Learning to be Mindful: An Exploratory Study into the Perceived Benefits of
Mindfulness-Based Stress Reduction Training for a Music Therapy Student

Jessica Graham

Victoria University of Wellington

2018

An exegesis presented in partial fulfillment of the requirements for the degree of

Master of Music Therapy

New Zealand School of Music

Wellington, New Zealand

Abstract

Mindfulness training has become very popular in recent years and has proven successful for reducing anxiety and depression and enhancing coping skills (amongst other benefits). This research project explores the perceived benefits of mindfulness-based stress reduction (MBSR) training on a music therapy student working with young people with complex needs in special education. Secondary analysis of clinical records (session notes and a reflexive journal) was employed and included the use of both inductive and deductive methods of analysis.

Five themes were developed (framed as themes of learning) including: Presence, Non-striving, Beginner's Mind, Acceptance, and Patience with a final key finding being the effect of modelling to the students. Findings showed these benefits emerging through a journey from early data (before MBSR training) to later data (after MBSR training) and suggest that mindfulness training can be beneficial for both music therapy students and (indirectly) to those they work with. The themes and perceived benefits proved very interconnected with each relating to several others and 'Being Present' emerging as an over-arching theme.

Similarities between benefits discovered and certain principles of music therapy were discussed and whether the benefits found may have occurred naturally through the course of music therapy training amongst other factors of change and natural growth.

Acknowledgments

I would like to offer my heartfelt thanks to my supervisor, Dr. Sarah Hoskyns, for all your support and for constantly encouraging me to think a little deeper. Also to Dr. Daphne Rickson for all your knowledge and wisdom, and to Laura Harvey who helped me refine and brainstorm when I felt lost in the qualitative woods.

Thank you to the Wellington branch of Graduate Women New Zealand for awarding me the Ella C Wilson award which allowed me to continue my studies in my second year.

To my classmates, thank you for all your emotional support and ‘being with’ me on this journey, and to the staff, families, and especially the students of my facility who welcomed me like family. Thank you also to my parents without whose support I would not be in the position I am today.

And finally, to my husband Benni. Thank you for travelling across the world with me so I could do this study, for supporting me every day, for your wise counsel, and for believing in me when I needed it most. I couldn’t have done it without you.

Remember then: there is only one time that is important - Now!

It is the most important time because it is the only time when we have any power.

The most necessary man is he with whom you are,

For no man knows whether he will ever have dealings with anyone else:

And the most important affair is, to do him good,

because for that purpose alone was man sent into this life!

— Leo Tolstoy

Table of Contents

Abstract	i
Acknowledgments	ii
Table of Contents	iii
Introduction	1
Literature Review	5
Introduction	5
Mindfulness Research in Adult Populations	7
Mindfulness in Education	9
Mindfulness Within Therapy	11
Music and Mindfulness	12
Mindfulness and People with Complex Needs	13
Music Therapy in Special Education Settings in New Zealand	15
Summary	15
Research Question	16
Methodology	17
Theoretical Framework	17
Methodology	17
Research Design and Methods	17
Mindfulness Training	17
Data Gathering/Collection	18
Timeline of Data Collection	18
Data Analysis	19
Deductive Coding Themes - Principles of Mindfulness (Kabat-Zinn, 2013)	19
Thematic Analysis Process	19
Ethical Processes	20
Consent	21
Confidentiality	21
Findings	22
Journey Through Training	23
Interconnectedness of Findings	24

Summary of Themes	24
Detailed Description of Themes	25
Presence: Learning to be in the here and now	25
Non-Striving: Learning to be comfortable with myself and my/others abilities	27
Beginners Mind: Learning to see through new eyes	28
Vignette – Sarah	29
Acceptance: Learning to accept the present moment as it is	31
Vignette – The Chaotic Group	31
Patience: Learning to be patient with myself and others	32
Modelling	33
Summary of Findings	33
Discussion	35
Real Life Relatability	35
The Modelling Effect	35
Other Influencing Factors	36
Generalisability	39
Further Studies	39
Conclusion	40
References	42
Appendices	50
Appendix A – Samples of Data	50
Excerpt: Reflective Journal, March 27	50
Excerpt: Reflective Journal, May 22	50
Excerpt: Reflective Journal, August 1	51
Appendix B – Examples of Initial Coding	52
Code: Boredom	52
Code: Patience	53
Appendix C – Example of Coding Analysis Process	55
Development of Theme – Chaos, Asserting Control, Letting Be, Acceptance	55
Appendix D – Research Information Sheet	57
Appendix E – Research Consent Form	58
Appendix F – Student Information Form	59
Appendix G – Student Consent Form	60

Introduction

This study is qualitative, defined in its most basic definition by Braun and Clarke (2013) as research which uses words instead of numbers. They also note that elements of qualitative studies take context into account, value personal involvement and reflexivity (are subjective) and can accommodate shifts within the study. Kamler and Thomson (2006) also discuss using the personal in qualitative studies and the use of first person narrative and state that its purpose can help to, “locate the researcher in the research, to make visible their passions and investments, or to trace the history of a research question and its evolution,” pg. 72. In reference to this, and the personal journey I undertook in the course of the study, much of this paper has been written in first person.

Before deciding on this research question, I had become interested in mindfulness as a broad topic and the positive effects it appeared to be having in a variety of fields. The Oxford dictionary definition of mindfulness is defined as the process of bringing one’s attention or awareness to the present moment (Oxford University Press, 2017). It is a skill where one can self-regulate, focus on, and assess thoughts and feelings in a non-judgemental way (Klatt, Harpster, Browne, White, & Case-Smith, 2013). The term ‘mindfulness’ has its origins in the Pali word *Sati*, and the Sanskrit word *Smirti*, terms which have been translated to mean ‘being in the here and now’, ‘to bear in mind’, or ‘bare attention’ (Kuan, 2008; Sharf, 2015). It should also be noted that mindfulness definitions often differ slightly depending on who is offering the definition and how they are applying it. For example, mindfulness has been defined as both a state of being, a form of practice, and a personality trait (Brown, Ryan, & Creswell, 2007).

I had already noticed mindfulness becoming a popular buzzword in the media and magazines but now became interested in the positive results being shown in various scholarly studies relating to mindfulness and particularly with children and young people where it was being used to help manage stress, anxiety, aggression, and behavioural issues (di Pierdomenico, Kadziolka, & Miller, 2017; Mental Health Foundation of New Zealand, 2012; Weare, 2014). My interest then became more personal when an immediate family member begun mindfulness training as a technique to manage stress related to a cancer diagnosis. The training taught mindfulness principles such as ‘letting go’ and ‘acceptance’ as well as giving regular exercises to practice these skills. I was able to see the effects of mindfulness in practice and in a real-life situation. During my studies I had experienced mild depression and anxiety, particularly related

to performance and feelings of failure, and had felt that this was negatively affecting my work. I began to wonder if mindfulness training as a support to my music therapy learning, and a form of self-care, was something that would be of benefit to myself and by extension to my students. Self-care is of great importance for therapy practitioners to maintain and support their own health and mental wellbeing (Beaumont & Hollins Martin, 2016; Mika, 2014).

In my early reading on mindfulness, I had begun to see many similarities between the principles of mindfulness and music therapy and initially I intended to explore the connections (and possible differences) between principles of the two fields. I wondered which principles of mindfulness were being displayed in my own clinical work, and if they were, could this allow mindfulness to be practiced via music to those who may lack the cognitive function to be ‘taught’ mindfulness as a practice. That is, could music therapy act as the conduit between mindfulness and adolescents with complex needs¹. It soon became apparent however that this was too simplistic as the similarities between the two practices became all too obvious. Braun and Clarke (2013) write that in any good research question, the answer should also not be immediately obvious and yet it seemed that with little exploration it became very clear that music therapy and mindfulness training shared very similar principles, leaving little to discover. Meanwhile, I had already begun my chosen mindfulness course and felt I was experiencing real benefits from this, so after much introspection, I decided to slightly shift the course of the study to explore these perceived benefits and how they could help me in my music therapy journey, both in my clinical work and as a graduate student. While it appears true that music therapy in itself could be seen as having many mindful principles, I would like to also add that in no way is this research meant as a direct comparison (music therapy vs mindfulness) but more an exploration into how the two might work together and be supported by each other.

I am interested in a number of impacts of mindfulness, on myself as a person, on the therapeutic approach and clinical work, and on the possible future translation of mindfulness into a music-based intervention. Those that may benefit from this study include other music therapy students, and those working in similar settings or in healthcare. Work with people with complex

¹ Due to the changing nature of terminology within special education, I have decided to use the person-centred term ‘people with complex needs’ over all other descriptive terms. I also feel this term is more descriptive of the breadth and depth of needs associated within this population.

needs can be both mentally and physically challenging and can also be a cause for workplace stress and is thus an environment where the benefits of mindfulness training could make a difference.

- **Setting**

The setting where the research was undertaken was a learning support centre for adolescents with special needs within a large high school. In the centre are five classes, each with approximately eight students, grouped by age/year level. The ages range from 12 – 21 with a wide variety of needs including cognitive, developmental, physical, and behavioural. The school has a policy of inclusion and the students of the learning support centre are encouraged to attend mainstream classes where possible depending on their abilities. The Learning Centre works to five key competencies published in the New Zealand Curriculum (Ministry of Education, 2014). These are:

- Thinking
- Using language, symbols, and text
- Managing self
- Relating to others
- Participating and contributing

Many of the students have complex challenges including multiple diagnoses which can be difficult for both themselves, their families, and the staff to manage. The diagnoses range from Autism Spectrum Disorder (ASD), Cerebral Palsy, Prader-Willi Syndrome, Fragile X syndrome, Tourette's syndrome, Sotos syndrome, and Attention Deficit Hyperactivity Disorder (ADHD). In discussions with staff and from my own observations it appeared that anxiety was very common in the unit and could be displayed by compulsive behaviour (for example, skin picking, head banging, flapping hand movement, screaming), aggression, and behavioural issues. This in turn could increase anxiety in other students. Teachers and other staff also reported that many of the students have severe attention issues with some not able to stay within the classroom. They are provided with 'chill-out' spaces where they can go to be alone or when they are feeling particularly anxious. From my experience, it appears that periodic individual music therapy sessions can also help students regulate and manage their stress and anxiety before returning to the classroom. From an educational point of view, it can be very difficult for some

of these students to learn or to achieve these key competencies when they are experiencing high anxiety and/or stress.

Literature Review

Introduction

Mindfulness has been practiced for millennia as part of Eastern religions including Buddhism, Hinduism and the Zen tradition in China. Within Hinduism, mindfulness is related to Yoga and Vedic meditation traditions and often strives for similar goals. In the West, spiritual teachers such as Swami Vivekananda and Paramahansa Yogananda were influential in the introduction of yoga, mindfulness and other Indian philosophies to the Western world in the late 1800's to early 1900's. Vivekananda taught the belief that training the mind to be more attentive and less distracted was the focus of education and should be a high priority for all students (Prabhananda, 2003). Vivekananda was himself influenced by Transcendentalism, an American philosophical group which developed in the early 1800's and which, in a cyclic nature, had been strongly influenced by Hindu texts. Kabat-Zinn (2005) also writes that Transcendentalism (and notably the work of Thoreau) functioned as a precursor to ideas of mindfulness. In the 1950's another guru named Maharishi Mahesh Yogi also fostered interest in meditation and links with transcendentalism with the development of his Transcendental Meditation Technique. While not exactly the same technique as mindfulness, the Maharishi helped popularise meditation to a large Western audience (particularly through his associations with celebrities including the Beatles).

Some scholars have also argued that the origins of modern mindfulness lie within Buddhism in the Theravāda (a branch of Buddhism) meditation revival of the 20th Century. This became known as the 'insight' movement developed by Burmese teachers (notably Ledi Sayādaw and Mingun Sayādaw) with one disciple, Mahāsī Sayādaw developing the technique of focusing on sensory objects with moment to moment attention, and focusing on the breath while observing other sensations or thoughts, ideas we can recognise as modern mindfulness techniques today (Fronsdal, 1998; Sharf, 2015). The Vipassanā movement (also named the 'Insight Meditation Movement') is a set of branches within the modern Theravāda movement which also helped popularise meditation and the concept of mindfulness in the West from the 1950's with a surge of popularity in the 1970's. This reformation of Buddhist techniques was very popular amongst lay people as it removed many religious or spiritual references, making it more palatable to those wishing to achieve the benefits of meditation without having to identify as belonging to a particular institution or make any major changes to lifestyle, politics, religious affiliation or cultural worldviews. The movements did however face much criticism by

traditionalists who considered it ‘dumbing down’ of Buddhist traditions, doctrine, and wisdom for a quick-fix method of meditation (Fronsdal, 1998; Sharf, 2015). It should be noted that this same criticism is now sometimes levelled at the modern mindfulness movement (and the various medical programmes which have been developed) where most references to Buddhist scripture or doctrine have been removed. As mindfulness has become more mainstream and regularly accepted by the medical industry (a Clinical Handbook of Mindfulness was published in 2008) it is important to keep in mind the historical spiritual origins. True mindfulness is guided by good intentions and motivations based on ethics and compassion for self and for others (Harrington & Dunne, 2015).

