

The key words are “reality,” “examination,” “knowledge,” “distrust,” “experience,” “discipline.” ... It is the scientific attitude that enables us to transform our personal experience of the microcosm into a personal experience of the macrocosm. We must begin by becoming scientists.

- Peck 1978:195

CHAPTER 5: RESEARCH METHODOLOGY

5.1 Introduction

The aim of this study is to shed light on the influence of trauma on musicians. These goals were set out in chapter 1, the background to the study. Since a holistic theoretical framework was adopted in conjunction with some aspects of the postmodern framework of thinking, the researcher decided to incorporate viewpoints from different angles. These include a survey of the available literature on the subject, the insights and observations of healthcare professionals, those of teachers, as well as an investigation of a limited number of case studies (see Methodology, section 5.4 below).

The holistic framework of thinking was discussed in chapter 1.2. The idea of looking at an individual, group, situation, system or phenomenon from a ‘holistic perspective’, taking all aspects into account, is perhaps generally intuitively understood. However, the postmodern framework of thinking can be more elusive. Aylesworth (2005) concurs that although postmodernism is indefinable, it can be described in the following manner:

[A] set of critical, strategic and rhetorical practises employing concepts such as difference, repetition, the trace, the simulacrum, and hyperreality to destabilize other concepts such as presence, identity, historical progress, epistemic certainty, and the univocity of meaning.

This is an appropriate point to clarify the basics of postmodernism, which, like many other disciplines, exist on a continuum. Aylesworth (2005) credits Jean-François Lyotard with the introduction of the term ‘postmodernism’ in 1979 with Lyotard’s publication of *The Postmodern Condition* (1984), while Wilson (n.d.) simply describes postmodernism as a response to modernity. In Wilson’s view, while modernity trusted science to reveal the truth and created inventions and technologies with the aim of improving human life, postmodernism questioned whether science alone could really provide all answers sought and whether the inventions of

modernism were genuinely improvements, seeing some of its dehumanizing and mechanizing effects. Hlynka and Yeaman (1992:3) call the defining characteristics of modernity “faith in science, in the positive benefits of technology, and in the belief progress is inevitable and good”. They continue by explaining that part of the reason behind dissatisfaction with the modernist world is that science and technology have been accompanied by unexpected side-effects.

Wilson (n.d.) defines adherents to the philosophy of postmodernism, i.e. postmodernists, as follows:

Postmodernists tend to reject the idealized view of Truth inherited from the ancients and replace it with a dynamic, changing truth bounded by time, space, and perspective. Rather than seeking for the unchanging ideal, postmodernists tend to celebrate the dynamic diversity of life.

Other important principles underlying the philosophy of postmodernism highlighted by Wilson include contextual construction and admitting that knowledge is constructed by people and groups of people; that there are multiple perspectives to reality; the idea that truth has its basis in everyday life and social interactions; and that life can be described as a text and thinking can be seen as the interpretation of the text of life. Hlynka and Yeaman (1992:3) highlight additional characteristics of the postmodern condition, namely plurality, ironic double-coding and critique of metanarratives and call postmodernism “a philosophic approach that questions all dimensions”. They show that such questioning takes the form of ‘deconstructing’ texts (and to this can be added perceptions, beliefs and ideas) to illuminate binary oppositions and show that those are not necessarily true. They state that postmodernism places the emphasis on criticism rather than on evaluation (Hlynka & Yeaman 1992:4).

Perhaps the most important aspects of relevance to this study are the acknowledgement that there is no one fixed truth, admitting that meanings are open to interpretation and the spirit of questioning accepted metanarratives and pre-conceived ideas. The importance of the role that interpretation plays in human life, scientific endeavour as well as art is also highly relevant. An equally important understanding accompanying the above is that people and things are mutually influenced and that it is not realistic to claim objective, unbiased observation with no influence on the subjects that are being observed. In addition, it should be accepted that this is the way things should be as it constitutes the normal reality of existence and there should not be an attempt to discover some unattainable fixed truth.

Ashworth (2003:21-22) explains that the assumptions of most psychological perspectives are modernist. He challenges this 'objective' nature of the modernist view of psychology by explaining that postmodernism questions it and views psychology as not being detached and looking into human society, but as one amongst many different discourses within the culture. He continues by explaining that qualitative psychology should not be concerned with revealing 'progressively true, universal human nature' (Ashworth 2003:22), but should instead increase awareness of implicit assumptions available to members of different social groups at different points in time. The unique nature of responses of participants in this study serves to underline the postmodern assumption articulated by Jacques Derrida (1930-2004), a very influential postmodern thinker, that there is no area in which 'absolute truth' exists (Grenz 1996:141).

For the purposes of this study it should be stated that Lawlor's (2006) description of Derrida as the founder of 'deconstruction' places him on the more extreme end of the continuum of postmodern thought. Lawlor (2006) defines deconstruction as a way of criticizing literary and philosophical texts as well as political institutions. According to him, deconstruction attempts to re-conceive the difference that divides self-reflection and it strives to render justice. He explains that this kind of thinking "never finds itself at the end" and how, in Derrida's description, things can be possible only as impossible, leading to Derrida's conclusion that for something to be possible it needs to exist unconditionally. Derrida's important contribution is embraced, but his more radical views are not adopted by this study.

The study aims to view musicians and how they are influenced by trauma and traumatic circumstances from a broad perspective, shunning preconceived notions and clinical categorization of data. This is consistent with recent arguments by writers such as Machery (2009:247) who warns against the dangers of using the term 'concept' in psychology. He proposes that more appropriate terms for the fulfilment of psychologists' goals are 'prototype', 'exemplar' and 'theory'. In comparison, concepts are generalised ideas derived from particular instances while connotations to the terms preferred by Machery are associated with less fixed ideas: they leave possibilities for expansion and change. Entities identified as prototypes or theories are models representative of norms but are not as static as concepts. This way of thinking is embraced by both holistic and postmodern thinkers.

5.2 Research design

Research design is defined as the clearly demarcated structures within which a study is implemented (Burns & Grove 2001:223). At this point the reader is referred back to Peck's (1978:195) description of the scientific attitude, quoted at the beginning of this chapter on p 104. While the researcher strives to adhere to scientific principles as set out by Peck, sight should also not be lost of the fact that, as Welbel (2009) reminds, psychology is an art form and not strictly only a scientific endeavour. The structure chosen within which this study is conducted aims to combine the scientific and artistic attitudes and the researcher is of the opinion that these were found to be completely reconcilable throughout the course of this study. Hanser's (1999:52) description of music therapy as "combining the best of art and science in the service of helping others" is also appropriate for this study which investigates phenomena in music and psychology in order to find ways to ease pain and suffering caused by traumatic stress.

The 'Three Worlds framework' of Mouton (2001:137) is helpful to demarcate the types of problems being addressed in this study. In this context, trauma affecting musicians is an unavoidable reality belonging to Mouton's first world of everyday life and lay knowledge or "the ordinary social and physical reality that we exist in" (Mouton 2001:138-9). He states that reflection on the nature of things in the first world is of pragmatic interest. According to Mouton (2001:138), the second world of science and methodological issues is entered when phenomena from world one are selected and subjected to rigorous and systematic enquiry in search of epistemic knowledge. This is achieved in the various methods of enquiry described later in this section, one aspect of which entails enquiry into the experiential, first world knowledge of research participants. Enquiry on its own is not enough, as Mouton (2001:139) points out that various 'quality checks' are needed to ascertain truthful and valid research results. Therefore his description of World 3, a mode of reflection of critical interest and meta-science, is of over-seeing and reflecting on scientific investigation and its nature. This includes theoretical frameworks, philosophy of science, research methodology and research ethics (Mouton 2001:138-140).

Studying the influence of trauma on musicians is an interdisciplinary pursuit. In order to arrive at an understanding of the ways in which trauma influences musicians, it was decided that the topic would be investigated from multiple angles. No single perspective would be sufficient to arrive

at reliable conclusions. Bell (2005:115) points out that the criteria for selecting methods are that they should provide the data required to construct a complete piece of research. The predominantly qualitative nature of this research, as described in section 5.3, places it in the class of non-experimental research (Marczyk, De Matteo, & Festinger 2005:123, 147, 156). However, since some aspects of quantitative measuring were also incorporated in conjunction with a comprehensive literature overview, some may argue that the study adopts a mixed methods approach. The permeable boundaries between these two methods of investigation could be demarcated by qualifying the research survey as constituting a qualitative investigation, with the exception of the quantitative measuring instrument the *Trauma Symptom Inventory* (Briere 2005a), used only as control measure, as well as the quantitative listings of frequency of symptoms reported in cases where lists were given in chapter 6. However, where thick descriptions of symptoms were given this constitutes qualitative reporting, while general references to the literature survey could be viewed as quantitative in nature. Johnson, Onwuegbuzie, and Turner (2007:123) explain what mixed methods research entails by stating that a researcher or team of researchers combining elements of qualitative and quantitative research approaches, viewpoints, data collections, analysis and inference techniques for the purpose of reaching a deep understanding of a subject is involved in mixed methods. Their more complete definition of the subject follows (2007:130):

Mixed methods research is an intellectual and practical synthesis based on qualitative and quantitative research; it is the third methodological or research paradigm (along with qualitative and quantitative research). It recognizes the importance of traditional quantitative and qualitative research but also offers a powerful third paradigm choice that often will provide the most informative, complete, balanced, and useful research results.

The researcher is of the opinion that the most important reason necessitating a mixed methods approach is that, while much research on trauma has been done and many personal accounts of musicians' experiences exist, this study is the first to particularly investigate the influence of trauma on musicians from a comprehensive perspective. In this regard, Johnson *et al.* (2007:120) state that mixed methods research offers an approach for both generating important research questions and providing warranted answers to such emerging questions.

The researcher thoroughly familiarized herself with available literature on emotion, memory, trauma, and trauma and music. Important aspects pertaining to this literature are discussed in chapters two, three and four. The research survey entailed questionnaires, sent to healthcare

professionals from different specialization areas within the field, on their experiences with traumatized musicians. The second part of the research survey consisted of questionnaires sent to music teachers to enquire about their observations with students. The last question contained in this questionnaire gave respondent teachers the option of referring to traumas experienced themselves. Four case studies were conducted to glean insights into musicians' own experiences and interpretations of their reactions to trauma as well as effective treatment approaches. Responses, reactions and methods of treatment or intervention are discussed and compared where applicable.

The study is exploratory in nature. According to Marczyk *et al.* (2005:151), naturalistic observation is useful for exploratory purposes. However, the wealth of existing literature on the subject of trauma as well as personal accounts of musicians who have experienced trauma strengthens its empirical roots.

Large parts of this research are of an explanatory nature. Further clarification is appropriate at this point to explicate why this study proposes that musicians and their music-making could possibly be influenced by traumatic experience and *vice versa*. Lathom-Radocy and Radocy (1996:69) define music as “a product of cognition and affect operating under particular psychological and physiological constraints”. From this it is very clear that music experienced by an individual or group involves many factors, including psychological and social factors, which determine the nature of the experience for the individual or group. Conversely, music is sometimes used in the treatment of trauma victims, as explained at length in section 4.4. Its role in treatment is sometimes deliberate and at other times participants described the act of playing music as healing.

