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Mindfulness, Music, & Art: Development of a Mindfulness Based Expressive Arts Therapy Method for Adults in a Short-Term Psychiatric Hospital Setting

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Mindfulness, Music, & Art: Development of a Mindfulness Based Expressive Arts Therapy
Method for Adults in a Short-Term Psychiatric Hospital Setting
Capstone Thesis
Lesley University

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Specialization: Expressive Arts Therapy

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Abstract

Existing literature shows that mindfulness is a modality that promotes human mental wellbeing, as is the use of creative forms of expression such as art and music. There is some emerging evidence that these two modalities are particularly useful when used in conjunction with one another. Utilizing such methods has been found to have notable results in the context of clinical mental health counseling. This kind of research, while promising, remains to be relatively new and there is a significant need for more data to be collected on this topic. To further explore the use of these modalities in clinical settings, I have designed an expressive arts therapy group for adults with severe mental health diagnoses such as anxiety and depression, titled “Mindfulness, Music & Art”. We use data collected throughout six separate expressive arts therapy groups throughout two different short-term units in a psychiatric hospital setting. The findings of this study reveal evidence to suggest that mindfulness and creativity is a helpful tool within the context of psychotherapy. This is in line with what research has suggested over the last several decades. These methods remain to be considered non-traditional; therefore, a major implication for this study is the idea that persistent exploration of this topic will be essential.

Keywords: expressive arts therapy, art, music, mental health, psychiatric hospital setting, depression, anxiety

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Method for Adults in a Short-Term Psychiatric Hospital Setting

Introduction

“There's nothing like music to relieve the soul and uplift it.”

-Mickey Hart, *American Percussionist*

The true purpose of music and art remains somewhat mysterious, and yet, is undeniably universal. It begins as an unspoken experience, and can provoke a wide range of human emotions. Creativity, it seems, is a form of introspection as well as communication that can be traced back throughout all of history, and across cultures. Mindfulness possesses similarities, and serves as a kind of an internal conversation or understanding. Since mindfulness is rooted in these same aspects of human life, it is becoming increasingly more explored in the context of psychotherapy, and the way it relates to human mental health (Hofmann et al., 2010). This study explores the experiences of adults who have participated in an expressive arts therapy group, aimed at offering practice in structured mindfulness in an acute psychiatric hospital setting.

Like artistic expression, mindfulness is intertwined with spirituality and wellness and mindfulness takes a great amount of practice (Bemis, 2019). In an acute hospital setting, safety is of the utmost importance in regards to a patients' well being. Creativity can serve as a tool in creating safety in therapeutic spaces (Malchiodi, 2020). Music is a comforting, and well known form of creativity. It is also a structured phenomenon that can provide internal, intrapersonal safety with oneself and can also establish interpersonal safety with peers and facilitators

(Malchiodi, 2020, McNiff, 2009). Creativity is a vulnerable act, and it is essential to take that into consideration when designing an expressive arts therapy method.

A primary component to this work is the concept of *keeping hope in the room*. Thich Nhat Hanh, a Vietnamese Buddhist Monk, activist for peace, and global teacher of mindfulness, expresses the value of hope and how it pertains to being in the present moment. Nhat Hanh (1990) explains that it is essential to be *in the moment*, to hold onto hope, and to be present with one's own experiences. He considers this to be the way to find true inner peace. His words draw upon ancient knowledge about human wellness, and connect to modern approaches to psychiatric rehabilitation like Dialectical Behavioral Therapy. Both of these approaches share a common tenet; deep awareness of an experience is connected to a person's ability to achieve wellness, and hopefulness is essential to the human soul. This study is rooted in research that is up-to-date and relevant, and also takes into consideration the histories of the field. The findings of this study reveal evidence to suggest that mindfulness and creativity is a helpful tool within the context of psychotherapy.

Literature Review

This review will examine the current literature which explores the use of mindfulness and arts-based practices in the treatment of adults with mental health disorders.

Mental Health Disorders in Adults

Feelings such as sadness and anxiety are considered to be natural human experiences that every person will experience at some point in their lifetime. When these kinds of experiences are persistent and consistent, it can lead to various mental health disorders. Mental health disorders are common in adults in the United States with more than one out of every five adults living with some kind of mental illness, according to the National Institute of Mental Health (2023). Mental

illnesses can range from mild to severe and include a wide variety of different diagnoses. Severe mental illnesses can possess a number of symptoms which can impede an individual's overall functioning and well-being. According to the DSM-5, symptoms of generalized anxiety disorder (GAD), for example, are excessive worry, restlessness, sleep problems, and physical sensations such as dizziness, nausea, and trembling. Symptoms of depression are feelings of hopelessness, excessive sadness, and a lack of motivation. One symptom of severe depression and anxiety, for example, is suicidality. Suicidality is a life-threatening symptom of various mental health disorders, which can cause an individual to become hospitalized (American Psychiatric Association, 2013).

