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The impact of a focused listening experience on self-compassion and mental health help-seeking

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Abstract

Many people do not seek mental health support due to self-stigma; however, music can assist people in seeking support. Therefore, the present study explored how attending a focused music listening event might promote self-compassion and mindfulness and, in turn, how experiencing these might promote mental health help-seeking intentions. This case study focused on the Indigo Project's *Listen Up* event, in which participants engage with a curated music playlist (drawing on soundtrack, ambient and experimental music) along with oral guidance provided by a psychologist. After attending *Listen Up*, participants ($N = 270$, 85.90% female, $M_{age} = 37.05$) completed an online survey, including their attendance motivations and standardised measures of mindfulness, self-compassion, self-stigma of help-seeking, and help-seeking intentions. A subset of 18 participants were subsequently interviewed about their experience. Results indicated that attendees experienced feelings of mindfulness and self-compassion, processed challenging emotions during the event, and were prompted to practice self-care and connect with others following the event. Additionally, participants experiencing mindfulness during the event buffered the relationship between self-stigma of help-seeking and future help-seeking intentions. Study findings have implications for our understanding of the ways that music and mindfulness can be used in practices to promote mental health and well-being.

Keywords

focused music listening, self-stigma of help-seeking, self-compassion, mindfulness, strong experiences in music (SEM), mental health help-seeking

Estimates suggest that less than half of Australians who report experiencing some form of mental illness received treatment for their difficulties (Whiteford et al., 2014). Though there are several reasons why someone may not choose to seek mental health support when they

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need it, one of the most widely cited barriers to help-seeking is self-stigma of help-seeking (SSOHS). SSOHS is the anticipated stereotyping, status loss, and discrimination experienced by someone who seeks, or considers seeking, mental health support (Lannin & Bible, 2022). This stigma not only discourages individuals from seeking mental health support, those impacted by this stigma also often do not pursue other work or leisure opportunities (Corrigan et al., 2009).

Corrigan et al. (2009) referred to the relationship between self-stigma and behaviours in pursuit of life goals as the Why-Try effect. Depicted in Figure 1, the Why-Try effect proposes that those who internalise the stereotypes directed towards them and accept them as legitimate suffer more significant harm to self-esteem and self-efficacy, which, in turn, influences goal attainment as well as engagement in evidence-based practices (Corrigan et al., 2009; Vogel et al., 2006). Individuals who do not internalise the stereotypes directed towards them are less likely to experience diminished self-esteem and self-efficacy and may be empowered towards goal attainment (Corrigan et al., 2009). Individuals may also be concerned that participating in evidence-based practices, like psychotherapy, affirms stereotypes about themselves, proving that they are unworthy or unable (Vogel et al., 2006). The Why-Try effect, therefore, can be used to understand engaging in evidence-based practices in the face of self-stigma. Research with varied populations supports the Why-Try effect. For instance, self-esteem can mediate the relationship between self-stigma and mental health in single mothers (Kim et al., 2023) and the relationship between internalised stigma and hope in people with mental illness (Mashiach-Eizenberg et al., 2013). Intervening at the stage of the social mediators in the model may be more effective in promoting help-seeking engagement rather than specifically targeting stigma itself (Mittal et al., 2012). While the model originally included self-esteem and self-efficacy as mediators (Corrigan et al., 2009), additional researchers (e.g., Chan & Leung, 2021; Wong et al., 2019) suggest that additional psychological constructs might also buffer the impact of self-stigma on life goal achievement. One construct to consider is self-compassion (Heath et al., 2018).

Self-compassion, as conceptualised by Neff (2003; Neff & Dahm, 2015), is comprised of three elements: self-kindness (being warm and understanding towards the self), common humanity (recognising that suffering and personal inadequacy are part of the shared human experience), and mindfulness (observing thoughts and feelings as they are, without trying to suppress or deny them). Broadly, self-compassion is associated with well-being (Yang & Mak, 2016; Zessin et al., 2015). Further research has suggested that self-compassion may influence the relationship between self-stigma and well-being (e.g., Hilbert et al., 2015; Mackali et al., 2023; Yang & Mak, 2017). For example, Mackali et al. (2023) found that self-kindness and self-judgement mediate the relationship between internalised stigma and resilience. Importantly, self-compassion diminishes the effects of public and self-stigma and is associated with a greater propensity to seek mental health help (e.g., Dschaak et al., 2021; Heath et al., 2018; Wasylkiw & Clairo, 2018).

Mindfulness-based interventions have been employed to promote self-compassion (e.g., Halamová et al., 2018; Joss et al., 2019). Mindfulness is an umbrella term used to characterise many practices, processes, and characteristics, primarily defined concerning the capacities of attention, awareness, and acceptance/discernment (Van Dam et al., 2018). By having non-judgmental awareness of internal and external stimuli, mindful individuals tend to adopt a more open and accepting attitude towards their own experiences (Kabat-Zinn, 1994). In this regard, individuals may develop higher levels of self-acceptance and self-compassion through mindfulness practice (Kabat-Zinn, 1994). Individuals who are more mindful may also have better psychological adjustment and greater emotional resilience in the face of stressors, including societal and internalised stigma (Chan & Leung, 2021; Lyons, 2016).

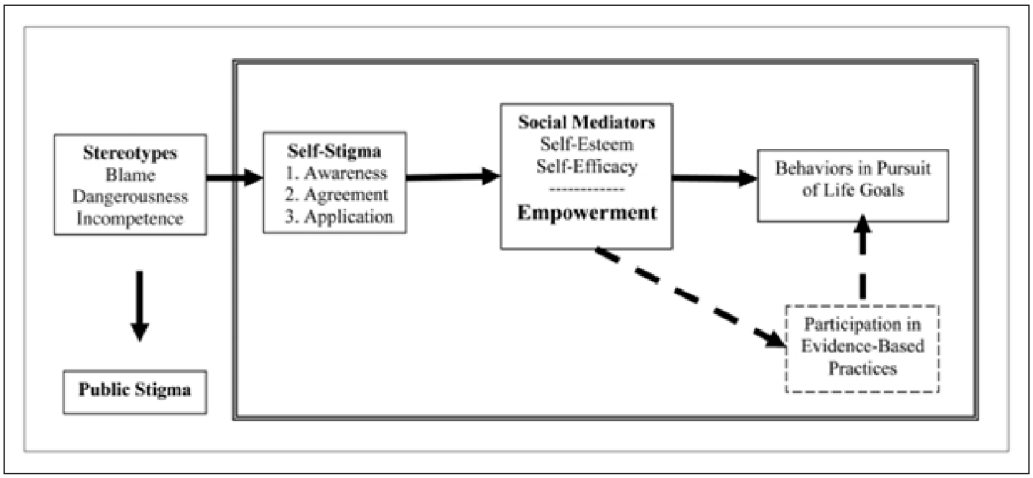

Figure 1. The Why-Try Model (Reproduced With Publisher's Permission From Corrigan et al., 2009, p. 76).

Mindfulness-based interventions can reduce self-stigma (e.g., Dai et al., 2024; Hong et al., 2023; Luoma et al., 2008; Yılmaz & Kavak, 2018) and can buffer the effects of self-stigma on distress and well-being (Martin et al., 2022; Yang & Mak, 2017). Even single-session mindfulness interventions can improve well-being (Rubin et al., 2024). Additionally, mindfulness may be associated with more positive attitudes towards help-seeking (Oluyinka, 2011). While there is overlap between mindfulness and self-compassion, mindfulness focuses on present moment awareness and responding to thoughts and feelings without judgement; self-compassion, on the other hand, focuses on how the individual is responding to the suffering that they are experiencing (Neff & Pommier, 2013). Because of these subtle distinctions, mindfulness and self-compassion are treated as separate concepts, and can be examined and evaluated independently (Baer et al., 2012; Robins et al., 2012).

Mindfulness-based practices take many forms, in some cases using music as a focus (Hernandez-Ruiz et al., 2021; see also Lesiuk, 2016; Sorensen et al., 2018). Music listening-based mindfulness interventions can reduce stress and promote mental health (Lesiuk, 2016). For instance, Guided Imagery and Music (GIM) is a receptive music therapy technique involving focused music listening, pairs music with visualisation, imagination, and relaxation techniques (Grocke, 2010). In practice, individuals focus on a carefully chosen piece of music and a trained GIM therapist guides the client while the music serves as a container to provide emotional safety where individuals can fully experience their emotions (Jerling & Heyns, 2020). Importantly, GIM has been shown to promote self-compassion (Shum, 2020). While used with individuals, GIM can also be an effective intervention in a group setting (e.g., Rudstam et al., 2022). GIM represents one form of focused music listening, and little research has looked at how other focused listening events may impact those who attend them.

