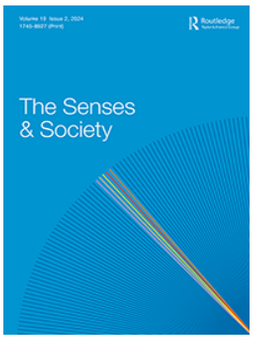

The Senses and Society

ISSN: (Print) (Online) Journal homepage: www.tandfonline.com/journals/rfss20

Music, marbling and multisensory trancing

Ruth Herbert & Jackie Walduck

To cite this article: Ruth Herbert & Jackie Walduck (04 Sep 2024): Music, marbling and multisensory trancing, The Senses and Society, DOI: 10.1080/17458927.2024.2398916

To link to this article: https://doi.org/10.1080/17458927.2024.2398916

Published online: 04 Sep 2024.

THE SENSES AND SOCIETY
https://doi.org/10.1080/17458927.2024.2398916

Routledge
Taylor & Francis Group

Music, marbling and multisensory trancing

Ruth Herbert [a] and Jackie Walduck [b]

[a]Department of Music & Audio Technology, School of Arts, University of Kent, Canterbury, UK; [b]Academic Studies, Royal Academy of Music, UK

ABSTRACT

Subjective experiences of participatory arts are inevitably multisensory and multimodal, arising from systemic interactions between individuals, stimulus attributes (affordances of the artform(s) with which they engage) and environment. This article considers an ongoing immersive multisensory participatory arts initiative for adults living with mental ill health, taking place in both community and healthcare settings, utilizing Turkish water marbling (*ebru*) and musical sound generation. Marbling and music are shown to simultaneously mobilize and synthesize different senses and modes of experience in ways that can be conceptualized as a low arousal mode of immersive trancing. Motion, repetition and pattern emerge as key stimulus attributes facilitating immersion. Psychological qualities of experience include narrowed attentional focus, heightened sensory acuity, reduction of thought, present-centered conscious awareness. Shifts away from baseline states of consciousness provide temporary respite from aspects of self (such as overthinking/emoting). Perspectives from consciousness studies and psychological phenomenology highlight the self-regulatory potential of multisensory arts-based engagement.

KEYWORDS

Participatory arts; music; mental health; trance; multimodal; multisensory immersion

Introduction

In participatory arts settings and daily life contexts, creative engagement with the arts serves to change or accentuate aspects of sensory, cognitive and affective experience and mediate an individual's relationship to spaces or environments they inhabit. A drama workshop could provide opportunities for vicarious exploration of imaginary worlds and unfamiliar ways of being (Herbert [2011]2016; Shaughnessy 2020). On a train, solitary headphone listening might privatize the public space of the train carriage, "soundtracking" what is seen through the window. Both may afford self-regulatory benefits. However, until relatively recently, research studies of everyday engagement with digital technologies have centered on function (for example, uses of music to regulate mood, aid concentration), whilst psychological studies of participatory arts initiatives have centered on outcomes – wellbeing enhancements such as improved confidence or self-esteem, frequently assessed by standardized measures (e.g. questionnaires) (Williams et al. 2023).

CONTACT Ruth Herbert r.herbert@kent.ac.uk

Less research attention has been devoted to the role and importance of sensory-affective experience itself, including process – qualities of unfolding lived experience with relation to specific activities, and the relationship of subjective experience to environment.

This article explores psychological characteristics of individual experiences of creative engagement in participatory arts contexts, together with the situatedness of experience (self in context). To accomplish that, it draws on a wide literature, adopting a multidisciplinary approach. Subjective experiences of involvement in participatory arts initiatives are inherently multisensory and multimodal. Sensory and affective characteristics are key, but do not account for the entirety of subjective experience. The need to focus on experiences "that do not clearly fall within the category of emotional responses" (for example, aesthetic experiences or altered states of consciousness (ASC)) was highlighted by the *Oxford Handbook of Music and Emotion* (Juslin and Sloboda 2010, 940), which identified the phenomenology of music experiences as a key area for future research. Here, psychological phenomenology (Herbert 2021) is employed to identify key characteristics of subjective experiences of participatory arts activities. Setting emotion-based theoretical models of experience aside, we turn to consciousness studies to contextualize phenomenological findings, relating experiences to kinds of consciousness, drawing specifically on Damasio's notions of core (present-centered) and autobiographical (extended) consciousness and hypnotherapeutic and ethnomusicological literature on trance. The first author's extensive study of multimodal trancing in everyday life (Herbert [2011]2016, 2011, 2012, Herbert 2019) provides another relevant explicatory frame for understanding creative engagement. To capture and probe relationships between qualities of subjective experience and place/setting, we draw on perspectives from ecological studies and 4E (embodied, embedded, extended, enacted) cognition. Taken together, these multidisciplinary vantage points extend understanding about sensory experiences of participatory arts, whilst consideration of sensory experience through conceptualizations of kinds of consciousness may usefully inform the field of sensory studies.