The purpose of a psychiatric hospitalization is to keep patients safe while developing skills that can be used to improve their mood and overall daily functioning (Comer, 2016). Factors that pose a risk to a psychiatric patient's safety are harm to the self or others, and not taking care of basic needs such as attending to activities of daily living. During an inpatient psychiatric hospitalization, various forms of therapy are provided while individuals are in the process of beginning new medications or changing their current medications. Some standard and effective forms of therapy are Cognitive Behavioral Therapy, or CBT, or Dialectical Behavioral Therapy, or DBT (Comer, 2016). Mindfulness-based and expressive therapies are also growing in recognition and popularity, with various approaches that incorporate mindfulness, music, art, and more (Weber et al., 2022).

Another benefit of a psychiatric hospitalization is that inpatient settings reduce isolation in individuals with depression, anxiety, psychosis, etc., which are conditions in which social withdrawal and isolative behaviors are high. A 2023 study found that person-centered approaches were effective in treating those with isolative behaviors. Sette et al., (2023) found that young

adults would benefit from screenings and programs to limit this kind of social withdrawal which can be prominent during early adulthood, a time in which individuals go through notable changes and difficult experiences. Isolation is considered a behavior that both puts individuals at risk for mental health conditions, and is a result of mental health conditions. It is an important behavior to consider in the context of mental health treatment (Sette et al., 2023).

Mental health conditions are prominent in American adults, and this was made worse by the COVID-19 pandemic, where isolation was high (Roth et al., 2024). Adults who had no preexisting mental health conditions reported a worsening of symptoms, emotions, and worry in general during the initial outbreak of the virus and subsequent lockdowns, protocols, and such. According to Roth et al., (2024) adults in this particular study *with* prior mental health conditions reported a worsening of symptoms such as anxiety, excessive worry, hopelessness, and other experiences which *did not* improve as the events related to the pandemic unfolded. These adults reported a constant worsening of symptoms which have not improved. This indicates that the events that have transpired in the last several years have had a major impact on adults, with and without underlying mental health concerns, but those with preexisting mental health conditions have had a notably more challenging time coping with the effects of the pandemic.

Mindfulness

Mindfulness comes from eastern spiritual traditions and religions such as Buddhism (Norman et al., 2023). It is a topic that is growing in popularity within the context of psychotherapy due to its accessibility and positive impact on those who practice it. Researchers are becoming increasingly interested in exploring the ways in which it relates to mental health. It is difficult to place a specific definition on mindfulness as it has come to hold many different meanings throughout the field. Hofmann et al., (2010) describe mindfulness as referring to “a

process that leads to a mental state characterized by nonjudgmental awareness of the present moment experience, including one's sensations, thoughts, bodily states, consciousness, and the environment, while encouraging openness, curiosity, and acceptance" (Hofmann et al., 2010, p. 169). Mindfulness is an ancient practice of bringing awareness to an individual's own current state of being. It has been shown to possess the power to alleviate stress, anxiety, physical pain, and other difficult areas within life (Germer et al., 2013).

In a 2023 study exploring the role of mindfulness in people who self-harm, researchers found that mindfulness was significantly lower in people who self-harm vs. people who do not (Norman et al., 2023). This indicates that mindfulness may be a skill that can help people achieve mental well-being. While research in this topic remains scarce, there continues to be an increase in information and research about the therapeutic use of mindfulness, and the relationship between mindfulness and mental health. Mo et al., (2023) explored the use of mindfulness-based cognitive therapy for patients with depression experiencing suicidal ideation. Researchers utilized strong methods for this study, creating a randomized control study where 97 patients were assigned either to a control group or a research group. Researchers utilized The Five Facet Mindfulness Questionnaire (FFMQ), The Hamilton Depression Rating Scale, and the Suicide Attitude Questionnaire in order to assess the patients' mental statuses, symptoms, and cognition throughout treatment. Researchers used these methods to analyze the patients' baseline at week 0, as well as performing a one month follow-up, two month follow-up, and three month follow-up. Readmission rates were also analyzed at the 6 month mark. The findings of this in-depth study indicated that mindfulness served as an effective tool in these patients' treatment. This information is particularly useful because little is known about mindfulness and its

relationship to the treatment of disorders such as depression. It is a fairly new concept, and is still an emerging part of the western medical model.

