Exploring the music therapist’s use of mindfulness informed techniques in practice

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In plain language:
Despite the extensive research that demonstrates the efficacy of a mindfulness-based approach when working therapeutically, there is limited literature that investigates its integration into music therapy. This study explores the experience of four music therapists who describe the use of mindfulness-informed techniques in practice. Data was collected via interviews and analysed using the systematic method of phenomenological microanalysis, which captured the fundamental elements of the participants’ experience. Results reveal the participant’s aspirations for employing this method, its concurrent enhancement of their professional and personal experience as well as its capacity to engender client empowerment and other positive outcomes. It is also acknowledged that in some cases, its use can be contra-indicated and the benefit of formal training in the facilitation of mindfulness-based programs is highlighted.
**Exploring the music therapist’s use of mindfulness informed techniques in practice**

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**Abstract**

Despite the extensive research that demonstrates the efficacy of a mindful approach when working therapeutically, to date, there is limited literature that investigates its integration into music therapy. The purpose of this phenomenological study was to explore the experience of four music therapists who incorporate techniques informed by mindfulness into their music therapy practice. Data was collected via one-on-one Skype interviews with each participant. These interviews were analysed using the method of phenomenological microanalysis from which, five global meaning units emerged capturing the fundamental elements of the participants’ experience. These included (1) the integration of music and mindfulness, (2) client empowerment, (3) the benefits of the practitioners’ personal relationship with mindfulness, (4) positive client outcomes and (5) the parameters of a mindful approach. These findings illuminate how mindfulness-informed techniques might be applied in music therapy, as well as potential benefits to the client and practitioner alike. Furthermore, they highlight the importance of maintaining an awareness of the technique’s limitations with relation to the client’s unique circumstance. Additionally, formal training regarding the facilitation of mindfulness in a clinical setting is advocated so that music therapists may be best positioned to communicate a mindful approach, develop therapeutic skills and enhance the therapeutic encounter.

**Keywords:** music therapy, mindfulness, phenomenology, empowerment

**Introduction**

The word ‘mindfulness’ is commonly associated with Buddhism and its teachings regarding the human experience of suffering. Buddhist psychology teaches that suffering emerges from our natural tendency to resist or react to experiences in our daily life (Shapiro & Carlson, 2009).

In an effort to diminish suffering, mindfulness is cultivated as a means through which one can observe the mind’s patterns of resistance and reaction, to relate to them in an accepting manner and respond with discernment and clarity (Shapiro & Carlson, 2009; Siegel, Germer & Olendzki, 2009). Removed from the explicit context of Buddhist tradition and applied to the Western psychological and psychotherapeutic domain, the meaning of mindfulness has been defined more specifically as: the conscious act of bringing
attention into the experience of the present moment, and attending to thoughts, feelings and physical sensations with a non-judgmental awareness, acceptance and compassion (Bishop et al., 2004; Kabat-Zinn, 2003; Siegel et al., 2009). It is proposed that by harnessing these qualities, clients can increase awareness of unhelpful thought patterns and behaviours, and learn to respond more effectively to improve emotional and psychological functioning, health and well-being (Kabat-Zinn, 2013).

In their book, *The Art and Science of Mindfulness*, Shapiro and Carlson (2009) state, “through mindfulness practice, re-perceiving occurs, facilitating a shift in perspective. This shift, we suggest, is at the heart of the change and transformation affected by mindfulness practice.” (p.103).

They propose a theory for the function of mindfulness in fostering change, change toward the way we perceive our thoughts and ultimately how we respond to them.

In 1979, Dr Jon Kabat-Zinn pioneered the Mindfulness-Based Stress Reduction program (MBSR), the original mindfulness-based intervention that began as a program offering those experiencing chronic illness a ‘self-regulatory coping strategy’ (Kabat-Zinn, 1982, p.33). This program runs for a period of eight-weeks and involves participants coming together once weekly for 3 hours to receive intensive training in mindfulness meditation and exercises. Additionally, in between sessions, participants are instructed to practice on a daily basis for at least 45 minutes, as the principle of MBSR is encouraging mindfulness as a way of life (Kabat-Zinn, 2013; 2017). Over the eight-week period, the premise is that individuals will begin to become more aware of the onset of symptoms of stress and pain associated with their condition. Instead of reacting to these cues, it is intended that they will respond more reflexively, with a sense of acceptance and non-judgment, reducing the severity of symptoms and cultivating a sense of control and resilience (Kabat-Zinn, 1982; 2013). In an article regarding the origins of MBSR, Kabat-Zinn (2011) describes how one of the main motivations behind designing this program and introducing mindfulness into mainstream society was to cultivate a deeper level of compassion, wisdom and “understanding of the mind/body connection via new dimensions of scientific investigation” (p.286).