5.3 Qualitative psychological research

One aspect that emerged very clearly during the literature survey is that individuals respond to trauma in ways that are unique and influenced by a variety of factors in their own lives, experiences and environments. Therefore it was decided that a qualitative investigation is most suited to providing the reader with a realistic understanding of the matter in question. Ashworth (2003:4) proposes that behind each different approach to qualitative psychology is “a concern with human experience in its richness”. He further states that some qualitative researchers

attempt to describe a person's experience within the realm of what they term the personal 'lifeworld', all facets of which may be specific but share universal features (Ashworth 2003:4, 23).

The research was largely conducted in a qualitative manner. Henwood and Pidgeon's description (1992:98-9,108) of qualitative psychological research was discussed in chapter 1.2. Internal subjective meanings and contexts in which events took place were taken into account, while the research was conducted from a naturalistic perspective. Leedy and Ormrod (2001:147) state that while several different approaches to research could be considered as qualitative in nature, all qualitative approaches have in common that they focus on phenomena occurring in natural settings and that they investigate the chosen phenomena in all their complexity. They further explain that a goal of qualitative investigation might be to reveal the nature of multiple perspectives of truth that emerge as held by different individuals involved, including the researcher. Supporting this is Ashworth's contention that qualitative psychology takes into account that people formulate their own reality and "that a world for each person exists which must be understood from each person's perspective" (Ashworth 2003:11).

Ashworth (2003:24) succinctly sums up the importance of qualitative research. In the context of this study, 'the excluded' to which he refers may be interpreted to have relevance to traumatized musicians who feel isolated and alone in their experience: "For, usually, it is only qualitative research that has a proper awareness of the diverse experiences of individuals – and will, in particular, provide a hearing for the voices of the excluded."

In distinguishing between qualitative and quantitative research, Smith (2003a:1) explains that the former is concerned with describing the constituent properties of an entity, while the latter seeks to determine how much of the entity there is. He also acknowledges that the differences between qualitative and quantitative research are not as categorical as is sometimes portrayed and that some overlap exists (Smith 2003a:2). In addition, Bell (2005:115) writes that although case studies are generally considered to be qualitative, they can combine a wide range of methods which could include quantitative techniques. Seen in this light, the use of a measuring instrument, namely the *Trauma Symptom Inventory* (Briere 2005a), to determine symptoms experienced by case study participants as well as the comparative nature of the discussion of research findings are valuable additions to the primarily qualitative nature of the investigation.

Smith (2003b:232) explains that there is growing dissatisfaction with the evaluation of the validity and reliability of qualitative research within the traditional framework which he states is applied to quantitative research. He further states that many qualitative researchers are of the opinion that appropriate criteria must be applied in evaluating qualitative research. Smith (2003b:232-5) further discusses some relevant aspects pertaining to the trustworthiness and reliability of qualitative research. He acknowledges that he builds his arguments on the work of Yardley (2000) and Elliott, Fischer and Rennie (1999). Principles highlighted include sensitivity to the context in which any given study is situated; the degree to which the study is sensitive to the data itself; commitment, rigour, transparency and coherence; as well as the impact and importance of such research.

5.4 Methodology

The methodology of the research entails a comprehensive investigation of the topic, including a literature survey, questionnaires sent to healthcare professionals and music teachers and case studies. Healthcare professionals practising in various disciplines were included, and the aim was to obtain responses from as wide a variety as possible of healthcare modalities that are utilized by fellow musicians. The latter information was gleaned from colleagues and is consequently limited by the knowledge and field of experience of the researcher.

5.4.1 Background on emotion, memory and trauma

The first phase of this study comprised a survey of relevant literature. The available literature on emotion, the expression of emotion, memory, types of trauma and the interaction of biological and psychological factors in trauma was consulted. Available literature about psychotherapeutic intervention strategies, the potential for the application of ‘alternative’ healthcare modalities and the use of music by professionals working with individuals recovering from trauma was researched. The discussion of the literature highlights how findings and observations of researchers in the field of trauma are applicable to musicians. It was also shown that differences and problems specific to the music profession exist, all of which can be addressed through a variety of intervention strategies. A prerequisite for the success of such intervention is an understanding of the specific demands of the music profession. For further illustration, particular examples of how trauma influenced famous musicians of the past were described.

5.4.2 Questionnaires

The original contribution of this research lies in that both musicians currently active in the profession and healthcare professionals currently in practice were questioned on their insights into ways that trauma affects the music-making of professional musicians and students as well as about possibilities of and responses to intervention. In order to reach as many professionals as possible, it was decided to use questionnaires as a means of data gathering. Questionnaires were sent to healthcare professionals from various disciplines in order to gain insights into their experience and methods used in treating musicians who have been affected by trauma. Their responses, as well as those obtained from the questionnaires sent to music teachers (as mentioned in the introduction to this study), are of an observational nature. In contrast, teachers' self-reports of trauma experienced, as found in the optional section of the questionnaire, are introspective in nature. It remained the respondents' choice in answering questionnaires sent to them to anonymously refer to situations experienced in their respective professional capacities.

Questionnaires were sent to healthcare professionals and music teachers by mail and email and some were given to them in person and distributed at conferences and teaching workshops. The researcher aimed to incorporate answers from at least twenty-five healthcare professionals and music teachers. This was achieved with the questionnaires sent to teachers. However, due to a poor response rate from healthcare professionals, mostly even after sending reminding messages, the researcher had to be satisfied with seventeen responses from this group.

5.4.3 Case studies

McBurney (1994:169) defines a case study as the investigation of a particular existing situation that comes to the attention of the researcher conducting the investigation. According to Yin (1994:147-52), the following criteria are important to arrive at meaningful case study findings:

- Be significant
- Be complete
- Consider alternative perspectives
- Display sufficient evidence
- Be composed in an engaging manner.

Semi-structured interviews were conducted under the supervision of the co-promoter of the study, Woltemade Hartman, Ph.D, a qualified clinical psychologist appointed by the University of Pretoria for this task. Healthcare professionals were approached regarding the selection of possible case study participants. A smaller number of musicians were asked in person by the co-

promoter and the researcher whether they were willing to participate in the study. Judging the semi-structured interviews by Yin's criteria it can be reported that all participants suffered significant trauma and its far-reaching effects on music-making were clearly articulated by respondents; narratives were complete but structured to be particularly relevant to the music careers of participants; situations were described from the unique perspectives of the participants themselves while some also experimented with various treatment methods; further perspectives obtained from the literature on trauma were highlighted in subsequent discussions while some comparisons were drawn between selected relevant aspects emerging from different case studies as well as the literature; and ample evidence was found that trauma indeed affected these individuals and that their narratives were reliable.

The general topics covered in the case study interviews were:

- Musical background
- Significant life traumas
- Effects of trauma on performance and in the lives of the participants
- Treatment
- Influence of trauma on professional life of the participants
- Insights gained through their experience.

Individuals participating as case studies were previously diagnosed by a psychologist as having been exposed to trauma. Details of life history that are relevant to subsequent discussions about the influence of trauma on music-making and professional functioning were included. Some specifics have been changed to protect the identity of the participants. In order for Dr Hartman to confirm the clinical impressions gained from only a few semi-structured interviews, the *Trauma Symptom Inventory Test* (Briere 2005a) was administered to these individuals. This inventory was used in this context only as an additional control measure to estimate the diversity of symptomatology in the professional assessment of these individuals: it does not constitute a formal part of the report of the research results. Its ten clinical scales measure the following:

- Anxious arousal
- Depression
- Anger/irritability
- Intrusive experiences
- Defensive avoidance
- Dissociation
- Sexual concerns
- Dysfunctional sexual behaviour
- Impaired self-reference
- Tension reduction behaviour.

The test has built-in validity scales that screen for the following:

- Atypical responses
- Response levels
- Inconsistent responses.

The test was used to determine symptoms experienced by the participants at only one point in time since no specific intervention was administered, in which case follow-up testing would have had to be done. This quantitative data-measuring instrument was used as an additional control measure to confirm the findings emerging from the interviews and self-reports of the participating individuals.

The bulk of the data collection constituted these individuals' self-reports in the semi-structured interviews. This included their views on how they may have perceived their symptomatology to have changed during the course of previous treatment or over the course of time, as well as their own interpretations of how the traumatic experience(s) affected their music-making. Murray (2003:111) explains that narrative accounts of this nature are concerned with the "human means of making sense of an ever-changing world." As will be seen in subsequent discussions in this study, making sense of traumatic experience(s) is an important aspect of integrating and resolving such experience(s). Murray further clarifies the need for narrative as enabling individuals to bring a sense of order to a seemingly disordered world, to define oneself as having a sense of temporal continuity and to formulate an understanding of how one is distinct from others (2003:111).

Narrative self-reports dealt with the participants' own perceptions, perspectives and understandings of situations. According to Leedy and Ormrod (2001:153), this is phenomenological study. They explain that phenomenology deals with people's perceptions of the meanings of events and is not concerned with the events themselves as they take place external to the people involved. In addition, traumatic encounters often entail interpersonal interaction or extraordinary natural occurrences. It is the individual's perception and understanding of such events that determine the extent to which those are experienced as traumatic. This is perhaps best described by Ashworth's preferred approach, namely existential phenomenology. He explains this to be 'lifeworlds' possessing common features including temporality, spatiality, subjective embodiment, intersubjectivity, selfhood, personal project and discursiveness (Ashworth 2003:23). The researcher agrees with Ashworth's opinion that the

perceptual orientation of existential phenomenology is “very alive to the constructed and social nature of experience”.

5.4.4 Discussion

Similarities and differences in opinions emerging from the research survey are discussed. Emphasis is placed on trauma-related symptoms and the experiences or opinions of the individual musicians are considered and of major importance in leading to a deeper understanding. Descriptions are qualitative in nature. Consideration is given to the findings of each case study investigated, and they are discussed against the background of information gained through the above-mentioned research methods. The purpose of the data collection was to obtain descriptive data. Reliance is on self-reports by individuals volunteering as case studies and the voluntary contribution of observations and experience of music teachers. In no way does this study aim to psychologically diagnose or evaluate the responses to the questions, but rather to gain a better understanding of these individual musicians’ unique responses to trauma. This is achieved by considering the respondents’ accounts of their experiences, their own interpretations and their insights. Special consideration was given to the opinions of the healthcare professionals and teachers participating in the research survey. Against the background of this knowledge, findings that emerged from the research survey and case studies are integrated and discussed. Ashworth (2003:19) makes it clear that in postmodern thinking, conclusions drawn from research activity should be viewed as interpretations. Particular emphasis is placed in the discussion of research results on the detection of problems and possibilities for growth. Answers to the research questions are discussed, and the hypotheses tested against each individual’s responses.

In the analysis of the data of the abovementioned material, qualitative data was sampled, grouped together with relevant groups of respondents i.e. music therapists or psychologists, frequency of responses determined and noted and thick descriptions recorded. Thereafter, the relevant literature, the supervisor and the co-supervisor were consulted for views and insights on the interpretation of data in order to arrive at relevant findings. The control measure applied for the descriptive and narrative case study interviews was a comparison to the symptoms measured by the *TSI*. In the final analysis in chapter 7, some comparison was also drawn between responses from the various groups of respondents; case studies and common themes which emerged were discussed.

5.5 Limitations

The exploratory nature of the research relies on individuals' own interpretations of their experiences, as well as their observations of the experiences of others, namely those of students and clients or patients. These are subjective evaluations that cannot be reliably quantified. It is not the aim of the research to provide any predictions about how musicians might respond when faced with traumatic circumstances, but rather to increase awareness, including awareness of appropriate professional ways of handling any such situations that may arise. Hlynka and Yeaman (1992:3) emphasize the fact that postmodern thinking goes beyond control and prediction. This study suggests that teachers may be well advised to relinquish controlling attitudes and refrain from predicting outcomes of traumatic encounters. However, in this regard the study can only provide knowledge to enlarge their frame of reference: it cannot provide recipes how to apply this.

