Integrative perspectives on mindfulness, music and music therapy: A literature review

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ABSTRACT
With increasing recognition of the advantage of working within a multidisciplinary team and interdisciplinary study for health, the incorporation of music and mindfulness across healthcare disciplines has become more common. The aim of this study was to explore the integrating theory and practice, key principles, and psychodynamic perspectives with respect to music therapy and mindfulness. Thirty articles were selected from electronic databases and grey literature. Conference abstracts and informal literature reviews were excluded. The articles were categorised and analysed according to methods, interventions, outcome measures and key messages. Key outcomes from the studies revealed that integrating mindfulness and music can enhance the musical experience, facilitate the music therapy process (e.g. Guided Imagery and Music), and contribute to mental wellness (e.g. stress reduction, emotional support, and self-awareness). Based on the data analysis, two core themes were identified: a) psychodynamic perspectives of mindfulness and music therapy; and b) here and now, letting go, nonself, nonattachment and being nonjudgmental. The link between music and mindfulness has been recognised during recent decades, and combining music and mindfulness demonstrated positive outcomes in the literature. The findings revealed several key perspectives and approaches between mindfulness-based practice (MBP) and music therapy. These findings can offer a new outlook to the therapeutic relationship and can give a practical and theoretical framework of combining mindfulness and music therapy.

KEYWORDS
music and mindfulness, music, music therapy, mindfulness meditation

INTRODUCTION
In the current healthcare environment, there is a growing interest in integrative health and mind-body-spirit (MBS) care. Mindfulness is a dynamic self-exploration process which pays attention to the body, feelings, mind, and mind objects with nonjudgmental awareness in each moment. It is an active state...
of mind (Silananda, 2002) which originates in the four foundations of mindfulness principles that include: a) awareness of the body; b) awareness of feelings; c) awareness of mental phenomena; and d) awareness of truth and of the laws of experience (Goldstein & Kornfield, 2001). Mindfulness-based practice (MBP) is a self-empowerment practice which can create psychospiritual wellbeing and it is regarded as a potential treatment for improving health-related quality of life (Grossman et al., 2004; Kabat-Zinn, 2003).

Music has been used as a healing force throughout history (Choi et al., 2008; Ruud, 2008). Today, there is increasing recognition of the benefits of music for health and wellbeing and a great deal of work is conducted by various groups of healthcare practitioners (e.g. music therapists, psychotherapists, nurses, occupational therapists) under the umbrella of ‘music in health’ (Bunt & Stige, 2014; Edwards, 2016). MBP and music therapy can be viewed as types of integrative interventions or models of care which can bring the mind, body, emotions, and spirit into harmonious alignment as well as help manage stress and promote health (Hwang, 2018).

In therapeutic practices, integrating mindfulness practice is not a new concept and examples include MBP combined with art therapy or psychotherapy (Garland et al., 2007; Heaton & Crumpler, 2017; Monti et al., 2006; Soo et al., 2016; Witkiewitz et al., 2017). Indeed, MBP has been widely adopted across therapeutic disciplines and recently, combining mindfulness with music therapy has also been explored and its benefits have been discussed in the literature (Fidelibus, 2004; Van Dort, 2015; Van Dort & Grocke, 2013). However, the integration of MBP and music therapy is still young and marked by uncertainty; there is a need to explore the emerging literature related to these interventions. One of the aims of this paper, therefore, is to explore the extant research related to the integration of MBP and music and/or music therapy. Secondly, as a further analysis, the extant research related to MBP and music therapy in terms of psychodynamic perspectives and approaches will be investigated.

SUMMARY OF PREVIOUS REVIEWS OF MUSIC AND MINDFULNESS RESEARCH

With increasing recognition of the advantages of working within a multidisciplinary team and interdisciplinary study for health, healthcare practitioners are influenced to use a combination of new therapeutic tools, to work collaboratively, share their ideas and create a secure knowledge base for evidence-based practice (Carr & Wigram, 2009). For these reasons, resources for health and wellbeing such as mindfulness and music and their incorporation into healthcare practice have grown in popularity. Some studies have explored the clinical effects of mindfulness and music interventions used in combination with one another and with other therapies (Baer, 2003; Edwards, 2016; Hanh, 2008; Ji et al., 2017; Kabat-Zinn, 2009).

Music for health is continuously building bridges into healthcare services, and research has explored the use of music in various fields in order to achieve a diverse range of outcomes. Music for relaxation, often used in combination with meditation, has become an important feature of the potential range of complementary therapies used in clinical situations within the context of integrated healthcare and psychotherapy treatment (Witte & Dundes, 2001). Music interventions involving receptive methods and the link between meditation and music have also been explored (Chang et al., 2003; Fried, 1990; Grocke & Wigram, 2006; Lin et al., 2008; Scheufele, 2000; Thau & Davis, 1993; Wolsko et al., 2004).
The technical Buddhist term for mindfulness (sati, 念), in the West, has been developed by Kabat-Zinn who helped to develop a culture of mindfulness in medicine. The word ‘sati (in Pali) (念 in Chinese)’ is comprised of two aspects, ‘mind (心)’ and ‘in the present moment (今)’; it is defined as “the practice of maintaining a non-judgmental state of heightened or complete awareness of one’s thoughts, emotions, or experiences on a moment-to-moment basis” (Merriam-Webster Online, 2018). A substantial body of research reveals that mindfulness can impact mental and psychological health in terms of reducing anxiety, depression and chronic unhappiness, changing negative emotions and thoughts to positive ones, and decreasing perceived stress. In earlier works and even still today, mindfulness is adapted to increase students’ ability to concentrate in class and also for people who have experienced a scattered or unsettled mind to stay calm (Baer, 2003, 2015; Carlson et al., 2007; Kang et al., 2009; Krusche et al., 2012; Paul et al., 2007; Vøllestad et al., 2011; Winbush et al., 2007).

Recently, the link between music and/or music therapy and mindfulness has been recognised (Diaz, 2010, 2013; Eckhardt & Dinsmore, 2012; Innes et al., 2017; Lesiuk, 2015, 2016; Lin et al., 2008; Liu et al., 2019; Medcalf, 2017; Steyn, 2013; Tomaselli, 2014; Vidyarthi et al., 2012). Fidelibus (2004) mentioned that as therapists listen to their clients in the present musical moment, and then join in and start to play with their clients, the therapists are “in a seemingly unfettered state of mind, playing with a Zen-like, precise awareness” (p.174). The unfettered state of mind is often represented as a symbol of the Zen master’s mind and it is also referred to as expanded and purified consciousness. Such states of mind can be cultivated by practising mindfulness and these states of consciousness can progress towards immovable wisdom (不動智), which is the desired result of mindfulness practice. The mind and soul can be stretched and expanded by new experience, self-knowledge, self-insight and self-transformation and the unfettered state of mind can be experienced through MBP and music therapy.

There are certain similarities in the purpose of MBP and music therapy, such as accessing expanded conscious states, achieving and strengthening the expanded ego, promoting total development of personality, and discovering the authentic self (Aldridge, 2003; Beck, 2005; Lipe, 2002; Sahn, 1997; Shapiro & Giber, 1978). Not only have these similar therapeutic aims increased the combined use of MBP and music therapy, but a growing interest in psychospiritual wellbeing has also accelerated the use of MBP and music therapy in the healthcare environment, both separately and in combination (Bazzano, 2011; Long et al., 2001; Tsiris, 2018; Valente & Marotta, 2005; Wlodarczyk, 2007). Several studies have focused on the combination of MBP and music therapy for cultivating self-awareness, self-development, self-transformation, and music performance (Goldberg & Dimiceli-Mitran, 2010; Van Dort, 2015).