Early research studies in the 1960’s conducted by Robert Keith Wallace and Herbert Benson began to use medical methods of measurement to research effects of meditation in which they showed that meditation could have beneficial physiological results (Harrington & Dunne, 2015). This work paved the way for the use of meditation as health practice and the development of medical programmes based around meditation, including the method used in this study, the Mindfulness-Based Stress Reduction programme (MBSR) developed by Jon Kabat-Zinn in 1979. MBSR had its roots in Buddhist philosophy (Kabat-Zinn studied mindfulness under several Buddhist teachers, including Thich Nhat Hanh, an influential figure in Western mindfulness himself) but like certain reformers before him, he later removed references to a Buddhist framework and placed the programme in a more scientific context in order to make it more accessible to mainstream audiences (Sharma & Rush, 2014; Shea, 2016). Kabat-Zinn’s definition of mindfulness involves bringing one’s attention to the present moment in a non-judgemental way. It is practiced through various meditations which focus the mind on what is happening (both internally and externally) at any moment in time. This includes thoughts which may be occurring, sensations in the body, or external sights or sounds (Baer, 2003; Kabat-Zinn, 2013).

The last decade saw a further explosion of interest in secular mindfulness particularly in the fields of psychology and medicine where more interventions based on or incorporating mindfulness training became common. These include: the aforementioned MBSR programme; Mindfulness-based Cognitive Therapy (MBCT), which focuses on reducing depressive episodes; Dialectical Behaviour Therapy (DBT), which focuses on the treatment of borderline personality disorder; Acceptance and Commitment Therapy (ACT); Relapse Prevention for individuals with substance abuse (Baer, 2003). Studies began investigating the efficacy of these programmes,

firstly involving mostly adult participants, and then into studies involving students at all levels including university, secondary school, and younger.

Resources for this review were Te Waharoa (the Victoria University library), JSTOR Music Collection, Cochrane Library, Web of Knowledge, Google Scholar, Elsevier, PLOS One, and Science Direct. Originally the search was conducted using the keywords ‘music’ or ‘music therapy’, and ‘mindfulness’ but as themes developed, further keywords were added to these two main keywords including ‘education/special education’, ‘students/university students’, and ‘special/complex needs’. Articles were also limited to those from the last 15 years.

An initial task was to clarify the benefits of mindfulness both in general and in an education context or learning setting (it should be noted that the volume of studies found in this section numbered in the tens of thousands so focus was mainly on Meta-Analyses and Systematic Reviews which gave a clear overview). Next, studies which focused on therapeutic contexts or therapists where mindfulness was used either within the therapy or by the therapists themselves. Studies which incorporated music (or music therapy) and mindfulness were considered, either in a form of mindfulness-based music therapy or music-based mindfulness in order to discover connectivity between music and mindfulness. Finally studies involving mindfulness and people with complex needs (both adults and children) were also included, particularly studies where those working within these populations undertook mindfulness training, and a brief look at music therapy within this population and the New Zealand context (where the present study is located).

Mindfulness Research in Adult Populations

The most recent (and very thorough) review found was an overview of systematic reviews and meta-analyses of randomised controlled trials (RCT’s) in the study of mindfulness-based interventions in healthcare conducted by Gotink et al. (2015). 23 reviews were included with a total of 115 unique RCT’s all utilising either the MBSR or the MBCT programmes in varied patient populations including patients with chronic pain, cancer, cardiovascular disease, depression and/or anxiety, chronic somatic diseases, mental disorders, and groups of healthy adults (a total of 8,683 individuals). Results were positive with significantly improved depressive symptoms, anxiety, stress levels, quality of life and physical functioning. Across the studies of cancer patients, cardiovascular health, chronic somatic diseases and pain, participants showed significant improvements in mental health outcomes (for example depressive symptoms, anxiety,

and stress related to their illness) although not often physical health. Patients with chronic pain however also had significant improvements in decreased pain intensity and pain acceptance. These results indicate most importantly benefits to quality of life across widely differing conditions and to the ability to cope with various diagnoses. The authors also commented that mindfulness training has little to no harmful side-effects and is therefore an excellent addition to healthcare and in preventative measures. As the review was so large it is difficult to reproduce all supporting statistics here so those interested should be directed to the review itself.

Khoury et al. (2013) completed a comprehensive meta-analysis of mindfulness-based therapy (MBT) which involved 209 studies, 72 with a pre-post design and 67 with wait-list controls. The studies included a wide variety of ages and genders and mostly investigated the effects of MBT on mood, cancer, anxiety, pain, alcohol/substance abuse, and fibromyalgia ($N = 6$ to $N = 25$) as well as a smaller number ($N = 2$ to $N = 4$) which involved obesity, PTSD, ADHD, headaches, personality disorders, arthritis, irritable bowel syndrome, tinnitus, multiple sclerosis, and heart disease. They concluded that MBT was particularly effective for treating psychological disorders, particularly reducing anxiety, depression, and stress as compared to waitlist controls and other active treatments. In the cases of mild, moderate, and severe anxiety and depression, each measure was reduced on average to the next milder form, for example, moderate level anxiety pre-treatment was decreased to mild level anxiety post-treatment. Severe level depression pre-treatment was decreased to moderate level depression post-treatment. These gains were also maintained at follow-up. As in the previous review however, few changes were recorded in physical conditions.

Four other earlier reviews on the benefits of mindfulness were also found including two systematic reviews and two meta-analyses. In 2014, a systematic review was conducted by Sharma and Rush investigating mindfulness-based stress reduction as a stress management intervention for healthy individuals (17 studies included) and an earlier study by Mars and Abbey (2010) conducted a systematic review of mindfulness practise as a healthcare intervention (22 studies). The two meta-analyses were both earlier with a study by Grossman, Niemann, Schmidt, and Walach (2004) on mindfulness-based stress reduction and health benefits (20 studies), and Baer (2003) on mindfulness training as a clinical intervention (21 studies). In the interest of brevity, these four reviews can be summarised as having very similar results to the reviews already mentioned in that they examined the effects of mindfulness training

(predominantly MBSR or MBCT) on chronic pain, anxiety, depression, binge eating, cancer, heart disease, fibromyalgia, and generalised stress of otherwise healthy adults. Statistically significant improvements were shown across the board but particularly in the studies involving anxiety, depression, and psychological distress (with results maintained at follow-up), and suggested that mindfulness training may help with coping and quality of life for those patients with both clinical and/or non-clinical problems and as a preventative for healthy individuals. This last point is helpful for the current study because it demonstrates that mindfulness is not only beneficial for the ‘unwell’ or those with a clinical diagnosis but is a helpful preventative measure for healthy individuals experiencing general stress as well as improving coping and quality of life. It should be noted that limitations mentioned by all the authors included small sample sizes and problems with methodology (such as studies which did not include a control).

Mindfulness in Education

Health and wellbeing of students is of increasing interest and research has shown that student health and wellbeing and academic performance show strong connections (Ansari & Stock, 2010; Ansari et al., 2011; Antonia C. Novello, DeGraw, & Kleinman, 1992). In light of this, a spate of new studies involving the use of mindfulness training in schools and with students (at all levels including university) have emerged in recent years and appear to show very similar benefits as those for the clinical or adult population including reduced stress and anxiety, improved self-control and coping skills, building empathy, increased self-awareness, improved sleep quality, positive self-expression, and helping students to pay attention (di Pierdomenico et al., 2017; Galante et al., 2016; Mental Health Foundation of New Zealand, 2012; Messer, Horan, Turner, & Weber, 2016; Weare, 2014). The methodologies differed in style of mindfulness training although core principles remained the same and most continued to follow the original principles set out by Kabat-Zinn in the MBSR course (see Methodology section for an outline of these principles).

A systematic review and meta-analysis on mindfulness-based interventions in schools in 2014 (Zenner, Herrnleben-Kurz, & Walach, 2014) included studies which measured several domains including cognitive performance, emotional problems, stress and coping, resilience, and third person ratings of aspects such as aggression and social skills. 24 studies were included, with a total of 1348 students involved across all school grade levels (ages six to nine). Results found that mindfulness training was particularly effective for reducing stress and improving

cognitive performance (results reported across all controlled studies and domains showed a significant medium effect size of $g = 0.40$ with cognitive performance at $g = 0.80$, and resilience and stress at $g = 0.36$ and $g = 0.39$ respectively). Limitations noted were that none of the studies included a control group and many were only small and did not contain enough information on the school and participants to be applied to the general population.

Following is a summary of some recent examples of studies in mindfulness in education. A feasibility study by Kuyken et al. (2013) on mindfulness in schools intervention, found that students ($N = 522$) reported significantly less stress ($p = .05$), greater well-being ($p = .05$), and fewer depressive symptoms post-treatment ($p = .004$). Another feasibility study by Klatt et al. (2013) on arts-based mindfulness interventions in the classroom ($N = 41$), found significant improvement in hyperactivity ($p = .002$) and attentiveness ($p < .001$). A qualitative exploratory study by (Wisner, 2013) assessed student's ($N = 35$) perceptions of the benefits of mindfulness and found eight types of potential benefits reported, even after only a short period of practice. These perceived improvements were in stress management, self-awareness, coping, attention, state of mind, being calm, school climate, and student engagement. In a large quantitative study ($N = 409$), Black and Fernando (2014) examined the effects of a five week mindfulness-based curriculum on teacher reported classroom behaviour. They found significant improvements from pre- to post- intervention including attention, respect for others, self-control, participation, and stress (total sum scores $p < .001$).

At a university or graduate level, Messer et al. (2016) investigated the effects of an internet delivered mindfulness training on university students ($N = 114$) and found that the training produced significant results in reduced stress ($p = .001$), increased mindfulness ($p = .01$), and reduced emotion-focused coping ($p = .001$). A proposal and study to support student therapists focused on university students training to be therapists (Beaumont & Hollins Martin, 2016; Beaumont, Rayner, Durkin, & Bowling, 2017). Although this study involved Compassionate Mind Training (CMT) to help teach the students to be more compassionate to both themselves and others. CMT includes many of the same elements of mindfulness and self-care practices. The authors noted that therapy students (those training to become counsellors or psychotherapists) can experience emotional difficulties (or fallout), stress, burnout, and self-criticism and negative rumination as well as the possibility of being exposed to traumatic incidents during training. They also stress the importance of self-care for those working (or

training) as psychological practitioners. Results showed that participants experienced a significant increase in self-compassion ($p = .022$) and a significant decrease in self-criticism ($p = .012$). While not focusing specifically on a mindfulness intervention, this study showed the importance of self-care interventions to therapy students specifically.

Mindfulness Within Therapy

Therapy work, while rewarding, is often considered a profession with a higher level of stress, burnout, anxiety, and depression (Baldini, Parker, Nelson, & Siegel, 2014; Kim, 2012, 2016; O'Halloran & Linton, 2000; Vega, 2010). This can be due to a variety of factors such as work environments, high job demands, and that music therapists are often involved in crisis intervention, or with traumatised individuals. Vega (2010) also states that music therapists can be more emotionally exhausted than the average mental health worker and that sensitivity and anxiety were highly characteristic traits of music therapists. These studies show that as a group, therapists, and particularly music therapists, are a group that could benefit from mindfulness training as a self-care resource.

A report by Mika (2014), explored whether music therapists working in a clinical setting in the UK found mindfulness useful. Only seven therapists were involved in the study but most were familiar with the concepts of mindfulness and agreed that it was beneficial to their work stating benefits such as enhancing the ability to fully 'be with' a client, allowing them to be open to new experiences and non-judgemental when meeting new clients, and enhancing instinct and intuition. Mika also comments that many facets of being a music therapist already contain elements of mindfulness without having to do any official mindfulness training however it appears that mindfulness can enhance these therapeutic traits. This last point is important to the present study as the enhancing of helpful therapeutic traits could be of great benefit to a therapy student.