It was acknowledged in section 5.1, the introduction to this chapter, that a participant observer, or in this case the researcher, is not divorced from the subject or situation being observed or researched, but is actually involved in the process, being a part of the 'discourse'. By the nature of the topic, the researcher could perhaps be biased towards over-attributing random symptoms to trauma. However, it should also be kept in mind that it has been clearly set out in other parts of this study how strongly researchers such as Levine (2005:7) write about trauma being "the most avoided, ignored, denied, misunderstood, and untreated cause of human suffering", in other words, about how far-reaching and multi-levelled its effects are. Recent quantum theories also very strongly point to the idea of the mutually influential nature of people and things and the role that participant observation plays in events and their manifestation (e.g. Schwartz & Begley, 2002:284-5, Weizmann Institute of Science, 1998). No attempt is made to deny the human element of observation, but it is regarded as a natural and inevitable aspect of such research. In addition, music itself is a dynamic and changing form of communication, as perception is a dynamic form of observation. Therefore research and findings of this nature cannot be regarded as fixed or universally applicable. They can, however, increase understanding and open avenues for continued investigation and research.

The relatively low response rate from healthcare professionals is unfortunate in that the scope of opinions that emerged was limited as a result. In addition it could have implications for a degree

of bias to be represented in the research results in connection with which healthcare professionals are more likely to respond to a survey about trauma, as mentioned in section 1.11.

The open-ended nature of the questions contained in the questionnaires is in line with the objectives of the qualitative nature of the study. Contact details were provided in the consent forms in the event that respondents felt that any questions needed clarification. Unfortunately, the lack of dialogue or clarification of questions in some cases led to premature conclusions being drawn by some healthcare professionals regarding the purpose of the data-gathering, as evident in their responses. The researcher would like to clearly state that an aim of this study is precisely to educate teachers about when to refer students to healthcare services, which, as could be gleaned from teachers' responses, does not always occur in a timely manner, if at all. In no way does the study intend to "equip teachers with semi-therapeutic recipes", as was inferred by a concerned respondent from the healthcare professions. However, the majority of respondents seemed to understand the questionnaire in the light that it was intended.

A limitation of non-experimental research designs as stipulated by Marczyk *et al.* (2005:147) is that, since no control is exerted over the variables and environments being studied, extraneous variables as the cause of observed phenomena and effects cannot be ruled out. Where multiple possible causative factors exist regarding effects or symptoms being attributed to traumatic experience, this is mentioned in the discussions.

A limitation of naturalistic observation identified by Marczyk *et al.* (2005:151) is that topics are limited to overt behaviour. The potential problem of not being able to study attitudes or thoughts is circumvented by the nature of the self-reports of teachers and case studies. The research survey also compensated for this limitation, since the abovementioned authors point out that surveys can enable researchers to study a wider variety of phenomena than can be studied in a typical naturalistic investigation. This is achieved by asking a number of people questions about behaviours and opinions (Marczyk *et al.* 2005:153-4).

Every effort was made to investigate case studies representing musicians who have experienced different types of traumatic experiences. While this was achieved, the researcher is disappointed that two male case study participants who indicated in writing that they would participate in the study eventually dropped out. Hlynka and Yeaman (1992:4) caution that groups who are not represented should be identified whilst working from a postmodern perspective. In this spirit, the

researcher would like to draw attention to the fact that she noticed throughout the period conducting the research for this study that females tended to be more likely to respond to both the questionnaires and case study investigations. The majority of musicians and healthcare professionals participating in this study were operating within the South African context at the time when the study was conducted, the only exceptions being individuals from Germany, the Netherlands and Poland.

5.6 Ethical considerations

Leedy and Ormrod (2001:107) alert readers to the fact that where human subjects are the focus of an investigation, ethical implications of what research is intending to investigate should be closely looked at. They stipulate that most ethical issues fall into the following four categories (Leedy & Ormrod 2001:107):

- Protection from harm, including both physical and psychological harm
- Informed consent
- Right to privacy
- Honesty with professional colleagues.

All the above were adhered to in this study. Case study interviews were supervised by the co-promoter of the study; all respondents and participants were informed about the exact nature of the study, participation was entirely voluntary and consent forms were signed; the identity of participants will not be disclosed, with the exception of cases mentioned in the paragraph below, and all reports of research data were done in an honest and complete manner with no withholding of information whether supporting or challenging the research questions and hypotheses. The researcher can confidently attest that this study adheres to what Mouton (2001:239) describes as “the ultimate goal of all science” namely the ‘search for truth’ – or perhaps, rather, the search for multiple truths.

The research proposal, questionnaires and interview schedule were approved by the Ethics Committee of the University of Pretoria. The ethical requirements of the University have been followed in the handling of all research data. Respondents to questionnaires as well as case study participants signed consent forms in which they were fully informed of the nature of the research. Data received was handled with the utmost confidentiality. Sapsford and Abbott (1996:318-19) stipulate that by promising confidentiality, the individuals involved can expect that they will not be identified or presented in identifiable form in the handling of and

dissemination of research findings. This was adhered to with the exception of cases where respondents specifically gave permission for their names to be used in the discussions and/or the quotations of definitions and opinions.

Due to ethical considerations, only individuals over the age of 21 who gave informed consent were selected as case studies. At the age of 21 individuals are considered to be of age, and parental consent is not required. The case studies were conducted under the supervision of Dr Hartman.

Mouton (2001:242) draws attention to the obligation of researchers to disseminate their research results in a free and open manner. He states that scientists have a responsibility to report their findings in order for it to be evaluated by one's peers. This will be adhered to with the completion of this study and subsequent submission of articles to journals and application for presenting the research at scientific conferences.

The oppressed and the oppressor alike are robbed of their humanity ... For to be free is not merely to cast off one's chains, but to live in a way that respects and enhances the freedom of others.

- Mandela 1994:751

CHAPTER 6: OUTCOMES OF THE RESEARCH SURVEY

6.1 Opinions of participant healthcare professionals

For an explanation of the methodology of the research survey, please refer to chapter 5.4.2. A template of the research questionnaire as circulated to participant healthcare professionals is contained in appendix A. The structure of the discussion follows the general outline of the order of questions contained in the questionnaire, while these are restated in bold typing with single spacing at the beginning of the relevant reports of the results.

6.1.1 Population of respondents

In order to ascertain which fields were represented by the respondents and what the extent of their experience working with musicians was at the time that the questionnaires were completed, the first two questions were formulated in the following manner:

1) In which capacity do you function in the healthcare professions? (e.g. Medical doctor, psychologist, psychiatrist, counsellor, physical therapist, homeopath, etcetera)

2) Have you worked with musicians in your practice? Please provide some detail (number of, approximate age group, levels of accomplishment).

Seventeen healthcare professionals responded to the research questionnaire: four psychiatrists, five clinical psychologists, three music therapists, two counsellors⁷, a speech-language pathologist whose special field of interest is voice problems of singers, a naturopath and a doctor in acupuncture and Chinese medicine. It was striking that two of these professionals indicated that they have worked with only one musician as practicing healthcare professionals, one specifying that this was a singer and choir conductor. In contrast, one psychiatrist indicated that he worked with over a hundred adult musicians at all levels of accomplishment, including

⁷ In the data collection, the category of health-care professional was extended to include two professionals without medical training who have particularly extensive experience in trauma counselling. Both these professionals hold doctoral degrees.

performers of international repute. The pool of data includes reported experience involving various instrumentalists and singers at all ages and levels of accomplishment.

Approximately ninety percent of healthcare professionals who were contacted failed to respond to the questionnaire. Of those, eight verbally indicated that they have not worked with any musicians in their practice. A homeopath indicated that legally she is not allowed to treat or counsel trauma victims, but would only provide supportive medical treatment in collaboration with other healthcare professionals such as psychologists.

Most professionals were open to inter-disciplinary treatment approaches and observations between practitioners in the healthcare professions. The music and speech therapist also suggested collaboration with the teacher, depending on the circumstances.

6.1.2 Signs and symptoms of trauma affecting musicians

After the respondents were provided with two relevant definitions clarifying the understanding of trauma in the context of this study, the third question was formulated as follows:

3) In your opinion, what are signs that teachers and performers should be aware of that could suggest the possibility of trauma adversely affecting the individual at the point in time the observation is made?

Below is a list of the signs that were identified by healthcare professionals as warning signals to teachers and performers of the possibility that trauma could be having an adverse effect on their careers. General signs and symptoms of trauma were discussed in chapter 4. Most prevalent signs identified by respondents were related to concentration problems, inability to focus, anxiety, uncharacteristic behaviour, mood swings or depression. Inability to adjust, withdrawal, insomnia, dissociation or regression, lack of creativity, loss of self-esteem and a drop in the standard of work performance were also frequently mentioned.

Music-related signs identified by respondents include:

- A change in commitment to practising (more or less); difficulty enduring long hours of practice
- Change(s) in music preference
- Decreased enjoyment of the music
- Seeming detachment from playing
- Repeated mistakes
- Low emotional content of the music
- Panic attacks, including before or during performances

Signs of anxiety, evident in changed breathing patterns or movements whilst playing music
Sudden voice loss for which no physical or functional cause could be found ('psychogenic vocal aphonia')
Periodic voice loss during or before performance
Physical and/or vocal fatigue, more severe than usually experienced.

General signs each mentioned by one respondent only:

Personality change
Heart palpitations
Blunting of the emotions or inability to express feelings
Re-experiencing the event in dreams or through intrusive memories, affecting attention span
Dreaming and night sweating
Pale complexion
Chronic headaches
Nausea
Anorexia
Indecisiveness
Resistance in various ways
Forgetfulness
Lack of drive and/or motivation
Fatigue
Restlessness
High levels of paranoia, terror, helplessness
Loss of interest in activities previously enjoyed
Feelings of 'being stuck'
Short-temperedness and aggression/outbursts
Viewing the world and everyday situations as unpredictable and uncontrollable
Loss of trust
Tearfulness
Downheartedness
Tendency to eat, drink or smoke more or loss of appetite
Increased use of tranquillisers or stimulants, both legal and illegal (PTSD patients are particularly vulnerable to substance abuse).

One psychologist wrote that the main symptom of the client was connected with the music profession. The dissociative symptom made it impossible for the client to mount the stage or perform. One psychiatrist warned that signs are typically caused by multiple factors and could often be attributable to other factors also. He cautioned that awareness of difficulties does not need to include causal presumptions, and should only go as far as that which would facilitate the identification of the suffering.

6.1.3 Treatment

The fourth question enquired about effective ways of treating traumatized musicians, divided into three categories regarding recency of trauma and whether PTSD was involved. The first part of the question was formulated as follows:

**4) In your opinion, what are the most effective ways of treating traumatized individuals:
a) In recent trauma?**

The therapies that featured most prevalently in the feedback from the population of respondents were immediate trauma debriefing and follow-up screening for symptoms of PTSD, counselling, EMDR and hypnotherapy.