Music listening experiences beyond the therapy space also have the potential to support well-being (e.g., Krause & Davidson, 2021b; Krause et al., 2018; McCrary et al., 2022; Raglio, 2021; Vidas et al., 2022). Music listening in everyday life can assist in managing moods and emotions (Randall et al., 2014; Saarikallio et al., 2013). People can listen in order to process (Papinczak et al., 2015) or elicit (Juslin et al., 2010) strong and difficult emotions, like sadness, even in those who have a tendency to avoid these difficult emotions (Baker et al., 2007). Experiencing and processing these emotions can, in turn, lead to an improved mood (Van den Tol et al., 2016) and, in some cases, catharsis (Saarikallio & Erkkilä, 2007).

People also report using music to relax and cope with stress (Adiasto et al., 2022; Krause, et al., 2023; Linnemann et al., 2015), pain (Howlin et al., 2022) and anxiety (Harney et al., 2023), as well as to support self-awareness, or to think about who they are and who they would like to be (Elvers et al., 2018; Schäfer et al., 2013). Listening to music can also elicit nostalgia (Garrido & Davidson, 2019), bringing about vivid memories of people, often inducing feelings of social connection (Groarke & Hogan, 2016; Schäfer et al., 2020).

Music listening can also create strong experiences that impact people beyond the moment of listening. These strong experiences in music (SEM; Gabrielsson, 2011), also called peak experiences, elicit intense positive and negative emotions (Gabrielsson & Wik, 2003) and give a sense of wonder and awe (Maslow, 1976). Gabrielsson (2011) found that SEM resulted in people feeling free or refreshed, and in some cases, experiencing catharsis. Others described the ways that SEM provided motivation to persevere during difficult times, relieved mental pain, and provided fresh hope and courage. Some people described feeling more open and unreserved and they even pointed to these SEM as prompting a change in their view of the world and their beliefs (Gabrielsson, 2011). Similarly, Green (2016) found that "epiphanies" can result from peak listening experience, which foster inspiration, motivation, and influence beyond the listening event. Because these SEM can be transformative, exploring how these events might promote mental health help-seeking provides a further understanding of how these experiences might instigate long-term change.

Given the reported consequences of SEM, a one-off music listening experience can have a significant impact on attendees, such that focused listening may enhance mindfulness and self-compassion. It may also prompt those who attend it to make changes or take action in some areas of their lives. In fact, research suggests that music may facilitate engagement in help-seeking. For example, intentional music listening can facilitate engagement in primary mental health support (McFerran et al., 2018). Moreover, music-based therapies are particularly effective for those known to be ambivalent to or highly resistant to seeking treatment (De l'Etoile, 2002). However, little research has explored how focused music listening experiences might improve attitudes towards stigma of psychological help-seeking.

A case study event that permits consideration of focused music listening for mindfulness, self-compassion, and help-seeking intentions is *Listen Up*. Created and facilitated by the Indigo Project, a Sydney-based psychology practice, *Listen Up* is an immersive, focused listening experience, designed to help participants experience music without distractions (Indigo Project website). The event facilitators have designed Listen Up to address self-awareness, empowerment and stress/anxiety management (Krause, et al., 2024). Participants are encouraged to pay attention, on purpose, and use music as an anchor to the present moment. Music plays throughout the experience via a curated music playlist and is accompanied by additional spoken guidance from a trained psychologist (see Supplemental Materials S1). A *Listen Up* session lasts approximately 60 minutes and, because of COVID-19 restrictions at the time of the study, involved attendees participating from home connecting to the experience using Zoom and Audiomovers.

As the experience begins, the psychologist leading the session engages the participants in grounding mindfulness exercises and then provides minimal oral guidance encouraging participants to pay attention to their reactions to the music. While the event is not GIM as outlined in treatment protocols, it shares characteristics in that participants are encouraged to explore their thoughts, often through spontaneous imagery through music. At the conclusion of the event, participants are invited to slowly sit up, open their eyes, and chat with the facilitators and other attendees about their experiences before exiting the Zoom call when ready. Krause, et al. (2024) found that *Listen Up* can produce strong emotional responses in attendees; thus, it may represent a transformative SEM.

In exploring people's perceptions of their experience attending *Listen Up*, based on the research discussed above, we had three exploratory aims. Our first exploratory research question (RQ1) concerned examining why people attended the *Listen Up* event. Our second research question (RQ2) asked, how do people experience this event? Specifically, we were interested in whether attendees perceived the event as promoting (a) mindfulness and/or (b) self-compassion.

Thirdly, we asked (RQ3) what is the impact of attending Listen Up on future help-seeking intentions? In line with evidence that mindfulness and self-compassion can buffer the effects of self-stigma (Heath et al., 2018), music can promote help-seeking (McFerran et al., 2018), and the Why-Try effect, we had two hypotheses. Hypothesis 3a stated that self-compassion experienced during *Listen Up* would moderate the relationship between self-stigma and help-seeking intentions and Hypothesis 3b stated that mindfulness experienced during *Listen Up* would moderate the relationship between self-stigma and help-seeking intentions.

Method

Research design

A mixed-methods convergent design (Creswell & Plano Clark, 2018) was employed to collect and integrate qualitative and quantitative data. The integration involved merging the results from the quantitate and qualitative data collection exercises so that a comparison could be made (Creswell & Plano Clark, 2018). Participants were invited to attend an online *Listen Up* event (via Zoom) conducted in accordance with the Indigo Project's facilitation protocol (see Supplementary Materials, S1). Participants were asked to complete the survey at the conclusion of the event (and a follow-up email encouraged participants to complete the survey within 24 hours of attending). They were also invited to participate in an interview following the event.

Ethical clearance for the study was granted by James Cook University's Human Research Ethics Committee (ID: H8106). Staff from the Indigo Project were involved in facilitating the event, but not in the data collection or analysis of the research. Given the nature of the research asked participants to reflect on their well-being, all participant-facing information included contact details for the researchers and mental health service providers. Moreover, the first author, who was completing her clinical psychology training at the time of the study, conducted the interviews.

Participants

To recruit participants, the opportunity was posted on the Indigo Project's website, and press releases were put out by the Indigo Project and the authors' institution. Three *Listen Up* sessions were used for the study. The usual registration fee was waived, given the communicated expectation to complete the research survey following the event. Individuals needed to register online and be 18 or older to participate.

The convenience sample consisted of 270 participants ($n = 73, 93, 104$ in each of the three sessions, respectively). Of these participants, 232 (85.90%) identified as female, 35 (13.00%) as male, and three (1.10%) as genderqueer or non-binary. Participants were aged between 18 and 67 ($M = 37.05$, $Mdn = 35$, $SD = 9.24$), and 40.70% had attended at least one prior Indigo Project event.

Eighteen participants were subsequently interviewed. To maintain confidentiality, no demographic details were collected about interviewees.

Procedure

Participants first accessed the participant information online and indicated their consent by responding to an explicit question (yes/no) prior to accessing the survey as a series of webpages. Participants were thanked and debriefed on the final webpage. At the survey's conclusion, participants were invited to provide their email address if they were happy to consider being interviewed (contact detail data was separate from survey responses). These individuals then received an email invitation (resulting in a 33% response rate). All interviews were conducted via Zoom at a suitable time.

Materials

Questionnaire. Participants completed the online survey via Qualtrics. Participants reported their age, gender, and number of Indigo Project events they had attended inclusive of the *Listen Up* event in question. They then completed a series of measures designed to explore people's experiences of the event, SSOHS, and help-seeking intentions.

Attendance motivations. Eleven items concerning arts event attendance motivations from Dobson (2010) and Krause and Davidson (2021a) were used to examine people's motivations to attend the event (e.g., "Being around people like me"). Four additional, author-developed items were also included, specifically tailored to mindfulness experiences (e.g., "I have an interest in mindfulness"). Respondents were asked how well the items described their motivations for attending the event using a five-point response scale (1 = *Not at all*, 5 = *Extremely*).

Mindfulness. The Toronto Mindfulness Scale (TMS; Lau et al., 2006), a state-based measure of mindfulness specifically for use in evaluation of mindfulness-based interventions, is a 13-item measure with two subscales addressing curiosity (six items, e.g., "I was curious to see what my mind was up to from moment to moment") and decentring (seven items, e.g., "I was more invested in just watching my experiences as they arose, than in figuring out what they could mean"; Lau et al., 2006). Respondents indicated on a five-point scale (1 = "*Not at All*", 5 = "*Very Much*") how well the statements described their experience. Summed scores were computed, where higher scores indicate experiencing greater curiosity or decentring during the event. The subscales have shown good reliability in previous work: Lau et al. (2006) reported reliability estimates of the composites of .86 and .87 for curiosity and decentring, respectively. Cronbach's alpha values in the present study were .860 for curiosity and .766 for decentring.