Since this time, interventions that employ mindfulness as a key component of treatment have flourished, offering a variety of well-documented and evidence-based approaches such as Mindfulness-Based Cognitive Therapy (MBCT); (Segal & Williams, 2012), Mindfulness-Based Relapse Prevention (MBRP); (Bowen, Chawla & Marlatt, 2014) and Mindfulness-Based Eating Awareness Training (MB-EAT); (Kristeller & Wolever, 2011). This continually growing body of research provides us with evidence of the effectiveness of these mindfulness-based programs (MBP) on positive health and well-being outcomes. Various outcomes include a decrease in the experience of anxiety and depression (Khoury et al., 2013; Strauss, Cavanagh, Oliver & Pettman, 2014), increased abilities in emotional and behavioural regulation (Gu, Strauss, Bond, & Cavanagh, 2015; Keng, Smoski & Robins, 2011), a reduction in substance craving (Witkiewitz, Bowen, Douglas, & Hsu, 2013), reduction in chronic pain (la Cour & Petersen, 2015) and improved quality of life (Samhkaniyan, Mahdavi, Mohamadpour &
Rahmani, 2015). Music therapy literature also demonstrates the efficacy of music therapy methods in supporting populations experiencing depression and anxiety (Gutiérrez & Camarena, 2015; Klainin-Yobas, Oo, Suzanne Yew, & Lau 2015), substance related disorders (Bruscia, 2012; Silverman, 2014), chronic pain (Bradt, Dileo, Grocke & Magill, 2011) and enhanced skills in emotional regulation (Foran, 2009; Moore, 2013).

Despite the demonstrated outcomes for both approaches, there appears to be limited literature that investigates the explicit connection between music and mindfulness and how they might function when applied simultaneously in the context of music therapy. For the author, a desire to understand more about this connection developed when, as a music therapy student, she observed an 8-week music therapy program that applied mindfulness as a fundamental aspect of the therapeutic process. As a result, this research paper was originally formulated and submitted as a minor thesis for her post-graduate qualification in Music Therapy in 2015. It is important to note that despite bringing mindfulness into daily life experiences and engaging in a regular mindful yoga practice, the author does not profess to have a time-honoured or disciplined meditative practice, and has not yet undertaken clinical training in mindfulness.

An article published in the *Journal of Creativity in Mental Health*, by Eckhardt and Dinsmore (2012) proposes an intervention that combines mindfulness with music listening as a treatment for depression. The described approach employs music as an emotional stimulus; a “springboard” (p. 177) into verbal discussion around the experience of certain emotions and a mindful awareness as a way of acknowledging, exploring and ultimately developing insight into these emotions. The potential benefits of listening to music mindfully have also been described by Graham (2010) who posits that by providing music or sound as an attentional target, clients can practice shifting awareness between external stimuli and inner thoughts and emotions. It is his belief that by training one’s attentional capacity through exercises that encourage focused listening, people can strengthen awareness and tolerance of unhelpful, ruminative thoughts.

The function of mindfulness within the practice of music therapy has been considered by Fidelibus (2004), whose doctoral dissertation explores the music therapist’s relationship with mindfulness during clinical improvisation. He illuminates the potential of improvisation to bring the therapist into the moment, to expand his/her capacity to observe and respond non-judgmentally, and to limit engagement with habitual or overly analytical thinking (p.219). Furthermore, there is music therapy literature that describes the application of mindfulness in conjunction with receptive music therapy methods such as relaxation in palliative care (p.115-117, Grocke & Wigram, 2007) and imagery exploration in drug and alcohol rehabilitation (Van Dort & Grocke, 2013).