Participatory arts initiatives designed to promote positive changes in health and wellbeing occur in many different community and clinical spaces. These spaces range from inpatient environments of healthcare and care (such as hospital wards) to local day care charity settings, schools, arts centers and natural (outdoor) contexts. The extent to which such spaces are designed or enhanced to support health and wellbeing varies, as does their suitability as environments for immersive arts-based projects. Additionally, as noted in the introduction to this Special Issue, "healthcare and care settings are not just buildings with floor plans or structures with exterior walls. They are inhabited by people. Health/care environments are made in part through sensory interactions between people." This approach accords with ecological understandings of subjective experience as necessarily situated, involving systemic interaction between individuals (informed by current mind-set or mood, personality factors, prior experience) and qualities of their environment, including attributes of objects or media with which they directly engage (Clarke 2005; Spence 2021). Bronfenbrenner's ecological systems model (Bronfenbrenner 1979), centered on influences of social environments on human development, highlights interactions between immediate environments like home and community

(microsystems), connections between those environments (mesosystems) and impacts of mass media, social services (exosystems) and cultural influences (macrosystems). On this view, participatory arts environments are understood as micro-contexts simultaneously informing and reflecting qualities/characteristics of everyday lived experience. In effect, they function as "protected" spaces affording exploration of different modes of experience, as we indicate below.

The long recognized need to "humanize" architecture and interior design (including acoustic design) of hospital environments has increasingly been a key focus of hospital design literature (Bates 2019); the arts are frequently employed to humanize and enhance healthcare environments.[1] Crucially, arts *themselves* can afford enriched experiential multisensory environments (Shaughnessy 2020), facilitating exploration of alternative perspectives and identities. Interaction with individual art forms, and art forms used in combination, may accentuate or alter aspects of sensory experience and cognitive-affective engagement – modes of being in and experiencing the world. In accord with ecological perspectives, 4E models of cognition similarly acknowledge subjective experience as relational; necessarily interconnected with physicality (embodied), affordances of the environment (embedded), social and interpersonal (extended) and inseparable from action (enacted) (Shaughnessy 2020, 52).

The creation of "protected" spaces, separate from pressures and expectations of daily life, participatory arts initiatives provide has been identified as key to facilitation of positive therapeutic change (de Witte et al. 2021; Williams et al. 2023). Affordances of such spaces include opportunities for individuals to "play," gain embodied understanding, and feel "other" to socially constructed normative roles (Williams et al. 2023, 22). Protected spaces have been identified as constituting a key so-called "mechanism of change" (i.e. factors or processes that lead to therapeutic change (de Witte et al. 2021)). In this article we consider the interaction between space (virtual and actual), creative activity and subjective experience in the context of two multisensory participatory arts projects for a) young people and b) adults (both groups living with mental ill health), utilizing Turkish water marbling (*ebru*) and musical sound generation. We explore shifts of consciousness occurring during active involvement with this sensory-rich environment, drawing on the constructs of trance, absorption and core consciousness as explicatory frames that highlight the potentially self-regulatory value of creative multisensory arts engagement.

Project settings, materials and methods

Project 1 was primarily a participatory arts project, involving the second author in an artist-practitioner role (music) alongside another artist-practitioner (visual art). It did not possess a formal research focus. It was located in the Hospital School (separate from the ward) at an adolescent mental health unit. The unit offers inpatient (Tier 4) care for young people with severe mental health conditions. Participants ($N = 11$, ages 14–18), included both residential and day care patients. The project ran for five days. During this time, spaces for music and marbling activities were set up as artists' studios. Participation was voluntary; the young people came to work alongside the artists as co-collaborators, either singly or in pairs. A selection of audio-visual artworks from the project were exhibited alongside original works by the two artists in the busy atrium at Chelsea and Westminster

Exhibition - , Chelsea and WEstminster Hospital, 2021. With permission: Chloe Cooper (photograph), and Chelsea and WEstminster Hospitals NHS Trust.

Hospital (Figure 1). Musical aspects of the work were accessible via QR codes. The public exhibition offered alternative identities to project participants as providers of culture, rather than receivers of care (CW+, 2021).

Project 2 was a research project designed to explore lived experiences of multisensory engagement in community settings and interactions between context, senses and subjective experience. The location was a large workshop space at the University of Kent. Participants ($N = 12$, ages 30–60) were service users and support staff from a recovery-based group coordinated by North Kent Mind Wellbeing Services (henceforth NKM). The project ran for four weeks. Participants engaged in activities as a larger group. Ethical approval was granted by the University of Kent's Central Research Ethics Committee.

In both settings, participants were introduced to practices of experimental Turkish water marbling (*ebru*) and so-called live looping. *Ebru* involves the mixing of water, pigment and gum to create a dye which is added to a cellulose solution. A small paint brush is used to swirl the solution around, forming patterns which are then transferred to a sheet of paper placed on top of the solution. During workshops, participants improvised instrumental sounds in dialogue with marbling gestures created by the artist or other participants. Sounds were captured using a "looper," a sound-sampling device repeating sounds as rhythmic, gestural or textural fragments, enabling sonic layers to be accumulated by overdubbing (recording on top of sounds without erasing originals). Participants manipulated sound attributes in real time by playing with audio effects on the looper, changing the tempo, or chopping, filtering, phasing, echoing or reversing sounds.