Self-compassion. The State Self-Compassion Scale, Short (SSCS-S; Neff et al., 2020) includes 12 items (e.g., "I try to be understanding and patient towards those aspects of my personality I don't like") (Neff et al., 2020). Respondents indicated how well the items applied to how they are feeling towards themselves as they think about a painful or difficult situation they are currently experiencing on a five-point Likert scale (1 = "*Not at all true for me*", 5 = "*Very True for me*"). Responses were summed to produce a single score. Higher overall scores indicate greater levels of state self-compassion (Neff et al., 2020). The SSCS-S has been previously used to evaluate self-compassion interventions (e.g., Halamová et al., 2018; Joss et al., 2019), demonstrating good internal consistency in previous work (e.g., $\alpha = .79$ in Neff et al., 2020) and in the present study ($\alpha = .771$).

Help-seeking intentions. The three-item, Mental Health Seeking Intentions Scale (MHSIS; Hammer & Spiker, 2018) measured respondents' intention to seek help from a mental health professional if they had a mental health concern (e.g., "If I had a mental health concern I would plan to seek help from a mental health professional"). Participants rated their degree of intention using a five-point Likert scale (1 = *Definitely False*, 5 = *Definitely True*), and an average

Table 1. Sample Descriptives (Means and Standard Deviations) and Pearson's Correlations for All Continuous Variables.

	Mean	*SD*	2	3	4	5
Help-seeking intentions (1)	4.354	0.804	–.392***	.011	–.026	.024
Self-stigma of help-seeking (2)	1.971	0.568	-	–.148*	–.043	–.033
State self-compassion (3)	20.178	4.763		-	.221***	.129*
Mindfulness – Decentring (4)	24.757	5.009			-	.612***
Mindfulness – Curiosity (5)	22.717	4.716				-

*$p < .05$, **$p < .01$, ***$p < .001$.

score was created (higher scores indicated greater intention). The MHSIS demonstrated good internal consistency in previous work (e.g., $\alpha = .94$ in Hammer & Spiker, 2018) and in the present study ($\alpha = .951$).

Self-stigma of help-seeking. The Self-Stigma of Seeking Help scale (SSOSH; Vogel et al., 2006) measured participants' self-stigma associated with mental health help-seeking behaviours. While the original 10-item scale uses the term "therapist", "mental health professional" was used in the present study to increase the clarity of the measure for the Australian sample (e.g., "My self-confidence would NOT be threatened if I sought professional help"). The SSOSH uses a five-point response scale (1 = *Not at All*, 5 = *Extremely*; Vogel et al., 2006). Responses were averaged to create a single score, where higher scores indicate greater self-stigma associated with help-seeking. The SSOSH has demonstrated good internal consistency ($\alpha = .91$; Vogel et al., 2006). In this study, the SSOH demonstrated adequate internal consistency ($\alpha = .689$).

A separate binary question (yes/no) asked participants, "have you sought out help from a mental health professional before attending the Indigo Project event?": 211 (78.10%) had sought mental health support in the past.

Interview. During the in-depth, semi-structured, individual interviews (Saldaña, 2011), interviewees were asked about their *Listen Up* experience, including how participating influenced their thoughts/feelings and how attending may have impacted their help-seeking intentions. An outline of the prepared interview questions can be found in the Supplementary Materials, S2. The interviews lasted between 20 and 40 minutes, were audio recorded, and then transcribed for analysis.

Results

Data analysis

Quantitative analyses were performed using SPSS (version 28). An exploratory factor analysis was performed to examine the underlying structure of attendance motivations. Simple moderation analyses were performed using Hayes (2018) PROCESS Macro (version 4.2; Model 1 and Model 2) to evaluate whether self-compassion and mindfulness moderated the relationship between SSOHS and future help-seeking intentions (means and standard deviations are displayed in Table 1). We included two binary covariates in the moderation analyses: these were previous help-seeking (no/yes) and previous Indigo project attendance (no/yes). Assumptions were checked before conducting the moderation analyses. The assumptions of normality, linearity and homoscedasticity of residuals were met and the Mahalanobis distance

value did not exceed the critical X^2 value for any cases, indicating that multivariate outliers were not of concern.

A thematic analysis following Braun and Clarke's (2013) six-step procedure was performed on the qualitative data. The first author first familiarised herself with the data, then generated codes using a recursive, reflexive approach (Braun & Clarke, 2019), such that examination of the participants' responses was flexible, rather than focused on any specific theoretical background. Broader themes were tentatively formulated by clustering related codes. Where relevant, coding of implicit concepts within participant responses were explored. The first author led identifying and reviewing themes, and the second author acted as a critical friend (Sparkes & Smith, 2014) working with the first author to refine and finalise the themes. Finally, both authors worked together to label and report on the themes.

Six overarching themes were identified from the thematic analysis: contextualising attendance motivations, emotional experience, self-reflection, sensory experiences, event accessibility, and prompting action. Table 2 summarises these overarching themes and their sub-themes, which are supported by indicative participant quotes (pseudonyms are used to uphold participant confidentiality). (Additional participant quotes by sub-theme are included in the Supplementary Materials, Table 1).

Attendance motivations

A principal axis factor analysis with Promax rotation was used to investigate the underlying structure of the participants' motivations to attend *Listen Up* (RQ1). The Kaiser–Meyer–Olkin measure of sampling adequacy was .853, and Bartlett's test was significant ($p < .001$); this indicated that the data was suitable for factor analysis. The resulting four factors, together, accounted for 48.627% of the total variance. Based on the pattern of item loadings (Table 3), these were labelled as: Introspection (characterised by "learning more about myself" and "having a strong emotional experience"); Arts Event (characterised by desires of "experiencing thought-provoking art" and "losing myself in an arts experience"); Organisation Support ("I have been to other Indigo Project events" and "being around people like me"); and Curiosity (characterised by being curious about the event).

Interviewees also discussed their attendance motivations, which were characterised as due to current life stress or curiosity (Table 2). For instance, in response to stressors at home or work, some participants wanted *Listen Up* to assist with relaxation (Megan: "*carving out an hour of your week to really just focus on relaxation*"), processing emotions, or having some dedicated space to be with themselves (Grace: "*I've been going through it . . . I just needed to have that consolidation time*"). Other participants expressed that they had no specific expectations coming into the experience but were very curious about both the nature of the research and about the integration of the arts and mental health. These motivations, especially that of curiosity align well with the identified factors from the quantitative analysis (Table 2) suggesting that there are shared reasons for attending an event like this.

Experiencing mindfulness and self-compassion as a Listen Up *attendee*

Sample means (Table 1) indicate that participants reported experiencing moderate levels of state self-compassion and that they did report experiencing mindfulness during the event. It is the 'self' theme (and the three sub-themes, mindfulness, self-kindness, and empowerment) from the analysis of the interviewees' experiences (Table 2) that best demonstrates how participants experienced thoughts of kindness and compassion towards the self (e.g., Jane described

Table 2. Summary of the Overarching and Sub-Themes With Indicative Quotes.

Theme (description)	Sub theme	Brief sub-theme description	Indicative quotes[a]
Contextualising attendance motivations (comments about why individuals participated in *Listen Up*)	Current life stress	Motivated to attend because of experiencing significant stress before the event	**Megan**: "I think you know, for me, in particular, like I've had a lot going on at the moment, like a lot of stress and you know yeah just sort of negative things happening in my life right now and they've sort of been going on for a while and you know there's a lot to do with like COVID I think everyone's sort of in a headspace that's not quite normal at the moment, and it did really help like having space to really allow yourself to feel."
	Curiosity	Approaching the experience with curiosity/an open mind	**Bella**: "It's primarily curiosity, as to why I got involved and I thought, why not, I really like music anyway, and art, in general, it seemed like a cool thing to try, just to see how . . . music and different modalities influence, like the spirit or the body. . . just something I'm curious about for myself and for the people that I interact with at work."
Emotional experience (comments characterising participants' emotional experiences during *Listen Up*)	Difficult emotions	Experiences of difficult emotions such as sadness, anxiety, or grief during the experience	**Catie**: "Initially, . . . I had that tightness it was a bit of fear that's the only way I could really say because I was like you know I didn't know and I hadn't felt that, in a very long time that tightness that that real anxiety and that build-up of just fear and dread almost is the only way I could say and then it just vanished"
	Joy	Experiences of strong positive emotions during the experience, such has happiness and hope	**Ally**: "You work through it and then you get it back again and then at the end, like I ended in a place of like happiness and like seeing a lot of fun for my life . . . friends, adventure a lot of excitement."
	Relaxation	Experiences of relaxation	**Cindy**: "Towards the end the images faded away like I wasn't able to access images as much it was more a feeling of relaxation very, very deep relaxation to the point where, at the end of the experience I actually had to go to sleep straight away, I couldn't I was literally done but feeling, you know not exhausted or drained feeling just ready to go to sleep and I had a very nice very good sleep that night."
	Emotional processing	Experiences of processing emotions during the event, including feelings of catharsis	**Megan**: "You feel those feelings and you have that sort of emotional release and then she guides you out of it, the music guides you out of it and it's this really cathartic sense of relief afterwards." **Catie**: "I actually stopped and just let myself process and feel."