In sharing their rationale behind the use of music to enhance a mindfulness activity, Van Dort & Grocke (2013) state:

*Music provides a focus for the experience of the client, in that melody and rhythm draw the person’s attention inward, and changes in harmony, instrumentation, and dynamics...*
maintain the listener’s interest … The music provides a listening experience within which the client can become aware of feelings and other perceptions in a manner that promotes understanding and insight (p. 117).

Whilst the literature underpinning the usefulness of music in combination with mindfulness is far from abundant, it enables us to reflect upon its potentialities. In recent years, a quantitative pilot study by Lesiuk (2015) aimed to investigate the effect of what is described as “Mindfulness-Based Music Therapy” on improving mood and attention in women receiving chemotherapy for breast cancer. Each participant received four, weekly individual one-hour sessions and each week a new mindfulness theme was introduced in combination with a different music experience. Results showed a significant increase in attention, positive mood state and in particular, a decrease in the participants experience of fatigue. However, in notable contrast to other evidence based methodologies such as MBSR and MBCT, there is no mention of any form of mindful meditation being included in the sessions, nor had the facilitators undertaken formal training in mindfulness.

In an effort to support the integrity of MBP during a time of exponential growth and interest, Crane et al., (2016) recently developed a framework elucidating the essential elements of MBP. According to this framework, MBP “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” (p. 994). It is also essential that the MBP teacher “has engaged in appropriate training and commits to ongoing good practice” (p. 995). Whilst this study proposes an exploration of programs, which were non-invasive, time efficient and clearly beneficial to the participants, it is unclear as to whether these outcomes could be attributed to strengthened skills in mindfulness, the music therapy intervention, or a combination of the two. With respect to the framework outlined by Crane et al., (2016), further investigation into what could be considered a Mindfulness-Based Music Therapy program would be of value.

In order to become an instructor of methodologies such as MBSR and MBCT one must undertake extensive training, personal practice and supervision to ensure consistency and integrity are maintained (Crane et al., 2016; Mindfulness Training Institute Australasia, 2017; Woods, 2009). The credence that mindfulness cannot be communicated authentically without a dedicated commitment to practice is firmly reflected in the literature (Kabat-Zinn, 2003; 2017; Shapiro & Carlson, 2009, pp. 15-29). As elaborated by Crane et al., (2016) MBP teacher training not only develops sound theoretical knowledge, but the understanding that at the heart of facilitating is the embodiment of mindful qualities that consequently nurtures the client’s experiential understanding (Kabat-Zinn., 2017).

This study acknowledges the current gap in the literature and endeavours to contribute to further reflection by drawing upon the experience of four Registered Music Therapists (RMTs) who described their own inclusion of mindfulness into practice, creating an opportunity to reflect, share and ultimately
contribute their knowledge informing their practice. To holistically understand their experience, the qualitative research approach of phenomenological inquiry was chosen (Finlay, 2013). More specifically, McFerran & Grocke’s (2007) developed method of Phenomenological Microanalysis was adopted. Phenomenology recognises that the human experience is complex and cannot be generalised, valuing the unique perception of the individual. Applying a phenomenological approach to research involves exploring the individual ‘lifeworld’, with regard to the phenomena under investigation (Finlay, 2013, 2014; Forinash & Grocke, 2005), capturing the fundamental meaning behind the described experience and illuminating essential features common to all (McFerran & Grocke, 2007, p.269). Furthermore, such as with the practice of mindfulness, while receiving and reflecting upon participant descriptions, phenomenological research advocates that the author be wholly present, with an attitude of openness, receptivity and curiosity (Finlay, 2014, p.123). Therefore, investigating the music therapists’ experience in this manner paid respect to the phenomenon of mindfulness itself.

Method
Participants.
Information regarding the research topic was distributed through the Australian Music Therapy Association weekly bulletin and potential participants were invited to contact the author via email. One personal contact was also invited via email. The University of Melbourne Human Research Ethics Committee approved both methods of recruitment. A consent form and plain language statement were sent via email and participants affirmed participation and permission to audio record their interview by signing and returning necessary forms to the author.