For example, the possibilities for profound insights and spiritual transformation of Guided Imagery and Music (GIM)1 and mindfulness meditation were introduced (Goldberg & Dimiceli-Mitran, 2010). They described mindfulness meditation as a way to permit people to observe one’s inner mind

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1 Guided Imagery and Music (GIM) is a music-assisted therapy used to explore one’s own inner world and helps clients to work on significant life issues. GIM is a form of psychodynamic therapy and incorporates music listening in a deeply relaxed state by a guide to evoke sensory and emotional responses and to stimulate imagery, memories and feelings in the listener (Bruscia & Grocke, 2002).
works and “GIM has elements of mindfulness in that it requires a sense of self-awareness in the moment during music listening and imaging” (Goldberg & Dimiceli-Mitran, 2010, p.1). Van Dort (2015) suggests that combining principles of mindfulness and the GIM process can enable the clients to explore self-awareness and self-understanding. She defines music-based mindfulness as: “the awareness that emerges through paying attention, on purpose and non-judgmentally, to responses evoked by specifically selected music in a therapeutic session” (Van Dort, 2015, p.222). Paying attention, nonjudgmental awareness, nonattachment and letting go are the essences of mindfulness (Lomas et al., 2017). In these ways, certain core principles of mindfulness can therefore be matched with music therapy, such as the GIM and the Music Imagery (MI) process.

Mindfulness approaches have begun to be explored in music therapy with various groups (e.g. music therapy trainees, music therapists, clients with Huntington’s disease and substance addictions - drugs and alcohol dependencies) (Mika, 2011; Van Dort, 2015; Van Dort & Grocke, 2013). For example, the positive effects of mindfulness for music therapists who practise improvisational music therapy have also been reported (Fidelibus, 2004). Fidelibus (2004) explored the use of mindfulness (e.g. present moment/here and now experience) in music therapy clinical improvisation and investigated the music therapist’s own experiences and perspectives when attending to the present improvisational musical moment. He reported that “therapists shifted focus between being in the moment-to-moment movement of the music, attending to their clients’ moment-to-moment musical movements, and perceiving the overall musical interaction” (p.174). In addition, Fidelibus (2004) found that during the process of improvisational musical moments, the "therapist's attention hovered between a microscopic perspective to a macroscopic perspective” (p.174). Soho (1986) identified this macroscopic perspective as ‘right mind’ and explained that it is like water flowing everywhere freely, not like frozen ice which is unable to move and be used. The therapist’s macroscopic perspective can be meaningful within the therapeutic relationship for a better understanding of the client’s or the therapist’s own mind, as well as contemplating the therapeutic process.

Besides therapeutic practice, there have also been promising contributions of mindfulness practice to music appreciation and performance. Rodríguez-Carvajal and de la Cruz (2014) found a boost in attention and concentration levels in audiences who followed the induction stage of mindfulness practice and that listening to, as well as performing music itself, can contribute to the induction of mindful states. They also reported that combining MBP with music can be beneficial in reducing music performance anxiety and stress. A mindfulness course has been set up for music students at the Guildhall School of Music and Drama in London. These examples illustrate how MBP can be adopted by musicians and the performing arts (British Association for Music Therapy, 2018).

The emerging themes from these reviews appear to demonstrate that integrating MBP and music and/or music therapy may have positive effects in various health care settings. Although several studies were conducted in recent years to explore their combined use, a systematic literature review on this has not been done. Secondly, previous reviewers have highlighted various aspects of integrating practices of MBP and music therapy, but there is a significant lack of discussion of the key common concepts, principles, psychodynamic perspectives, and philosophical approaches of combining MBP and music therapy. Therefore, exploring the potential shared core concepts,
therapeutic factors, and basic underlying principles between music/music therapy and MBP will be an important feature of this study. This may provide an appropriate theoretical framework for combining MBP and music and/or music therapy and will offer a combination of possibilities in order to both serve practitioners and personal development.

METHOD AND SAMPLE

To obtain a maximum number of studies, the keywords used in the literature search were: ‘music’, ‘music therapy’, ‘mindfulness’, ‘mindfulness meditation’ and ‘mindfulness and music’. Literature was searched from the English language electronic databases to find peer-reviewed research papers (e.g. PubMed, MEDLINE, PsychInfo, CINAHL, Wiley Online Library, EMBASE, Cochrane Library and NICE Evidence) and grey literature was included such as dissertations. Exclusion criteria included conference abstracts and informal literature reviews.

After both electronic and manual searches, initially, 47 peer-reviewed articles and nine unpublished dissertations were identified. However, only 30 studies met the inclusion criteria, and 26 texts were excluded (e.g. no relevant studies and interventions, insufficient information). Therefore, a total of 30 studies were selected for review, although two studies by Diaz (2010, 2013) were based on the same study. Countries of the corresponding authors included the United States (19 studies), Australia (3 studies), United Kingdom (4 studies), Canada (1 study), Spain (1 study), South Africa (1 study) and New Zealand (1 study).

Initially, the articles were categorised according to specific methodology types which were qualitative, quantitative, mixed methods, and theoretical based studies. The studies were then analysed according to participant demographics; interventions; duration; methodology approaches; outcome measures; and findings (see Appendix for a summary of the reviewed articles).

RESULTS

Participants

Ages of participants ranged from adolescents to elders. The participants in the 30 studies were: a) music therapists (Fidelibus, 2004; Medcalf, 2017; Mika, 2011); b) undergraduate and graduate music students (Baird, 2016; Chang et al., 2003; Diaz, 2013; Farnsworth-Grodd, 2012; Lin et al., 2008; Steyn, 2013); c) music performers (De Felice, 2004; Khalsa et al., 2013; Langer et al., 2009); d) researchers (Brown, 2011); e) music therapists, meditation experts and medical practitioners (Hwang, 2018); and f) others: adult volunteer participants (Tomaselli, 2014; Vidyarthi et al., 2012), and a senior student (Robarts, 2009). Several studies describe the participants’ diagnoses including: Huntington’s disease (Grocke & Wigram, 2006); breast cancer (Lesiuk, 2015); Alzheimer’s disease (Innes et al., 2017); drug and alcohol dependence (Van Dort & Grocke, 2013); autism spectrum disorder (Lau, 2011); and depression (Eckhardt & Dinsmore, 2012).

The remainder of the studies were literature-based research (Baer, 2003; Oyan, 2006; Rodríguez-Carvajal & de la Cruz, 2014; Xu, 2010). Sample sizes in the selected studies were varied, ranging from one (Robarts, 2009) to 203 participants (Langer et al., 2009). The target population of most studies were adults, and in only two papers it was children (Lau, 2011; Robarts, 2009). The studies conducted
sessions in groups, ranging from 4 to 143 participants. The remaining studies conducted individual sessions (Lau, 2011; Robarts, 2009).

Interventions

Various types of interventions were used to explore the integration of MBP and music (Table 1). Interventions can be divided into active and receptive MBP and music activities. The most common interventions were receptive approaches.

<table>
<thead>
<tr>
<th>Mindfulness Meditation</th>
<th>Breathing techniques\textsuperscript{R}, Body scan\textsuperscript{R}, Eight weeks meditation training\textsuperscript{R&amp;A}, Sitting meditation\textsuperscript{R}, Walking meditation\textsuperscript{A}, Eating meditation\textsuperscript{A}, Washing dishes meditation\textsuperscript{A}, “Be Here Now” practice\textsuperscript{R&amp;A}</th>
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</thead>
<tbody>
<tr>
<td>Meditation</td>
<td>Zen meditation\textsuperscript{R}, Breathing techniques\textsuperscript{R}, Vipassana\textsuperscript{R&amp;A}, Yoga\textsuperscript{A}</td>
</tr>
<tr>
<td>Mindful music listening</td>
<td>Combining music listening and mindfulness practice\textsuperscript{R&amp;A}, Live music listening (e.g. classical music)\textsuperscript{R}, Nylon-stringed guitar played\textsuperscript{A}, Attention music listening (e.g. ‘Brahms’s Symphony No. 1, Polonaise’ from Christmas Eve by Rimsky-Korsakov; Victor Herbert’s ‘March of the Toys’ from Babes in Toyland; and Nature sounds CDs (forest sounds from the series Echoes of Nature)\textsuperscript{R})</td>
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<tr>
<td>Music therapy</td>
<td>Improvisation\textsuperscript{R&amp;A}, Listening to music\textsuperscript{R}</td>
</tr>
<tr>
<td>Others</td>
<td>Live music-accompanied body scan\textsuperscript{R}, Music performance\textsuperscript{R&amp;A}, Music activities/Sound accompanied by mindfulness attitudes\textsuperscript{R&amp;A}, Progressively control sound through their own respiration\textsuperscript{R}, Progressive muscle relaxation (PMR, shortened version)\textsuperscript{R}, Imagery\textsuperscript{R}, Mandala drawing or writing\textsuperscript{R&amp;A}, Psychological Skills Training (PST)\textsuperscript{R}</td>
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</tbody>
</table>