Ebru and live looping can be complex improvisatory processes, characterized by real-time experimentation with proliferating layers of material (sonic or visual), and elements of unpredictability arising from behavior of fluids or interactions of audio effects. A two-stage technique was adopted: 1. Participant familiarization/experimentation with

marbling and loop making as separate activities; 2. Participant exploration of marbling and live looping in conjunction, discussing the sound of paint dripping, shapes of sounds, and creating a shared terminology: dripping, spreading, layering, swirling, and disintegrating. In this stage marbling and musical sound generation were conceived as collective processes, in dialogue, intersecting/interacting.

In project 2 all sessions were videoed. Semi-structured interviews and focus groups (tapping sensory engagement across different media, in workshop sessions and everyday life) were conducted, and subsequently transcribed and analyzed using Interpretative Phenomenological Analysis (IPA). IPA is a qualitative research approach that seeks to capture how individuals make sense of life experiences. In essence, "the researcher is trying to make sense of the participant trying to make sense of what is happening to them" (Smith, Flowers, and Larkin 2022, 3). Inductive in nature, it involves multiple readings of interview data, from which overarching themes are extracted. Across both projects, sonic and visual characteristics of artistic outcomes were considered, alongside artists' fieldnotes. Data triangulation (in particular the use of insights from individual interviews and focus groups to check analysis of the video footage) aided interpretation of the multisensory experiences of the participants.

The authors consider that, in research making use of arts-based methodologies, the sensory environment is (a) the sum of interactions between participants, artist-facilitators, researchers, materials (pigment, brushes, instruments) and spaces, and (b) may *contain*, *affect or symbolize* emotional and social interactions, spaces and lived experiences explored. Following Ellingson and Sotorin's notion of "data engagement" (Ellingson and Sotirin 2020, 5), artistic thinking and participants' outputs are regarded as constituting forms of data "made" and "assembled," rather than uncovered or gathered. Subjective experience and shifts in consciousness are understood in this context as phenomena articulated both verbally and non-verbally, which are co-*constructed* during the group discussions and workshop trajectories (through the artists' steer of activities and participants' engagement), rather than as something preexistent to be uncovered through analysis. The artworks as audiovisual data offer a set of possible interpretations of something being *made* in the workshops, and thus accord with a "dynamic" rather than "complete" epistemological view – remaining open to further interpretation.

Projects 1 and 2 produced marbled prints created in tandem with musical improvisations. Project 1 produced an audio-visual exhibition, *Diagnosis: Dreaming, Drifting, Waiting* at Chelsea and Westminster Hospital which ran from April – August 2021, displaying a selection of prints with QR codes to access the music that was created alongside them (Figures 2 and 3).

At the end of Project 2, the artist-facilitator, Chloe Cooper, produced a short film (S.1. Film) from a live camera feed trained on a participant's marbling tray, and an audio track co-created by participants, available from https://doi.org/10.6084/m9.figshare.26586502.v3.

Sensory environments and spaces of care: case studies in sound

The audiovisual pieces were created not only between people and art/sound materials, but, significantly, in specific spaces of care. At the Hospital School, smooth surfaces and small rooms created a reverberant acoustic in the project studio. The sonic environment

Exhibition image plus QR code to access music. Photo: Chloe Cooper, with permission.

of the hospital was ubiquitous, seeping through the closed studio door. Commonly we heard footsteps, dialogue, invitation (to join a class, have a snack), resistance, punctuations of our sessions as participants left to receive treatments, and at one point, the sound of a game of badminton being played in the corridor outside our studio. These merged into what Bates (2021) calls a general "swirl" of hospital soundscape. Beyond the building, the drone of traffic on the high street and sirens of passing ambulances were reminders of ongoing acts of care, and an outside world inaccessible to many patients.

Rice's (2003) ethnographic study explores the significance of hospital soundscapes for patients:

> sounds of medical practices, equipment and technology punctuate and pervade hospital life . . . [the people in his study] express an understanding that the soundscape is produced through the enactment of a code of medical practice . which requires them to be the passive recipients of medical attention. (Rice 2003, 4)

Rice conceptualizes the hospital soundscape as a symbol of self-as-patient – hearing the unremitting sounds links the medical environment to the patient's sense of self as an unwell person receiving care.

During the project, the means to create a sonic partition between hospital soundscape and music activity (by playing the instruments loudly enough) was

B's marbling print (NKM). Photo Chloe Cooper, with permission.

available but not always employed. Two participants recorded sounds quiet enough to nest inside the ambient environment. When the microphone was moved closer to the sound source, participants played even more quietly, so they could still hear external hospital sounds. Turning up microphone gain (enabling stronger signals on the recording device) amplified environmental as well as instrumental sounds. An audio recording can be heard at: https://doi.org/10.6084/m9.figshare.26589166.v1.

