study described by Robarts, these were developed not through meditation, or by adapting an existing MBP to a music therapy setting, but rather through the processes of music therapy in themselves. Robarts and Fidelibus have both explored ways in which music therapy processes can assist clients and therapists to develop a deeper experience of mindfulness. In order to distinguish this kind of mindfulness from other mindfulness systems, whether already established or emerging, I would propose that music therapists develop their own language and theoretical models to describe and further study this form of mindfulness. I have called it ‘creative-expressive’ mindfulness, to highlight the
elements which particularly distinguish it from other forms of mindfulness – the skilful use of creativity, as well as the expressive component of many forms of music therapy.

4.6.4 Medcalf

This way of conceptualising mindfulness and music therapy is also reflected in some of the findings by Medcalf (2017) on how the music therapists she interviewed described the use of mindfulness in their clinical work. Medcalf interviewed four music therapists who described themselves as offering mindfulness-informed techniques into their music therapy practice. Medcalf then used phenomenological microanalysis to capture global meaning units describing this work. ‘Jill’ (pseudonyms were used by the author) stated, ‘music making is one of the most mindful things we can do, it’s when we’re really immersed and we come to that single point of focus’ (p. 57).

‘Alex’ also found that improvisational music making cultivated key mindfulness qualities:

‘I look at improvisation for instance, and non-judgement is quite important ...It’s all about acceptance, that you can accept things as they are and in the moment as they unfold, so music does all that. You may want it [the music] to be different but then if you have a mindful attitude you can go yeah, “I recognise that I want it to be different but it’s ok” and you keep going ... So, in that sense, the actual act of making music is almost like a mindfulness act’ (p. 57).

Medcalf also described other aspects of her findings such as the benefits of the personal mindfulness practice described by the music therapists, the descriptions of positive client outcomes and client empowerment, as well as some of the potential limitations of using mindfulness in music therapy.
4.7 Creative-expressive mindfulness

“Their practice did not involve being outside in the sun where you begin to feel better. There was no music or drumming to get your blood flowing again. There was no sense that everyone had taken the day off so that the entire community could come together to try to lift you up and bring you back to joy. Instead they would take people one at a time into these dingy little rooms and have them sit around for an hour or so and talk about bad things that had happened to them. We had to ask them to leave.” Rwandan man talking about Western mental health experts after the Rwandan genocide. (“Mental health aid”, 2015)

Music has been valued by almost all cultures since the early days of human history, as have other creative expressions such as art, dance, and story-telling (Aldridge & Fachner, 2006), and the separation of community rituals involving creative arts from the concept of therapy for healing is a relatively recent development in history (Katz & Murphy-Shigematsu, 2012; Katz, 2017). Just as meditation and mindfulness have added another dimension to the traditional ‘talking cure’, which has been described as the third wave of psychotherapy (Crane et al., 2016), so the creative art therapies can also greatly enrich the therapeutic encounter.

Creativity is not the same as meditation, and as discussed earlier, adding music to a traditional mindfulness meditation may dilute the effect of both the music therapy and mindfulness instead of enhancing it. At the same time, the findings of my research have led me to conclude that creative processes can enhance mindful states in ways which are potentially transformative and healing for clients. In order to clearly distinguish this process
from the many other forms of mindfulness currently being practised, I propose that music therapists use their own terminology to describe and study this process, and suggest the phrase ‘creative-expressive mindfulness’ to encapsulate this. By developing our own language to describe the work of music therapists, we are both honouring our tradition as well as contributing meaningfully to future research.

4.8. Summary of recommendations

Both music therapy and mindfulness are rich and diverse fields, spanning a wide range of theoretical, methodological, cultural and philosophical frameworks. Both also involve ways of engaging with and experiencing a process which is often difficult to put into words, let alone summarise neatly in an article or book chapter with word limits and strict editorial guidelines. Yet for future research and practice to build successfully on the current work being done by music therapists who are integrating mindfulness into their work, it is imperative that the process is described accurately, using language that is clear and informative. The literature review (Chapter 2), as well as section 4.2 of this chapter, have outlined some of the many ways in which the word ‘mindfulness’ is being used. The CIS (Chapter 3) then analysed contemporary writings by music therapists and found areas where clarity in description of mindfulness processes is currently lacking. Below is a summary of key points we as music therapists may want to consider when writing about mindfulness in music therapy:

1) What kind of mindfulness is being described?
While there are no clear definitions of the different forms of mindfulness practice, we can start by asking ourselves – what is my main purpose for including mindfulness in this music therapy session? Is it to allow the client to relax, or increase their focus and attention, or manage pain or emotional distress more effectively, or explore existential and spiritual questions? This can then inform how we describe the kind of mindfulness we’re offering, offering the reader a clear understanding of the theoretical and conceptual framework underpinning our mindfulness work.

2) Does the literature on mindfulness I quote from reflect what I am offering?

