

Exploring The Role of Mindfulness in Music Therapy: A Qualitative Interview Study

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ABSTRACT

Exploring The Role of Mindfulness in Music Therapy: A Qualitative Interview Study

Dan Goldman

Mindfulness as a concept and a practice has become ubiquitous amongst health professionals. However, only a small number of studies have investigated the use of mindfulness approaches within music therapy. The purpose of this study was to understand how mindfulness-meditation may influence a music therapist's clinical practice. Three highly experienced music therapists, who each maintain a daily mindfulness-meditation practice, were interviewed. The semi-structured interviews were recorded, transcribed and analyzed according to Neuman's (2006) qualitative data analysis techniques. Emergent themes were set within five overarching categories including: defining mindfulness, self-care, therapeutic presence, the use of mindfulness-oriented approaches within sessions, and recommendations to other music therapists. The results suggested that mindfulness may factor into clinical practice in both implicit and explicit ways, and that a mindful awareness may enhance therapeutic efficacy within a music therapy context. Implications for clinical practice and educational settings are discussed. Limitations of the study are also highlighted along with recommendations for future research.

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Chapter 1. Introduction

Significance and Need

Over the past 40 years, mindfulness has been widely cited as a promising approach in addressing a wide range of psychological and physical conditions (Creswell, 2017). Psychoanalysis was one of the first modalities in healthcare to draw on mindfulness strategies as a resource, with early adopters including post-Freudian analysts, Karen Horney and Eric Fromm (Germer, 2013; Rappaport, 2014; Razzaque, Okoro & Wood, 2015). The creative arts therapies have also embraced mindfulness-oriented approaches, citing historical combinations of art and meditative ritual as a way towards spiritual transformation (McLachlan & Laletin, 2015; Rappaport, 2014). Literature describing the use of mindfulness-oriented principles within music therapy is growing (Fidelibus, 2004; Graham, 2010; Lesiuk, 2015; Medcalf, 2017; Mika, 2014; Miller, 2017; Moran, 2017; Rappaport, 2014). To date, two studies (Medcalf, 2017; Mika, 2014) have used the semi-structured interview process with certified music therapists as a way to glean how mindfulness-oriented strategies have been integrated into music therapy practice. There is little to no information in these studies describing how these therapists relate to their respective mindfulness practices in terms of training and experience. Germer (2013) emphasizes the importance of the therapist's commitment to their own mindfulness practice when working within a mindfulness-oriented paradigm. Similarly, music therapist and mindfulness teacher, Anja Tanhane (2019) recommends that precise information regarding the therapist's training in mindfulness modalities, specific methods used and personal relationship to practice be detailed in research. This study seeks to fill a gap in the literature by interviewing three certified music therapists, who are also experienced mindfulness practitioners.

From a clinical perspective, this research may offer music therapists a clearer sense of context when integrating mindfulness-oriented strategies into their respective music therapy practices. This may increase therapeutic efficacy. This study may also inform intervention-based research and promote further dialog between music therapy and mindfulness-related literature. A deeper understanding of the correlation between mindfulness-oriented strategies and music therapy practice could contribute to a greater degree of specificity and intention in subsequent studies. This would lead to a higher degree of validity and trustworthiness within the music therapy literature.

Personal Relationship to the Topic

I am a newly certified music therapist who has maintained a mindfulness-meditation practice for over fifteen years. I have attended numerous trainings and residential, silent meditation retreats within the Theravada Buddhist tradition. I came to the practice at a time when I was experiencing major life transitions, which provoked anxiety and depression. Mindfulness meditation supported my well-being in numerous ways. I see my life divided into the *before* and *after* I started meditating phases, with the latter bringing a deeper sense of wellness, joy and commitment to my values. In addition to having experienced benefits from the practice in my personal life, I have witnessed how my mindfulness practice has supported most areas of my career, including working as a performing musician, educator and music therapist. With regard to my clinical practice, mindfulness has had a significant positive impact on my self-care, ability to forge therapeutic alliances, creativity, focus, and presence during challenging moments. As a whole, I feel I am a more effective clinician, thanks in part to my mindfulness-meditation practice. As mindfulness grows in popularity, however, I have observed that the term itself has become increasingly vague and possibly over-commodified. Health practitioners with little to no formal training in mindfulness-meditation are advertising their services as being mindfulness-informed. This brings forth challenging emotions, as I feel that consumers may be misled and offered an approach that may be diluted and possibly even dangerous. As Dileo (2000) describes, music therapists have an ethical obligation to accurately describe the services being offered. Music therapists may not, from an ethical perspective, advertise that they are able to offer services for which they have not obtained specialized training. These points are important in order to safeguard against causing harm to clients. Additionally, the way in which music therapists represent themselves reflects on the integrity of the profession as a whole. Public perception of the profession may be harmed if too many music therapists claim to be using mindfulness approaches without having the proper foundation. At this stage of my career, I am considering if and how I might incorporate mindfulness-oriented approaches into my clinical practice. I am therefore interested in gaining and sharing insights gleaned from expert music therapists who are also highly experienced mindfulness-meditators.

Purpose Statement

Given that mindfulness-oriented approaches show promising results with regard to addressing wellness in numerous populations, the purpose of this study is to investigate how

these strategies may function within the discipline of music therapy. My personal interest in this area of study has inspired me to seek the perspective offered by experts in the field. It is my hope that this research will inform my own clinical practice, the clinical practice of my colleagues, and researchers interested in this subject.

Research Questions

The primary research question of this study is: "How might an experienced music therapist's mindfulness-meditation practice influence their clinical work?" Subsidiary questions included: (a) "How might a music therapist's mindfulness practice influence their self-care?" (b) "How might a music therapist's mindfulness practice influence their therapeutic presence?" (c) "Would the music therapists interviewed consider using mindfulness-oriented interventions within their sessions?"

Scope and Delimitations of the Study

Only three experts in the fields of music therapy and mindfulness were interviewed. As a novice researcher, gathering and analyzing data based on three participants seemed like an achievable goal; this number of participants also fulfilled the requirements of a master's level research study. I used source material based in journal articles, academic books, chapters, clinical guides, masters theses and PhD dissertations. I only used texts available in the English language. Most of the material cited is from 2003 and onward with a few exceptions dating as far back as 1975.

Assumptions

I assume that mindfulness-oriented strategies may be helpful based on the research literature I have consulted, my personal experiences and anecdotal information. Kabat-Zinn (2003) mentions that when a field is in its infancy, it is normal for early studies to be more descriptive than quantitatively pointing to its efficacy. Given that there is a paucity of research that seeks to understand the incorporation of mindfulness-oriented strategies into music therapy, I assume that currently, a qualitative investigation, which asks broad questions, is the best way to begin to understand this area of study. I assume that a social constructivist view, wherein "meanings are varied and multiple, leading the researcher to look for a complexity of views," (Creswell & Creswell, 2017, p. 8) is the most appropriate epistemology to embrace in this context.

Key Terms

Music Therapy

According to the Canadian Association of Music Therapists:

Music therapy is a discipline in which credentialed professionals (MTA) use music purposefully within therapeutic relationships to support development, health, and well-being. Music therapists use music safely and ethically to address human needs within cognitive, communicative, emotional, musical, physical, social, and spiritual domains (Canadian Association of Music Therapists, 2020).

By initiating deep listening and encouraging authentic expression, the music therapist's role is to engage clients in meaningful musical experiences, which may positively impact an individual's quality of life.

Mindfulness

While an extensive definition will be provided in chapter 2, the following is a working definition as articulated by John Kabat-Zinn (2003), a pioneer in the field of therapeutic mindfulness: "the awareness that emerges through paying attention, on purpose, in the present moment, and non-judgmentally to the unfolding of experience, moment by moment" (Kabat-Zinn, 2003, p. 145).

Summary of Chapters

Chapter 1 situates the researcher, identifies the purpose of the study, outlines the research question, examines the scope of the research, articulates assumptions and operationally defines terminology. Chapter 2 offers a summary of related literature, intended to contextualize this study. Chapter 3 describes the methodology, participants, data collection and analysis, and ethical considerations. Chapter 4 contains the results of the research. Chapter 5 offers a discussion of the findings with implications for further research and clinical applications.

Chapter 2. Related Literature

This chapter defines and contextualizes mindfulness from a Buddhist and secular perspective. It then examines the use of mindfulness-oriented approaches within psychotherapy. Next, it examines several music therapy studies that incorporate mindfulness approaches. The final part of this chapter offers a critique of the music therapy studies and provides suggestions for improving research methods, followed by further justification for the nature of this particular study.

Defining Mindfulness

According to Brown (2017), the term mindfulness is “remarkably opaque” (p. 45). Geller and Greenberg (2012) state that mindfulness “is sometimes a broadly based term that can lose meaning in its general usage” (p. 180). As Germer (2013) clarifies, mindfulness within a therapeutic context can be understood in three distinct ways. The first is the theoretical construct of mindfulness, as in the *idea* of mindfulness. The second way refers to “mechanisms of action in the mind and brain” (Germer, 2013, p. 6) that reflect the psychological processes of being mindful. The third way is in reference to both formal and informal meditation techniques used to cultivate mindful ways of being.

Buddhist Origins

Although fostering mindfulness has existed in numerous cultural traditions and secular activities for centuries (Rappaport, 2014), the majority of mindfulness research to date has been informed by Buddhism (Brown, 2017; Creswell, 2017). As such, an etymological understanding of the word mindfulness from this tradition may illuminate the topic. The *Sati-Patthana Sutta* is a text in the Buddhist canon that describes core meditation practices. The word Sati is often translated from Pali as remembrance (Brazier, 2013). We steadfastly remember to gather our attention back to our present moment experiences. Memory allows us to track our experience from one micro-moment to the next (Hwang and Kearney, 2015; Kabat-Zinn, 2011). From a wider perspective, Brazier (2013) notes that interpreting Sati as memory may also conjure “a remembrance of the spiritual purpose towards which the practice is aimed” (p. 131). Given that spiritual and secular goals often overlap within the therapeutic process (Monteiro, 2015), this last way of interpreting Sati may be fitting. Nonetheless, 19th Century scholar, T. W. Rhys Davids' English version of the *Sati-Patthana Sutta* uses the word *mindfulness* to translate Sati. According to Gethin (2011), Davids may have preferred this word to describe the ongoing process of

redirecting one's awareness back to the present moment, as it conjures a dynamic quality. Davids' translation remains in use today.

Operational Definitions

Within Buddhist and secular approaches, there are two essential components that are commonly used in defining the construct of mindfulness: steadily observing our experience from one moment to the next relates to the *what*, and cultivating beneficial attitudes that accompany our perception relates to the *how* (Baer et al., 2019). This *what-how* schema is echoed within Dialectical Behavior Therapy (DBT), a modality influenced in part by the Zen Buddhist tradition. Within this modality, the *what* is defined as “the ability to be aware of your thoughts, emotions, physical sensations, and actions in the present moment,” whereas the *how* is defined as “without judging or criticizing your experience” (McKay et al., 2007, p. 64). Within Mindfulness-based stress reduction (MBSR), a psychoeducational program that was influenced by both Zen and Theravada Buddhist traditions, the *what* is described as “the awareness that emerges through paying attention,” and the *how* is defined as, “on purpose, in the present moment, and non-judgmentally.” (Kabat-Zinn, 2003, p. 145). Finally, in an American Psychological Association (APA) publication, Bishop et al. (2004) arrived at a consensus wherein the *what* is described as “self-regulation of attention so that it is maintained on the immediate experience,” and the *how* is articulated as “with an orientation characterized by curiosity, openness, and acceptance” (p. 232). As a psychological process, mindfulness is more broadly understood as being open and receptive to all experiences, be they pleasant, unpleasant or neutral. It is a way of relating to the present moment as it arises and passes, without imposing the desire to change anything about it (Germer, 2013; Shapiro et al., 2018). The mindfulness practitioner meets their experience with warmth, loving-kindness and curiosity, witnessing and accepting the phenomenon of impermanence (Clarkson, 2002; Kabat-Zinn, 2003; Lesiuk, 2015).

Cultivating Mindfulness

Mindfulness may be cultivated through both formal and informal practices (Geller & Greenberg, 2012). In terms of formal practice, there are three principle meditation techniques. The first technique is a concentration practice, the second is an open awareness practice and the third is the practice of loving-kindness (Pollak, 2013). In the first technique the meditator directs their attention on a particular object of focus, such as the breath, for extended periods of time. This technique is known as *Samadhi* or *right-concentration*. Germer (2013) uses the example of

a "laser light beam that illuminates any object toward which it is directed," (p. 16) to describe the intention around maintaining a single-pointed focus. As Olendzki (2009) mentions, maintaining one's attention in this way is exceedingly challenging since our minds tend to wander away. When the mind wanders, the instruction is to "gently and forgivingly" (p. 38) gather our attention back to the primary object of focus. This process of placing one's attention onto an object, witnessing it drift away, then calling it back happens repeatedly.

Concentration practice is intended to steady the mind in preparation for the second form of meditation known as *Vipassana* or *right-seeing* meditation (Huxter, 2015). In a North American Buddhist context, this is also known as *insight* meditation. This form of meditation is also quite similar to *Zazen* meditation found in the Zen Buddhist tradition (Burke, 2012). Within this approach, the individual places their attention more broadly on the four foundations of "body, feelings, consciousness or heart and phenomena" (Huxter, 2015, p. 43). The meditator openly monitors their experience so that they can "observe, note, and discern phenomena precisely so that cause-effect relationships are understood" (p. 42). In this instance, Germer (2013) uses the analogy of a searchlight "that illuminates a wider range of objects as they arise in consciousness, one at a time" (p.17). Open monitoring allows the meditator to witness how experiences give rise to one another. For example, the individual may notice how feelings of discomfort may evoke judgmental thought patterns which, in turn, give rise to the intensification of physical discomfort (Bishop et al., 2004). In time, mental patterns are noted, and insights into "how suffering arises and how it is abandoned" (Huxter, 2015, p. 34) are gleaned.

A third meditation technique, *Metta* or *loving-kindness* meditation, may be called upon to cultivate compassionate mind states (Huxter, 2015). This meditation is thought to be an antidote to feeling overwhelmed by challenging emotions (Morgan et al., 2013). Within this form of meditation, caring phrases such as "may I be safe" or "may I be happy and free from suffering" are slowly repeated (Germer, 2013, p. 19). Initially, the warmth and friendliness is offered towards one's self. The intention is then directed towards a loved one, followed by a friend, a neutral acquaintance, and finally towards individuals who evoke challenging feelings in the meditator (Morgan et al., 2013). Neff and Dahm (2015) specify that engaging in self-compassion has little to do with replacing difficult emotions with positive ones. Rather, it is through embracing these challenging emotions with an open and accepting attitude that positive emotions

may naturally emerge. The intention is to "plant seeds of goodwill toward ourselves and others," (Germer, 2013, p. 19) with the understanding that all beings are interconnected.

The aforementioned formal meditation techniques have a mutually symbiotic quality, wherein each supports the other. Depending on present-moment needs, the experienced meditator may learn to move freely from one technique to the next, all within one meditation session. Common to all three techniques is the intention to engage with a present moment awareness in an alert, affectionate and open-hearted way (Germer, 2013). This mode of being can be generalized in an informal way to routine activities such as washing the dishes, eating or driving (Baer et al., 2019). Monitoring the breath or body sensations while engaging in these everyday tasks with a curious and compassionate attitude may help the individual to feel grounded (Geller & Greenberg, 2012).

Finally, within certain mindfulness-oriented training models, intentional and slow movement practices are used as a way of grounding the body in present moment awareness (Geller & Greenberg, 2012). These practices are not necessarily Buddhist-based, yet espouse similar philosophies and thus compliment formal sitting meditation practice. Within MBSR, for example, Hatha Yoga comprises a portion of the curriculum (Kabat-Zinn, 2011). Geller and Greenberg (2012) also cite Tai Chi and Qigong as practices that cultivate present-centered body awareness.

Mindfulness-Oriented Psychotherapy

Germer (2013) offers a simple taxonomy to differentiate between explicit and implicit ways in which mindfulness approaches are integrated into psychotherapeutic models. Mindfulness-oriented psychotherapy may be divided into two sub-categories: *mindfulness-based* psychotherapy, and *mindfulness-informed* psychotherapy. Additionally, the therapist that practices formal mindfulness-meditation cultivates qualities that are essential for conducting therapy within both of the aforementioned categories. Germer uses the label *practicing therapist* to describe the clinician who brings their experience as a formal meditator into sessions.

