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Orange Bicycles—A Case Story:

Adapting the "Arts for the Blues" Group Intervention for Use in Staff Wellbeing Music Therapy Sessions

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Abstract

Since the COVID-19 pandemic, staff wellbeing has been an important issue in healthcare settings. However, reports of the contributions of music therapy to this context are rare. During my MA Music Therapy training, I was able to offer music therapy in an NHS Trust's staff support service for healthcare workers who were burnt-out, depressed or anxious. In this paper I present a case story, focussing on one individual, "Violet," and identify some of the significant moments in her therapy. From this story, it seems that music therapy can be a powerful way to support the wellbeing of staff, and this may be a rich new vein of work for music therapists to explore. While the Arts for the Blues was initially developed for psychoanalytic group work, this story shows how it has been successfully adapted for use in these one-to-one, active, improvisatory music therapy sessions. Indeed, the model allowed for the limited number of sessions offered in an NHS context to be fully used, and its ingredients contributed to significant moments of therapeutic change.

Keywords: staff wellbeing; depression; anxiety; burnout; Arts for the Blues

Introduction

Since the Covid-19 pandemic, support for staff wellbeing has become increasingly important for healthcare organisations (Cohen et al., 2023; Maben & Bridges, 2020; Schwartz et al., 2020). As many as 67% of the global healthcare workforce may be suffering from burnout, 20% with anxiety and 11% with depression (Denning et al., 2021). However, most publications relating specifically to arts therapies and the wellbeing of frontline healthcare staff come from (visual) art therapy or from generic arts therapies literature (e.g., Aithal et al., 2023; Karkou et al., 2024; Tjasink et al., 2023; Wiltshire &

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Prescott, 2023). Where music therapy has been referenced in this context, it has tended to be receptive (e.g., Giordano et al., 2020) or remote (e.g., Rizkallah, 2022). Published papers were difficult to find on the use of in-person, active music therapy for the support of helping professionals in any context. As this case story will show, however, active/improvisatory music therapy for the support of frontline helping professionals may represent a new and potentially rich area of work for music therapists.

As a student music therapist, I worked in a National Health Service (NHS) Foundation Trust in the North West of England. The Trust is one of the largest in the UK, with approximately 13,000 members of staff and four different hospital sites. Through the Covid-19 pandemic the Trust was the main Covid site for the city and, during this period, the psychology team had worked with researchers to introduce "Arts for the Blues" as an intervention for staff wellbeing (Karkou et al., 2024). Given the hospital's previous experience with this approach, I agreed to adopt and adapt the Arts for the Blues model for my own staff wellbeing work on this NHS placement. In this paper I will describe the therapeutic journey of Violet (name changed to preserve anonymity) who participated in music therapy for staff support.

Intervention

Arts for the Blues (Karkou et al., 2024) is an evidence-based, creative group psychotherapy with a pluralistic ethos. It synthesises client-reported helpful factors from talking therapies and creative approaches, and uses visual art, movement and dance, drama, and creative writing, as well as music. As a form of psychotherapy, it has been used in hospitals, community organisations and schools, and it is normally offered in eight to twelve sessions depending on context and client needs. For staff support work in healthcare settings, Arts for the Blues draws upon a systematic literature review commissioned by the Wellcome Trust (Aithal et al., 2022) and it includes interventions with various levels and associated depth.

Strongly influenced by Yalom's (1995) group theory, Arts for the Blues' four phases each include two ingredients:

- Introduction
  - Encouraging active engagement
  - Learning skills
- Building individual and group strengths
  - Developing relationships
  - Expressing emotions
- Addressing individual and group challenges
  - Processing at a deeper level
  - Gaining understanding
- Closure
  - Experimenting with different ways of being
  - Integrating useful material

For my work, this model required some adaptation. Instead of a group intervention I would be doing one-to-one work. I could offer only six sessions, and not twelve. Also, as a student music therapist, I needed to adjust the model's multimodal approach to a music therapy intervention suitable for placement requirements.

