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Perspective

Reflective Writing Meets Sound Healing: An Integrative Approach

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Abstract

Despite their combined use in well-being-oriented curricula, the pairing of reflective writing and sound healing has not been empirically examined. In response, this Perspective explores the integration of reflective writing and sound healing as complementary practices for supporting well-being. The article begins by defining reflective writing and examining its use through an interdisciplinary framework that emphasizes its core functions of catharsis, processing, and bearing witness. It then turns to sound healing, exploring sound-based practices as integrative modalities that engage bodily experience and emotional regulation, with attention to their documented associations with anxiety reduction and nervous system support. Building on these foundations, the article brings the two practices into direct dialogue, suggesting that reflective writing's narrative and meaning-making capacities may be strengthened through sound-based support for physiological regulation and embodied awareness, while sound healing may be enriched through reflective writing's role in integration and reflective sense-making. Drawing on pedagogical and practice-based illustrations, concrete facilitation guidelines are outlined for integrating reflective writing and

sound healing within educational and community-based settings, with attention to sequencing, accessibility, and participant experience. The discussion concludes by identifying directions for future interdisciplinary research on the combined use of reflective writing and sound-based practices in well-being-oriented contexts.

Keywords
Reflective writing; sound healing; singing bowls; well-being; sound bath; medical education; somatic practices; expressive writing; psychosocial support

1. Introduction

It is increasingly common to find the pairing of reflective writing and sound healing practices across well-being-oriented programs, practitioner offerings, and events. In line with this integrative orientation, the authors of this paper have both participated in and, in different capacities, facilitated sessions in which both practices are interwoven. While the commonality of this integration suggests a perceived value in pairing the two modalities, the efficacy and pedagogical grounding of synthesis remain unexplored in academic literature.

Reflective writing, as the term is used here, refers to minimally directed, free-flowing writing undertaken to explore (release, shape, process, witness) one's thoughts and feelings rather than to produce a polished text. Sound healing refers to practices in which instruments such as singing bowls, chimes, and gongs are played near reclining participants, who receive the sound and its vibrations rather than listen as they would to music. The two work by different means: reflective writing through language, giving shape to experience and drawing meaning from it, and sound healing through the body, guiding the nervous system toward a calmer state. Because emotional tension is carried in both mind and body, pairing a practice rooted in language with one rooted in the body offers a clear rationale for their combined use.

Also speaking to the potential of the pairing, scholarship has increasingly questioned approaches to well-being that isolate psychological, emotional, physiological, or spiritual variables for study. While such approaches may be useful in specific research contexts, scholars have noted that they are unlikely to capture the complexity of the whole person. From a systems-oriented perspective, individuals are understood as complex, interacting beings whose cognitive, emotional, somatic, and relational processes are dynamically intertwined [1, 2]. From this vantage point, practices that work across emotional, physiological, and meaning-oriented domains may offer forms of support not fully accounted for by single-modality interventions. Accordingly, approaches to well-being that engage multiple dimensions of experience simultaneously may address aspects of human experience often missed by single-modality interventions.

A third impetus for this research emerges from a global reality facing an array of unprecedented crises, what has been described as a "macro-crisis of interconnected, runaway failures of Earth's vital natural and social systems" ([3], p. 2). In response to this global condition, a range of fields are calling for innovative, accessible approaches to mental health and well-being support, including composition studies [4], nursing education [5], medical education [6, 7], elementary education [8], continuing medical education [9], social work [10], public health [11], higher education [12], and

institutional healthcare delivery [13]. Taken together, these converging voices make clear the timeliness of exploring this healing modality combination.

In response, this article proceeds in several stages. First, reflective writing is defined and examined through an interdisciplinary framework built around three core functions: catharsis, processing, and bearing witness. Next, sound healing is examined through relevant literature and discussed in terms of several central functions, including decreasing anxiety and stress, supporting emotional processing, enhancing spiritual growth and connection, and addressing physiological well-being. These two practices are then considered in tandem through a discussion of their combined potential, followed by illustrative examples from several contexts demonstrating how they have been integrated in practice. Drawing on these examples, the article offers facilitation guidelines for those interested in applying this approach. It then turns to a critical discussion of the integration, considering its limitations, the risks and contraindications it may entail, and how the approach can be adapted across participants and contexts. The article closes with directions for future research on the integration of these practices within well-being-oriented contexts.

By simultaneously engaging narrative meaning-making and physiological regulation, we hypothesize that integrating reflective writing and sound healing within a single structured session may produce greater improvements in well-being than either practice alone.

2. Reflective Writing: Principles and Practices

"Reflective writing", as defined in medical education, is less a specific writing structure (though there are common pedagogical and stylistic elements) than a philosophical orientation to the act of writing [14-16]. Not to be confused with more generic uses of the term related to formal evaluation of academic performance or learning outcomes, reflective writing in this context focuses upon psychosocially oriented thoughts, feelings, and experiences. It is rarely evaluated, and revision is typically employed only when a writer desires to polish their reflection for public reception.

Reflective writing values uninhibited, free-flowing composition as an act of discovery and documentation of human experience. In rhetoric and composition studies, this orientation aligns with process-based theories of writing, which frame writing as a recursive, exploratory activity oriented toward meaning-making rather than textual product alone [17, 18]. It is further described through practices such as "freewriting" [19], "writing and healing" [20], and "writing as a way of being," all of which emphasize the process and experience of "the writer writing" rather than "the writer's writing" ([21], p. 7).