Types of treatment each recommended by only one respondent are listed below:

- Individuals exposed to trauma should not undergo debriefing
- Ensure that plenty of psychosocial support is available and reassess the person after two weeks
- Stabilise the patient/client
- Voluntary uncoerced ventilation
- Trauma-specific psychotherapy and antidepressants should be indicated if needed
- Guided Imagery to replace flashbacks
- Utilise Ellert Nijenhuis's action-oriented three-phase approach
- Cognitive therapy
- Re-enforcement of ego strength
- Cognitive restructuring
- Rational behaviour therapy
- Intra-systemic integration
- Psycho-analysis should be indicated when unconscious family dynamics had been triggered by the trauma
- Short-term anxiolytic therapy
- Sedatives and tranquilizers should be avoided
- Calm the patient with natural supplements such as 5-HTP (5-Hydroxytryptophan) and GABA (gamma-Aminobutyric acid)
- Utilise any support structures and resources available to the person to enhance coping (this could include using music and sport as an 'outlet')
- Show compassion, listen to their stories, win their confidence and refer to professional trauma therapist or doctor
- Re-establish trust and allow space to "be in the sadness".
- The therapist may have to "work through resistance".

A psychologist explained at length how effects could be different depending on the circumstances. This study supports this standpoint, as was set out in the previous chapter. The psychologist mentioned that a broad therapeutic repertoire is required from the healthcare professional to assess what type of therapy will be most effective for what type of patient with

what type of problem under what circumstances. Examples mentioned by the respondent were helping a professional musician who was traumatized a day before an important performance to cope; intervention to help a person traumatized a month ago who struggles to be creative with composition for an album that is due and assisting a Chartered Accountant who is now following a career in music because exposure to trauma had ‘unblocked’ his or her musical expression. Whether these were hypothetical or real examples could not be determined from the response itself.

Dr Yu⁸, the acupuncturist and Chinese medicine expert, stated that in any kind of trauma acupuncture could be used to calm the mind ‘(Shen = spirit of the Heart)’ and Chinese medicine could be taken to calm Shen ‘(Suan Zao Ren Tang)’.

One music therapist stipulated that music therapy would always be only a component of a treatment plan for a trauma victim. It could provide a medium for stress management, emotional support and serve as a creative medium through which emotional and psychological difficulties could be accessed. Another music therapist explained that the process involved in establishing a relationship with the client allows the client to journey through different experiences “as and when he is ready to do so”, with the “musical, emotional and cognitive support” (of the therapist).

A psychiatrist stated that the need for treatment depends on the “nature of the damage”. This respondent is of the opinion that exposure to trauma is hardly avoidable in anyone’s life and states that research has shown that people suffer “amazingly little, if any, damage in the face of severe trauma”.

The second part of question four read as follows:

b) In the case of past trauma currently having a clearly observable influence on the individual?

Various types of treatment were recommended for this scenario. Trauma counselling, Cognitive-Behavioural Therapy and hypnosis featured the most strongly in the responses.

⁸ A verbal interview was conducted in 2009, as referenced in the list of sources, during which Dr Yu granted the researcher permission to use her name.

Types of treatment each mentioned by only one respondent were:

Regression therapy
EMI
EMDR (with stabilisation it could be sufficient treatment for single events)
Guided Imagery and Music to assist clients in accessing unconscious material
Identifying associations made by the brain and re-establishing control of the situation
NLP (Neuro-Linguistic Programming) and imagery techniques appropriate to trauma therapy
Making use of existing support structures
Expecting that it may take longer to deal with than recent trauma being treated in a timeous manner
In cases of complex trauma or DDNOS (Dissociative Disorders Not Otherwise Specified), stabilise the client and employ the method of Nijenhuis
Appropriate psychotropic medication.

A natural practitioner explained that unresolved trauma acts on the adrenal glands, leading to constantly elevated cortisol levels. Treatments recommended in such situations are herbs, rest and counselling. A counsellor identified the most important aspects of treatment as prayer and guiding the victim to embrace his/her worth and value in the eyes of God. A music therapist was of the opinion that the music teacher can also play a “useful role in the process” (of recovery) but that it “will be for the best to search for the applicable help”. A psychologist pointed out that a clearly observable influence could also be positive and perhaps lead to the musician finding new creativity, energy, interpretations or becoming more motivated.

The third part of question four was formulated as follows:

c) In Post-traumatic Stress Disorder or related psychiatric diagnosis?

Types of treatment by respondents recommended were:

Cognitive-Behavioural Therapy (one respondent psychologist notably did not include medication)
Regression therapy
EMI
GIM
Improvisational music therapy, with or without verbal processing
Hypnosis
Trauma counselling
Insight-oriented dynamic psychotherapy
Making use of existing support structures
Assisting the person to think in a different manner about the past (which cannot be changed, but by thinking differently about the future recovery is facilitated)
In cases of complex trauma or DDNOS, stabilisation and the method of Nijenhuis
Medication forming part of the management if a psychiatrist was consulted for PTSD
Appropriate psychotropic medication

Cognitive-Behavioural Therapy and restructuring

Trauma debriefing, identify associations and re-establish order (in the life of the victim)

NLP techniques

Group treatment aimed at breaking isolation, building a sense of belonging and self-esteem, providing a “safe space to be with others before you can work into the past”

Providing a space where emotions and frustrations can be expressed without judgement.

It must be noted that many professionals referred back to the answers given under the previous two categories, those of recent and past trauma, and that not all were repeated in the condensed list above.

6.1.4 Effects on professional functioning of musicians

The fifth question was concerned with the effects of trauma on professional functioning of musicians and was formulated thus:

5) Please share your opinion and/or experience regarding ways in which trauma and PTSD can affect musicians in their professional capacity. This may include aspects such as emotional expression and memory during performance.

In the experience of respondents concerning how PTSD affected musicians in their professional capacity or studies the following points were addressed. The most prevalent were references to symptoms involving the emotions. These were irritability, aggressiveness, outbursts, emotional blunting, blunting of senses, ‘emotional roller-coasters’ and overly emotional behaviour. Anxiety, hypervigilance, fears and worries also featured strongly together with concentration problems. It was stated that trauma-related anxiety and tenseness may preoccupy the mind so severely that spontaneous expression of feeling associated with music is incapacitated. This all can lead to restrained creativity. Problems with interpersonal relationships such as with members of orchestras, bands, ensembles and conductors were also mentioned.

Symptoms related to intrusive experiences, memory and energy levels were the next most prominently highlighted by respondents. These were memory loss, forgetfulness, flashbacks, re-experiencing of the event, lack of energy or tiredness and inability to function or impairment of general function. It was mentioned that while professional musical performance can require enormous concentration, the ability to concentrate is often hampered by trauma. In addition, it was stated that aspects of the music can serve as ‘triggers’ for the trauma and that this can lead to flash-backs, reliving the trauma and even re-traumatization.

As pertains to traumatic growth, a psychologist made reference to the following case:

[A] particular musician client experienced new highs in his music expression by channelling all the energy due to trauma into musical expression. Not only was this very therapeutic, but it also opened up new genres in his musical career – which might never have been explored if he was not confronted with trauma.

Symptoms directly related to music-making that were identified by respondents were:

- Diminished interest in performing or participating in music activities
- Reduced sensitivity and lack of responsivity in ensemble activities
- Panic attacks before, during and after performances
- Inhibited confidence and doubting own abilities; feelings of hopelessness
- Low emotional content of the music
- Decreased enjoyment of the music
- Repeated mistakes
- Mental block during performance
- Becoming easily tired during a performance
- Feeling nauseous while performing
- Physical effects such as vocal fatigue
- Diminished vocal range as a consequence of extended vocal fatigue and indirect correlation with the influence of the limbic system on emotional expression
- Permanent prosthesis needed after a motor accident restricted the use of the vocal chords of a patient who is a singer, causing difficulty in sustaining phrases, coughing, and a noticeable decrease in self-confidence
- A music therapist described a client who found the onset and diagnosis of bipolar depression very traumatic, experiencing anxiety associated with this, feeling confident to play in ensembles but having difficulty performing in a solo capacity
- A psychologist described a case where the client lost control of the voice and while conducting also feeling naked, identified as an unbearable feeling.

More general ways in which trauma can affect musicians mentioned once each:

- Actually re-experiencing the event in the mind
- Inability to recall aspects of the event
- Avoidance behaviour
- PTSD can lead to Chronic Fatigue Syndrome
- “Various manifestations of anxiety, including palpitations, excessive autonomic nervous system functioning, dissociative features, experience of ill health, or intrusive fears about bodily health” (from a psychiatrist).

6.1.5 Medication

Two questions were posed regarding the issue of medicating trauma victims, the first of which follows below:

6) Would you suggest the use of medication in the treatment of traumatized individuals? Please specify under what circumstances.

Any substance that is prescribed by a healthcare professional with the aim of treating the symptoms of trauma, whether ‘natural’ or synthetic, is regarded as medication. It was evident that most respondents understood the question in this manner. In response to Question 6, whether medication should be indicated in the treatment of traumatized individuals, the following answers cautioning against medicating traumatized musicians were received:

Natural supplementation, including high dosages of 5-HTP and Tryptophan, is preferable to psychiatric drugs because supplementation does not elicit side effects

Dr Yu said that she only uses Chinese herbal medicine. She does not use allopathic medication in treating traumatized patients as she prefers to use medicine that can help permanently while allopathic medicine only offers temporary relief.

As medication is not a cure, it is preferable to avoid this mode of intervention if at all possible.

A music therapist explained that trauma entails loss on many different levels and that loss as such cannot be treated with medication. However, it was added that the grieving process needs to be closely monitored since it can turn into depression which might necessitate treatment with medication.

More neutral answers included:

If conventional therapies such as sleep therapy, trauma counselling and hypnosis do not produce positive results, medication should be indicated if trauma influences performance and life-style and/or causes loss of income.

Prefer psycho-analytic treatment and not medication if it is not necessary for the client to be hospitalised.

Two respondents stated that resorting to medicating traumatized individuals is desirable if the person cannot function adequately in his or her daily life. A psychologist added that, even so, it should preferably only be used for a limited time. Another respondent stated a personal preference to avoid medication if possible, but that there were times when it was indeed necessary. A psychologist remarked that the ego-strength of the client is an important factor determining whether medication is necessary. He added that, although good clinical judgement to refer a client to a psychiatrist is necessary, it is also important to allow clients the opportunity to utilise trauma to their advantage and guide them to use their inner strengths.

Answers in favour of medication include:

Short-term – sedatives

In cases of long-term PTSD – antidepressant medication

For obsessive compulsive tendencies, such as intrusive thoughts, medication against anxiety could be indicated

To prevent hospitalisation and enable clients to continue with daily life without experiencing a breakdown

When trauma leads to depression or catatonic stupor, prescribed medication has an important role to play

One psychiatrist stated that medication will be indicated if PTSD is diagnosed

Another psychiatrist would suggest the use of medication “[i]n practically all moderate to severe cases where obvious distress or clinically significant symptoms are present”

In cases where anxiety and depressive symptoms overlap, medication for syndromal depression will be indicated.

Question seven regarding the effects of medication on musicians is restated here:

7) Could you please provide knowledge of, in your own experience with clients, how the use of medication affects expression of emotion, performance of and memory during performance?

Three professionals indicated that this is very individual to the person. However, other answers also implied the same. In addition, it was mentioned that reactions to specific medications cannot be predicted and are unique to the patient. Dr Yu said that Chinese medicine does not have any side effects. Two respondents stated that they have no personal knowledge or experience of the matter while one indicated that the respondent was not in a position to be able to say if the observed effects were due to the medication or other factors in clients’ lives. Three respondents left this question blank.