Table 1: Types of MBP and music [Notes: Active (A); Receptive (R); Receptive and Active (R&A)]

Duration

A specific duration time, session type (e.g. mindfulness and music combined or separately), and interview length were identified. In terms of mindful meditation, the duration of the session was between 30 minutes to one and a half hours. In the case of music intervention including musical performance, music listening and music therapy, the range of session times ranged from 15 minutes to 30 minutes. For example, 15 minutes of music listening and then 30 minutes of mindfulness practice. The length of the interview process was reported to have ranged from 30 minutes to 1 hour and daily home practice ranged from 4 to 12 weeks. Examples of home practice comprised of guided mindfulness audio files and music in mp3 format which were distributed via email for home practice. Most of the studies in the current sample were short-term, lasting around 4-12 weeks with weekly 15–90-minute sessions. However, the duration of the data collection and the data analysis of studies were not clearly reported in most studies.
Methodology approaches

Of the 30 studies, the numbers of different methods used were as follows: a) qualitative studies \((n = 10)\); b) quantitative studies \((n = 12)\); c) mixed-method studies \((n = 1)\); and d) theoretical based studies \((n = 7)\). Characteristics of studies were summarised according to methodology types which were qualitative, quantitative, mixed-method, and theoretical based studies (see Appendix).

Outcome measures

Each study used a different outcome measure and assessment. Depending on the methodology of the study, the type of outcome measure utilised varied. For qualitative approaches, observational ratings (eight studies), interviews (six studies), discussions (six studies) and combined qualitative observation with open-ended interviews were used as the primary forms of data collection. Likert-type scales (six studies) and paired \(t\)-tests (five studies) were frequently used as quantitative measurements. One study took a mixed approach (Langer et al., 2009) and it used a self-report questionnaire with a 10-point Likert scale and open-ended interviews. To examine the effect of mindfulness, four studies utilised systematic mindfulness scales such as the Five Facet Mindfulness Questionnaire (FFMQ) (Farnsworth-Grodd, 2012; Steyn, 2013), the Mindful Attention Awareness Scale (MAAS) (Langer et al., 2009; Tomaselli, 2014), and the Langer mindfulness scale (LMS) (Langer et al., 2009).

Seven studies used psychological wellbeing scales which were Ryff’s Psychological Well-being Scale (Steyn, 2013), the State-Trait Anxiety Inventory (STAI) or State Anxiety Inventory (SAI) (Chang et al., 2003; Farnsworth-Grodd, 2012; Khalsa et al., 2013; Lin et al., 2008; Stern, 2012) and the Beck Anxiety Inventory (BAI) (Tomaselli, 2014). Three studies combined mindfulness scales (e.g. FFMQ, MAAS) with psychological wellbeing scales (e.g. STAI, BAI) (Farnsworth-Grodd, 2012; Steyn, 2013; Tomaselli, 2014). In order to assess music performance anxiety, four studies used a validated inventory such as the Kenny Music Performance Anxiety Inventory (K-MPAI) (Steyn, 2013) and the Performance Anxiety Inventory (PAI) (Chang et al., 2003; Farnsworth-Grodd, 2012; Lin et al., 2008). The rest of the outcome measures (e.g. journals of logs and memos, recorded videotapes, home practice logs, autobiographical accounts) can be found in the Appendix.

Key reported outcomes

Given the variety of unique outcome measures used, several key outcomes of integrating MBP and music and/or music therapy were identified in the selected studies.

Managing mental and emotional stress and improving clients’ outcomes

Van Dort and Grocke (2013) introduced the effects of combining mindfulness sessions and music therapy (e.g. group music, imagery) for people who are living with drug and alcohol addictions. They reported, “there are rich, emotional, and personal experiences that have been a privilege to facilitate, and certainly demonstrate mindful awareness within the music and imagery process” (p.128). Not only are mindfulness and music helpful for drug and alcohol dependencies, but it may also be a useful
intervention for women receiving adjuvant chemotherapy for breast cancer (Lesiuk, 2016). For example, combining music listening and mindfulness exercises may have beneficial effects on women with breast cancer who experience concentration problems and mood distress. In terms of mood and distress, Eckhardt and Dinsmore (2012) found that mindful music listening could be a potential treatment for older adults who suffer from emotional difficulties such as depression.

Innes et al. (2017) testified that having a daily programme that includes meditation and music can significantly enhance both subjective memory function and objective cognitive performance in adults with Subjective Cognitive Decline (SCD), and they claimed that meditation and music may be promising for improving outcomes in stress, mood, sleep, and cognitive function in this population. These findings reveal that combining mindfulness and music can improve the client’s outcomes, and these interventions are usefully adapted for people’s health and wellbeing.

**Mental attitude change and reducing music performance anxiety (MPA)**

The link between mindfulness and performance anxiety has been explored (Baird, 2016; Chang et al., 2003; De Felice, 2004; Farnsworth-Grodd, 2012; Lin et al., 2008; Steyn, 2013; Tomaselli, 2014). Lin et al. (2008) believe that mindfulness meditation can have a significant impact on musical performance skills and a musician’s mental health, which is supported by Baird (2016) and Farnsworth-Grodd (2012).

Baird (2016) found that there are positive mental shifts (e.g. increase in mindful awareness) in a musician regarding music performance and performance preparation. Farnsworth-Grodd (2012) investigated the relationship between music performance anxiety (MPA) and meditational practice in order to develop coping strategies (e.g. self-acceptance, self-love, positive emotions such as hope). This study reported that mindfulness-based intervention could reduce music performance anxiety.

Steyn (2013) argues that mindfulness could be an effective intervention to improve the psychological wellbeing of music students. She reports that psychological skills training (PST) and mindfulness, acceptance and commitment (MAC) protocol had a moderately significant impact on important psychological dimensions of undergraduate music students. Tomaselli (2014) demonstrated that there is a large decrease in anxiety scores, pre-to-post-test, when mindfulness practice is combined with music listening and this may be a strategy that musicians can adopt to manage stressful emotions, by listening to music or through playing their own instrument. Therefore, mindfulness meditation may be a useful tool for aiding musicians to combat the negative impact of music performance anxiety and bring about positive changes in mental attitude (e.g. self-acceptance, self-kindness).

**Facilitating music therapy work**

The positive effect of mindfulness on musical improvisation and music therapy work has been investigated (Diaz, 2010; Fidelibus, 2004; Lau, 2011; Medcalf, 2017; Mika, 2011). Fidelibus (2004, p. 271) mentions, “the integration of spiritual tenets into the practice of clinical music making opens possibilities, not solely to explain or better understand, but also as affirmation for the practitioner of music therapy.” Mindfulness and music therapy might support one another, and mindfulness can be useful for music therapists (e.g. therapeutic attitude) as well as for emotional support to clients.
Mika (2011) found that music therapists can apply mindfulness to their clinical work and music therapists recognise the potential benefits of mindfulness as an effective intervention. Mika states that the majority of the respondents in the mindfulness group reported that without distraction, the task had changed their quality of listening by increasing their ability to concentrate on the music. In this way, studies revealed that mindfulness can be a promising intervention that could contribute valuable attributes to music therapy and other multidisciplinary health fields.

**Enhances the musical experience**

According to Brown (2011), there is a strong link between flow (optimal experiences) and focused attention (mindfulness). Flow can be defined as “the holistic sensation that people feel when they act with total involvement” (Csikszentmihalyi, 1975, p.36). In this state of flow, “people experience a narrow field of intense concentration, they forget about personal problems, feel competent and in control, experience a sense of harmony and union with their surroundings” (Wrigley & Emmerson, 2013, p. 293). He found that mindfulness could contribute to understanding the phenomenon of flow during collaborative music performances and there is a relationship between mindfulness and creative musical performance, music experience and aesthetic response.

Similarly, Baird (2016) states that meditation promises to have a significant impact on music experience and musical performance skills. After practicing meditation, participants reported positive changes in their mental and physical experiences related to MPA. Participants experienced mental distress before and during performances, therefore, mediation can allow them to be more focused in performances and feel better about the prospect of performing.