Psychology likewise employs writing practices designed to support the writer's well-being, including approaches categorized as "expressive writing" [22, 23], and "narrative therapy" [24]. Despite differing contexts, compositional structures, and designations, these approaches share an understanding of writing as a practice intended primarily to benefit the writer rather than to produce a polished textual artifact—though compelling writing often emerges from this orientation. For the sake of clarity, the term reflective writing is used here to refer broadly to writer-centered writing practices across disciplines and contexts.

Building on this interdisciplinary framing, this author examined reflective writing in a medical education context as part of a study focused on how learners engage with writing during periods of heightened professional and emotional demand [25]. Through qualitative analysis of student reflections, three recurring functions emerged: catharsis, processing, and bearing witness. These

functions are not presented as exhaustive nor mutually exclusive, but rather as analytically useful ways of understanding how reflective writing supports writers as they make sense of experience. The sections that follow introduce each of these functions in turn.

2.1 Catharsis

Catharsis, rooted in psychological theory, refers to the emotional release that occurs when individuals confront and express feelings that are distressing or emotionally charged [26]. In the context of reflective writing, catharsis helps writers manage the emotional weight of lived experience. Reflective writing commonly serves a cathartic function by providing a structured outlet for the venting of emotional experience. Speaking to this, decades of foundational expressive writing research—observed consistently across varied populations and contexts—have demonstrated that when individuals "put their emotional upheavals into words", measurable improvements in both physical and mental health often follow ([22], p. 1244). In alignment, emerging neurocognitive research suggests that writing about negative experiences may function as a form of emotional offloading, altering neural processing of distressing material in ways that reduce cognitive interference and allow the mind temporary relief from persistent emotional demands [27].

A strong example is medical education, where—amid grueling hours, intense competition, compassion fatigue, and fear of causing accidental harm [28]—reflective writing offers a rare and protected space for emotional release. Practices that "allow the expression of emotions that physicians may be unable or discouraged from exploring in typical training programs" enable students to "express the multiple dimensions of their humanity" [29]. Consistent with this role, a study examining the impact of a reflective writing course on medical students' well-being demonstrated a "significant reduction of emotional exhaustion and depersonalization", with students gaining "a deeper appreciation for the therapeutic and cathartic value of reflective writing" [30].

The efficacy of cathartic writing practices is also widely recognized in therapeutic contexts, including trauma treatment programs [31] and addiction recovery settings [32-34]. Within narrative therapy, letter writing is frequently used as a cathartic practice in which individuals give voice to emotions that may feel unsafe, unwelcome, or impossible to express directly. Importantly, such letters are often written with no intention of being sent, framing catharsis as an intrapersonal act of release rather than a risky, communicative transaction [35]. From a trauma-writing perspective, composition scholar and trauma-writing specialist Marian MacCurdy [36] similarly emphasizes that writing allows painful, image-based memories to be externalized through language, a process that can be deeply cathartic and emotionally regulating. Recent empirical research further indicates that self-expressive writing facilitates emotional disclosure and catharsis, with short, repeated writing sessions associated with reduced stress and self-reported therapeutic relief among university students [37]. In short, reflective writing offers a meaningful outlet for emotional release, enabling individuals to externalize emotional experience in ways that ease psychological burden.

2.2 Processing

Processing is another fundamental function of reflective writing. In essence, it allows the writer to uncover and shape thoughts, feelings, and experiences they may not have consciously

understood before writing—a type of "thinking on paper". This aspect of reflection is described as becoming both the "observed and an active observer" [38], a unique positionality with the potential to provide reflective distance and self-compassion [39].

A range of disciplines supports the efficacy of reflective writing as a processing tool. For example, medical educators Wear et al. [40] argue that reflective writing is "an opportunity for students to examine experiences critically, to size them up from their own perspectives, and to work out new ways of seeing, understanding, and influencing culture" (pp. 605-606). Speaking from a practitioner's perspective, physician and addiction specialist Gabor Maté [41] echoes this idea of writing as self-processing when he shares, "I needed to write, to express myself through written language not only so that others might hear me but so that I could hear myself … when I did not write, I suffocated in silence" (p. 261).

Composition theorists Yagelski & Collins [18] echo this sentiment:

> Conceived as a practice of living, writing becomes more than a set of skills to master, a competency to demonstrate. Instead, it is the making of meaning, a process of inquiry into the questions that matter in our daily lives. Writing enables a deeper engagement with these questions and thus provides the potential for a different way of being in the world (p. 29).

Similarly, higher education researchers [42], drawing on case studies of faculty journal-keeping, frame journal-keeping as a reflective process through which educators "review and reflect" on their work, hold an internal "conversation with the self", and make sense of the multiple, often competing roles that characterize academic life (p. 360). Narrative scholars have likewise noted that reflective writing often involves an internal dialogue among multiple temporal or experiential "selves", allowing writers to reinterpret past events from new vantage points, integrate competing emotional perspectives, and "author" their own life ([43], pp. 484-485).

From psychology, research has clearly demonstrated that "once an experience has structure and meaning … the emotional effects of that experience are more manageable. Constructing stories facilitates a sense of resolution, which results in less rumination and eventually allows disturbing experiences to subside gradually from conscious thought" ([22], p. 1243). Similarly, research by educational psychologists Milani et al. [44] investigated the effects of an expressive writing protocol with young adult university students. Their findings indicate that "[e]xpressive writing, by translating traumatic thoughts and feelings into language, helps traumatized individuals to make sense of upsetting events, to manage negative emotions, and improve their connections with the social world" (p. 1). Put simply, reflective writing provides individuals with a structured means to process and, ideally, exercise greater control over life experiences.