Careful and creative planning was necessary to make these changes (see Table 1). Each session still included a main focus on two of the Arts for the Blues ingredients, but there was overlap and movement between these, depending upon what clients brought to the session. Nevertheless, the model offered a clear framework for each session that proved extremely helpful.

Table 1. Long-term Planning, Based on the Arts for the Blues "Ingredients."

Session Number	Process Phases	"Arts for the Blues" Ingredients
1	Introduction	Encouraging Active Engagement
2	Building Personal Strengths	Learning Skills
3		Developing Relationships
		Expressing Emotions
4	Addressing Personal Challenges	Processing at a Deeper Level
5		Gaining Understanding
		Experimenting with Different Ways of Being
6	Closure	Integrating Useful Material

Participant

I was invited to work with staff who were already on a waiting list for psychological support. An assistant psychologist identified some who may be interested in a "one-time offer" of six sessions of music therapy. These staff were provided with a printed information sheet and knew that they would be working with a student music therapist. They were also informed that accepting this offer of music therapy for staff support would not affect their place on the waiting list, but that they might find it helpful.

Violet was one of those who had expressed an interest in music therapy for staff support, although she had not heard of it before. English was Violet's second language and, while she had been working in the UK now for several years, she still felt that her English was "not good enough." Violet had studied music (classical piano) and dance (ballet) to a high level as a youngster, but she stopped playing music and dancing when she went to university in her home country. The fact that she had not been involved in music and dance for many years may have been a source of embarrassment or even led to feelings of shame or guilt at abandoning her dreams and ambitions as a young artist.

After university, Violet spent some years caring for an ill family member. But after they died, and family tensions became too difficult for her to bear, Violet "escaped" to the UK to start again here. Now in her 30s, Violet had a low self-image. She struggled to make social connections even before Covid-19, and she became very isolated, anxious and depressed as a result of the pandemic. For these reasons she approached the Trust's staff wellbeing service for help.

Violet attended six sessions of music therapy, which were all video recorded with her permission. She also gave consent for material from these sessions to be written about for coursework and dissemination purposes.

In addition to recordings of the music we made together, I have referred to my own reflective notes and to art materials created during the sessions. Since the Trust's staff wellbeing service used routine outcome measures for all participants, I have also integrated data from the Generalised Anxiety Disorder Assessment (GAD-7) (Spitzer et al., 2006), Patient Health Questionnaire (PHQ-9) (Spitzer et al., 1999) and Warwick-Edinburgh Mental Well-being Scale (WEMWBS-14) (Tennant et al., 2007). Violet's GAD-7,

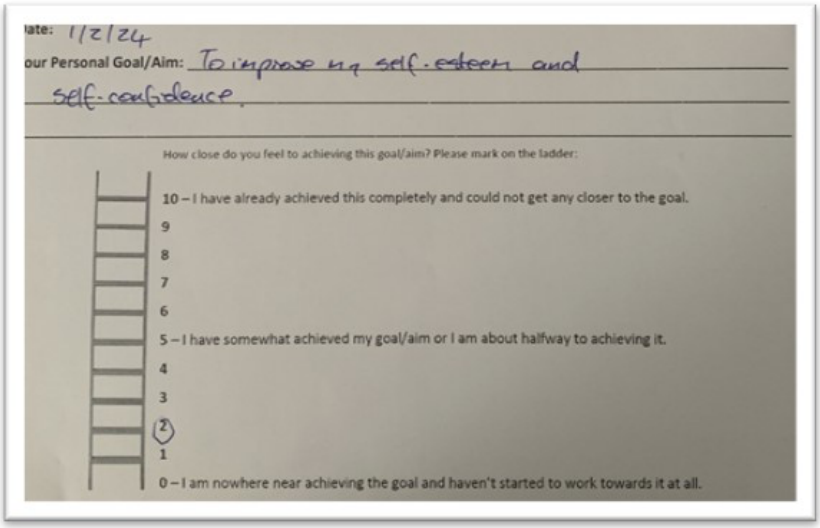
PHQ-9 and WEMWBS-14 scores (8, 10 and 33, respectively[1]) showed that, at the start of therapy, she was suffering with mild anxiety, moderate depression and low levels of wellbeing. These diverse data allowed me to acquire a comprehensive understanding of Violet's music therapy story (Yin, 2014).