Several studies also investigated the links between mindfulness and the therapeutic relationship. The strength of the therapeutic relationship (or alliance) has been shown to be the largest indicator of success in therapy regardless of therapist paradigm, style, or techniques (French, 2012; Wexler, 2006). In the aforementioned study by Mika (2014), one of the participants commented that mindfulness, "enhanced his ability to become attuned to a patient, thus helping to establish a therapeutic relationship" (p. 84). Several other studies explored the relationship between mindfulness and the therapeutic relationship. A doctoral dissertation by

Wexler (2006) found significant positive correlations between the perception of the therapeutic relationship (by both the client and the therapist) and the level of mindfulness displayed by the therapist. A recent study by Razzaque, Okoro, and Wood (2015) found significant positive correlations between all sub-scales of mindfulness with non-judgemental acceptance and openness to experience being significant predictors of the quality of the therapeutic relationship. Another dissertation by French (2012) found that the level of mindfulness displayed by the therapist led to clients being better able to disclose information to the therapist and also a higher level of comfort in the client. A study on countertransference in the therapeutic relationship by Millon and Halewood (2015) showed that regular mindfulness meditation allowed therapists to better observe moments of countertransference and to better tolerate emotional reactions which arose from them which in turn deepened the therapeutic relationship. Countertransference is the emotional reaction of the therapist to the client, which connects to the client's transference and can have the potential to be damaging to the relationship between the therapist and their client.² These studies show that therapist mindfulness could be acknowledged as an effective technique to strengthen the therapeutic alliance and thus improve the chances of success within therapy.

Music and Mindfulness

Mindfulness-based Music Therapy (MBMT) is a relatively new branch of music therapy with several music therapists claiming to practice this in their work (discovered in various internet blogs and journals) but few scholarly studies have been undertaken. One qualitative study by Lesiuk (2016) focused on the development of a MBMT for women receiving chemotherapy for breast cancer. The author had some experience in mindfulness and introduced a programme using four of the seven principles within the MBSR programme. These were: non-judging/suspending judgement, beginner's mind, acceptance, and letting go. Each of the principles was introduced via a musical activity by the researcher (also a registered music therapist) and positive results were reported including significantly reducing negative mood states, increasing energy, and improving attention. This combining of mindfulness activities within a music therapy activity shows the connectivity possible between these two interventions.

² Transference and countertransference originate in the work of Freud and psychoanalysis and involve the transferring of emotional feelings from a former or current relationship onto the relationship between the client and the therapist.

Interest in music-based mindfulness is also clearly growing as indicated by several postgraduate research studies in the field. These included a doctoral study by Goldberg (2014) which used preferred music listening and mindfulness as a tool for stress management and which found that mindful music listening had a greater effect on stress reduction than music listening alone. Britton (2017) developed and implemented a mindfulness-based music intervention for decreasing depression and anxiety in cancer patients. As the focus of the thesis was on design and implementation, results were not reported except to say that narrative responses from participants indicated that both anxiety and depression were reduced after the intervention. Tomaselli (2014) attempted to determine if live music in conjunction with mindfulness exercises would lead to further benefits and increased mindful awareness. Results showed no significant difference however between the intervention and a control group who benefitted from the mindful exercise alone.

A study by Diaz (2013), investigated if a brief mindfulness exercise could have an effect on attention and ‘flow’ during music listening. Most participants ($N = 132$) stated that they experienced a decrease in mental distraction, an improvement in focus and that they were more aware of the characteristics of the music after they mindfulness exercise. A third study on mindful listening also involved school students ($N = 38$) and examined the effect of mindfulness instruction on student listening (Todd Anderson, 2012). The study investigated looked at the variables of ‘novelty’ and ‘enjoyment’ with one group assigned to listen to the music mindfully (with instruction) ($n = 18$) and the other simply to listen ($n = 18$). Results showed statistically significant differences in the two variables (novelty $p = .02$, and enjoyment $p = 0.01$) between the two groups. It seems from these explorations that the addition of music to mindfulness techniques and vice versa could be beneficial to both practices.

Mindfulness and People with Complex Needs

Of interest to this study were those studies which focused on participants working in a special education or complex needs context and the effect that mindfulness training could have on the people they worked with or cared for. A group of researchers led by Dr N. N. Singh (a specialist in mindfulness research), have been pioneering studies into mindfulness practice and people with complex needs. They investigated the effects of mindfulness training with the parents of children with developmental disabilities and autism (Singh, Lancioni, Winton, Fisher, et al., 2006; Singh, Lancioni, Winton, et al., 2007) and if this would affect the behaviour of the

children through parent-child interactions. Results were positive, showing that as well as decreasing stress in the parents themselves, a mindful parenting style decreased aggression, non-compliance, and self-injury in the children of the participants as well as increasing social behaviour with parents and siblings. Singh, Lancioni, Winton, Karazsia, and Singh (2013) also conducted a similar study but with teachers in a special education context (preschool children with mild intellectual disability) which investigated the effects of teacher mindfulness training on the behaviour of their students. Results were again positive showing a change in teacher-student interactions with fewer negative interactions coming from the student along with greater compliance to the teacher's requests. Three more studies led by Singh focused on mindfulness training for staff or caregivers working with adults with profound multiple disabilities, and developmental disabilities (Singh, Lancioni, Winton, Curtis, et al., 2006; Singh et al., 2009; Singh et al., 2004). Again, results were positive showing that when staff undertook mindfulness training, this resulted in positive effects for those in their care including increased level of happiness, increased learning, and reduced aggression and destructive behaviours.

The present study does not seek to 'teach' mindfulness to the school students themselves (within the special education context) however it should be noted that in an early study Singh, Wahler, Adkins, Myers, and The Mindfulness Research Group (2003) pioneered a method of mindfulness training for use with people with complex needs. They have used this intervention in multiple studies since then including a study to support a reduction in aggression in individuals with mild intellectual disabilities (Singh, Lancioni, Karazsia, et al., 2013), autism (Singh, Lancioni, Manikam, et al., 2011), Asperger syndrome (Singh, Lancioni, Singh, et al., 2011), conduct disorder (Singh, Lancioni, Joy, et al., 2007), and those in prison with mild intellectual disability (Singh, Lancioni, Winton, et al., 2008). They also investigated mindfulness for health outcomes of an adolescent with Prader-Willi Syndrome (Singh, Lancioni, Singh, et al., 2008). Most of the studies were limited however by their very small participant sizes although the most recent study in 2013 (investigating the effect of mindfulness training on aggression in individuals with mild intellectual disabilities) was created to expand these results into a group design study ($N = 34$). Results showed a significant reduction in both physical and verbal aggression over four phases of the experiment (where each subsequent phase had a significantly lower mean number of occurrences of aggression). Mindfulness training is often thought to require a fairly high level of cognition however these studies show that mindfulness can be made

more accessible as all participants were noted as having a mild disability or functioning at the mild to borderline intellectual level.

Music Therapy in Special Education Settings in New Zealand

Within New Zealand, music therapy is currently being employed within special education for people with a variety of complex needs. In an exploratory study of current practice of music therapy with people with ASD, Rickson, Molyneux, Ridley, Castelino, and Upjohn-Beatson (2015) showed that music therapists in New Zealand work with a high number of students with ASD, particularly supporting social and communication skills. The authors also note in their study that music therapists in New Zealand valued a humanistic approach and concepts of ‘being with’ and ‘in the moment’, both of which are concepts found within mindfulness. A study by Twyford (2012) states that in New Zealand, many students with special educational needs attend mainstream schools with their typically developing peers and so inclusive music therapy (involving shared music groups of students with varied needs) can also be important. The study shows that peer and staff perceptions of inclusive music therapy groups included themes of new learning, wellbeing through music, relating to others, musical skills, and generalising skills. Twyford (2013) also produced an observational pilot study in which Specialist Music Therapy Services were introduced and evaluated in special education in mainstream school settings. Findings showed that the music therapy services were highly valued by staff and the study highlighted student capabilities and skill development, noting that music therapy was helpful as reinforcement for learning (for both the students and the staff involved).

Summary

As shown here, the literature on mindfulness is substantial and demonstrates widely positive benefits in a wide variety of populations (including adults, students, therapists, and people with complex needs) and there is sound evidence for the efficacy and impact of mindfulness on anxiety, stress, depression, coping, and wellbeing, as well as use as a preventative measure in healthy individuals. As previously mentioned, the five key competencies for students in the New Zealand Curriculum are: thinking; using language, symbols, and text; managing self; relating to others; participating and contributing (Ministry of Education, 2014). The Mental Health Foundation of New Zealand (2012), suggests that mindfulness training programmes in education could hold great potential for supporting these key competencies and that more local research in New Zealand however is welcomed. They also note that professional

development in mindfulness for those working in education in New Zealand could be an excellent way to facilitate this.

Studies on the use of both music and mindfulness are beginning to be developed and indicate the clear connections between these two processes. The present study involves mindfulness training with a music therapy student and as such, literature regarding mindfulness and therapy or therapists (and students of these professions) was included. Therapeutic training has been known to be challenging and can have a higher than average incidence of impacts such as stress, anxiety, emotional difficulties and negative rumination. It appears that mindfulness is particularly beneficial to therapists in developing the therapeutic relationship and therapeutic traits as well as having possible benefits for the clients with whom they are working. As there were no studies involving music therapy students in particular, these points raise the question of how mindfulness training could be employed by or with this population, during the course of their study, and what benefits might be perceived. I had the opportunity to bring together mindfulness and music therapy in the course of my research journey and through my reading recognised the value in exploring the relationship of these processes. My research question was therefore:

Research Question

What are the perceived benefits of mindfulness training for a music therapy student working with young people with complex needs in special education?

Methodology

Theoretical Framework

The theoretical orientation of this study is ‘constructivism’ which holds the ontological belief that knowledge is constructed based around context and the reality (the world in which we live) experienced by the individual (Braun & Clarke, 2013; Edwards, 1999). The theoretical framework within this ontology is theoretical research whereby the research is undertaken to develop a theory. This research process can involve several techniques, as described in K. Bruscia (1995), including integration, where the researcher considers how they can accommodate and assimilate theory and/or practice from related fields. In this case, the researcher is using theory and practice from the field of mindfulness (within the field of psychology).

Methodology

Methodology for the study is exploratory research using secondary analysis (both inductive and deductive) to evaluate the perceived benefits of mindfulness training for a music therapy student working in a special education context. Exploratory research is linked to the idea of exploration, Stebbins (2001) writes that it has even be described metaphorically as a ‘fishing expedition’ in that the researcher is fishing for information. The researcher goes beyond a simple description of the topic but explores it further in order to find generalisations leading to better understanding of that topic. It is an applicable research methodology in this study as the researcher initially had little practical experience in mindfulness and discovered information about it during the course of the study. It should be noted that mindfulness should be taught only by trained practitioners (Weare, 2014).

Research Design and Methods

Mindfulness Training

The training was an official MBSR course in Wellington, New Zealand. It was run by a trained mindfulness teacher and ran for 8 weeks including weekly two hour sessions and one full day session (day of silent meditation where speaking was discouraged). A home practice manual was included and participants were encouraged to practice mindfulness exercises every day for at least 30 minutes. Exercises included a series of mediations (body scan, sitting meditation, walking meditation), keeping track of both pleasant and unpleasant experiences, events, and communications, yoga, and bringing mindfulness to everyday activities.

Data Gathering/Collection

Data came from secondary analysis of the normal clinical work of the student music therapist. Data sources include clinical notes, a reflective journal, notes from formal or informal meetings with the facility team, and videos and/or recordings of music therapy interactions. Clinical notes were created after each session (both individual sessions and group sessions) throughout the normal work day. Group sessions were held once weekly with each of the four classes within the unit. Ten students were selected for individual sessions which were held for 30 minutes at the same time each week. Clinical notes included what had occurred in the session, how the session was facilitated, and any observations made by the student music therapist. The reflective journal was written in daily and included personal thoughts, feelings and reflections from the student music therapist on the progression of the work and any issues that had arisen. The collection period for data was six months from March 2017 to August 2017 with the mindfulness training occurring from mid-May until early July. See timeline following to show clear positioning of mindfulness training.

Timeline of Data Collection

March	Data collection begins
April	
May	
June	Mindfulness training
July	
August	Data collection ends

Data Analysis

The data was analysed using thematic analysis and NVivo, a computer-assisted qualitative data analysis software (CAQDAS). Braun and Clarke (2013) write that thematic analysis is particularly flexible in that it can be used for data-led themes (bottom-up or inductive analysis) and themes which come from existing theoretical ideas (top-down or deductive analysis). In this study both inductive and deductive coding were utilised. Deductive coding employs themes drawn from existing theoretical ideas as demonstrated in Marks and Yardley (2011), in this case, the existing ideas were the principles of mindfulness as demonstrated in the MBSR programme by Kabat-Zinn (2013) and shown below. Inductive coding was also utilised to further discover themes relevant to the question.

Deductive Coding Themes - Principles of Mindfulness (Kabat-Zinn, 2013)

1. Non-Judging – Recognising and reducing judging quality of the mind.
2. Patience – Cultivating patience towards others, our bodies, and our minds.
3. Beginner's Mind – Allowing self to see things as if for the first time and without the cloudiness of own feelings, thoughts, and opinions.
4. Trust – Cultivating trust in self helps to see basic goodness also in others.
5. Non-Striving – The process of not straining or forcing self or situation to be better.
6. Acceptance – Seeing and accepting things as they are in the present
7. Letting Be – Letting our experience be what it is without trying to change anything.