Additionally, Alejandre-Lara et al. (2022) examined the use of mindfulness for the treatment of depression symptoms and found that mindfulness-based programs (MBP's) were effective in the treatment of depression. This study is in-line with the historical understandings of mindfulness and its relationship to Buddhist philosophies, and draws from those concepts in the methods being used. These interventions were based in psychoeducation and included therapy groups that incorporated mindfulness-based cognitive behavioral therapy. This study utilized the FFMQ to assess the efficacy of the intervention, “,” developed by Baer et al., (2006). According to Alejandre-Lara et al., “the FFMQ is a 39-item self-report questionnaire that measures five dimensions of mindfulness: observing, describing, acting with awareness, non- judging and emotional non-reactivity. Each item is rated on a five-point scale from ‘never or rarely true’ to “‘very often or always true’”(2022, p. 673). Therein, this study suggests that the use of mindfulness, particularly when paired with psychoeducation, is a useful means of treating depression symptoms.

Furthermore, Reangsing et al. (2023) discovered that mindfulness-based interventions were an effective add-on treatment for adults experiencing anxiety symptoms. This study was conducted via a systematic review of the literature which evaluated online mindfulness-based interventions. Overall, these interventions significantly improved the participants’ anxiety symptoms, indicating that mindfulness-based interventions are a versatile means for treating mental health disorders which present with symptoms such as anxiety.

In a 2014 study, Eisendrath et al., explored the use of Mindfulness Based Cognitive Therapy (MBCT) in the treatment of adults with treatment-resistant depression. The participants

of this study were individuals who failed to respond to standard pharmaceutical therapy. The findings of this study indicated that MBCT is an effective treatment for individuals with treatment-resistant depression, a severe mental health condition with high morbidity (Eisendrath et al., 2014). Eisendrath et al., also discovered that the individuals who received MBCT treatment were less likely to relapse, compared to the randomized control group who received standard pharmacotherapy and Health Enhancement Programs (HEP). This study is an example of how research is indicative of mindfulness as a valid form of treatment for mental health disorders such as treatment-resistant depression.

Expressive Arts Interventions

Throughout history, human beings have used the arts as a means of expression. Music and the visual arts are practices that can be found among all cultures. The creative arts serving as a form of therapy is a more recent concept. Paolo Knill et al., (1995) describe expressive arts therapy as being process oriented, rather than being product oriented. Knill writes “In viewing therapy as an artistic process, we find the process itself (not the processing) offers by far the most significant therapeutic value” (1995, p. 140). Expressive arts therapy can include many different modalities, such as visual art and music. Music-based approaches can be based in song, or can be rooted in sound-based therapeutic approaches which can lend themselves to mindfulness practices. Information is scarce regarding interventions that specifically utilize mindfulness alongside sound-based therapy and art-making.

Natalie Rogers (1993) describes music as a form of therapy. Rogers explains that sound can evoke strong emotions within people, and that therapists and group facilitators must prepare for these possibilities when experimenting with sound. Rogers states that music holds the power to “tap into violent memories as well as evoking high spiritual states” (p. 86). What Rogers is

describing goes hand-in-hand with mindfulness practices within the concept of expressive arts therapy. Music and art making are important tools which can help facilitate mindfulness-based interventions. Rogers (1993) provides a poignant idea: We begin to heal once we can experience ourselves fully. This can be a process that is frightening for some, because it requires a confrontation with the unknown. Sometimes, pain is found when confronting life's mysteries. Music can serve as a nonverbal form of communication that can provide safety in this exploration. (Rogers, 1993). Rogers describes playing flute for clients in a hospice setting. She explains that the music she improvised on her instrument reflects these participants' experiences. By doing this, she is engaging in a sort of nonverbal communication with the clients, and her melodies are a kind of affirmation of the clients' experience, often allowing them to feel comfort in the space and go deeper with the experience (Rogers, 1993).

Another expressive arts therapist whose early work heavily influenced the field is Shaun McNiff. McNiff provided groundbreaking information in the field in his book *The Arts and Psychotherapy* (1981). In 2009, McNiff expanded upon his theories in *Integrating the Arts in Therapy* (2009). This book provides an in depth look at McNiff's work as an expressive arts therapist and group facilitator, particularly at Danvers State Hospital. McNiff used a range of modalities in this work, and was particularly interested in the intermodal shift, or the use of various art forms. McNiff describes using music in his therapeutic work with clients. He explains that participants have described an experience where rhythm can help to create a sense of safety in a therapy setting. Becoming immersed in rhythm can create a sense of a sacred space in what would otherwise be a mundane setting. He describes his improvisation of this music, and the response the participants have as they create their visual art pieces. He explains that the music can serve as a vehicle for connection in this context and in this space (McNiff, 2009).