The soundscape was part of the sonic environment and became embedded in compositions. For those playing quietly, this might represent a desire not to be exposed – for their instrumental sounds to disappear inside the hospital soundscape, as one might hope to disappear in a crowd, to not be seen.

In positively-valenced, absorbed experiences, individuals might encounter a dissolution of self differently, by *becoming one* with the sound, rather than being separate actors creating the sound. Here, dissolution into sound had an introverted quality. The boundary between created sound and environmental sound was weakened, environmental sounds perhaps being used as containers for riskier notions of self-expressive music creation, or perhaps to create a sense of dissolving into the hospital ambience. If self-in-time collapses through absorption, and self-in-sound through a layering of sonic texture, there could perhaps be symbolic significance attached to

disappearing within a hospital ambience, expressing what has been termed "patienthood" (Rice 2003, 4).

While the project presented opportunities to *disrupt* the hospital soundscape with music, it also afforded opportunities to *amplify* the ambience by playing quietly, building up layers of hospital sound through recording layers. Through the exhibition, it could be projected beyond the Unit. It's not possible to know meanings the soundscape had for participants, but if, as Rice suggests, it is experienced as a symbol of (the hospital construction of) patienthood, the nested sounds in this composition (audio example above) could articulate a significant lived experience, representing being a recipient of care despite the distraction of a well-meaning music and marbling project.

By contrast, the NKM studio was larger, enabling participants to take part as a group. Within this social space, reluctance to engage (shyness?) was verbalized by participants and support workers, who commented "this isn't my thing," "I'll just watch," and "you've pushed a lot of people out of their comfort zone." One participant described easing into the protected workshop space:

> It's out of my comfort zone. I felt scared – initially I didn't want to [take part]. Other people help you blend in. This is a safe space. (NKM, participant F, female, 21–30)

Once people had recorded their instrumental loops, they frequently continued to repeat them live, even though identical loops could be heard over the speaker system. As sound-making was collective, the layers were co-created between the group rather than authored by a single person, leading to a spirit of mutuality. The sonic environment (many instruments, often attuned rhythmically, sometimes with a tolerated chaos) could be said to reflect a mutually supportive group undergoing similar experiences of recovery. The sound of care was linked more strongly to the group than the physical space, through verbal expressions of encouragement, reluctance, and sonic relatedness.

Beyond clinical and community spaces of care, where participatory arts initiatives are facilitated by artist-practitioners, creative arts engagement extends to everyday settings, featuring individual autonomous exploration of varied art forms. A substantial body of research has addressed music's use as a self-regulatory tool to support mental health (e.g. Herbert 2019; Miranda and Claes 2009; Saarikallio, McFerran, and Gold 2015) and vehicle constructing and reflecting identity (Hargreaves, Macdonald, and Miell 2017; MacDonald and Saarikallio 2022). All participants in music and marbling sessions regularly listened to music in everyday life, using it to frame routine activities (e.g. travel, housework) and for emotional self-regulation (e.g. to relax, to modulate mood, evoke positive associations and memories). Interestingly, all but one of the participants in project 2 also demonstrated keen interest in arts activities. One had developed advanced sketching skills during childhood and habitually engaged in doodling when studying as she found it "easier than thinking in words." Two had taken up artistic activities (sculpture and oil painting) during pandemic lockdown periods. Their intentions in doing so mirrored key benefits identified by participants with relation to music and marbling sessions:

> I've got loads of canvases now, dotted around my house with mushrooms and cactuses drawn on them … I tend to do it in the evening if I can't focus on anything – am rambling around. I'm a brilliant overthinker, my mind's 24/7 going around and around … music, drawing, painting tends to switch that off … I get very zoned in. (NKM, participant C)[2]

> Sculpture work [with clay] is another way of relaxing me. Sitting there for an hour/hour and a half . . . pretty much nothing going on in my mind. (NKM, participant A)

These interview excerpts illustrate how protected spaces community-based workshops provide has an equivalent in private home environments of these participants. Through regular involvement in artistic activities, individuals intentionally seek to "establish a space bracketed off from external stresses" (Williams et al. 2023, 22), facilitating escape from everyday pressures and concerns, scaffolding and shaping psychological qualities of lived experience, affording absorbed attentional focus and reduction in thought. As such, creative activities can be seen to function as what DeNora (2000) terms "prosthetic technologies" entraining processes of mind and body. Crucially, when immersed in multisensory environments the arts afford, individuals experience a move away/release from perceived baseline "normal" states of conscious functioning. The relationship between multisensory engagement, attributes of the arts and psychological characteristics of lived experience is the focus of the next section.

Multisensory engagement: participant experiences of cross modal awareness and states of absorption

Once the dialogical stage of the process was reached, simultaneous music and marbling gave possibilities for multisensory (visual, aural and tactile) engagement. One of the themes emerging from both written feedback and focus group was cross-modal awareness; strikingly, one participant (hospital school)[3] described how a sonic echo could be "shown" through a single drop of paint.