In *mindfulness-based* psychotherapy, formal meditation skills are explicitly taught. These skills may be used during sessions and practiced between sessions to address presenting issues (Germer et al., 2013; Shapiro & Carlson, 2009). Two modalities that fall within this category include Acceptance and Commitment Therapy (ACT; Hayes et al., 2012) and Dialectical Behavior Therapy (DBT; Linehan, 2015). For example, within DBT, a behavioral-oriented

treatment modality intended for individuals diagnosed with borderline personality disorder, mindfulness techniques are instrumentalized as a way to cultivate emotional regulation skills (Rizvi & Steffel, 2014).

In contrast, within *mindfulness-informed psychotherapy*, formal meditation skills are not necessarily taught. Mindfulness is valued for what it offers to the therapist's presence and the therapeutic relationship. This approach maps well onto humanistic and psychodynamic models (Cigolla & Brown 2011). Within *mindfulness-informed psychotherapy*, the therapist's meditative experiences and understanding of core-concepts rooted in Buddhist psychology provide a frame of reference (Segal, 2013; Shapiro & Carlson, 2009). A mindful awareness is implicitly imparted through the therapist's choice of words, vocal tone, pacing and other nuanced, non-verbal micro-communications (Germer, 2013). The next section elaborates on how a mindful therapeutic presence may influence the therapeutic relationship.

Mindfulness and the Therapeutic Relationship

Safran and Reading (2008) suggest that, across modalities, approximately 30% of a therapeutic outcome can be attributed to the quality of the therapeutic alliance.

Neuropsychiatrist, Dan Siegel (2010) suggests that mindfulness practice may be a way to promote the necessary qualities in the therapist that are conducive to cultivating a strong therapeutic relationship. These qualities may be explored through four main themes (Geller & Greenberg, 2012; Shapiro & Carlson, 2009). The first is the increased ability to focus and sustain attention. The second is holding this awareness within beneficial attitudes. The third relates to cultivating compassion for self and other. The fourth is the ability to regulate one's emotions through a body-based awareness. These themes are explicated in the paragraphs below.

In a study using magnetic resonance imaging (MRI), experienced mindfulness-meditators were found to have increased cortical thickness in regions correlated with sustained attention (Lazar et al. 2005). Short term meditation practice has also been shown to enhance working memory (Mrazek et al., 2015). Focusing and sustaining attention on the client for the duration of the session allows the therapist to notice and respond to details that occur in quick succession, be they verbal or based in body language (Fulton, 2013; Surrey & Kramer, 2013). This sustained attention may help the therapist to be less distracted by non-essential stimuli or the sudden emergence of unexpected emotions (Geller & Greenberg, 2012). Additionally, an enhanced ability to sustain focus may help the therapist to note when their attention has lapsed, so that

ruptures in the alliance may be repaired (Fulton, 2013; Bruce et al., 2010). This focused attention, however, needs to be held within specific kinds of attitudes in order to optimally benefit the client.

Mindfulness-meditation practice has been positively correlated with flexibility, receptivity and openness to new experience (Van den Hurk et al., 2011). These attitudes may support the therapist in relinquishing pre-conceived notions of how a therapeutic trajectory should unfold. The therapist may be better equipped to meet the client's needs by welcoming all that emerges during the session (Geller & Greenberg, 2012). In this way, therapists may be able to model potentially beneficial attitudes such as acceptance (Geller 2009; Razzaque & Wood, 2015; Shapiro & Carlson, 2009).

Not surprisingly, empathy factors prominently in building a strong therapeutic alliance (Fulton, 2013). In a study by Newsome et al., (2006), mindfulness training as part of a university counseling curriculum was positively correlated with increased levels of self-compassion. According to Fulton and Siegel (2013), as self-compassion is developed, a natural feeling of interconnectedness emerges, such that compassion and empathy can be extended to others. Increased self-compassion may also mitigate emotional fatigue associated with burnout (Fulton & Siegel, 2013; Geller & Greenberg, 2013).

Finally, Creswell (2017) remarks that mindfulness-meditation fosters emotional regulation skills. These skills are necessary when navigating the complex dynamics that may emerge during sessions (Fulton, 2013; Shapiro & Carlson, 2009). Emotional regulation may be related to the therapist's ability to pause and connect to their body sensations with a curious, open and accepting attitude (Fulton, 2013). Therapists who cultivate an embodied sense of grounding and equanimity through mindfulness practice may be able to meet a client's expression of pain with more responsiveness and less reactivity (Geller & Greenberg, 2012). Safran and Reading (2008) suggest that the therapists who are able to regulate their own emotions during sessions may act as "surrogate affect regulators for their patients during therapeutic enactments" (p. 138). In short, the therapist's ability to tolerate their own challenging experiences may allow them to be present for the patient's suffering (Fulton, 2013). This can help the client to shift the way they perceive and experience their presenting problems and alter internal models of how they interact within relationships (Surrey & Kramer, 2013).

Mindfulness-Based Interventions (MBIs)

Mindfulness-based psychoeducative programs bear a semblance to *mindfulness-based psychotherapy* models, in that meditation skills are explicitly taught. However, these programs are based on a prescribed protocol and are offered within a group setting. Mindfulness-Based Stress Reduction (MBSR), created by John Kabat-Zinn in 1979, is the original and, to date, remains the most prominent of these programs (Brown, 2017). The course was originally intended to support patients at the University of Massachusetts Medical Centre who were suffering from chronic conditions that could not be successfully treated by other physicians (Kabat-Zinn, 2011). Over the past 40 years, MBSR has been the subject of thousands of studies that have explored the program's effects on a variety of physical and psychological conditions. MBSR is widely disseminated in clinics, medical centers and hospitals around the world, and is offered as a 2.5-hour/week, 8-week course with a 1-day retreat (Kabat-Zinn, 1990).

Although MBSR was influenced by the Zen and Theravada Buddhist traditions, Kabat-Zinn omitted language that suggested any religious or spiritual affiliation in order to position the protocol as a secular approach to mindfulness. This was done in order to gain credibility within the healthcare field, since Kabat-Zinn was concerned about being misperceived as “new age or flakey” (Kabat-Zinn, 2011, p. 282). Kabat-Zinn also intended to be more inclusive to populations who may resist the idea of associating with a particular faith (Kabat-Zinn, 2003). As such, the course trains participants in the aforementioned meditative techniques, mindful movement practices, as well as bringing mindful awareness to everyday activities such as walking and eating (Baer, 2002; Creswell, 2017; Kabat-Zinn, 1982; Kabat-Zinn, 2003). Attitudes mentioned previously such as openness, curiosity, self-compassion and empathy are explored during sessions. Participants are encouraged to practice between sessions with the support of pre-recorded guided meditations (Baer, 2003).

Numerous other MBIs have been developed based on the MBSR model. Mindfulness-Based Cognitive Therapy (MBCT), for example, was designed as a relapse prevention program for individuals with recurring depressive episodes (Segal et al., 2002); Mindfulness-Based Stress Reduction for Teens (MBSR-T) modified the MBSR protocol to encourage compliance with adolescent psychiatric patients (Biegel et al., 2009); and Mindfulness-Based Relapse Prevention (MBRP) was created to support individuals recovering from substance addictions (Witkiewitz et al., 2014).

Significance of Personal Practice

The degree to which a therapist needs to maintain their own formal mindfulness practice will depend on how much they implement meditation-based interventions during sessions (Pollak, 2013). On one end of the spectrum, DBT and ACT therapists are not required to maintain their own meditation practice to work within these modalities (Pollak, 2013). On the other end of the spectrum, MBCT and MBSR require course instructors to maintain daily formal practice and to have attended numerous residential meditation retreats (Segal et al., 2002; Kabat-Zinn, 2003). This variance may be explained by the fact that formal meditation practice is substantially more emphasized in MBCT and MBSR than it is in ACT and DBT. However, Kabat-Zinn (2003) stresses that teachers should be able to call on their own experiences of mindfulness practice in order to effectively address concerns and questions that may emerge for new practitioners. In addition, he says that unless the teacher is grounded in the practice, the teachings will come across as inauthentic and potentially irrelevant. Finally, Segal (2002) describes how intellectualization of the process is insufficient to support patients in their newly developing mindfulness skill set. Though dose-response relationships have yet to be established (Baer et al., 2019), Geller and Greenberg (2012) describe how continued practice may change the meditators neural structure, such that therapists may more readily access mindful states when working with clients. This is substantiated by Kiken et al., (2015) who demonstrated that over time, repeated mindfulness states transform into stable personality traits.

Mindfulness and Music Therapy

Context

Kabat-Zinn (1990; 2003) describes the intention of MBSR as engaging in experiments that would illuminate the connection between body and mind, and perhaps alleviate some of the suffering experienced by individuals. He writes about how, at the core, mindfulness is not a mechanically reproduced exercise based on a prescribed instructions, but an activity that asks for consistent engagement and renewal in paying attention in a nonjudgmental, open-hearted way. He compares mindfulness to an art form, which is cultivated and enhanced through daily formal and informal practices (Kabat-Zinn, 2003). A similar sentiment is echoed by mindfulness-informed psychotherapist, Mark Epstein (2013), who describes how meditation in the Buddhist context is "as much inner art as it is inner science. It is a formless art, to be sure—the only product is the self, and even that comes quickly into continuous question—but it is an art,

nonetheless, one that demands its own touch" (p. 8). This line of reasoning lays a foundation for understanding the contemporary integration of mindfulness and music therapy. In the studies reviewed, both explicit (*mindfulness-based*) and implicit (*mindfulness-informed*) approaches are explored. Each study offers a unique way to demonstrate how mindfulness approaches and musical experiences may be mutually beneficial.

Music as Object of Focus

Mindfulness meditation makes use of the breath and body sensations as objects of focus (Kabat-Zinn, 1982). Graham (2010) offers a variation on the Mindfulness-Based Cognitive Therapy (MBCT) model and posits that the music itself can be an object of focus. He recommends choosing a piece of music that evokes a sense of wellness, which is about 3-4 minutes long, is preferably lyric-less, and has an instrument which is consistent throughout. He invites clients to place their attention on this instrument alone for the entire duration of the piece. If distracting thoughts emerge, instructions are to gently redirect focus towards the object of attention. With daily practice, mindful listening may provide individuals with a sense of greater well-being since they are harnessing the ability to focus on experiences based in their present moment awareness, thus interrupting the cycle of rumination and negative thought patterns (Graham, 2010).

Music as Motivator

Tan and Martin (2013) describe a 5-week program designed for adolescents (n=10) with psychiatric issues, which was based on the MBSR and MBCT protocols. The program shortened formal meditation practice, and added mindful music listening as a way of promoting emotional regulation. The researchers hypothesized that incorporating mindfulness practice into activities that were already part of the participants' repertoires would better suit their developmental needs. Participants reported that the intervention helped them to regulate the intensity of their symptoms. Post-intervention quantitative measures also indicated gains in psychological flexibility. From a classical conditioning perspective, Britton (2017) suggests that when the pleasure derived from listening to music is paired with meditative experiences, the motivation to be mindful is reinforced.

Mindfulness-Based Music Therapy

This concept of using music as object of attention, as well as pairing the pleasure of listening to music to illicit mindfulness is echoed by Lesiuk (2016). Based on her personal

experience in a MBSR course, the researcher/clinician developed a Mindfulness-Based Music Therapy (MBMT) protocol aimed, in part, at improving attentional deficiencies related to chemotherapy in women with breast cancer (n=15). She describes beginning her sessions by inviting the patients to bring awareness to their breath and body sensations for a few seconds (Lesiuk, 2016). Influenced by Graham (2010), she then instructed patients to direct their attention to the sound of one note played on a tone chime. When the sound had completely disappeared, the patients were instructed to raise a hand. A short discussion of the experience followed. Next, the therapist performed a short melodic improvisation, wherein the patients were once again invited to direct their attention to the music. The clinician encouraged patients to gently gather their attention back to the music, should they find that their minds have wandered. A discussion post-improvisation would elucidate the patient's relationship to the experience. As in the MBSR protocol, participants were assigned homework, which comprised of listening to music prepared by the therapist and noting responses in journals in accord with the mindfulness attitudes discussed in sessions.

Though sustained attention was a main goal that was achieved through the mindful listening experiences, Lesiuk (2015) had a secondary goal of improving mood over the course of the 4-week intervention. Within core mindfulness attitudes such as of warmth, loving-kindness, patience, curiosity, and acceptance, participants discussed the degree to which they felt judgmental and/or reactive towards their own thoughts, feelings and sensations while engaged in the mindful music experiences. Lesiuk (2015) reported significantly improved attention and mood measures after four weekly individualized sessions, in addition to mindfulness-practice between sessions.

Mindfulness as Induction to Music Listening

In a clinical case study report, Grocke and Van Dorte (2014) describe a 10-week group session protocol at an outpatient clinic for addictions using The Bonny Method of Guided Imagery and Music (GIM).¹ During the protocol, participants sat in a circle and discussed

¹ A consciousness expanding therapy developed by Helen Bonny. Therapists trained in this method use classical music sequences that stimulate journeys of the imagination. Experiencing imagery in this way facilitates clients' integration of mental, emotional, physical and spiritual aspects of well-being (Association of Music and Imagery, 2021)

potential themes for the session. Next, they were asked to lie down on their mats and close their eyes. A mindfulness body scan induction was led by the therapist. The members then listened to the music selected by the therapist. As the music came to a close, the therapist instructed the participants to redirect attention back to their body sensations. Through qualitative reporting, participants noted that the music evoked pleasant and unpleasant images, though they were, at times, able to perceive these experiences non-judgmentally.

Eckhardt and Dinsmore (2012) offer a similar process of using a mindfulness induction as a prelude to listening to either client preferred or therapist selected music. In this intervention, the client chooses the meditative experience to engage in prior to listening to music, for example, focusing on the breath or body sensations. The therapist then guides the client in this short meditation, intended to promote a relaxed state. The client is then invited to listen to the music while noting body sensations, thoughts and emotions. Post-listening, the therapist and client verbally process the experience. The authors suggest that this kind of intervention may help the client to learn to label their psychophysiological experiences as well as promoting client/therapist communication. They suggest that this is particularly pertinent with clients who tend to resist sharing their emotions due to cultural norms or personal tendencies. The authors state that music “may help to make mindfulness practice feel less awkward, especially at first” given that “most clients probably listen to music in some way” (p. 182).

Self-Care

In a heuristic self-inquiry, music therapist Daniel Moran (2018) engaged in a MBSR course to note how mindfulness may be used as a form of self-care. During his studies, the author was experiencing excessive stress related to his academic workload and clinical internship. He describes how his newly acquired mindfulness practice allowed him to achieve a greater sense of calm, offering respite from rumination, and promoting emotional stability. He cites these qualities as being especially useful when encountering intense emotions during clinical sessions. Graham (2018), who also experienced an MBSR course during her post-graduate music therapy education, suggests incorporating mindfulness training into university curriculum as a way to promote self-care for music therapy students.

Therapeutic Presence

In an interview-based study conducted to gain insight into the relevance of using mindfulness-oriented approaches in music therapy clinical work carried out by Medcalf (2017),

one participant described how her own mindfulness practice supported her sense of calm, creativity and ability to feel more receptive when interacting with clients. Further along in Medcalf's study, two other participants mention that mindfulness practice facilitates a "deeper client-therapist connection" (p. 12). Mika (2014) conducted a similar study, wherein one participant described becoming mindfully aware of her own physical and emotional states, thus promoting the ability to slow down, become increasingly connected to the present moment and respond more effectively to her patient's needs. Similarly, another participant from the same study describes how mindfulness enhanced their therapeutic decision-making skills. Tanhane (2019) mentions that her own mindfulness practice allows her to "stay focused and present with the clients" (p. 84).