Some contemporary therapists using expressive arts therapy are Laury Rappaport and Cathy Malchiodi. Rappaport (2009) developed a mindfulness-based arts therapy method called Focusing-Oriented Arts Therapy, or FOAT. FOAT is rooted in a therapeutic mindfulness technique called Focusing, developed in the 1960's by Eugene Gendlin. Focusing is a mindfulness-based approach to therapy, which invites participants to describe their experience in a creative way, and can also provide a tremendous shift in attitude for individuals (Gendlin, 1979). It is a way of organizing an individual's experience, and serves as a mechanism to communicate this experience with a trained therapist. By participating in Focusing, the client may find an opportunity to change their perceptions based on their own experiences with reality, rather than trying to 'solve' presenting problems (Gendlin, 1979). Gendlin was trained in Carl Rogers' client-centered approach to psychotherapy, and the pair were the first-ever researchers to record therapy sessions. They analyzed thousands of transcripts and found that success within therapy could be predicted by the way that clients *spoke*. Efficient therapy correlated with clients' ability to express their inner experiences (Gendlin, 1979). They realized that this was a skill that could be researched, developed, and taught, and through this process, the Focusing method was created.

Focusing-Oriented Arts Therapy contains many different facets, and it is rooted in mindfulness practices and expressive therapies. Rappaport's guided meditations that flow into artistic expression can be particularly grounding and empowering for clients. Through FOAT, clients have been observed to access their inner experiences and discover paths toward implementing the change they wish for themselves (Rappaport, 2009). One 2014 study investigated the use of FOAT to treat symptoms of stress, anxiety, and depression. According to the findings of this study, FOAT was tested extensively and was found to be an effective

treatment for the symptoms of depression (Chidanand, 2014). Information on this topic is still relatively limited at this time, and there remains a need for further exploration of these techniques in clinical settings.

Furthermore, Cathy Malchiodi investigates the use of expressive arts therapy in treating individuals who have experienced trauma, offering interventions, case studies, and more regarding the use of the arts in working with trauma survivors. Trauma and mental health have a strong link, with many individuals who experience trauma developing post-traumatic stress disorder (American Psychiatric Association, 2013). Because trauma is so heavily related to fear, Malchiodi describes safety as being the most important element of the work. The fear must be addressed, and creative processes paired with mindfulness practices can serve as helpful tools in aiding the client through this process (Malchiodi, 2020).

In regard to music-based interventions, there has been groundbreaking research (Kantor et al., 2019., Sigurdardóttir et al., 2019., Lyons et al., 2015) which addresses the role that sound holds the potential to play in healing settings. There is growing evidence to suggest that sound, and musical vibrations provide healing stimulation for a wide variety of diagnoses, including major depressive disorder. Vibroacoustic therapy (VAT) is defined as “a treatment method that uses sinusoidal low-frequency sound and music” (Kantor et al., 2019, p. 1). Sigurdardóttir et al., (2019) discovered that vibroacoustic therapy is a beneficial add-on form of treatment that assists with standard therapy. Using the Hamilton Depression Rating Scale, the test group was found to have a lower rate of decline, compared to the control group. A wonderful aspect of music and sound-based therapies is that there are very little to no side effects at all (Sigurdardóttir et al., 2019).

Lyons et al., (2015) describe the use of various musical instruments in therapy. Standard instruments of choice for music-based therapy are piano and guitar due to their accessibility and prominence in modern culture. The acoustic guitar is described as a popular choice due to the soothing tone it produces and its portability. It is a very familiar instrument to most people as it has been present and prominent throughout human history. Guitars are more technologically advanced instruments which are derived from harps (Lyons et al., 2015). Harps are another notable instrument of choice for therapeutic work. In chapter 9, Holly Mentzer describes her work using the harp in her therapy practice. She explains, “The acoustic properties of vibrating strings and resulting overtones provide something uniquely different from an electronic keyboard or guitar” (p. 186). The harp is a popular choice in therapy due to the gentle tones that the instrument produces with nylon strings reverberating throughout the wood. The sound of the harp has a peaceful connotation, and has been described as a relaxing instrument to those listening to it (Gottlieb et al., 2015). Overall, choosing which instruments to use during therapy is impactful in the same way that using certain art materials and mediums can make a difference in the outcome. While guitar is a standard component of music-based therapy, the harp is less common (Gottlieb et al., 2015., Lyons et al., 2015). More research is needed regarding the effects of harp music while working with individuals, specifically with mental health conditions.

Though limited, there is emerging literature (Gottlieb et al., 2015., Kantor et al., 2019., Lyons et al., 2015., Sigurdardóttir et al., 2019) which explores the use of music, art, and mindfulness in clinical, therapeutic settings. There is a particular need for additional studies to be conducted regarding the overlapping of these topics, or the combinations of these methods working in conjunction with one another in clinical settings. More scientific research is needed in

these topics to further the collective understanding on the potential that these interventions hold as therapeutic techniques.