Thematic Analysis Process

Braun and Clarke (2013) identified seven steps in the process of thematic analysis (pg. 202) and these were utilised in the coding of this study:

1. Transcription – Accurately transcribing from any video or recording data.
2. Reading and familiarisation; taking note of items of items of potential interest – The researcher read through all clinical session notes and journal entries and made notes on items which may be of interest while familiarising themselves with what was present in the notes. (See Appendix A for sample of data).
3. Coding – This was completed twice, across the entire dataset. The first time involved deductive coding to existing ideas as well as creating codes inductively as they revealed themselves in the data. The second coding was to ensure that all items in early coding also took into consideration codes that had been created later in the

coding journey as coding is an organic and evolving process. (See Appendix B for samples of initial coding in NVivo).

4. Searching for themes – Codes were reviewed and summarised on pieces of paper to create a visual map and to better see relationships between them. (See Appendix C for sample of analytic process for finding themes).
5. Reviewing themes - A thematic map was produced (map of provisional themes, subthemes, and relationships between them).
6. Defining and naming themes – Short thematic summaries were created to explain the meaning behind each theme.
7. Writing – Longer descriptions incorporating data examples were written to better display findings. During the writing of these findings, the analytic process continued and analysis was not finalised until the end of the writing process.

Analysis throughout project was a continual process and both codes and themes were adjusted and moved up until the completion of the findings process. Lichtman (2013) describes this continuing analysis process in an analogy of books on a shelf. There is no one correct way of arranging the books as each person can define the limits differently for example arranging by colour, title, size, or theme. During arranging, it can become apparent that one way is better suited to the books at hand and so the method of arranging may need to be modified or changed to better suit this. This analogy accurately describes the analysis process undertaken during this research project as the data continued to shape the outcome throughout the analysis process.

Ethical Processes

Ethical approval was gained by the NZSM Master of music therapy programme supervisors (Ethics Approval 22131) for student research undertaken as observational studies, theoretical or case study research or action research. This research study followed the ethical guidelines outlined in the New Zealand Music Therapy Code of Ethics for the Practice of Music Therapy in New Zealand (2012) and Victoria University of Wellington's (VUW) Human Ethics Policy and guidelines.

As this study was conducted in New Zealand, the researcher sought cultural guidance in the form of a workshop with a VUW Māori advisor and discussion with the Māori teacher within the facility, to ensure the study aligned with the principles of the Treaty of Waitangi. These included:

- Kawanatanga Principle – Principle of Government
Having our own expectations, but agreeing to work together.
- Rangatiratanga Principle – Principle of Self-Management
Creating balance and empowering those we work with.
- Principle of Equality
Having equal access to all services and the removal of social constructs.
- Principle of Reasonable Cooperation
Establishing relationships and expecting reasonable cooperation.
- Principle of Redress
What is useable inside the work and the subjects right to pull information at any time.

Consent

While data was mostly gathered from the researcher's own clinical practice, data sources also included video and audio footage, and responses (musical or otherwise) of musical therapy participants and staff within the school. Informed consent was sought from parents/guardians and students themselves were informed of the study wherever possible and where it has been determined that they were able to also give informed consent or assent themselves (for those over 16) they were able to do so (information was tailored to them in a form in which they were able to understand (see Appendices D – G). Informed consent was also sought from the facility for clinical data to be subjected to secondary analysis for research purposes.

Confidentiality

Strict confidentiality was upheld with the identities of all participants and staff given a pseudonym and any identifying characteristics (for example appearance) being removed from reporting. The name of the facility was also omitted. All data (including audio/video recording made during the sessions) was stored electronically in a password protected folder, accessible only to the researcher. This data will be held for two years after the conclusion of the research before being destroyed.

Findings

The research question attempted to discover the perceived benefits of mindfulness training for my work as a music therapy student working with young people with complex needs in special education. Findings showed my perceptions of benefits emerging through a journey from early data (before training) to later data (after training). I developed five themes (framed as themes of learning) including: *Presence*, *Non-striving*, *Beginner's Mind*, *Acceptance*, and *Patience*. These are presented below in Figure 1 (presented as an observed journey from before and after mindfulness training) and explained in summary and in detail in the following sections. Short vignettes have been included to further illustrate certain findings. The themes and perceived benefits proved very interconnected with each relating to several others and *Being Present* emerging as an over-arching theme as it related to all other perceived benefits (as illustrated in Figure 2). A final key finding was the effect of *Modelling* to the students. That is, the perceived benefits were not only observed for myself as the music therapy student but also seemed to have some impact on the students themselves as I changed my style and approaches towards the session and the students themselves.

For examples of the coding process please see Appendices A – C.

Journey Through Training

Figure 1. Thematic findings presented as a journey through mindfulness and music therapy training.

Interconnectedness of Findings

Figure 2. Interconnectedness of perceived benefits with *Being Present* emerging as central inter-related theme.

Summary of Themes

- Presence: Learning to be in the here and now

This first theme incorporates the codes of observed boredom both in the students and in the music therapy student and how this could lead to a feeling of not being present in the moment. Through practice, I made particular efforts to be more present in the clinical work and communications. *Being Present* was observed to be connected to all other themes and thus emerged as a central theme of learning in the findings.

- Non-Striving: Learning to be comfortable with myself and my/others abilities

Initial reflections showed negative self-talk particularly related to myself, including my musical abilities and suitability for the clinical work. Also observed was a desire to reach a level

of perfectionism which was unattainable in both clinical work and musical ability. Through a practise of non-striving, I began to cultivate a culture of acceptance and this was reflected in how the students seemed to also gain confidence in their (and others) musical offerings.

- **Beginners Mind:** Learning to see through new eyes

Forming preconceptions and initial snap judgements was common in the early stages of work but through fostering beginners mind and a more child-like view of the world and situations within it, I noticed that I seemed to be able to adopt a more non-judgmental view.

- **Acceptance:** Learning to accept the present moment as it is

Early data samples often used the word ‘chaos’ to describe a situation and this often led to noting that I needed to assert control over situations. A practice of letting situations be meant that while the situations themselves did not change as such, the change was in how I viewed the experiences (in neither a negative nor a positive light, simply as they were).

- **Patience:** Learning to be patient with myself and others

Feeling the pressure of time was regularly observed in data samples. I noted my need to hurry through clinical sessions and a sense that not enough progress was being made. Learning to be patient both with students and with myself, allowed sessions to progress at a comfortable pace with less focus on the need to ‘achieve something’ in the time given.

- **Modelling**

Through modelling, perceived changes in my own approach and style as the music therapy student could be followed and matched leading to some observed changes in the students, for example, as I observed increased patience within my own personal style, I perceived the students as also displaying a greater level of patience.

Detailed Description of Themes

Presence: Learning to be in the here and now

This theme followed the journey from the codes of *Boredom*, and *Not Being Present*, to *Being Completely Present*. Being present was observed both mentally (as in paying attention, being aware in the present moment) and physically.

In early work, my anxieties were reflected in the personal journal that the students in music therapy were often bored and that this was leading to them to be not enjoying music, or not participating in the music session. For example I commented, “I shouldn’t be so worried that the song is becoming ‘boring,’” also, “I often feel that the students are bored.” In fact, I was

rather shocked to see that the word boring or bored was used a total of seven times in early entries of the journal alone. Several other segments were coded to this as well when boredom was implied, for example, “I am constantly worrying that the students are already sick of a song,” or, “I feel the session is a bit ‘same samesy’ and I’m just repeating the same songs all day.” The feeling of boredom was also present in how feelings about myself (as opposed to perceived feeling of the students). This is shown in the following quote, ‘I am prone to getting bored and then procrastinating.’

Relating to the sense of boredom, was a sense of not being present either mentally (for example, not paying attention) or physically (by leaving the room) and I observed this both in the students and myself. On occasion, it appeared that the second seemed to stem from the first, for example, “several of the...students chose to ‘opt out’ of participating in the group music. By ‘opt out’ they either chose not to take part and verbalised this or they simply walked off and refused to stay in the room.” The underlying message being that I felt that the students were bored in the session and so chose to not be present. These observations of *Presence* also related to myself and observances of my own behaviour, for example, “I can also become quite distracted in my groups,” and, “She threw her shaker on the floor and I felt this was to get my attention.” *Not Being Present* was also strongly related to experiences of being tired or unwell and I found common examples of coded data where I found it difficult to remain present in clinical work when tired. For example, “I have found that my concentration has been somewhat affected and so have struggled with ‘keeping an eye on everything’ during our sessions.” Also, “I’m finding my own concentration to be an issue. Again, this may be due to my current recovery state. I’m struggling to stay on task both in the groups but particularly in my downtime.”

During and after mindfulness training, focus began to shift in the reflexive journal to reflect a change in my observed qualities of *Being Present*. Part of this was being more aware of times when attention was being lost, for example the following two examples from mid-June, “I can see that I definitely have some attention problems myself and sometimes feel like I need to reign myself in and concentrate on what I’m doing in the moment.” Also, “during (the student’s) session, I felt I was more present with her and trying to slow down my reactions for example when she kept copying me during our turn-taking song.” It interested me that practicing mindfulness exercises such as bringing the attention to the senses of the present moment outside of clinical work seemed to be helping to create an awareness within it.

Non-Striving: Learning to be comfortable with myself and my/others abilities

This theme consisted of four codes from *Unsure of Self and Abilities*, and *Perfectionism*, to *Non-Striving*, and *Acceptance*. The codes reflected a natural journey of acceptance of myself and my abilities as a musician and therapist along with those of my students. *Non-striving* and *Acceptance* are both principles of mindfulness and were introduced and practiced throughout the mindfulness training.

In early notes in the reflexive journal, there was a general feeling of not being good enough both as a therapist and musician. Certain accompanying skills (on the guitar, ukulele, and piano) had only recently been acquired and I often expressed regret that the level of skill was not yet good enough to perform the clinical work. For example, “I need to get to a point where I can just ‘play’ on the guitar and piano but at this moment in time I don’t feel I will ever get there,” and, “I was unsure of the guitar chords and the words but attempted to improvise to provide some sort of backing for the dancing.” There were regular notes where I chided myself that there was a lack of knowledge of repertoire and an ability to plan sessions and I was surprised to see just how critical I had become in my personal reflections.

Being Unsure of Myself and Abilities was closely related to a desire to achieve perfectionism in the work. As a classically trained opera singer, many years had been spent refining and honing my voice to achieve a certain level of proficiency but within the clinical work this intense focus on creating the ‘perfect sound’ had to be forgotten as the focus shifted more to the therapeutic work and less on ‘performance’. In early sessions, there was a struggle with letting go of this level of perfectionism in the voice and with striving to achieve the same level in guitar (and other instrument) playing. For example, “I wonder if this is down to me panicking that the song is ‘not right’ and needing to change it then and there to be ‘better’.” Concerns were also noted with the music being ‘right’ when the students themselves were playing, for example, “I feel that percussion is less threatening but I need to question this - is it less threatening for the students or for me? I wonder if this is coming from my own sense of perfection in the music and a fear of everyone playing tuned instruments all over the show.” In this quote, it reflects that a sense of the music needing to sound ‘right’ was influencing the choice of instruments given to the students and thus an effect on the clinical work itself.

Gradually more awareness of this tendency towards seeking perfection arose, as demonstrated in the following post, “I think I need to watch my tendency to want to be

amazing/effective in every session which is of course not possible.” This reflection related to myself specifically in that musicianship of the music therapist does not need to always be to a performance standard but could also be a reflection on the standards which had been imposed on the students and the need for the group improvisation/music work to be ‘right’ (in a musical sense). I note the impact of musician’s performance training on myself and consider the way that both music therapy training and mindfulness may have helped me change my position from that of the performer (performing ‘to’) to the more mindful stance of performing ‘with’.

This desire to be perfect also related to the clinical work and a desire to always be ‘effective’, that is, is the therapeutic goal being achieved? Is the activity therapeutic in nature or simple music learning or performance? A perceived failure to explain actions within the work was noted. For example, “I can’t help but wonder if this is why I don’t film myself because I am so afraid of seeing what I am doing and knowing that I can’t answer why (I am doing it).”

Both *Perfectionism* and *Being Unsure of Myself and Abilities* also related closely to the theme of *Being Present* as focusing on abilities or musicianship or the perceived level that should be achieved, shifted focus from being in the moment with the student and led to thoughts being elsewhere.

The counter balance to this theme was the code of *Non-Striving*. This principle of mindfulness speaks of the quality of not continually aiming for perfection. For example, in the following excerpt, “I reminded myself that this is a group of teenagers and in fact their behaviour is completely normal”, choices were made to accept the current situation rather than striving for the students to constantly be improving. Also seen in a statement from June 12, “I think I have been too hard on myself of late and I need to appreciate that I am just one person and all I can do is take small steps in the right direction.”