Participants were eligible if they were RMTs who had used or were currently using mindfulness in practice. There was however, no prerequisite for inclusion regarding formal or comprehensive training in mindfulness-based programs such as MBSR or MBCT. As diversity among participants is recommended when undertaking Phenomenological Microanalysis (McFerran & Grocke, 2007), there were no restrictions placed upon age, gender, or long or short-term experience using mindfulness. There were also no prerequisites as to what population/s or demographic a participant might engage with when using these techniques. Pseudonyms have been used in the interest of confidentiality.

Data collection.
In order to gather rich descriptions of the participants’ experience, one-on-one, in-depth interviews were carried out via Skype. A semi-structured interview style was chosen (Forinash & Grocke, 2005; Kvale & Brinkmann, 2009), which required a list of questions to be generated. Since the author possessed no previous experience carrying out phenomenological research interviews, having these pre-articulated questions enabled the focus to be maintained on gathering information with specific reference to the question and redirect any tangential discussion (Kvale, & Brinkmann, 2009; McFerran & Grocke,
Each interview was audio recorded and transcribed verbatim.

**Data analysis.**
In an effort to maintain authenticity before the interview process, the author engaged in an integral part of qualitative research known as ‘self-inquiry’ (Bruscia, 2005) or ‘epoche’ process (Moustakas, 1994). This process required assumptions, beliefs and expectations to be identified and assisted the author to remain aware of how preconceptions might influence interpretations during data analysis (McFerran & Grocke, 2007, p.271). Again, drawing parallels between phenomenology and mindfulness, this process required the author to draw upon the qualities of acceptance, curiosity and non-judgement to go beyond preconceptions and remain open to the unfolding of meaning in the data.

Phenomenological Microanalysis is a systematic seven-step process requiring iterative contemplation of the different layers of meaning in each experience (McFerran & Grocke, 2007), which is reached through a deep “dwelling” and recursive re-ordering of the data (Finlay, 2015, p.1). The collective, significant and individual themes that developed from the process were categorised into Global Meaning Units (GMU), which collectively constitute the end product of analysis, the Final Distilled Essence, representing the essential features of the participants’ experience. The final result was then sent to each interviewee to verify its authenticity and affirmed or adjusted accordingly.

**Results**
Three participants contacted the author of their own volition and the personal contact accepted their email invitation making the total number of participants four (1 male and 3 females). Each participant worked in a different area of practice, offering further diversity. Table 1 outlines relevant information regarding each participant below.

<table>
<thead>
<tr>
<th>Participant</th>
<th>Area of practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tracey</td>
<td>Palliative care</td>
</tr>
<tr>
<td>Alex</td>
<td>Dual diagnosis (Mental health challenges and substance abuse)</td>
</tr>
<tr>
<td>Jill</td>
<td>Children with intellectual disabilities &amp; self-care for ‘helping professionals’</td>
</tr>
<tr>
<td>Louise</td>
<td>Young people (14-24 years) receiving current or post cancer treatment</td>
</tr>
</tbody>
</table>

As outlined in Table 2, five GMU and their corresponding themes emerged as a final result of the aforementioned process of analysis.


Table 2

**Global Meaning Units 1-5**

<table>
<thead>
<tr>
<th>Global Meaning Units</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The integration of music and mindfulness</strong></td>
<td>Music is effective as a means to facilitate and sustain engagement in mindful practice. Using the clients’ preferred music is an effective way to motivate interest in mindful practice. Active music making can enable the individual to bring their attention into the present moment and offers opportunities to practice mindful skills.</td>
</tr>
<tr>
<td><strong>Client empowerment</strong></td>
<td>Mindfulness is employed because of a desire to provide a method that could enable empowerment of the individual.</td>
</tr>
<tr>
<td><strong>Benefits of practitioners’ personal relationship with mindfulness</strong></td>
<td>As a practitioner, personal knowledge and experience with the benefits of mindful practice can enable a deeper client-therapist connection. Mindful qualities stimulated through practitioners’ own personal engagement in mindful practice can positively impact their own lives. Aligning with an approach that is congruent with the practitioners’ belief system can enhance therapeutic presence.</td>
</tr>
<tr>
<td><strong>Positive client outcomes</strong></td>
<td>Mindfulness training can enable the individual to become more objective about their experience and to enhance their ability to make positive changes. Various positive client outcomes are attributed to engagement in mindfulness training. Mindful interventions combined with musical interventions provide positive outcomes.</td>
</tr>
<tr>
<td><strong>The parameters of a mindful approach</strong></td>
<td>It’s important for the practitioner to be aware of the client’s physical, emotional or mental circumstance and acknowledge that a mindfulness-based intervention may not be the appropriate choice. Each context and client is unique and it’s important to observe, reflect and adapt your intention to suit. Mindfulness is an intervention best applied and developed over time.</td>
</tr>
</tbody>
</table>