Methods

The expressive arts therapy intervention, Mindfulness, Music & Art was used with adults in an inpatient psychiatric hospital setting over the course of several months. Groups could not take place weekly since it was important to provide a variety of material for the patients, so these groups would generally take place on a bi-weekly basis. I typically facilitated one Mindfulness, Music & Art group per week due to floating between multiple units.

Participants

Mindfulness, Music & Art was utilized in an inpatient psychiatric hospital setting with an adult population. The members of these expressive arts therapy groups were adults who presented with severe psychiatric diagnoses such as generalized anxiety disorder, major depressive disorder, bipolar disorder, schizophrenia spectrum disorders, personality disorders, and more. Participants were there voluntarily, and could come and go from the group as they needed to. This method was used over six separate group therapy sessions in two different hospital units, with 29 different adults. One of the units was specifically for the treatment of mood disorders such as anxiety and depression. 4 out of 6 groups occurred on this unit. The other 2 groups occurred on a second unit which served a general psychiatric population. Patient diagnoses on this unit consisted of depression, anxiety, schizophrenia, bipolar disorder, psychosis, and more. Of all of the participants, 18 identified as female, 8 male, and 3 non-binary.

Materials

This method utilized an approach that is very versatile, and could be used with a variety of populations. The materials that were used included: Musical instruments (an acoustic guitar or

a harp), markers, colored pencils, crayons, watercolors, paint brush pens, and a piece of paper with a circle in the center that I printed off in advance. Participants were also provided with hard surfaces to lean on while making art when the group was not conducted in a room with a table.

Procedure

Each 45 minute Mindfulness, Music, & Art group opened with a check-in which consisted of an invitation for participants to share their names, pronouns, and *when and where they like to listen to music*. Sharing names was a requirement for group documentation purposes but participants were able to “pass” if they did not want to share the other parts of the introduction. This portion of the group would assist in orienting participants toward thinking about music and sharing a bit about their personal experiences listening to music. I would then inform the participants that there were art materials available to use once the live music began. I informed the participants that the circle on the paper provided was simply an invitation, and that they did not have to draw within it, or outside of it. Its purpose was simply to provide a bit of structure and they were welcome to make their art wherever felt right for them on the page.

I would explain that the live music would begin, and that this portion of the group would last approximately 20 minutes. I encouraged participants to be aware of any sensations that came about for them while listening to the music. I also asked the participants to try their best to become aware if their mind wandered to places outside of the present moment. The patients were reminded to bring their awareness back to the music when and if this happened, and would then begin playing soft, repetitive instrumental music on either the guitar or harp. The music would be completely improvised, and I would observe the participants’ art making processes the entire time. In the style of a guided meditation, I would remind the participants to be present with their art making process throughout the musical portion of the experience. I would gently suggest that

the patients redirect their attention toward being in this room if they found their mind starting to wander. The participants were encouraged to draw whatever colors, shapes, or images came to them while hearing the music. This directive stemmed from mindfulness-based therapy approaches, working in combination with themes from music-based therapy approaches. The purpose of this directive was to provide a sensory experience, as well as presenting a calming stimulus with themes from guided meditations. The goal of this part of the method was to assist the participants in being in the moment while creating their own artwork.

Once the 20 minutes of live music concluded, the group would transition into sharing what came up during this experience. Participants would have an opportunity to share their artwork and what this group was like for them. Various discussion questions that were used by the facilitator included: “What was it like to hear live music today while making art?”, “What was it like to make art within the circle?”, “Did any images, colors, or themes come up for you?”, “Did you create outside of the circle, or within it?”, and more depending on what came up for the participants. Generally there would be themes of enjoyment, and so the group would close with each participant having an opportunity to share how they might like to bring some music into their life in the near future (ie., going to a concert, listening to the radio, listening to music while doing a task, and such). I would highlight any themes that arose, encourage these goals, and thank participants for coming to the group.

Data Collection

Following each group session, I recorded a series of data points in a notebook that was specific to work done during this process. The number of participants, their gender identities, what they had said about the groups, and anything else of note would be recorded. This was separate from the note taking process that was done for the purpose of billing insurances. I had a

series of questions to evaluate each group and would engage in journaling by answering those questions. The questions were, “how do I think this group went?”, “What worked, and what didn’t work?” and “what could have gone better?”. The purpose of having these questions and this structured journaling was to keep the data collection consistent. This process would allow for themes to be analyzed and observed.

Results

Throughout this research project, I collected information based on my experience witnessing the processes of the 29 participants. I was able to observe their body language and behavior, and was able to hear about their experiences during the verbal processing portion of these groups. I also witnessed their artmaking and responses to the music. In response to this, I created my own creative interpretation of this experience on the whole.