2.3 Bearing Witness

Bearing witness in reflective writing can be understood as composing testimony about people, places, and experiences with the intent to illuminate lived realities [45]. While catharsis involves the release of emotion and processing entails the cognitive organization of experience, bearing witness entails an ethical attentiveness to experience, whether one's own or that of others. It is an act of acknowledgment, of validation, and of preservation—a written portrait of sorts. Its purpose is not necessarily to transform or even interpret the experience, but to remain present with its weight and complexity. As such, bearing witness emphasizes ethical attentiveness, positioning the writer as observer and documentarian of lived realities.

Educational philosophers Hansen and Sullivan [46] examine the ethics of witnessing within educational inquiry—an area of thought highly relevant to reflective writing. They describe this form of attention as "ethical involvement", one that calls the speaker or writer "to attend, to make room for, to bracket expectations, to acknowledge". Bearing witness, in this sense, does not prioritize explanation or analytic interpretation, but instead takes the form of "respectful, sober-minded wonder", distinguishing it from more outcome-driven modes of reflection (pp. 156-160).

This understanding of bearing witness aligns with the work of medical humanities scholars DasGupta and Charon [47]. They describe "witnessing" through personal illness narratives as an ethically grounded mode of attentiveness through which physicians engage their own illness experiences. In this framework, interpretation and translation emerge within the act of witnessing, enabling clinicians to listen more empathically to the stories of others (p. 353). In this sense, learning to bear witness to one's own experience can cultivate a greater capacity for empathic attentiveness toward others.

Continuing education scholar Karpiak [48] offers a vivid illustration of the relational dimensions of bearing witness in autobiographical writing. Reflecting on her work with adult learners' life narratives, she describes coming to see her students not merely as learners, but as "individuals with a story, with a life of which I know nothing, yet a life that surely accompanies them and occupies its seat next to them" (p. 58). Through sustained exposure to these narratives, Karpiak observes that her students' stories became "a part of [her] own being", offering "answers to questions [she] never asked" (p. 59). Her account frames bearing witness as an ethically receptive stance in which attentive engagement with another's story deepens the witness's connection to the storyteller's humanity.

Nursing educators [49] extend this concept to nursing students, describing the practice of writing personal illness narratives. They argue that this compositional act provides healthcare professionals "an opportunity to reflect on the times when they have been in the role of patient within a healthcare setting, or when they have been the witness to another patient's experience from a position of family member or loved one, rather than the HCP. Such reflection cultivates empathy for the patient as it also fosters self-understanding" (p. 144). Viewed through this lens, bearing witness through writing honors the human condition by creating space for experiences—one's own or others'—to be acknowledged, without presuming full understanding or resolution.

In essence, the act of bearing witness through writing, whether to one's own experiences and emotions or those of others, serves to honor the human condition—not necessarily by seeking to resolve or repair what is witnessed, but by creating space for it to be acknowledged and held, which can, in turn, open the door to empathy, connection, and even healing.

2.4 Ethics Statement

This article is a conceptual and practice-based Perspective and does not involve the collection or analysis of new human or animal research data. Institutional ethics approval was therefore not required.

3. Sound Healing: Principles and Practices

Where reflective writing works through language, sound healing works through the body. Having examined reflective writing's cathartic, processing, and witnessing functions, we now turn to sound

healing and the mechanisms through which it is thought to support well-being. Consistent with the Systems Theory perspective outlined above [1, 2], sound-based practice is considered here not as an isolated intervention but as one that engages physiological and emotional experience as interconnected dimensions of the whole person. This section examines sound healing through its central functions: reducing anxiety and stress, supporting emotional processing, enhancing spiritual well-being and connection, and its emerging associations with physiological health.

3.1 Anxiety, Stress, and Emotional Processing

While it has been established that reflective writing has cathartic and healing properties, reflective writing alone may not be the entire story, so to speak, in emotional well-being and healing. Counseling and psychotherapy are well-established approaches to ease emotional suffering. However, since many individuals do not have a desire or access to attend counseling, alternative forms of emotional well-being improvement are greatly needed.

Thus, numerous complementary healing techniques from acupuncture [50] to Emotional Freedom Technique/Tapping [51, 52] to yoga [53, 54] and mindfulness meditation [8] to surf therapy [55] have been explored and shown promising results for clients in improving emotional well-being. The use of music therapy for mood and anxiety improvement has yielded mixed results, yet demonstrates promise for this modality [56, 57]. Even listening to nature sounds may provide improvement in physiological measures of stress [58, 59]. There is also a growing exploration of the complementary and integrative medicine technique called sound healing [60-62] for potential improvement of well-being.

Sound healing is an integrative health modality in which vibrations from certain musical instruments are utilized for the purpose of reduction of stress and other undesirable mood states. In sound healing, participants generally lie down on yoga mats, and the sound healing instruments are played near them to induce relaxed states. Theories regarding the effects of sound healing on human relaxation and stress reduction include brainwave entrainment through binaural beats, activation of specific brainwaves associated with relaxation and meditation (such as Alpha, Theta or even Delta brainwaves), and the musical instruments' vibrational effect on the purported human biofield [63]. Additionally, it is likely that the vibrations produced by these instruments engage the parasympathetic nervous system, promoting relaxation and counteracting "fight or flight" mode, as well as potential activation of the human vagus nerve.

Sound healing vibrational instruments usually include, but are not limited to, Tibetan singing bowls, crystal singing bowls, and gongs. Additional vibrational instruments may include the didgeridoo, handpan, chimes, and bells. The key component of these instruments appears to be a significant vibration.