**Final distilled essence.**

Each of the four RMTs who participated in this study expressed a strong desire to incorporate mindfulness into their practice as they believed in its ability to engender a sense of empowerment in the individual. In addition, music was regarded as a versatile tool that can be used to encourage engagement in mindful practice, sustain attention and facilitate mindful skills. Furthermore, the practitioner’s own personal relationship with mindfulness was seen as a valuable means to understanding the client’s experience with developing mindfulness, concurrently deepening the empathetic connection and enhancing
therapeutic presence. Participants also described a variety of positive client outcomes that they attributed to engagement in mindful practice. However, it was acknowledged that a mindful approach is not always appropriate and an awareness of its parameters with regard to each individual circumstance is important.

Discussion

One intention for embarking upon this research was to contribute further insight into the application of mindfulness within music therapy. For this reason, each participant was asked the question: “How do you describe your incorporation of mindfulness techniques into your music therapy practice?” While it is recognised that each person’s approach was exclusive to their context and experience, there were significant similarities that emerged, which are discussed in the following 3 themes relating to GMU 1. It is important to note that the described techniques are not prescriptive but rather insights into how mindfulness-based theory has informed, enriched and been uniquely incorporated into each participant’s practice of music therapy.

GMU 1 - The Integration of Music and Mindfulness

Theme 1.

The effectiveness of music as a means to encourage and sustain engagement in mindful practice was the most common theme to emerge from the data. Each participant acknowledged that an individual was more likely to engage in a mindfulness task (such as guided meditation, setting intention or increasing body awareness through yoga postures) when music was available as a purposeful source for which attention could be directed. Alex states: “I find that the people I work with are much more able to do a mindfulness exercise with music …Their attention span and capacity is sustained by at least 3-fold compared to the same exercise without music.” For Alex, music is an unmistakable assistance to engagement with mindful exercises and is a means through which the individual can maintain and shift awareness to, whilst acknowledging thoughts. Tracey also describes choosing music to enable the individual to “feel held in the space, but not distracted”, while for Jill, “music was used as an adjunct when setting intention and drawing attention to the breath or during guided meditations”. Further to this, participants discussed the importance of the type of recorded music they chose or how they played their instrument in order to maintain this engagement.

Through their training in music therapy, RMTs learn and develop understanding of how the elements of music can affect a person’s state of being (Grocke & Wigram, 2007, pp.45-60) and how to apply active and receptive musical experiences to reach therapeutic outcomes (Baker & Wigram, 2005; Wheeler, 2014; Wigram, 2004). The participants in this study offered insight into how this pre-understanding influenced their choices. For example, Louise emphasises the importance for her to find and work with music that is calm yet has enough interest to gain a client’s attention:

“When I first began choosing music for practicing mindfulness I took a little bit from relaxation ideas, but the purpose is not to be relaxed. So, there had to be things in the music that they could pay attention to and notice but it couldn’t be too busy, as
I wanted to allow space for thoughts to bubble up.”

Similarly, Tracey describes her purposeful consideration of musical elements to create a holding space that doesn’t distract but rather deepen the client’s focus, creating an environment to encourage the development of mindfulness:

“I’ve got a few tracks that I would use that generally have a sense of long phrasing, so that the breath is encouraged to deepen. Ah, they’re repetitive so that we’re not catching melodies or anything like that. Nothing too volume-wise, it’s not going too loud or soft, nothing too dynamic.”

Similar to the rationale of Van Dort & Grocke (2013), participants shared how they thoroughly consider a number of elements when choosing music. That is, both the music’s ability to provide a point of focus to stimulate awareness but not consume attention and music that is not so demanding that it takes away from the process of observing thoughts.