Observations

Each session was structured the same way, and began with me preparing the room for the group. I would clean up any irrelevant materials and put them aside, and would place art materials around the room. I would tune my instruments, which would take longer if I was using my harp. Sometimes participants would enter the room during this process, and I would take that time to answer any questions they had about the instruments or the group in general while tuning. Once participants had found their seats, I would pass out the pieces of paper with the circles in the center. I would explain that the circle was an invitation, and I would be explaining the group shortly.

Once everyone was settled in, I would introduce myself and begin the group. I would explain that I would be playing some live music, and that they were welcome to make art while listening. I explained that they were welcome to draw inside of the circle, outside of it, or both;

whatever they were comfortable with. Firstly, I would ask everyone to introduce themselves with names, pronouns if that was comfortable, and to share a little bit about what role music serves in their lives. Some individuals would share that music served a functional purpose, like entertainment while cleaning or driving. Others shared that it was a major part of their life, and served the purpose of helping them to release emotions. Some folks shared that it was a strong component of their spirituality, and that they valued the music at their church. Others shared that they loved to go to concerts with friends, and some shared that they were musicians themselves. I would thank everyone for sharing, and let them know that I would then begin playing music.

While playing improvised, instrumental music, I would watch the participants as they would create their art pieces. Often, at the beginning of a group, there would be a pause where everyone was listening to me play at first, before selecting their desired materials. After a brief moment, most people would get up and move throughout the space, gathering materials of their choice. Most people did not struggle to express an image during this process. There would often be a pause, almost as if an image or scene was coming to them, and then they would search for the necessary materials to express this image or scene.

Artistic Content

Common images and themes that arose in the artistic expressions were themes from nature. Beaches, waves, trees, flowers, clouds, suns, moons, and stars were some of the most common images to come to people during this experience. Another common expression that came up was words being written within the circle, and outside of it. Some participants chose to make abstract images of colors and shapes. Most of the participants used the full amount of time provided to continuously work on their art pieces, and were generally able to finish filling in the circle within the time allotted.

A lot of the artistic expressions contained content of specific places from the participants' memories. These were, at times, scenes from nature, and were at times, places where the patients had fond memories or had spent time in their life. Other times, the content of their work depicted generic scenes from nature, with no specific memories attached to them. Overall, images of nature were by far the most common things to come to people during this process. Participants' body language (lowering of the shoulders, leaning back in chair, maintaining an upward posture) pointed to relaxation taking place during this process. According to my observation of the creative part of this group, many participants appeared to be focused and calm.

Verbal Processing

After about 20-25 minutes of music and artmaking, I would notify the participants that we would be moving into an opportunity for sharing soon. The participants would then be invited to share what they drew, and discuss a little bit about what this was like for them. Some individuals reported that this experience was “calming”, “relaxing”, “a nice distraction”, “peaceful”, and “fun”. Some participants shared more specific reactions; one woman shared that the experience brought an awareness to an emptiness that she was feeling, and that it was helpful for her to realize this. Another woman shared that it reminded her of home, and that she found this to be comforting. There was often a shift in energy from the beginning of these groups to the end, and the participants usually left the room with the artwork they had created in hand. Multiple participants requested that I cut their artwork out of the circle so that they could keep their creation without the blank edges.

Participants were generally able to engage with the material being presented. They were often quiet and focused on the process. At times, they became curious and vocalized questions, or comments, and required some redirection or structure. They were often observed to be smiling

and interested in what they were creating. During structured time for sharing, the participants were generally observed to be relaxed and confident. At times, they were unsure about their artistic abilities or the content of what they created, but generally reported this being a fun, grounding, and relaxing experience.

As far as discussing this process verbally goes, participants described this intervention as “peaceful”, “calming”, “grounding”, “relaxing”, and “comforting”. Themes of “openness” arose, and many participants described their experience as ‘finally being able to let go’, and were able to just let the artmaking happen. Some individuals shared that this “letting go” was a first for them while making art, and they previously held a lot of resistance toward their own creativity. In regard to making art within a circle, many participants stated that they appreciated this structure. Several participants stated that the circle was very centering, and allowed images to arise spontaneously for them. Participants described that it felt more approachable to draw within a circle, rather than on a blank page.

Facilitator’s Artistic Response

I chose to explore this experience through the creation of a visual art piece. Overall, it was a powerful experience which resulted in the emergence of several themes such as peacefulness, calmness, tranquility, hope, attunement, bravery, creativity, spontaneity, and more. Using acrylic paint on canvas, I offer an artistic expression reflecting on the entirety of this process. While painting, I considered what it was like to facilitate all of these groups. I found myself starting this process by painting a large circle in the middle of the canvas. I began reflecting on the experience of facilitating these expressive arts therapy groups, and how it feels now after documenting what it was like to witness all of these groups. It felt natural to do this reflection in the same format that I had witnessed the patients creating their own reflections.