Sound healing, particularly through the use of singing bowls, is increasingly recognized for its potential for reducing anxiety and stress, psychological states many humans face. Thus, sound healing has seen tremendous popularity growth in Western cultures and globally in recent years and is often referred to as 'sound bath' due to the subjective experience of sound waves washing over the body. Sound healing, including its principal musical instruments (singing bowls and gongs), has been the focus of recent studies that examine its effects on stress, tension, and anxiety. Speaking to this, our study exploring the effects of Tibetan singing bowl sound meditation on emotional well-being in 62 adult participants found significant reductions in tension and anxiety

[60]. As stated in the aforementioned paper, it was concluded that sound meditation with singing bowls is an accessible, affordable method for enhancing well-being that "could be taught to health and counseling professionals and provided in an almost unlimited number of settings to induce the relaxation response, reduce stress, and potentially stress-related disease in the body" (p. 405).

In fact, sound healing or sound baths have shown promising results in the reduction of tension and anxiety in additional studies [61, 64-67]. Moreover, participants in sound baths have also demonstrated significant improvement in other undesirable mood states, including depression, anger, and fatigue [60]. Further, even playing a single Tibetan (Himalayan) singing bowl was found to reduce blood pressure and heart rate in participants and improve well-being [68], as well as activate regions of the brain associated with relaxation and meditation [69]. Similarly, utilizing a pre/post measure of anxiety as well as electroencephalograph (EEG), Rio-Alamos and colleagues [61] (2023) found that even a single session of singing bowl sound was enough to reduce anxiety, with a stronger effect than progressive muscle relaxation and a control group.

Additionally, anxiety and emotional pain may exist at a deeper psychological level in certain individuals, and these situations may also merit the use of sound healing and indeed even the use of the reflective writing-sound healing combination. Many psychological schools of thought (including Psychodynamic Theory and Psychoanalytic Theory) are based on the process of uncovering emotional pain and trauma that the client has transferred into less conscious levels of the psyche for the purposes of temporary emotional self-protection [70]. However, while burying painful experiences and trauma may serve the client in the short-term, it will likely not serve the individual's well-being in the long-term. Thus, the process of gently uncovering and processing painful experiences or even trauma in a safe environment such as a counselor's office may assist the client in the emotional healing process.

Reflective writing or journaling can be an integral aspect of this healing, as well, since it may allow the individual to continue emotional processing in free form writing when they are not in the counseling session. An intriguing possibility exists with the combination of the two complementary healing modalities of reflective writing and sound healing in uncovering and healing past trauma. While the authors of the current paper are not aware of research thus far on this topic, it may be worthy of research exploration. Anecdotally, the second author of this paper has spoken to sound healing participants in which this indeed occasionally was the case following a sound healing session, when certain painful experiences rose into conscious awareness. If buried emotions and potentially even traumatic experiences surface after a sound bath, it is useful for the individual to find an emotionally safe way to explore, examine, and heal these experiences - ideally in the context of a supportive therapist's office. However, as stated previously, not all sound healing participants wish to attend counseling sessions. Thus, reflective writing provides a therapeutic practice (guided but controlled by the individual), which may be employed in cases where emotions or painful experiences surface following a sound bath. In fact, it may be a circular rather than a linear healing process, with the individual returning to the sound bath when they are ready to process additional emotions and experiences. Then the participant may again engage in reflective writing to further process feelings that have surfaced.

Individuals may engage in this circular process of emotional healing utilizing both sound healing and reflective writing for as long as they desire, to continue processing emotions and, in some cases, potentially painful experiences. Certainly, if this becomes an ongoing experience of emotional processing, it may behoove the individual to engage the services of a psychotherapist or qualified

counselor to assist in this process. For others, though, emotions surfacing following a sound healing experience may be a one-time or rare occurrence or it may never occur. These participants generally may not find the desire or need for outside therapeutic assistance.

The combination of sound healing and reflective writing may especially prove to be a substantial benefit for everyday stressors. In cases of situational or temporary anxiety (or depressed mood), the complementary healing combination of sound healing and reflective writing may be quite helpful in emotional processing. In the case of deeper emotional processing situations such as grieving a profound loss, this complementary healing combination may also be quite helpful. However, if the grief becomes incapacitating and the individual is no longer able to effectively function, professional therapeutic help may be indicated.

Due to massive societal upheaval and change, individuals may find themselves in situations of collective or societal grief, as well. In this case, the reflective writing-sound healing combination may also offer insights and depth to their experience, assisting in emotional processing of these events and societal changes. Further, individuals may find comfort in this process through connection with others [71] in sound healing experiences who are experiencing similar feelings regarding the societal changes - at a community, national, or global level.

3.2 Spirituality and Sound Healing

For many individuals, spiritual beliefs and spirituality offer an effective and soothing balm for experiencing national and global stressors. While it is important to not utilize spirituality for the purpose of burying emotional pain and trauma such as in 'spiritual bypass' [72], when utilized in tandem with emotional processing, spirituality and religion may offer peace and emotional soothing.

Certain individuals may be struggling with the distinction between spirituality and organized religion or have even forgone spirituality entirely due to prior negative experiences. Past negative experiences may include religion forced upon a person in childhood by an overzealous parent or a religious school experience as a child. In fact, many adults may not truly understand that organized religion and spirituality are two distinct concepts [73] not necessarily reliant on, or dependent upon, each other. In this case, once individuals make this distinction and begin to explore their own spirituality, the possibility of utilizing spirituality as a calming technique in times of stress may be especially helpful.

Moreover, spirituality or spiritual well-being may be enhanced through meditative techniques [74] or sound healing. In fact, sound healing or sound bath has been found to improve spiritual well-being [75]. Further, feelings of improved spiritual well-being may have the potential for enrichment with the process of journaling, including 'gratitude journaling', as well as gratitude itself [76, 77]. Thus, this finding offers the potential for the enhancement of spiritual growth and connection through the sound healing-reflective writing modality combination.