By cultivating sustained attention through mindful practice, it has been suggested that the individual is better positioned to enhance his/her awareness, enabling a more effective response to changes in the environment (Jha, Krompinger & Baime, 2007). As proposed by Graham (2010) and demonstrated by Lesiuk (2015), focused music listening has the potential to promote a person’s attentional capacity. The experience of the participants in this study could be seen to demonstrate this conclusion, as their described use of appropriate music was to engage and sustain the individual’s focus on a mindful task. However, further study into whether a mindfulness-based approach in music therapy assists in the long-term development of mindful skills such as increased affect tolerance, decreased ruminative thinking and a greater sense of non-judgmental awareness would be desirable.

**Theme 2.**

Using the clients’ preferred music was seen as an effective way to motivate interest in mindful practice by both Jill and Louise, with Louise discussing her use of individuals’ preferred music as “the hook for the practice”. In Louise’s experience, “the most appropriate music to use for encouraging engagement is the person's choice” thus providing “a point of interest to motivate their engagement”. Jill also encourages the individual to choose short songs they favour to demonstrate the relative ease with which one can introduce the practice into their lives; “It's not so daunting… sitting down with a song that you're already familiar with... its only three and a half or four minutes.”

However, in notable contrast to this is Tracey’s preference to use unfamiliar music. “I should be clear too, I try to use music that’s not familiar. I also try to do that on purpose so they don’t have any attachment prior to the music.” In her experience working in palliative care, a lot of the individuals she works with are filled with anxiety brought on by a busy, ruminating mind. She believes that for some, “mindfulness offers a productive way of channelling that energy of the mind into an awareness rather than a rumination.” By using unfamiliar music, it is her intention to create a holding space that supports the development of mindful qualities, such as awareness, understanding
and acceptance of the individual experience.

As discussed, Jill and Louise describe how familiar music is a way to spark interest in the practice of mindfulness and how demonstrating its incorporation into already established rituals, such as listening to music, might cultivate curiosity and potentially begin the development of a long-term relationship with the practice. Although firm conclusions can’t be drawn, perhaps this could be seen to echo Eckhardt and Dinsmore’s (2012) proposal for mindful music listening and their belief that music is an effective “springboard” into the practice of mindfulness (p. 182).

Conversely however, it is worth considering that a familiar song can evoke unexpected emotions or carry an attached meaning for the client (Juslin & Vastfjall, 2008). As in Tracey’s context of palliative care, in some circumstances, evocation of unexpected emotions or associations has the potential to steer an individual back toward the ruminative state that she may be endeavouring to move them away from. Though, when working on developing skills in mindfulness, she discussed how such an occurrence can generate the perfect opportunity for developing affect tolerance by practicing awareness, non-judgment and acceptance of such associations.

Theme 3.
Both Jill and Alex emphasised how making music actively can bring us in to the present moment. Jill states that “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.” Alex describes how key components of mindful practice such as awareness, non-

judgment and acceptance, are promoted through the act of improvisational music making:

“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”.

When engaging clients in improvisation, whether with drums, voice or percussion, Alex promotes awareness of the body and mind, and non-attachment to thoughts regarding how clients might want their music to sound. As the individual moves from engaging with the habitual mind and simply inhabits the music in the moment, the power of music as a tool, not only to access a state of mindfulness but also to embody its intentions, is illuminated. This is done in the hope that the individual can access and develop feelings of non-judgement and acceptance of their actions in other aspects of their lives outside of the therapy room.

GMU 2 - Client Empowerment
During the process of exploring parallels amongst experiences, the participants’ dedication to engender a sense of empowerment within clients was undeniably evident. When divulging experiences of client empowerment, these RMT’s appeared energised by having shared in the occurrence, as if something of
great value had been attained. For example, Jill ardently shared that when she was working with children with challenging behaviour, she was driven by her desire to shift away from what she referred to as “a teacher-dominated culture around managing behaviour” and focus more on the self-directed regulation of behaviour and emotion through heightened self-awareness:

“I think these kids a lot of the time weren’t seen as having the capacity to be able to have that insight and a lot of them really were, and they did develop their skills. So, it’s really about their independence and in a true sense of not relying on an external adult telling them what to do but to an extent, advocating for themselves”.