Ways clearly identified in which the influence of medication was evident were:

Either enhancing or causing further deterioration of memory

Usually causes a blunting of emotion, resulting in a ‘bland’ expression of emotion

In some individuals the use of medication enables them to express emotion

Medication slows reaction time

Medication can destroy the “all important passion of the performer”

Loss of creativity is commonly experienced

Performance could become mechanical and lack passion as a result of the effects of some medications

Affecting emotional well-being possibly due to side-effects of medication and process of trial-and-error to find the correct medication and suitable dosage

Sedatives may influence emotion, performance and memory while newer antidepressants have fewer side effects.

In addition, the following were mentioned:

Effects are dependent on whether there is adherence to the prescription(s)

Effects of medication could be influenced by being taken together with other substances or medications

The challenge is to find the appropriate medication that does not affect emotion and memory.

A psychologist stated that the use of medication could stunt creativity and expression of emotion and lead to a flattening of affect. A psychiatrist conceded that the use of medication may dull emotional expression in some patients. It was suggested that if side-effects are present, medications could be changed and dosages adjusted until negative effects are eliminated. The psychiatrist was of the opinion that the illness will have more pronounced effects if not treated with medication.

The playing/improvisation of medicated individuals receiving music therapy was found to be monotonous and repetitive, the patients were “stuck in their thinking, unable to follow cues from the therapist, very often lacking dynamic differences and unable to express a variety of emotion without the therapist’s intervention/leadership”. Another music therapist described similar observations, including negatively affecting responsiveness in participation (in the treatment groups), slowed reactions, struggling to speak properly and/or to concentrate, feeling tired and flattened affect.

6.1.6 Different types of trauma

Question eight read:

8) Is there a specific type (or types) of trauma that is more difficult to treat and that particular care should be taken with?

There was some disagreement as to what types of trauma could be more difficult to treat than others and where particular care should be taken. A psychologist stated that chronic emotional family trauma is most difficult to deal with therapeutically and should be considered with special care. One respondent categorically stated that sexual trauma, especially repeated abuse, is the most difficult to address. This was echoed by a psychiatrist who identified severe childhood trauma, especially rape, as difficult to treat. Another respondent identified trauma involving violence. Yet another respondent wrote that treating PTSD in individuals who have co-morbid psychiatric disorders is the most challenging. A psychologist identified cases in which trauma caused DDNOS (Dissociative Disorders Not Otherwise Specified) or DID (Dissociative Identity Disorder) as the hardest to treat, requiring years.

Four respondents were of the opinion that each individual responds differently to whatever type of trauma(s) is encountered. This depends on previous coping mechanisms and personality structures and the person has to be treated wherever he or she is (at the time) in the recovery process. It was mentioned that sensitive individuals can be affected by events that have no adverse effect on others. One respondent mentioned that all types of trauma could be successfully treated with counselling, love and understanding, caring, change in diet and lifestyle, adequate rest and removal from the stressor.

A psychiatrist mentioned that the damage that the trauma caused determines the difficulty in treatment, rather than the nature of the trauma. The respondent mentioned that damage could amount to “such severity as to include psychotic features like delusions and hallucinations, that would certainly be more difficult to treat and special care enquiry be (*sic*) required”.

Dr Yu said that it is more challenging to treat a patient who previously used allopathic medication. According to her the side effects of allopathic medication will then first have to be addressed by acupuncture before the other illness/problem can be addressed.

A music therapist identified the difficulty in gaining the trust and willingness of the client to walk the road towards “systematic desensitization of the traumatic events”, and not the type of trauma *per se*. This therapist pointed out that since each individual experienced his or her trauma differently, each event is internalised differently.

6.1.7 The roles and responsibilities of music teachers

Questions nine through eleven were concerned with gleaning information from healthcare professionals that could be beneficial and insightful to teachers. Question nine follows below:

9) What are the most common mistakes that teachers make when dealing with students who have been exposed to serious trauma? The teacher may or may not be aware of the trauma.

Healthcare professionals warned against some common mistakes that teachers make when dealing with traumatized students. The most prevalent responses were scolding, reprimanding, comments or criticisms aimed at reactive behaviour from the student that is a result of trauma (but the teacher perhaps does not realise this) and not related to the abilities of the student. Other responses include:

Trying to handle this themselves

Not always realising that any behaviour that is different to the known profile could be a warning sign

Placing too much pressure on a student or increasing the workload so as to improve performance when progress perceived as deteriorating could be detrimental (from two respondents)

Insufficient understanding on the part of the teacher

Re-inflicting the damage by insensitive criticism or derogatory comments

Inappropriate probing

Labelling performers as people who should be able to overcome extra emotional stress (the old saying that “the show must go on”)

Not believing students, telling them “it is not so bad” or labelling them as troublesome

When the teacher misinterprets a disability as a lack of concentration or poor practice

Anything that causes anxiety in students and makes them feel unsafe to express their feelings and emotions

Ignoring the situation or saying ‘the wrong things’ which may worsen the situation

The possibility exists that symptoms may be triggered in repeatedly traumatized musicians while they practise, preventing them from continuing their careers.

Questions ten and eleven were concerned with the responsibilities of teachers and performers as regards referral and seeking professional intervention. Question ten is given here first:

10) As a healthcare professional, do you have any advice to teachers and performers regarding what action to take and what action not to take when they become aware of possible existing problems? This can include situations where families of musicians are involved.

Responses to question ten include:

Immediately referring the person to a trauma counsellor or doctor (advised by seven respondents). It was stated that the performer could go directly whilst teachers need to refer students. One respondent pointed out that the teacher can always later say that the referral was unnecessary, but that neglecting to refer could lead to more serious complications.

A forensic psychologist emphasized the importance of not questioning the person as this can lead to ‘contamination of evidence’ and adversely influence the relationship between teacher and student/performer.

Professional help should be sought, unnecessary suffering prevented and hindrances to optimal functioning as musicians removed.

Another respondent advised discussing the situation and referring or assisting in referring to a suitably qualified healthcare professional. Asking the person’s permission was advised before families are involved; however, in the case of a young minor it was stated that family members should be involved.

Another respondent cautioned that it could be damaging to the student if teachers attempt to deal with “these problems”. This was echoed by a respondent who advised letting musicians talk about it themselves and not probing them.

It was suggested that a teacher who suspects abuse refer the student for assessment under the guise of “assistance to reach his/her full potential”. In such a situation, any suspicions harboured by the teacher should be shared with the therapist only.

Immediate collaboration with other professionals and family.

A psychologist cautioned the teacher to respect the boundaries of the student musician and to be prepared to change the manner of teaching, perhaps on the advice of a trauma specialist.

In some cases 'human experience' may be enough to help the person, but could also cause more problems if lacking the necessary tools to handle the situation. Consult with professionals.

Praying for wisdom in picking the correct counsellor.

Take seriously the verbalisations of the student and believe him or her.

Allow expression of emotions and feelings.

Question eleven could have legal implications and was formulated as follows:

11) Confronted with a situation in which a minor is involved and in the opinion of the teacher the involvement of the parents is not desirable, what ways would you suggest of circumventing this problem without violating any legal requirements that may exist?

When teachers or medical practitioners find themselves in a position of being the first person to whom abuse is disclosed, they have certain responsibilities as required by law. The law is clear on this and the following background information is provided here before the answers of respondents.

Teachers and medical practitioners, amongst others, were listed in the article "Reporting child abuse or ill-treatment" on the website of the *South African Government Services* (2008), Section 42 of the Child Care Act, 1983, as being "obliged to report any suspicions of child abuse or ill treatment". The same source states that the steps to follow for these professionals are to report to any social worker and provide certain details, particulars of which are listed on their website. According to De Wet and Oosthuizen (2001:166-7), educators who are negligent about reporting child abuse can be convicted for a criminal offence and also possibly held liable for civil remedy. The abovementioned writers (De Wet & Oosthuizen 2001:169-70) further draw attention to the fact that teachers often do not fulfil their duties in cases where they become aware of child abuse. They discuss possible reasons for this.

Deciding what the best course of action will be in cases of suspected abuse may be a challenging matter for teachers. It can be assumed that victims of domestic violence or incest would form part of the category where the teacher may be of the opinion that the involvement of the parents is not desirable, at least in the stages of initial disclosure and the commencement of treatment. Advice offered was:

Teachers should report concerns to a Social Worker, providing as much detail as possible so as not to violate any legal requirements (from four respondents). Others mentioned the

Child Protection Unit, Child Commissioner, Welfare, a psychologist or the Police respectively.

One respondent warned that a person who specialises in child law should be consulted before action is taken. The respondent stated that “it is a very dangerous zone to be in”. Another stated that parental consent would be required for any Medical Aid related treatment.

“Get the (school) psychologist involved – the teacher should not make the judgement to decide whether the parents should be involved or not – it could have serious legal implications if things go wrong.”

One respondent suggested that the teacher refer the minor to a doctor for consultation and the doctor will take the appropriate steps to contact the parents before commencing any treatment.

Another respondent pointed out that it depends on the age of the minor and added that children over the age of fourteen may make their own decisions regarding the consultation of a healthcare professional.

To handle the situation with love.

A psychiatrist insisted that parents must be involved and the situation discussed with the minor, pointing out that problems such as fatal suicide, substance abuse and addiction may arise if the problem is not addressed. This leaves the question whether this respondent had taken the implications of involving the parents in suspected cases of domestic violence, abuse or incest into consideration – particularly regarding the possible reactions of the perpetrator – and whether he/she has plans in place to address this as part of the chosen intervention strategy.

6.1.8 Trauma and psychiatric diagnosis

Question twelve follows below:

12) Judging from your own experience in the healthcare professions, in the event of unclear psychiatric diagnoses, would you suggest to other healthcare professionals that the possibility of trauma as the cause of the symptoms should be investigated?

Please note that it was asked whether the *possibility* of trauma as cause of the symptoms in the event of unclear psychiatric diagnosis should be investigated and also that from the way in which the question was phrased it should be clear that answers were aimed at colleagues of respondents in the *healthcare* professions and not the teaching profession. The question was interpreted in a range of disparate ways by different individuals. Short answers received include “definitely”, “always”, two respondents simply wrote “yes” and another wrote “it may be of help”. Longer answers were:

“No – the more you investigate the more you traumatize”.

“No!!! Beware of “false memories” and suggestion!! People know if they have been subjected to a traumatic event/events.”

“Definitely”. “[T]here is always an underlying reason for everything”. The respondent stated that such a reason may not be obvious and that sensitive investigation will be needed.

“Yes, trauma past or present can be presenting as various psychiatric symptoms without a clear psychiatric diagnosis.”

It is possible, but is not the only possibility. Therefore a referral should be made to a professional who is in a position to investigate all possibilities.

The healthcare professional will develop a better understanding if complete information is offered.

A full case history should be taken before this can be determined. This includes multi-disciplinary assessment and possibly interviews with family members.

When a musician presents with ‘strange’ symptoms it might be useful to “follow the traces of trauma”. The same respondent wrote that the person usually feels or knows what happened to him or her. The respondent continued: “It is now the problem of the health care (*sic*) systems to follow concurrent systems of diagnosis, who (*sic*) often make the clients not sure about their diagnosis. It is our job to work out concrete handouts for the people. And by now we don’t do our job very well.”

Concern was expressed about who makes the diagnosis. It was stated that if it is the psychologist he/she will find out what needs to be known.