Weekly music therapy sessions with Violet took place in an empty office space on one of the Trust's hospital sites and lasted for one hour. I arrived early each week to set up the space, placing two comfortable chairs at an angle to each other and laying out a variety of instruments for us to use. I also provided a Bluetooth speaker (for playlists and electronic/iPad instruments) and situated a video camera in one corner of the room for recording purposes. Each session started and ended with a breathing exercise, which Violet continued to practise outside of the therapy. *Learning* this *skill* (Arts for the Blues ingredient #2; Omylinska-Thurston et al., 2021) possibly paved the way for a meaningful therapeutic process, and Violet herself reflected that the technique became important for her own self-care.

Unfolding Therapy

Our first music therapy session confirmed Violet's need for support. We explored what Violet wanted from our time together by completing a "Goal Ladder" (see Figure 1). In the Arts for the Blues model, clients are encouraged to be actively involved in choosing and working towards their own goals (Parsons et al., 2019), and Violet's goal (i.e., to improve her self-esteem and self-confidence) became the overarching aim for our sessions. She felt a long way from this target.

Figure 1. Violet's Goal Ladder.



Initially, Violet's relationship with the music and with me as her therapist, seemed awkward. She was quiet, reticent to speak and tentative in her musical playing. Her initial difficulties in the therapeutic relationship may have been due to several factors. First, I am a native English speaker while English was Violet's second language. She may have perceived a power imbalance in how we related because of a language barrier. From my perspective, however, Violet's English seemed fluent and competent. Further, I was aware that Violet may have seen me as the "primary musician" in the space; this might have been daunting for her, especially if there was any negative transference (Scheiby, 2005) from

[1] A GAD-7 score $\geq$ 8 suggests mild anxiety (Plummer et al., 2016; PAR Staff, 2020a), PHQ-9 $\geq$ 10 indicates moderate depression (PAR Staff, 2020b), WEMWBS-14 $\leq$ 40 is a low wellbeing score with a high risk of depression (CORC, 2024).

previous figures in her life (like a piano teacher). However, her musical skills were very strong, more advanced than those of most other clients I have worked with. That I was a male therapist, and she a female client, may also have held echoes for Violet of interactions with men in her past.

It is possible that Violet's perceived difficulties with some of these factors were played out in the therapeutic relationship. Her initial reticence to speak and cautious playing may have been linked to her sense of low self-esteem. It may also be, initially at least, that Violet felt nervous about interacting with a therapist very different to her, and that seeing the musical instruments laid out in front of her added to her already low self-confidence. As our sessions continued, she became more comfortable with both playing and speaking, reflecting the evolving character of our relationship and changes in her own self-image.

Later in our first session, we discussed how Violet was feeling. She was nervous and tearful. Also, because she had not experienced music therapy before she did not know what to expect. As a way of *encouraging active engagement* (Arts for the Blues ingredient #1; Omylinska-Thurston et al., 2021) with music-making, I suggested that she choose one of the various musical instruments I had brought and use it to explore these feelings. She tried several instruments before settling on a small steel tongue drum: a round, metal, tuned-percussion instrument struck with a drum stick to create soothing notes (see Figure 2). It seemed significant that, at the start of therapy, Violet had chosen to play this simple and comforting instrument. We played a musical call and response, mirroring and matching (Wigram, 2004), moving into a short improvisation in which I accompanied Violet on a kalimba (see Figure 2). Violet made limited verbal reflections on what she had played, despite my encouragement. Her music seemed to me, though, to be polite, timid and aimless; it felt like Violet was lost, alone and directionless, without a voice or identity of her own.