To conclude this section, the literature referred to, shows the value of meditational practice and music (combined or separately) within various settings. Several key outcomes were identified from the studies. The majority of the results revealed that integrating MBP and music therapy can contribute to mental wellbeing and improve client outcomes, facilitate music therapy work, reduce emotional distress and anxiety, enhance the musical experience and create positive attitudes by encouraging changes to thoughts and behaviours.

**Emerging themes**

The purpose of this study is to examine previous literature reviews and to explore the key principles and psychodynamic perspectives of integrating MBP and music therapy. Through the analysis of data, the following core themes were identified: a) psychodynamic perspectives of music therapy and mindfulness; and b) here and now, letting go, nonself, nonattachment and being nonjudgmental.

**Psychodynamic perspectives of music therapy and mindfulness**

Transpersonal psychotherapy practices, especially the incorporation of meditation and the use of imagery, seem to be entering the mainstream. (Goldberg & Dimiceli-Mitran, 2010, p.1)
Several studies have shown preliminary evidence regarding the psychodynamic perspectives and approaches of combining MBP and music therapy (e.g. Brown, 2011). Mindfulness in its original form is practice for cultivating concentration (samādhi) and insight (vipassanā) in a monastery (Speca et al., 2000) but nowadays, MBP has been increasingly applied as a tool to promote self-awareness, self-regulation and self-transcendence in healthcare. It has been shown that MBP itself is growing and this is being reflected in therapeutic practice. It is beginning to be used in psychodynamic music therapy approaches such as GIM and MI (Van Dort & Grocke, 2013).

In music therapy, relaxation and meditation techniques are sometimes associated with the induction stages of GIM and MI. GIM is described as an in-depth experience in which specifically programmed classical music is used to generate a dynamic unfolding of inner experience (Goldberg, 1995). GIM is a unique journey of self-discovery, self-exploration and self-awareness (Bunt, 2010). A GIM session lasts between one and a half to two hours (the components of a GIM session are prelude - induction - music and imagery - postlude). It starts with the ‘prelude’ and before listening to music, there is an ‘induction’ which includes relaxation and concentration (Bonny, 2010). During the GIM process, a mindfulness approach to concentration can be adopted by focusing on the imagery, listening to music, drawing the imagery in a mandala as well as the induction process. Grocke and Wigram (2006) said “focusing or centering is a necessary part of the relaxation process where the therapeutic intention is for the mind to be quiet and still” (p.127). Besides the purpose of focusing, mindfulness can support the process of self-exploration in a unique way too. The feelings, memories and mind can be explored in response to the music and this can be integrated into the client’s own self-understanding. Mindfulness could be a useful tool for exploring the mind and inner self.

In the GIM experience, various aspects of feelings, sensations, memories, and consciousness may arise in response to the music. In this process, images or personal meaningful symbols may dynamically appear. The types of imagery experiences were seen to be linked to the function of organs, objects and mind and these relations are briefly summarised in Table 2. Wigram et al. (2013) mentions that “images are stimulated in all sensory modes (visual, auditory, tactile, kinaesthetic, olfactory) as well as feelings, fantasies, memories, thoughts and physical sensations” (p.11).

In the context of meditation, firstly, the mind is defined as: a) the intellectual functioning of consciousness; b) the field of sense and sense-reaction; and c) the subjective aspect of consciousness (Bhadantachariya, 1971). Secondly, the mind is the state of consciousness and it has the ability to notice, and to be aware and to develop an understanding of phenomena (Sumanasara & Akira, 2006).

Thirdly, the function of the mind is explained by ‘six sense doors’ (eye, ear, nose, tongue, body and mind), ‘six sense objects (visible form, sound, odour, taste, touch, and mental objects and phenomena)’ and ‘six aspects of consciousness’ (seeing, hearing, smelling, tasting, touching and discriminating). The six aspects of consciousness are generated by the ‘six sense doors’ in relation to the ‘six sense objects.’ The primary purpose of mindfulness is ‘purifying the six sense doors’ and ‘seeing things as they really are’ (Goldstein, 2013; Kabat-Zinn, 2013). This can be achieved by mindful awareness and nonjudgmental attention to the experiences in the present moment. Through these deliberate efforts of mindfulness, the spiritual dimension can be expanded, and inner transformation can be achieved.
### Types of imagery experiences (in response to music)

<table>
<thead>
<tr>
<th>Organs</th>
<th>Objects</th>
<th>Mind</th>
<th>Various forms and aspects of imagery experiences:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Six sense doors</td>
<td>Six sense objects</td>
<td>Six aspects of consciousness</td>
<td>• Pleasurable/unpleasurable experiences and responses</td>
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<td></td>
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<td>• Vividness and activity of the imagery</td>
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<td>• Time imaging, intensity of emotion experienced</td>
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<td>• Pure musical transference (fully engaged in the music)</td>
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<td>• Abstract imagery</td>
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<td></td>
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<td></td>
<td>• Transpersonal experiences and imagery (peak and spiritual experiences)</td>
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<td>• Healing imagery</td>
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</tbody>
</table>

#### Eye
- Visible form & colours
- Seeing
- Visual (Eye - Form - Seeing)
  - Scenes (e.g. scenes of nature, fragments of scenes), pictures
  - Colours, crystal, flash, bright, light, dark
  - Figures, archetypal figures (e.g. myths & heroes, great mother, father, child, God, wise old woman, figures from legendary stories)
  - People, animals
  - Shapes, symbolic shapes and images (e.g. tunnel, hole)
  - Spiritual symbols (e.g. mandala, cross, star)

#### Ear
- Sound
- Hearing
- Auric (Ear - Sound - Hearing)
  - Sound, shout, tone, silence/quiet, dialogue
  - Musical sounds (e.g. melody, harmony, tempo)
  - Altered auditory experiences

#### Nose
- Odour
- Smelling
- Olfactory (Nose - Odour - Smelling)
  - Smell, scent, odour, aroma

#### Tongue
- Taste
- Tasting
- Gustatory (Tongue - Taste - Tasting)
  - Taste, sweet, sour, bitter, fresh, juicy

#### Body
- Touch & texture
- Touching
- Sensory/ kinaesthetic sense and imagery/ body imagery (body-touch-touching)
  - Body sensations (e.g. feeling lighter, heavier, pain or floating, falling)
  - Body position and movements (e.g. hands creating a shape, sitting, lying, walking, running)
  - Somatic imagery (pain felt in the heart)
  - Feeling the softness, feeling cold and warm, grasp
  - Heaviness, pressure, painful feeling

#### Mind & reasoning & thought
- Mental objects & phenomena
- Knowing & discriminating
- Feelings/ emotions/ memories/ thoughts/ noetic images/ intuitive sense of images/ intuition and insight (mind - mental objects - discriminating)
  - Feeling of scenes/ feeling of sound/ feeling of olfactory sense/ feeling the texture in the mouth/ feeling of body
  - Feelings & emotions (e.g. happy, unhappy, negative, positive, upset, confused, uneasy, frightened, angry)
  - Memories & experiences (e.g. reminiscences, significant events, moments of beauty, re-experiencing a past event such as childhood memories, unsolved problems, associations to music such as memories of a wedding)
  - Fantasies (e.g. dream images)
  - Metaphorical fantasies (a story or sequence of images)
  - Stream of consciousness (deep in the subconsciousness, depth consciousness)
  - Relaxation & concentration
  - Transpersonal experiences and imagery (e.g. “the person becomes the bird in flight”)
• Peak & spiritual experiences
• Parapsychological (insights)
• Experiences of healing energy
• Infilling with positive qualities (e.g. love, joy, goodness)
• Resolution of painful memories, cleansing, rebuilding or repairing of the body, growth or positive transformation of images
• Insightful moments, moments of gratitude
• Unpleasable feelings: unsolved problem/ personal event, memories of embarrassing moments, fear, anger, conflicts, stressful moments

Table 2: Types of imagery experiences and function of organs, objects and mind

When adopting the principle of mindfulness within GIM, processes such as a dynamic process can be observed in a mindfulness way - focusing moment by moment, being nonjudgmental, having nonattachment (or being non-striving) and letting go. In this way, certain principles of mindfulness and MBP approaches can be integrated into the psycho-music therapy process and support the GIM process.