6.1.9 Additional comments

Comments generously added by the respondents when prompted with the following question, namely “[p]lease add any comments that you believe could be of value to this study and to the musicians who read the results of this study”, include:

Body and mind should be disciplined so that we can be one with the body again. It was mentioned that Jesus said that we are spirit, mind (soul) and body.

A psychologist stated that music is an extremely important component of our ‘being’ and that the effect thereof on our mood and functioning is still not recognized sufficiently.

Musicians should be made aware of the importance of seeking professional assistance. They should know that a combination of medical care as well as other therapies is available for rehabilitation. One respondent encouraged traumatized musicians to obtain treatment rather than be compromised by their suffering.

One respondent stated that many stressors are associated with music as a profession. This respondent is of the opinion that the addition of extra stressors can adversely affect performance and in many cases have an irreversible effect on social and emotional well-being.

The importance of referring the individual for therapy by the appropriate people was added by two respondents in the section for optional remarks.

The importance of working in a multi-disciplinary team where opinions can be shared in order to best assist an individual was also mentioned here.

Dr Yu said that acupuncture and Chinese medicine assist the body and mind to heal themselves. According to her, treating the emotion ‘worry’ protects the liver and treating ‘excess emotion’ protects the heart.

“To gain insight into oneself and explore further growth of self by using any form of traditional or alternative healing therapies. The more knowledge of self, the better understanding one has of self and one’s behaviours.”

A psychiatrist stated that although psychiatric illness is like any other illness, in that it affects the biochemistry of the brain, it still remains stigmatised. He added that music is a very stressful occupation with many challenges and that it is not a disgrace to consult a healthcare professional. However, “people do not reason in that way when it comes to psychiatric illnesses”.

“Early intervention is the obvious answer.”

As could be gleaned from some of the responses, healthcare professionals seemed to be extremely concerned that musicians would be making judgements or diagnoses in the terrain of trauma. The researcher would like to state clearly that the study is not aimed at suggesting to music teachers to start making diagnoses, but only to give them more clarity on when to refer students, what possibilities of referrals exist and how they can go about doing so tactfully. A related aim is to give them a better understanding of matters directly related to their occupational performance. However, the study is also aimed at healthcare professionals, perhaps assisting them in some ways to understand certain matters from the musicians’ perspectives. As will be discussed in the next section, the research findings indeed clearly showed that in many cases musicians feel that they have not had the help they needed.

6.2 Opinions of participant music teachers

For ease of reading, questions are restated at the relevant points in the following report of the research results. In addition, a template of the research questionnaire as circulated to participant music teachers is contained in appendix B.

6.2.1 Population of respondents

For the purposes of estimating the representativeness of this study and also to those who read the results of this study it is important that an indication of the range of instruments taught and the experience levels of respondent teachers is given. To gather the relevant information, the first two questions on the questionnaire were formulated as follows:

- 1) Which instrument(s) do you teach?**
- 2) For how many years have you been working as pedagogue or music teacher?**

Twenty-six music teachers responded to the questionnaire. The population of respondents includes teachers of voice, piano, organ, violin, cello, classical guitar, transverse flute, recorder,

clarinet, saxophone and trumpet. This is a balanced representation of the range of voice, keyboard, percussion, string, woodwind and brass instruments. Insights gained from the responses include effects particular to music performance on different instruments as well as more general effects. Years of experience in music teaching ranges from 6 years to 51 years, with the majority of respondents having 30 or more years of experience. The level taught ranged from beginners to concert artists, with most respondents having a balanced experience of teaching at different levels. A number of teachers have experience of teaching students from previously disadvantaged communities. In comparison to that of healthcare professionals, the reaction of music teachers to the study and to the research questionnaire was very enthusiastic.

6.2.2 Types of trauma and teachers' interpretations of its influence

For clarity of purpose, it was deemed necessary to question respondents as to whether they have previously given thought to the possible influence of trauma. Questions three is restated here:

3) Have you ever given the possible influence of severe trauma on the expression of emotion and memory during performance of students any conscious consideration? If yes, what were the aspects that came to mind?

Four teachers reported not being aware of any students exposed to serious trauma. The remainder of the respondents reported substantial experience of teaching traumatized students. Some teachers specifically reported the kinds of trauma that they were aware some of their students have experienced while others took a more general approach and focused on the signs of trauma. Kinds of trauma reported are abuse of various kinds including that of students' parents and self, verbal, sexual and physical abuse, dysfunctional family set-ups, the breaking up of families and divorce of parents, being raised by a single parent, the onset of mental illness, death of a parent, relative or friend, suicide attempts (students themselves or close friends), drug addiction, political violence, students hi-jacked and/or held at gunpoint, chronic hunger and suffering from HIV/Aids. The acute stress situation of a student having to perform immediately after her mother had a heart attack was described. Some teachers pointed out the difference between single, severe traumatic events and gradual, accumulative effect of multiple traumas.

Question 3 enquired whether teachers had given the possibility of trauma influencing their students conscious consideration. While four teachers left question 3 blank, another three had never given the influence of trauma on their students any consideration, one "only vaguely" considered this and eighteen teachers had indeed thought about this matter. Those who stated that they had given the possibility of trauma's influence on the expression of emotion and

memory during performance of students conscious consideration (question 3) answered in the following ways:

Trauma has a negative influence on a person's whole being and therefore influences aspects such as the expression and suppression of emotions, concentration, memory and relationships.

Aspects that came to mind were memory lapses and the expression of anger in the music such as playing lyrical pieces with aggression.

Possibility of memory lapses and errors are increased because capacity to concentrate is hampered by trauma. Another teacher also found that traumatized students are unable to play expressively and that lapses of concentration occur which adversely affect the memory.

While some find performance of music therapeutic, others struggle with interpretation. Negative effects to self-image cause many of the problems associated with trauma.

Aspects that came to mind include single severe incidents as well as accumulation of traumatic influence over a period of time. Destructive influence of over-ambitious parents and negative criticism from teachers became devastating to the students.

One teacher mentioned that most of the cases known were where the student stayed with a single parent. Another teacher observed that the traumas were mostly in connection with the breaking up of homes. It was observed that at times older students expressed themselves better while younger female students tended to use slimming medication and experienced a lot of peer pressure.

“ [A]s a teacher one tends to stress for these students during performances because they are very unpredictable during their performances.”

Aspects that came to mind of a teacher who works with previously disadvantaged students include concentration difficulties, frequent breakdowns during performance, lower achievement levels and poor concentration. The emotional nature of music lessons often leads to tears and breakdown.

Inability to express emotion and execute repertoire correctly.

Students affected by trauma struggled with memorization and concentration and severe inner tension was audible in their music. According to this teacher, 90% of students thus affected were from dysfunctional homes.

Trauma has an inhibiting influence on singers. Specifically the tone production and clarity of sound is affected (dull tone colour), possibly due to the energy with which the tone is produced. The effects tend to be less pronounced in more mature singers with more experience since they have previously developed greater control and solid technique.

Realising that students fail to progress according to their ability, noticing signs in body language as well as in interpretation, tempo and “heavy and dark” playing.

The teacher has a friend who suffers from severe manic depression that caused the friend to avoid performing due to difficulties experienced.

“As emotions play an important role in music it is often in a music lesson that pupils may get quite emotional and aspects of their lives that are negative are expressed.”

Students need to feel safe and to belong somewhere. They must have secure boundaries. A teacher observed that in cases where these were lacking a “floating emotion” was experienced. The teacher further described this as a “road to nowhere linked with severe depression”.

The teacher described a situation where on the same afternoon that a particular student's mother had a heart attack the student actually performed better than usual and went on to win three diplomas.

“Yes, persons exposed to trauma experience a lot of stress in their everyday activities. This leads to a wide range of physical and emotional difficulties such as tense body posture which inhibits movement at the instrument, as well as feelings of insecurity and worthlessness which affect motivation and performance.”

Strengthening the argument that trauma affects concentration, a teacher who was generally very sceptical stated that a student whom the teacher knew had been traumatized by political violence displayed erratic concentration that at times affected performance.

6.2.3 Teachers' experiences in working with traumatized students

Teachers were asked in the following manner whether they have particular experience regarding the matter:

4) Have you worked with students whom you are aware have been exposed to serious trauma? If yes, what did you learn from this experience?

While four teachers indicated that they have never worked with traumatized students, twenty-one indicated that they have indeed worked with traumatized students. Additional observations and remarks offered by teachers in response to Question 4 include:

Learnt by working with traumatized students that having knowledge of students' background helps with understanding the students “and where they come from”.

“Student needs to be treated with great patience and understanding. Do not apply pressure to achieve. Try to use music as a healer and not as adding pressure. Music often acts to relieve tension if not seen as adding pressure.”

Music has a “redemptive influence”. “In the case of young children, though, music and teacher are indivisible. A sympathetic teacher helps as much to re-establish stability as the music does.”

“To be patient and understanding, yet to encourage perseverance in order to achieve success. The latter being a healing process.”

In a similar vein another teacher remarked that traumatized students want to continue with their everyday tasks instead of withdrawing from society. In this regard, “[m]usic often serves as an ‘escape’ from the pain. Students do not want to be pitied, but respond well to heartfelt empathy.”

Three teachers specifically stated such students need to be treated sensitively and with patience. One drew attention to the differences between one-to-one teaching and normal classroom teaching.

One teacher learnt that empathy and listening with understanding, while not needing to provide the answers, were necessary. This teacher also wrote that constructive patience and reframing the thinking of the students, helping them to think positively, is important. Some students wanted to stop music lessons when traumatic events were impacting other areas of their lives.

Learnt that traumatized students have difficulty with learning the notes of and interpreting new pieces.

Learnt that they battled to maintain concentration, had difficulty studying any work, exhibited fluctuating mind-sets and were emotionally very vulnerable. Also learnt that it is hard to teach students who were verbally and psychically abused, resulting in a continuous battle to help them to change engrained negative thinking patterns. During the teenage years until early twenties they seldom have the emotional maturity to forgive.

In the case of previously disadvantaged students they often come from dysfunctional families, are hungry and suffer from HIV/Aids. This teacher learnt that music helps these students. “These children come to the music school every afternoon, irrespective if they have lessons that day. I later learnt that this is a means of escaping from their hardship.”

Learnt that it is very hard to teach drug addicts. The reason for the addiction must first be identified. Some respond well to music teaching and even rehabilitate from the addiction. The teacher stated that it is uncertain whether this was due to the music itself or because the surroundings became a place where the student felt a sense of belonging.

When aggression is channelled into singing it can lead to too much pressure on the vocal chords which in turn can cause damage.

Music is so closely associated with emotional experience that the impact of traumatic experience has a direct impact on the quality of performance.

One teacher mentioned that although one can identify problems it sometimes remains a challenge to find solutions since “the pupil may not want you to speak to anyone about it”.

Another teacher observed that students who were unable to function due to the overwhelming effects of trauma searched for therapeutic or psychiatric intervention over extensive periods of time.

Students exposed to mild to serious trauma were unresponsive during lessons and the teacher had to be satisfied if the students could play the correct notes. These students tended to not pay attention to dynamics and expressive features of the music. This teacher felt that it was better for the students to pretend not to notice the deterioration in performance.

Another teacher learnt to be “more patient and understanding than usual, as reactions were sometimes excessive. Anger and resentment were always near the surface”.

Caused extreme tension interfering with technique. Learnt that it was necessary to teach them relaxation techniques and where possible take away the pressure of exams and performances.