In an essay reflecting on meditation and GIM practice, Clarkson (2002) describes how new GIM therapists tend to interfere too often with unnecessary verbal interventions. This may cause them to miss unexpected verbal or non-verbal cues, and to ignore important musical transitions. The author suggests that meditation practice helps the therapist to become more aware of their own reactive tendencies and to harness a "mental steadiness and clarity to make skillful and determined choices about how and when to act" (p. 6). A heightened and concentrated awareness facilitates the potential to notice nuanced shifts in the client's physiology while simultaneously tracking the subtleties that emerge in the music. Clarkson (2002) also maintains that awareness practice is useful for sensing the moment when the client's defense mechanisms emerge. The mindful therapist then has a greater choice around how to respond to these mechanisms. Clarkson also suggests that awareness training may help the therapist to notice when countertransference may be obstructing the therapeutic process. The author states that "Meditators learn to catch themselves projecting their impulses or tendencies onto other people...such attention is invaluable for GIM guides who must be conscious of transference and countertransference issues with each client" (Clarkson, 2002, p. 7). Finally, Clarkson notes that meditation can support the GIM supervisor to track the responses that the guide and traveler are having to the music, while simultaneously staying aware of their own psychophysiological processes. Listening with an open awareness that is free of pre-conceptions helps the supervisor to "pinpoint skillful and unskillful moments in guiding" (Clarkson, 2002, p. 7).

Clinical Improvisation as Mindfulness Practice

As part of his doctoral dissertation, Fidelibus (2004) interviewed ten music therapists

about their experience of flow during clinical improvisations with clients. Given that the author was well-versed in Buddhist philosophy and had experience in Buddhist meditation practice, he correlated emergent themes in the study's findings with core tenets of mindfulness. Fidelibus (2004) argues that there are common aspects within mindfulness meditation and clinical improvisation. For example, in an effort to enter into a state of musical flow, both the therapist and client encounter defenses that may impede the process. He states that by guiding one's attention back to the present moment and staying with "present-tense anxiety, we come to experience an increased capacity and tolerance for staying with the existential truth of the void" (246). This void, in turn, creates a space for creativity to flourish. He notes that through clinical improvisation we may then come to "see that change is happening in spite of our resistance to surrender to it" (246). Highlighting the notion of change echoes the concept of impermanence, a central tenet of Buddhist philosophy. Experiencing impermanence in this way offers the client and therapist the opportunity to relinquish an overly rigid sense of self, in favor of greater possibility. As Buddhist philosophy stresses the notion of non-attachment to a fixed sense of self, Fidelibus (2004) makes the case that music therapists may naturally be invoking mindfulness without labeling it as such. Fidelibus (2004) recommends that music therapists who are learning to improvise with clients may also benefit from formal meditation practice. Echoing Clarkson, he states that "using meditative techniques may enhance the therapist's ability to listen more deeply and to stay with the flow of affect and sound in the improvisation milieu" (269).

Evaluating the Integration of Music Therapy and Mindfulness-Oriented Approaches

Tanhane's (2019) critical interpretive synthesis examines many of the same music therapy studies found in this thesis from the perspective of a certified music therapist who is also a Buddhist-informed psychotherapist and certified MBSR instructor. Although the music in the aforementioned studies may have played a role in calming the participants' affect, this process, according to Tanhane (2019), may have run contrary to some key principles of formal mindfulness teachings. Formal meditation, typically, does not involve the addition of sensory stimulation such as music, precisely so that individuals may, through silence, gain a non-judgmental awareness of how the mind works on a subtle level (Siegel, 2007). Furthermore, in differentiating mindfulness from basic relaxation exercises, Newsome et al., (2006) describe how the aim of mindfulness is not merely to calm down, but to develop the ability to be present for whatever arises. Germer (2013) notes, as well, that novice meditators sometimes confuse the

objective of meditation with relaxation strategies. Mindfulness may bring about a sense of relaxation and calm as a secondary effect, however, it may also bring about unpleasant sensations that need to be experienced in order to learn to accept a full range of lived experiences (Brazier, 2013; Tanhane, 2019). From a music therapy perspective, the addition of music intended to evoke more pleasant states may be therapeutically justified. However, if the term *mindfulness* is utilized, then one may need to reconsider the overarching therapeutic goals.

This ambiguity of intention is perhaps why Tanhane (2019) and Van Dam (2018) stress the importance of clarifying objectives, instructions and rationale when referring to the use of mindfulness approaches. For example, Tanhane questions the use of the term *mindfulness-based* in regard to Lesiuk's (2015) study, citing that this protocol differed significantly from MBSR. Additionally, she mentions that Lesiuk did not undergo the necessary training to deliver an MBI. Similarly, though participants in Mika (2014) and Medcalf's (2017) study examined the use of mindfulness approaches in music therapy, neither study's inclusion criteria necessitated that participants have formal training or an established commitment to their own mindfulness practice. Tanhane (2019) suggest that the ability to clarify objectives, instructions and rationale for the use of mindfulness-informed approaches hinges on the therapist's ever-deepening relationship to their own mindfulness training and practice. The author stresses that future research could benefit from music therapists seeking "increased experiential learning and understanding of mindfulness practice" (p. 75). Tanhane outlines numerous criteria that would offer a higher degree of trustworthiness and validity when conducting research on this topic. Interviewing expert music therapists who are also formal meditation practitioners, as in this study, heeds this advice. Participants in this study describe specific details around their personal practice, including training and level of commitment. Details regarding the specific kinds of mindfulness interventions used in therapy are also explicated, as per Tanhane's (2019) suggestions.

Summary

Mindfulness can be described as the ability to openly engage in present moment awareness with a non-judgmental attitude. Mindfulness may be cultivated through formal meditation and other informal approaches. To date, mindfulness strategies have been widely implemented into psychotherapy models in both explicit and implicit ways. Several studies within music therapy have explored ways in which mindfulness and music therapy may be

mutually beneficial. Though many of the interventions described are clinically justified, a closer reading suggests that mindfulness terminology may sometimes be overly vague. Suggestions for enhancing the validity of future research include clarifying details regarding researcher/clinician training and experience in mindfulness, increased specificity of terminology and more detailed descriptions of approaches.

Chapter 3. Methodology

Design

This study used a qualitative descriptive design based on Neuman's (2006) content analysis techniques. This design allowed for an iterative interplay between inductive and deductive processes to emerge. Through an organized and intentional trajectory, I was able to uncover relational aspects between mindfulness and music therapy. Although the results are not meant to be generalizable, comparing and contrasting data, as well as uncovering collective themes based on expert experience may be highly informative for clinical work and future research.

Participants

Prior to initiating any recruitment or data collection procedures, approval for this research was obtained by the Concordia Human Research Ethics Committee (UHREC; see Appendix A). Participants were certified music therapists with graduate level training. They were employed full or part-time as music therapists, working in a variety of settings. Inclusion criteria required that they had undertaken formal mindfulness-meditation training and had maintained a daily mindfulness-meditation practice for a minimum of two years. Preference was given to therapists who had greater experience as both mindfulness practitioners and music therapists. Participants were required to speak English, as this would be the language in which the interviews would be conducted. The recruitment email (see Appendix B) was sent to the participants one at a time. Two participants were directly contacted based on their own research interests in music therapy and mindfulness. The third was contacted directly based on a previous personal encounter, where it was uncovered that the therapist had an ongoing Zen-meditation practice. Once participants agreed to take part in the study, they were emailed a consent form (see Appendix C). This form outlined the purpose, procedures, and any potential risks associated with participating in this study. The participants returned a signed copy of the consent form prior to their interview.

Ethical Issues

The consent form outlined issues related to confidentiality. Participants were offered the choice of whether or not to be identified within the context of the study. All three participants agreed to be identified. Participants were notified that the interview recording would only be used for data collection, leading to coding of themes and analysis, and that it would not be disseminated for any other public or private use. The interview transcription was sent to the

participants, so that they may edit, add or retract any aspects from their responses prior to the data analysis stage. The participants were informed that they would not be allowed to retract their data once it had been approved.

Materials

The interviews were recorded using a stand-alone Zoom digital audio recorder, as well as directly to my password-protected computer, using Pro Tools recording software. To ensure privacy, audio files were never uploaded or stored on a cloud server. The digital files of the recordings were stored in an encrypted e-folder and backed up on a password-protected, encrypted external hard drive. My password-protected computer was utilized for correspondences, transcribing and for writing the thesis itself. In addition, I kept a journal to note ideas as they emerged.

Data Collection

Three semi-structured interviews, each with a duration of approximately 60 minutes, were conducted in July of 2020. The interview questionnaire was sent to each participant two weeks prior to their scheduled interviews, so that they would have time to ponder the subject matter (see Appendix D). All three interviews were conducted over Zoom pro. At the start of each interview, I read through the questions with the interviewees. We then engaged in a free-flowing conversation related to the questions. This semi-directive approach allowed the conversation to flow organically, wherein unexpected themes emerged. This approach also made it possible to understand how the categories and themes overlapped with one another. Immediately after the interview, I noted initial impressions in my journal.

Data Analysis

I transcribed the semi-structured interviews verbatim, keeping journal notes along the way to keep track of ideas that occurred spontaneously. The transcripts were then emailed to the participants, who were offered ten days to verify the accuracy of the transcript and to edit their responses. Upon receiving minimal revisions from the participants, I read through the transcripts several times without taking notes in order to immerse myself in the data. I then began categorizing themes according to Neuman's (2006) coding system using NVivo data analysis software. I attached memos to the coded segments in order to create links in my thought process. Open codes allowed for numerous themes to emerge inductively. From these, I extracted axial codes in order to group the open codes into umbrella categories. I then reread the transcripts,

looking for phrases and passages that supported the axial themes in order to generate selective codes. I then compared and contrasted the transcripts to one another in order to arrive at unifying categories and themes. I used my journal notes to corroborate and to scan through additional ideas. This final stage of the process organized all of the data into overarching categories and themes.

Chapter 4. Results

The results section is comprised of a cross-case analysis of themes that emerged during the interviews. I used quotes from each participant to support emerging themes. Themes were then organized into five categories. The first category relates to defining mindfulness within a music therapy context. The second category looks at the effect of mindfulness on the interviewees' self care and professional resilience. The third category looks at the effect of mindfulness practice on the therapeutic presence. The fourth category investigates the use of mindfulness-oriented interventions within music therapy sessions. The fifth category offers recommendations for music therapy clinicians and researchers.

Participant Descriptions

This chapter opens with a brief biography of each of the participants. An in-depth description of each participant is presented in appendix E.

Anja Tanhane

Anja Tanhane is a music therapist based in Melbourne, Australia. She earned a Bachelor's of music therapy degree from the University of Melbourne in 1997. She completed her training as a Mindfulness-Based Stress Reduction (MBSR) instructor in 2007. In 2010, she completed a post-graduate professional training in Buddhism and psychotherapy. In 2012, she received a graduate certificate in family therapy through La Trobe University. In 2020, she received a Master's degree in music therapy from University of Melbourne and became a Registered Guided Imagery and Music (GIM) Therapist.² She has maintained a mindfulness practice for over twenty years. Her daily regimen includes 30 minutes of formal mindfulness meditation practice and 20 minutes of Tai Chi and Qigong mindful movement practices. Additionally, she typically attends at least one or two Zen meditation retreats (4-7 days) each year.

Gary Ansdell

Gary Ansdell is a Norwich, UK-based, music therapist, professor, researcher and author, who received a post-graduate diploma in music therapy from the Nordoff-Robbins centre in London in 1988. Ansdell completed his doctoral thesis in 1997, through City University in London. He is currently Director of Education for Nordoff-Robbins, London. He began formally

² Tanhane's GIM credential would be the equivalent to a Fellow of the Association for Music & Imagery in other countries.

meditating during his young adult years. Since then, he has had periods where he did not meditate. In the last five years he has maintained a consistent Zen meditation practice. His daily regimen includes 20-30 minutes of formal Zazen meditation and 10-20 minutes of the Alexander Technique.³ He has experienced several mediation retreats.

Ginger Clarkson

Ginger Clarkson is a Houston, United States-based music therapist, GIM fellow and international trainer, meditation instructor, university lecturer, hospice chaplain and author. She graduated with a Master's degree in music therapy from New York University in 1971. In 1976, she graduated with a Master's degree in special education from Southern Connecticut State University. She has been practicing in the Vipassana Buddhist tradition since 1988. Currently, she leads Insight Meditation Houston. Clarkson's daily mindfulness regimen includes 30 minutes of insight meditation each evening along with periods of loving-kindness practice and Qigong movement practice in the mornings. She has experienced numerous silent meditation retreats, some lasting up to 30-days.

³ The Alexander Technique is a way of learning to move mindfully through life. The Alexander process shines a light on inefficient habits of movement and patterns of accumulated tension, which interferes with our innate ability to move easily and according to how we are designed (The Complete Guide to the Alexander Technique, 2021).

Table 1*Overview of Categories and Themes*

Categories	Themes
1) Defining Mindfulness	A) Non-Judgmental Awareness B) Perceiving Impermanence C) Common Bonds D) Misconceptions
2) Self-Care and Resilience	A) Bolstering Self-Compassion B) Grounding C) Non-Instrumental Logic D) Always in Me
3) Therapeutic Presence	A) Attuning to the Client B) Letting Go C) Holding Space D) Present Moment Awareness
4) Mindfulness-Oriented Interventions	A) Meditation Instructions B) Incompatibility C) Music as Mindfulness
5) Recommendations	A) Personal Work B) Terminology C) McMindfulness

Category 1: Defining Mindfulness

Participant were asked to define what mindfulness meant to them. Themes that are typically discussed within mindfulness literature such as non-judgemental awareness, impermanence, non-duality and embodiment emerged. These participants, however, were able to explore these core concepts through a music therapy lens. Participants also defined mindfulness in relation to common misconceptions and by exploring the concept of *mindlessness*.

Theme A: Non-Judgmental Awareness

Tanhane stated that defining mindfulness must include the concept of non-judgmental awareness, for "what makes mindfulness unique is the non-judgmental element of the practice." She notes that it is important to differentiate this way of understanding mindfulness from other experiences, which are often lumped-in with the definition. A clear understanding is necessary to "set it apart from concentration practice or relaxation, or therapeutic insight. The word mindfulness is often used when all that is being offered is a concentration practice, which is a component of mindfulness meditation but not the unique aspect." Clarkson similarly emphasizes the idea of holding her experiences within a non-judgmental awareness. "For me it's really about directing, non-judgmentally, my attention to both inner and outer experiences while staying in the present moment." Clarkson describes how her music therapy practice contributes to her ability to stay mindfully aware of the present moment, "for me what music does, especially in the context of GIM, is that it keeps me in that unfolding present moment, moment by moment by moment. I seldom leap forward to plan something or fall back into the past, unless the past feels very present."

Ansdell does not explicitly refer to the term *non-judgmental*, however he describes mindfulness using additive terms such as "acceptance" and "care" for the present moment. When asked about how he practices Zen meditation, Ansdell describes the intention to "really attend to and care for what is now and to be as fully as you can in the now and accepting of everything that is part of now in yourself." Clarkson also touches on the word care in contrast to judgement in her own mindfulness practice, "I'm not judging what I notice. I'm just checking in, like, OK, I care about you enough to know how you are in this moment." Cultivating a non-judgmental stance can be seen as a requisite for embracing more expansive concepts such as impermanence.

Theme B: Perceiving Impermanence

Perceiving and embodying a felt sense of impermanence is an integral way to develop within the mindfulness traditions espoused by the participants. As Clarkson notes, "I think some general concepts in mindfulness practice, if it is Buddhist-based, which mine has been, support me as a GIM therapist. The noble truth of suffering; we all experience suffering; and also the truth of impermanence; moments that seem really stressful will change. This reminds me that there's not so much urgency to leap in and rescue travelers or try to make them feel better. Remembering Buddhist teachings that underlie mindfulness, I can allow clients to go through

their own measure of suffering and trust that they have the inner resources to come out the other side."

Tanhane echoes some of Clarkson's thoughts in describing how her mindfulness practice allows her to perceive impermanence as musical flow. "I think that's where mindfulness can be really helpful is to have that sense of openness... that sense of flow, that sense that things are constantly changing, so even though it's like this now, it'll be different later." Perceiving this sense of impermanence through music, she says, can have a liberating potential, "I think that sense of flow can be really helpful because when things become difficult, we often feel really stuck in that challenge. And that is where music is so beautiful, especially improvisation, but any music, really, you just know it's constantly changing and evolving and something new comes out of it." Tanhane paraphrases somatic therapist, Dr. Peter Levine, in stating that "flow is the antidote to trauma."

Ansdell touches on the concept of impermanence, as well, as he cautions against holding a sense of rigidity with regard to the very definitions of music therapy and mindfulness. "Any formulation is made up by someone and then it changes over time and then we let go of things and we reformulate. So you know, nothing is fixed and that is pretty near the Buddhist message, we think all these things are fixed, they're not, they are all in flow." By exploring the word *flow*, all three participants embraced the supportive potential of perceiving impermanence within a therapeutic context.