Furthermore, through the incorporation of music and mindfulness activities, Jill offered the opportunity for her students to develop increased awareness of bodily and emotional sensations during moments of vexation: “So I would be encouraging kids for example, when they’re having a meltdown, to be drawing attention to their breath and their thought patterns and becoming aware of their body”. She also encouraged autonomy in identifying weekly learning objectives by having them draw attention to their goals whilst listening to music.

Music listening in the classroom can help children regulate their emotions and improve learning (Foran, 2009), while mindfulness training has been found to have a positive influence on impulsivity, attention problems and social attunement in young people with externalising disorders (Bögels, Hoogstad, van Dun, de Schutter & Restifo, 2008). As supported in the literature, it appeared that Jill’s intention was to engender skills of self-regulation, self-assertion and increased control over learning, not only in the classroom but other environments also (Broderick, 2013; Meiklejohn et al., 2012; Schonert-Reichl, et al., 2015).

Participants also discussed how the inclusion of mindfulness could serve to take the emphasis away from being an ‘expert’ practitioner, as it cultivates a skill to be accessed in the absence of a therapist. For instance, Louise advocates mindful listening to pre-recorded songs, equipping her clients with a self-regulatory resource, accessible at any time in support of the various challenges faced during cancer treatment. This enhances the individual’s capacity to independently engage with mindfulness, which existing MBP studies have found to be significantly effective with this population (Dobos et al., 2015; Fish et al., 2014; Ledesma & Kumano, 2009). In the palliative care setting, Tracey values the practice of mindfulness in a similar manner as reflected in her sharing of the following experience:

“A man I was working with recently, he went through some amazing processes during mindfulness, which were addressing his post-traumatic stress and unpacking things ... He was able to actually take thoughts in a safe place and compartmentalise them. Once he was mindful and once he could actually know that he was in control of his thoughts, unpacking that stuff and putting it away was, um, he couldn’t believe that it took such little effort and he’d been carrying it around his whole life ... He was practicing on his own then,
to just overcome lots of issues, existential issues in nature’.

The outcomes described here such as being “in control of” and “compartmentalising” thoughts are perhaps not synonymous with mindfulness, which encourages the ability to relate openly and acceptingly to challenging thoughts (Segal & Williams, 2012; Shapiro & Carlson, 2009). However, this example could serve to demonstrate how introducing an approach such as mindfulness, which encourages the individual to explore and attempt to relate differently to challenges, might create opportunities for the client to consider a different perspective.

While discussing this experience, Tracey poignantly expressed her sense of reward in being able to highlight the power that her client had over his own emotional and spiritual territory: “I’ve just sat here and given you the method, you’ve done the work, you have the power. The best thing about it is, I don’t have to be here to do it with you”. Similarly, Alex shares his decision to incorporate mindfulness into his work: “It’s not a power over, it’s really a power with... you plant a seed so to speak and if the people water it, it will grow, and that’s something that you eventually don’t need a therapist for anymore. You can do that yourself, which I think is the ultimate aim.”

As existing literature suggests, the development of self-awareness and acceptance that is nourished through mindful practice has been found to generate a sense of empowerment (Cairns & Murray, 2015). In Tracey’s case, empowerment was engendered by relinquishing any perception of control she had over her client’s developing wisdom, while Alex sees himself in mutual collaboration with the client. This sense of equality in the relationship is a unique feature of mindfulness intervention that has been echoed in other qualitative studies (Aalderen, Breukers, Reuzel, & Speckens, 2014). Therapists seeking to cultivate a sense of collaboration, to facilitate empowerment of the self or encourage skills in self-regulation might consider discovering more about mindfulness and its benefits to practice and to reflect upon the ultimate potential for growth and trust that can blossom through a mindful therapeutic alliance (Shapiro & Carlson, 2009).

**GMU 3 - Benefits of Practitioners’ Personal Relationship with Mindfulness**

This GMU embodies evidence regarding how the participants’ experience with mindfulness has enhanced their personal and professional lives. To Alex, when working therapeutically, a mindful approach is “holistic and respectful of the individual”. It nurtures empowerment and equality and deeply resounds with his worldview. Moreover, by engaging in mindfulness as self-care, Alex takes the time to better understand himself, thus expanding the value of his therapeutic presence. Jill also believes that engagement in mindful practice is of great benefit to her personal and professional life as it helps to calm her mind, develop her creativity and enables her to feel more receptive in her interactions with others. Furthermore, Louise and Tracey both shared that their personal experience with mindfulness offers a lived experience of its benefits and enables them to cultivate a deeper client-therapist connection.