When utilizing this modality combination, feelings of spiritual well-being that emerge following a sound healing may be processed and explored on a deeper level through reflective writing. This, too, may be a circular rather than a linear processing situation. For instance, the participant may attend a sound healing and experience enhanced spiritual well-being. They may then process these feelings and insights through reflective writing and perhaps return to a sound healing to potentially deepen the feelings of spiritual well-being and explore spirituality further if they so desire.

3.3 Physiological Health

Additionally, the potential of sound healing's effect on physiological health and well-being is an intriguing concept, albeit one that has yet to be researched in any depth. This potential link was briefly explored in Goldsby et al. [60] and it was discovered that many participants reported reduced physical discomfort or pain immediately following the sound bath. Similarly, noted oncologist Dr. Mitchell Gaynor anecdotally discussed the significant impact he found on his cancer patients when he utilized Tibetan singing bowls in his medical practice, which yielded promising results in patient symptoms and recovery [78]. This is an area of research that needs to be studied in more depth, as it has important potential implications for human health and well-being.

Collectively, these practice-based illustrations suggest that sound healing is often already brought into conversation with reflective or meaning-making activities; however, the conceptual rationale for such pairings, including the conditions under which they are most supportive, remains underdeveloped in the literature.

4. The Integration of Reflective Writing and Sound Healing

Having outlined the respective functions of reflective writing and sound healing—and having noted points at which these practices already intersect in applied contexts—the question becomes not simply whether they can be combined, but why their integration may be particularly meaningful. While each practice independently supports well-being, that individual benefit does not by itself justify pairing them within a single session, since practices that each help on their own do not always reinforce one another—and may even work at cross-purposes—when combined.

In the case of reflective writing and sound healing, however, we suggest that their integration within a single session merits investigation. We theorize this is in large part because they share many goals but approach them from different angles. Reflective writing, though impactful on physiological health, could be categorized as a cognitive practice: an exploration of the mind (conscious and subconscious). It offers a pathway for voicing thoughts and emotions, allowing the author to assuage, understand, and shape lived realities. When this work is successful (practice being the primary factor), the potential for psychosocial growth is evident. These benefits, due to the mind-body connection, can in turn provide physiological support.

Beginning from a different point of departure, sound healing is grounded in physiological support. More specifically, it engages the nervous system through vibrational stimulation to soothe fight-or-flight responses and ease somatic tension. When effective, these bodily shifts may be accompanied by psychological benefits, as regulation at the physiological level supports mental health: again, the mind-body connection. In concert, reflective writing and sound healing engage overlapping processes, differing not in purpose but in orientation.

Conceptually, this integration may be understood as a reciprocal process. Sound healing may first support physiological downregulation, creating conditions of safety and parasympathetic activation that enable deeper reflective processing. Reflective writing may then organize emergent emotional or somatic material into narrative form, reinforcing psychological coherence. This process may, in turn, enhance receptivity to subsequent somatic regulation through sound-based practice. In this way, the modalities may function not as parallel interventions but as mutually reinforcing mechanisms of embodied meaning-making.

These orientations can be grounded in the neurobiology of emotion regulation, commonly modeled as a dual-process system that pairs top-down cortical control with bottom-up regulation of the reactivity arising below appraisal [79]. Reflective writing works top-down, shifting activity from limbic reactivity toward prefrontal regulation through affect labeling and off-loading [27, 80]. Sound-based practice works bottom-up, modulating physiological arousal directly through brainwave entrainment [81], vagal regulation and changes in heart rate variability [82, 83], and a shift toward parasympathetic, lower-arousal states [84, 85]; singing bowls in particular have been linked to reduced anxiety in EEG research [61].

Regulation is only part of what writing contributes. Narrative medicine describes the further work of composing coherent, witnessed accounts through which fragmented or painful experience is integrated and made meaningful [22, 47, 86]. That narrative organization is what the reciprocal model above attributes to the writing phase, and it frames reflective writing as an embodied process—a "way of being" through writing rather than the final text as primary goal [21, 36].

Sound-based practice appears to downregulate stress and lower the amygdala's protective defenses [60, 61]. Thus, given this lowered arousal and reduced amygdala defensiveness, it follows that the brain may perceive the situation as emotionally safer and more accessible for processing painful feelings and memories [87]. Affect labeling in this state of lowered defense has been described as a form of implicit emotion regulation [88]. The prefrontal cortex can then draw on writing to label, contextualize, and potentially restructure emotionally laden thoughts and memories, likely resulting in deeper and more profound emotional processing. The reverse—writing improving receptivity to later sound-based regulation—is more speculative still, and a specific question for future study (Section 7).

An additional benefit of combining these practices is their accessibility. Reflective writing requires little more than pen and paper (or writing device), while sound healing can be facilitated using simple instruments or recorded sound. As a result, both are accessible to an array of populations and contexts. This is not to suggest that effective facilitation is effortless. All sessions require thoughtful consideration of participants, setting, and potential complications. Writing support must be attentive to context and participant positioning rather than relying on one-size-fits-all approaches [89].

That said, developing this knowledge does not necessitate extensive formal training, and many individuals drawn to this work (e.g., educators, psychologists, social workers, healthcare professionals) often already possess the relational and communicative skills required to facilitate these practices responsibly.

4.1 From Theory to Practice: Integrating the Modalities

The following illustrative contexts are presented as experiential examples of applied integration rather than formal empirical studies.

As noted, while both modalities have individually demonstrated benefits for psychological and physiological health, their integration has not been empirically examined. This is not to say, however, that the two have not been combined within well-being-oriented contexts. Anecdotal examples of integrated practice exist. For example, the Center for Mind-Body Medicine [90] incorporates reflective journaling alongside sound-based meditation, drumming, and movement practices as part of its evidence-informed core skills training [91]. Similarly, a brief review of publicly available

programs suggests that many sound healing practitioners incorporate reflective journaling into their sessions [92-95]. The following section presents selected experiential accounts illustrating the integration of reflective writing and sound-based practices.