Furthermore, MBP and music therapy can both offer a spiritual and creative experience (Aldridge, 2003; Carmody et al., 2008; Lipe, 2002; Tsiris, 2018), and these experiences can develop personal insight. The concept of insight has been discussed in music therapy literature (Amir, 1993; Wheeler, 1987). Wheeler (1987) categorises music therapy procedures into three levels: a) music therapy as activity therapy; b) insight music therapy with reeducative goals; and c) insight music therapy with reconstructive goals. Amir (1993) found that insights happened when both client and therapist were creatively engaged in the here-and-now moment.

Insight can be defined as the “capacity to gain an accurate and deep understanding of someone or something” (Oxford Dictionary Online, 2017). In the mindfulness tradition, insight (vipassanā, 慧) is the significant factor within self-awareness because it can naturally lead to the expansion of self-knowledge and understanding of the authentic self (Vago, 2014). These feelings of the authentic self can be associated with personal spiritual nourishment.

During the inner exploration of MBP and music therapy (e.g. GIM processes), clear thinking, greater conscious awareness, altered states of consciousness, and a purified mental state may have occurred and this may be viewed as a type of spiritual moment. In the GIM, through the inner musical journey, a different state of mind may be created, and a profound transformation may have happened (Summer, 2011). Bonny (2010) highlighted that the client reaches a deeply relaxed state while listening to the music and creating imagery and this can possibly expand our consciousness and lead to self-discovery. Through this process, the client can experience self-transformation.

Therefore, the process of ‘self-exploration’ or ‘inner transformation’ can be seen in both GIM and MBP. Both have similar goals including activating inner reflection and exploring the true self, promoting a different level of self-awareness and enhancing the sense of wellbeing whether by means of music, imagery or mindfulness experiences. All of these offer a plausible justification for the integration of MBP and GIM or, more generally, mindfulness-based music therapy as a psychodynamic music therapy approach.
**Here and now, letting go, nonself, nonattachment and being nonjudgmental**

Present moment awareness, letting go, impermanent self, detachment, nonjudgmental awareness and compassion are basic principles and components of mindfulness which may benefit therapeutic situations (Goldberg & Dimiceli-Mitran, 2010; Van Dort, 2015). Kononenko (2010) says, “the true purpose of Zen [mindfulness meditation] is to see things as they are, to observe things as they are, and to let everything go as it goes” (p. 312). Through embracing the principles of mindfulness, a new therapeutic perspective may be created in terms of the exploration of feelings, memories and thoughts, as well as in practitioner-client relationships. For example, in music therapy, the notions of nonself, nonattachment and being nonjudgmental facilitate this letting go in therapy work and moment by moment awareness that allows the music and imagery to move freely.

The concepts of mindfulness within music therapy have been discussed. The keynote speech by Bonny (2010) mentions, “in GIM the images are immediately told to the guide during the playing of the music thus bringing the experience into the ‘here and now’.” Grocke and Wigram (2006) consider that our emotions, ideas, sensations, thoughts, or images can be mindfully observed and explored. The mindful observer will let go of these thoughts or images, or let them pass, rather than trying to reject them. Van Dort (2015) adopts mindfulness in GIM sessions. For example, focusing on breathing the fresh air into the body and breathing out any negative emotions.

Van Dort (2015) also incorporates a mindfulness induction exploring the theme of ‘egoless living and ego-based living’ and ‘acceptance of self and others.’ She mentions, “actions or living that come from selflessness are more spontaneous, useful and generous” (p. 228). Mindfulness is beneficial for changing one’s experience of self and helps to better understand the concept of non self-centric states of being. This egolessness can be considered either as a form of self-extension which may include extending the self to include other people, groups, material objects, institutions, geographical regions, and work (Lancaster & Foddy, 1988), or else as nonself, which is a central concept of mindfulness.

In traditional mindfulness practice, existence can be understood as three basic facts which are impermanence (anicca), suffering (dukkha) and nonself (anattā). A deep awareness of these ‘three characteristics of existence (tilakkhaṇa)’ can expand the understanding of the nature of the phenomena that exist in this world. Contemplation of these basic facts is used to cultivate insight and pursue true happiness. Here, true happiness can be understood as the feeling of authenticity and freedom achieved by transforming suffering into peace and joy (Hahn, 1999, 2008). MBP can also empower self-esteem and generosity when observing ourselves and others, and these attitudes affect our potential for egoless living.

To conclude this section, the manifestation of mindfulness includes a feeling of dignity about ourselves and this may in turn also bring a feeling of inner freedom and self-worth. The ultimate aims of mindfulness practice are to understand the essential meaning of existence and cope with life’s stresses and difficulties. In relation to therapeutic work, the principles of mindfulness afford the opportunity and offer the ability for a client to gain new perceptions and attitudes towards old thinking and behavioural habits (including ego-based living versus egoless living; holding on versus letting go; dwelling on memories or feelings versus nonattachment to memories and feelings; being critical of self and others versus non-judging). Therefore, integrating the principles of mindfulness into music therapy can provide a fresh outlook on ourselves and to the therapeutic relationship, and can give both
clients and therapists the opportunity to explore meaning in life (depending on individual circumstances) and discover the authentic self as a fully functioning person (Rogers, 1995, 2012).

CONCLUSIONS

In this paper, I have offered a comprehensive overview of previous studies on integrating mindfulness and music. Each study presents a wide range of theoretical and practical evidence for combining mindfulness with creative performing artists, therapists as well as musicians. The findings reveal that there has been a growing recognition for the benefits of integrating MBP and music within various groups such as those with drug and alcohol dependencies, Huntington’s disease, breast cancer, Alzheimer’s disease, Autism spectrum disorder and symptoms of depression and emotional stress (Eckhardt & Dinsmore, 2012; Grocke & Wigram, 2006; Innes et al., 2017; Lau, 2011; Lesiuk, 2015; Van Dort & Grocke, 2013). Furthermore, I have attempted to provide a theoretical framework for combining MBP and music therapy. Firstly I discussed existing psychodynamic approaches of music therapy and MBP and secondly focused on exploring potentially shared core concepts and therapeutic factors. With regards to this, several key principles, psychodynamic perspectives, and approaches between MBP and music therapy were identified.

Although various aspects of the themes were discussed, considering the limitations of this study, further research is needed to explore the similar concepts, core principles and approaches such as the person-centred approach and the therapeutic relationship. Further to this, a more rigorous empirical study is required to examine the relationship between mindfulness practice and music therapy in various healthcare settings whether as a main clinical treatment or as a supportive treatment. Nevertheless, the outcomes of this study show that MBP and music therapy can provide meaningful collaborative sources in the healthcare service as well as the value of combining MBP and music and/or music therapy within multidisciplinary teamwork. Developing an understanding of these relationships between MBP and music therapy will contribute to building a more solid theoretical framework for combining MBP and music therapy, and it will bridge the gap between theory and practice.

There are many ways to cultivate happiness and health; MBP and music therapy, whether experienced independently or integrated, can benefit health and wellbeing (Diaz, 2010, 2013; Hwang, 2018; Lin et al., 2008; Medcalf, 2017; Rodríguez-Carvajal & de la Cruz, 2014; Vidyarthi et al., 2012). Mindfulness can be a guide to find inner silence and space to connect with the true self and music therapy can bring about an experience of certain states of mind (spiritual consciousness) through authentic feelings. As shown, music therapy and MBP have potential integrative aspects and these are valuable healing resources for the mind-body-spirit connection that can enhance spiritual wellbeing and growth.

ACKNOWLEDGEMENT

The author wishes to thank Dr Leslie Bunt who made this study possible and Dr Giorgos Tsiris and the editorial and reviewing team at Approaches for all the care, encouragement, and advice at every step of the way.
REFERENCES


Hwang, M. H. (2018). Health practitioners’ understanding and use of relaxation techniques (RTS), mindfulness meditation (MM) and relaxation music (RM) in the UK and South Korea: A qualitative case study approach [Doctoral dissertation, University of the West of England].