(Continued)

Table 2. (Continued)

Theme (description)	Sub theme	Brief sub-theme description	Indicative quotes[a]
Self (comments about being prompted to think about oneself from participating in *Listen Up*)	Mindfulness	Experiences of mindfulness, involving observing thoughts and feelings without judgement	**Maddie**: "it's like my system was like digesting my experiences, rather than me focusing on the thoughts I was just letting them kind of run their course."
	Self-kindness	Feelings of kindness towards the self during the experience	**Jane**: "Like it definitely gives you some compassion for yourself because it's like a safe way to look at your experience."
	Empowerment	Feeling empowered during the experience	**Anita:** "it was all about strength and power and leadership and I felt that that was the strength, I was needing at the time to actually get through some of the challenges that I've been experiencing in my actual day to day."
Sensory experiences (comments about the visual and aural elements of the experience)	Visual	Experiencing strong visual imagery, involving both real and imagined situations	**Anita**: "They were so visual and so strong. I find the visuals in these experiences really stick with you, I can still see It like I can literally still see it . . ."
	Aural	Aural guidance came from both the facilitator and the music	**Cindy**: "the fact that she was guiding the meditation . . . was like an anchor throughout the process, sometimes I felt myself going somewhere else, with the musical experience with the sound but somehow it was as if her voice was acting as a thread that I could follow throughout the journey."
Event accessibility (comments about the accessibility of the event, including both positive and negative elements)	Non-threatening	The event set up provided participants with a sense of safety	**Jai**: "The music space. . . feels different from being part of like talking to someone one on one yeah because it for some reason it felt safer than . . . seeing therapy a counsellor."
	Ease of participation	The event was convenient and easy to participate in	**Amy**: "I think it's like I think it's like really accessible because it's just like lying down and listening to music it's something that's so easy and accessible and yeah and anyone can access and get something out of it, like in that."
	Difficulty associated with participation	Noted difficulties associated with participating in the event	**Tarina**: "I'm definitely conscious and there was a lot of them [beginners] it might be a bit long if you're someone who doesn't spend much time on their own with their thoughts and experiences, I say this as a meditation teacher of 10 years."

(Continued)

Table 2. (Continued)

Theme (description)	Sub theme	Brief sub-theme description	Indicative quotes[a]
Prompting action (comments concerning actions or changes participants wanted to take after attending *Listen Up*)	Prompting self-care	Attending the event prompted actions/ desire to care for the self	**Lydia**: "The way it made me open my eyes and realize that if I want to get to a certain place in life, I'm going to have to work harder for it. . . .. Because I've always known, if I want to get somewhere, I should do it, but it gave me a push. It pushed me to go, "Okay, maybe should eat healthier, work out a bit more, socialize."
	Prompting connection	Attending the event prompted actions/ desire to connect with others	**Catie**: "We had a family member passed away in the last year . . . I think it was really nice that I actually just jumped on the phone to my parents . . . I think you forget when someone dies you never talk about it."

[a]Additional participant quotes are located in Supplemental Materials Table 1.

that she "*just felt like a real deep sense of love for myself*"). Most expressed experiencing these feelings of compassion and kindness towards themselves during the event; however, some also expressed that they wanted to continue working on their self-compassion following the event (Jo: "*The biggest behaviour change for me was just sort of being more compassionate with myself*"). Additionally, others felt empowered during and after this event, reporting feelings of capability (Anita: *"it was all about strength and power and leadership . . . to actually get through some of the challenges that I've been experiencing"*). Some linked self-compassion to empowerment (Grace: "*you need that empowerment to sort of be a find that 'okay-ness' in you and find acceptance of the things you've experienced*").

Similarly, interviewees described observing their thoughts and feelings in a way that implies they experienced mindfulness. Importantly, these individuals described observing such thoughts with curiosity without attempting to control the thoughts (Jai: "*I kind of was observing myself or observing things*"). This also involved participants taking a nonjudgmental stance towards their thoughts and not pushing certain things away (Jo: "*judgement kind of seemed irrelevant throughout all this*"). Additionally, participants' commentary on their emotional experience might be indicative of feeling mindful as well. In particular, with the 'emotional processing' sub-theme, some described how the experience allowed them to process their emotions, including those they might otherwise push aside or ignore (Megan: "*it really helps with tackling some of those more distressing or difficult issues that you might have been avoiding or trying not to think about*"). Moreover, some participants described the experience as cathartic, describing a significant emotional release through the music (Megan: "*you start thinking about something that's upsetting you. . . and you feel those feelings and you have that sort of emotional release . . . it's this really cathartic*").

Attending Listen Up *and help-seeking intentions*

Along with promoting self-reflection, most interviewees were prompted to take practical action or to make a change in some area of their life as a result of attending *Listen Up* (the 'prompting action' theme in Table 2). Some were prompted to connect with others (Maddie: "*it also motivated me to connect with other people*"), while some were prompted to take care of themselves

Table 3. Loadings for the Principal Axis Factoring of the Attendance Motivation Items ($N = 270$).

Item	Factor			
	Introspection	Arts event	Organisation support	Curiosity
To become more aware of my thoughts and feelings	.891			
Learning more about myself	.812			
Having a strong emotional experience	.580			
I have an interest in mindfulness	.409			
Experiencing thought-provoking art		.871		
Discovering more about the arts/ music		.729		
Losing myself in an arts experience		.598		
Feeling like I have experienced a unique event		.400		
Having fun/ Having a good night out		.393	.305	
Sharing an experience with my friends/partner/family		.371		
I have been to other Indigo Project events			.626	
Filling my free time in a meaningful/ enriching way			.506	
Giving my support to an organisation whose values I believe in			.488	
Being around people like me			.464	.704
Curiosity				
Eigen values	4.810	1.055	0.812	0.618
% of variance	32.064	7.031	5.413	4.120
Cronbach's Alpha	.801	.766	.660	-
Sample *M*	4.008	3.085	3.070	4.060
Sample *SD*	0.753	0.805	0.927	0.897

Note. Loadings < 0.3 were suppressed.

(Ally: "*it has caused me to . . . just take care of myself better*"). The nature of self-care differed, but these actions included looking after themselves following the event (e.g., because of strong emotional experiences) as well as changes like taking a step back from work to care for themselves. For instance, some participants reported wanting to be less hard on themselves (Ally: "*it has caused me to just like, just kind of chill out like not be so hard on myself*") or a renewed motivation to work harder to achieve a goal (Lydia: "*it gave me a push*"). Others framed attending *Listen Up* as an act of self-care which they would like to engage in again in the future as an impetus to engage in additional, formal mental health support (e.g., psychological therapy or medication). For instance, Amy described the way attending *Listen Up* prompted her to see a therapist: "*it kind of prompted me to explore therapy and. . . I think it was kind of like a doorway into like mental health support*".

Self-compassion, self-stigma, and help-seeking intentions. The model considering whether experiencing self-compassion moderated the relationship between self-stigma and help-seeking

Table 4. Unstandardised Regression Coefficients [95% Confidence Intervals] and Standard Errors for a Model Testing Whether Self-Compassion Moderates SSOHS and Help-Seeking Intentions.

Variable	B [LLCI, ULCI]	*SE*
Constant	6.006 [4.617, 7.395] ***	0.705
SSOHS	−1.050 [–1.712., –0.389] **	0.336
State self-compassion	–0.059 [–0.124, –0.006]	0.033
SSOHS * self-compassion	0.027 [–0.005, 0.059]	0.016
Previous Indigo Project attendance	0.135 [–0.044, 0.314]	0.091
Previous help-seeking	0.602 [0.377, 0.828] ***	0.115

Note. LLCI = lower limit confidence interval, ULCI = upper limit confidence interval.
*$p < .05$, **$p < .01$, ***$p < .001$.

intentions was statistically significant, $R^2 = 0.264$, $F(5, 244) = 17.527$, $p < .001$ (see Table 4). As anticipated, self-stigma of help-seeking was negatively related to help-seeking intentions; however, the interaction term (XW) accounted for a non-significant 0.83% of the variance in help-seeking intentions, $F(1, 244) = 2.754$, $p = .098$. Moreover, while previous Indigo Project event attendance was non-significant, previous help-seeking demonstrated a significant, positively association with future help-seeking intentions (see Table 4).