4.1.1 Illustrative Context 1: A Grief Support Group

In the fall of 2017, I (the first author of the current paper) co-facilitated a grief support group with a psychologist specializing in grief. The group consisted of six women from the community who had recently experienced a profound loss (a child, sibling, parent, or spouse). As part of the reflective journaling component, each session began with a five-minute free write with no set focus, structure, or editing. Sessions often ended similarly, though with a suggested focus on gratitude and/or spirituality (depending on participants' belief systems). Sound-based practices were also incorporated, including pre-recorded tribal drumming used during movement (awkward at first, but ultimately therapeutic), recorded sound baths preceding writing exercises, and live singing bowls.

One particularly evocative activity involved a letter-writing exercise. It began with five minutes of singing bowls accompanied by "soft belly breathing" [91], after which participants wrote a letter to the person they had lost or to a partner who had shared the loss. Given the emotional intensity of the exercise, it was introduced only at the end of the four-week workshop, once rapport and a sense of safety had been established. Participants were also encouraged to stop writing if it became overwhelming (I consistently discuss the risk of re-traumatization in writing groups of this nature). They were then invited to write a letter to themselves as if they were the person they had lost, a previously unannounced element of the exercise. Participants next lay on yoga mats while singing bowls were played for fifteen minutes. Following this, they were offered the opportunity to share insights or experiences, though there was no pressure to do so (a critical element of the process). Some chose not to. In this context, the sound-based component functioned as a calming, grounding, and even comforting layer.

4.1.2 Illustrative Context 2: An Online Nursing Education Workshop

Shifting context, in 2020 I (the first author of the current paper) facilitated several Zoom-based wellness sessions for nursing students at California State Polytechnic University, Humboldt. Many participants were already working directly with patients and, due to COVID-19, were facing heightened pressure, uncertainty, and fear. Sessions began with five minutes of recorded singing bowls (shared via Spotify). Following brief introductions and an overview of reflective journaling as a support for personal well-being, participants engaged in several six-minute writing exercises. Two prompts that appeared to resonate strongly were "write about burnout/compassion fatigue" and "write about being rescued".

Students then met in breakout rooms to discuss their writing, after which they were invited to share reflections with the larger group. Responses were often moving and centered on timely themes, including second-hand trauma, feeling invisible, imposter syndrome, apathy, gratitude, making a difference in patients' lives, and the need to decompress with colleagues. The session concluded with ten minutes of singing bowls, which several participants later reported (via a post-session survey) helped them transition out of some of the heavier emotional material surfaced through writing. A small number also chose to share their writing with the program director and me

after the session. Consistent with other well-being-oriented writing contexts, the writing produced in this setting was moving.

4.1.3 Illustrative Context 3: An Urban Farm Summer Camp for Young Children

Integrating reflective writing and sound healing into contexts involving children is a unique experience, one requiring different approaches. In 2021, I was invited to facilitate a "reflective journaling" and "sound healing instrument" workshop for Urban Roots, a community-based summer camp focused on urban gardening. The participants were seven to nine years of age and highly energetic (to put it mildly). I set up in a lush greenhouse and began with a "show and tell" approach, playing different bowls, a gong, chimes, a buffalo drum, and other instruments. Little hands were raised with questions, and more than a few reached out to touch the instruments.

Next, I led them through a five-minute guided meditation while playing singing bowls, inviting them to imagine a beautiful place where they felt safe, either real or imagined. While there was certainly some squirming and whispering at first, by the end of the five minutes the group had become remarkably still. Even the camp's oversized German Shepherd wandered over and flopped down beside my largest bowl.

Following the brief sound bath, they journaled about the place they had chosen or created, writing in one-minute intervals and focusing on the five senses experienced in their safe space. Suspecting that sharing would be too chaotic, I ended the session with a short "jam" instead. I passed out a few smaller, less-breakable instruments, while participants without one contributed vocally. As one might imagine, the sound was cacophonous, but they clearly enjoyed it. Several counselors helped me pack up afterward and remarked that it was the most focused they had seen the children all week.

These examples are not offered as empirical evidence, nor do they present complication-free approaches. Yet, given the limited attention to situated pedagogy and facilitation practices within many well-being-oriented theoretical frameworks [96, 97], these practice-based illustrations are intended to offer general, adaptable structures.

5. Facilitation Suggestions for Combined Sessions

While the following suggestions are contextually malleable, their principles generally apply.

1. Clearly explain the function and purpose of the writing and sound components.
2. Emphasize that there are many "right ways" to participate.
3. Normalize a wide range of emotional responses, including grief, joy, discomfort, or even resistance.
4. Offer guidance on mindfully managing intrusive thoughts and/or self-judgment.
5. Emphasize participant agency by clearly communicating that individuals may shift focus, pause, or stop writing at any time, and may step out during sound-based practices if needed.
6. Address emotional safety at the program level by proactively identifying potential risks, particularly in extended workshops, and by ensuring participants are informed about available mental health resources, especially when engaging trauma- or grief-related material.
7. Never pressure participants to share reflections or experiences; gentle invitation is not the same as obligation or coercion.