APPENDIX: SUMMARY OF REVIEWED ARTICLES

Notes: Active (A); Beck Anxiety Inventory (BAI); Bull's Mental Skills Questionnaire (BMSQ); Computer-assisted qualitative data analysis software (CAQDAS); Cognitive Interference Questionnaire (CIQ); Competitive State Anxiety Inventory-2 (CSAI-2); Continuous Response Digital Interface (CRDI); Control group (CG); Digit-Symbol Substitution Test (DSST); Experiment group (EG); Five Facet Mindfulness Questionnaire (FFMQ); Kenny Music Performance Anxiety Inventory (K-MPAI); Langer mindfulness scale (LMS); Memory Functioning Questionnaire (MFQ); Mindful Attention Awareness Scale (MAAS); Mindfulness-based music therapy (MBMT); Music Performance Anxiety Inventory for Adolescents (MPAI-A); Music Performance Anxiety (MPA); Music Performance Quality Rating Form (MPQ); No, of participants (N); Not Reported (NR); Perceptions of Success Questionnaire (POSQ); Performance Anxiety Inventory (PAI); Performance Anxiety Questionnaire (PAQ); Performance-related Musculoskeletal Disorders Questionnaire (PRMD-Q); Performance-related Musculoskeletal Disorders (PRMDs); Profile of Mood States Brief Form (POMS Brief); Progressive Muscle Relaxation (PMR); Receptive (R); Randomized Controlled Trial (RCT); Ryff's Psychological Well-Being Scales (PWB); Smith Relaxation States Inventory (SRSI); State Anxiety Inventory (SAI); State-Trait Anxiety Inventory (STAI); Trailmaking Test (TMT).
<table>
<thead>
<tr>
<th>Author(s), year</th>
<th>Methods</th>
<th>Key words</th>
<th>Interventions</th>
<th>Outcome measures and data analysis</th>
<th>Duration (session, interview length)</th>
<th>N</th>
<th>Type participant</th>
<th>Key message (related to integrated intervention)</th>
<th>Source and country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baird (2016)</td>
<td>Qualitative</td>
<td>Meditation, Music performance, Anxiety</td>
<td>Meditation, Breathing techniques, Yoga, Performance visualization</td>
<td>Focus group, Interviews, Post-performance, Group discussion, Participant journals, Open-ended survey</td>
<td>10 minutes of meditation (4 weeks)</td>
<td>6</td>
<td>Undergraduate and Graduate music students</td>
<td>Meditation is a useful tool to reduce music performance anxiety and produces positive changes in mental attitude.</td>
<td>PhD Thesis (USA)</td>
</tr>
<tr>
<td>Brown (2011)</td>
<td>Qualitative case study (Autoethnography)</td>
<td>Flow, Mindfulness, Music performance</td>
<td>Focused attention and mindfulness, Music performance</td>
<td>Personal journals, Mindfulness, Documentation, Piano accompanist experience</td>
<td>Autobiographical account of 40 years of work</td>
<td>1</td>
<td>Self-reflection for researcher</td>
<td>There is a strong link between mindfulness and flow (music performance).</td>
<td>Studies in Learning, Evaluation, Innovation &amp; Development (Australia)</td>
</tr>
<tr>
<td>Fidelibus (2004)</td>
<td>Qualitative</td>
<td>Improvisation, Music therapy, Mindfulness</td>
<td>Listening and playing music, Mindfulness, Improvisation</td>
<td>Interviews, Observation, Questionnaires, Interpretation, Focus Groups, CAQDAS</td>
<td>1 hour - 1.5 hours session (10 times)</td>
<td>10</td>
<td>Adults; Male (n=5), Female (n=5)</td>
<td>Mindfulness gives a new outlook to music therapists and can be a useful tool in music therapy.</td>
<td>PhD Thesis (USA)</td>
</tr>
<tr>
<td>Fidelibus (2004)</td>
<td>Qualitative</td>
<td>Music therapy, Mindfulness, Cancer, Attention, Mood</td>
<td>MBMT, Music experience, Mindfulness Attitude, Homework</td>
<td>Observation, Discussion, Interpretation, Focus Groups, Narrative responses</td>
<td>1 hour session, 15 - 20 minutes of meditation, Homework (4 weekly)</td>
<td>30</td>
<td>Adults; Female, breast cancer</td>
<td>Mindfulness and music therapy are a valuable intervention for breast cancer.</td>
<td>Healthcare (USA)</td>
</tr>
<tr>
<td>Lau (2011)</td>
<td>Qualitative</td>
<td>Mindfulness, Music therapy, Awareness, Openness</td>
<td>Mindfulness, Music therapy (e.g. Improvisational music therapy)</td>
<td>Observations, Interviews, Journals of logs &amp; memos, Recorded videotapes</td>
<td>30 minutes session (Twice a week, for 3 months)</td>
<td>1</td>
<td>Autism spectrum disorder 12-years old boy</td>
<td>Mindfulness is a promising subject that could contribute valuable attributes to music therapy and other multidisciplinary health fields.</td>
<td>Master Thesis (USA)</td>
</tr>
<tr>
<td>Mika (2011)</td>
<td>Qualitative</td>
<td>Music therapy, Mindfulness, Therapeutic attitude, Silence</td>
<td>Music therapy, Mindfulness, Mindfulness-based therapies</td>
<td>Interview, Focus Groups, Open-ended discussions</td>
<td>52,25,36 minutes (Interview); 1 hour 20 minutes (Discussion)</td>
<td>7</td>
<td>Music therapists</td>
<td>Mindfulness is a great benefit to music therapists who work in a clinical setting.</td>
<td>Approaches: Music Therapy &amp; Special Music Education (UK)</td>
</tr>
<tr>
<td>Medcalf (2017)</td>
<td>Qualitative</td>
<td>Music therapy, Mindfulness, Empowerment</td>
<td>Music therapy, Mindfulness practice</td>
<td>Interviews, Focus Groups</td>
<td>NR</td>
<td>4</td>
<td>Four music therapists (1 male, 3 females)</td>
<td>Mindfulness-based approach and music therapy might support one another.</td>
<td>Australian Journal of Music Therapy (Australia)</td>
</tr>
<tr>
<td>Study</td>
<td>Approach</td>
<td>Methodology</td>
<td>Duration</td>
<td>Client(s)</td>
<td>Findings</td>
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<tr>
<td>Robarts (2009)</td>
<td>Qualitative</td>
<td>Mindfulness, Music therapy, Psychotic child</td>
<td>30 minutes session 1 (once a week) (for 3 years)</td>
<td>14-years old girl</td>
<td>Music can regulate the core of our being. Combining music with mindfulness can support and transform the distorted and disrupted foundations of the bodily-emotional self.</td>
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<tr>
<td>Van Dort &amp; Grocke (2013)</td>
<td>Qualitative</td>
<td>Music, Imagery, Mindfulness</td>
<td>90 minutes session NR (Every two weeks for 10 weeks)</td>
<td>People in an outpatient drug and alcohol rehabilitation facility</td>
<td>Integrating mindfulness and music therapy have positive effects for people who are living with drug and alcohol addictions.</td>
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<tr>
<td>Hwang (2018)</td>
<td>Qualitative</td>
<td>Relaxation techniques, Mindfulness meditation, Relaxation music, Healthcare</td>
<td>1 hour - 1.5 hours (interview) (12 interviews per participant). Data collection (5 months). Data analysis (7 months)</td>
<td>Music therapists, Meditation expert, Medical practitioners</td>
<td>There is a growing interest in integrating health and mind-body care. Music and mindfulness can be regarded as a potential treatment for improving health-related quality of life and can also be beneficial in various healthcare settings.</td>
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</table>