Mindfulness, self-stigma, and help-seeking intentions. A second moderation analysis wherein Mindfulness-Curiosity and Mindfulness-Decentring were entered as moderators examined how the individual's experience of mindfulness during *Listen Up* influenced future help-seeking intentions (H3b). Following Hayes' (2018) protocol, because the Mindfulness-Decentring interaction term was non-significant, the model was re-run including Mindfulness-Curiosity as a moderator and Mindfulness-Decentring as a covariate. This model accounted for a significant amount of variance in help-seeking intentions, $R^2 = 0.285$, $F(6, 242) = 16.044$, $p < .001$ (see Table 5 and Figure 2). Again, previous help-seeking was positively associated with future help-seeking.

The interaction term accounted for a significant 2.02% of the variance in help-seeking intentions, $F(1, 242) = 6.842$, $p = .010$. The Pick-a-Point approach was utilised to probe the interaction at low (16th percentile), moderate (50th percentile) and high (83rd percentile) levels of Curiosity: experiencing curiosity had a positive effect on the relationship between self-stigma and help-seeking intentions. As depicted in Figure 2, the negative relationship between stigma and help-seeking intentions is attenuated by higher levels of curiosity.

Discussion

The present study used a case study of *Listen Up* to consider people's interest in, and the impact of, attending a focused music listening event on mindfulness, self-compassion and help-seeking. Attendees were motivated to attend the event because of interests in (and curiosity about) the arts, the event, and the organisation as well as the desire to deal with stress and introspection. Furthermore, interviewees reported that they were prompted to attend the event to understand themselves better and to take a step back and mindfully observe their thoughts and emotions (RQ1). In these motivations, people's hopes (or intentions) are also reflected – and these align with the organisation's goals for the event regarding providing a dedicated time for

Table 5. Unstandardised Regression Coefficients [95% Confidence Intervals] and Standard Errors for the Model Testing Whether Mindfulness Moderates the Relationship Between SSOHS and Help-Seeking Intentions.

Variable	B [LLCI, ULCI]	*SE*
Constant	7.013 [5.271, 8.754] ***	0.884
SSOHS	–1.596 [–2.429, –0.763] **	0.423
Mindfulness – Curiosity	–0.071 [–0.143, 0.000]	0.036
SSOHS* Mindfulness – Curiosity	0.046 [0.011, 0.080]**	0.018
Mindfulness – Decentring	–0.021 [–0.043, 0.001]	0.011
Previous Indigo Project attendance	0.172 [–0.007, 0.350]	0.091
Previous help-seeking	0.633 [0.409, 0.858]***	0.011

Note. LLCI = lower limit confidence interval, ULCI = upper limit confidence interval
*$p < .05$ **$p < .01$ ***$p < .001$.

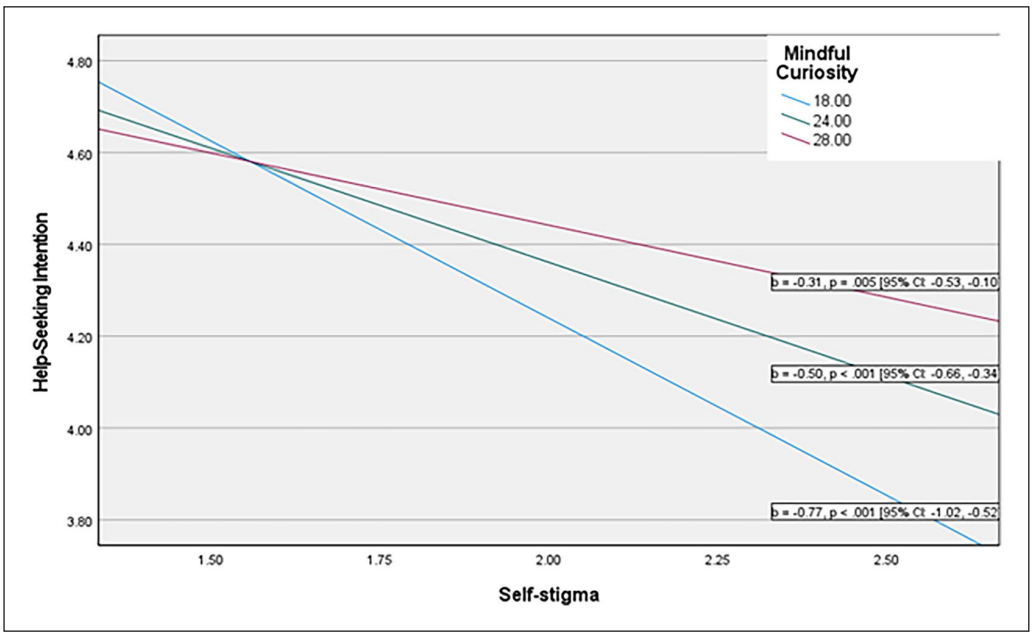

Figure 2. Conditional Effect of Self-Stigma of Help-Seeking on Help-Seeking Intentions for Selected Values of Mindfulness.

people to listen to music, experience strong emotions and mindfulness, and informally work on themselves.

The design of *Listen Up* helped attendees engage in an activity that resulted in experiencing self-compassion, empowerment, relaxation and prompted the processing of emotions and taking steps to connect and care for oneself and others (R2). Although, quantitatively, self-compassion did not moderate the relationship between SSOHS and mental help-seeking intentions (H3a), we recognise that *Listen Up* was a 'one-off' event. Therefore, it is possible that an effect like reducing self-stigma (which can arise from multi-session mindfulness interventions, e.g., Yılmaz & Kavak, 2018) or a significant change to mental health help-seeking might not result

from a single session. Nonetheless, the interviewees' reflections suggest a variety of ways that *Listen Up* promoted self-compassion – especially when considering Neff's (2003) conceptualisation of it as self-kindness, common humanity, and mindfulness.

Regarding self-kindness, *Listen Up* offered attendees space for experiencing and acknowledging challenging emotions safely such that participants made use of the music and verbal guidance to process difficult emotions when, in their usual daily life, they often tried to ignore them. The way that the facilitator used the music to hold space for people to experience a range of emotions that they may usually avoid was, for many, a crucial feature of the experience. In this way, *Listen Up*, and the music specifically, appeared to help address experiential avoidance (the tendency to avoid unwanted thoughts and emotions – Baker et al., 2007). It is not surprising that the music was referenced by participants as facilitating emotional processing, as this is one of the main reasons people listen to music (e.g., Schäfer et al., 2013).

Moreover, for many interviewees, this event prompted some sort of connection. It may be that people were reminded of their common humanity, a component of self-compassion (Neff, 2003) during the experience. It is interesting that for six interviewees (33%), it prompted them to reach out to others or to do things to connect with others. This is particularly important considering the event was held online (though it is important to recognise that data collection took place in March 2022, such that the impact of COVID-19 on social connection (Newby et al., 2020) was likely still relevant for attendees). It would be interesting then to understand whether this event would prompt connection in the same way were it to be held in another context, whether in person or simply after more time had passed since the lockdowns.

Additionally, supporting the Why-Try Effect (Corrigan et al., 2009), experiencing mindfulness during the event did moderate the relationship between SSOHS and help-seeking intentions (H3b). In particular, experiencing mindful curiosity, that is becoming aware in the present moment, attenuated the negative relationship between stigma and help-seeking. Indeed, many interviewees highlighted how attending *Listen Up* prompted them to notice their thoughts and feelings and to then act on them. This is especially relevant when considering that some reported that they were prompted to engage in forms of self-care, including seeking further mental health support. These findings align with previous research indicating that mindfulness can buffer the effects of self-stigma (e.g., Martin et al., 2022; Yang & Mak, 2017) and is associated with more positive attitudes towards help-seeking (e.g., Oluyinka, 2011).

This case study adds to the growing body of evidence concerning the therapeutic effects of music listening (Dingle et al 2021; Krause et al., 2018; McCaffrey, 2008). These findings support the potential of focused music listening to help people experience mindfulness and self-compassion as well as to be able to safely process strong, difficult emotions. Understanding how effective this type of listening event is at allowing people to easily access difficult emotions can inform mental health practitioners about their use of music listening in therapeutic pursuits (however, additional research is required to understand how to design and use focused listening experiences to intentionally support self-compassion and help-seeking).

While similar to GIM (Grocke, 2010) in that *Listen Up* is a focused music listening event, it differs from most multi-session interventions which aim to reduce self-stigma through instruction and ongoing practice (e.g., Dai et al., 2024; Tang et al., 2021). Given the strong emotions and salient memories that participants reported experiencing, *Listen Up* may be better interpreted as a form of SEM as described by Gabrielsson (2011; see also Krause et al., 2024). The fact that the event provided feelings of catharsis and motivations for further self-care or behaviour change following the event suggests that it "left a mark" or otherwise created an opportunity for action and gaining new understanding. It is, thus, possible to interpret some of the interviewees'

prompted actions or self-realisations as in line with experiences of transcendence and transformation following SEM (Gabrielsson, 2011) or epiphanies (as described by Green, 2016).