Theme C: Common Bonds

All three participants articulated facets of music therapy and mindfulness practice that appeared to be inherently similar. They explored the concept of non-duality, embodiment and altered states of consciousness to draw these parallels.

Ansdell cites the concept of non-duality, which exists in both Zen meditation and music therapy processes. He states that "it's not that you prepare to meditate and then you meditate, because that breaks it up, that divides, but actually, by preparing your posture, you are meditating...so one of the things that wraps up mindfulness or attention or awareness in music therapy, is the sense of the non-dual nature of the activity; you're not doing music then you are doing therapy -- you're not doing any of these things separately. Actually, they are all happening together through the process of being as fully present as you can with everything that is in that room, or in you."

Clarkson focuses on the idea that both mindfulness and GIM practice are embodied experiences. She remarks, "I really think there's such a common bond between music therapy and mindfulness. Both entail embodied presence. The music is vibrating in the body, as well as through the ears...you're really listening with your whole body." Tanhane, who also cites the embodied experience as a common factor, articulates this idea in reference to her work as a GIM practitioner where, "during the journey, you can also tune into the body."

Tanhane also discusses exploring varying states of consciousness as a way in which mindfulness meditation and her music therapy processes coincide, "they're both using altered states of consciousness." In speaking of her own experiences as a GIM practitioner as well as a traveller, Clarkson states, "I feel as if mindfulness practice has helped me be comfortable in ordinary states of consciousness and non-ordinary states of consciousness." In recounting a regression episode that she experienced while on an extended meditation retreat, she cited prior GIM experience as having prepared her for what emerged. "If I hadn't had the experience of traveling in GIM sessions, I think I would have really been concerned about my sanity during the regression." In this way, Clarkson is illustrating the mutually beneficial roles that music therapy and mindfulness meditation can offer to one another, a theme that recurs throughout these findings.

Theme D: Misconceptions

A final way to approach defining mindfulness may be to explore that which it is *not*. Tanhane cites a common misconception that she has encountered in teaching mindfulness to beginners. She has noticed that individuals with little to no experience have an over-idealized notion rooted in a common, yet erroneous view of mindfulness meditation. "There seems to be this cultural expectation that the mind will be calm and the heavenly voices will be beautiful and you'll just feel great and the thoughts will stop." She describes that this can be a hurdle in working with individuals with these preconceptions since they tend to be more self-critical of their process. "Even when I was teaching an MBSR course, you still get people in week five saying 'I did a really bad meditation this morning'... 'What do you mean a bad meditation?'... 'I was distracted'... 'OK you had a busy mind meditation.' So it's a bit hard to overcome that sense of this is how meditation *should* be."

By inverting the definition of mindfulness, Tanhane offers a simplified way of perceiving the role of therapeutic mindfulness with regard to self, environment and relationships. "One way

to look at mindfulness is to look at *mindlessness*. What is it to be mindless to be unaware, to be not noticing that the sun is shining, not noticing that your shoulders are tense, not noticing how your behaviour impacts others, that is a form of mindlessness, and so the opposite of that is any sort of awareness, and what we are doing in therapy is increasing awareness of self and perhaps others in relationships." As an extension, Ansdell defines mindlessness by illustrating qualities that impede on an individual's ability to "tend" to the present moment. "So I'll start with the things that get in the way of our general experience of being present. That could be things interfering: so thoughts, feelings, anxieties, tightness in our body, tightness in our minds anything that is pulling us out of the present... anything that is getting in the way of you actually hearing what's going on in the music - and by in the music I also mean in the person, and maybe in the total environment."

It is conceivable that this thesis could have been entirely devoted to generally defining mindfulness from the participants' perspectives. As a way of focusing the definition of mindfulness, participants were asked about how the aforementioned ways of perceiving mindfulness practice may relate to their self-care and resilience as music therapists.

Category 2: Self-Care and Resilience

All three participants discussed their mindfulness practice in relation to their self-care routines and sense of resilience as music therapists. Tanhane and Clarkson drew causal links to show how their respective mindfulness practices contributed to their ability to be more self-compassionate and grounded. However, Ansdell shied away from drawing causal links. His perspective highlighted the possible drawbacks of focusing too much on instrumental logic when speaking about mindfulness practice. As a result, an unexpected theme that illustrated how mindfulness practice permeates every aspect of a person's life emerged.

Theme A: Bolstering Self-Compassion

Both Tanhane and Clarkson cited mindfulness practice as a way to increase self-compassion, especially while enduring challenging emotions that emerged in clinical settings. Tanhane relays how a mindful awareness allows her to depersonalize stressors, "my mindfulness practice would be about being aware of how some of those [challenging] dynamics were impacting on me and not taking it personally. It's kind of an interesting thing with meditation, it's knowing that this is not necessarily about you, it's about your *role* as a [choir] conductor for

good and bad...but also, having that sense of self-compassion or understanding that yes, this is quite difficult."

Clarkson similarly cites her mindfulness practice as a way to dwell in self-compassion, "for me, daily Metta practice is essential. It helps me be kind to myself and to know when I'm exhausted and when to stop or pause." Clarkson also describes how taking moments throughout the day to be non-judgmentally aware bolsters this sense of self-compassion. "During the day I've learned to take mini tune-in breaks to reconnect with what I am doing...to make sure that I'm grounded, and to check-in on how I'm breathing...and those tune-in times might last just 30 seconds, but they help with self-care, because I'm not judging what I notice."

Theme B: Grounding

Tanhane describes how, at times, she would feel a sense a panic while working with groups in the acquired brain injury (ABI) unit, "it was a fairly extreme environment in a way, so there was a lot of distress, a lot of screaming, alarms going off, family members melting down, staff highly stressed, it's a real pressure cooker environment." She goes on to say that the "ABI ward was like a practice ground for putting it [mindfulness] into practice." She recounts how "doing a walking meditation, and noticing the ground underneath my feet," could bring a sense of calm. This would, in turn, remind her that, "I could later take care of my needs, as well."

As Tanhane progressed in her mindfulness practice, she became increasingly able to separate work and home life. Leaving the stressors behind allowed her to feel more energetic after her workday, "I noticed as I was doing more and more, that I would come home not quite completely exhausted. I would still be tired but it helped me to not be as depleted and it also, not perfectly, but to have a little bit more a sense of, you know, this is work and now this is home, and I can now concentrate. I'm not that good at that, but I did improve with doing the mindfulness." Clarkson also affirmed the calming benefits of a consistent mindfulness practice even on days where achieving a sense of repose was more of a struggle. "There are times when I'm sitting and not achieving any sense of calm, but I'm really aware of what I'm going through. To pause and sit with body sensations and emotions makes all the difference in the world because I'm not just running with thoughts in my mind and making issues bigger than they need to be. So I feel like it is mental hygiene to sit. It calms my nervous system, and I am more balanced."

Theme C: Non-Instrumental Logic

In contrast to the other participants, when asked about how his mindfulness practice may contribute to his self-care as a music therapist, Ansdell was reticent to draw causal links. "The really honest answer is I don't know – because I'm loath to formulate it in ways that are not authentic to what it is. So I could tell you fancy ideas about it, but I'm not sure how totally authentic that would be." When asked point blank why he meditates, he simply stated, "because I feel a need to or because it feels good, or that it's the right thing to do now.... and again, I'm not saying forever, and I suppose it's helpful." Ansdell draws a parallel between his relationship to meditation and music therapy to highlight his aversion to instrumental logic in both activities, "I talk about music therapy in a non-instrumental, non-strategic way. You know in a sense, are we doing music therapy in order to reduce symptoms, in order to change behaviour, in order to get insight? Well, all of those things sometimes happen. But am I making music with people in a therapeutic setting in order to do those things? And the answer is no, and actually most of our clients are not coming to music therapy to do those things, which is interesting. So in a sense it [mindfulness practice] parallels that because I don't like to force things into what we might call instrumental logic."

Theme D: Always In Me

Given that Ansdell describes his Zen practice as but one wellness practice among others, he values acknowledging the integrity of each of them on their own terms. Each activity, when done with full attention brings its own benefits, even if they are supporting a greater whole. "The practices that I do are in parallel. So I take each one seriously. So I take doing music therapy seriously when I'm doing music therapy, doing meditation when I'm doing meditation, doing Alexander Technique when I'm doing the Alexander Technique and somewhere those things are always with me and in me, and have grown to be who I am, but in a sense it's like the pillars of a temple, they're at a distance from each other. So they support something but I'm not entirely sure what is the precise connection between each one of the pillars." Tanhane echoes a similar sentiment in saying "I don't think there's a separation between my practice in Zen and my practice as a therapist, they are sort of one and the same thing, and I think they inform each other, too, so it's a two-way street." This notion that mindfulness practice permeates one's being is further explored in the next section where the participants relate mindfulness practice to their therapeutic presence.

Category 3: Therapeutic Presence

All three participants described ways in which a mindful awareness influences the therapeutic presence. They discussed how a sense of embodiment contributes to their ability to attune to their clients' needs. Participants also discussed how a mindful presence allows them to loosen their tendency to try to control the therapeutic outcome. Finally, the participants describe how establishing a secure holding environment and dwelling in present-moment awareness are necessary ingredients in the therapeutic process.

Theme A: Embodied Presence

When asked about cues that may trigger a mindful presence within GIM sessions, Clarkson said, "a lot of it has to do with what is going on in my body. I'll feel a heaviness, or I'll feel a tingling in my body. It just doesn't feel quite comfortable or I'll notice that I'm holding my breath, and then I'll stay with that sensation and see what the underlying feeling is. Is there a memory? Is there something going on emotionally?" This ability to be aware of her emergent psychophysiological processes leads her to "pause before responding." This embodied awareness is also "very helpful to any transference or countertransference issues; to be mindful about what is coming up inside me in relation to what my client is experiencing and not to react impulsively."

Tanhane recounts working in stressful situations and how being embodied helped her to offer the clients what they most needed. "I sort of had that sense of just noticing, taking notice of how that felt in my body, noticing the anxiety and then thinking OK I'm anxious and then that helped me calm down...once I was more aware of my own body, then I was able to more effectively deal with whatever the needs were for people." She continues by saying that clients can detect the degree to which a therapist is comfortable in their own physiology, which may, in turn, affect the therapeutic process. For Tanhane this is especially true in a music therapy context, since "clients are often highly attuned to the therapist and the presence of the therapist because you're working in that more non-verbal space, you're getting out of your head into your body, whether you do music or meditation or both."

Like Clarkson, Tanhane also draws the link between an embodied presence and the ability to intentionally respond as opposed to impulsively react during sessions. "You know how in mindfulness we talk about respond rather than react, when you are running a group and it's going out of control, you become quite reactive quickly because you are trying to control the

situation, but that's really ineffective. Once I was more aware of my own body, and what's happening in my own body, then I was able to more effectively deal with whatever the needs were for people." Clarkson attributes her ability to be more responsive and less reactive to the fact that she has practiced observing her own sensations for many years. "I just think there is less automatic reactivity because of watching my inner process so much. I don't have to act on impulse because there's more a sense of, oh I recognize this sensation, and it doesn't mean I have to *do* something about it. For me this process of awareness has taken a lot of time to develop, because I tend to be very bouncy and restless. To learn to sit with what's happening without having to act on it is one of the most important lessons that I've had."

Theme B: Attuning To The Client

The awareness of one's own psychophysiology may allow the therapist to detect how the client may be feeling, thus increasing the potential for empathy. As Clarkson states, "I try to be mindful of clients' words as well as their body language and emotional states. I have practiced mindfulness of my own internal states enough that it feels like second nature to bring that kind of awareness to clients." Clarkson directs her awareness on various aspects of the clients' presence in preparation for the GIM session. "I'm sensing what is their rhythm right now, what is their mood right now, and how are they experiencing their body right now." This awareness will influence the way in which she selects the programming for the session. "If a client holds a lot of stress and tension, I'm going to pick music with dissonant harmonies that reflect that tense inner state, maybe in or after the opening invitational piece. If a client is very sluggish and complains about lacking energy, I might first select a slow piece like Bach's Partita in B minor, Sarabande to ease the traveler into the program and then follow up with the energizing, upbeat tempo of Bach's Little Fugue in G minor."

Ansdell describes his meditation practice as being aware of "the state of the body, body tensions, body feelings, it includes emotional aspects that may overlap with body aspects, it includes thoughts." Like Clarkson, Ansdell senses the clients' physiological cues to determine the way in which he plays. "In the sessions there is actually also good looking, you know, what can you pick up about someone's body, someone's expression, from someone's gesture that they might be just about to do something. Or from what are you picking up, that you should go slower, go faster, you should turn down the music, you should allow them to do more." The

therapists' ability to attune to the client through physiological cues may support a process-oriented approach that validates the individual's unique expression.

Theme C: Letting Go

Respecting the notion that each client will progress at their own pace requires the therapist to relinquish pre-conceived ideas of how the process will unfold. According to Clarkson, mindfulness-oriented practice may encourage music therapists to be less outcome-oriented. She states that mindfully cultivating patience may be a way to avoid constricting the process, especially within challenging sessions. "I think it has to do with developing a sense of patience with the natural unfolding of each client's process of coming to insights at their own rhythm, and it's not up to me to force that rhythm. So just as in meditation, it can sometimes seem like a very slow process to stay with what's happening, not knowing when an unpleasant sensation or situation will resolve, but on some level building up trust that they do so at their own rhythm. It's letting go of trying to control so tightly what is evolving." She adds that clinging to a particular type of therapeutic outcome can actually hinder the process. She values "a sense of not having to have resolution on my terms."

Ansdell describes his Zen practice as an attempt to relinquish "control or needing something to be different than how it is." He reflects on how the philosophy of Zen may influence the creative process where "we allow sounds and people to be sounds and people without judging them, without saying someone has to do, someone has to sound like this or their music has to be like this. That's very equivalent to you know, what John Cage got out of Zen, in the 1940s, he went along to DT Suzuki's classes and reformed his compositional process on the basis of Zen, right? The process of just letting sounds be sounds without controlling sounds, and that revolutionized him."

Ansdell describes the concept of "getting out of one's own way" in order to relinquish control. He references the Alexander technique, his body-based awareness practice, to illustrate the point. "In Alexander Technique there's a nice aphorism that is so Zen without any knowledge of Zen, and the aphorism is *if you stop doing the wrong thing, the right thing does itself*. You couldn't get anymore Zen than that." He describes how "the job of the Alexander technique teacher is to "take things away, to help a person get out of their own way, which happens to us all, we all get in our own ways, you know, physically, psychologically, spiritually." In considering this concept within a music therapy context, Ansdell poses the questions: "when can

music help people, when is it a really positive helping agent and when is it getting in the way? When are you as a music therapist getting in the way of something that needs to happen for someone or needs to happen for someone in the music? When is what you are doing getting in the way?" Ansdell may have offered an answer to his questions by suggesting that the music therapist's role is to simply initiate listening, "Because it doesn't always happen automatically, especially when there are problems in the person or the environment. It's almost like you have to set the ball rolling and call to people's listening, then something happens which is collective, which is not you or me controlling it...so in a sense, we could put this very simply, when people listen, good music happens; when good music happens, all kinds of other things happen, wherever and whoever we are. Suddenly people liven up and they move into a positive future, mostly. When people don't listen, none of that is possible."

Theme D: Holding Space

Tanhane equates "trying to control the situation" with "reactivity" and states simply that this approach is "really ineffective." As an antidote to being over-controlling, she focuses on cultivating a holding environment where the client's own healing mechanisms can be activated. Tanhane likens her experience as a guide on meditation retreats to conducting therapy sessions and states that the main task in both roles is "holding the space for people who are doing their processing" which is "actually quite hard work." She goes on to state that, "the therapist's role is to give people that safe space where their own healing takes place. As a therapist you are holding that space so that it is safe for them to do it and that they feel supported." She further illustrates how the idea of therapeutic holding brings forth a sense of wellness. "So an analogy I sometimes use is someone breaks her arm, the bone heals itself, there's nothing medicine does to heal the bone, but sometimes you need a bandage around it to rest it, and sometimes you need metal rods or something, so you need a holding environment but there's nothing that medicine does to heal the bone, the body knows how to heal itself given the right supports."

Clarkson translates this concept of holding into a music therapy context, "my outlook is, I'm here to help hold that container, and the music that I choose, I hope, is the right musical container." In describing a GIM session, Clarkson recounts selecting an Arvo Pärt composition specifically for its holding qualities. Clarkson states that her client "found that Pärt's music taught her a different way of being because there was no rush, and there was a deep sense of peace and holding."