As highlighted by the previously discussed article by Crane et al., (2016) it is integral that practitioners implementing
MBP engage in their own personal practice of mindfulness and meditation, as the embodiment of mindful qualities nurture experiential understanding and motivation in practice (Aalderen et al., 2014; Crane et al., 2016). Furthermore, as these findings suggest, the therapist is also nurtured by their own relationship with mindfulness. As reflected in the existing literature, its cultivation can enhance the therapeutic encounter by strengthening present mindedness and an attitude of openness and compassion (Hick & Bien, 2008) and support non-judgmental reflection and regulation of reactions precipitated by counter-transference (Shapiro & Carlson, 2009). It also has the potential to deepen therapeutic presence, strengthen emotional attunement and embolden the client-therapist alliance (Geller & Greenberg, 2012; Schomaker & Ricard, 2015).

**GMU 4 - Positive Client Outcomes**

This GMU developed from the participants’ descriptions of positive outcomes unique to the individual’s personal challenges, which they attributed to engagement in mindfulness training. Described outcomes included resilience (Meiklejohn et al., 2012), sustained attention (Jha et al., 2007), increased emotional and behavioural regulation (Keng et al., 2011), decreased rumination (Hawley et al., 2013) and non-medicated respite from symptoms (Eisendrath et al., 2014). All positive outcomes that are also strongly supported by the current literature regarding the employment of mindful strategies in psychotherapeutic practice. However, the combination of mindful and musical interventions and their explicit influence over positive outcomes has not been explored in great depth. Alex touched on this point when he stated: “It’s hard to say whether these mindful outcomes are stimulated by the intentional way I use music or because I use a mindfulness framework. I think it’s probably coupled together.” He also suggested that common factors such as his personality may contribute to the manifestation of positive outcomes (Zimmerman & Bambling, 2012), though in his experience, positive change appears to be largely attributed to the combination of mindfulness and music therapy methodologies. To the author’s knowledge, there is limited literature that supports this conclusion. Improved understanding regarding how this combination might positively impact patient outcomes is worth further investigation.

**GMU 5 - The Parameters of a Mindful Approach**

Despite acknowledgment of the positive outcomes that can manifest from using a mindful approach, participants also asserted the importance of maintaining an awareness of its parameters, given that it is not appropriate for all circumstances. Research informs us that self-focused attention can often intensify the experience of distress and exacerbate symptoms associated with illness (Brockmeyer et al., 2015; Mor et al., 2010), therefore in some cases, bringing awareness into the body or mind may be contra-indicated.

Assessment and evaluation are integral parts of the music therapy treatment process (Gfeller & Davis, 2008). RMTs are trained to consider the effect of music upon emotion and how to facilitate discussion around this, and these skills are consistently strengthened through continuing
professional development (Graham, 2010; Wheeler, 2014). In light of this, it could be argued that undertaking specialised training in MBP would similarly strengthen the practitioner’s ability to discern the suitability of a mindful approach, support confident and authentic responses and most effectively guide any potential ill-effects brought about by its use (Kabat-Zinn, 2003, 2017; Woods, 2009).

While this study has provided insight into how mindfulness-based theory has informed and enriched each participant’s practice of music therapy, it is recognised that this is a topic with extensive considerations. Both mindfulness-based methodologies and music therapy are well established approaches to improving health and well-being and this study was limited in its ability to deeply contemplate a number of important factors, as highlighted in the previous discussion.

**Conclusion**

The insights gained from this phenomenological study are drawn from the experience of four music therapists who incorporate techniques informed by mindfulness theory into their music therapy practice, a subject that has been relatively unexplored in the literature. These findings reveal the music therapist’s aspirations for employing this method, its concurrent enhancement of their experience as well as its capacity to engender client empowerment. While positive client outcomes have been outlined, it has also been acknowledged that in some cases its use can be contra-indicated and the benefit of further training in the facilitation of MBP is discussed. It is hoped that this study provides impetus for further exploration into how mindfulness and music therapy might support or complement one another in practice.

**References**