Figure 2. Kalimba (left) and Steel Tongue Drum (right).

The Arts for the Blues model highlights the need to "build individual […] strength, and thus, resources and resilience […] before more challenging issues are addressed" (Omylinska-Thurston et al., 2021, p. 600). In our second session, then, having learned that Violet used to play the piano, I felt it would be important to encourage her to be creative and express her emotion on an instrument more familiar to her, playing to her personal strengths. I offered her some virtual instruments in an iPad app, along with other physical instruments. Violet chose to improvise using one of the iPad keyboards. She played very low notes, with a dark and tentative sound. Afterwards, when we talked about what we had played together, Violet said she didn't know what to play, or how to be creative, because she had no sheet music in front of her. I also felt her playing, which I perceived

as directionless, reflected her ambivalent feelings about playing the keyboard again after a very long time. Like her playing in the first session, this seemed to me a metaphor for Violet's life: she had no direction or purpose, she did not know what to do, and she wanted some instructions, someone to tell her what to do. This related clearly to her goal of improving self-esteem and confidence.

As our therapeutic *relationship developed* (Arts for the Blues ingredient #3; Omylinska-Thurston et al., 2021), I further noted the contrast between an improvisatory therapy approach and Violet's classical training that had relied upon sheet music. In improvisation, the "containing" (Wigram, 2004) musical score had been removed from her, and this seemed overwhelming for Violet. It may have mirrored her feelings about her current situation: she did not know how to respond because she had no "prescribed" guide to hold her psychologically or emotionally. I watched the entire recorded session again and reflected on how I and my playing could have been more containing (Wigram, 2004) for Violet, compensating for the lack of a written guide.

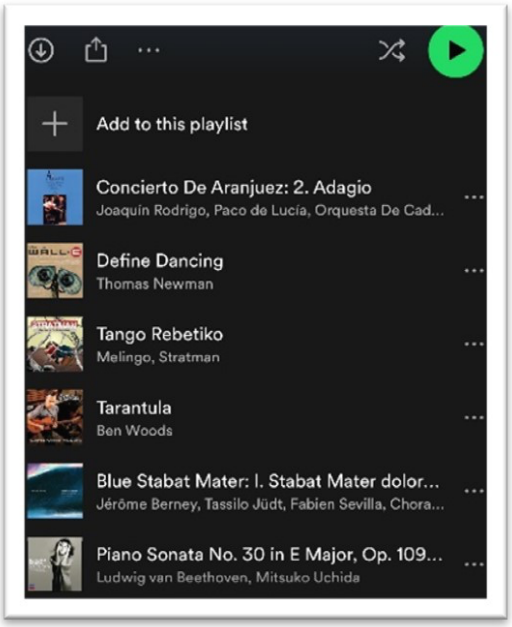
Pivotal Moments

As the therapy continued, I was drawn to Gavrielidou and Odell-Miller's (2017) work on "pivotal moments" in music therapy, which they define as "a turning point, a moment of pivoting, or change, where something is seen from a different perspective or point of view and seem [sic] to be significant and nodal for the person involved" (p. 50). I noted several such pivotal moments in my collaboration with Violet. Identifying and analysing these enabled me to look at the therapeutic process and to articulate Violet's story of therapeutic change. I will tell the story of four pivotal moments, where noticeable change was most apparent.

Pivotal Moment #1: Orange Bicycle

In our third therapy session we used a receptive exercise adapted from Siebert (2016) to encourage Violet to *express* her *emotions* (Arts for the Blues ingredient #4; Omylinska-Thurston et al., 2021). I carefully chose music (see Figure 3) based on what I had come to know of Violet's musical preferences: flamenco, ballet, classical piano and jazz.

Figure 3. Screenshot of Spotify Playlist for Violet's draw-what-you-hear exercise.