Theme E: Present Moment Awareness

Both Clarkson and Ansdell mentioned that good timing is critical to the therapeutic process. This enhanced sense of knowing when to intervene hinges on the degree to which a therapist is mindful of the present moment. Clarkson states "I think that the ability to make precise interventions during GIM sessions has something to do with being aware in the present moment. The right timing means not anticipating what *might evolve* in a traveler's imagery nor waiting to intervene until *after* the image has already changed, but really staying in that present moment and making an intervention that is timely." Ansdell describes a similar process within a music therapy setting for older adults. "For instance, if you have 15 people in the care home sitting room, it might be the vital thing you'll need to hear is that lady over there who is nearly able to sing, who is just about to do something. Unless you catch it, unless you catch her intention, she stops doing it; you have missed it, yeah? But if her voice comes in at that point, that allows something else to happen." Ansdell associates the ability to respond in a timely manner with the idea of feeling a sense of choice. "I think what the attentiveness, or the awareness gives you is some discrimination, and maybe some choice as to when you intervene and when you don't."

Clarkson describes how cultivating the ability to remain in the present moment helps her to "hold multiple awarenesses at the same time." Within a GIM session she is "tracking what's going on in the imagery, following musical changes, and staying connected to the traveler." Additionally, she remains aware of her own inner processes. "It's almost like dual tracking what's happening with the journey and what's happening in my own process at the same time." Within a supervision context, the demands on one's awareness capacities increase. There are "so many things that are happening at once while a supervisor observes the guide and the traveller as individuals, the dynamics between them, and their relationships with the music and imagery." She goes on to say that, "the ability to stay in touch with my own inner process while I'm connecting to someone else is one of the gifts of mindfulness."

Ansdell illustrates the concept of holding multiple perspectives within one's field of awareness through a group music therapy lens. "As you know, a lot of my work has been with groups, as well, not only in a therapy room, it might be in care homes, within a large lounge where, you know, people live. So the awareness is not just on one person. It might be on a whole environment." He expands the definition of what it means to be musically aware in this context.

"By musically present I mean, not just as in only music, as in just the tones, but everything we know in music therapy that means being musically present, means being with yourself as a musician and as a musician therapist, and also with the people you are with as musicians, and with everything in the environment. So ideally, everything can be noticed at that point – how much are you able to be musically present? And what is the musical present? And how is that possible?" He then says "and that is a kind of meditation question isn't it? What helps us to be present and what gets in the way of being present?" Whereas Clarkson cites her mindfulness practice as benefiting her ability to "track" a variety of factors simultaneously, Ansdell refers to the role of mindfulness as "awareness training, attention training, it's that joint focus, isn't it, of actually saying what is helping me to be musically present."

Ansdell measures present moment awareness to the extent that it is imbued with a sense of care, which may, in turn, lead to therapeutic benefit. "So in a sense the musical future is dependent on the quality of your awareness of the musical present and your care for it; how much do you care about what is happening right here and now, and then what could happen in the musical future? Because when we work with people, the possibility, the hope is inherent in the present...it only flowers from the present." By tending to the present moment with attention and care in a relational manner, the music therapists are implicitly imparting a *mindfulness-informed* approach. In the next section, however, the participants were asked about how they felt about explicitly offering mindfulness-meditation experiences to clients during sessions, relating more closely to a *mindfulness-based* approach.

Category 4: Mindfulness-Oriented Interventions

Both Tanhane and Clarkson described situations where guiding the client through a mindfulness-meditation could be helpful. For example, a short meditation at the beginning or at the end of the session may help the client to feel more grounded, to set an intention for the session, or to integrate insights gleaned from the GIM process. Ansdell, on the other hand, describes how he has never explicitly guided a client through a mindfulness meditation experience during sessions. Tanhane then states that combining meditation and music therapy may, at times, detract from the unique therapeutic benefits that each experience offers on its own. Finally, Clarkson explores the notion that listening to certain pieces of music may be perceived as an alternate form of meditation.

Theme A: Meditation Instructions

Both Clarkson and Tanhane stated that within music therapy sessions, they occasionally offered meditation instructions to their clients. This usually occurred at the beginning of a session, or on occasion, at the end of sessions, as well. These instructions are intended to help the individual to feel centered, aware of their psychophysiology, and orient them towards their therapeutic intentions. As Clarkson states "one of your questions was about if I actually teach mindfulness within GIM sessions. Sometimes I do that when travelers are having a hard time deciding on an intention or when they are uncertain about what they want to explore in a session. I'll give them brief instructions in following the breath and centering inside to sense what issue feels most alive and present. Or I might guide them in a Metta meditation to feel what is in their heart at that moment. This kind of mindful pause often helps clients to be calm enough so that their attention is less scattered. They can then focus the mind on an issue that seems most central to explore." Tanhane describes a similar process prior to beginning the musical journey, where she may instruct her clients to tune-in to their own bodies. This is especially pertinent when there "seems to be a lot of talking but not much sense of connection, like it's a bit more in the head." She may invite the individual to "just pause for a minute and tune into the body." She might then inquire, "What do you notice in the body?"

Clarkson also describes how she may offer meditation instructions towards the end of sessions in order to help the individual to integrate the insights that emerged while travelling. "Sometimes at the end of a GIM session, if a traveler has had a very powerful insight but doesn't feel grounded, I'll do a meditation sit with them for about five minutes. The sit doesn't have to be long for the client to sense how the insight feels in the body and what emotions are coming up around it. As clients become mindful of ramifications in their whole system—physical, mental, and emotional—they can digest what has come up during the session." Like Clarkson, Tanhane mentions that these short meditations can be beneficial for the client. "I think if you have your own strong practice, you can actually convey quite a lot, even in short sections."

Tanhane states that the altered state of mind that a client may experience while travelling in GIM bears a semblance to a deep meditation. As such, after the journey, she suggests that individuals may benefit from tuning into their body sensations. Following a GIM experience, Tanhane may also offer ideas about how to practice mindfulness between GIM sessions. Tanhane cites time restrictions as one of the reasons she does not offer more meditation

instruction during GIM sessions. She did mention, though, that she is considering offering an alternating approach where "some sessions are more meditation sessions and some which are more GIM."

Theme B: Incompatibility

On the other hand, Ansdell is clear about not offering meditation instruction within his music therapy practice. He states, "Do I bring in Zen approaches into sessions? No, I never have. So in that sense, do I use mindfulness techniques in music therapy sessions, and the answer is *no*. In a sense all I've done in 32 years is to use the Nordoff-Robbins approach of making music with people as skilfully and as aware and careful as I can with awareness of all of the context that each of us bring to that." He mentions, however, that his mindfulness practice enters the sessions, "implicitly, not strategically."

With regard to adding music to mindfulness protocols, Tanhane conceded that she initially thought it would be a good idea to incorporate music into her MBSR courses, but then had a change of mind when she realized how different the processes were. "I did think for a while that I could incorporate music into the MBSR course, which seemed like an obvious direction to go. But what I found for myself is that with meditation you are actually letting go of a lot of things, and especially in a Zen retreat, there's no reading no writing no talking, to be left with that bare noticing of moment by moment experience. My question was why bring something in?" In reference to the mindfulness-oriented music therapy studies that she reviewed in her own research, Tanhane noted that the authors may have misconstrued ways in which music therapy and mindfulness could be mutually beneficial, "the big thing I found frustrating was, meditation is good for anxiety and music is good for anxiety, therefore putting them together is going to be even better, but actually sometimes we are taking away the unique value of each, and actually, we potentially end up with less."

Theme C: Music as Mindfulness

Clarkson offers a third perspective in describing how certain musical pieces may be used to impart aspects of mindfulness. She describes a client who was "deeply concerned about her tension and rapid rhythm of living, and she wanted to be more mindful. She wished to be kinder to herself, not driving herself so hard. She framed her intention for the GIM session in terms of self-compassion and finding a healthy rhythm for her life. At that time, she was attending meditation classes that I was teaching and seemed very aware of the benefits of mindfulness. It

seemed that Arvo Pärt's music was attuned to her intention because his music is so spaciouly and mindfully constructed." Clarkson goes on to say that she finds his "solo piano compositions particularly useful because their spaciousness and openness allows for reflection." When asked whether she thought the rhythms contained in these piano pieces by Arvo Pärt related to a sitting meditation practice, Clarkson responded "that's what it feels like, a rhythm that unfolds very gracefully without pushing. There's not a sense of *we gotta get there* or that there's a rush; there's more of a sense that each note has its integrity and its own time." In this particular example, "the slow rhythm fit the client's intention." Clarkson stated that her "sense is that the connection with music unfolding in each present moment teaches mindfulness in and of itself."

Category 5: Recommendations for Music Therapy Clinicians and Researchers

Given that all three participants had differing views on integrating mindfulness-oriented strategies into their practice, it would follow that recommendations to other therapists and researchers would also be varied. Tanhane and Clarkson both agree that if a therapist plans to use mindfulness-oriented strategies within clinical settings, then it would be important for the therapist to have delved deeply into their own practice prior to working with clients in this way. Tanhane states that delving into mindfulness interventions without ample experience may potentially cause harm to the client. Clarkson and Tanhane also highlight the importance of differentiating a mindfulness experience attained through music in contrast to meditation. This led Tanhane to recapitulate findings from her own research, which point to the necessity for language that clearly describes the approaches that are being offered during sessions. Tanhane also encourages music therapists to use language to describe mindfulness that is original to the creative arts therapies. Finally, Ansdell and Tanhane end on a word of caution around over-utilizing the word mindfulness, since it has become somewhat over-commodified.

Theme A: Personal Work

Tanhane states that trusting the therapist is of utmost importance. In order for healing to take place, Tanhane states that clients must allow themselves to become vulnerable. "You're actually inviting people to drop defences whether it's through music or meditation." The client may not be able to embody and explore their vulnerability if they do not trust their therapist. If the therapist is calling on mindfulness strategies within sessions, then the therapist should have had a significant amount of experience within this modality in order to safely accompany the client. "I think people know when a meditation teacher has that background and that solid

experience, and they can trust that. Otherwise they have that sense of it's a bit just from the head, not from the experience...I'm not quite sure whether or not I can really trust..."

Tanhane asserts that there is a potential for harm if the therapist has not done their own work, "if you don't know what you're doing, even with the best intention, you might sometimes do more harm than good. Which is why it's so important first in the GIM training to have your own sessions, to have your own personal experience, so that you are not projecting your insecurities onto the client, and they have to live it out for you, you know that whole transference countertransference. I think that's a very important dynamic. And I think that's in therapy but also in meditation." She states that it is not uncommon for unpleasant feelings to emerge after a meditation. Consequently, therapists calling on mindfulness-oriented strategies should know how to navigate these situations. She states "if you focus on mindfulness for feeling better, as soon as you stop, those unpleasant feelings can arise. And how do you work with them? I think that's where as a therapist using mindfulness, you need to have the skills to work with someone sitting with those difficult emotions."

Tanhane explains that another reason it is so important for the mindfully-oriented therapist to have cultivated their mindfulness practice is in order to offer a deeper feeling of empathy, where the therapist can "get a sense of what that's like for the client and to normalize it." She says that this "kind of understanding only comes from your personal experience of meditation." Clarkson states that having a personal practice benefits her as a GIM supervisor. She notes that "so many things that are happening at once while a supervisor observes the guide and the traveller as individuals, the dynamics between them, and their relationships with the music and imagery. With mindfulness training, supervisors tend to notice their own responses without needing to react and to have fewer preconceptions about what will happen in any given supervision." Clarkson, also mentions that she encourages trainees who tend to intervene too frequently to engage in their own mindfulness practice. She states that this "is a very common habit" amongst trainees and that "mindfulness practice can really help with learning to be patient, to let things unfold without meddling."

Theme B: Terminology

Though a mindful awareness may be fostered through the music therapy process, both Tanhane and Clarkson reiterate that the way in which this happens is quite different than formal meditation. Clarkson states that, "music has its own language, its own way of speaking to us. For

me, traveling to classical music is a different way of experiencing mindfulness [meditation]; it's almost as though the music has its own mind, its own rationale, its own integrity." Tanhane states "I think the music therapy creative process, GIM, improvisation, whatever, can foster a state of mindfulness in people, but I think that it's quite a different experience to something like Zen meditation or MBSR, or traditional Buddhist meditation." As a result, Tanhane suggest that the terminology used be more specific to music therapy. Within this context, she proposes using a tag such as *creative expressive mindfulness*.

With regard to music therapy research, Tanhane stresses that terminology, if not clear, can be misleading. "It should be chosen with care and especially if you are looking at describing the word clinically; the description of your clinical work needs to relate to the literature review, and if it doesn't relate, then it needs to be stated. That's my big thing with what I'm trying to say to music therapists, is what are you actually describing and how is it related to the studies you've quoted?" Consequently, Tanhane recommends that music therapists employing mindfulness strategies in their work refrain from using the terminology *mindfulness-based*. *Mindfulness-based*, she explains, connotes a protocol developed in the MBSR course. She states that when you are talking about using mindfulness as related to MBSR "you are actually using it to build affect tolerance and resilience, dealing with difficult emotions. So that's why in my paper I was asking how are you describing what you are doing? I wasn't criticizing any of the music therapists for their work, and I hope I made that clear, it was good work, but it's more about how you talk about what you are doing, because if you are quoting all those MBSR studies, which are based on teaching people to stay with difficult emotions, and then you do something that is completely different, which might be clinically valid, as long as you say what I did was very different but here are the clinical reasons why..." Tanhane offers an alternate way of referencing the use of mindfulness strategies in music therapy by suggesting the terms "mindfulness-informed, or oriented, or influenced" since it then "brings your own self into it, that therapeutic presence, that *creative expressive mindfulness*, a potential for more mindful awareness."

Theme C: McMindfulness

Tanhane and Ansdell both express some trepidation with the word mindfulness, given its current rise in popularity. Tanhane states, "If you are using the word mindfulness, it comes with a lot of baggage just because of where we are at the moment." Ansdell shares similar sentiments around the potentially over-commodified use of the word mindfulness. When asked about

whether he thought what he was doing in music therapy sessions was a form of collective mindfulness training, he said that the term "mindfulness gets a bit highfalutin, I think we bring it down, say, what we are talking about is processes of genuine attention, awareness and care...I think my top tip for all these things is not to assume that things are what they seem because something has been given a label, like mindfulness or like music therapy. You know, we make everything up. It's all made up by someone, yeah?"

Chapter 5. Discussion

This chapter contextualizes the results within the related literature. The intent is to offer a deeper understanding of the relationship between the research question and the interviewees' responses. The research question was "How might an experienced music therapist's mindfulness-meditation practice influence their clinical work?" The chapter is organized according to the following categories: self-compassion; therapeutic presence; mindfulness-oriented interventions; and participants' recommendations. Limitations of this study are then elucidated followed by implications with regard to the integration of mindfulness-oriented approaches into music therapy clinical practice and research.

Self-Compassion

Clarkson and Tanhane both describe how cultivating self-compassion helps them to navigate the challenges that they encounter in their clinical work. Throughout the day, moments of pause in order to connect to their breathing or body sensations were described as ways to promote wellness and resilience. This approach to checking-in throughout the day as a self-restorative strategy is mentioned throughout the literature (Clarkson, 2002; Geller & Greenberg, 2012; Germer 2013). Morgan et al. (2013) state that compassion fatigue and stress are correlated with shorter and shallower breathing patterns. They suggest that "slowing and deepening the breath are other acts of self-compassion that can help to re-establish a more balanced flow of warmth in the session" (p. 89). Tanhane also mentioned that learning to depersonalize stressful experiences was also a form of self-compassion. Geller and Greenberg (2012) describe how learning to name emotions as they arise as opposed to getting drawn into a self-defeating narrative about the experience may help the therapist to depersonalize stressors and to flow with emergent experiences. As Fulton (2013) suggests, the degree to which we engage in self-judgement will be in direct proportion to how we judge our clients. As a result, being more self-compassionate may have beneficial implications for therapist and client, alike.

In contrast, with regard to self-care, Ansdell expressed a reticence to impose instrumental logic onto how he perceives the benefits of his Zen meditation practice and music therapy. Placing the word instrumentalization in the context of Zen offered a clue as to how Ansdell's thoughts may relate to the broader literature. For example, Kabat-Zinn (2011) describes how:

through a personal affinity with the various streams of Chan and Zen, there was from the very beginning of MBSR an emphasis on non-duality and the *non-instrumental* [emphasis

added] dimension of practice, and thus, on non-doing, non-striving, not-knowing, non-attachment to outcomes, *even to positive health outcomes* [emphasis added] (p. 292).