As noted by interviewees, one such follow-up action is help-seeking. Thus, this case study has demonstrated how music listening events like *Listen Up* might facilitate help-seeking in the face of self-stigma. People who might be hesitant to engage in traditional talk therapies might engage in *Listen Up* because of its focus on music. As one participant commented, "it's a low investment of time and money and energy for . . .a really good benefit" (Maddie). In other words, *Listen Up* may offer both an informal opportunity for individuals to engage in self-care (a form of help) as well as an approachable introduction to formal psychological help-seeking (De l'Etoile, 2002; McFerran et al., 2018). This has important implications for how focused music listening events can promote well-being – both by individuals and mental health professionals.

It is important to note, however, that music listening is not always positively associated with well-being: it can also lead to mood worsening, sometimes even when the intention was to improve mood (McFerran & Saarikallio, 2014). Thus, music-based events advertised as being able to promote mental health deserve additional examination to ensure that they are offering positive experiences. It is also important to acknowledge that most of our sample was female and had sought mental health support in the past (and some had prior experience with the organisation itself), which limits the study's generalisability. These individuals may have had an interest/motivation in help-seeking, and it is possible that such an interest or motivation may be associated with lower self-stigma and positive event experiences. Thus, the impact of this event in terms of help-seeking intentions may differ for those who have not sought help in the past, are unfamiliar with the event and organisation involved, and/or are male (given that there are gender differences in SSOHS – Topkaya, 2014). Further research could consider how an event such as this is advertised and should take into account how attendance motivations influence people's experiences.

Moreover, as a case study, we examined a singular, specific focused listening event and did not use a pre-post design or one incorporating a control group. Future research might explore focused listening and mindfulness events via a randomised trial and/or consider how *Listen Up* would function as a multi-session intervention. Such work might also consider the effectiveness by offering modality (i.e., comparing face-to-face and online experiences). Keeping in mind that some participants noted that they found safety in the event that they do not find in more talk-based therapies, future research could compare *Listen Up* to GIM (a multi-session focused listening intervention; Shum, 2020) or other mindfulness interventions (Lesiuk, 2016; Sorensen et al., 2018) to better understand its effects.

In the present study, the aural components (music and oral guidance) were intertwined and even though attendees noted both as important, it will also be important for future research to explore their specific roles to disentangle how each uniquely contributes to people's experiences. Such work could also focus on the choice, and structure, of the music involved, which would assist clinicians who might wish to replicate and translate this type of experience in their practices with clients. The continued exploration of the mechanisms behind the effects of focused listening and mindfulness experiences like *Listen Up* will assist individuals and practitioners in using music listening and mindfulness to support self-reflection, self-compassion, and mental health help-seeking.

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Author contribution

A.K. and R.M.C. collaboratively developed the idea for the study. A.K. and R.M.C. gained ethical approval for the study. R.M.C. conducted participant recruitment and data collection. Mary Hoang and Richard Lucano from The Indigo Project (the organisation which runs the event on which the research is focused) supported the research endeavour by assisting with promoting and facilitating the event. M.H. and R.H. were not involved in the study design, nor were they involved in handling data, drafting the article, or the decision to submit it for publication. R.M.C. conducted the quantitative and qualitative data analysis with input from A.K. R.M.C. drafted an initial version of the manuscript and collaborated with A.K. to revise the manuscript. Both authors approved the final version of the manuscript.

Data availability statement

No aspects of the study were pre-registered. Requests regarding the data and study materials should be directed to Dr Amanda Krause, amanda.krause1@jcu.edu.au.

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Supplemental material

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References

Adiasto, K., Beckers, D. G. J., van Hooff, M. L. M., Roelofs, K., & Geurts, S. A. E. (2022). Music listening and stress recovery in healthy individuals: A systematic review with meta-analysis of experimental studies. *PLOS ONE*, *17*(6), Article e0270031. https://doi.org/10.1371/journal.pone.0270031

Baer, R. A., Lykins, E. L. B., & Peters, J. R. (2012). Mindfulness and self-compassion as predictors of psychological wellbeing in long-term meditators and nonmeditators. *The Journal of Positive Psychology*, *7*(3), 230–238. https://doi.org/10.1080/17439760.2012.674548

Baker, F. A., Gleadhill, L. M., & Dingle, G. A. (2007). Music therapy and emotional exploration: Exposing substance abuse clients to the experiences of non-drug-induced emotions. *The Arts in Psychotherapy*, *34*(4), 321–330. https://doi.org/10.1016/j.aip.2007.04.005

Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. Sage.

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, *11*(4), 589–597. https://doi.org/10.1080/2159676X.2019.1628806

Chan, K. K. S., & Leung, D. C. K. (2021). The impact of mindfulness on self-stigma and affective symptoms among sexual minorities. *Journal of Affective Disorders*, *286*, 213–219. https://doi.org/10.1016/j.jad.2021.02.057

Corrigan, P. W., Larson, J. E., & Rüsch, N. (2009). Self-stigma and the "why try" effect: Impact on life goals and evidence-based practices. *World Psychiatry*, *8*(2), 75–81. https://doi.org/10.1002/j.2051-5545.2009.tb00218.x

Creswell, J. W., & Plano Clark, V. L. (2018). *Designing and conducting mixed methods research* (3rd ed.). Sage.

Dai, L., Wang, Y., Zhang, H., & Zhao, X. (2024). Mixed-mode mindfulness-based cognitive therapy for psychological resilience, self esteem and stigma of patients with schizophrenia: A randomized controlled trial. *BMC Psychiatry*, *24*(1), Article 179. https://doi.org/10.1186/s12888-024-05636-z

De l'Etoile, S. K. (2002). The effectiveness of music therapy in group psychotherapy for adults with mental illness. *The Arts in Psychotherapy*, *29*(2), 69–78. https://doi.org/10.1016/s0197-4556(02)00139-9

Dingle, G. A., Sharman, L. S., Bauer, Z., Beckman, E., Broughton, M., Bunzli, E., Davidson, R., Draper, G., Fairley, S., Farrell, C., Flynn, L. M., Gomersall, S., Hong, M., Larwood, J., Lee, C., Lee, J., Nitschinsk, L., Peluso, N., Reedman, S. E., . . . Wright, O. R. L. (2021). How do music activities affect health and well-being? A scoping review of studies examining psychosocial mechanisms. *Frontiers in Psychology, 12*, Article 713818. https://doi.org/10.3389/fpsyg.2021.713818

Dobson, M. C. (2010). New audiences for classical music: The experiences of non-attenders at live orchestral concerts. *Journal of New Music Research, 39*(2), 111–124. https://doi.org/10.1080/09298215.2010.489643

Dschaak, Z. A., Spiker, D. A., Berney, E. C., Miller, M. E., & Hammer, J. H. (2021). Collegian help seeking: The role of self-compassion and self-coldness. *Journal of Mental Health, 30*(3), 1–8. https://doi.org/10.1080/09638237.2019.1677873

Elvers, P., Fischinger, T., & Steffens, J. (2018). Music listening as self-enhancement: Effects of empowering music on momentary explicit and implicit self-esteem. *Psychology of Music, 46*(3), 307–325. https://doi.org/10.1177/30575617707354

Gabrielsson, A. (2011). *Strong experiences with music: Music is much more than just music* (R. Bradbury, Trans.). Oxford University Press. https://doi.org/10.1093/acprof:oso/9780199695225.001.0001

Gabrielsson, A., & Wik, S. L. (2003). Strong experiences related to music: Adescriptive system. *Musicae Scientiae, 7*(2), 157–217. https://doi.org/10.1177/102986490300700201

Garrido, S., & Davidson, J. W. (2019). *Music, nostalgia and memory: Historical and psychological perspectives*. Palgrave Macmillan. https://doi.org/10.1007/978-3-030-02556-4

Green, B. (2016). "I always remember that moment:" Peak music experiences as epiphanies. *Sociology, 50*(2), 333–348. https://doi.org/10.1177/0038038514565835

Groarke, J. M., & Hogan, M. J. (2016). Enhancing wellbeing: An emerging model of the adaptive functions of music listening. *Psychology of Music, 44*(4), 769–791. https://doi.org/10.1177/0305735615591844

Grocke, D. (2010). An overview of research in the Bonny Method of Guided Imagery and Music. *Voices, 10*(3), n.p. https://voices.no/index.php/voices/article/view/1886/1651

Halamová, J., Kanovský, M., Jurková, V., & Kupeli, N. (2018). Effect of a short-term online version of a mindfulness-based intervention on self-criticism and self-compassion in a nonclinical sample. *Studia Psychologica, 60*(4), 259–273. https://doi.org/10.21909/sp.2018.04.766

Hammer, J. H., & Spiker, D. A. (2018). Dimensionality, reliability, and predictive evidence of validity for three help-seeking intention instruments: ISCI, GHSQ, and MHSIS. *Journal of Counseling Psychology, 65*(3), 394–401. https://doi.org/10.1037/cou0000256

Harney, C., Johnson, J., Bailes, F., & Havelka, J. (2023). Is music listening an effective intervention for reducing anxiety? A systematic review and meta-analysis of controlled studies. *Musicae Scientiae, 27*(2), 278–298. https://doi.org/10.1177/10298649211046979

Hayes, A. F. (2018). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach*. Guilford Publications.