8. Join the writing exercises as a co-participant to build trust and model openness, while remaining mindful not to co-opt the session through oversharing.
9. Whenever possible, hold sessions in comfortable, uninterrupted spaces (particularly with sound work).
10. Do not provide therapy unless you are a licensed professional. This work is intended to support individuals in their own healing, not to diagnose or treat. Listen with care, respond with empathy, and ask questions grounded in genuine curiosity rather than masked guidance. Do not attempt to "fix." Ever.
11. Remain flexible and attuned to the group's energy. A session plan is a helpful guide, but responsiveness to participants' emotional states, needs, or resistance in the moment is often more important than sticking rigidly to structure.
12. Mistakes and unexpected challenges are inevitable; approach them as "growing edges" rather than signs of failure.

Beyond these principles, the sequencing of a combined session also shapes the experience. Recommendations here are useful, but are potential approaches rather than prescriptions, since context should guide the arrangement. A sound bath for university students managing exam stress, for instance, might open with a five-minute settling-in, move to sound for the bulk of the session, and close with a final reflective writing exercise; these students are likely seeking the rest and novelty of sound, and may associate writing with academic stress despite the difference. A workshop for nursing students newly engaged in patient care might instead begin with a short settling-in sound meditation, move through a range of reflective writing exercises with some group sharing, and close with a sound bath to ease them out of heavy processing. A grief group might give the first half entirely to writing, followed by sound alone, allowing decompression without language after emotionally weighted work.

The physical space, available equipment, and participants' biopsychosocial circumstances all bear on how writing and sound are balanced (discussed further in Section 6.3). There is rarely one ideal sequence, since groups are seldom homogeneous. A facilitator's choices are best guided by a simple, if not always easily answered, question: what would serve the participants' interests?

This list is far from exhaustive, but these are evidence-based guidelines we have found to be consistently important.

6. Discussion

Having outlined the rationale, illustrative applications, and facilitation guidelines for combining reflective writing and sound healing, we now turn to a more critical appraisal of this integrative approach. The following discussion considers the limitations of the article's exploration, the risks and contraindications the work may entail, the likelihood that some populations will benefit more than others, and the questions of accessibility and cultural sensitivity that shape responsible facilitation.

6.1 Limitations

As a Perspective piece, this article is intended to lay conceptual and practice-based groundwork rather than to offer empirical validation. Accordingly, the following limitations should be read in that light.

The central limitation is one we have acknowledged throughout: to our knowledge, no empirical research has yet examined the combined use of reflective writing and sound healing. The claims we advance regarding synergy are therefore best understood as hypotheses grounded in practitioners' pedagogy yet to be empirically tested.

The illustrative contexts presented in Section 4.1 carry the same caveat. They are retrospective, practice-based accounts rather than systematic investigations with no comparison conditions or standardized protocol applied across settings. In each case the facilitator was also the author and observer, which introduces the possibility of confirmation bias. We therefore offer these accounts as adaptable illustrations of applied practice, not as evidence of efficacy.

The evidence base for each modality also varies in strength: while reflective and expressive writing rest on a substantial empirical literature, research on sound healing remains comparatively emergent, and several of its proposed mechanisms, including brainwave entrainment and effects on the purported biofield, remain speculative and await rigorous testing. These limitations point to, rather than undermine, the need for the research directions outlined below.

6.2 Risks, Contraindications, and Ethical Considerations

Neither modality is risk-free nor universally beneficial, and their combination warrants particular care. Reflective writing about distressing material does not help everyone equally; for some individuals, writing about painful experiences can intensify intrusive thinking or physiological distress rather than relieve it. Expressive-writing literature reports null and occasionally adverse responses alongside its documented benefits [98]. Facilitators should therefore frame reflective writing as a potentially therapeutic practice rather than guaranteeing a beneficial outcome. Accordingly, facilitators should discuss potential risks and normalize stopping at any point.

A more specific risk emerges from the integration itself. As discussed in Section 3.1, sound healing can lower psychological defenses, and ethnographic research on sound bath practice has documented how such spaces can inadvertently function as a "trauma trap," surfacing or amplifying distress that participants are not equipped to process [99]. Should subsequent reflective writing engage this material without adequate support, it carries a genuine risk of what trauma-informed pedagogy scholars term "re-traumatization" [100], particularly for vulnerable participants navigating trauma, past or present. In essence, the very mechanism that may make this combination therapeutically valuable—the lowering of defenses that allows buried material to surface—also carries risk if not managed mindfully and with appropriate safeguards.

The grief-group illustration in Section 4.1.1 reflects several safeguards we regard as baseline ethical commitments: introducing emotionally intensive exercises only after rapport and safety are established, explicitly inviting participants to pause or stop, and never requiring anyone to share. In any context that engages trauma or grief, facilitators should also ensure that grounding strategies and clear referral pathways to qualified mental-health support are in place. As discussed in Section 5, unless the facilitator is a licensed mental-health professional, this work must be framed as a therapeutic practice rather than as therapy. It is not a substitute for professional care.

Certain contraindications also deserve consideration, particularly for the sound component. Participants with sound sensitivity, hyperacusis, tinnitus, or auditory trauma associations may find the practice distressing rather than calming, and lying supine within a group may be physically or psychologically uncomfortable for some participants. Facilitators should be transparent about what

a session will involve and remain attentive to individual needs, offering alternatives such as adjusted positions or the option to step out at any time. As with any practice engaging emotional or somatic material, facilitators should be mindful of the risks outlined above and prepared to point participants toward appropriate resources, consistent with the guidelines in Section 5.

6.3 Adapting the Approach Across Participants and Contexts

Because participants differ in their needs, histories, preferences, and capacities, a combined approach will rarely suit everyone in the same way, and in some cases one modality may not function at all. Therefore, rather than following a fixed protocol, the facilitator adjusts the balance between the two modalities in response to the particular circumstances of each session.