In contrast, as mindfulness has become increasingly secular, commodified, and science-based, it has also become hyper-instrumentalized. Arguably, it is this very instrumentalization that may have created the conditions for a wider appeal, given that Western culture is bent on "hard outcomes" (Sun, 2014, p. 404). There is a risk, however, that overemphasizing the expectations around a prescribed outcome will diminish the chances that benefit will arise. Kabat-Zinn (2003) cites Borkovec (2002) who, in reference to addressing generalized anxiety through progressive muscle relaxation, states that "seeking the extrinsic outcome makes the failure to achieve that outcome more likely" (p. 79). As such, Kabat-Zinn (2003) reminds MBSR participants to relinquish goals of feeling alleviated from their physical or psychological burdens in favour of simply taking an open-hearted interest in the activity at hand. Embracing this somewhat paradoxical way of thinking may be a form of compassion, as it creates an opportunity to engage more fully in a meditative or musical process without the encumbering weight of wanting things to be different, especially if the outcome has been instrumentally prescribed.

This line of reasoning maps well onto a study that was conducted by Ansdell and Meehan (2010), where mental health inpatients were interviewed about their perception of the benefits of music therapy. Music therapy, according to the participants, did not reduce their symptoms. From a clinical perspective, this may initially be equated with a shortcoming in the therapy since instrumental goals were not achieved. However, the participants expressed that music therapy had its own intrinsic value in that it helped them to address broader relational and existential dimensions. When Ansdell states "most of our clients are not coming to music therapy to do those things" (i.e. reduce symptoms), he may be implying that music therapy, like meditation, if approached with an open and curious sensibility, has the potential to offer far more than one can preconceive through a strategic lens.

Therapeutic Presence

All three of the interviewees suggest that a mindful awareness of one's own psychophysiology seems to provide the foundation for being able to attune and tend to the client's micro-communications (Fulton, 2013). Siegel (2007) describes how being attuned to one's own physiology relies on the same neural circuitry needed to attune to others. Based on the functioning of mirror neurons, the client's psychophysical experience may be perceived as a felt

sense in the therapist's body. Surrey and Kramer (2013) describe how "emotional and somatic *resonance* creates the experience of actually being joined, of not being alone" (p. 103). Surrey and Kramer may be using the word *resonance* figuratively, however, in the case of music therapy, the therapist is literally engaging the client in a sympathetic *resonance* that acknowledges and validates their experience (Priestly, 1975).

A final way in which mindfulness was described as enhancing the therapeutic presence was in reference to therapeutic timing. Clarkson and Ansdell describe how staying in the present moment allows them to make interventions that are timely. This concept harkens back to the Buddhist concept of *Sati*, interpreted as remembering to tend to the present moment. Hwang and Kearney (2015) mention that, due to the fact that technology allows us to measure clock time so precisely, we tend to think of the present as one discreet moment. However, from a Buddhist perspective, present moment awareness "unfolds more as a field than a moment" (p. 8). We are therefore remembering to return to the present *field of experience*, as opposed to fixating any one particular moment. Olendzki (2009) uses the metaphor of cinema to describe how, although we may actually be witnessing single frames of a scene, we make sense of the scene by stringing together multiple moments. The author writes, "each moment has a single focus, but concentration meditation has to do with extending this singularity of focus over multiple ensuing mind moments" (p. 38). By sensitizing the mind to this *field of nowness*, the therapist may be more likely to respond in a timely manner.

Mindfulness-Oriented Interventions

In the case of Clarkson and Tanhane, offering formal meditation practice at the beginning of a GIM session was described as a way to help ground the client in their immediate senses. Towards the end of sessions, offering a short meditation was described as a way to help the client integrate insights gleaned from their musical experience. In addition to meditating prior to and after a musical experience, Tanhane stated that body awareness can be focused on during a GIM session. Surrey and Kramer (2013), describe three ways in which reminding a person to return to their body sensations may be beneficial. The first is to help clients to release from ruminative thinking. The second is to encourage the client to explore the sensations with a sense of curiosity. The third way is to support the client to feel grounded in case they may be experiencing triggering memories.

On the other end of the spectrum, Ansdell states that he has never introduced formal practices from the Zen tradition into music therapy sessions. One possible explanation for the divergence in thinking between Ansdell and the other two interviewees is that Ansdell is the only one out of the three without formal training as a meditation instructor. Training as a meditation teacher within the MBSR tradition, for example, is a rigorous and time-consuming undertaking replete with a long list of criteria and competencies (Crane, 2012). Ansdell conceded, however, that his experience as a Zen meditator may influence his clinical work in an implicit way. As Germer (2013) mentions, applying mindfulness within therapy may occur on a continuum that ranges from implicit to explicit. Additionally, Germer (2013) describes a sentiment that may resonate with Ansdell's non-strategic philosophy in stating that perhaps mindfulness should be left alone as "an elusive, preconceptual construct that inspires direct, personal inquiry. Why try to systematize it, creating a straw figure that we subsequently need to dismantle to keep mindfulness alive in the therapy room?" (p. 25). By relying primarily on Nordoff-Robbins techniques, Ansdell may simply perceive no need to systematize or explicitly incorporate formal meditative techniques.

Participants' Recommendations

Both Tanhane and Clarkson recommend that cultivating one's own formal meditation practice is central if mindfulness is to be incorporated into clinical practice. Segal et al. (2002) describe how therapists who maintain their own practice are more likely to be able to empathize with challenges encountered by patients who are new to meditation. They say that intellectualization of the process is insufficient to support patients in their newly developing mindfulness skill set, and that it is incumbent on the therapist to not only explain, but "embody from the inside the attitudes they invite participants to cultivate and adopt" (p. 84).

Additionally, Tanhane mentions that if a therapist espousing mindfulness approaches is not grounded in their own practice, then there is a risk of causing harm. From an ethical perspective, Dileo (2000) states that "music therapists conducting basic stress-reduction sessions may well encounter powerful cathartic reactions from clients, which they may not be competent to handle" (p. 41). Dileo's statement is pertinent, given that mindfulness is often construed as being a *simple* stress-reduction mechanism. According to Magyari (2016), individuals with a history of trauma may be particularly vulnerable to being retriggered during meditative experiences. As such, it is incumbent on the meditation instructor or therapist to understand how to offer instructions that

ensure safety. Magyari (2016) outlines the criteria for being a trauma-informed mindfulness instructor. Of note, the instructor's ability to model compassion and acceptance is of utmost import. This is perhaps why Tanhane stresses that it is the therapist's personal practice, above all, that may help them to sit with the client's challenging emotions as they arise.

With regard to terminology, Tanhane recommends that the word *mindfulness* should be chosen with a greater degree of intentionality. For example, Grocke and Van Dorte (2014) appear to freely interchange the idea of a guided visualization with a mindfulness meditation. Though visualization may have been clinically justified, mindfulness-meditation as operationally defined does not reference visualization practices. Additionally, Grocke and Van Dorte (2014) state that "the most effective music for mindfulness has certain characteristics, including a steady pulse, quiet mood, and predictability" (p. 119). As Tanhane (2019) points out, the concept of one particular kind of music being ideal for cultivating mindfulness is problematic since being mindful relates to the capacity to respond to any kind of situation with a non-judgmental attitude. As Dileo (2000) describes, it is the therapists' ethical responsibility to clearly and precisely describe interventions used. Baer et al. (2019) also describe how offering interventions using clear and transparent language may be positively correlated with treatment outcome. Being clear about operational definitions may also have implications for research, such that confusion around language may weaken the link between music therapy and the broader interdisciplinary literature related to mindfulness.

Clarkson and Tanhane assert that cultivating a mindful awareness via music is quite different than Buddhist-based mindfulness training. This is perhaps why Tanhane states that music therapists may consider using language around mindfulness that is original to the creative arts therapies. As Aigen (2005) points out, music therapy theory has often been rooted in other disciplines. As a discipline matures, he explains, original theory tends to emerge based on the discipline's unique qualities. Aigen (2005) describes how it is "the manner in which an idea is applied, and not just its domain of origination, that determines whether it is best characterized as re-contextualized, bridging, or indigenous theory" ("A Conceptual Framework for Music Therapy" para. 18). Incidentally, he points out that both Nordoff-Robbins and GIM were pioneering approaches in that music-centered qualities were prioritized from their inception. Since the interviewees in this study are rooted in these two modalities, it would logically follow that the desire to migrate towards an original theory that references mindfulness within music

therapy is strong. In seeking inspiration for understanding ways in which mindfulness can be an original element of music therapy, one might look to avant-garde composers such as Pauline Oliveros, whose “Deep Listening” (Oliveros, 2005, p.1) paradigm, rooted in breath and body awareness practices, purports similar benefits to mindfulness meditation. The poetic language used by Oliveros to describe these meditative experiences, however, may have more resonance with the creative arts therapies. As an example, the “score” for experiential composition #5 from her collection entitled "Sonic Meditations" reads “Take a walk at night. Walk so silently that the bottoms of your feet become ears” (Oliveros, 1974, p. 9).

Finally, terminology may be especially pertinent given that the word mindfulness has become increasingly commodified. Van Dam (2018) cautions that as mindfulness becomes ubiquitous, misunderstandings around how and who it may help have become more widespread. Mindfulness has been portrayed as a panacea and has been used to “sell everything from coloring books... to apps...for mindful gardening, cooking, and driving” (Hyland, 2017, p. 3). These apps may focus on relaxation and stress reduction, though may “neglect mindfulness’ potential as a journey into further contemplative practices” (Lukoff, 2020, p. 8). Kabat-Zinn (2015) describes that, although opportunistic aspects are far from the norm, marketing mindfulness as a panacea can only serve to disappoint vulnerable consumers. As such, he too proposes more rigor in research standards as mindfulness grows in popularity.

Limitations of Research

As this was my first time conducting extensive research, certain limitations may have been present. For example, my own biases around mindfulness meditation may have influenced the way in which the interviewees answered the questions. Having derived benefit from mindfulness meditation, I may have been pulling for confirmation around the validity and viability of this approach. My biases while researching mindfulness may have also influenced the way in which I introduced the topic and arrived at interpretations. It was not until very late in the process that I uncovered that mindfulness research commonly suffers from small sample sizes, lack of control groups, operational inconsistencies, and validity/reliability issues (Brown 2017; Van Dam et al. 2018). Additional time spent examining the trustworthiness of mindfulness-oriented research may have offered a more balanced perspective to this study.

Implications for Practice

The three participants offered perspectives that stemmed from a wealth of experience as music therapists, academics and mindfulness practitioners. As such, each category highlighted at least one aspect that could be useful to practicing therapists. For example, in terms of defining mindfulness, therapists could benefit from being able to clearly articulate to their clients how mindfulness is defined as a construct, process and practice. Additionally, having the ability to describe mindfulness practice as it relates to music therapy in a way that is consistent with the wider body of literature may offer clinicians a greater degree of credibility and confidence. With regard to self-care, practicing therapists may choose to investigate self-compassion exercises as a way to promote resilience. From the perspective of therapeutic presence, therapists may be inspired to ask themselves what it means to be embodied while working with clients, and how this can contribute to a stronger therapeutic alliance. In terms of mindfulness interventions, therapists may want to consider if a) they have the competencies to guide clients in meditative experiences and b) whether or not the addition of mindfulness-oriented strategies would actually add value to the process. Finally, in terms of recommendations, it was made clear that a therapist's personal practice provides the foundation for offering a mindfulness-oriented approach within a clinical context.

Implications for Education

As mindfulness has grown in popularity, an increasing number of health practitioners have sought to include varying degrees of mindfulness-oriented approaches to their tool boxes. It would behoove music therapy training programs to, at the very least, include modules that touch upon the use of mindfulness-oriented approaches. As Germer (2013) explains, mindfulness-oriented approaches are transtheoretical and transdiagnostic. As such, they may be studied in a variety of academic settings. A keen analysis of the literature, guided by experienced academics, could help aspiring music therapists to be less susceptible to the hype that surrounds mindfulness and to clarify how to draw on this resource in a way that is efficacious and ethical. A critical analysis within an academic setting would also offer an opportunity to cultivate a greater degree of cultural responsiveness, given that mindfulness has its origins in Buddhism.

Implications for Research

Dileo (2000) states that, "values involving religion and spirituality play an important role in people's search for identity and life's meaning..." Additionally, the music therapist's task is

“to attempt to comprehend the client's religious/spiritual values and beliefs, and to use these as a framework for therapeutic work” (p. 63). Secular mindfulness tends to distance itself from its Buddhist roots. However, as Brown (2017) stresses, most forms of mindfulness-oriented approaches are laden with values that stem from this particular religion. Further research around the ethical implications of including a practice that is based in a particular religion or spiritual path may help music therapists to navigate this somewhat complex scenario.

Additionally, Geller (2009) states that, in terms of therapeutic outcome, the “clients' experience of the therapist has a greater impact than how therapists experience themselves” (p. 7). In light of this statement, it would naturally follow that an interview-based study that focuses on the clients' perception of working with a mindfulness-informed music therapist could be highly beneficial.

Finally, all three participants in this research were English-speaking, Caucasian individuals who lived in English-speaking countries. Olano et al., (2015) describe how African-, Asian-, and Hispanic-Americans are less likely to partake in MBIs or other mindfulness-oriented practices than their White counterparts. Further research that includes interviewees from diverse racial and cultural backgrounds may offer valuable insights.

Closing Remarks

As the first study that looks at the intersection between music therapy and mindfulness whose inclusion criteria necessitated that the music therapists interviewed maintain their own formal meditation practice, this research is able to offer insights that may resonate across disciplines. In speaking with the interviewees and poring over their responses, my own identity as a therapist has been greatly enhanced. For this reason, I am exceptionally grateful to the participants for taking the time to ponder the questions and for generously engaging in this dialog. It is my hope that this research has provided other therapists across modalities a clearer vision of the intersection between music therapy and mindfulness.

References

- Aigen, K. (2005). *Music-centered music therapy*. Barcelona Publishers.
- Ansdell, G., Meehan, J. (2010). Some light at the end of the tunnel. *Music and Medicine*, 2, 29–40. <http://dx.doi.org/10.47513/mmd.v2i1.237>
- Association for Music and Imagery. (2021, January). *What is the Bonnie Method*. <https://ami-bonnymethod.org/about/faq>
- Baer, R. A. (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and Practice*, 10(2), 125–143. <https://doi.org/10.1093/clipsy.bpg015>
- Baer, R., Crane, C., Miller, E., & Kuyken, W. (2019). Doing no harm in mindfulness-based programs: Conceptual issues and empirical findings. *Clinical Psychology Review*, 71, 101–114. <https://doi.org/10.1016/j.cpr.2019.01.001>
- Biegel, G. M., Brown, K. W., Shapiro, S. L., & Schubert, C. M. (2009). Mindfulness-based stress reduction for the treatment of adolescent psychiatric outpatients: A randomized clinical trial. *Journal of Consulting and Clinical Psychology*, 77(5), 855–866. <https://doi.apa.org/doiLanding?doi=10.1037%2Fa0016241>
- Bishop, S. R., Lau, M., Shapiro, S., Carlson, L., Anderson, N. D., Carmody, J., Segal, Z. V., Abbey, S., Speca, M., Velting, D., & Devins, G. (2004). Mindfulness: A proposed operational definition. *Clinical Psychology: Science and Practice*, 11(3), 230–241. <https://doi.org/10.1093/clipsy.bph077>
- Borkovec, T. (2002). Life in the future versus life in the present. *Clinical Psychology: Science and Practice* (9) 1: 76–80. <https://doi.org/10.1093/clipsy.9.1.76>.
- Brazier, C. (2013). Roots of mindfulness. *European Journal of Psychotherapy & Counselling*, 15(2), 127-138. <https://doi.org/10.1080/13642537.2013.795336>
- Britton, J. (2017). *A mindfulness-based music intervention to decrease anxiety and depression in cancer patients* (Unpublished master's thesis). University of Miami, Coral Gables, FL.
- Brown, C. G. (2017). Ethics, transparency, and diversity in mindfulness programs. In L. M. Monteiro, J. F. Compson, & F. Musten (Eds.), *Practitioner's guide to ethics and mindfulness-based interventions* (pp. 45–85). Springer Publishing. https://doi.org/10.1007/978-3-319-64924-5_3

- Bruce, N., Manber, R., Shapiro, S., & Constantino, M. J. (2010). Psychotherapist mindfulness and the psychotherapy process. *Psychotherapy Theory, Research, Practice, Training*, 47(1), 83–97. <https://doi.org/10.1037/a0018842>
- Burke A. (2012). Comparing individual preferences for four meditation techniques: Zen, Vipassana (Mindfulness), Qigong, and Mantra. *Explore*, 8(4), 237–242. <https://doi.org/10.1016/j.explore.2012.04.003>
- Canadian Association of Music Therapists. (2020, September). *About music therapy*. <https://www.musictherapy.ca/about-camt-music-therapy/about-music-therapy/>
- Cigolla, F., & Brown, D. (2011). A way of being: Bringing mindfulness into individual therapy. *Psychotherapy Research*, 21(6), 709–721.
- Clarkson, G. (2002). Awareness meditation practices: Applications to guiding and supervising GIM sessions. *Journal of the Association for Music and Imagery*, 2, 1–12.
- Clarkson, G. (2017). *Spiritual dimensions of Guided Imagery and Music*. Barcelona Publishers.
- Crane, R. S., Brewer, J., Feldman, C., Kabat-Zinn, J., Santorelli, S., Williams, J. M., & Kuyken, W. (2016). What defines mindfulness-based programs? The warp and the weft. *Psychological Medicine*, 47(6), 990–999. <https://doi.org/10.1017/S0033291716003317>
- Crane, R. S., Eames, C., Kuyken, W., Hastings, R., Williams, J., Bartley, T., Evans, A., Silverton, S., Soulsby, J., Surawy, C. (2014). Mindfulness-based Interventions: Teaching assessment criteria. *American Psychological Association*. <https://doi.org/10.1037/t28421-000>.
- Creswell, J. D. (2017). Mindfulness interventions. *Annual Review of Psychology*, 68(1), 491–516. <https://doi.org/10.1146/annurev-psych-042716-051139>
- Creswell, J. W., Creswell, J. D. (2017). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th Ed.). Sage Publications.
- Dileo, C. (2000). *Ethical thinking in music therapy*. Jeffrey Books.
- Eckhardt, K. J., & Dinsmore, J. A. (2012). Mindful music listening as a potential treatment for depression. *Journal of Creativity in Mental Health*, 7(2), 175–186. <https://doi.org/10.1080/15401383.2012.685020>
- Epstein, M. (2013). *The trauma of everyday life*. Penguin Books.