Music composed on the project echoed the heightened acuity of moments such as this. In one of the exhibition tracks, the participant chose to articulate two dance rhythms using very high pitches on the keyboard (unusually, as most participants gravitate toward the middle register). Another translated the visual busy-ness of paint specks dripped by a participant onto marbling trays as crisp, rhythmically chaotic xylophone "plinks" (audio recording available at https://doi.org/10.6084/m9.figshare.26590573.v1). Translations from visual to aural and vice versa were executed with sensitivity within the hospital school, its focused environment advancing cross modal awareness or "sensory crosstalk" (Spence 2021, 11).

At NKM, several individuals reported becoming aware they were marbling to a beat; video footage showed participants frequently applying paint in time to the rhythm or mirroring guitar "swells" by swirling marbling paints. Music became an inductive platform for participants who were keen musicians and reluctant marblers:

> As [x] was playing his riff I was following that [whist marbling]. Obviously I was listening to a beat there . . . four weeks ago you wouldn't have got me doing anything like this. (NKM participant A, male, 51–60)

> D, when he played music, it's what he loved . . . the music inspired him to move out of his comfort zone. [and do marbling] (NKM, project worker)

As the second example demonstrates, by "doing marbling" in an audio-visual environment, participant D remained attentive to the music which he enjoyed. In a sense, music created a "permission to marble" (or vice versa) – hearing a beat cued dropping some paint;

watching the paint spread or swirl cued long sounds, musical crescendos or electronic phasing. There were external reasons for creative decisions, reducing associated risks.

For another individual (B, female, 41–50), a strong interest in visual art overcame her discomfort in other sensory domains. Initially, instrumental sounds were too loud, and she needed to leave the space. She was very reluctant to marble because she didn't want to touch paints. However, by the third week she stayed in the space, tolerating the music throughout.

> B didn't want to touch [the marbling paints] but on the second week she directed me; I was her hand and we made some really rich patterns . . . we done really well didn't we?! . . . I know the loudness is hard [for B] but last week we stayed in [the room]. We conquered it. (NKM, project worker)

Here, the participant conveys the challenges of sensory experience (dislike of loud sounds, the feel of paints), but the sensory (pleasure from visual images) provides a route to engagement.

Multimodal experiences afforded by sonic and visual attributes of music and marbling, particularly pattern, repetition (musical loops) and movement (marbling paints), led to participants experiencing absorption. Both projects emphasized experimentation, through improvisation with auditory and visual tools. The looper effects and swirling paints behaved unpredictability, as can be seen from the film S1, so that the artist-participants dealt with a sensory environment that was uncontrolled and evolving. Participants engaged with visual and aural changes in a flux of sensory exploration, leading to expressions of absorption:

> I found myself once I was doing it – your focus is in that moment – in that present place . . . everything else you were feeling sort of went away – you are again in that easy space of listening to the music, and that is where your focus is. (NKM, support worker)

> I was told it's 16 minutes long and it didn't seem that – it flew by. I think that is because I just got into it. (NKM, participant A)

Occasionally participants' reports indicated a narrowed attentional focus. Attention to the split second in which minute drops of paint hit the water surface was described by one participant as their favorite moment, indicating a heightened sensory acuity.

Precise focus on musical beat helped mitigate sensory overwhelm:

> At the end, when the music got a bit chaotic, I focused on one thing – shut everything else out. I learned that at Karate: *Zanshin*.[4] (NKM, participant A)

Another NKM participant increased awareness by volitionally limiting sensory stimuli:

> I got carried away [whilst marbling to music]. My mind was blank and I was focusing on the music and rhythm . . . . When you shut your eyes and just go with the music. (NKM, participant E, female, 61–70)

The examples quoted here suggest absorption in music, through narrowed attentional focus or present-centered awareness. For NKM participants, beyond overcoming inertia or satisfying curiosity, an intense engagement with music and marbling afforded a sense of temporal stasis and temporary respite from unwanted or difficult thoughts and feelings. Changes in attentional focus, arousal levels, sensory perception etc were experienced

holistically as a move away from perceived baseline experiential "norms." Phenomenologically, such shifts in the subjective "feel" of experience cannot be fully accommodated within theoretical models based on emotion and affect. Therefore, we next explore alternative frameworks for conceptualizing multisensory creative engagement and understanding the self-regulatory benefits it affords.

Conceptualising and contextualizing multisensory engagement

> In the performative sensory environment, art comes off the wall, immersion takes the place of representation, the senses are rearranged and the visitor [participant] gets to try out new ways of knowing and being. (Howes 2022, 15)

Howes's observation relates to performance/installation art but is equally applicable to lived experiences of participatory arts in community and therapeutic contexts, including initiatives discussed in this article. First-hand reports from participants indicate their subjective experiences of music and marbling (as both creative agents or audience members) frequently featured blended, cross-modal awareness, centered on unfolding temporal dialogic interaction between marbling and musical processes. Individuals were, in effect simultaneously designing and inhabiting generative "sensescapes"[5] – "embodied, multisensory environments" (Bates 2019, 10) – which afforded a fusion of modalities (e.g. auditory, visual, kinaesthetic, tactile) facilitating subtle shifts of consciousness marked by immersive involvement.[6] Auditory visual cross-modal correspondences were central to this change of consciousness. Spence has defined cross-modal correspondences as "consistent matching between perceptual stimuli, attributes, or dimensions from different sensory domains that are observed in normal perceivers (i.e. non-synaesthetes)" (Spence and Di Stefano 2023, 2). For participants in music and marbling workshops, motion, pattern, and repetition emerged as key foci of absorbed attentional awareness, findings aligning with those from other studies of experiential aesthetic involvement (e.g. Herbert [2011]2016; Tooby and Cosmides 2001).