Violet divided a sheet of A4 paper into six sections. As we listened to each piece of music, we allowed it to stimulate Violet's imagination, and she drew what she was hearing and feeling (McFerran & Grocke, 2022). With each track on the playlist, she moved to the next section on the sheet and drew a new image. Then, when all the music had come to an end, Violet described to me the different memories the music had evoked and the scenes she had drawn. Her memories were distressing, and her images represented feelings of being trapped underground or under water, of being lost and unable to find her way. Being given the freedom to express her upsetting emotions in this non-verbal way enabled her also to express some hope. Violet's final picture in the series showed her looking down (from a window in the top right-hand corner) on the journey of her life so far and, significantly, included an image of a small orange bicycle (see Figure 4).

Figure 4. Orange bicycle detail from Violet's draw-what-you-hear exercise.

McIver's (2023) analysis of the client-therapist relationship highlights the need for the client to feel safe as well as challenged. Certainly, this is what I was aiming for in my person-centred therapy approach, and I felt that Violet's orange bicycle pointed to her willingness to put her trust in the therapeutic process and in me as the therapist. It represented Violet's yearning for a way out of her situation, and a way forward in her life.

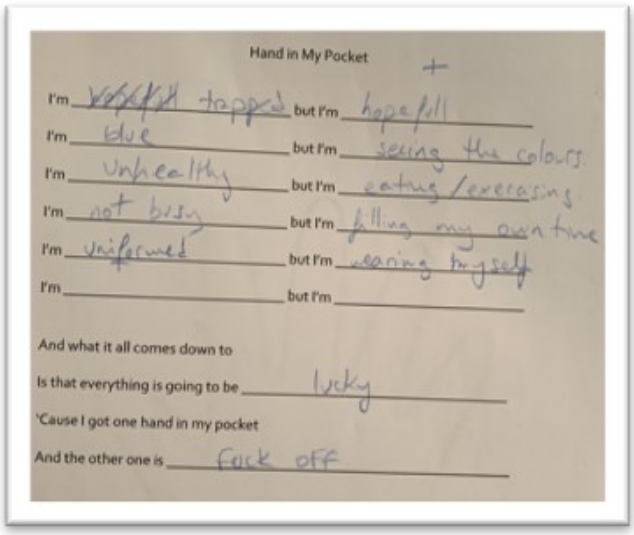
Later in the same session, I was keen to encourage Violet to express some of her discomfort musically. I therefore adapted another exercise from Siebert (2016). Violet and I wrote a parody song (Baker & MacDonald, 2014) based on the lyrics of Morisette (1995).

Lyric extract from Alanis Morisette's (1995) song "Hand in my pocket.":

I'm broke but I'm happy, I'm poor but I'm kind,
I'm short but I'm healthy, yeah.
I'm high but I'm grounded, I'm sane but I'm overwhelmed,
I'm lost but I'm hopeful, baby.
What it all comes down to
is that everything's gonna be fine, fine, fine,
'cause I've got one hand in my pocket
and the other one is giving a high five.

Morisette's (1995) lyrics contrast challenging states of mind with more encouraging emotions ("broke" but "happy"; "lost but hopeful"), and Violet filled in a blanked-out lyric sheet to create her own verse for the song (see Figure 5). I prompted Violet, as she was thinking about the last line, "If one hand is in your pocket, what is the other hand doing?" She responded, "It's telling everyone to f*ck off." She wrote those words onto the lyric sheet and sang them with me, with gusto, at the end of the session.

Figure 5. Violet's "Hand in my pocket" lyric.



Writing and singing the words "f*ck off" seemed important for Violet, a much needed and possibly long put-off expression of frustration and anger. Marik and Stegemann (2016) suggest that, if the therapist provides appropriate structure, a client may find it helpful to vent difficult feelings like this. Gavrielidou and Odell-Miller (2017), too, highlight the importance of the "container" for pivotal moments to happen. I was striving to provide such structure and containment, but it seems to have been Violet's orange bicycle that gave her "permission" to *express* this significant *emotion* (Arts for the Blues ingredient #4; Omylinska-Thurston et al., 2021) and to start to find her voice.