6.2.4 Effects on emotion

Question five is restated below, followed by responses thereto:

5) In your opinion and experience, how did this affect their expression of emotion at the instrument or through their voice (in the case of singing students)?

“All children bring their own life experiences to the lessons.”

All students are influenced, some more and others less.

Trauma is mostly converted to depression and anger, the latter being most characteristic. The teacher added that in wind instruments and voice this can be clearly detected.

“Playing is often thoughtless and mechanical, sometimes chaotic.”

The effects were mostly emotional which hampered expression at the instrument. This caused the students' playing to sound "almost as if they could not reach into themselves because of the trauma".

Difficulty in communicating musical expression; deprives the performance of emotion.

Unstable emotional expression which cannot be projected to the best of the student's ability.

Sometimes playing music leads to emotional outbursts to the extent that the student cannot continue playing.

Traumatized students are often very sensitive and musical students.

In connection with previously disadvantaged students it was observed that "[a]t first, emotions were reserved, but the more they discovered that music is a means where they can find their inner self, the more the emotions seem to be expressed in their playing/singing. This is only the case during their practical lesson, however during performances they seem to lose their self-confidence. The stress of the performance seems to make them relive their own personal stress and trauma."

One case of complete withdrawal resulting in playing devoid of all emotion while other students channelled emotions into playing, improving performance. Similar observations were succinctly described by another teacher: "Students who have experienced trauma have the ability to understand the underlying emotion of the works they perform better, and can therefore give a much more true emotional rendering of such repertoire. Some students do, though, react the opposite way, and cannot deal with repertoire during such times."

Variation between people ranging from holding back extremely to using the instrument as an outlet for their emotions, resulting in playing that has depth "beyond their years".

Deepened musical involvement.

It was audible that the student was only partially involved in the performance.

One teacher stated that playing always suffers during the time in which a student is/was traumatized. However, afterwards spiritual deepening occurs and becomes audible in the music.

No noticeable effect on expressing emotion when singing. However, the study of music benefited the students in working through their experiences.

Another voice teacher mentioned that singing itself could have great healing effects, provided the process is carefully guided and monitored and the student is not subjected to excessive stress. During these times students are particularly vulnerable to and discouraged by performances that did not go as well as they hoped.

"Performance was hesitant and mechanical without much feeling. The pupil often made mistakes, even when the work was familiar to her."

The respondents frequently mentioned that the effects on emotion tended to either enhance or hamper expression. Very few neutral answers were received.

6.2.5 Effects on memory

Question six was formulated as follows:

6) In your opinion and experience, how did this affect their memory during performance?

Perceived effects on memory elicited many different responses. Various reasons were given why some teachers did not have experience in this regard. While some left the question blank, others stated that they do not teach students who play from memory or that they only work with young students. In addition, one teacher stated not being aware of any effects and three teachers stated that trauma had no adverse effect on memory. Ten teachers confirmed that trauma indeed has identifiable effects on memory. Some of these responses are given below:

Trauma can affect both memory and attention span. To the listener it may sound as if the music does not make sense or the listener may be left with a general impression of incoherence. During the lesson it is possible for the teacher to detect that the attention wanders.

“Memory is often negatively influenced as concentration is poor, both in lessons, during practice as well as during performance.”

“Very often memory severely affected.”

Memory problems are due to increased vulnerability to distractions. Perhaps ensemble work will benefit the healing process and solo singing should temporarily be avoided.

After a single severe traumatic incident the student had a ‘camera flash’ memory (also called ‘flashback memory’) on stage during the Sanlam National Competition. This blanked the student’s memory.

“Parasitic thoughts break down concentration.”

Traumatized students often have a short concentration span and a lot of memory lapses, often caused by interrupted thoughts. Such students frequently experience extra tension which in turn leads to memory lapses.

Memory lapses in unexpected places from a student who previously never had memory lapses. The teacher only learnt of the trauma after the performance.

A guitar teacher observed that traumatized students often have a lot of memory lapses. On the other hand, provided students are of average or above average intellectual ability, those from stable, loving and disciplined homes seldom suffer from emotional or mental incompetence.

A teacher wrote that a friend suffering from manic depression has trouble on the violin with shifting and bow control. Technical difficulties that are within her abilities become enormous in her mind and she does not perform from memory due to worries.

Question seven enquired about signs of existing trauma. It is restated here:

7) Are there any specific signs that could indicate a student is having difficulties related to trauma that you believe teachers should be aware of? Referred to here are general signs and these need not be limited to having any relation to the music itself.

Those signs identified by teachers are listed below, ordered in descending frequency of symptoms encountered in the responses received.

Items encountered in multiple responses:

Concentration difficulties, lack of concentration or even inability to concentrate were mentioned in the majority of responses

Lack of progress
 Significant weight changes
 Cuts or marks on the body; always wearing long sleeves
 Lack of preparation for lessons as well as excuses
 Uncharacteristic impatience or snappy responses
 Very little self-confidence regarding performing abilities; this can also be seen in the body language or posture at the instrument
 Withdrawal, including avoiding other students
 Emotional instability
 Excessive talking about events
 Progress regresses
 Nervousness; anxiousness
 Moodiness or change in general mood
 Anger/ aggression
 Showing no emotion and aloof behaviour
 Tearfulness and sadness.

Items encountered once each (music-related or during lessons):

Unexpected overreactions to a comment or to a word used
 Less open to change and more restricted in trying newly taught skills
 Shallow breathing hampering the singing of long phrases
 Tone quality in high voice register affected due to tension
 Inadequate diaphragm support, consequently negatively affecting tone quality
 Aggression and sadness can be heard in the music
 Student became self-conscious and lacked dedication to and involvement in the process of learning
 More difficulty than usual experienced in learning new concepts
 Lack of interest
 Change in attitude
 Poor performance from a student who was previously a high achiever
 Tenseness in the shoulder, hand and arm muscles
 Hesitant to interact
 Seldom talk or only speak a few words, predominantly negative
 Lack of communication in the lessons
 Hesitates to start playing and fearful glances at the teacher; fear is evident in the eyes
 Avoiding eye contact.

Items encountered once each (general):

Dressing strangely or differently from normal
 Behavioural problems such as bullying or attention-seeking
 “Building a wall” around themselves
 Restlessness; inability to sit still for extended periods of time
 Emotional outbursts
 Very introvert behaviour
 “Responding ‘out of place’ in normal circumstances”, aspects affected identified as behaviour and emotional responses

Avoiding straight answers regarding the nature of the trauma
Tiredness
Lethargy
Paleness
Prone to fainting and nausea
Lack of sleep and rest
Complaining about school and life in general, including comments about hating school and life
Students uncomfortable with themselves and their bodies
Nails bitten to the quick
Nervous tics
Neurotic behaviour
Compulsive behaviour
Severe depression
Anorexia
Loss of hair
Hyperalertness
“Although obviously needing the music as an emotional safety valve, and never missing a lesson, sudden lack of practise (*sic*).”

One teacher remarked that since all students sometimes exhibit some of the abovementioned signs one should be aware of whether it is a chronic manifestation of symptoms or not.

A violin teacher taught a student who showed aversion to physical contact. Since teaching the violin involves physical contact with hands and arms, the teacher stated that it was necessary to find ways to avoid the pupil being uncomfortable with contact. One teacher stated that trauma has no influence on performance.

6.2.6 Interference with optimal performance

Question eight was regarding ways in which trauma interfered with optimal performance. It was illustrated by means of a simple equation:

8) Please consider the following statement: “Performance equals potential minus interference”⁹ (Phyllis Alpert Lehrer in *A Symposium for Pianists and Teachers: Strategies to Develop the Mind and Body for Optimal Performance*, edited by Kris Kropff, 2002:125). Please identify ways in which trauma interfered with optimal performance.

Teachers’ answers to this question include:

Sometimes maturity in expression can be the result (the researcher had to make a correction here in offering a second equation, namely “Performance equals potential plus

⁹ Equation originally derived from Green and Galway’s *The Inner Game of Music* (1986:23).

experience”, realising that the difficulty in measuring potential here lies in that it could be seen as already including experience)

Underachieving and a general decline in ability displayed at the instrument

Baggage can result in diminishing the student’s self-confidence

Inability to persevere

Trauma interfered by leading to poor concentration, poor memory and general underachievement; playing became mechanical and without feeling

Repeated memory lapses during the same performance

Trauma damaged self-confidence, leading to extreme nervousness and at times causing downright refusal to go on stage

“The student under stress and suffering from a pervasive sense of deep unhappiness usually finds it impossible to concentrate solely on the music to the exclusion of all else, which is, of course, detrimental to performance”

In the immediate recovery period following a very traumatic experience it seemed that the teacher was working with two different students: the advanced student’s performances would alternate between structurally and expressively incoherent renditions of a work and refined playing

Interference in the form of emotional flashbacks about the traumatic event is more prevalent during stressful situations such as Eisteddfod or competition performances, hampering concentration with the possibility of memory lapses

Extraneous traumatic events were identified as the interfering events themselves, including loss of parent or sibling and divorce

Lack of sleep and consequently lack of stamina and despondence as factors interfering with concentration during performance, leading to inaccuracies

Interference caused by being overly stressed; concentration deficits

One teacher agrees 100% with the equation by Lehrer, as quoted in the question, referring the reader to the work of Eckhard Tolle

Anxiety leads to difficulty with breath control and affects facial expression: such musicians sometimes experience an inability to focus on the expression required by the music and associate their own trauma with certain sounds and pitches

In cases where interference was caused by dysfunctional family set-ups which were not temporary the teacher had never witnessed stable or optimal performance and neither was positive progress maintained; in cases of temporary traumatic effects the trauma was sometimes transferred into aggressive practice sessions

Verbal abuse inflicted on students can cause them to believe that they are incapable of performing a specific piece well (the extent of the impact of verbal abuse depends on how closely the person making the abusive remarks is related to the student)

In the case of young students, concentration problems and emotional instability lead to mistakes during performance (younger children would then often be very upset and burst out in tears after the performance).

A certified Dalcroze Eurhythmics teacher stated that regular Dalcroze lessons may have helped a friend with bipolar disorder to stay “more centred personally and musically”. The teacher continued: “Dalcroze Eurhythmics and Improvisation take the musician away from the stress of musical performance and note-reading, to bring music into your person – ‘feeling’ it as a whole

person.” This could have implications for stress reduction in normal and traumatized students, potentially reducing interference due to such factors.

6.2.7 Referring students to healthcare professionals

Question nine is restated here:

9) Have you ever referred a student whom you became aware of have been affected by trauma or whom you suspect to having been affected by trauma to a healthcare professional? If appropriate, please provide more detail.

The abovementioned question has potential legal implications for teachers. In this regard, Section 6.1 includes a consideration of legal requirements (this can be found in the discussion of Question 11 of the questionnaire sent to Healthcare Professionals).

It was striking that, while twenty-one out of the twenty-five respondents have indeed worked with many traumatized students, only seven indicated that they have ever referred students to appropriate healthcare services. These range from referring one student to numerous referrals. In addition, six indicated that they have never referred students. Many of these teachers indicated that they did indeed speak to class teachers or remedial teachers of these students and/or to the headmaster or headmistress of the school and that these individuals took the prescribed steps. Another teacher reported extreme caution exercised in referring to the counsellors at the particular school because of negative experiences with the system. In some cases the student was already receiving treatment or a reference was made by someone else. In others a parent/parents took the initiative. Reasons given by teachers for not referring students include that their generation were taught to deal with problems on their own. Particular responses include:

In addition to suggesting that a traumatized student receive counselling, one teacher recommended that the student frequently listen to music with a calming effect instead of performing during the time.