- Fidelibus, J. F. (2004). *Mindfulness in music therapy clinical improvisation: When the music flows* [Unpublished doctoral dissertation]. New York University.
- Fulton, P., Siegel, R., (2013). Buddhist and Western psychology: Seeking common ground. In C.K. Germer, R.D. Siegel, & P.R. Fulton (Eds.), *Mindfulness and psychotherapy* (2nd ed., pp. 35-56). Guilford Press.
- Fulton, P. (2013). Mindfulness as clinical training. In C.K. Germer, R.D. Siegel, & P.R. Fulton (Eds.), *Mindfulness and psychotherapy* (2nd ed., pp. 58-75). Guilford Press.
- Pfeifer, E., Sarikaya, A., & Wittmann, M. (2016). Changes in states of consciousness during a period of silence after a session of depth relaxation music therapy (DRMT). *Music & Medicine*, 8(4) 180–186.
- Gehart, D., McCollum, E., (2008). Inviting the therapeutic presence: A mindfulness-based approach. In S. F. Hick & T. Bien (Eds.), *Mindfulness and the therapeutic relationship* (pp. 176-194). Guilford Press.
- Geller, S.. (2009). Cultivation of therapeutic presence: Therapeutic drumming and mindfulness practices. *Journal for Client-Centered Psychotherapy*, 47(4), 273-287.
- Geller, S., & Greenberg, L. (2012). *Therapeutic presence: A mindful approach to effective therapy*. American Psychological Association.
- Germer, C. K. (2013). The meaning of mindfulness. In C.K. Germer, R.D. Siegel, & P.R. Fulton (Eds.), *Mindfulness and psychotherapy* (2nd ed., pp. 2–34). Guilford Press.
- Graham, R. (2010). A cognitive-attentional perspective on the psychological benefits of listening. *Music and Medicine*, 2(3), 167–73. <https://doi.org/10.1177/1943862110372522>
- Graham, J. (2018). Learning to be mindful: An exploratory study into the perceived benefits of Mindfulness-Based Stress Reduction training for a music therapy student. (Unpublished master's thesis). Victoria University, Wellington, Australia.
- Grocke, D., & Van Dorte, C. (2014). Music, imagery, and mindfulness in substance dependency. In L. Rappaport (ed.), *Mindfulness and the arts therapies* (pp. 117–128). Jessica Kingsley Publishers.
- Gunaratana, B. (2002). *Mindfulness in plain English*. Wisdom Publications.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2012). *Acceptance and commitment therapy: The process and practice of mindful change*. Guilford Publications.

- Huxter, M. (2015). Mindfulness and the Buddha's Noble Eightfold Path. In E. Shonin, W. Van Gordon & N.N. Singh (Eds.), *Buddhist foundations of mindfulness* (pp. 29–53). Springer Publishing.
- Hwang, Y.S., & Kearney, P. (2015). A genealogy of mindfulness. In *A mindfulness intervention for children with Autism Spectrum Disorder* (pp. 5–21). Springer Publishing.
- Jankowski, T., & Holas, P. (2014). Metacognitive model of mindfulness. *Consciousness and Cognition*, 28, 64–80. <https://doi.org/10.1016/j.concog.2014.06.005>
- Kabat-Zinn, J. (1982). An outpatient program in behavioral medicine for chronic pain patients based on the practice of mindfulness meditation: Theoretical considerations and preliminary results. *General Hospital Psychiatry*, 4(1), 33–47. [https://doi.org/10.1016/0163-8343\(82\)90026-3](https://doi.org/10.1016/0163-8343(82)90026-3)
- Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain and illness*. Delta Trade Paperbacks.
- Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice*, 10(2), 144–156. <https://doi-org.lib-ezproxy.concordia.ca/10.1093/clipsy.bpg016>
- Kabat-Zinn, J. (2011). Some reflections on the origins of MBSR, skilful means, and the trouble with maps. *Contemporary Buddhism*, 12(1), 281–306.
- Kabat-Zinn, J. (2015). Mindfulness has huge health potential—but McMindfulness is no panacea. The Guardian. Retrieved January 9, 2021, from <http://www.theguardian.com/commentisfree/2015/oct/20/mindfulness-mental-health-potential-benefits-uk>
- Kiken, L. G., Garland, E. L., Bluth, K., Palsson, O. S., & Gaylord, S. A. (2015). From a state to a trait: trajectories of state mindfulness in meditation during intervention predict changes in trait mindfulness. *Personality and Individual Differences*, 81, 41–46. <https://doi.org/10.1016/j.paid.2014.12.044>
- Kim, Y. (2004). The early beginnings of Nordoff-Robbins music therapy. *Journal of Music Therapy*, 61(4), 321–339.
- Kuyken, W., Watkins, E., Holden, E., White, K., Taylor, R. S., Byford, S., (2010). How does mindfulness-based cognitive therapy work? *Behavior Research and Therapy*, 48, 1105–1112. <https://doi.org/10.1016/j.brat.2010.08.003>

- Lazar, S. W., Kerr, C. E., Wasserman, R. H., Gray, J. R., Greve, D. N., Treadway, M. T. & Fischl, B. (2005). Meditation experience is associated with increased cortical thickness. *Neuroreport*, 16(17), 1893–1897. https://doi.org/10.1007/978-0-387-09593-6_4
- Lesiuk, T. (2015). The effect of mindfulness-based music therapy on attention and mood in women receiving adjuvant chemotherapy for breast cancer: A pilot study. *Oncology Nursing Forum*, 42(3), 276–282. <https://doi.org/10.1188/15>.
- Lesiuk, T. (2016). The development of a mindfulness-based music therapy (MBMT) program for women receiving adjuvant chemotherapy for breast cancer. *Healthcare*, 4(3). <https://doi.org/10.3390/healthcare4030053>
- Linehan, M. (2015). *DBT skills training manual* (2nd ed.). Guilford Press.
- Magyari T. (2016). Teaching individuals with traumatic stress. In D. McCown, D. Reibel, & M. Micozzi (Eds.), *Resources for teaching mindfulness* (pp. 339–358). Springer Publications. https://link.springer.com/chapter/10.1007%2F978-3-319-30100-6_18
- McLachlan, N., & Laletin, L. (2015). An evaluation of a mindfulness group in CAMHS using dramatherapy practice. *Dramatherapy*, 37(2–3), 78–88. <https://doi.org/10.1080/02630672.2016.1162823>
- Medcalf, B. (2017). Exploring the music therapist’s use of mindfulness informed techniques in practice. *Australian Journal of Music Therapy*, 28, 47-66. <https://www.austmta.org.au/journal/article/exploring-music-therapist%E2%80%99s-use-mindfulness-informed-techniques-practice-0>
- Mika, A. M. (2014). Is mindfulness a useful practice for music therapists? A research project report. *Approaches: Music Therapy & Special Music Education*, 6(2), 78–87. <http://approaches.gr/is-mindfulness-a-useful-practice-for-music-therapists-a-research-project-report-aglaia-mika/>
- Monteiro, L. (2015, November). *Ethics and secular mindfulness programs: Sila as victim of the fallacy of values-neutral therapy*. Paper presented at the American Academy of Religion, Atlanta, GA
- Moran, D. (2018). Mindfulness and the music therapist: An approach to self care. *Qualitative Inquiries in Music Therapy*, 13, 1–40. https://www.barcelonapublishers.com/resources/QIMT13/QIMT_Moran.pdf
- Morgan, W., Morgan, S., Germer, C. (2013). Cultivating attention and compassion. In C.K.

- Germer, R.D. Siegel, & P.R. Fulton (Eds.), *Mindfulness and psychotherapy* (2nd ed., pp. 75–92). Guilford Press.
- Mrazek, M. D., Franklin, M. S., Phillips, D. T., Baird, B., Schooler, J. W. (2013). Mindfulness training improves working memory capacity and GRE performance while reducing mind wandering. *Psychological Science*, *24*(5), 776–781.
<https://doi.org/10.1177/0956797612459659>
- Neff, K. (2011) *Self-compassion*. Harper Collins.
- Neff, K. D., & Dahm, K. A. (2015). Self-compassion: What it is, what it does, and how it relates to mindfulness. In M. Robinson, B. Meier, & B. Ostafin (Eds.), *Mindfulness and self-regulation*. Springer Publications.
- Neuman, W. L. (2006). Analyzing qualitative data. In W. L. Neuman, *Social research methods: Qualitative and quantitative approaches* (6th ed.; pp.457–489). Allyn & Bacon.
- Newsome, S., Christopher, J. C., Dahlen, P., & Christopher, S. (2006). Teaching counselors self-care through mindfulness practices. *Teachers College Record*, *108*(9), 1881–1900.
- Olano, H., Kachan, D., Tannenbaum, S., Mehta, A., Annane, D., Lee D., (2015). Engagement in mindfulness practices by U.S. adults: sociodemographic barriers. *The Journal of Alternative and Complementary Medicine*, *21*(2),100–102.
<https://doi.org/10.1089/acm.2014.0269>
- Olendzki, A. (2009). Mindfulness and meditation. In F. Didonna (Ed.), *Clinical handbook of mindfulness* (pp. 37–44). Springer Publications.
- Oliveros, P. (1974). *Sonic meditations*. Smith Publications.
- Oliveros, P. (2005). *Deep listening: A composer's sound practice*. iUniverse.
- Pollak, S. (2013). Teaching mindfulness in therapy. In C.K. Germer, R.D. Siegel, & P.R. Fulton (Eds.), *Mindfulness and psychotherapy* (2nd ed., pp. 136–146). Guilford Press.
- Priestley, M. (1975). *Music therapy in action*. Constable.
- Rappaport, L. (2014). Mindfulness, psychotherapy and the arts therapies. In L. Rappaport (ed.), *Mindfulness and the arts therapies* (pp. 24–38). Jessica Kingsley Publishers.
- Razzaque, R., Okoro, E., & Wood, L. (2015). Mindfulness in clinician therapeutic relationships. *Mindfulness*, *6*(2), 170–174. <https://doi.org/10.1007/s12671-013-0241-7>

- Rizvi, S. L., & Steffel, L. M. (2014). A pilot study of 2 brief forms of dialectical behaviour therapy skills training for emotion dysregulation in college students. *Journal of American College Health*, 62, 434–439. <https://doi.org/10.1080/07448481.2014.907298>
- Safran, J. D., & Reading, R. (2008). Mindfulness, metacommunication, and affect regulation in psychoanalytic treatment. In S. Hick & T. Bien (Eds.), *Mindfulness and the therapeutic relationship* (pp. 122–140). Guilford Press.
- Segal, Z., Williams, J. & Teasdale, J. (2002) *Mindfulness-Based Cognitive Therapy for depression*. Guilford Press.
- Shapiro, S. L., & Carlson, L. E. (2009). *The art and science of mindfulness: Integrating mindfulness into psychology and the helping professions*. American Psychological Association.
- Shapiro, S., Siegel, R., & Neff, K. D. (2018). Paradoxes of mindfulness. *Mindfulness*, 9(6), 1693–1701. <https://doi.org/10.1007/s12671-018-0957-5>
- Siegel, D. J. (2007). *The mindful brain: Reflection and attunement in the cultivation of wellbeing*. Norton & Company.
- Siegel, D. J. (2010). *Mindsight: The new science of personal transformation*. Bantam Books.
- Sun, J. (2014). Mindfulness in context: A historical discourse analysis. *Contemporary Buddhism: An Interdisciplinary Journal*, 15(2), 394–415.
- Surrey, J., & Kramer, G. (2013). Relational mindfulness. In C.K. Germer, R.D. Siegel, & P.R. Fulton (Eds.), *Mindfulness and psychotherapy* (2nd ed., pp. 94-111). Guilford Press.
- Tanhane, A.J. (2019). How does a critical analysis of the literature inform recommendations for writing about mindfulness in music therapy practice? (Unpublished master's thesis). University of Melbourne, Melbourne, Australia.
- Tan, L., & Martin, G. (2013). Taming the adolescent mind: Preliminary report of a mindfulness-based psychological intervention for adolescents with clinical heterogeneous mental health diagnoses. *Clinical Child Psychology and Psychiatry*, 18(2), 300–312. <https://doi.org/10.1177/1359104512455182>
- The Complete Guide to the Alexander Technique. (n.d.). *What is the Alexander Technique*. <https://alexandertechnique.com/at/#whatisit>
- Van Dam, N. T., van Vugt, M. K., Vago, D. R., Schmalzl, L., Saron, C. D., Olendzki, A., & Fox, K. C. (2018). Mind the hype: A critical evaluation and prescriptive agenda for

research on mindfulness and meditation. *Perspectives on Psychological Science*, 13(1), 36–61. <https://doi.org/10.1177/1745691617709589>

Van Den Hurk, P. A. M., Wingers, T., Giommi, F., Barendregt, H. P., Speckens, A. E. M., & Van Schie, H. T. (2011). On the relationship between the practice of mindfulness meditation and personality: An exploratory analysis of the mediating role of mindfulness skills. *Mindfulness*, 2(3), 194–200. <https://doi.org/10.1007/s12671-011-0060-7>

Witkiewitz, K., Bowen, S., Harrop, E. N., Douglas, H., Enkema, M., & Sedgwick, C. (2014). Mindfulness-based treatment to prevent addictive behavior relapse: Theoretical models and hypothesized mechanisms of change. *Substance Use & Misuse*, 49(5), 513–524. <https://doi.org/10.3109/10826084.2014.891845>

Appendix A: Ethics Approval



CERTIFICATION OF ETHICAL ACCEPTABILITY FOR RESEARCH INVOLVING HUMAN SUBJECTS

Name of Applicant: Dan Goldman
Department: Faculty of Fine Arts \ Creative Arts Therapies
Agency: N/A
Title of Project: Exploring The Role of Mindfulness in Music Therapy
from the Perspective of Three Experienced Music
Therapists and Mindfulness Practitioners: An
Interview-Based Research Project

Certification Number: 30013108

Valid From: July 03, 2020 To: July 02, 2021

The members of the University Human Research Ethics Committee have examined the application for a grant to support the above-named project, and consider the experimental procedures, as outlined by the applicant, to be acceptable on ethical grounds for research involving human subjects.