Pivotal Moment #2: Wak-a-Tubes

Throughout the following week, as I reflected on that "f*ck off" moment, I was worried that Violet might have left the session in a state of distress. I began to wonder whether I had, in fact, offered sufficient containment for her emotions. But, when Violet entered the therapy space for the fourth session, I sensed something different, maybe lighter, about her. "F*ck off" had been something she needed to say to the world. She may have needed my "permission," and her own, to say it, but she had found it cathartic.

At the same time, I felt that we needed to come back to Violet's angry outburst, especially as it contrasted so strongly with her playing up to that point. In previous sessions Violet had played quietly, timidly, aimlessly. Now it seemed important to encourage her to play in a way that reflected the Violet I had seen when she wrote, and said, and sang, "f*ck off."

Stern (2010) writes about encouraging patients to express themselves with different "forms of vitality" in a dynamic dialogue, in order to explore their defences and reconstruct their experiences. Therefore, we used a set of tuned percussion tubes (Wak-a-Tubes™) to play with different qualities in the music: slow and fast, controlled and chaotic, soft and strong, quiet and loud. Violet and I explored these qualities, *experimenting with different ways of being* (Arts for the Blues ingredient #7; Omylinska-Thurston et al., 2021), and I invited her to choose the qualities she felt most comfortable with. She said "fast," "controlled," "strong," but "quiet," adding, "I've learned that shouting doesn't get me anywhere," and we played for a time with those chosen qualities.

In a musical improvisation that followed this activity, Violet's playing was more present and more deliberate than in earlier sessions. Having experienced a range of forms of vitality, Violet was now able to introduce and express these qualities in her own music, and to *process* her emotions *at a deeper level* (Arts for the Blues ingredient #5; Omylinska-Thurston et al., 2021). She moved in and out of dissonance and discomfort in the music,

playing clashing notes alternated with fanfare-style celebratory motifs. Her playing suggested that Violet was processing difficult emotions, going deeply into her distress, coming out again, and discovering that she could survive the experience. This was significant on Violet's therapeutic journey of finding her voice.

Pivotal Moment #3: Cloud Blues

In our fifth therapy session, I introduced to Violet the six-part story method (Vettraino et al., 2019). This method is designed to create some aesthetic distance (Bird, 2010) between the client and their imaginary character, a "reframing" of their context (Wagner, 2015), a pause (Vettraino et al., 2019) for *processing at a deeper level* and *gaining understanding* (Arts for the Blues ingredients #5 and #6; Omylinska-Thurston et al., 2021).

I hoped that creating this sense of distance would enable Violet to retell her story and was keen to use it as the basis for writing another song together. I therefore encouraged her to divide a sheet of paper into six parts and draw a storyboard responding to a series of questions:

- Who is your main character?
- What task or goal do you want your character to achieve?
- What things will your character find on the way that will help them to achieve the goal?
- What obstacles might they face?
- Does your character achieve their goal or not?
- What happens next?

In Violet's six-part story (see Figure 6) her character was a cloud who needed to cross a mountain range to reach a new country. A strong wind would help her to do this, but then the wind stopped. Nevertheless, the cloud achieved her goal by getting on an airplane. She arrived in a new country where she met other, like-minded clouds and made friends.

Figure 6. Violet's six-part story.