These subtle shifts of consciousness resonate with what the influential twentieth-century psychiatrist and psychologist Milton Erickson termed "spontaneous" or "common everyday trance" (Rossi and Ryan [1985]1998, 269).[7] Examples of spontaneous trance include daydreaming, being gripped by beautiful views, gazing out of windows, immersion in colors, sounds, smells and textures while wandering round shops, tactile engrossment when stroking a cat (Battino and South 1999; Herbert, 2011). The most fundamental example of spontaneous trance is dreaming (Griffin and Tyrrell 1998).

In accord with identified psychological characteristics of spontaneous trance, the participant experiences previously discussed highlight a narrowed attentional focus, (sometimes demonstrating a distributed or fluctuating alternation between external phenomena and internal thoughts), heightened sensory acuity or changed sensory awareness, low state of arousal and alteration of cognitive function (e.g. reduction of thinking processes to the point of "non-thought"), alteration of temporal awareness (temporal contraction or suspension) and increase in present-centered conscious

awareness. Individuals frequently described these in terms of a shift from ordinary conscious awareness, speaking of "going blank"/'zoning out.'

In an extensive study of the psychological qualities of lived experiences of multisensory music listening in everyday life (Herbert [2011]2016), the first author adopted ethnomusicologist Judith Becker's use of the gerund "trancing" (employed in her landmark study of the phenomenology of trance) (Becker 2004, 8) to highlight trance as an active process, rather than discrete state of mind. The construct of trance subsumes processes of absorption and dissociation, each capturing different psychological characteristics of unfolding lived experience. Thus, absorbed experiences feature an "effortless, non-volitional quality of deep involvement" (Jamieson 2005, 120) and immersion in or preoccupation with sensation (a common characteristic of music and marbling episodes), whereas dissociative experiences are marked by a sense of detachment from self, situation or activity, while sensory connection with surroundings may have a preternatural or unreal quality (Herbert 2011, 2013, 100). A single trancing episode may demonstrate fluctuation between an absorbed and dissociative focus, a phenomenon particularly evident in reports from participants in the second music and marbling project.

Conceptualizations of consciousness are also pertinent to the consideration of multisensory experiences of music and marbling. Neuroscientist Antonio Damasio's biologically founded theories concerning two kinds of consciousness – core and extended – appear especially relevant. Core consciousness "provides . . . a sense of self about one moment – now – and about one place – here . . . it is not dependent on conventional memory, working memory, reasoning or language" (Damasio 1999, 16), emerging from an interaction of a non-conscious body of information concerning body state (e.g. heart beat, respiration) with perception. On this view "core consciousness arises from bodily awareness, from bodily knowing in relation to the surrounding milieu" (Becker 2004, 135), relating to current awareness/the perceptual present. Contrastingly, extended consciousness relates to self-awareness informed by prior experience (e.g. memories, associations).

Present-centered-ness, feeling "in the moment" - was a recurring theme in reports of experiences of music and marbling. For workshop participants, direct focus on external, creative, sensory-rich activities appeared to afford means of self-regulation and temporary respite/relief from rumination and overthinking. Some individuals noted that they found it easier to achieve this through audio-visual engagement, as opposed to regular mindfulness sessions run by wellbeing services. This indicates potentials for application in a variety of clinical and community therapeutic contexts, including mental health, but also with application to circumstances when individuals are required to wait for diagnosis or treatment.[8]

Conclusion

There has been a rapid increase of empirical studies of participatory arts initiatives in therapeutic contexts over the last fifteen years or so (de Witte et al. 2021; Fancourt and Finn 2019). Psychological research exploring benefits of participatory arts-based practices