Heath, P. J., Brenner, R. E., Lannin, D. G., & Vogel, D. L. (2018). Self-compassion moderates the relationship of perceived public and anticipated self-stigma of seeking help. *Stigma and Health, 3*(1), 65–68. https://doi.org/10.1037/sah0000072

Hernandez-Ruiz, E., Dvorak, A. L., & Weingarten, K. (2021). Music stimuli in mindfulness meditation: Comparison of musician and non-musician responses. *Psychology of Music, 49*(4), 855–871. https://doi.org/10.1177/0305735620901338

Hilbert, A., Braehler, E., Schmidt, R., Löwe, B., Häuser, W., & Zenger, M. (2015). Self-compassion as a resource in the self-stigma process of overweight and obese individuals. *Obesity Facts, 8*(5), 293–301. https://doi.org/10.1159/000438681

Hong, S., Satyshur, M. D., & Burnett-Zeigler, I. (2023). The association of mindfulness and depression stigma among African American women participants in a mindfulness-based intervention: A pilot study. *Transcultural Psychiatry, 60*(2), 244–254. https://doi.org/10.1177/13634615221076709

Howlin, C., Stapleton, A., & Rooney, B. (2022). Tune out pain: Agency and active engagement predict decreases in pain intensity after music listening. *PLOS ONE*, *17*(8), Article e0271329. https://doi.org/10.1371/journal.pone.0271329

Jerling, P., & Heyns, M. (2020). Exploring Guided Imagery and Music as a well-being intervention: A systematic literature review. *Nordic Journal of Music Therapy*, *29*(4), 371–390. https://doi.org/10.1080/08098131.2020.1737185

Joss, D., Khan, A., Lazar, S. W., & Teicher, M. H. (2019). Effects of a mindfulness-based intervention on self-compassion and psychological health among young adults with a history of childhood maltreatment. *Frontiers in Psychology*, *10*, Article 2373. https://doi.org/10.3389/fpsyg.2019.02373

Juslin, P. N., Liljeström, S., Västfjäll, D., & Lundqvist, L.-O. (2010). How does music evoke emotions? In P. N. Juslin & J. A. Sloboda (Eds.), *Handbook of music and emotion: Theory, research, applications* (pp. 605–642). Oxford University Press.

Kabat-Zinn, J. (1994). *Wherever you go, there you are: Mindfulness meditation in everyday life*. Hyperion.

Kim, A., Jeon, S., & Song, J. (2023). Self-stigma and mental health in divorced single-parent women: Mediating effect of self-esteem. *Behavioral Sciences*, *13*(9), Article 744. https://doi.org/10.3390/bs13090744

Krause, A. E., & Davidson, J. W. (2021a). An exploratory study of historical representations of love in an art gallery exhibition. *Psychology of Aesthetics, Creativity, and the Arts*. Advance Online Publication. https://doi.org/http://dx.doi.org/10.1037/aca0000391

Krause, A. E., & Davidson, J. W. (2021b). A qualitative exploration of aged-care residents' everyday music listening practices and how these may support psychosocial well-being. *Frontiers in Psychology*, *12*, Article 585557. https://doi.org/10.3389/fpsyg.2021.585557

Krause, A. E., Davidson, J. W., & North, A. C. (2018). Musical activity and well-being: A new quantitative measurement instrument. *Music Perception*, *35*(4), 454–474. https://doi.org/10.1525/MP/2018.35.4.454

Krause, A. E., Pardon, M., Hoang, M., & Lucano, R. (2024). Listen Up: A case study examination of focused listening. *Musicae Scientiae*, *28*(2), 254–272. https://doi.org/10.1177/10298649231203628

Krause, A. E., Scott, W. G., Flynn, S., Foong, B., Goh, K., Wake, S., Miller, D., & Garvey, D. (2023). Listening to music to cope with everyday stressors. *Musicae Scientae*, *27*(1), 176–192. https://doi.org/10.1177/10298649211030318

Lannin, D., & Bible, J. (2022). Self-stigma of seeking help: A meta-analysis. In D. L. Vogel & N. G. Wade (Eds.), *The Cambridge Handbook of Stigma and Mental Health* (pp. 111–142). Cambridge University Press. https://doi.org/10.1017/9781108920995.009

Lau, M. A., Bishop, S. R., Segal, Z. V., Buis, T., Anderson, N. D., Carlson, L., Shapiro, S., Carmody, J., Abbey, S., & Devins, G. (2006). The Toronto mindfulness scale: Development and validation. *Journal of Clinical Psychology*, *62*(12), 1445–1467. https://doi.org/10.1002/jclp.20326

Lesiuk, T. (2016). The development of a Mindfulness-Based Music Therapy (MBMT) program for women receiving adjuvant chemotherapy for breast cancer. *Healthcare*, *4*(3), Article 53. https://doi.org/10.3390/healthcare4030053

Linnemann, A., Ditzen, B., Strahler, J., Doerr, J. M., & Nater, U. M. (2015). Music listening as a means of stress reduction in daily life. *Psychoneuroendocrinology*, *60*, 82–89. https://doi.org/10.1016/j.psyneuen.2015.06.008

Luoma, J. B., Kohlenberg, B. S., Hayes, S. C., Bunting, K., & Rye, A. K. (2008). Reducing self-stigma in substance abuse through acceptance and commitment therapy: Model, manual development, and pilot outcomes. *Addiction Research & Theory*, *16*(2), 149–165. https://doi.org/10.1080/16066350701850295

Lyons, A. (2016). Mindfulness attenuates the impact of discrimination on the mental health of middle-aged and older gay men. *Psychology of Sexual Orientation and Gender Diversity*, *3*(2), 227–235. https://doi.org/10.1037/sgd0000164

Mackali, Z., Çetinkaya, S., & Ay, N. (2023). The mediating role of self-compassion in the relationship between internalized stigma and psychological resilience in bipolar disorder. *Psychology and Psychotherapy: Theory, Research, and Practice*, *96*(4), 952–966. https://doi.org/10.1111/papt.12488

Martin, T. J., Spencer, S. D., & Masuda, A. (2022). Mindfulness mediates the relationship between mental health self-stigma and psychological distress: A cross-sectional study. *Current Psychology*, *41*, 5333–5342. https://doi.org/10.1007/s12144-020-01050-2

Mashiach-Eizenberg, M., Hasson-Ohayon, I., Yanos, P. T., Lysaker, P. H., & Roe, D. (2013). Internalized stigma and quality of life among persons with severe mental illness: The mediating roles of self-esteem and hope. *Psychiatry Research*, *208*, 15–20. https://doi.org/10.1016/j.psychres.2013.03.013

Maslow, A. H. (1976). *Religions, values, and peak-experiences*. Penguin Books.