**Table 3:** Qualitative studies of integration of mindfulness and music
<table>
<thead>
<tr>
<th>Author(s), year</th>
<th>Methods</th>
<th>Key words</th>
<th>Interventions</th>
<th>Outcome measures</th>
<th>Duration &amp; (Session, Interview length)</th>
<th>N</th>
<th>Experiment group &amp; participant</th>
<th>Type &amp; (related to integrated intervention)</th>
<th>Source &amp; country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chang et al. (2003)</td>
<td>Quantitative</td>
<td>Meditation, Music performance anxiety</td>
<td>Meditation, Music listening</td>
<td>PAI, SAI, CIQ, Paired t-test</td>
<td>8 weeks meditation classes (3 months)</td>
<td>19</td>
<td>Experiment Group(n=9), Control group(n=10)</td>
<td>University Students</td>
<td>Meditation may be a useful tool for aiding performers to combat performance anxiety. Medical Problems of Performing Artists (USA)</td>
</tr>
<tr>
<td>Diaz (2013)</td>
<td>Quantitative</td>
<td>Aesthetic response, Attention, CRDL, Flow, Mindfulness</td>
<td>Mindfulness meditation, Music listening</td>
<td>CRDL, Questionnaires, Likert-type scales</td>
<td>15 minutes of mindfulness, 10 minutes of 50 second music listening</td>
<td>132</td>
<td>4 focus group</td>
<td>Undergraduate and graduate students</td>
<td>Mindfulness helps to increase the ability to focus on the music, and mindfulness influences the listening experience. Psychology of Music (USA)</td>
</tr>
<tr>
<td>Diaz (2010)</td>
<td>Quantitative</td>
<td>Aesthetic response, Attention, CRDL, Flow, Mindfulness</td>
<td>Mindfulness, Music listening</td>
<td>CRDL, Questionnaires, Likert-type scales</td>
<td>15 minutes of mindfulness, 10 minutes of 50 second music listening</td>
<td>132</td>
<td>4 focus group</td>
<td>Undergraduate and graduate students</td>
<td>Mindfulness increases the degree of peak responses and it helps to increase the ability to focus on the music. PhD Thesis (USA)</td>
</tr>
<tr>
<td>Farnsworth-Grodd (2012)</td>
<td>Quantitative (longitudinal study)</td>
<td>Mindfulness, Mindfulness-based performance intervention anxiety, Perceptions of performance quality, Music performance students</td>
<td>Mindfulness, Music listening</td>
<td>STAI-T, ASI-3, CES-D, PAI, FFMQ, PA, LCBM, RIES, CDM, PEPA, Questionnaire, Four-point Likert scale</td>
<td>Three self-report online surveys (Over a 4 month semester period)</td>
<td>159</td>
<td>Focus group</td>
<td>Music performance students</td>
<td>“An understanding of how mindfulness-based intervention could increase act with awareness and associated adaptive coping strategies is especially important if we are to make progress in developing effective coping related interventions to reduce music performance anxiety” (p.197). PhD Thesis (New Zealand)</td>
</tr>
<tr>
<td>Innes et al. (2017)</td>
<td>Quantitative</td>
<td>Alzheimer’s disease, Cognitive impairment, Early memory loss, Music listening</td>
<td>Kiran Kriya meditation (KK), Music listening (ML)</td>
<td>MENDTM Protocol, Observation, MFQ, DSSST, TMT A/B</td>
<td>6 months study</td>
<td>53</td>
<td>Meditation group/Music listening group disease (n= 53)</td>
<td>People with Alzheimer’s disease</td>
<td>“... meditation or ML can significantly enhance both subjective memory function and objective cognitive performance in adults with SCD, and may offer promise for improving outcomes in this population” (In Abstract). The Journal of the Alzheimer’s Association Alzheimer’s &amp; Dementia (USA)</td>
</tr>
<tr>
<td>Year</td>
<td>Study Type</td>
<td>Approaches</td>
<td>Population</td>
<td>Design</td>
<td>Intervention</td>
<td>Measures</td>
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<tr>
<td>Lesiuk (2015)</td>
<td>Quantitative</td>
<td>Music listening, Mindfulness exercise, Breast cancer, Attention, Mood</td>
<td>Undergraduate and graduate students (5 males and 14 females)</td>
<td>Quantitative, [longitudinal study]</td>
<td>Music listening and mindfulness exercise may be offered to women with breast cancer who experience attention problems and mood distress” (In Abstract)</td>
<td>Conners’ Continuous Performance Test II, Profile of Mood States-Brief Form, 1 hour per week (4 weeks)</td>
<td></td>
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<tr>
<td>Lin et al. (2008)</td>
<td>Quantitative</td>
<td>Acceptance, Buddhism, Mindfulness, Musical performance anxiety, Vipassana</td>
<td>Undergraduate and graduate students (5 males and 14 females)</td>
<td>Quantitative</td>
<td>… a decrease in musical performance anxiety was associated with meditation” (p.146) &quot; In the meditation group, a positive correlation is found for performance quality [...]and performance anxiety” (p.148).</td>
<td>SAI, PAI, MPQ, MANOVA, SPSS 8.0, Meditation group (n=9), Control group (n=10), 1 hour and 15 minutes of meditation (8 weeks), 5-10 minutes of musical performance</td>
<td></td>
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</tr>
<tr>
<td>Steyn (2013)</td>
<td>Quantitative</td>
<td>Psychological skills, Music, Mindfulness, Acceptance and commitment approach</td>
<td>Undergraduate music students (2 males and 18 females)</td>
<td>Quantitative</td>
<td>… the intervention [PST &amp; MAC] programme had a moderately significant impact on important psychological dimensions of the participating undergraduate music students” (p.20).</td>
<td>PWB, CSAI-2, BMSQ, FFMQ, POSQ, K-MPAI, Self-theory Questionnaire, Outcome measures (Over 6 weeks period)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Tomaselli (2014)</td>
<td>Quantitative</td>
<td>Mindfulness-based music listening, Anxiety, Older adults</td>
<td>Older adults (2 males and 18 females)</td>
<td>Quantitative</td>
<td>A live music-accompanied mindful body scan would decrease the anxiety symptoms and increase the mindful awareness of older adults.</td>
<td>BAI, MAAS, Pre and Post-test, Likert scale, 15 minutes of music &amp; body scan, Discussion, Mindfulness instruction (Twice a week-7days), Experimental group (n=21), Control group (n=15)</td>
<td></td>
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</tr>
<tr>
<td>Khalsa et al. (2013)</td>
<td>Quantitative</td>
<td>Music performance anxiety, Yoga, Adolescent</td>
<td>Adolescent musicians</td>
<td>Quantitative</td>
<td>Yoga may be a promising way for adolescents to reduce music performance anxiety.</td>
<td>PAQ, MPAI-A, STAI, PRMD-Q, Evaluation of the yoga program, 60 minute yoga classes (once a week for 6 weeks)</td>
<td></td>
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</tr>
<tr>
<td>Stern et al. (2012)</td>
<td>Quantitative</td>
<td>Yoga meditation, Music performance anxiety</td>
<td>Adult students</td>
<td>Quantitative</td>
<td>Yoga meditation is a promising intervention for music performance anxiety in conservatory students</td>
<td>PAQ, KMPAI, POMS Brief, STAIT, Home practice log, over 9 weeks, Yoga program, Questionnaire, 1-hour class (2 times per week Home practice log, over 9 weeks), Daily home practice</td>
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</tbody>
</table>