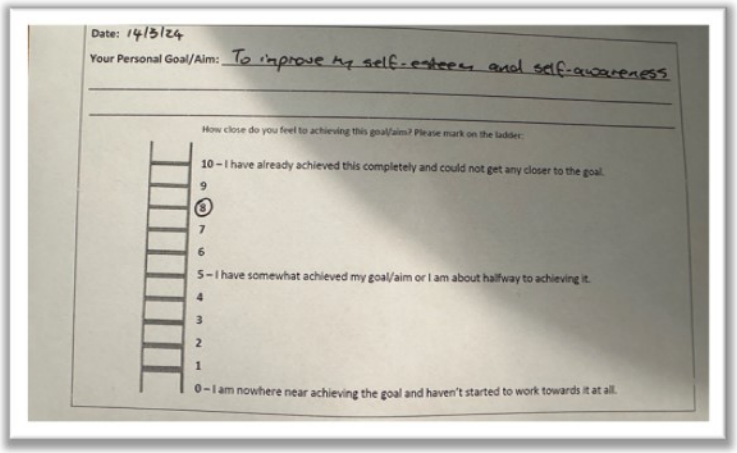
Next, we took some of the ideas from Violet's story and worked them into a blues song with an AAB lyric structure. This is one of the most commonly used patterns in blues music, made up of three 4-bar phrases in a "question-question-answer" format, and ideal for "complaint" and "resolution" (Baker, 2015). At the end of the session, we played and sang Violet's blues song, and she improvised an instrumental verse using a blues scale in the iPad app *ThumbJam*. Once again, Violet's playing was present and deliberate, with a real sense of enjoyment. Violet recognised that her story and her blues song were about herself,

and she was able to laugh at herself, especially the part of the story where her main character gets on a plane and leaves for another country. This represented a clear shift in the way Violet had started to think about herself (although her self-depiction as an insubstantial cloud suggested to me that there may still be some way to go on her therapeutic journey).

Pivotal Moment #4: Blue-Orange Bicycle

We began our sixth and final session by reviewing the goal ladder activity from session one. Violet felt that her aims had changed as the music therapy had progressed, and she wanted to alter her goal from "To improve my self-esteem and self-confidence" to "To improve my self-esteem and self-awareness." When asked to place herself now on the ladder, Violet put a mark on rung 8 (see Figure 7), representing massive progress from the "2" in Figure 1.

Figure 7. Violet's Final Goal Ladder.



I told Violet the Ghanaian folk tale of the Sankofa Bird, whose feet are facing forward, but whose head is turned backward and who holds a golden egg in its beak to represent the treasures from the past that it will carry with it into the future. As we reviewed the previous therapy sessions, we *integrated useful material* (Arts for the Blues ingredient #8; Omylinska-Thurston et al., 2021) by discussing Violet's key moments, important realisations, better understandings. What would she take away with her, and what would be her next steps? Violet wrote some of this material around an image of the Sankofa Bird (see Figure 8).

Figure 8. Violet's Sankofa Bird reflections.

We also recalled the orange bicycle from session two and recognised it as a symbol of hope. Violet said her bicycle is blue, but maybe she needs to start riding it in an "orange" way (representing this new sense of hopefulness). This idea became the first line of a final song we wrote, summarising her therapeutic journey.

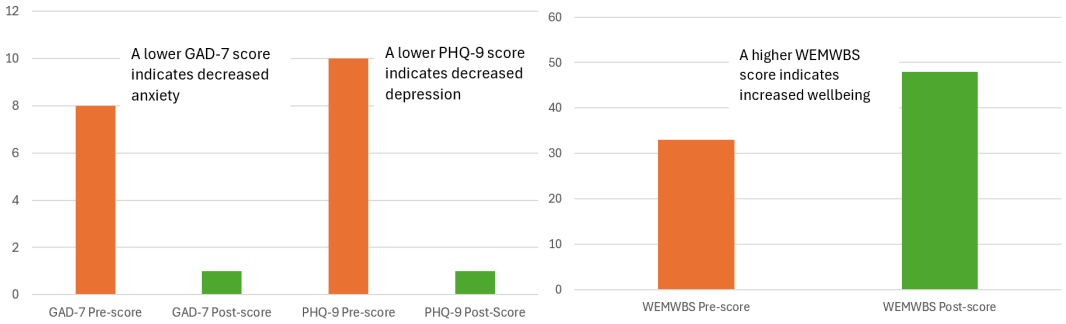
Violet wanted her song to sound like a dance track, so we turned to music technology and the iPad again. Jonassen's (2021) perspective on the use of the iPad is that it can be a co-agent, or a "nonhuman co-therapist" (p. 2), facilitating "new perspectives on music-making and emotional expression" (p. 4). This was certainly true of the way the technology empowered Violet to select and layer drum and synth loops until she found the sounds she wanted.