At the moment, most writing on mindfulness comes from outside the music therapy literature. Adding music to a mindfulness program is necessarily an adaptation of what has previously been described. Therefore, if the literature quoted is mainly based on MBPs such as MBSR, and the music therapy session includes none of the principal elements of an MBP (Crane et al., 2016), then there is a disconnect between the literature used and the session content. One example is the use of extended periods of meditation in MBP such as MBSR and MBCT (Kabat-Zinn, 2013; Williams et al., 2012), both during the sessions and as home practice. A music therapist may not be able to include this amount of meditation in their session. However, if a music therapist quotes mainly research based on MBPs to show that mindfulness can assist their client population, then it will offer greater clarity if the music therapist states in what way the research quoted is relevant to the session content which was delivered.
3) How in-depth is my knowledge, both theoretical and embodied, of the mindfulness model I am describing?

Language can be misleading, and concepts described in the Buddhist or mindfulness literature may be understood quite differently depending on our familiarity with the world view of those systems of thought and practice (Hayes & Wilson, 2003). As discussed earlier (see 3.6.7b), even the word ‘mindfulness’ is an English translation of a Buddhist term with quite different meaning. Training in MBPs or Buddhist meditation is demanding, based on the understanding that significant changes to our usual modes of behaviour are required before we can begin to live more mindfully (Santorelli, 2014). If a therapist does not have enough training and experience yet to embody mindfulness and understand its mechanisms, then it is possible the client may not be offered the full transformative potential of mindfulness, potentially leading to poorer outcomes for the client.

4) Is ‘mindfulness’ the most accurate word to describe what I have offered?

In order to avoid confusion, both for researchers and the general public, the word ‘mindfulness’ may not always be the best choice. If the primary aim is relaxation, or increased focus, or working with emotions, then the literature, practices, principles and discourses available from within the music therapy profession may offer a more accurate vocabulary for what is taking place in the session. A great deal of research has been undertaken by music therapists and other researchers to describe how music and music therapy can assist clients facing a wide range of issues. The terminology offered by this research may be more attuned to music therapy processes than the language of
mindfulness. Even if formal meditation practices are offered as part of the music therapy session, these may not be mindfulness meditation, but possibly other forms of meditation such as concentration, loving-kindness, guided imagery, or relaxation.

5) If I’m developing a new model, is its name potentially misleading?

One of the most popular phrases used to describe new models of mindfulness is the term ‘mindfulness-based’. In recent years, leading mindfulness researchers have described elements they consider critical for a program to be called mindfulness-based (Crane et al., 2016). Since most music therapists won’t be offering a program containing these elements, our work may be better described using terms such as ‘mindfulness-influenced’ or ‘mindfulness-informed.’ Music therapists can also look to other mindfulness-informed therapies such as Acceptance and Commitment Therapy (ACT) (Lindsay & Steven, 2005) and Dialectical Behaviour Therapy (DBT) (Perroud, Nicastro, Jermann, & Huguelet, 2012) as to how they describe and conceptualise mindfulness as a core component of the therapeutic process.

6) Am I providing enough information to the reader about what was offered?

This information should include

a. information about the mindfulness training and experience of the music therapist
b. detailed information about the mindfulness practices offered, including frequency/length, and any adaptations to traditional mindfulness practices. This section should also provide information on any handouts and other resources provided, as well as outline any expectations of home meditation practice in the client.

c. participant information such as inclusion/exclusion criteria, and previous meditation experience.

Taken together, these guidelines can assist music therapists to communicate their work in ways which align with current research literature into the benefits of mindfulness, while at the same time honouring the unique contributions from the music therapy profession to this field.
Chapter 5: Future research

5.1 Separating music therapy and mindfulness

It is virtually impossible to separate the benefits of music as opposed to mindfulness in a session which includes both. If the music therapy process already cultivates mindful qualities in both the therapist and the client, as has been discussed in this thesis, then positing that a ‘mindful music therapy’ session had positive outcomes and therefore proves the benefits of that particular adaptation of mindfulness may be difficult to substantiate. So many different independent variables would need to be considered, including the mindfulness background of both music therapist and client, as well as the mindfulness practices used and the role of music in the session. While it is not impossible to construct a research project to study this, perhaps a more fruitful endeavour would be to investigate the concept of ‘creative-expressive’ mindfulness, thereby integrating mindfulness and music therapy into one process instead of adding one to the other.

Another approach which may be worth investigating further is Mindful Music Listening as described by Eckhardt and Dinsmore (2012). Their method involved teaching meditation skills to clients first without the use of music, and then, once the clients were more familiar with meditation, adding music to the mindfulness experience. This allowed their clients to feel comfortable with the basics of meditation first, before expanding the focus of awareness to also include music.
5.2 Self-care and professional resilience

Future research into mindfulness and music therapy could investigate a number of different areas. Firstly, music therapists may be interested in learning and practising mindfulness in order to enhance their therapeutic presence and professional effectiveness (see section 4.28). While music therapy training may often include elements of mindfulness such as becoming more attuned to the client, remaining present in the moment, and bringing an attitude of acceptance and non-judgement to the client, a regular meditation practice may strengthen and further develop these qualities.