in mental health contexts often centers on outcomes arising from the *process* of creative engagement, such as improvements in self-esteem, sociality and confidence, as captured by quantitative and qualitative methods (e.g. standardized mental health measures, alongside semi-structured interviews). The application of phenomenological approaches to psychological study of individual *experiences* of creative engagement, including benefits of engagement in the moment, has received far less research attention, as have materialities and sensory ontologies of creative practices (Williams et al. 2023). Adopting an ecological perspective, this article has highlighted systemic interactions between individuals, qualities of their environment and attributes/affordances of objects and media they engage within participatory arts contexts. Findings indicate that multisensory activities which engage visual, auditory, tactile and kinaesthetic modalities are experienced as especially involving. Auditory visual cross-modal correspondences appear central, with motion, pattern, and repetition apparent as key foci of absorbed attentional awareness. Therapeutic benefits include the affordance of a present-centered sense of immersion, plus reduction in reported anxiety or ruminative focus on aspects of self or situational concerns. This accords with 4E cognitive understandings of subjective experience as embedded (interconnected with environmental affordances), extended (interpersonal) and indivisible from action (enacted). Rather than being a tool, or "means to an end," arts-based initiatives can create sensory-rich micro- environments, nested within community and clinical settings. Multisensory creative engagement constitutes a form of "place-making" (Bates 2019) that dishabituates perceptual responses, affording alternative ways of being in and experiencing the world. Such experiential moves away from individually perceived base-line "norms" constitute subtle shifts of consciousness, affording self-regulatory value. The phenomenology of unfolding lived experiences of creative engagement includes psychological characteristics that do not sit within the category of emotional responses (e.g. reduction of thought, present-centered immersion), better accommodated via explicatory frames of low arousal, spontaneous trance and core consciousness. Further detailed observational studies of participatory arts environments – understood as multisensory sites of situated, embodied experience – will serve to enhance understanding of the phenomenology, value and application of participatory arts practices in clinical and community contexts. In addition, there is a need for further focus on the role of art stimuli as mechanisms of change, in terms of how attributes of arts stimuli facilitate processes of engagement, and how artistic outputs may be used as data to evaluate mental wellbeing outcomes (Williams et al. 2023, 1761).

Notes

1. The Chelsea and Westminster Hospital (UK) Arts in Health programme is one key example. See Scott et al. 2019 "Arts in Health" https://www.cwplus.org.uk/our-work/arts-in-health/.
2. This participant asked to take the marbling materials home, to further explore *ebru* techniques.
3. Participants from the hospital school are not quoted verbatim. Paraphrased remarks are from written evaluations gathered at the time of the project by the artists from consenting participants via the Hospital School.
4. *Zanshin* is translated as "remaining mind," and in karate refers to "the state of total awareness. whilst being prepared to react" (Healy 2002, 21). *Karate*,
5. *Sensescapes* are defined as constituting "embodied, multisensory environments" (Bates 2019, 10).

6. Formal, clinical hypnotherapeutic inductions similarly mobilize and synthesize sensory modalities.
7. Spontaneous trance episodes are not preplanned but occur unprompted (i.e. they are non-volitional, unlike for example a meditation session).
8. As Bates notes "waiting is a repeated feature of illness narratives. Waiting is one of the hospital experiences that every patient shares" (Bates 2019, 14).

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

This work was supported by participatory research funding from Research England and the Royal Borough of Kensington and Chelsea Art Fund.

ORCID

Ruth Herbert http://orcid.org/0000-0002-7878-9991
Jackie Walduck http://orcid.org/0000-0002-2603-3404

References

Bates, V. 2019. "Sensing Space and Making Place: The Hospital and Therapeutic Landscapes in Two Cancer Narratives." *Medical Humanities* 45 (1): 10–20. https://doi.org/10.1136/medhum-2017-011347.

Bates, V. 2021. *Making Noise in the Modern Hospital*. Cambridge: Cambridge University Press.

Battino, R., and T. L. South. 1999. *Ericksonian Approaches: A Comprehensive Manual*. Wales: Crown House Publishing.

Becker, J. 2004. *Deep Listeners: Music, Emotion and Trancing*. Bloomington: Indiana Press.

Bronfenbrenner, U. 1979. *The Ecology of Human Development*. Cambridge MA: HUP.

Clarke, Eric F. 2005. *Ways of Listening: An Ecological Approach to the Perception of Musical Meaning*. New York: Oxford University Press.

CW+. 2021. New Exhibition. "Diagnosis: Dreaming, Drifting, Waiting". Accessed July 6, 2023. https://www.cwplus.org.uk/blog/2021/04/30/new-exhibition-diagnosis-dreaming-drifting-waiting/ .

Damasio, Antonio. 1999. *The Feeling of What Happens: Body, Emotion and the Making of Consciousness*. New York: Harcourt Brace & Co.

de Witte, M., H. Orkibi, R. Zarate, V. Karkou, N. Sajnani, B. Malhotra, R. T. H. Ho, G. Kaimal, F. A. Baker, and S. C. Koch. 2021. "From Therapeutic Factors to Mechanisms of Change in the Creative Arts Therapies: A Scoping Review." *Frontiers in Psychology* 12:678397. https://doi.org/10.3389/fpsyg.2021.678397.

DeNora, T. 2000. *Music in Everyday Life*. Cambridge: Cambridge University Press.

Ellingson, L., and P. Sotirin. 2020. *Making Data in Qualitative Research: Engagements, Ethics, Entanglements*. London and New York: Routledge.

Fancourt, D., and S. Finn. 2019. "What is the Evidence on the Role of the Arts in Improving Health and Wellbeing? A Scoping Review." World Health Organisation. Accessed August 8, 2024. https://www.who.int/europe/publications/i/item/9789289054553 .