Beginners Mind: Learning to see through new eyes

This theme showed a journey from *Forming Preconceptions* and *Being Judgemental*, to *Non-Judging* and *Beginners Mind*. In music therapy training, students were taught to approach new situations with an open mind but this proved harder in practice. In reflective notes, there were several circumstances of my forming preconceptions of both people or situations. These ideas also related to the earlier code of *Perfectionism* as they were often regarding an idea of a person’s ability to ‘be good at’ or to complete an activity. At times these preconceptions were shown as surprise at a student being able to do something, for example, “I found myself really

surprised at her natural rhythm and style of playing.” Preconceptions were also formed in deciding whether an activity would be ‘enjoyable’ to the students, for example, “I realise that both my own and the student’s negativity towards the idea were perhaps feeding off each other.”

In early sessions, many judgements were made of myself as evidenced in excerpts such as these from my first month at the centre, “I feel I haven’t quite prepared enough though. Some of the songs today were quite babyish,” and “I am finding this week somewhat difficult because I feel that I have not prepared enough for the session.” As with *Forming Preconceptions*, this code was also closely related to other codes in that in being judgemental of myself was often related to or revolving around being unsure of self and abilities such as, “my guitar is just not good,” or “(I) have little musicality in the session.” This judgement of myself also showed itself in thoughts of what others were thinking, such as, “I feel others are assuming and then often judging me for what they think I am or am not doing well.”

Over time more awareness of these judgemental tendencies occurred and attempts were made to begin cultivating more of a *Beginners Mind* (the practice of viewing situations as they are without forming preconceptions of how you think things may go or how a person will act). Through cultivating beginners mind, one also practices not forming snap judgements of people or situations but instead allowing them to be as they are and also the art of wondering. Some examples of this were, “I tapped my boomwhacker on the boomwhacker she was holding against her face. I wondered if the vibrations felt funny to her as she would laugh when I tapped it” and in work with a student, “I want to give her the benefit of the doubt that she does understand receptively some of what I am saying rather than just assume she can’t.”

Vignette – Sarah³

The above excerpt (“I want to give her the benefit of the doubt that she does understand receptively some of what I am saying rather than just assume she can’t”) comes from clinical work with a young woman named Sarah. Sarah was a 21 year old with severe cerebral palsy. She could walk with assistance for several meters but spent most her time in a wheelchair. She was non-verbal with impaired gross and fine motor skills. Throughout a normal day, she experienced small seizures (these ranged a lot in frequency and extremity) where her body would suddenly

³ Names have been changed.

flop to one side and she would throw or drop what she was holding. These seizures only display a noticeable effect when she has had a series of them in a row in which case she could become very tired and would often fall asleep in her chair. I was advised that staff had attempted various methods of communication with Sarah including specialised iPad apps but she was not able to use these. Because of this, it was very difficult to estimate how much Sarah could understand. Sarah participated in her class music therapy group once a week with seven other students for 50 minutes and in an individual session for 20 minutes each week.

In early session notes, particularly group sessions, I was worried that Sarah was not able to gain any benefit from group work as she was not able to contribute in the same way as the other students, by singing, dancing, or playing an instrument for example. I also felt that certain activities could not be used with this group because Sarah would be unable to take part. Preconceptions had been formed around Sarah's abilities and level of enjoyment purely from staff reports and initial observations and this was influencing my ability to form basic goals for her and also in the types of activities that were being selected for the group.

Kabat-Zinn (2013) describes one element of Beginners Mind as seeing people with fresh eyes and not through the reflection of our own thoughts, feelings, or expertise. Beginners mind encourages us to ask, 'what is really happening now?' Through practicing beginners mind with Sarah during group work, subtle (or not so subtle) changes in her demeanour and physicality towards the music began to be observed. For example, Sarah appears to particularly like rock 'n' roll style music such as Rock Around the Clock and music with a strong dance rhythm. When improvising a song in 1950's rock 'n' roll style using the words 'Shake it, Sarah, Shake it!' Sarah leaned forward in her seat and began to move her upper body in an up and down 'bop' dancing motion, with a lovely relaxed smile. It was striking and very moving to see her so free and with such control of her environment. In instrument playing, there was initial concern that if she was not able to 'play' the instrument without assistance then the activity would prove pointless for her and unfortunately due to the large nature of this group (with few staff) it was not possible for someone to be assisting Sarah continually with playing. It was observed however that although she was not necessarily playing the instrument, she would sometimes tap it with her finger or run her fingers/fingernails along the surface of the drum to create a scratching noise thus still creating sound which could be shared with the group. I felt that through using a *Beginners Mind* style of thinking when reflecting on Sarah in group work, enabled me to be

receptive to new possibilities in her participation and enjoyment of the session. It also allowed me to not pre-judge what I believed she could or could not understand.

Acceptance: Learning to accept the present moment as it is

This theme incorporated codes around perceptions of *Chaos*, *Asserting Control*, and *Letting Be*. The word chaos/chaotic was used seven times to describe a situation during clinical work throughout the duration of the study although the context surrounding the use of this word show the change in perceptions that came about. In early excerpts, it was used as a descriptor to describe a situation which felt out of control or in some need of control, for example, “(the room) was quite chaotic today,” or “I needed to control/discipline certain elements of the group.” It appeared that the sense of chaos came from the student’s behaviours during sessions and this led to a desire to control the situation. Again, this is interrelated with the code of *Perfectionism* and *Being Unsure of Self and Abilities* because often the feeling of chaos arose from the thought that activities or situations were not ‘right’ as evidenced in the following, “I handed out some percussion instruments ... but instantly regretted my decision as the volume and excited style of shaking was instantly too loud ... and was drowning out the song and distracting the students from reading the words.”

Letting Be is closely related to *Acceptance* in that they both refer to simply accepting a situation as it occurs and not trying to change it. In this case, accepting that chaos can occur and this is not necessarily a negative (or positive) thing and does not need to be controlled or managed. For example, “The groups both did not go exactly as I had planned them but this was totally fine.” Also, “I realise there is little I can do about this except try to include songs which are energising or engaging for them.” Regarding feelings of *Chaos*, the situation itself has not changed but my view of it has.

Vignette – The Chaotic Group

In the beginning of the school year I was asked to work with all the classes within the centre but was advised by staff that one class in particular could be quite difficult to establish a group and indeed, had been the only group to not benefit from music therapy in the year prior as it had been decided that the previous music therapy student would not work with this group. The group culture seemed initially to be very individualistic and with complicated dynamics between the students. In our first session, several of the students refused to participate, choosing instead to sit at computers, at their desks, or leaving the room completely. Over the next few sessions I also

observed some infighting and bickering between certain students, leading to some becoming upset (visibly crying or leaving the room). All the quotes I have used as evidence of the code *Chaos* in the above section in fact related to this group and I often felt that I needed to assert control somehow to be able to perform functionally as a music therapist. In fact, I began to limit the style of activities and instruments I was bringing to the group in order to corral them into order and attempt to keep them from going ‘out of control’.

During the MBSR course, one activity for home practice was to bring awareness to moments where we would normally react to a difficult situation and to explore how we could bring greater mindfulness and creativity to the moment using the principles we had learned. I began to attempt this in my group work whereby instead of reacting to perceived chaos by stopping an activity or feeling like I was forcing the students to engage, I tried to bring acceptance and the quality of letting go to this situation. In doing this, I felt I was able to accept when the music was not going as I had planned, and to be more relaxed in the moment within the music. I tried to encourage the students to participate any way they saw fit and accepted when they chose not to. After several weeks, I observed that more students had begun to join the circle (even when not actively participating) and by the end of my time in the school, all members of the class were now fully participating in the group. The music of course has a large part to play in this as well, as music can be an excellent motivator for participation. I feel this vignette accurately shows how learning to be mindful changed my own thinking and my ability to be present with the group.

Patience: Learning to be patient with myself and others

This theme consisted of two codes, *Feeling Time Pressure* and *Patience*. As a student music therapist, session time with students was limited to a specific number of hours and again worries of providing ‘effective’ work in a limited time frame was a concern. For example, “I was perhaps rushing through the songs a bit more,” and “I feel I need to rush on to continually be providing them with something new.” This also linked somewhat with the code of *Boredom* as when it was felt the student was becoming bored, there was a need to rush on to the next activity. This combined with the large workload and feelings that the work was never ‘enough’, “I just feel like I need to do so much more reading and I don’t know when I will ever find the time.”

With continued MBSR training, in later sessions a gradual slowing down occurred as I seemed to demonstrate more patience with both the students and myself. Sometimes this was

expressed explicitly, for example, “I feel that this week I was able to practice slowing down and taking my time with the music,” and “I have worked at being more patient in this and allowing myself the knowledge that repetition will not ultimately make something boring.” It was also implicitly shown in the clinical notes in that in early sessions, the list of songs used in the session could be up to eight or nine but in later sessions this had reduced to three to five for every session. This reflected that more space for each activity was being allowed without rapidly cycling through songs while trying to control the student becoming bored.

Modelling

A final perceived benefit which became apparent during analysis was *Modelling*. That is, when the above qualities of *Presence*, *Non-striving*, *Beginners Mind*, *Acceptance*, and *Patience* were modelled by myself, this was often reflected in the perceived behaviours or qualities of the students and as such it could be said that they also benefitted from the mindfulness training. For example, when patience was shown by the therapist towards a student during group work, other students appeared to also demonstrate more patience towards that individual. Another example was when less stress was placed on performing activities ‘correctly’ by the therapist, this relaxing of anxiety appeared to pass to the students who were then encouraged to play how they felt or chose regardless of musical ability. I noted that certain groups where students had been initially very shy and did not want to participate, were now engaging in beautiful music improvisations on a wide range of instruments for extended periods of time. This may have occurred through the natural process of music therapy and our developing therapeutic relationship however and will also be discussed in the discussion.

Summary of Findings

Findings sought to answer the question, ‘What are the perceived benefits of mindfulness training for a music therapy student working with young people with complex needs in special education’. Five interconnected themes of learning were discovered including *Presence*, *Non-striving*, *Beginner’s Mind*, *Acceptance*, and *Patience*, with *Being Present* emerging as an overarching theme. A final key finding was the effect of modelling whereby I felt I was able to positively model mindfulness to the students with whom I was working. Through the combination of these themes, I felt I learned to become more present in my clinical work in this setting. Being present is an important aspect of therapeutic work and the development of the therapeutic relationship and so in this way it could be said that in developing these mindfulness

skills, I was able to support my training in becoming a music therapist. It should be noted that several of these skills are present in the music therapy training itself and thus may have developed over the course of time without the mindfulness training however this will be discussed in the following section. It was also interesting to see just how critical I had become in my personal notes and I note the impact of musician's performance training on my thinking.

Discussion

In the summary of findings I observed the benefits and importance of presence and modelling, some aspects of which will now be discussed as to how this might be significant for music therapy and other professions/disciplines in bringing together mindfulness with other therapeutic work.

Real Life Relatability

The benefits of mindfulness training found in this study were related to the principles of mindfulness and an overall benefit of ‘being more present’ but how does this translate to benefits in real life? Studies in mindfulness have found multiple benefits of training including, reductions in anxiety, depression, and stress, improved quality of life and/or physical functioning, improved coping strategies, and reductions in psychological distress (Gotink et al., 2015; Khoury et al., 2013). These studies found that through learning to be more mindful in the present moment, participants could experience real change in their lives. That is, in learning to be more present or mindful, it is possible that I could experience further benefits for myself, my therapeutic work, and my students. Baer (2003) notes several reasons why mindfulness works including exposure (non-judgemental observation of sensations such as pain or anxiety can reduce emotional reactions related to these sensations), cognitive change (practicing mindfulness can lead to actual changes in negative thought patterns), self-management (improved self-observation can help with coping skills), relaxation (regular meditation encouraged during the training can lead to a more relaxed overall state) and acceptance (we can learn that we do not have to change our reality to accept it). Mindfulness also helps to reduce rumination i.e. the tendency to think obsessively about or dwell on situations, consequences, distressing issues (Britton, 2017; Spek, van Ham, & Nykliček, 2013) Rumination is commonly associated with depression and anxiety and from my reflective journal, it appears that rumination of negative aspects of my music therapy work was common (particularly, ruminating over musical ability). Through learning to bring my attention to the present moment, it appears I could reduce or interrupt this habit of rumination.

The Modelling Effect

Through the effect of modelling, it appeared that the students themselves could benefit from my own mindfulness training. Mindfulness training for caregivers has been noted to influence those they care for because of a change in interactions between them and this has

proven true regardless of whether the caregiver is a parent or a member of staff. (Singh, Lancioni, Winton, Fisher, et al., 2006; Singh, Lancioni, Winton, et al., 2013). It has also been shown that parental stress is related to reciprocal emotions or states in their children and that mindfulness training ‘spilled over’ to the children, not only in their interactions with their mothers but in interactions with other siblings (Singh, Lancioni, Winton, et al., 2007) This can explain how transformational change experienced by myself could be reflected in the perceived behaviour of the students. They also state that the caregivers own satisfaction in these interactions is increased. It should be noted however, that any changes observed in the students could be simply a change in how I perceived the situation as opposed to actual changes in the student or situation. In some ways, the finding of modelling moves towards depicting something I had wondered about in my initial research proposal, that is, if a connection between music therapy and mindfulness could allow mindfulness to be practiced via music to those who may lack the cognitive function to be ‘taught’ mindfulness as a practice. That is, could music therapy act as the conduit between mindfulness and adolescents with special needs. I would hypothesise that through modelling and the development of simple mindfulness music exercises, music-based mindfulness tools for use in special education could be very successful.