McCaffrey, R. (2008). Music listening: Its effects in creating a healing environment. *Journal of Psychosocial Nursing and Mental Health Services*, *46*(10), 39–44. https://doi.org/10.3928/02793695-20081001-08

McCrary, J. M., Altenmueller, E., Kretschmer, C., & Scholz, D. S. (2022). Association of music interventions with health-related quality of life a systematic review and meta-analysis. *JAMA Network Open*, *5*(3), Article e223236. https://doi.org/10.1001/jamanetworkopen.2022.3236

McFerran, K. S., Hense, C., Koike, A., & Rickwood, D. (2018). Intentional music use to reduce psychological distress in adolescents accessing primary mental health care. *Clinical Child Psychology and Psychiatry*, *23*(4), 567–581. https://doi.org/10.1177/1359104518767231

McFerran, K. S., & Saarikallio, S. (2014). Depending on music to feel better: Being conscious of responsibility when appropriating the power of music. *The Arts in Psychotherapy*, *41*, 89–97. https://doi.org/10.1016/j.aip.2013.11.007

Mittal, D., Sullivan, G., Chekuri, L., Allee, E., & Corrigan, P. W. (2012). Empirical studies of self-stigma reduction strategies: A critical review of the literature. *Psychiatric Services*, *63*(10), 974–981. https://doi.org/10.1176/appi.ps.201100459

Neff, K., & Pommier, E. (2013). The relationship between self-compassion and other-focused concern among college undergraduates, community adults, and practicing meditators. *Self and Identity*, *12*(2), 160–176. https://doi.org/10.1080/15298868.2011.649546

Neff, K. D. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, *2*(2), 85–101. https://doi.org/10.1080/15298860309032

Neff, K. D., & Dahm, K. A. (2015). Self-compassion: What it is, what it does, and how it relates to mindfulness. In M. Robinson, B. Meier & B. Ostafin (Eds.), *Handbook of mindfulness and self-regulation* (pp. 121–137). Springer. https://doi.org/10.1007/978-1-4939-2263-5_10

Neff, K. D., Tóth-Király, I., Knox, M. C., Kuchar, A., & Davidson, O. (2020). The development and validation of the State Self-Compassion Scale (Long- and Short Form). *Mindfulness*, *12*(1), 121–140. https://doi.org/10.1007/s12671-020-01505-4

Newby, J. M., O'Moore, K., Tang, S., Christensen, H., & Faasse, K. (2020). Acute mental health responses during the COVID-19 pandemic in Australia. *Plos ONE*, *15*(7), Article e0236562. https://doi.org/10.1371/journal.pone.0236562

Oluyinka, O. (2011). Psychological predictors of attitude towards seeking professional psychological help in a Nigerian university student population. *South African Journal of Psychology*, *41*(3), 310–327. https://doi.org/10.1177/008124631104100306

Papinczak, Z. E., Dingle, G. A., Stoyanov, S. R., Hides, L., & Zelenko, O. (2015). Young people's uses of music for well-being. *Journal of Youth Studies*, *18*(9), 1119–1134. https://doi.org/10.1080/13676261.2015.1020935

Raglio, A. (2021). More music, more health!. *Journal of Public Health*, *43*(4), 742–744. https://doi.org/10.1093/pubmed/fdaa123

Randall, W. M., Rickard, N. S., & Vella-Brodrick, D. A. (2014). Emotional outcomes of regulation strategies used during personal music listening: A mobile experience sampling study. *Musicae Scientiae*, *18*(3), 275–291. https://doi.org/10.1177/1029864914536430

Robins, C. J., Keng, S.-L., Ekblad, A. G., & Brantley, J. G. (2012). Effects of mindfulness-based stress reduction on emotional experience and expression: A randomized controlled trial. *Journal of Clinical Psychology*, *68*(1), 117–131. https://doi.org/10.1002/jclp.20857

Rubin, M., Fischer, C. M., & Telch, M. J. (2024). Efficacy of a single session mindfulness-based intervention: A randomized clinical trial. *Plos ONE*, *16*(3), Article e0299300. https://doi.org/10.1371/journal.pone.0299300

Rudstam, G., Elofsson, U. O. E., Söndergaard, H. P., Bonde, L. O., & Beck, B. D. (2022). Trauma-focused group music and imagery with women suffering from PTSD/complex PTSD: A randomized controlled study. *European Journal of Trauma & Dissociation*, *6*(3), Article 100277. https://doi.org/10.1016/j.ejtd.2022.100277

Saarikallio, S., & Erkkilä, J. (2007). The role of music in adolescents' mood regulation. *Psychology of Music*, *35*, 88–109. https://doi.org/10.1177/0305735607068889

Saarikallio, S., Nieminen, S., & Brattico, E. (2013). Affective reactions to musical stimuli reflect emotional use of music in everyday life. *Musicae Scientiae*, *17*(1), 27–39. https://doi.org/10.1177/1029864912462381

Saldaña, J. (2011). *Fundamentals of qualitative research: Understanding qualitative research*. Oxford University Press.

Schäfer, K., Saarikallio, S., & Eerola, T. (2020). Music may reduce loneliness and act as social surrogate for a friend: Evidence from an experimental listening study. *Music & Science*, *3*, 1–16. https://doi.org/10.1177/2059204320935709

Schäfer, T., Sedlmeier, P., Städtler, C., & Huron, D. (2013). The psychological functions of music listening. *Frontiers in Psychology*, *4*, Article 311. https://doi.org/10.3389/fpsyg.2013.00511

Shum, W. W. A. (2020). Use of GIM to nurture self-compassion in a mental health nurse: A case study. *Nordic Journal of Music Therapy*, *29*(5), 476–495. https://doi.org/10.1080/08098131.2020.1793806

Sorensen, S., Steindl, S. R., Dingle, G. A., & Garcia, A. (2018). Comparing the effects of Loving-Kindness Meditation (LKM), Music and LKM plus music on psychological well-being. *The Journal of Psychology*, *153*(3), 267–287. https://doi.org/10.1080/00223980.2018.1516610

Sparkes, A. C., & Smith, B. (2014). *Qualitative research methods in sport, exercise and health: From process to product*. Routledge. https://doi.org/10.4324/9780203852187

Tang, Q., Yang, S., Liu, C., Li, L., Chen, X., Wu, F., & Huang, X. (2021). Effects of mindfulness-based cognitive therapy on stigma in female patients with schizophrenia. *Frontiers in Psychiatry*, *12*, Article 694575. https://doi.org/10.3389/fpsyt.2021.694575

Topkaya, N. (2014). Gender, self-stigma, and public stigma in predicting attitudes toward psychological help-seeking. *Educational Sciences: Theory & Practice*. https://doi.org/10.12738/estp.2014.2.1799

Van Dam, N. T., Van Vugt, M. K., Vago, D. R., Schmalzl, L., Saron, C. D., Olendzki, A., Meissner, T., Lazar, S. W., Kerr, C. E., Gorchov, J., Fox, K. C. R., Field, B. A., Britton, W. B., Brefczynski-Lewis, J. A., & Meyer, D. E. (2018). Mind the hype: A critical evaluation and prescriptive agenda for research on mindfulness and meditation. *Perspectives on Psychological Science*, *13*(1), 36–61. https://doi.org/10.1177/1745691617709589

Van den Tol, A. J. M., Edwards, J., & Heflick, N. A. (2016). Sad music as a means for acceptance-based coping. *Musicae Scientiae*, *20*(1), 68–83. https://doi.org/10.1177/1029864915627844

Vidas, D., Nelson, N. L., & Dingle, G. A. (2022). Music listening as a coping resource in domestic and international university students. *Psychology of Music*, *50*(6), 1816–1836. https://doi.org/10.1177/03057356211066964

Vogel, D. L., Wade, N. G., & Haake, S. (2006). Measuring the self-stigma associated with seeking psychological help. *Journal of Counseling Psychology*, *53*(3), 325–337. https://doi.org/10.1037/0022-0167.53.3.325

Wasylkiw, L., & Clairo, J. (2018). Help-seeking in men: When masculinity and self-compassion collide. *Psychology of Men and Masculinity*, *19*(2), 234–242. https://doi.org/10.1037/men0000086

Whiteford, H. A., Buckingham, W. J., Harris, M. G., Burgess, P. M., Pirkis, J. E., Barendregt, J. J., & Hall, W. D. (2014). Estimating treatment rates for mental disorders in Australia. *Australian Health Review*, *38*(1), 80–85. https://doi.org/10.1071/ah13142

Wong, C. C., Pan-Weisz, B. M., Pan-Weisz, T. M., Yeung, N. C., Mak, W. W., & Lu, Q. (2019). Self-stigma predicts lower quality of life in Chinese American breast cancer survivors: Exploring the mediating

role of intrusive thoughts and posttraumatic growth. *Quality of Life Research*, *28*(10), 2753–2760. https://doi.org/10.1007/s11136-019-02213-w

Yılmaz, E., & Kavak, F. (2018). Effects of mindfulness-based psychoeducation on the internalized stigmatization level of patients with schizophrenia. *Clinical Nursing Research*, *29*(7), 496–503. https://doi.org/10.1177/1054773818797871

Yang, X., & Mak, W. W. S. (2016). The differential moderating roles of self-compassion and mindfulness in self-stigma and well-being among people living with mental illness or HIV. *Mindfulness*, *8*(3), 595–602. https://doi.org/10.1007/s12671-016-0635-4

Yang, X., & Mak, W. W. S. (2017). The differential moderating roles of self-compassion and mindfulness in self-stigma and well-being among people living with mental illness or HIV. *Mindfulness*, *8*(3), 595–602. https://doi.org/10.1007/s12671-016-0635-4

Zessin, U., Dickhäuser, O., & Garbade, S. (2015). The relationship between self-compassion and well-being: A meta-analysis. *Applied Psychology: Health and Well-being*, *7*(3), 340–364. https://doi.org/10.1111/aphw.12051