Another area of interest would be further research into mindfulness for self-care and professional resilience. Music therapists such as Moran (2018), Britton (2016), Graham (2018) and Fidelibus (2004) have already written about the importance of a regular meditation practice in their personal lives; and Moran, in particular, has described integrating this with music practices he finds helpful for self-care. If mindfulness can help to prevent burnout and promote positive attitudes towards clients in the helping professions (Krasner et al., 2009), as well as improve attention when studying (Hassed, 2016) and assist with student mental health (Moir, Henning, Hassed, Moyes, & Elley, 2016; Monshat et al., 2013), then music therapy training courses could explore teaching mindfulness to their students as part of their core curriculum, as has been the case for medical students at Monash University since 2002 (Hassed, 2007).
5.3 Creative-expressive mindfulness

Research could also investigate the mindfulness elements inherent in a range of music therapy processes, and how these could be identified and further cultivated if they’re found to be effective. I have called this creative-expressive mindfulness, and it potentially offers the modern mindfulness movement further ways of understanding and practising mindfulness. There has been an enriching dialogue between Buddhist and Western psychology for several decades (Germer et al., 2016; Bien, 2006; Epstein, 2019; Magid, 2013), and music therapy has the potential to enhance this process further. Some of the existing music therapy schools, such as Regulative Music Therapy (RMT), the Bonny Method of Guided Imagery and Music (BMGIM) and Creative Music Therapy (CMT), could be particularly valuable resources for investigating music therapy processes which seem to enhance mindfulness.
Both music therapy and mindfulness are areas which have been explored by cultures over the millennia, and more recently have contributed to rich discourses and research in both academic and clinical settings. They are both conceptualised and used in a wide variety of cultures, theoretical models, applied settings and popular usage. There is no entity such as ‘music therapy’ or ‘mindfulness’; instead, both have been described and applied in many diverse and creative ways. This diversity is both a blessing and a challenge for music therapists who are describing the use of mindfulness in their work. Depending on the context, a word may have a common English usage but a different meaning in a mindfulness-based program or in Buddhist thought. There is no standard mindfulness-based program, but instead many adaptations have developed out of Kabat-Zinn’s original MBSR model. And Buddhism has been evolving over 2500 years in a wide range of cultures, and is interpreted differently depending on the cultural context, and according to certain Buddhist schools which have flourished at the expense of others.

In this thesis, I have drawn on my background as an MBSR teacher, registered music therapist, and long-term student of Buddhism to explore how some of these challenges might impact on the ability of music therapists to communicate their use of mindfulness clearly. My motivation was to further the use of mindfulness in music therapy, in a way which responds to current knowledge about the applications of mindfulness, but also remains congruent with the diverse traditions of music therapy research and applications. The process of the CIS enabled me to identify some areas where the use of mindfulness in music therapy was described in ways which could cause confusion for other music therapists and researchers. In the recommendation chapter, I have then proposed some
guidelines for music therapists who are interested in offering mindfulness to clients as part of their work. These are only preliminary suggestions, and will no doubt be refined and further developed by future researchers and clinicians.

I have also been encouraged by the writings of music therapists such as Fidelibus and Robarts, which point to the possibility of developing a form of mindfulness which is indigenous to the music therapy profession. I have called this ‘creative-expressive mindfulness’, to recognise the unique attributes which can be offered by the music therapy profession to the field of mindfulness research and practice. My research has confirmed my initial reservations about integrating the forms of mindfulness I had been trained in with my music therapy practice. However, I have also felt that my music therapy training and clinical experience had many commonalities with my work as a mindfulness teacher, and was inspired to discover writings by other music therapists which point to rich possibilities in this area. I very much look forward to reading about further developments by my colleagues in bringing mindfulness into music therapy research and practice around the world.
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Appendix A

Column headings of excel spreadsheet for data extraction of eight articles in CIS

1. Publication details
   a. Title
   b. Year
   c. Publication
   d. Type of publication

2. Author background information
   a. Name of author(s)
   b. Professional qualification of author(s)
   c. Research background of author(s)
   d. Musical background of author(s) (including qualifications)
   e. Mindfulness background of author(s) (including qualifications and length of meditation experience)
   f. Author’s own theoretical model (if applicable)
   g. Author’s theoretical orientation (if known)

3. Client and session format information, research methodology (if applicable)
   a. Client population
   b. Session format
   c. Research methodology

4. Use of music therapy
a. Music interventions used
b. Key music (therapy) theories referenced
c. Therapeutic use of music
d. Author’s assumptions about the benefits of music interventions

5. Use of mindfulness
a. Mindfulness practices used
b. Key mindfulness theories referenced
c. Therapeutic use of mindfulness
d. Author’s assumptions about the benefits of mindfulness interventions

6. My critical and emotional reflections
a. Mindfulness theory vs practice (Mindfulness Lite)
b. Conclusion by authors regarding benefits
c. Limitations
d. Comments
e. My emotional response.