One other factor of modelling is when considering other staff members. Most staff members of the special unit attended weekly music group sessions with their class. In my reflective journal, I noted that stress and anxiety can be seen to have a domino effect in group work as one child’s anxiety appeared to put other students and then staff on edge, reducing participation overall. It is possible then, that when mindfulness is modelled by one person, this could also have this same effect in the other direction. That is, in remaining present in a patient and non-judging way, this could be taken up by staff and students.

Other Influencing Factors

Many of the principles of mindfulness can also be found within music therapy principles which leads to the question that the results of this study could have been achieved as a natural learning progression of the music therapy course and without extra mindfulness training. This research is the culmination of two years of fairly intense music therapy training along with regular supervision, both of which over time, have helped contribute towards developing a more mindful state of being. The quality of being present is well documented in music therapy literature. K. E. Bruscia (2014) notes the importance of the therapist ‘being there’ and that this is

the first way a therapist helps a client. The concept of ‘being with’ is also very important in the humanistic approach of music therapy and that humans exist in an interpersonal context. By listening, reflecting, and being present, a humanistic music therapist can validate a client’s experience, helping them to achieve growth and self-actualisation (Wheeler, 2015). Within improvisational music therapy, the concept of attunement also relates to being present.

Attunement is the ability for the therapist to synchronise with the client with attuned musical exchanges and can only be achieved by being fully present with a client (Rolvjord, 2017). In Bunt and Hoskyns (2002) music improvisation is also described as a means of acceptance, of concentrating on the moment, and of giving up control, all of which are also principles of mindfulness training. Another strong commonality between the two approaches is trust. In music therapy, trust is developed between the therapist and the client, allowing the therapeutic relationship to develop. In mindfulness training however, this refers to practicing the ability to trust in oneself, with the flow on effect that when you cultivate trust within, it becomes easier to trust others and see their basic goodness. The idea of trust did arise on the periphery of the thematic analysis as I began to become aware of the growing trust between myself and the students however, this was not included in the findings because I felt that the examples found were not indicative of a growing trust in myself but more in my perceptions of the students and thus did not truly align with the research question but more as a natural outcome of the therapeutic work.

Many authors have written that music itself can create its own mindful state. This is also related to the concept of flow or high level focus and can be brought about by the inherent qualities of music (melody, harmony, patterning, repetition, and aural perceptions) and the ability of music to draw our attention (Britton, 2017; Diaz, 2013). We could even say that one of the founding premises of music therapy is that music itself has the ability to reach within the self to places where words cannot reach and to ‘light up’ the brain in a way that no other form can thus bringing the entirety of the brains attention to this one focal point. For example, I am reminded of the moment in the opera *Tosca* where the soprano begins the aria *Vissi d’arte*. I was lucky to see this particular opera at the Metropolitan opera in New York and in this moment, as the singer begins her first note, she was able to draw me into this moment with the music that it was as if nothing else existed. Perhaps a combination of the singer’s vocal skill, the tragic nature of the aria and the soft, drawing-in nature of this first note. In this moment, I was unable to read the

surtitles as my attention was held so securely by this opening phrase (and indeed the whole aria). If music has this ability to focus one's attention in this way then we must pose the question that the results of my findings could have also occurred due to the very nature of the musical work.

The context of the research setting has also been important as I feel that certain elements of the mindfulness training were solidified by what I was learning from working with adolescents with complex needs in special education. For example, the mindful quality of *Beginner's Mind* is one that I have helped to learn from my work with these young people as there were moments where a student began to discover a new instrument, or a new ability in playing where I was able to see the joy of having a child-like style of thinking about something. Where I would have seen a simple instrument with one correct style of playing, they may have explored it in a completely different style and made music in ways I couldn't have imagined. Through adapting this style of thinking, I felt I was able to shift my thought patterns in a way that was less cerebral and therefore less likely to cause anxiety.

There are also other factors that may have also positively contributed to my results, for example the growing connections between myself and my colleagues in the school settings, or my steady improvement at playing/accompanying on musical instruments, both of which would have led to a reduction in general anxiety and being less unsure of the work I was doing and my playing ability.

Taking all these other learning elements into consideration shows the difficulty of assessing the findings (and thus the perceived benefits) as coming directly from the results of mindfulness training, however I felt that the journey evidenced in the coding process from before to after the mindfulness training showed that the training helped me to reinforce and practice these elements through simple mindfulness exercises in a focused way that may not have occurred through the natural progression of my learning. I was certainly more focused on these issues, which I perceived as being of benefit to my learning. For example, in mindfulness training, you are taught to 'bring focus back to the breath' whenever you feel your thoughts beginning to wander or to dwell upon negative feelings. Within the sessions, rather than bring focus to the breath, the music became the central focus and helped bring attention back to the present moment. It could be said then, that it was the combination of all of these factors which led to the perceived benefits.

Generalisability

Generalisability is a qualitative criterion and asks whether a study's findings can be applied to wider populations. Any self-reflective qualitative study however is limited in generalisability and this study has focused on the perceptions of only one music therapy student. This however fits with the constructivist ontology of the study in that results are constructed based around context and the reality (the world in which we live) experienced by myself. As the literature showed however, wellbeing for students has become increasingly important and stress and anxiety can also be common amongst therapists in general due to the nature of their work. Therefore, my own perceptions about valuing the changes made during my training journey could be helpful to those in similar situations, for example, those pursuing study in music therapy (or other therapeutic forms), or even for therapists themselves as a form of self-care and self-improvement.

Further Studies

Further studies could move in various directions. Among the possibilities could be included the following:

- testing measurable outcomes of benefits such as anxiety or stress levels (using standardised psychological tests) before and after mindfulness training;
- examining perceptions of wider groups of student therapists (music therapy or other arts therapies);
- exploring further the specific relationship between music and mindfulness for trained therapists, for student therapists, or for certain health participants who are interested in mindfulness

To increase generalisability, further studies could also include a larger participant sample, and more varied data sources. The current study was limited by its use of one student's reflective journal and case notes.

Conclusion

Through participating in a mindfulness-based stress reduction course while undertaking a music therapy Master degree, I perceived I was able to benefit by learning and practising certain mindfulness skills alongside my music therapy training. After undertaking thematic analysis and critically reviewing my data, I found that the mindfulness course had helped me to practice and learn skills of acceptance, non-striving, non-judging, beginners mind, letting be, and patience. In an overall way I perceived that each of these themes (brought together) encouraged me to be truly present with my participants, hence my decision to create the overarching theme of *Being Present*. These were the things that I really recognised as having an impact on not only myself, but on my therapeutic approach and clinical work during the study. Although I am aware that these skills are also very similar to those that may have naturally developed over the course of my music therapy training, I observed that the practice exercises and style of training helped to hone these skills. It is indeed hard to disentangle the two approaches and it has been difficult to attribute the benefits to one or the other. As discussed, music itself is also a strong force of presence, along with the natural development of the therapeutic relationship. I deduced however that with the additional mindfulness training, I was able to change my thinking patterns and become more present in my clinical work and all my communications. As the literature shows, this in turn may have helped with coping skills and a reduction in stress and anxiety. In light of this, I would propose the theory that mindfulness training and in particular the MBSR course could be a useful support and self-care tool for music therapy students (and perhaps other arts therapy disciplines) as an addition to their training to enhance their experience in what can sometimes be a stressful learning environment. Although the current study was limited by one student's perceptions, and a narrow range of data, the findings may nevertheless be useful to other practitioners and students interested in the relationship between music, music therapy and mindfulness. Regardless of 'how mindfulness training works' it would seem obvious that even just improving attention span and reducing mind wandering (with very few, if any side effects) would be beneficial to anyone.

To conclude, I would like to refer back to the Tolstoy quote I included at the beginning of this paper. I think it beautifully illustrates what I have discovered in my mindfulness journey, that the most important moment is the one we are currently in, the most important person is the

one whom we are currently with, and the most important thing to do is to do something good for that person.

References

- Ansari, W. E., & Stock, C. (2010). Is the health and wellbeing of university students associated with their academic performance? Cross sectional findings from the United Kingdom. *International Journal of Environmental Research and Public Health*, 7(2), 509-527. doi:10.3390/ijerph7020509
- Ansari, W. E., Stock, C., The United Kingdom Student Health Group, Snelgrove, S., Hu, X., Parke, S., . . . Mabhala, A. (2011). Feeling healthy? A survey of physical and psychological wellbeing of students from seven universities in the UK. *International Journal of Environmental Research and Public Health*, 8(5), 1308-1323. doi:10.3390/ijerph8051308
- Antonia C. Novello, DeGraw, C., & Kleinman, D. V. (1992). Healthy children ready to learn: An essential collaboration between health and education. *Public Health Reports*, 107(1), 3-15.
- Baer, R. A. (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and Practice*, 10(2), 125-143. doi:10.1093/clipsy.bpg015
- Baldini, L. L., Parker, S. C., Nelson, B. W., & Siegel, D. J. (2014). The clinician as neuroarchitect: The importance of mindfulness and presence in clinical practice. *Clinical Social Work Journal*, 42(3), 218-227. doi:<http://dx.doi.org/helicon.vuw.ac.nz/10.1007/s10615-014-0476-3>
- Beaumont, E., & Hollins Martin, C. J. (2016). A proposal to support student therapists to develop compassion for self and others through Compassionate Mind Training. *The Arts in Psychotherapy*, 50(Supplement C), 111-118. doi:<https://doi.org/10.1016/j.aip.2016.06.005>
- Beaumont, E., Rayner, G., Durkin, M., & Bowling, G. (2017). The effects of compassionate mind training on student psychotherapists. *The Journal of Mental Health Training, Education and Practice*, 12(5), 300-312. doi:10.1108/JMHTEP-06-2016-0030
- Black, D., & Fernando, R. (2014). Mindfulness training and classroom behavior among lower-income and ethnic minority elementary school children. *Journal of Child and Family Studies*, 23(7), 1242-1246.

- Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. London, UK: Sage Publications.
- Britton, J. C. (2017). *A mindfulness-based music intervention to decrease anxiety and depression in cancer patients*. (Master's Thesis), University of Miami, FL, USA.
- Brown, K. W., Ryan, R. M., & Creswell, J. D. (2007). Mindfulness: Theoretical foundations and evidence for its salutary effects. *Psychological Inquiry*, 18(4), 211-237.
- Bruscia, K. (1995). Differences between quantitative and qualitative research paradigms: Implications for music therapy. In B. L. Wheeler (Ed.), *Music therapy research: Quantitative and qualitative perspectives* (pp. 65-78). Philadelphia: Barcelona Publishers.
- Bruscia, K. E. (2014). *Defining music therapy*. (3rd ed.). IL, USA: Barcelona Publishers.
- Bunt, L., & Hoskyns, S. (2002). *The handbook of music therapy*. Hove, UK: Routledge.
- di Pierdomenico, E., Kadziolka, M., & Miller, C. J. (2017). Mindfulness correlates with stress and coping in university students. *Canadian Journal of Higher Education*, 47(2), 121-134.
- Diaz, F. M. (2013). Mindfulness, attention, and flow during music listening: An empirical investigation. *Psychology of Music*, 41(1), 42-58. doi:10.1177/0305735611415144
- Edwards, J. (1999). Considering the paradigmatic frame: Social science research approaches relevant to research in music therapy. *The Arts in Psychotherapy*, 26(2), 73-80. doi:10.1016/j.aip.2011.09.001
- French, A. K. (2012). *Relationship of therapist mindfulness to the therapeutic alliance*. (Master's Thesis). Available from ProQuest Dissertations & Theses Global database. (UMI No. 1535284)
- Fronsdal, G. (1998). Insight meditation in the United States: Life, liberty, and the pursuit of happiness. In C. S. Prebish & K. K. Tanaka (Eds.), *The faces of Buddhism in America*. Berkeley, USA: University of California Press.
- Galante, J., Dufour, G., Vainre, M., Wagner, A. P., Stochl, J., Croudace, T. J., . . . Jones, P. B. (2016). Provision of a mindfulness intervention to support university students' wellbeing and resilience to stress: Preliminary results of a randomised controlled trial. *The Lancet*, 388(Supplement 2), S49. doi:[https://doi.org/10.1016/S0140-6736\(16\)32285-1](https://doi.org/10.1016/S0140-6736(16)32285-1)