Griffin, J., and I. Tyrrell. 1998. *Hypnosis and Trance States: A New Psychobiological Explanation*. Sussex: European Therapy Studies Institute.

Hargreaves, David J., Raymond Macdonald, and Dorothy Miell. 2017. "The Changing Identity of Musical Identities." In *Handbook of Musical Identities*, edited by R. MacDonald, D.J. Hargreaves, and D. Miell, 3–24. New York: Oxford University Press.

Healy, K. 2002. *Martial Arts Basics: Karate*. London: Connection Books Publishing.

Herbert, R. [2011]2016. *Everyday Music Listening: Absorption, Dissociation and Trancing*. London and New York: Routledge.

Herbert, R. 2013. "An Empirical Study of Normative Dissociation in Musical and Non-Musical Everyday Life Experiences." *Psychology of Music* 41 (3): 372–394. https://doi.org/10.1177/0305735611430080.

Herbert, R. 2019. "Absorption and Openness to Experience: An Everyday Tale of Traits, States and Consciousness Change with Music." In *Music and Consciousness 2: Worlds, Practices, Modalities*, edited by R. Herbert, D Clarke, and E Clarke, 233–253. Oxford: OUP.

Herbert, R. 2021. "Young People's Lived Experience of Music in Everyday Life: Psychological and Phenomenological Perspectives." In *The Oxford Handbook of the Phenomenology of Music Cultures*, edited by H. M. Berger, F. Riedel, and D. VanderHamm, 173–198. New York: Oxford University Press. https://doi.org/10.1093/oxfordhb/9780190693879.013.18.

Howes, D. 2022. *The Sensory Studies Manifesto: Tracking the Sensorial Revolution in the Arts and Human Sciences*. Toronto: University of Toronto Press.

Jamieson, G. A. 2005. "The Modified Tellegen Absorption Scale: A Clearer Window on the Structure and Meaning of Absorption." *Australian Journal of Clinical & Experimental Hypnosis* 33 (2): 119–139.

Juslin, P. N., and J. A. Sloboda, eds. 2010. *Handbook of Music and Emotion: Theory, Research, Applications*. Oxford: Oxford University Press.

MacDonald, Raymond, and Suvi. Saarikallio. 2022. "Musical Identities in Action: Embodied, Situated, and Dynamic." *Musicae Scientiae* 26 (4): 729–4.5. https://doi.org/10.1177/10298649221108305.

Miranda, D., and M. Claes. 2009. "Music Listening, Coping, Peer Affiliation and Depression in Adolescence." *Psychology of Music* 37 (2): 215–233. https://doi.org/10.1177/0305735608097245.

Rice, T. 2003. "Soundselves. An Acoustemology of Sound and Self in the Edinburgh Royal Infirmary." *Anthropology Today* 19 (4): 4–9. https://doi.org/10.1111/1467-8322.00201.

Rossi, E. L., and M. O. Ryan, eds. [1985]1998. *The Seminars, Workshops and Lectures of Milton A. Erickson*. London: Free Association Books.

Saarikallio, S., K. S. McFerran, and C. Gold. 2015. "Development and Validation of the Healthy-Unhealthy Uses of Music Scale (HUMS)." *Child and Adolescent Mental Health* 20 (4): 210–217. https://doi.org/10.1111/camh.12109.

Scott, J., R. Cork, Z. Penn, A. Hall, L. Khan, A. Mercier, D. Ferry, and G. Saull. 2019. *The Healing Arts: The Arts Project at Chelsea and Westminster Hospital*. London: Unicorn.

Shaughnessy, N. 2020. "Acting in a World of Difference: Drama, Autism and Gender." *Biblioteca Teatrale: Rivisata Semsetrale di Studi e Ricerche Sullo Spettacolo* 133 (1): 41–62. https://doi.org/10.1400/278392.

Smith, J., P. Flowers, and M. Larkin. 2022. *Interpretative Phenomenological Analysis: Theory, Method and Research*. London: Sage.

Spence, C. 2021. *Sensehacking: How to Use the Power of Your Senses for Happier, Healthier Living*. Dublin: Penguin Random House.

Spence, C., and N. Di Stefano. 2023. "Sensory Translation Between Audition and Vision." *Psychonomic Bulletin & Review*. Accessed September 20, 2023. https://link.springer.com/article/10.3758/s13423-023-02343-w.

Tooby, J., and L. Cosmides. 2001. "Does Beauty Build Adapted Minds? Toward an Evolutionary Theory of Aesthetics, Fiction and the Arts." *Substance* 94 (95): 6–27. https://doi.org/10.1353/sub.2001.0017.

Williams, E., S. Glew, H. Newman, N. Shaughnessy, R. Walduck, J. Herbert, A. Cooke, P. Foster, R. High-Jones, and S. Pethybridge. 2023. "Practitioner Review: Effectiveness and Mechanisms of Change in Participatory Arts-Based Programmes for Promoting Youth Mental Health and Well-Being – a Systematic Review." *Journal of Child Psychology and Psychiatry* 64 (12): 1735–1764. https://doi.org/10.1111/jcpp.13900.