Several participant factors shape this balance. Age is among the clearest: young children, as in the summer-camp session of Section 4.1.3, engage far less with reflective writing than adults do, and a session with children may lean heavily toward the sound component. The complexity of what a participant brings also matters. Someone processing a loss that carries relief as well as grief may need the narrative, sense-making capacity of writing more than physiological regulation, with sound serving to ease them into the writing rather than being the focus. Prior experience and preference weigh in as well: a participant who already loves journaling arrives differently than one whose early education made writing feel punitive, just as comfort with sound-based practice varies. Cultural and religious perspective can also shape receptivity, as participants may hold differing views on the spiritual dimensions often associated with sound healing and, likewise, on the value and appropriateness of self-disclosure in writing.

Access is another consideration, concerning not what a participant prefers but what they can engage with at all. Reflective writing presumes literacy and may disadvantage participants with limited literacy, those writing in a non-native language, or those with dyslexia or visual or motor difficulties; alternatives such as oral reflection, drawing, or writing in their mother tongue can preserve the reflective function in these cases. The sound component raises a parallel tension for Deaf and hard-of-hearing participants, for whom tactile and vibrational elements may offer only partial access and should not be presented as equivalent to the auditory experience.

Practical resources matter as well. Pen and paper are nearly universal, but effective sound depends on instruments or equipment and on a suitable space—one private and quiet enough for participants to feel unselfconscious, and able to accommodate mats and instruments rather than only desks and a modest speaker. A session held outdoors, online, in a room with poor acoustics, or with inadequate sound equipment may render the sound component far less effective regardless of intent.

The facilitator and context inform the balance as much as the participants. A facilitator is rarely equally trained in both modalities, and the context itself often carries a natural lean (e.g., a workshop in which physicians compose patient narratives, writing-heavy by nature, or a wellness studio grounded in yoga and somatic practice that incorporates reflection more lightly). In other words, while the two modalities are intended to work in synthesis, the balance struck between them will, in practice, reflect the facilitator's training and the aims of the setting.

Two facilitation moves follow from this. The first is responsive: gauging a group in the moment and adjusting accordingly. In my own facilitation, I (the first author of the current paper) have expanded or reduced the writing component depending upon my perception of a group's needs.

The second is anticipatory: being explicit in advance about a session's emphasis, so that participants, and any sponsoring organization, understand what the experience will involve. Standard curriculums are effective but need to remain flexible as group dynamics can naturally present different needs.

7. Directions for Future Research

The research potential is broad. What follows proposes a design for an initial study, then turns to the populations such a study might involve.

7.1 A Proposed Design

Both practices have been studied individually [22]; the combination has not. Does combining them improve well-being more than either alone?

One approach would be a three-arm design. Participants would be randomized to one of three sessions of equal length, in the same setting, with the same facilitator: writing only, sound only, or the two combined. Equal duration is what makes the comparison work: the combined session holds less of each component than the others, so if the two merely add, it should perform no better. An advantage would then be hard to attribute to dose and would count as preliminary evidence of synergy. The single-practice sessions are not inert controls but active comparators, establishing what each practice does alone in this sample.

The combined session would be bookended: a brief check-in writing on present state, then rest while the facilitator plays live or recorded sound, then a longer writing to close. The closing writing follows the regulation sound may provide and is where the deeper processing this article proposes would occur.

Two kinds of measure would be taken before and after each session. Self-report scales would capture psychological state. Options include the Profile of Mood States-Short Form [101], the State-Trait Anxiety Inventory [102], or the Positive and Negative Affect Schedule [103] for mood and anxiety, and the Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being Scale [104] for spiritual well-being, which the mood instruments miss. Biometric data (blood pressure, heart rate variability, salivary markers of stress) would supply a physiological counterpart. The two fail in different directions: self-report is vulnerable to expectancy, and physiological measures register arousal but not meaning. Convergence strengthens confidence; divergence marks something to explain.

After testing, participants in all three arms would respond to one open-ended prompt about the session. These accounts carry less evidentiary weight than the measures, and are not offered as though they did. They do what narrative medicine asks, attending to how the particular illuminates the universal [86]. A participant can say which part mattered, and how the two worked on each other, in terms no scale records.

To be interpretable, a trial must standardize the session structure (order, prompts, sharing protocols). Yet standardization also means testing only one configuration of a practice that, in practice, adapts to the group (Section 6.3)—a trade-off that future studies can address by varying the sequencing and facilitation approach. Whether order matters is itself an open question; writing-bookended may serve some populations where sound-bookended serves others. The design would

show whether the combination outperforms its components, not why: it could not separate amplification from sequencing, or either from some other property of the pairing.

7.2 Populations

Sound healing has been associated with decreased tension, anxiety, depression, and anger [22, 61], and with improved spiritual well-being [75]. Reflective writing has been studied across a comparably broad range of concerns [22]. The combination could therefore be of interest to a wide range of people.

Among them are those managing ordinary life stress, whose difficulties are situational rather than clinical; those navigating grief, trauma, or collective stressors such as displacement or conflict; and those working in health care, where reflective writing is already established in medical education [7] and where burnout and moral distress are well documented [49]. People seeking a sense of meaning may also find something in the combination that mood-focused approaches do not offer, given sound healing's association with spiritual well-being [75]. Clinical populations warrant study as well, with attention to the considerations described in Section 6.2.

8. Conclusion

This paper discussed two complementary healing modalities, sound healing and reflective writing, and the potential value of their integration to create a synergistic healing effect. In a time of considerable individual and societal change, both modalities have demonstrated relevance in discussions of well-being and may offer meaningful support in a range of contexts. Indeed, when intentionally integrated, the two modalities may build upon each other in ways that extend the possibilities of each practice when used independently. Thus, further research is needed to more fully explore this integrative healing modality combination and to better understand the conditions under which such integration may be most supportive.

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