Images of my instruments came to mind, with a lot of color swirling around them, almost holding them there in time. The bright blue resonated with me, with streaks of other colors like pink and green swirling all around, representing the range of emotions that came up for people during this experience and what it was like to witness this.



Figure 1. Acrylic paint on canvas. *Mindfulness, Music & Art* (Annabelle Lord-Patey 2024)

Discussion

The information collected regarding my experience during this study indicated that Mindfulness, Music & Art is a useful expressive arts therapy intervention for working with adults with severe mental health diagnoses. I had several main findings which arose during my observation of the adults who chose to participate in Mindfulness, Music & Art. My findings were: 1. That these groups served as an opportunity for patients to bring awareness to their own internal experience and describe that experience. 2. that this was an engaging experience which allowed an opportunity to engage with expressive arts therapy in an accessible manner. 3. that this experience served as an opportunity to become more grounded, to self-regulate, and orient to the present moment, and 4. there was a different response between the use of a guitar and the use

of a harp. Overall, I found that the directive is versatile, and is practical for use in group settings. The responses from participants were overwhelmingly positive; many patients reported feeling anxious when beginning the group, and feeling much more at ease after engaging in this experience. Mindfulness, Music & Art was specifically designed for use with adults in a psychiatric hospital setting. It is rooted in mindfulness and music-based approaches to therapy, and supports the evidence that mindfulness and expressive arts therapy are legitimate methods for treating the symptoms of anxiety, and more.

Describing an Experience

Through this intervention, patients described being able to articulate their inner experiences more deeply, or more fully, and stated that this was helpful for them in their treatment. They stated that they felt relaxed, that they were able to “let go” of previous judgments of their creative process, and are describing what it was like to do this. This furthers the theoretical ideas which stated the importance of self-expression in the therapy space, developed by Rappaport, (2009), Gendlin, (1982), McNiff, S. (2009), Malchiodi, C. A. (2020). Mindfulness, Music and Art is one example of how mindfulness being used with the arts is an effective means of psychiatric treatment because it allows participants to connect with their inner selves. Participants in this research project were able to share and articulate how they were able to become more aware of things that were happening internally. They reported that this was helpful for them, like in the case of the woman who shared that she was able to reflect a lot upon her art-making process to realize there was an emptiness that she was feeling. Another young man shared that this was a very helpful tool for him to process some things, internally, that he had been pushing away. He didn’t share what these things were, but thanked me for giving him structured time to process some things that had been on his mind in a safe environment. This is

in-line with Gendlin's theory that successes in therapy were measurable by the way clients are able to talk about their experience. This directive served as a vehicle for patients to begin to connect with themselves, to then be able to connect and share their experiences with others. Nearly every participant went out of their way to report that this group was successful for them and there was an observable shift in their body language before and after a session. Many individuals reported that mindfully listening to music, especially live music, was something they hoped to bring forward with them as a grounding tool.

Accessible Expressive Arts Therapy

Some participants described this directive as an opportunity to become more "open" which is in line with some of the points that Malchiodi (2020) makes about safety in relation to the expressive arts. Safety is a vital element to this work, and it is essential for participants to feel safe with themselves, safe among each other, and safe with the facilitator in order to engage with healing arts. This is a vulnerable act, and is equally demonstrated on the part of the participants who are voluntarily engaging in open art-making, as well as the facilitator who is creating completely improvised music, tailored specifically for each group in each moment. I witnessed Mindfulness, Music & Art to serve as a holding space where participants are fully invited to *just be*. This is evidenced by the responses from the individuals who chose to take part in these groups, in their words, in their body language, and in their general affect.

This directive is an introduction to the basic concepts of expressive arts therapy, and affirms and encourages one of its most important tenets, being that the purpose of engaging with these directives is all about being engaged with the *process* of creativity, rather than being focused on the *product*. This is a concept that Knill (1995) discusses, and it is important to bring into practice with directives like this.

An Opportunity to Become Grounded & to Self Regulate

Another finding of this study was that these groups served as an opportunity for individuals to become more grounded and to self-regulate. According to the feedback that the participants shared, many people found the circle in the center of the page to be grounding. Many people also reported the live music to be relaxing and grounding, and that the group was overall a great way for them to practice the skill of self-regulating, which is in line with the research regarding the use of music, art, and mindfulness in the context of therapy. Gottlieb et al. (2015), Eisendrath et al. (2014), Hofman et al. (2010), Mo et al., (2023) share ideas which express the effectiveness of integrating the arts and mindfulness in therapy. These modalities can offer structure and stimuli which participants report as being helpful, calming, and so forth. This research project furthers the exploration of these topics, and also integrates these separate modalities into one.