Table 4: Quantitative studies of integration of mindfulness and music
<table>
<thead>
<tr>
<th>Author(s), year</th>
<th>Methods</th>
<th>Key words</th>
<th>Interventions</th>
<th>Outcome measures &amp; Data collection</th>
<th>Duration (e.g., session)</th>
<th>Experiment group &amp; Control group</th>
<th>Type participant</th>
<th>Key message (related to integrated intervention)</th>
<th>Source &amp; country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Langer et al. (2009)</td>
<td>Qualitative+Quantitative Study (1)</td>
<td>Creativity, Music, Orchestra, Mindfulness</td>
<td>Music performance, Mindfulness, Music listening</td>
<td>MAAS, LMS, Paired t-test, 10-point Likert-type scales</td>
<td>Play the finale from Brahms’ Symphony No. 1 (Twice)</td>
<td>Symphony orchestra members (n=60) + Local community chorus members (n=143), (51 men, 92 women)</td>
<td>Musicians</td>
<td>By staying in the present while playing, orchestral musicians may be able to take advantage of new opportunities and amend their performance to make use of physical, emotional, psychological, and environmental changes. Mindfulness can lead to music that both orchestral musicians and listeners prefer.</td>
<td>Psychology of Music (USA)</td>
</tr>
<tr>
<td>Langer et al. (2009)</td>
<td>Qualitative Quantitative Study (2)</td>
<td>Creativity, Music, Orchestra, Mindfulness</td>
<td>Music performance, Mindfulness, Music listening</td>
<td>MAAS, LMS, Paired t-test, 10-point Likert-type scales</td>
<td>Play two pieces; a) Polonaise b) March of the Toys (Multiple times)</td>
<td>Symphony orchestra members (n=71) + Trained musicians (n=86), (29 men, 57 women)</td>
<td>Musicians</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 5: Mixed-method studies of integration of mindfulness and music.
<table>
<thead>
<tr>
<th>Author(s), year</th>
<th>Methods</th>
<th>Key words</th>
<th>Interventions and approaches</th>
<th>Outcome measures and data collection methods</th>
<th>N</th>
<th>Key message (related to integrated intervention)</th>
<th>Source and country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baer (2003)</td>
<td>Literature based research methodology</td>
<td>Mindfulness, meditation, Meta-analysis, Treatment outcome</td>
<td>Varied interventions, approaches and duration based on multiple theories</td>
<td>Computer-based literature searches, Literature based data analysis</td>
<td>22 publications (Databases)</td>
<td>Mindfulness-based interventions may be helpful in the treatment of several disorders.</td>
<td>Psychology: Science and practice (USA)</td>
</tr>
<tr>
<td>De Felice (2004)</td>
<td>Literature based research methodology</td>
<td>Affective neuroscience, Musical performance anxiety, Mindfulness</td>
<td>Previously varied literatures related to mindfulness meditation and musical performance anxiety</td>
<td>Literature based data analysis</td>
<td>Varied previous studies</td>
<td>&quot;Regulating MPA with Mindfulness Meditation promises to have a significant impact on musical performance skills&quot; (in abstract).</td>
<td>PhD Thesis (USA)</td>
</tr>
<tr>
<td>Vidyarthi et al. (2012)</td>
<td>Research through design</td>
<td>Mindfulness, Sound, Music, Self-regulation, Stress, Psychology, Biofeedback, Research through design</td>
<td>Mindfulness, Sound, Mindfulness progressively controls sound through respiration</td>
<td>Theoretical based data analysis, Focus group, Discussion, Questionnaire, Observational rating, Before and after the sonic cradle experience, Respiratory biofeedback sensors</td>
<td>15 publications (Databases)</td>
<td>Sonic Cradle might foster a meditative experience to participants by following a specific attentional pattern characteristic of mindfulness.</td>
<td>Proceedings of the designing interactive systems conference (Canada)</td>
</tr>
<tr>
<td>Eckhardt &amp; Dinsmore (2012)</td>
<td>Theoretical based study</td>
<td>Music listening, Mindfulness, Meditation, Depression, Self-awareness, Counselling, Creativity</td>
<td>Mindful Music Listening (Combining music listening and mindfulness practice), Mindfulness Practice (Similar to mindfulness-based stress reduction)</td>
<td>Theoretical based data analysis, Observations, Interpretation, Discussion</td>
<td>Varied previous studies</td>
<td>Mindful music listening is a potential intervention for depression. The mindful exploration of emotions evoked by music listening may help a quiet client to disclose, enabling the client to label, express, and manage emotions.</td>
<td>Journal of Creativity in Mental Health (USA)</td>
</tr>
<tr>
<td>Rodriguez-Carvajal &amp; de la Cruz (2014)</td>
<td>Literature based research methodology</td>
<td>Mindfulness, Meditation, Music, Performers, Audience</td>
<td>Mindfulness meditation, Music, Musicians</td>
<td>Computer-based literature searches, Literature based data analysis</td>
<td>27 publications (Databases)</td>
<td>Mindfulness can be characterised by an important interaction with the art of music in many contexts, thus deserving research and exploratory applications.</td>
<td>International Journal of Behavioral Research &amp; Psychology (Spain)</td>
</tr>
<tr>
<td>Author(s)</td>
<td>Study Type</td>
<td>Intervention</td>
<td>Research Design</td>
<td>Sample Characteristics</td>
<td>Outcome</td>
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<tr>
<td>Oyan (2006)</td>
<td>Theoretical based study</td>
<td>Mindfulness, Music performance, Anxiety, Creativity</td>
<td>Mindfulness meditation (Formal/Informal practice)</td>
<td>Computer-based literature searches, Literature based data analysis</td>
<td>The practice of mindfulness may be one way of learning to feel and accept what is happening in the present moment, and ultimately this attitude is applicable to music performance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grocke &amp; Wigram (2006)</td>
<td>Theoretical based study (Using case sample)</td>
<td>Mindfulness, Music therapy</td>
<td>SRSI, PMR (Shortened version), Mindfulness relaxation (Amended version)</td>
<td>Theoretical based data analysis, Mindfulness approach, Nature sounds CDs (Forest sounds from the series <em>Echoes of Nature</em>)</td>
<td>54-year-old man with Huntington’s disease (HD) Integrating mindfulness approach into music therapy can be useful for people with Huntington’s disease.</td>
<td></td>
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</tbody>
</table>

**Table 6: Theoretical based studies of integration of mindfulness and music**
Ελληνική περίληψη | Greek abstract

Ενσωματωτικές προοπτικές για την ενσυνειδητότητα, τη μουσική και τη μουσικοθεραπεία: Μία βιβλιογραφική επισκόπηση

Mi hyang Hwang

ΠΕΡΙΛΗΨΗ

Με την αυξανόμενη αναγνώριση του πλεονεκτήματος της εργασίας εντός μιας πολυεπιστημονικής ομάδας και μιας διεπιστημονικής μελέτης της υγείας, η συμπερίληψη της μουσικής και της ενσυνειδητότητας σε ποικίλους επιστημονικούς τομείς της υγείας έχει γίνει πιο κοινή. Σκοπός της μελέτης ήταν η διερεύνηση της θεωρίας και της πρακτικής ενσωμάτωσης, των βασικών αρχών και της ψυχοδυναμικών προοπτικών αναφορικά με τη μουσικοθεραπεία και την ενσυνειδητότητα. Τριάντα άρθρα επιλέχθηκαν από ηλεκτρονικές βάσεις δεδομένων και γκρίζα βιβλιογραφία. Δεν συμπεριλήφθηκαν περιλήψεις συνεδρίων και άτυπες ανασκοπήσεις της βιβλιογραφίας. Τα άρθρα κατηγοριοποιήθηκαν και αναλύθηκαν σύμφωνα με τις μεθόδους, τις παρεμβάσεις, τα μέτρα έκβασης και τα κύρια νοήματα. Τα κύρια αποτελέσματα από τις έρευνες έδειξαν ότι η ενσωμάτωση της ενσυνειδητότητας και της μουσικής μπορεί να ενισχύσει τη μουσική εμπειρία, να διευκολύνει τη μουσικοθεραπευτική διαδικασία (π.χ. Guided Imagery and Music), και να συνεισφέρει στην ψυχική ευεξία (π.χ., μείωση του άγχους, συναισθηματική στήριξη και αυτεπίγνωση). Βάσει της ανάλυσης των δεδομένων εντοπίστηκαν δύο κεντρικές θεματικές ενότητες: α) ψυχοδυναμικές προοπτικές της ενσυνειδητότητας και της μουσικοθεραπείας, και β) έκταση και τώρα, αφήνοντας, μη εαυτός, μη προσκόλληση και όντας μη επικριτικός. Η σύνδεση ανάμεσα στη μουσική και στην ενσυνειδητότητα έχει αναγνωριστεί τις τελευταίες δεκαετίες, και ο συνδυασμός μουσικής και ενσυνειδητότητας έχει επιδείξει θετικά αποτελέσματα στην ψυχοθεραπεία. Τα αποτελέσματα φανέρωσαν αρκετές βασικές προοπτικές και προσεγγίσεις ανάμεσα στην πρακτική που είναι βασισμένη στην ενσυνειδητότητα (mindfulness-based practice, MBP) και στη μουσικοθεραπεία. Αυτά τα αποτελέσματα μπορούν να προσφέρουν μία νέα ματιά στη θεραπευτική σχέση και να παρέχουν ένα πρακτικό και θεωρητικό πλαίσιο για τον συνδυασμό της ενσυνειδητότητας και της μουσικοθεραπείας.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσική και ενσυνειδητότητα, μουσική, μουσικοθεραπεία, ενσυνείδητος διαλογισμός