Along with Violet's loops, we improvised a tune for her lyrics, both singing together, and practised a few times before recording the vocals. Then Violet asked if we could record it again, with just her voice. She no longer needed my support; she wanted to escape the container offered by the music therapist, remove the scaffolding, and to do it herself. It was easy, in the app, to mute the first vocal track and record another. I later exported our recording as a .mp4 file and was able to let Violet have it as a reminder of what she had achieved on her therapeutic journey.

Finishing therapy

Following this final session, Violet filled in the outcome measure questionnaires again. Her progress can be seen in the contrast between her pre- and post- outcome measures (see Figure 9). The decrease in Violet's GAD-7 and PHQ-9 scores indicated that she was much less anxious and depressed, and an increased WEMWBS-14 score showed an improvement in wellbeing.

Figure 9. Comparing Violet's Pre- and Post- scores on the GAD-7, PHQ-9 and WEMWBS-14 Scales.



It was clear that Violet's experience of music therapy had a positive impact on her. The sessions were so valued by her that, when she was invited to offer feedback to the Trust's staff wellbeing team, Violet highlighted the therapeutic power of music and recommended such sessions for other staff experiencing stress, burnout or fatigue.

Conclusions

This story appears to be the first to describe an adaptation the Arts for the Blues evidence-based creative psychological therapy from group to one-to-one work. Through this placement experience, I appreciated the benefits of having a clear structure, and planning to that structure, for a brief music therapy intervention. The Arts for the Blues model, with its clear adherence to well-understood therapy processes, was invaluable for me and for the staff-support clients I worked with. It allowed me and those clients to be focused on what we explored together in therapy and to maximise our time together. This way of focussing the work was particularly relevant given that just six sessions were available to

staff through the Trust's wellbeing service. There were some challenges in addressing the eight Arts for the Blues "ingredients" in six sessions, but these were overcome through careful and creative planning.

The pivotal moments in Violet's therapeutic journey were all linked to song writing and musical improvisation. Interestingly, they also appeared to have been stimulated by the Arts for the Blues model's ingredients. These ingredients provided a "map" for the main pivotal moments in Violet's therapeutic journey, enabling important therapeutic change.

Although this is only one story, it demonstrates the potential usefulness of music therapy for staff support in healthcare settings. It also offers an expansion of Arts for the Blues' current provision and suggests new avenues in practice for music therapists, as well as for arts therapies as a whole (Karkou et al., 2022). It may also offer new directions of travel for research if we are to establish whether this approach is effective. However, in the story presented here, music therapy used within the framework of the Arts for the Blues model appeared to generate pivotal moments in the therapeutic process that resulted in positive changes.

About the Author

Marcus Bull has extensive experience working in education, charities, and community groups. In schools, he has worked as a teacher of primary and secondary students as well as taking on whole school pastoral roles. Through the COVID-19 pandemic, he managed a local charity team supporting adults with learning disabilities. He also has significant experience of community music groups.

Marcus has trained as a music therapist on the University of South Wales' resource-oriented, anti-oppressive and interpersonal MA course. His approach is integrative and improvisatory. He has worked with young adults with profound and multiple learning disabilities, patients on a stroke rehabilitation ward, and cancer patients. Most recently he has been supporting young people in a children's hospital who are experiencing mental health concerns due to their medical conditions. The paper is based on his experience from a placement in a large NHS Trust where he offered staff wellbeing interventions as well as working with patients.

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