Guitar Versus Harp

There were different responses to the two different instruments used during these groups, which was to be expected. Participants did report finding the music of the harp to be relaxing which was in line with what Gottlieb et al. (2015) described. The acoustic guitar was reported to be relaxing and grounding as well, and several participants reported a sense of familiarity with its tones. This information evidences that there is a place for both instruments in these groups. The harp provides tones that have been described as ethereal and somewhat mystical or unknown, while the guitar provides familiarity and consistency. Using stringed instruments made with wood appears to be ideal, however, it would be extremely valuable to explore Mindfulness, Music & Art with a wide range of other instruments such as drums, wind instruments, piano,

brass instruments, and more. This could allow for an opportunity to examine the emergence of new themes, all while comparing the new data to the data gathered in this study.

Implications

Mindfulness, Music & Art is an approachable form of expressive arts therapy, and I am confident that it could be beneficial to other populations in other settings. For example, it may be beneficial for a therapist to use in an individual setting. Additionally, Mindfulness, Music, & Art could serve as a great introduction to mindfulness and expressive arts therapy for children, adolescents, the geriatric population, and so on. It is versatile and approachable, and for that reason it can be altered to the needs of many different individuals with different lived experiences. It is an accessible approach because there is no pressure to create any images; it does not require any sort of artistic skill. Participants can choose to simply shade in their circles with their color[s] of choice.

There is potential for this directive to be carried out in additional settings, and that it would be beneficial to explore the use of this method in a quantitative study. More quantitative research is needed in this field, particularly in regard to the use of music-based, intermodal expressive arts therapy. I see potential to involve participants in the music-making process in future variations of Mindfulness, Music, & Art. This directive could potentially be adapted to larger-scale, community events, in which there are many participants creating music while others create art. There could be opportunities to switch roles, to collaborate on larger pieces of paper with circles, and so forth. This could be an extremely powerful way to incorporate participants in the music-making process, and could potentially engage a large group with the directive. This idea could even be brought to a smaller setting, perhaps in the context of family therapy. One family member could be creating music, while the rest of the family creates art within the circle,

or any variation of the method. These ideas are worth exploring with the hope to involve participants in the music process in the future of these groups. I plan to continue to experiment with these methods, as well as continuing to utilize the method the way it was designed in this particular study.

Limitations

There were various limitations that arose during this study which was to be expected. When conducting therapy in a group setting, for example, it can be difficult to anticipate what kinds of situations may arise which may alter the results of the study. For instance, in a hospital setting, nurses and doctors may remove participants from groups at any given time. Participants may become dysregulated during the group and distract other participants in this way. They might begin speaking during the music and may require a bit of redirection. They might decide to leave the group early, or enter the group late at any given time, and all of these instances did occur during this study. Other limitations include the human bias of the facilitator. Interpreting body language is something that is subjective which inherently becomes a limitation within the study. I identify as a white woman, which brings its own set of internalized biases. This bias is something that I made sure to remain conscious of, and still it will inherently alter the reliability of the data since all of the information is being filtered through one specific experience.

As far as data collection goes, there are inherent limitations regarding the nature of a qualitative study like this one. During the first handful of groups, I took very detailed notes with consistent discussion questions immediately following each session. During the final two groups, that was not a possibility due to unforeseen circumstances.

Conclusion

This study was aimed at exploring the experiences of 29 adults in a psychiatric hospital setting. These adults each took a daring leap into the unknown, and the results, while varied, had some universalities. This therapeutic approach was successful in the sense that the participants were each able to have an intermodal experience that utilized mindfulness, music, and visual art. They each had an opportunity to observe their own introspective experience, as well as having an opportunity to connect with peers over a shared event. In becoming more aware of their own internal experiences, they were also able to describe those experiences to the facilitator and peers, which the participants found helpful. These groups also served as a tool to help the participants self-regulate, and to become more calm, relaxed, and grounded. Lastly, these groups served as an accessible form of expressive arts therapy which was made available to a wide range of people with different lived experiences.

Overall, music is considered to provide inherent safety in its structure, and art provides an opportunity to engage with something material, in order to produce thoughts, emotions, and sensations. Each adult who engaged with this directive was able to have their own unique experience, and it was profound to witness, as themes such as peacefulness, calmness, and relaxation did arise. Although there were themes that emerged and common experiences shared, what each individual brought to the program was unique, because they each held their own individual perspective. I am hopeful that further research will be conducted, building upon the concepts and themes within this study. Mindfulness, Music & Art groups have been successful throughout my internship process and I will continue to implement them in the future.

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