A teacher talked with the student and referred to a psychologist.

Another teacher referred various students to therapists and medical practitioners in addition to speaking to their parents.

No direct referral was made but the matter was discussed. “I felt I didn’t want to tell them what to do. I did speak to the parents!”

Concern was expressed by a teacher regarding the reluctance of the school to follow up on a matter that was reported, presumably because the student “was a child of a very ‘high-profile’ family”.

Believe in removal of the problem instead of attempting to treat the symptoms with problem still present.

Drew attention to the importance of letting the student feel safe.

A student who was in an abusive situation was advised by a psychologist to move to private boarding. The teacher observed that the student became gradually more stable, relaxed and dedicated, less rebellious and irresponsible, and started performing with more self-confidence and emotional expression.

A teacher who regularly sent students to the Campus Counselling Centre found that many refused to go since they lacked the insight to recognize that they had problems.

Another teacher was very careful in choosing the correct type of intervention for each situation, stipulating that referrals were to a psychiatrist when severe psychiatric disorders were suspected, to a psychologist for cognitive therapy (particularly in instances of bullying), or to a pastoral counsellor specialising in trauma and abuse.

Question ten was concerned with outcomes witnessed by teachers when traumatized students received professional treatment and is restated here:

10) Whether referred by yourself or in a situation where you have knowledge that an individual student has been treated for trauma or Post-traumatic Stress Disorder, have the signs mentioned in your answer to question 5 subsided or completely been resolved? Could evidence of progress or recovery be seen in expression of emotion in music and memory for music? If so, in which ways and over how long a period of time?

Many teachers alluded to the fact that it can be a lengthy process before recovery is perceived in the lessons and performances. Regarding duration of treatment, one teacher indicated that it is individual. This is supported by various comments identifying the time span before positive outcomes were attained as between three and six months, between two to four years and as six months and longer. It was mentioned that there are cases where the problem is of such a nature that it will unfortunately continue to influence the student throughout life.

One teacher remarked that the symptoms are at their worst shortly after the onset of treatment, almost as if the student relives the trauma. Only thereafter does the healing process become visible and the symptoms diminish and sometimes recede completely. In addition, symptoms sometimes return when students again go through a difficult time.

Yet another teacher remarked that although signs diminished they recurred occasionally. This teacher did not see any “specific evidence of progress in their expression of emotion or memory”.

Symptoms never went away completely (in between two to four years) but treatment facilitated visible improvement.

Expression eventually deepened only in cases where the situation was resolved. Psychosomatic influences were prevalent.

Treatment helped students to gain control over emotions such as anger, grief and aggression. This was achieved in conjunction with the return of physical and psychic strength.

Another teacher remarked that it is a lengthy process with no 100% success rate.

Complete recovery was only attained in cases where the student was treated by “an experienced specialist in that particular field”. In these cases, communication of emotion became more secure, frequency of memory lapses declined, focus and dedication improved, restlessness ceased and depressive symptoms diminished. Some of these students even considered music as a future career.

In a similar vein, a teacher stated that sometimes signs improved and full recovery was attained, while in other cases “the students never fully regained lost ground”.

Emotions are often suppressed and after healing the playing again becomes more sensitive.

It is important that students themselves should take control and find ways to handle the situation when ‘triggers’ appear.

In a case where a very close friend of the student had committed suicide the teacher gently persuaded the student to attend the counselling sessions offered by the University. This had a positive outcome and the student became more responsive and recovered from the shock and grief.

Performance and self-confidence improved and signs diminished. However, it took about two years.

There were reports of cases where the problem was never completely resolved. Cases were also described where the music situation and experience became more positive with successful treatment, ranging from six to eighteen months.

Teachers working with students from previously disadvantaged communities state that they often adopt the role of counsellors. The students do not have the financial means to receive counselling. Teachers “might not have the means to change their situations at home, etcetera, but at least we try to give the necessary comfort, support and love”.

On the negative side, a teacher remarked that until quite recently “people didn’t go for help” but tried “to sort things out themselves”. Even survivors of war experiences are of the opinion that psychological intervention and debriefing are unnecessary, perhaps even artificial. “That’s life, we have to resist” is a comment made by a teacher who is a survivor of WW II.

6.2.8 Additional comments

Teachers were given opportunity to state their views and experiences regarding trauma not particularly covered in the questionnaire in the following manner:

Please add any comments that you believe could be of value to this study and to the musicians who read the results of this study.

Comments generously offered by teachers include:

Music could be an outlet for students, since it does not require that feelings be verbalised but provides a beneficial avenue for students “to express themselves in an alternative way”.

The music teacher plays an important role and can provide support in emotional issues such as ‘teenager problems’ and also provide support in trauma in collaboration with other helping professionals.

In dealing with the problem that person has to either get away from the circumstances or cut emotional connections with the problem.

Singing is a very personal “instrument” and therefore singers are more subjected to the effects of traumatic events than other performers.

“We need to be very aware of our students’ feelings and any changes. More than any other teachers the music teacher has a close relationship to the student. We may often be first to see signs.”

“Give teachers ‘tips’ on how to be more sensitive towards their pupils and to pick up things that went wrong in their lives. Teachers must be there to help pupils during difficult times and not just to teach music.”

“It is of vital importance that music teachers should be aware of any trauma (physical or emotional) in their students’ lives. The nature of one-on-one tuition requires the teacher to have close contact with his/her student and therefore the teacher should be alert to any changes in behaviour of his/her student.”

It was advised that teachers have a short conversation before a lesson or performance in order to ascertain the emotional state of the student. From this, wisdom can be gained regarding the most appropriate way or ways in which the situation can be handled.

“Become as noble and caring as possible – learn how to become empathic – walk the extra mile with others – yet focus on staying on the right side of professionalism.” This teacher included a graphic representation of ‘what goes around comes around’.

A teacher subsequently approached the researcher and said that, although the teacher indicated that influence of trauma on students was never given consideration previously, this teacher has subsequently come to different conclusions after giving the matter some thought as well as due to personal experience.

6.3 Self-reports of trauma experienced by teachers

In acknowledgment of the very different nature of self-reporting as compared to the nature of observation of others, the researcher decided to allocate a separate section to the discussion of teachers’ optional reports of own traumas experienced. This section is then naturally followed by the discussion of case studies in section 6.4. The latter constitutes more comprehensive self-reports. Another reason for this separation was the seeming discrepancies observed, particularly in the area of teachers who report that they have never given the influence of trauma on their students’ music-making any consideration, while giving detailed self-reports of traumas personally experienced. The question was formulated in the questionnaire as follows:

11) OPTIONAL: Have you yourself ever personally experienced serious trauma? How did you deal with this and what therapy did you seek, if any? If applicable, how did this influence performance on your instrument?

Out of twenty-five teachers who responded to the questionnaire, nineteen responded to the optional question (question eleven) by confirming that they have indeed personally experienced trauma. Identifying the type of trauma that they were exposed to was not a requirement of the question. However, a minority of teachers did provide more specific information and traumas reported included divorce, death of loved ones and having to play for their Requiem Masses, armed robberies, hijacking and childhood abuse.

Of those who stated that they have personally experienced trauma, four attested that it had no influence on their music performance during the time. One teacher attributed the reason for her ability to perform well while facing traumatic circumstances and loss to her many years of performance experience; one stated that she could cope musically but withheld emotions for months until releasing her inner feelings, while for another playing her instrument was therapy to her while she managed to distance herself from the problem when performing on her instrument. Although she stated not having experienced serious trauma, one teacher reported that personal problems sometimes came to mind during practising in the form of mental arguments with others. However, like the previous teacher she was also able to overcome this during performance.

Of the nineteen teachers who reported having experienced trauma, eight specifically mentioned having received professional treatment. Modes of treatment sought included seeing psychiatrists, psychologists (including cognitive therapists and hypnotherapists) and pastoral counsellors. Some attended support groups and courses on assertiveness, victimization and boundary-setting. None reported receiving EMDR or newer forms of 'body therapies'. A degree of reluctance to seek treatment was evident in some responses. Reports of initially trying to deal with the traumas themselves and only eventually seeking help confirm this. However, most of the respondents clearly did not attach stigma to seeking treatment. Uncertainty remains as to whether this is their everyday attitude or merely a result of the confidential nature of the data collection.

A number of teachers reported that support from loved ones and friends helped them to recover and/or that their religious faith greatly assisted in their healing. One teacher specifically reported finding it hard to perform in the period during which she worked through the trauma and stated that she avoided it as far as possible. Another teacher described a loss of interest in music during the time traumatic circumstances were experienced.

The observation made by a teacher that her performance was not affected, but that trauma seriously impacted on her listening pleasure and that she could not endure music of composers such as Beethoven which evokes strong emotions, is particularly noteworthy. The latter report serves to confirm that, while in some cases affecting performance quality, in others trauma can affect the emotional responses of professional musicians to music.

General effects of trauma reported include negative influence on quality of life. Confidence-related effects reported include loss of confidence, “having no self-image”, a loss of security, loss of focus in connection with continuity of involvement with music and concentration problems. A victim of an armed robbery reports concentration difficulties coupled with problems in emotional expression when acting in the capacity of collaborative artist. One teacher mentioned that trauma caused temporary emotional illness which affected her music-making. These descriptions confirm that, at least for some, emotional expression is indeed affected by trauma.

Some observed a negative effect on the quality of sound produced, described respectively as harsh and aggressive. One teacher observed that during treatment her music was aggressive and meaningless, while after the completion of six years of treatment her music contained the whole range of emotions and was deeper. Another described post-treatment improvement in sound production. In addition to effects on sound quality, technical and physical problems were reported.

Problems related to memory for music include struggling to focus and concentrate when playing from memory, as well as playing that “was full of memory lapses”. In total, four teachers mentioned memory problems experienced in the aftermath of traumatic experience. This excludes the overwhelming number who mentioned problems related to the functioning of accurate memory retrieval such as concentration problems and inaccurate playing. One teacher described experiencing memory and/or technical problems during performance whilst a deepening of musical expression, understanding and sensitivity occurred concurrently. A very noteworthy observation was made by a teacher who struggled to play from memory while also losing the natural and flowing qualities of playing, stating that during this time the teacher “played very mechanically”. Possible reasons for this will be discussed in chapter 7.2.2.



Three teachers mentioned medication-related effects. Only two of these were linked to medication received during treatment for trauma. A teacher who received medication and operations for an illness which had traumatic effects in the teacher's life and career reported an inability to play a wind instrument due to the severe mouth-drying effects of medication, leading to the cessation of public performance. Another reported short-term memory problems including severe difficulty in learning new works during a time that medication was prescribed. One reported inaccurate playing, possibly as a result of the side-effects of psychiatric medication.

Positive reports include finding the act of practising music as healing. One teacher performed with greater expression of emotion during the treatment period, while another reported a positive influence afterwards, described as a 'deepening of the soul'. It was also mentioned that their own experience(s) helped them to have greater understanding and tolerance for their students.

Three teachers who reported that they have personally experienced trauma indicated that they have not given the possible influence of traumatic experience on the music-making of their students any consideration. Possible reasons for this will be discussed in chapter 7.2.1.

Due to sensitive information, pp152-164 are withheld on
request of the author