- Goldberg, A. (2014). *Preferred music-based mindfulness: A new intervention for stress reduction*. (Doctoral Dissertation). Available from ProQuest Dissertations & Theses Global database. (UMI No. 3709213)
- Gotink, R. A., Chu, P., Busschbach, J. J. V., Benson, H., Fricchione, G. L., & Hunink, M. G. M. (2015). Standardised mindfulness-based interventions in healthcare: An overview of systematic reviews and meta-analyses of RCTs. *PLOS One*, 10(4). doi:10.1371/journal.pone.0124344
- Grossman, P., Niemann, L., Schmidt, S., & Walach, H. (2004). Mindfulness-based stress reduction and health benefits. *Journal of Psychosomatic Research*, 57(1), 35-43. doi:[http://dx.doi.org/10.1016/S0022-3999\(03\)00573-7](http://dx.doi.org/10.1016/S0022-3999(03)00573-7)
- Harrington, A., & Dunne, J. D. (2015). When mindfulness is therapy: Ethical qualms, historical perspectives. *American Psychologist*, 70(7), 621-631.
- Kabat-Zinn, J. (2005). *Wherever you go, there you are: Mindfulness meditation in everyday life*. NY, USA: Hyperion.
- Kabat-Zinn, J. (2013). *Full catastrophe living* (Revised ed.). New York, USA: Bantam Books.
- Kamler, B., & Thomson, P. (2006). *Helping doctoral students write: Pedagogies for supervision*. London, UK: Routledge.
- Khoury, B., Lecomte, T., Fortin, G., Masse, M., Therien, P., Bouchard, V., . . . Hofmann, S. G. (2013). Mindfulness-based therapy: A comprehensive meta-analysis. *Clinical Psychology Review*, 33(6), 763-771. doi:<http://dx.doi.org/10.1016/j.cpr.2013.05.005>
- Kim, Y. (2012). Music therapists' job satisfaction, collective self-esteem, and burnout. *The Arts in Psychotherapy*, 39(1), 66-71. doi:<https://doi.org/10.1016/j.aip.2011.10.002>
- Kim, Y. (2016). Music therapists' job demands, job autonomy, social support, and their relationship with burnout and turnover intention. *The Arts in Psychotherapy*, 51(Supplement C), 17-23. doi:<https://doi.org/10.1016/j.aip.2016.08.001>
- Klatt, M., Harpster, K., Browne, E., White, S., & Case-Smith, J. (2013). Feasibility and preliminary outcomes for Move-Into-Learning: An arts-based mindfulness classroom intervention. *The Journal of Positive Psychology*, 8(3), 233-241.
- Kuan, T.-f. (2008). *Mindfulness in early Buddhism: New approaches through psychology and textual analysis of Pali, Chinese, and Sanskrit sources*. Oxford, UK: Routledge.

- Kuyken, W., Weare, K., Ukoumunne, O. C., Vicary, R., Motton, N., Burnett, R., . . . Huppert, F. (2013). Effectiveness of the Mindfulness in Schools programme: Non-randomised controlled feasibility study. *British Journal of Psychiatry*, 203, 126-131.
doi:10.1192/bjp.bp.113.126649
- Lesiuk, T. (2016). The development of a Mindfulness-Based Music Therapy (MBMT) program for women receiving adjuvant chemotherapy for breast cancer. *Healthcare*, 4(53).
doi:10.3390
- Lichtman, M. (2013). *Qualitative research in education: A user's guide*. London, UK: Sage Publications.
- Marks, D. F., & Yardley, L. (2011). Content and thematic analysis. In D. F. Marks & L. Yardley (Eds.), *Research methods for clinical and health psychology*: Sage Research Methods Online.
- Mars, T. S., & Abbey, H. (2010). Mindfulness meditation practise as a healthcare intervention: A systematic review. *International Journal of Osteopathic Medicine*, 13(2), 56-66.
doi:<https://doi.org/10.1016/j.ijosm.2009.07.005>
- Mental Health Foundation of New Zealand. (2012). Mindfulness in education: Evidence base and implications for Aotearoa/New Zealand. Retrieved from
<https://www.mentalhealth.org.nz/home/our-work/category/17/policy-and-advocacy>
- Messer, D., Horan, J. J., Turner, W., & Weber, W. (2016). The Effects of internet-delivered mindfulness training on stress, coping, and mindfulness in university students. *AERA Open*, 2(1). doi:10.1177/2332858415625188
- Mika, A. M. (2014). Is mindfulness a useful practice for music therapists? A research project report. *Approaches: Music Therapy and Special Education*, 6(2), 78-87.
- Millon, G., & Halewood, A. (2015). Mindfulness meditation and countertransference in the therapeutic relationship: A small-scale exploration of therapists' experiences using grounded theory methods. *Counselling & Psychotherapy Research*, 15(3), 188-196.
doi:10.1002/capr.12020
- Ministry of Education. (2014). Key competencies. Retrieved from
<http://nzcurriculum.tki.org.nz/Key-competencies>
- O'Halloran, T. M., & Linton, J. M. (2000). Stress on the job: Self-care resources for counselors. *Journal of Mental Health Counseling*, 22(4), 354.

- Oxford University Press. (Ed.) (2017) Oxford dictionary (Online ed.). Oxford University Press.
- Prabhananda, S. (2003). Profiles of famous educators: Swami Vivekananda. *Prospects*, 33(2), 231-245.
- Razzaque, R., Okoro, E., & Wood, L. (2015). Mindfulness in clinician therapeutic relationships. *Mindfulness*, 6(2), 170-174. doi:10.1007/s12671-013-0241-7
- Rickson, D. J., Molyneux, C., Ridley, H., Castelino, A., & Upjohn-Beatson, E. (2015). Music therapy with people who have Autism Spectrum Disorder - Current practice in New Zealand. *New Zealand Journal of Music Therapy*, 13, 8-32.
- Rolvjord, R. (2017). Autism: Relational factors in music therapy. *Science Daily*. Retrieved from www.sciencedaily.com/releases/2017/11/171106095751.htm
- Sharf, R. H. (2015). Is Mindfulness Buddhist? (and why it matters). *Transcultural Psychiatry*, 52(4), 470-484. doi:10.1177/1363461514557561
- Sharma, M., & Rush, S. E. (2014). Mindfulness-based stress reduction as a stress management intervention for healthy individuals. *Journal of Evidence-Based Complementary & Alternative Medicine*, 19(4), 271-286. doi:10.1177/2156587214543143
- Shea, C. (2016). A brief history of mindfulness in the USA and its impact on our lives. *Psych Central*. Retrieved from <https://psychcentral.com/lib/a-brief-history-of-mindfulness-in-the-usa-and-its-impact-on-our-lives/>
- Singh, N. N., Lancioni, G. E., Joy, S. D. S., Winton, A. S. W., Sabaawi, M., Wahler, R. G., & Singh, J. (2007). Adolescents with conduct disorder can be mindful of their aggressive behavior. *Journal of Emotional and Behavioral Disorders*, 15(1), 56-63. doi:10.1177/10634266070150010601
- Singh, N. N., Lancioni, G. E., Karazsia, B. T., Winton, A. S. W., Myers, R. E., Singh, A. N. A., . . . Singh, J. (2013). Mindfulness-based treatment of aggression in individuals with mild intellectual disabilities: A waiting list control study. *Mindfulness*, 4(2), 158-167. doi:10.1007/s12671-012-0180-8
- Singh, N. N., Lancioni, G. E., Manikam, R., Winton, A. S. W., Singh, A. N. A., Singh, J., & Singh, A. D. A. (2011). A mindfulness-based strategy for self-management of aggressive behavior in adolescents with autism. *Research in Autism Spectrum Disorders*, 5(3), 1153-1158. doi:<http://dx.doi.org/10.1016/j.rasd.2010.12.012>

- Singh, N. N., Lancioni, G. E., Singh, A. D. A., Winton, A. S. W., Singh, A. N. A., & Singh, J. (2011). Adolescents with Asperger syndrome can use a mindfulness-based strategy to control their aggressive behavior. *Research in Autism Spectrum Disorders*, 5(3), 1103-1109. doi:<http://dx.doi.org/10.1016/j.rasd.2010.12.006>
- Singh, N. N., Lancioni, G. E., Singh, A. N., Winton, A. S. W., Singh, J., McAleavey, K. M., & Adkins, A. D. (2008). A mindfulness-based health wellness program for an adolescent with Prader-Willi syndrome. *Behavior Modification*, 32(2), 167-181. doi:10.1177/0145445507308582
- Singh, N. N., Lancioni, G. E., Winton, A. S. W., Curtis, W. J., Wahler, R. G., Sabaawi, M., . . . McAleavey, K. (2006). Mindful staff increase learning and reduce aggression in adults with developmental disabilities. *Research in Developmental Disabilities*, 27(5), 545-558. doi:<https://doi.org/10.1016/j.ridd.2005.07.002>
- Singh, N. N., Lancioni, G. E., Winton, A. S. W., Fisher, B. C., Wahler, R. G., Mcleavey, K., . . . Sabaawi, M. (2006). Mindful parenting decreases aggression, noncompliance, and self-injury in children with autism. *Journal of Emotional and Behavioral Disorders*, 14(3), 169-177. doi:10.1177/10634266060140030401
- Singh, N. N., Lancioni, G. E., Winton, A. S. W., Karazsia, B. T., & Singh, J. (2013). Mindfulness training for teachers changes the behavior of their preschool students. *Research in Human Development*, 10(3), 211-233. doi:10.1080/15427609.2013.818484
- Singh, N. N., Lancioni, G. E., Winton, A. S. W., Singh, A. N., Adkins, A. D., & Singh, J. (2008). Clinical and benefit—cost outcomes of teaching a mindfulness-based procedure to adult offenders with intellectual disabilities. *Behavior Modification*, 32(5), 622-637. doi:10.1177/0145445508315854
- Singh, N. N., Lancioni, G. E., Winton, A. S. W., Singh, A. N., Adkins, A. D., & Singh, J. (2009). Mindful staff can reduce the use of physical restraints when providing care to individuals with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities*, 22(2), 194-202. doi:10.1111/j.1468-3148.2008.00488.x
- Singh, N. N., Lancioni, G. E., Winton, A. S. W., Singh, J., Curtis, W. J., Wahler, R. G., & McAleavey, K. M. (2007). Mindful parenting decreases aggression and increases social behavior in children with developmental disabilities. *Behavior Modification*, 31(6), 749-771. doi:10.1177/0145445507300924

- Singh, N. N., Lancioni, G. E., Winton, A. S. W., Wahler, R. G., Singh, J., & Sage, M. (2004). Mindful caregiving increases happiness among individuals with profound multiple disabilities. *Research in Developmental Disabilities, 25*(2), 207-218.
doi:<https://doi.org/10.1016/j.ridd.2003.05.001>
- Singh, N. N., Wahler, R. G., Adkins, A. D., Myers, R. E., & The Mindfulness Research Group. (2003). Soles of the feet: A mindfulness-based self-control intervention for aggression by an individual with mild mental retardation and mental illness. *Research in Developmental Disabilities, 24*, 158-169.
- Spek, A. A., van Ham, N. C., & Nyklíček, I. (2013). Mindfulness-based therapy in adults with an autism spectrum disorder: A randomized controlled trial. *Research in Developmental Disabilities, 34*(1), 246-253. doi:<http://dx.doi.org/10.1016/j.ridd.2012.08.009>
- Stebbins, R. A. (2001). *Exploratory research in the social sciences*. CA, USA: Sage Publications.
- Todd Anderson, W. (2012). Mindful listening instruction: Does it make a difference. *Contributions to Music Education, 39*, 13-30.
- Tomaselli, K. A. (2014). *The effect of mindfulness-based music listening on the anxiety symptoms and awareness of older adults in a senior living facility*. (Master's Thesis). Available from ProQuest Dissertations & Theses Global database. (UMI No. 1565795)
- Twyford, K. (2012). Getting to know you: Peer and staff perceptions of involvement in Inclusive Music Therapy groups with students with special educational needs in mainstream school. *New Zealand Journal of Music Therapy, 10*, 39-73.
- Twyford, K. (2013). Introducing time defined Specialist Music Therapy Services within the Ministry of Education Special Education, NZ. Outcomes from a pilot project study. *New Zealand Journal of Music Therapy, 11*(104-132).
- Vega, V. P. (2010). Personality, burnout, and longevity among professional music therapists. *Journal of Music Therapy, 47*(2), 155-179.
- Weare, K. (2014). Mindfulness in schools: A growing movement. *Prep School, Summer 2014*(80), 12-15.
- Wexler, J. (2006). *The relationship between therapist mindfulness and the therapeutic alliance*. (Doctoral dissertation), Available from ProQuest Dissertations & Theses Global.