A handwritten signature in black ink that reads "Richard DeMont".

Dr. Richard DeMont, Chair, University Human Research Ethics Committee

Appendix B: Participant Recruitment Email

Hello [name of the prospective interviewee],

I am writing today to invite you to participate in a study.

I am a newly certified music therapist, presently completing my master's degree in music therapy at Concordia University in Montreal, Canada. I have also been an avid meditation practitioner for 16 years, having attended numerous residential retreats in the Insight Meditation tradition with S.N. Goenka and Gil Fronsdal. My daily meditation practice is essential to my wellbeing, and contributes enormously to my clinical efficacy and self-care.

As you may know, two studies (Medcalf, 2017; Mika, 2014) have used the interview process with music therapists in order to glean how mindfulness-oriented strategies have been integrated into their clinical work. However, the inclusion criteria within these studies did not require that participants maintain their own respective mindfulness practices or undergo any formal training in mindfulness-approaches.

As you may also be aware of, Germer et al. (2013) emphasize the importance of the therapist's commitment to their own mindfulness-meditation practice when working within this approach. My study seeks to fill a gap in the literature by interviewing three certified music therapists, who have completed training within the Mindfulness-Based Stress Reduction, Insight or Zen approaches and who currently maintain a daily mindfulness-meditation practice.

The main research question will be: How might an experienced music therapist's mindfulness-meditation practice influence their clinical work?

This research has the potential to greatly help those working in the field to further understand the integration of mindfulness-oriented strategies within a music therapy context. It may have implications for clinical applications and subsequent research studies.

Your contribution would consist of being interviewed one time over the phone or a teleconferencing platform such as Zoom or Skype for approximately 60 minutes. The interview would be comprised of semi-structured, open-ended questions related to how mindfulness may influence your self care, therapeutic presence and intervention strategies. Conversations would be audio recorded, transcribed and the content would then be analyzed. Confidentiality would be ensured at every stage of the process, including a high measure of security with regard to the interview recording.

This research study is being conducted in partial fulfillment of the requirement for the Master's program at Concordia University and has received ethics approval from Concordia's University Human Research Ethics Committee (#30013108). My supervisor's name is Annabelle Brault. I have included her contact information below, should you want to contact her directly.

Based on your experience and research interests, I feel your input would be invaluable. Please let me know if you would be interested in participating in this study.

Looking forward to hearing back from you,

Dan Goldman, MTA

danmisha@gmail.com

514.581.2002

Annabelle Brault, MA, MTA, MT-BC

Faculty Supervisor

LTA Lecturer - Music Therapy

Creative Arts Therapies Department

Faculty of Fine Arts | Concordia University

1455 De Maisonneuve Blvd. W., VA 260

Montreal, Quebec, Canada H3G 1M8

Tel: 514-848-2424 ext. 4679

annabelle.brault@concordia.ca

Appendix C: Information and Consent Form



Study Title: Exploring The Role of Mindfulness in Music Therapy: A Qualitative Interview Study

Researcher: Dan Goldman, MTA, Master's Student in the Creative Arts Therapies (Music Therapy) department

Researcher's Contact Information: danmisha@gmail.com, 514.581.2002

Faculty Supervisor: Annabelle Brault

Faculty Supervisor's Contact Information:

Office: VA-260
Visual Arts Building,
2495 René Lévesque W.

Phone: 514-848-2424 extension 4679

Email: annabelle.brault@concordia.ca

Source of funding for the study: N/A

You are being invited to participate in the research study mentioned above. This form provides information about what participating would mean. Please read it carefully before deciding if you want to participate or not. If there is anything you do not understand, or if you want more information, please feel free to contact the researcher or the faculty supervisor.

A. PURPOSE

The purpose of this research is to understand the lived experiences of music therapist who utilize mindfulness-oriented strategies in their clinical work. It is also to gauge whether mindfulness-oriented strategies are relevant and effective within a music therapy context.

B. PROCEDURES

If you choose to take part in this study, you will be asked to participate in one semi-structured interview. A semi-structured interview questionnaire will be sent to you prior to the interview. The interview will occur over the phone or through a teleconferencing platform such as Zoom or Skype, and will last approximately 60 minutes. In this interview, you will have an opportunity to respond to questions regarding the integration of mindfulness-oriented approaches in your music therapy practice. The conversation will be audio-recorded then transcribed by the researcher. Post interview, you will be sent a transcript of the interview. You will have two-weeks to read through and modify the transcript to reflect on your input in the way that you see fit. After this two-week period, changes will not be permitted, and you will no longer be able to retract your data from the study. While the researcher may not be able to exclude the data after the deadline has passed, they would remove identifiers if requested (and if possible).

In total, participating in this study will take 60-90 minutes.

C. RISKS AND BENEFITS

There are no foreseeable risks in participating in this study.

This research is not intended to benefit you personally. However, it is intended to benefit the music therapy and other wellness fields at large. The resulting thesis will be made available on Concordia's open access Spectrum platform, so that interested parties may gain insight from the research findings.

D. CONFIDENTIALITY

We will gather the following information (the audio recording) as part of this research: Information about your practice within mindfulness-oriented approaches and as a music therapist. You may share pertinent information such as training, approaches, work experience, motivations, challenges, areas of interest or any other details you feel would benefit the research.

The interview will be audio recorded. Please indicate below whether or not you agree to the recording of your interview.

I agree to the audio-recording of the interview _____

I prefer that the interview not be audio-recorded _____

We will not allow anyone to access the information, except people directly involved in conducting the research. We will only use the information for the purposes of the research described in this form.

The information gathered will be confidential, unless you wish that your real name be used in the final research report. If you wish for your identity to remain confidential, it will mean that the research team will know your identity, but that it will not be possible to make a link between you and the information you provided in the results that will be shared with the public. We will protect the information by encrypting the audio files and transcriptions in a password protected electronic folder. This folder will be stored on a password protected hard drive, which will be stored securely in a locked filing cabinet in the researcher's office.

We intend to publish the results of the research. However, it will not be possible to identify you in the published results, unless you choose to be identified. In addition, you will have the option to be acknowledged in the "thank you" section of the thesis.

We will destroy the raw data five years after the completion of the study.

F. CONDITIONS OF PARTICIPATION

You do not have to participate in this research. It is purely your decision. If you do participate, you can stop at any time. You can also ask that the information you provided not be used, and your choice will be respected. If you decide that you do not want us to use the data collected

from the interview, you must tell the researcher within two-weeks (14 days) of receiving the transcript. The researcher will destroy the data collected up to that point. After that point, it will not be possible to withdraw your data. There are no negative consequences for not participating, stopping in the middle, or asking us not to use your information.

G. PARTICIPANT’S DECLARATION

I have read and understood this form. I have had the chance to ask questions and any questions have been answered. I agree to participate in this research under the conditions described.

NAME (please print) _____

SIGNATURE _____

DATE _____

If you have questions about the scientific or scholarly aspects of this research, please contact the researcher. Their contact information is on page 1. You may also contact their faculty supervisor.

If you have concerns about ethical issues in this research, please contact the Manager, Research Ethics, Concordia University, 514.848.2424 ex. 7481 or oor.ethics@concordia.ca.

Appendix D: Sample Interview Guide

- 1- Please describe the work you do in music therapy, such as information about your training, years you have been in practice, modalities you typically employ and populations you typically work with.
- 2 - What is your relationship to mindfulness practice? What is your training, in which modality, what does your daily practice look like?
- 3 - Has your mindfulness practice influenced your self-care practice as a music therapist? If so, how?
- 4- Do you feel that your mindfulness practice has an effect on your therapeutic presence? If so, how? Might this influence the therapeutic relationship?
- 5- Do you incorporate mindfulness interventions such as meditation within music therapy sessions? If so, how? If not, why?
- 6- Do you have recommendations to other music therapist clinicians and researchers regarding the integration of mindfulness-oriented strategies within music therapy?
- 7- Would you like to add any other comments?

Appendix E: Detailed Participant Profiles

Anja Tanhane

Anja Tanhane is a music therapist based in Melbourne, Australia. She earned a Bachelor of music therapy from the University of Melbourne in 1997. She completed her training as a Mindfulness-Based Stress Reduction (MBSR) instructor in 2007. In 2010, she completed a post-graduate professional training in Buddhism and psychotherapy. In 2012, she received a graduate certificate in family therapy through La Trobe University. In 2020, she received a Master's degree in music therapy from University of Melbourne. Her thesis, entitled "How does a critical analysis of the literature inform recommendations for writing about mindfulness in music therapy practice?" is referenced in this thesis. In 2020, she also became a Registered Guided Imagery and Music (GIM) Therapist.

Tanhane has been working as a music therapist for over twenty-five years with a variety of clinical populations. Initially, she worked in an acquired brain injury (ABI) hospital unit. She also worked as a choir director for two notable choirs. The "Stroke A Chord" choir was for individuals with aphasia. Tanhane stated that, "the stroke choir was especially for people who couldn't speak anymore as a result of stroke but they could sing." Tanhane also led the "Mullum Mullum" choir, which was largely comprised of Aboriginal Australian singers. In this context, she expressed that the choir was an effective way to amplify voices within a marginalized community. Tanhane recounts how this choir benefitted the participants as well as the audience "because a lot of mainstream Australians really want to know about the issues but don't really hear, so participants felt heard... in Victoria all the original languages have been lost because of the rapid colonization, so there's little bits of language left, but no one in the choir actually spoke an indigenous language, so we learned songs in different languages and they were meaningful."

During her undergraduate degree, Tanhane had intended to become an orchestral oboist, though recalls being highly stressed and lacking in strategies that would support her wellness. "It became apparent that I was good at working hard but I had no idea how to manage stress and look after myself, I just didn't have any skills, so I looked around because I was quite desperate. I came across Tai Chi, and I've been doing Tai Chi ever since." Her interest in meditation arose from travelling to India, wherein she began meditating on her own with no formal school or practice. "I did bits and pieces and then, I don't know exactly how long but maybe 18 years ago I met my Zen teacher, Geoff Dawson, and became a student of his. The MBSR came slightly after

the Zen." Tanhane emphasizes that her personal practice is well-supported by her meditation community, "So I've been doing Zen meditation ever since, and I find it very helpful to have a main practice and a main teacher and a community, as well, because I think that the community aspect is really crucial." She has taught MBSR to thousands of pupils, and at the time of this writing had attended over thirty silent meditation retreats.

Gary Ansdell

Gary Ansdell is a Norwich, UK-based, music therapist, professor, researcher and author, who received a post-graduate diploma in music therapy from the Nordoff-Robbins centre in London in 1988. Rachel Verney, who had been a student of Paul Nordoff and Clive Robbins, supervised him for several years. Ansdell refers to Verney as "the person who has best passed-on the core of the Nordoff-Robbins approach. That includes the musical craft core but also the spiritual core." Ansdell later pursued a Master's degree in music therapy at the University of Witten/Herdecke in Germany, which was then the German Nordoff-Robbins training course. He was supervised in his practical work once again by Verney, and on the academic side by David Aldridge, who "was very interested in the connection between music therapy and spirituality." Ansdell completed his doctoral thesis in 1997, through City University in London. He is currently Director of Education for Nordoff-Robbins, London. His most recent book is entitled "Musical Pathways in Recovery," and was coauthored by music sociologist, Tia DeNora.

As a clinician, he has been working for over 32 years, with "almost all populations at some level. I've never worked in a prison, and some other things, but I've covered most areas over the years, specialized mostly in adult psychiatry for about 15 years, and in the last 5 years I've been working with elders in care homes as part of the research project I am doing with colleagues."

When Ansdell was an adolescent, his father accompanied him to an auction for a local orchestra, where he spotted a statue of a 16th century Buddha. He asked his father to procure it for him. He describes how "the Buddha came into my life when I was sixteen; there was something about this statue; its repose and its calm that spoke to me." In his mid-twenties, he learned formal meditation techniques through an organization named "Friends of the Western Buddhist Order." Although he "found it a little too Western," he attended some meditation retreats. In his late-twenties he attended regular meditation sessions with a group of Theravada Buddhist. Theravada monks from a monastery near London would visit this group. Ansdell

describes how there have been "big gaps where I haven't practiced much." However, he "came back quite seriously to practice about 5 years ago," since he came upon a Zen community at the top of his road. "Again, fate intervened."

Like Tanhane, Ansdell also maintains a body-based awareness practice. In the late 1980s, he pursued a "full professional training in the Alexander Technique," which takes approximately three years to complete. Though he has occasionally taught individuals the technique, he does not consider himself a professional practitioner. Ansdell states that this technique is "probably the nearest Western form of Zen and mindfulness that never knew it was." When asked about what his daily, formal mindfulness practice looks like, he said, "I usually start off doing about 10 minutes of Alexander...in a scanning process, letting go of tensions and being aware of what is the state of the body. Then I sit in an upright chair and I do Zazen, usually for about 20 minutes. The whole daily practice is about 30-40 minutes." This combination of formal sitting and movement-based mindfulness practice was also present in the next interviewee.

Ginger Clarkson

Ginger Clarkson is a Houston, United States-based music therapist, GIM practitioner and international trainer, meditation instructor, hospice chaplain and author. She has lectured and taught courses at Yale University, the Universidad de las Americas-Puebla, Naropa University, and Wisdom University. She graduated from Wheaton College in 1970 with a Bachelor's of arts in music and a Master's degree in music therapy from New York University in 1971. In 1976, she graduated with a Master's degree in special education from Southern Connecticut State University. In addition to articles, songbooks and musical plays, Clarkson has authored numerous books about her experiences in music therapy and meditation. Her most recent publication named "Spiritual Dimensions of Guided Imagery and Music," (2017) devotes a chapter to describing how GIM can be used as a mindfulness practice.

During her undergraduate degree, Clarkson discovered music therapy in a haphazard way. "I saw a little notice on the bulletin board at the music library about a music therapy Christmas concert at the Walter Fernald State School. I decided that might be really interesting! I drove to the institution, where a nurse with keys let me into a locked ward. I was pretty freaked out, seeing some people with hydrocephalia and microcephalia, others born without eyes. Many of the patients were rocking and making strange sounds. I felt as if I were in a Fellini movie and a little scared. And into that room came a music therapist, Vera Moretti. She had studied with

Paul Nordoff and Clive Robbins and was doing improvisational work on the piano. Soon everyone who could play an instrument was making music, others were singing or moving, and it was truly remarkable. I started to cry and thought, I want to do something with music that has this kind of transformative impact.” Clarkson was then inspired to ask Moretti to supervise her. She accepted, and Ginger began her music therapy training in the Nordoff-Robbins method.

Clarkson's early work was in schools with autistic children and others with developmental delays. She mostly used "Nordoff-Robbins techniques, live improvisational techniques, and inventing songs to accompany children’s activities and moods." She eventually became interested in working with non-verbal autistic individuals. While working with these individuals, she trained in GIM with Sierra Stokes and Carol Bush, and began to explore ways of adapting her GIM sessions to the autistic individuals’ needs. When asked about the span and breadth of her career, she answered with a sense of wonder, saying "one of the things that really struck me as I was going through your questions is how long I’ve practiced – it is 49 years since I have started music therapy practice, and it blew my mind because I hadn’t really counted up the years, but that’s a long time to be practicing!"

Clarkson began her meditation journey in 1970 by learning transcendental meditation. She pursued this style of meditation for ten years, then, in 1988, she attended her first Vipassana retreat at Insight Meditation Society in Barre, Massachusetts. Renowned mindfulness teacher and psychologist, Jack Kornfield was the teacher on that retreat. "He was absolutely walking his talk after having been a monk in Asia for 6 years. He was really witty and very wise but light about it. He was devoted to Buddhist philosophy and Buddhist psychology, and he encouraged me to go on some longer retreats." Clarkson has come to consider Kornfield as her principle mindfulness teacher. In the late 90s, Clarkson began sitting month-long retreats at Spirit Rock Meditation Center. Clarkson then trained as a Community Dharma Leader at Spirit Rock Meditation Center in California. She was the founding teacher of the Cholula Vipassana Sangha in the state of Puebla, Mexico. Currently, she leads Insight Meditation Houston. Clarkson describes her regular mindfulness practice: "in the morning: Metta, loving kindness practice, also, Qigong—very slow mindful movements—and sometimes yoga. Every evening, I do at least a half-hour sit. Leading the weekly meditation group is practice for me, as is preparing Dharma talks and thinking about Buddhist principles."