Retrieved from <https://search-proquest-com.helicon.vuw.ac.nz/docview/304920011?accountid=14782> (UMI No. 3217499)

Wheeler, B. L. (2015). *Music therapy handbook*. NY, USA: Guilford Press.

Wisner, B. L. (2013). An exploratory study of mindfulness meditation for alternative school students: Perceived benefits for improving school climate and student functioning. *Mindfulness*, 2014(5), 626-638. doi:10.1007/s12671-013-0215-9

Zenner, C., Herrnleben-Kurz, S., & Walach, H. (2014). Mindfulness-based interventions in schools—a systematic review and meta-analysis. *Frontiers in Psychology*, 5. doi:10.3389/fpsyg.2014.00603

Appendices

Appendix A – Samples of Data

Excerpt: Reflective Journal, March 27

I felt a bit rushed today. I am trying not to let my own situation creep into my work here at school but this is proving difficult and sometimes I can't keep negative thoughts from crowding in. I feel that when I am done, it is hard for me to find the energy to be engaging the whole group. This is not helped by the fact that I often feel that the students are bored and they are somehow catching on my mood. With my husband gone, I am definitely feeling lonely and I feel like my support has been taken away.

I introduced the boomwhackers to (*group*) and (*group*) today and I felt this went well as it was something novel for them. Again I feel I haven't quite prepared enough though. Some of the songs today were quite babyish (Open them, shut them/Five little speckled frogs) and I'm really torn between the benefits I do think they are getting from a song like this and then agonising over if it is too babyish for them. I have to keep reminding myself that they are teenagers and not toddlers.

It was only a half day today so I found the (*group*) very high energy which was good but again, perhaps my music was too young for them (Old MacDonald etc). I really need to branch into more music but again I think I am relying on these songs because they are simple for me to play.

Excerpt: Reflective Journal, May 22

I have begun trying to practice being present moment to moment. I think this is something I really struggle with in my individual sessions. I feel like I follow a pattern of: Introduce a song, become distracted, feel that the student is also distracted and wonder if they are bored, panic that the song is not good, change the song. In group work this doesn't happen so much as there is so much more going on but I have noticed that I can also become quite distracted in my groups.

I think sometimes when I'm not completely sure of the song or activity, I will change it halfway through and I'm not sure if this is good because I'm adapting it in real time or bad because it could be very unsettling particularly for autistic students when I suddenly change the format of a song. Again I wonder if this is down to me panicking that the song is 'not right' and needing to change it then and there to be 'better'.

Excerpt: Reflective Journal, August 1

Today I used the ipad as support for a couple of songs that I didn't know well enough to play. In *(group)* I played a Sesame St song called Sing After Me and the students were laughing and watching intently. They really seemed to enjoy the video and the singing. This may be a good way to introduce a song to them? It doesn't always work however as I have tried playing a video in *(group)* and it was too fast for the students and mostly they just appeared overwhelmed. In *(group)* I again used the ipad today to play a song that *(name)* had suggested. We found a version with lyrics so we could all sing along. *(Name)* seemed very pleased that we could do his song and asked me at the end if we could do it again next week. It may be that using the ipad once or twice in class is a good idea although I shouldn't be relying on it. It is particularly helpful with songs that I don't know well or that I am unable to play.

I heard today that the students in *(group)* had a 'jam session' with one of the teacher aides. He brought in more instruments for them and played guitar while the rest improvised. I think it's great that they were doing improvisation while I was away but will admit to myself that I am feeling bad that he was able to introduce this to the group and I haven't. I feel that I have been afraid of free improvisation somehow? Maybe I think the students can't do it so have avoided it? I would like to speak to the staff member and see if we can introduce it again in our regular music group as perhaps with him supporting I will feel more confident to lead this. I think the introduction of more complex instruments (from the music room) is definitely a good idea and creates interest with the students - e.g. The bigger drums, the xylophone, the bongos, the keyboard. Up until now I have only used the smaller percussion instruments. Partially because they are easy to take to and from the classroom but also I think because I feel that percussion is less threatening but I need to question this - is it less threatening for the students or for me? I wonder if this is coming from my own sense of perfection in the music and a fear of everyone playing tuned instruments all over the show! Of course I don't think anyone would notice that they were not playing 'right', I think this is probably just my issue.

Appendix B – Examples of Initial Coding

Code: Boredom

- Reference 1: 0.17% coverage

I am prone to getting bored and then procrastinating.

- Reference 2: 0.18% coverage

I shouldn't be so worried that the song is becoming 'boring'.

- Reference 3: 0.17% coverage

It's also hard however that certain students tend to lose attention and I feel I need to rush on to continually be providing them with something new.

- Reference 4: 0.20% coverage

He repeatedly interrupts with unrelated topics (even during songs) and will throw the instruments or play on his phone. He also repeatedly states that things are 'dumb'.

- Reference 5: 0.21% coverage

it is hard for me to find the energy to be engaging the whole group. This is not helped by the fact that I often feel that the students are bored and they are somehow catching on my mood.

- Reference 6: 0.37% coverage

pointed out today that I am playing the hello/goodbye songs perhaps a little fast. I think I'm doing this because I'm worried that the students are finding them boring and it will be better to rush through them but I think this is not the case and she is right that I can't engage them anyway when I'm going so quickly.

- Reference 7: 0.27% coverage

I'm unsure how long to do a song for? I think it is always longer than I think because I am constantly worrying that the students are already sick of a song when in fact they need some time to get used to it and become familiar with words.

- Reference 8: 0.16% coverage

This is a common problem for me, that I tend to rush through the music because I worry that the students will become bored and distracted.

- Reference 9: 0.25% coverage

I am finding it hard to remain focused on the students and what they are doing so I feel the session is a bit 'same samesy' and I'm just repeating the same songs all day because I haven't individualised each session yet.

- Reference 10: 0.41% coverage

I also found that if I introduced too much new material that it was a problem because I myself forgot how a song went twice today! I obviously need to make sure that I am more familiar with activities before I introduce them to a group. This comes down to a lack of preparation on my part and also a nervousness at the students constantly becoming bored.

- Reference 11: 0.05% coverage

I am so bored and I sense the children are too.

Code: Patience

- Reference 1: 0.38% coverage

I did need to remind myself that they may not ‘enjoy’ the song straight away and that repetitions are needed for them to become familiar in the music and begin to really enjoy the song. I have worked at being more patient in this and allowing myself the knowledge that repetition will not ultimately make something ‘boring’.

- Reference 2: 0.18% coverage

I feel that with the two ... groups, being patient with a slow, quiet start can help regulate their moods and bring them all together before we begin other activities.

- Reference 3: 0.12% coverage

Again, this requires patience on my behalf, particularly in the ... group where agitation can be high.

- Reference 4: 0.23% coverage

Taking the time to teach the students slowly is helpful for them although can also be somewhat disruptive as several of the students tend to lose focus when not singing or being held by the music.

- Reference 5: 0.10% coverage

I feel that this week I was able to practice slowing down and taking my time with the music.

- Reference 6: 0.34% coverage

One thing I have focused on this week is simply going slower. Not just in my playing/singing but in my interactions with the students. I have put aside worries that they will be ‘bored’ and found that certain students are much better able to participate when I match their processing speed.

- Reference 7: 0.38% coverage

Today in ... group I worked on working with each of the students as individuals within an activity so I could match their individual levels. This also helped the other students work on their patience/waiting skills and empathy as they had to allow me time to slow the music and work more individually with those who needed it.

Appendix C – Example of Coding Analysis Process

Development of Theme – Chaos, Asserting Control, Letting Be, Acceptance

CODE	Examples	Notes/Linking Ideas
Chaos	I handed out some percussion instruments during the Kids of the Future as I felt it had a great beat they could drum along to but instantly regretted my decision as the volume and excited style of shaking was instantly too loud for the small speakers and was drowning out the song and distracting the students from reading the words.	Feelings of regret that I have let the situation get out of control ?
	I thought the boomwhackers went well but a bit chaotic (but that is usual for this class)	Noticing the chaos

Asserting Control	I needed to control/discipline certain elements of the group	Expressly noting need to control .
	<i>Group</i> could have been managed better today	Need to manage or gain control of the group
	I found it very difficult to calm them this week.	Comment that I need to 'keep them calm' rather than accept and work with their current emotional state. Opposing idea to letting be .

Letting Be	In the second group they also started suggesting other songs and again I just rolled with their suggestions which I felt made the group more collaborative and gave the students an increased sense of control.	Referring to control but in this case, the sense of releasing control to the students.
	I'm no longer planning out the session so rigidly but allowing it to flow a little better.	Sense of loosening of control , allowing flow in the session.

Acceptance	I reminded myself that this is a group of teenagers and in fact there behaviour is completely normal!	Accepting the nature of the students
	The groups both did not go exactly as I had planned them but this was totally fine as I found the students began to offer their own ideas and I just ran with this.	Accepting things will not always be as planned and being ok with this. Elements of letting be here and not trying to change a situation.

Appendix D – Research Information Sheet

TE KŌKŌI NEW ZEALAND SCHOOL OF MUSIC
VICTORIA UNIVERSITY OF WELLINGTON, PO Box 600, Wellington 6140, New Zealand
Phone + 64-4-463-5369 Email music@nzsm.ac.nz Web www.nzsm.ac.nz

MUSIC THERAPY PROGRAMME (MMusTher)

Information Form

Dear Parent or Guardian,

My name is Jessie Graham and this year I am undertaking a research project as part of the Master of Music Therapy programme at Victoria University. I have spent a large part of this year on placement in the Learning Support Centre at Newlands College where I have been working with the students in groups and individually, using music to help support their learning. In order to answer my research question, I would like to include some small stories from my work during my time here.

I am writing to ask if I can describe the work I have done with (name) in my research project.

The purpose of my study is an exploration of the relationship between mindfulness and music therapy in a special education context and hopes to answer the question, "What are the perceived benefits of mindfulness training for a music therapy student working with young people with complex needs in special education."

Strict confidentiality will be upheld with the identities of all participants given a pseudonym and any identifying characteristics (for example appearance) being removed from reporting. The name of the facility will also be omitted. All data (including audio/video recording made during the sessions) will be stored electronically in a password protected folder, accessible only to myself. This data will then be held for five years after the conclusion of the research before being destroyed. While anonymity will be protected whenever possible, it is important to note that the music therapy and health/education communities are small so there is the possibility that the facility may be identified.

The final report for the study will be made available to you should you want a copy, and also to the school facility, and the public and music therapy community via its publication as part of the requirements of the Master of Music Therapy degree. The findings may also be offered for publication in music and/or music therapy journals where applicable.

Please feel free to ask any questions about the study at any time until it is completed. When you are sure you agree, please sign the accompanying consent form and return to me.

This project has been reviewed and approved by the New Zealand School of Music Postgraduate committee. The VUW Human Ethics Committee has given generic approval for music therapy students to conduct studies of this type. The music therapy projects have been judged to be low risk and, consequently, are not separately reviewed by any Human Ethics Committees. The supervisor named below is responsible for the ethical conduct of this

Appendix E – Research Consent Form

TE KŌKŌI NEW ZEALAND SCHOOL OF MUSIC
VICTORIA UNIVERSITY OF WELLINGTON, PO Box 600, Wellington 6140, New Zealand
Phone +64-4-463-5369 Email music@nzsm.ac.nz Web www.nzsm.ac.nz

Mindful Music Therapy CONSENT FORM

- I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

YES / NO

- I give consent for information about (name) to be included in a short story which may be included in the research project as outlined in the information sheet.

YES / NO

- I understand that (name's) name will not be used but there is a chance that they may be identifiable.

YES / NO

- I understand that the records of the clinical work with (name) will be kept for five years after the completion of the research project when it will be destroyed.

YES / NO

Signature:

Full Name (printed):

Date:

Appendix F – Student Information Form **Jessie's Music Story**

Dear

As you know, my name is Jessie and I come to school to make music with you in our class group and in the music room. I love to do singing, dancing, and playing musical instruments with students like you to help them learn things. I am doing a project for my school where I would like to write a story about the music we have been doing together in our music sessions this year. I would like to show this story to my teachers and some of the people who are studying with me. Your mum and dad can also read the story and your teachers. I hope that my story will help them understand the fun music things we did together and how it helped us to learn things.

I will change your name in the story so that no one knows it's about you.

You don't have to participate if you don't want to and I won't be upset if you say no. Even if you say yes and then change your mind, that's ok too. We will keep doing music together anyway. You can also ask me or your teacher any questions you have if you are not sure about anything, or need to know more about my story.

If you are happy for me to write about you then you can write your name on the next page, or say "OK" to your teacher and they can help you to write your name.

Thanks very much for reading my letter.

From Jessie

Appendix G – Student Consent Form

Jessie's Music Story

I, (name)..... understand that Jessie will write about the music we did together. I have thought about whether I want to be in the story and have asked all my questions.

It is OK for Jessie to write about me in her music story.

Name:

Signed:

Date: