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Collegiate music students are at a unique intersection which may put them at an increased risk for mental health challenges and illnesses: the intersection of creatives and emerging adults. Research suggests that mental health in the United States is continuing to decline. However, there is little research and discussion about how collegiate music programs can support student mental health. Even more limited is research about the studio professor's role in supporting the mental health of their private students.

This document is intended to shed light on the particularities of the studio professor-student relationship as it pertains to student mental health. The research took the form of interviews with studio professors for whom musician wellness is a professional interest. Through these interviews, research questions about studio professors' experiences and opinions about mental health were explored. I sought to explore how studio professors perceive student mental health and professional challenges with navigating mental health concerns, how they incorporate mental health topics and support into one-to-one and small group teaching, and how they establish and maintain personal and professional boundaries relating to mental health conversations.

This document outlines preexisting information about mental health of musicians, emerging adults, and collegiate musicians. It explores the potential impacts, both positive and negative, of the studio professor-student relationship. The original research presented documents perspectives of the interviewees about the research questions. Finally, the document concludes with practical applications discovered through the research process and suggestions for how

teachers might be better equipped to handle the sensitive issues that surface during their interactions with students.

MENTAL HEALTH IN THE COLLEGIATE MUSIC STUDIO:  
APPLIED INSTRUMENTAL FACULTY PERSPECTIVES

by

Grace Nelson Poe

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## DEDICATION

For Sally.

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## CHAPTER I: INTRODUCTION

Musicians throughout time have grappled with the physical, mental, and emotional elements of perfecting their craft and artistry. In the 21st century, conversations about mental health struggles have become more common amongst music performers, educators, and scholars. A variety of research exists that examines the connection between creativity and mental health. Additionally, research suggests that mental health within the United States, especially among emerging adults (ages 18-25), has been in decline. Collegiate music students are at the intersection of emerging adulthood and creative predisposition and may need more mental health support than they have traditionally received.

This project stems from my observations of music students in my own undergraduate and graduate studies. High levels of music-related anxiety, lack of health considerations, and packed schedules contribute to depression, anxiety, substance abuse, and suicidal thoughts and actions in collegiate music students. A lack of mental health support in music schools compounds these issues and creates what can be a problematic culture in music schools and conservatories.

These observations led me to explore ways in which collegiate music programs and their faculty can support collegiate musicians in their mental health. Private instructors at the university level have a unique position with students given the one-to-one instruction and long-term mentorship they provide their studio members. This influential relationship may be utilized to help navigate the challenges 21<sup>st</sup> century student musicians face.

## **Methodology**

To examine the ways that the instrumental studio may navigate situations relating to mental health, this study consisted of three interviews. The interviewees are individuals working as instrumental studio professors at the collegiate level in the United States who have shown interest in musician wellness. In order to qualify for this study, participants' demonstrated interest in musician wellness via speaking, writing, and/or presenting about musician wellness in some professional capacity. The interviews were transcribed and analyzed for conclusions to the primary research questions.

## **Objectives**

This document will contribute to the growing field of research relating to musician health and wellness. This research was initially intended to describe strategies utilized by instrumental studio professors at the collegiate level to support the mental health of collegiate music students in the United States.

While the experiences of these professors may serve as examples or inspiration for other studio professors who are interested in incorporating more mental-health discussion and resources for their students, another layer of insight was uncovered through the research process. In addition to providing potential strategies, the active research in this study illuminated the lack of mental-health related training for studio professors and some of the potential risks of the studio professor-student relationship. The lack of clarity and consistency regarding professional boundaries and responsibilities was evident.

The resulting document will describe strategies utilized by the participants, who have been identified as active contributors to the musician wellness field, in addition to outlining steps

that collegiate music programs and studio professors may consider taking to better support student mental health.

## CHAPTER II: EMERGING ADULTS, MUSICIANS, AND MENTAL HEALTH

### **Introduction**

Some research into musicians' mental health suggests that people with creative tendencies may have higher instances of mental health challenges. They may also be less likely to seek appropriate help in dealing with the problems they face. As with the skills and techniques musicians glean from their education, these struggles do not simply appear when musicians enter the professional world. Rather, they are products of an individual's natural inclinations and training as well as the educational and societal culture they experience. Music students encounter full class schedules and degree plans, long hours of rehearsals and practice, frequent criticism, high levels of competition, and the stress of performance. Further, developing skills in music performance involves an accumulation of thousands of hours alone in the practice room, which involves a necessary component of self-criticism. These factors, which may be necessary to some extent, can have an impact on the mental health of student musicians.

The collegiate musician demographic exists at the intersection of the population of musicians/artists and the population of emerging adults (adults aged 18-25 in industrial countries).<sup>1</sup> Research and scholarship suggest that each of these populations may have risk factors for mental health challenges and illnesses. This chapter presents information about the mental health of emerging adults, musicians, and collegiate musicians.

### **Emerging Adults**

In 2000, Jeffrey Jensen Arnett proposed a theory of development that suggested a new period of human development in industrialized countries. Arnett described this period, which he

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<sup>1</sup> Jeffrey Jensen Arnett, "Emerging Adulthood: A theory of development from the late teens through the twenties," *American Psychologist* 55 no. 5 (May 2000): 469.

called “emerging adulthood,” as an additional period of development which is distinct from adolescence and adulthood. In his original theory of this age group, Arnett described emerging adulthood as the period between 18 and 25 years.<sup>2</sup> His framework stemmed from previous theories about the formation and extension of the developmental period between childhood and adulthood, that of adolescence. Arnett’s theory of emerging adulthood is one of several evolving theories that describe the elongation of the period between childhood and adulthood.<sup>3</sup> According to Arnett, the period of emerging adulthood can be one of instability, identity exploration, and risk-taking behavior.<sup>4</sup>

The Oxford Handbook of Emerging Adulthood describes findings that over 40 percent of emerging adults in 2005 met the criteria for at least one psychiatric disorder. Despite the high occurrence of psychiatric disorders, the use of services to support these mental health challenges is proportionally lower than the use by other age groups. The author of the mental health chapter of this handbook, Jennifer L. Tanner, describes emerging adulthood as “a period of the lifespan during which there is an intersection of risk for experiencing psychopathology and unmet need for mental health services.”<sup>5</sup>

The relatively new field of research about emerging adulthood informs and complements research pertaining to college students, who often fall within the 18-25 age range. Laura Weiss Roberts’ 2018 book, *Student Mental Health: A Guide for Psychiatrists, Psychologists, and Leaders Serving in Higher Education*, says that “university students are living at the intersection

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<sup>2</sup> Arnett, “Emerging Adulthood,” 469.

<sup>3</sup> Ibid, 470.

<sup>4</sup> Ibid, 475.

<sup>5</sup> Jennifer L Tanner, “Mental Health in Emerging Adulthood,” chapter., in *Oxford Handbook of Emerging Adulthood* (Oxford University Press, 2015), 500.

of substantial stress and peak lifetime vulnerability to developing psychiatric disorders.”<sup>6</sup> This supports the findings of Robert Gallagher’s 2012 survey of college counseling center directors, in which 90 percent of counseling center directors reported that the number of “seriously disturbed” clients is increasing.<sup>7</sup>

According to the abovementioned Oxford Handbook, research suggests that anxiety is the most prevalent psychiatric disorder in emerging adulthood, followed by substance and mood disorders.<sup>8</sup> Further, “psychiatric disorder in emerging adulthood is associated with significant impairment across domains of functioning,” with 7 to 12 percent of emerging adults meeting criteria for serious mental illness in a 2010 Substance Abuse and Mental Health Services Administration (SAMHSA) study. This rate of severity was the highest of any age group.<sup>9</sup>

The research indicates that college students, particularly those within the emerging adulthood age range, are at a significant risk for mental health challenges and diagnoses. Anxiety, substance abuse, and mood disorders including depression and mania are common. Emerging adults may suffer from higher rates of psychiatric disorders and greater severity of those disorders, yet they are less likely to seek appropriate care.<sup>10</sup> Research strongly supports a level of concern for the mental health of college students and a need for greater support and resources for them.

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<sup>6</sup> Laura Weiss Roberts. *Student Mental Health: A Guide for Psychiatrists, Psychologists, and Leaders Serving in Higher Education* (Washington, D.C.: American Psychiatric Association Publishing, 2018), 14.

<sup>7</sup> Robert P. Gallagher, “Thirty Years of the National Survey of Counseling Center Directors: A Personal Account.” *Journal of College Student Psychotherapy* 26, no. 3 (2012): 176.

<sup>8</sup> Jeffrey Jensen Arnett. *Oxford Handbook of Emerging Adulthood* (New York: Oxford University Press 2015), 14.

<sup>9</sup> Tanner, *Mental Health*, 507.

<sup>10</sup> *Ibid*, 500.

## Musicians

Musicians' mental health can be studied historically, through examinations of famous artists of the past, and currently, via studies and other publications addressing mental health concerns of musicians. For the purposes of this research, the information presented is focused on musicians within the Western classical music tradition. "Collegiate musicians" will generally be used to refer to students studying classical music in a school or department of music within the United States. It is assumed that most collegiate musicians, particularly at the undergraduate level, are in the emerging adulthood demographic.

From a historical perspective, some research about canonized creatives in the Western classical tradition has speculated about mental health struggles they may have faced. It is important to note that these labels and assessments have often been suggested decades or centuries after the artists' lives. Discretion is needed in weighing the validity of such retrospective assessments.

It is believed by some that Robert Schumann, Pyotr Ilyich Tchaikovsky, Vincent van Gogh, and Ernest Hemingway suffered from severe depression that contributed to their deaths.<sup>11</sup> Substance use and abuse has also been noted in posthumous research about the lives of various well-known composers and writers.<sup>12</sup> In the jazz tradition, Miles Davis has been quoted about his heroin use with many of his jazz colleagues.<sup>13</sup> The list of popular musicians who have died from complications related to substance abuse include Elvis Presley, Jimi Hendrix, Janice Joplin, and

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<sup>11</sup> Mai, *Diagnosing Genius*, 189.

<sup>12</sup> *Ibid*, 198.

<sup>13</sup> Frederick J. Spencer, *Jazz and Death: Medical Profiles of Jazz Greats* (Mississippi: University of Mississippi Press, 2002), 103.



Jackie Wilson.<sup>14</sup> There are instances of mental health challenges of musicians and other creatives with varying levels of severity throughout history. Minimally, there is a cultural belief that mental health challenges and creativity may be linked in some ways.<sup>15</sup>

An assumed correlation between creativity and mental illness has sometimes been supported through research, but it is challenging to understand the many factors at play. In chapter 13, “On the Fragility of the Artist: Art’s Precarious Triad,” of *Creativity and Mental Illness*, chapter authors Maja Djikic and Keith Oakley suggest that sensitivity, compulsion to create art from life’s experiences, and lack of self-deception are “necessary and sufficient personality conditions for creating art” and may be involved in the correlation between mental illness and professional creatives.<sup>16</sup>

Studies suggest that people drawn to the music profession may be particularly vulnerable to psychological injury. According to Deborah L. Pierce’s article in “Rising to a New Paradigm: Infusing Health and Wellness into the Music Curriculum,” they may also be less likely to seek help for physical and psychological issues.<sup>17</sup> Catherine Loveday, Sally-Ann Gross, and George Musgrave conducted a study in 2023 which surveyed 254 professional musicians across 13 countries. They found that 54 percent of these musicians reported abnormal levels of anxiety, with 10 percent of the sample falling into the severe range.<sup>18</sup> Additionally, one third of

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<sup>14</sup> Lathan, S Robert, “Celebrities and Substance Abuse,” *Proceedings (Baylor University, Medical Center)* 22, no. 4 (2009), 339–41.

<sup>15</sup> *Ibid*, 197.

<sup>16</sup> Maja Djikic and Keith Oatley, “On the Fragility of the Artist: Art’s Precarious Triad,” in *Creativity and Mental Illness*, ed. James C. Kaufman (Cambridge: Cambridge University Press, 2014), 292.

<sup>17</sup> Deborah L. Pierce, “Rising to a New Paradigm: Infusing Health and Wellness into the Music Curriculum,” *Philosophy of Music Education Review* 20, no. 2 (2012): 155.

<sup>18</sup> C. Loveday, G. Musgrave, and S. Gross, “Predicting Anxiety, Depression, and Wellbeing in Professional and Nonprofessional Musicians,” *Psychology of Music* 51, no. 2 (2023): 512.

participants self-reported depression outside the normal range.<sup>19</sup> Musicians who viewed music as their main career reported significantly higher clinical depression (43 percent compared to 22.7-26.1 percent in the other participants). The authors concluded that “low mental wellbeing in musicians is the result of working as a professional musician, as opposed to being an inherent trait.”<sup>20</sup> Loveday, et. all suggest that their research findings may support claims that “anxiety is inherently higher in people drawn to music but that when used purely recreationally, musical performance provides an effective buffer.” On the contrary, professional musicians may experience negative outcomes from their involvement in the music industry.<sup>21</sup> The summation of research on mental health in musicians suggests that there may be a correlation between creativity and mental health challenges, and working professionally in music may also be a risk factor.

### **Collegiate Musicians**

As both creatives and emerging adults, collegiate musicians may be at an exacerbated risk for mental health challenges. In my lived and observed experiences, collegiate musicians have extraordinarily packed course schedules, often with classes for which they receive disproportionate or no credit. Critique is a constant part of their daily lives. Though most educational experiences include significant critique, music students may experience critique in a unique way given the personal nature of playing an instrument or singing and the significant quantity of one-to-one instruction.

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<sup>19</sup> Loveday, et. all, “Predicting Anxiety,” 512.

<sup>20</sup> Ibid, 508.

<sup>21</sup> Ibid, 518.

Isolation is an inherent aspect of improving skills on one's instrument via personal practice, which makes loneliness a common element of collegiate musicians' experience. Some unhealthy models of teaching, relationships, and training have been allowed and even rewarded in music education. The traditional "maestro" teacher may perpetuate product-driven rather than person-driven teaching. They may demonstrate impatience with differing opinions or skill levels, which can contribute to students' feelings of inadequacy.<sup>22</sup> Professors are held in high esteem and students may not be equipped to recognize and speak up when a professor behaves inappropriately. Some music teachers have used degradation and shame to achieve musical outcomes. Traditional, product-driven teaching methods support environments of challenge and competition.<sup>23</sup>

A 2004 study comparing health conditions and attitudes of musicians and non-musicians at the beginning of their university study used the Hospital Anxiety and Depression Scale (HADS) to compare students in different majors. Using this scale, 8.4 percent of music students self-identified as experiencing depression and 33.5 percent of students self-identified as experiencing anxiety. These rates of anxiety and depression were significantly more than the non-music students and placed them in the borderline or elevated range."<sup>24</sup> This suggests that some musicians may have a predisposition toward mental health challenges. Though the anxiety of music students overall was a concern to the authors, performance anxiety was similar in level to corresponding performance anxiety amongst medical students in the study.<sup>25</sup>

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<sup>22</sup> Roland S. Persson, "The Maestro Music Teacher and Musicians' Mental Health," paper presented at the American Psychological Association Convention (Toronto: August 1996), 13.

<sup>23</sup> Ibid.

<sup>24</sup> Claudia Spahn, Sandra Strukely, and Andreas Lehmann, "Health conditions, attitudes toward study, and attitudes toward health at the beginning of university study: music students in comparison with other student populations," *Medical Problems of Performing Artists* 19, no. 1 (2004): 26.

<sup>25</sup> Ibid, 30.

Music students began their studies with prevalent physical health conditions and anxiety, which suggests that these challenges may begin during childhood training rather than when musicians enter the profession.<sup>26</sup> The authors concluded that music students were a group at special risk, concluding that “music students started their course of study with specific problems and greater health impairment than students majoring in other subjects.”<sup>27</sup>

In his book, *The Musical Temperament*, Anthony Kemp claims that anxiety as a trait in musicians tends to surface or even manifest in higher education and persists into professional life.<sup>28</sup> The data presented in this section suggests that mental health of collegiate music students is an area of concern. If the classical music industry is to prepare young musicians to enter the professional world as performers, teachers, and entrepreneurs, it would be advantageous for music programs in higher education to consider ways to better support students during their collegiate music studies.

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<sup>26</sup> Spahn, et. all, “Health conditions, attitudes toward study, and attitudes,” 29-30.

<sup>27</sup> Ibid.

<sup>28</sup> Anthony Kemp. *The Musical Temperament: Psychology and Personality of Musicians* (Oxford: Oxford University Press, 1996), 85.

## CHAPTER III: THE POTENTIAL INFLUENCE OF THE STUDIO PROFESSOR

### **Introduction**

In addition to the particularities of mental health within populations of musicians, emerging adults, and collegiate musicians, the relationship between studio professors and their students is important to consider for the purposes of this study. One-to-one instruction can be enormously beneficial for student learning and development. Weekly lessons over the course of semesters or even years can provide the benefits of personalized learning and mentorship for each student. Conversely, the inherent privacy and power dynamics of this relationship and educational setting may allow for intentional or unintentional harm to students. This chapter will detail some available information about the one-to-one setting of applied music instruction and the potential risks and benefits it may foster.

### **History**

The one-to-one lesson format is the most prevalent method of teaching a student's primary instrument in music schools of the United States. In this format, a student prepares assigned repertoire, etudes, and exercises. In the lesson, the student performs their assignments for the teacher one-on-one and receives feedback and instruction.

This format is rooted in the earliest conservatories that were established in Europe and the U.S. in the late 19<sup>th</sup> and early 20<sup>th</sup> centuries. The conservatory tradition of applied performance instruction, as it is understood today, began in the 19<sup>th</sup> century with the establishment of an institution which would eventually be called the *Paris Conservatoire*. The conservatory model places significant emphasis and value on the instruction of a private teacher and assessment of students' musical accomplishment. Teaching initially took place in what is now called the "masterclass" format, in which a student performs for a professor and receives

instruction in front of a group of peers. The primary method of instruction shifted in future institutions to one-to-one private lessons, but the masterclass format is still utilized in certain circumstances.<sup>29</sup>

Whether in a masterclass or a private lesson, there is a distinct power differential between teacher and student. The transfer of knowledge and tradition from teacher to student is the foundation of this style of teaching. The teacher holds status as an expert, while the student and the audience may place the teacher on a pedestal. The expert teacher may be viewed as the one with all the knowledge, which they bestow upon the student. There are a wide variety of pedagogical strategies and levels of competence in teaching one-to-one, which may vary in efficacy. Teachers of an instrument in the masterclass setting have often reached their status due to their performing ability. This performing ability and accomplishment may or may not correlate to teaching ability. These factors contribute to the master and apprentice model, which will be discussed in the following section.

Another staple of the Paris Conservatoire model is the yearly competition, *Concours du Prix*. In the *Concours*, students compete against one another in front of a panel of professors and other esteemed musicians.<sup>30</sup> Though the overtly competitive aspect of the *Concours du Prix* is not always a part of the modern style of private instruction at the collegiate level, most institutions still include end-of-term juries as an evaluative experience for students. In these juries, students typically perform in front of a panel of professors, who assign them grades. Jury grades often make up a significant part of their overall semester grade for private lessons. Other

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<sup>29</sup> Demetra Fair, "Flutists' family tree: in search of the American Flute School," (Ohio State University: 2003), 13-14.

<sup>30</sup> Ibid, 19-20.

competitions often exist in music departments in which students compete for performance opportunities.

### **The Master and Apprentice Model**

Within the music school environment, there are a variety of potential problems that may arise in relation to the one-to-one relationship between a professor and student. As a skills-based artistic endeavor, much of music education happens via an expert-novice or “master and apprentice” style of teaching.<sup>31</sup> The nature of one-to-one instruction within the private lesson, which includes teacher knowledge, student development, and replication of capabilities from generation to generation lends itself to a hierarchy between teacher and student.<sup>32</sup> This teaching context, and the relationships that are formed through it over time, can have both positive and negative outcomes.

The nature of these interactions between two individuals is complex and varied. The following sections will outline some research about potential outcomes of one-to-one studio instruction, but the complexity of this style of music education cannot be easily distilled. These potential strengths and weaknesses *may* result from the one-to-one teaching model, but by no means are they universal.

### **Potential Strengths of One-to-One Music Teaching**

The one-to-one teaching method can be invaluable for the individualized progress of students. Through private instruction, the student receives individualized time and attention from an expert in the skill area. This allows a teacher to address the specific needs of each individual

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<sup>31</sup> Richard Colwell and Carol P. Richardson, eds., “Systematic Research in Studio Instruction in Music,” essay, in *The New Handbook of Research on Music Teaching and Learning: A Project of the Music Educators National Conference* (New York, NY: Oxford University Press, 2002), 244.

<sup>32</sup> *Ibid.*

student. In the context of collegiate music study, a student and professor may work together for four or more years. This frequent one-to-one interaction can contribute to a deep and close relationship. The resulting mentorship relationship can be of benefit both during a student's formative educational years and as they move into the professional world. Mentors may also facilitate engagement in the profession prior to a student's graduation to ease this transition.

One 2010 study in the United Kingdom examined one-to-one instruction between studio professors and their students. This study produced several pieces of scholarship which described the perceptions of both students and professors in a conservatory setting, which offer valuable insight into the nature of the particular relationship between a studio professor and a student.<sup>33</sup>

Within this study, students spoke with high regard about their relationship with studio professors and the education provided in the one-to-one setting. They appreciated the individualized attention. Students felt that the one-to-one model allowed for a focus on their individual goals and progress while also diminishing competition with peers. They appreciated the long-term mentorship afforded by the relationship, and some felt that their study with a particularly esteemed professor may increase their own chances of success. The expert-novice model of teaching can allow for active problem solving for students via interaction with their expert teacher.<sup>34</sup> In the corresponding research about teachers' perceptions, the professors also universally described one-to-one lessons as "an indispensable, intense and intricate part of instrumental/vocal learning."<sup>35</sup>

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<sup>33</sup> Colwell and Richardson, eds., "Systematic Research in Studio Instruction."

<sup>34</sup> Ibid, 245.

<sup>35</sup> Gaunt, "One-To-One Tuition," 230.



Beyond the practicalities of teaching in this format, the one-on-one, weekly meetings between student and professor over time can produce a uniquely impactful mentorship relationship. According to W. Brad Johnson in his book about mentorship in higher education, engaging in thoughtful mentorship in higher education can be a source of satisfaction and fulfillment for the mentor and essential development and foundation for young adult mentees.<sup>36</sup> The inaugural Gallup poll of nearly 30,000 adults found that “if graduates recalled having a professor who cared about them as a person, made them excited about learning, and encouraged them to pursue their dreams, their odds of being engaged at work more than doubled, as did their odds of thriving in all aspects of their well-being.”<sup>37</sup>

The research indicates that one-to-one instruction in music can be invaluable for students' musical development. In addition, mentorship that studio professors often provide for students can be mutually beneficial.

### **Potential Risks of One-to-One Music Teaching**

Despite the potential benefits for students and professors, the one-to-one relationship can pose some risks. Potential issues can range in severity from minor to abusive. They may be unintentional or intentional. Certain challenges can arise because of the master-apprentice dynamic in one-to-one instruction. A student may become dependent on the teacher, presenting challenges in developing students' autonomy and self-motivation. They may become overwhelmed in response to their teacher's pedagogical approach or their own feelings of awe toward the teacher.<sup>38</sup>

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<sup>36</sup> W. Brad Johnson, *On Being a Mentor: A Guide for Higher Education Faculty* (New York, NY: Routledge, Taylor & Francis Group, 2016), 3.

<sup>37</sup> *Ibid.*, 5.

<sup>38</sup> Gaunt, “One-To-One Tuition,” 186.

The same mentorship relationship that can provide mutual benefit to student and professor is inherently one of power imbalance, which can pose certain risks for both parties. Mentorships, which are often lengthy and increasingly deeper and more intense for both parties, can place both parties at risk of harm.<sup>39</sup> On this topic, W. Brad Johnson of Johns Hopkins University says:

There are at least six primary areas of ethical vulnerability when a faculty member engages in mentorship. These include (a) competence in the mentor role, (b) relationship boundary maintenance, (c) sexualized mentorships, (d) compromised self-awareness or personal impairment, (e) difficulty balancing advocacy with obligations to the profession, and (f) issues of equal access.<sup>40</sup>

Unfortunately, there are instances in which these ethical considerations are breached. Instances of alleged sexual abuse by professors have been reported by former students at esteemed institutions such as Juilliard,<sup>41</sup> the University of Michigan, the University of Texas at Austin,<sup>42</sup> and the Curtis Institute,<sup>43</sup> among many others. This list includes some instances of sexual abuse allegations in well-known music departments in the United States, but it can be assumed that these are just a few publicized examples of a more pervasive and widespread problem within collegiate music programs.

Though sexual abuse is often the most discussed danger in the studio professor-student relationship, there are a wide array of other forms of harm that can be inflicted on students in this imbalanced power relationship. One 2018 study conducted by several European professional

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<sup>39</sup> Johnson, *On Being a Mentor*, 121.

<sup>40</sup> Ibid.

<sup>41</sup> Anastasia Tsioulcas, "Former Music Students Accuse Two Juilliard Teachers of Sexual Misconduct," NPR, December 13, 2022.

<sup>42</sup> Colleen Flaherty, "Could Music Students Be More at Risk for Sexual Misconduct by Professors?," Inside Higher Ed, July 29, 2013.

<sup>43</sup> Anastasia Tsioulcas, "Top Music School Finds Sexual Abuse Allegations from Violinist 'Credible,'" NPR, September 23, 2020.

organizations surveyed 600 students studying music, dance, and drama in higher education. In this study, 57% of students reported experiencing inappropriate behavior of some type in their institutions.<sup>44</sup> In incidents of inappropriate behavior, sexual harassment, bullying, or discrimination, 42% were alleged to have been perpetrated by permanent teaching staff.<sup>45</sup> 57% of respondents never reported concerns. Notably, 45% of those who did not report cited “the behavior seem[ing] to be culturally acceptable in the higher education institution where it happened” as one reason for not reporting.<sup>46</sup>

While this data reflects experiences not limited to interactions with studio professors, the privacy of the lesson environment and the power dynamic at play between studio professor and student may allow inappropriate behavior to take place and go unreported. Further, it represents some problems within the culture of the arts in higher education which may need to be addressed.

The mentor-mentee relationship fostered in the one-to-one teaching setting is similar in some ways to other therapeutic and expert-client relationships. The studio professor may not have the same responsibilities as a physician or therapist has with their patient, but there are similarities in the power dynamic in any of these instances. Studio professors have a significant impact on students. They work within an environment which allows the privacy and power to cause harm, whether intentionally or unintentionally. They are entrusted to work with students based on their expertise, but there is little outside of one’s own personal conscience that ensures appropriate conduct between studio professors and their students.

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2. <sup>44</sup> “Dignity in Study: A Survey of Higher Education Institutions,” Independent Society of Musicians, 2018,

<sup>45</sup> Ibid, 3.

<sup>46</sup> Ibid, 5.

Other similar relationships, as in the cases of physicians and patients or therapists and clients, are protected by industry standards for behavior of the expert. Various codes of ethics and oaths may be involved as a part of a practitioner's education, licensing, and good standing within the profession. In some cases, there are severe consequences for the crossing of professional boundaries.

It may be beneficial for the classical music industry to consider the ethical implications of the one-to-one teaching setting. Private lessons often take place in sound-proof rooms which may not have windows. This privacy decreases the transparency and accountability of one-on-one interactions with students. A great deal of trust is given to the studio professor, and the power differential may discourage students from speaking up if they are uncomfortable with an interaction with their private teacher. As in other one-to-one settings which include a power differential, private music instruction may better protect the safety of students and faculty if these risks are considered and expectations and appropriate boundaries are made clear.

Private lessons and small-group settings can also be environments in which contrapower harassment may take place. Contrapower can be defined as "a shifted power dynamic where the individual with lesser power attempts to exert control or influence over a person with greater authority or status."<sup>47</sup> Discussions about mistreatment in academia often focus on peer-to-peer or teacher-to-student interactions, but harassment toward professors has recently become more prevalent within research about higher education. Contrapower harassment can include rude or uncivil student behaviors, use of threats or intimidation, challenge of a professor's authority, and sexual, gender, or racial harassment.<sup>48</sup> The nature of small group and private instruction in music

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<sup>47</sup> Amy May and Kelly E Tenzek, "Bullying in the Academy: Understanding the Student Bully and the Targeted 'stupid, Fat, Mother Fucker' Professor," *Teaching in Higher Education* 23, no. 3 (2018): 276.

<sup>48</sup> *Ibid*, 277.

may allow for harassment or mistreatment of faculty members. Though this document primarily focuses on the best interest of the students, it is important to note that the lack of clarity about appropriate interactions and boundaries may result in negative outcomes for faculty members as well.

The relationship between a student and their studio professor can be immensely beneficial and even irreplaceable as a part of collegiate music training. It can be one of the most impactful elements of a student's progression through a music degree through individualized instruction and mentorship. This style of teaching allows the instructor to hold significant power. To continue utilizing this format of teaching within the music field, it is important that more discussions and research take place about the potential influence and impact of this relationship.

## CHAPTER IV: METHODS

This research is descriptive in nature. The aim of the research was to gather information via semi-structured interviews, analyze it, and reach conclusions about how instrumental studio professors can support student mental health. Though I initially expected the primary outcome of this research to describe potential strategies other studio professors could use, other conclusions about the ethical and legal issues in the one-to-one relationship between studio professor and student also surfaced.

To examine how current instrumental studio professors may support the mental health of the students with whom they work, I conducted interviews with three instrumental studio professors who are currently employed at the collegiate level in the United States. Each interviewee has demonstrated interest in musician wellness via publications, organizational involvement, and/or presentations. Potential interviewees were contacted via email in October 2023 to ask for their participation. Templates for early communication can be found in APPENDIX A and B.

In our email correspondence, I provided potential participants with the interview questions found in APPENDIX D along with details of the study and its objectives. The interview questions were designed to answer the following research questions:

1. How do current instrumental studio professors perceive the general mental health of their students?
2. What training do instrumental studio professors receive to prepare them for conversations about mental health related topics?
3. How do instrumental studio professors incorporate mental health discussions into their one-on-one lessons with students?

4. How do instrumental studio professors incorporate mental health discussions, education, or resources into group settings such as studio classes, cohort meetings, etc.?
5. What challenges can arise in navigating one-on-one work with students who may be experiencing mental health related challenges? How do professors navigate these challenges?
6. How do instrumental studio professors incorporate mental health discussions into their one-on-one lessons with students?
7. How do professors maintain responsible and ethical boundaries with students in relation to mental health?

Participants were provided with the consent document found in APPENDIX C, which they each signed prior to the beginning of the interview. I also verbally reviewed the consent document with each participant. As outlined in the consent document, I informed the participants of the ways that I would redact and protect their information.

Though participants would be assigned Participant IDs for the purpose of quotation and the transcripts would be redacted, I asked each participant if they would like to be listed in the document with their name and professional affiliation to acknowledge and thank the participants. Two participants agreed to be listed. One participant was unsure. Due to the sensitive nature of this study and the content of the interviews, I elected to maintain complete anonymity by omitting participant names, institutions, and any other potentially identifiable information in this document.

Data was collected in November and December of 2023 via semi-structured interviews. The semi-structured format allowed for open conversation about the research topics. Two interviews took place via Zoom and one took place in person. The interviews lasted between sixty and 120 minutes. All the interviews were audio recorded, and the two Zoom interviews were video recorded through Zoom. The interview recordings were stored securely according to UNCG data storage policies.

After the interviews were completed, I transcribed them using a non-verbatim style. The non-verbatim or intelligent style of transcription eliminates false starts and filler words to enhance readability. It does not change or paraphrase any of the text. The elimination of false starts, breaking up of run-on sentences, and elimination of filler words are all at the discretion of the transcriber.<sup>49</sup> If I perceived any chance that an edit would alter the meaning of the text, I defaulted to leaving the text exactly as it was said. If I perceived that the filler words or false starts didn't add or alter any meaning, I removed them.

Finally, I analyzed the transcripts to extract information and trends from the interviews. Atlas.ti software, available through UNCG, was utilized to assist in my analysis of the information. Through the Atlas.ti platform, I coded the interviews utilizing an inductive method. Rather than starting with a code and applying it to the interview data, I developed the code as I worked through the transcriptions to avoid any preconceived notions or biases.

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<sup>49</sup> Rev, "What Is Verbatim Transcription?," Rev, November 2023, <https://www.rev.com/blog/resources/verbatim-transcription>.



After transcribing and coding, I revisited my six primary research questions and utilized the coded interviews to answer these questions through the perspective of the participants. This process resulted in the development of insights relating to each of the research questions. In formulating the findings, I took into consideration both similarities and differences in the views and experiences of the participants.

In addition to the six research questions, unexpected and unplanned insights also formed from the data. These insights are about the studio professor-student relationship and the potential issues that may arise. This topic became a new area of interest for this project and resulted in additions to both the findings and conclusion and the research presented in earlier chapters.

After completing several drafts of this document, I sent a near-final draft to the participants for optional review as agreed upon in the consent document found in APPENDIX C. During this review period, I exchanged correspondence with certain participants which resulted in additional redaction of transcripts and quotes to further protect all participants' anonymity.

### **Limitations/Delimitations**

The primary limitation of this study is the small scope of participants and time. Little formal research exists about the topic of collegiate student mental health, and little training exists for studio professors who are concerned about these issues. Thus, the information gathered from participants was based on their individual experiences and their individual approaches. The number of interviewees was small due to the small number of studio professors identified as having expertise and interest in musician wellness. The maximum number of participants for this

study was five. While some of the other potential participants expressed interest, only three were willing and able to participate in the research within the timeframe available.

Participant eligibility was limited to instrumental studio professors currently employed in college music schools and departments in the United States. The information provided by these individuals stemmed from their own experience as professional musicians and teachers. While the participants may have some knowledge of mental health best practices, psychology, etc., none were professionals in the mental health field. The data that I collected is descriptive in nature and may provide ideas but will not provide prescriptive suggestions nor a clinical perspective. One of the challenges of navigating these relationships is the lack of formal training, and the scope of this project may serve to illuminate the need for training.

### **Participant Biographies**

**Participant A** is a tenured professor at a private, R1 designated university in the United States. Their position includes teaching a studio of private students on their instrument, pedagogy of their instrument, and a performers' wellness course. Their research interests include aspects of performer wellness including imagery, relaxation techniques, yoga, and performance anxiety. They have presented at several national conferences and two international conferences. Their articles have been published in numerous journals of professional organizations. They have contributed their expertise in several wellness committee and editorial roles. They author two books on musician wellness which are published by an internationally recognized publishing company.

**Participant B** is a tenured professor at a public, R2 designated university in the United States. Their position includes teaching a studio of private students in their instrument and courses in wellness-related topics and music business. They hold advanced training in wellness-

related topics and have a company that provides wellness-related training. They have taught about various wellness topics throughout the country, and they are co-authoring several relevant upcoming publications.

**Participant C** is a tenured professor at a public, R2 designated university in the United States. Their position includes teaching a studio of private students in their instrument. Their research interests include movement and a somatic-oriented discipline. They recently presented at an international conference of a somatic-oriented discipline and have produced relevant research about movement and music education.

## CHAPTER V: FINDINGS

### **Introduction**

This study explored the relationship between instrumental studio professors and the mental health of collegiate musicians. Through interviews with studio professors with a professional interest in musician wellness, I sought to understand how studio professors can support student mental health in the context of their work as private and small group instructors.

It is important to note the particularities of the studio professor-student relationship. The mentorship relationship and novice-apprentice model of instruction can foster a uniquely impactful relationship between studio professors and their private students. The hierarchical structure and the resulting power dynamic of this one-to-one teaching model can pose risks to students. The impressionable nature of young adults and the consistent critique which is necessary for improving skills on an instrument can contribute further to the inherent power dynamic within this relationship.

Weekly, one-on-one meetings over the course of anywhere from one semester to four or more years can create a powerful relationship between students and their studio professors. This research was developed out of an understanding of the impact that this mentorship relationship often has and my belief that studio professors are in a unique position to support student mental health. The research questions were geared toward understanding how studio professors perceive student mental health, how they support student mental health in individual and small group settings, and how they navigate professional and personal boundaries in relation to student mental health.

To explore these questions, I sought out instrumental studio professors who had an interest in musician wellness. I hypothesized that through these conversations, I would gather

practical strategies that could be used by other studio professors who sought to improve their support of student mental health. Some practical methods were gleaned from my interviews. Each participant brought a unique perspective and approach to the topic of student mental health. In considering the variance in approaches by these individuals, insights about the nature of the one-to-one relationship came to the forefront of my mind.

In this chapter, I address each of my six primary research questions. Each section addresses one of my primary research questions as outlined in CHAPTER IV on page 21. In some instances, the participants shared similar opinions and approaches. In others, they described very different ones. For this reason, the sections do not follow a standard structure. Each section follows a structure which was the most logical based on the level of similarity in responses of the participants. When the responses about a certain topic varied too much to simplify into common ideas, that will be indicated within the respective section. I will conclude my findings with large-scale perceptions of the interview data I collected from the three participants in this study.

The participants that were interviewed for this study are among the relatively small number of studio professors who have been identified as having some level of expertise and professional interest in musician wellness. They were selected because of these criteria, and the responses they gave provide insight into how studio professors at the collegiate level may support student mental health and incorporate mental health topics into their pedagogy and curriculum. This chapter seeks to describe the participants' responses in an objective way to accurately portray the approaches and opinions of the three participants. The findings described do not necessarily reflect the opinions or viewpoints of the author. The findings described in this research are not intended to be prescriptive for other music educators navigating these topics, but

rather descriptive of three individuals' perspectives on student mental health in their own work as instrumental studio professors.

### **Perceptions**

My first research question asks how instrumental studio professors perceive the mental health of the students with whom they work one-on-one and/or in small groups. Each professor interviewed had experiences which aligned with other research about mental health in emerging adulthood. Their observations aligned with research findings that suggest a high risk for anxiety among emerging adults.<sup>50</sup> The most prevalent sentiment that the three participants shared about the mental health of collegiate music students over time is a general increase in anxiety and what may be categorized as burnout. Some participants utilized the word “burnout,” while others described students seeming overwhelmed or depleted. Each participant mentioned aspects of modern life they perceive to negatively impact student mental health such as social media, technology, and the COVID-19 pandemic.

During their career, which has included substantial work in injury prevention and mindfulness, Participant A described a cultural shift from concern about physical health and playing-related injuries to a more prominent concern about mental health.<sup>51</sup> They discussed the shift in focus from performance anxiety to more widespread, general anxiety and the effect of the COVID-19 pandemic on this shift. On this topic, Participant A said, “Performance anxiety has always been an issue... I think generalized anxiety has just really exploded among college students... It’s almost a given that you’re dealing with anxiety and from COVID, I think

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<sup>50</sup> Tanner, “Mental Health, 504.

<sup>51</sup> Participant A, interview by author, November 13, 2023, 5.

loneliness was very pervasive, which has really amped up the level of anxiety.”<sup>52</sup> While all three participants mentioned the impacts of the COVID-19 pandemic on learning and students’ mental health, Participant C indicated that the pandemic wasn’t the cause of this shift, but rather exacerbated already prevalent levels of anxiety. They said:

“I’ve always seen the students that are stressed and students that are worried about whether they will fit into the field. And it hasn’t really changed for me when I’ve gotten to work with students who are enrolled in the top programs in the country and ones that are enrolled in various places, that angst is pretty consistent. And that’s surprised me because I thought if you were in one of those premier programs where a lot of graduates are getting jobs, you’d feel a little more secure. I haven’t found that to be the case.

What I’ve seen, post-pandemic but also before that, is a different level of anxiety. Like anxiety at the level that it makes people unable to function.”<sup>53</sup>

They later went on to say, “Most often, students just seem in a mild state of trauma or dysfunction, like they’re just... Their nervous systems are on alert, so that they can’t receive instruction as well. And they’re in this slightly ‘fake it till you make it’ mode in their lessons, just like, ‘I didn’t practice enough. I’m just going to pretend like I did.’”<sup>54</sup>

Participants B and C described students seeming to have significant difficulty persisting through the challenges of their degrees. Participant C described something akin to burnout, with students seeming “depleted” and appearing to be “just trying to keep going through the motions of going to class and pretending they’re doing the thing... Just the real basic appearance of doing the thing. But emotionally they’re in a totally different place.”<sup>55</sup> Participant B described “rampant” fear of failure and a lack of tenacity and grit among students.<sup>56</sup> They also perceived a

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<sup>52</sup> Participant A, interview, 6.

<sup>53</sup> Participant C, interview by author, December 6, 2023, 2.

<sup>54</sup> Ibid, 12.

<sup>55</sup> Ibid, 3.

<sup>56</sup> Participant B, interview by author, November 13, 2023, 5.

lack of coping skills and stress management, ability to prioritize, and ability to handle criticism or difficult conversations.<sup>57</sup>

All the participants mentioned the impacts of the COVID-19 pandemic on students. Participant B discussed the way they believe the current generation of college students were impacted socially and emotionally by the pandemic, saying, “Human beings are social creatures. And we took adolescent kids, in the most impressionable point of their brain formation, particularly around socializing... and we isolated them. So not only do they not have the normal coping skills of just dealing with stress, but they also don't have the social skills that are required.”<sup>58</sup>

Participants B and C also discussed the lack of physical and emotional safety students may feel in the modern world. Participant B shared this story from around 2018:

Our Dean of Students came in and said, "I want you to understand the freshmen students this year. This is a group of students who are post-9-11, so they have never lived in a world that is safe. This is also the group of students that are post-Sandy Hook and Columbine, and they have never been to elementary school in a world where random shooter drills weren't happening every month. So they have learned in an environment of terror... Where their safety was always in question."<sup>59</sup>

Participant C mentioned that “some are indicating that people need to get away from their devices and the world is... feels like a less safe place than when I was growing up.”<sup>60</sup>

Technology and social media were also mentioned by Participant A, who mentioned their belief that social media has had an impact on rising rates of anxiety, depression, and suicide attempts in females.<sup>61</sup>

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<sup>57</sup> Participant B, interview, 7.

<sup>58</sup> Ibid, 37.

<sup>59</sup> Ibid, 24-25.

<sup>60</sup> Participant C, interview, 31.

<sup>61</sup> Participant A, interview, 7.



Participants A and B described contrasting viewpoints about the trends in mental health literacy and stigma around mental health in their students. Participant A perceives an increase in language surrounding mental health and a decrease in stigma, saying “what I love is that I think that students have the language for it and the vocabulary for it because they have been learning so much. Yet, they don’t always have the strategies for dealing with it.”<sup>62</sup> Though they believe social media may have had some negative impacts on mental health of young adults, they also think that “more people kind of publicly sharing their experiences and normalizing [mental health challenges]” is a benefit of social media.<sup>63</sup>

Conversely, Participant B has “seen less and less of literacy around mental health and around having an embodied experience or even an embodied knowledge.”<sup>64</sup> They mentioned that the relatively rural region in which they teach has an impact on this, with many students having received little to no medical or mental healthcare prior to going to college.<sup>65</sup>

Though the participants had differing opinions about some of the trends in mental health and cultural aspects of modern collegiate music students, they all agreed that the mental state and mental health of students is of concern. They agreed that anxiety has increased, and students exhibit behavior resembling burnout that at times interferes with their ability to succeed in their musical studies.

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<sup>62</sup> Participant A, interview, 7.

<sup>63</sup> Ibid, 8.

<sup>64</sup> Participant B, interview, 7.

<sup>65</sup> Ibid, 6.

## Training

My second research question asked what training studio professors receive to prepare them to handle conversations and challenges relating to student mental health. None of the participants had received any institutional training in this area. Participant A mentioned the availability of Mental Health First Aid training, which they intended to take soon.<sup>66</sup> Each of the professors have various training and education in topics related to musician wellness, which they sought out on their own.

Participants A and B both expressed what they perceived to be a need for training in mental health and psychology. In mentioning Mental Health First Aid, Participant A mentioned suicide in alumni of their institution's school of music, which they described as "an urgent call for us to be trained in [Mental Health First Aid]."<sup>67</sup> Likewise, Participant B urged future teachers to educate themselves in psychology, saying:

I would tell every new teacher to take an abnormal psychology class... Certainly a psychology class, but to also take abnormal psychology. So that you can learn to recognize markers and not treat them, but just have the resources available for students. Because in many ways, we are going to be the- we are the person who's going to have the most impact.<sup>68</sup>

All three participants referenced mandated reporting, which is a legal requirement for an individual to report certain information about individuals experiencing or at risk of abuse or harm. Mandated reporting laws vary from state to state, and higher educational institutions have differing policies about mandated reporting.<sup>69</sup> Participants A and B both mentioned being mandated reporters in the case of individuals expressing desire to harm themselves or others.

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<sup>66</sup> Participant A, interview, 5.

<sup>67</sup> Ibid, 6.

<sup>68</sup> Participant B, interview, 30.

<sup>69</sup> "What Is a Mandated Reporter?," National Association of Mandated Reporters, 2022.

Surprisingly, Participant C is unsure about whether they are a mandated reporter according to their institution, despite a robust tenure and having asked about their mandated reporting status or lack thereof in multiple settings.<sup>70</sup> Further, when asked about how they respond if a student brings up a specific mental health concern, Professor C said:

Well, some of those mental health concerns have legal ramifications. And I don't mean just for them but liability for the university [inaudible]. And... I don't know how to navigate those. I mean I've hardly been... The university doesn't really teach us. It's like you find yourself in a situation and then... University folks will have things to say about that. But it's not like there's a grounding of principles I'm working from except just being in the system a long time.<sup>71</sup>

Each participant has sought out related training, ranging from mindfulness to somatic-oriented disciplines to therapeutic disciplines. Participants A and B explicitly mentioned an obligation to address concerns with students because of the frequency and nature of their interactions with students.<sup>72</sup><sup>73</sup> Despite having described increased concern about anxiety, depression, burnout, and other issues, and despite the legal and ethical ramifications for faculty, students, and the institutions at large, none of the participants described having received explicit and/or required training from their institutions about how to handle these situations.

### **One-to-One Lessons**

The third question that guided this research explored how studio professors may incorporate mental health discussions into one-on-one private lessons with their students. The participants varied in their approaches, but they did have some common throughlines. This

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<sup>70</sup> Participant C, interview, 24.

<sup>71</sup> Ibid, 22.

<sup>72</sup> Participant A, interview, 20.

<sup>73</sup> Participant B, interview, 9.

section will present concepts which were similar amongst two or more participants before detailing the unique approaches of each of the professors.

The three professors described intentionally building relationships with students in various ways. They described habitually checking in with students at the beginning of lessons. When a student brings up a mental health concern, all participants described listening and normalizing what the student was experiencing. Normalizing a student's experiences could happen via sharing one's own experiences with the student, validating the student's experiences and feelings, and empathizing with the student.

Each of the participants described aspects of their teaching that prioritized the whole person and their wellness. They described having a knowledge of available resources and trying to connect students to those when appropriate. Every participant described instances of walking students to the on-campus counseling center to help them feel more comfortable seeking help.

The following subsections detail the approaches of each participant in fostering mental health conversations and assisting students who may be experiencing mental health challenges.

**Participant A** described methods of intentionally designing the lesson setting to build a relationship with the student and set up certain norms regarding overall wellness. They view mental health discussions as a part of their job as a private instructor, saying, "I'm kind of of the thought that that is my job as a teacher and a mentor to listen to their struggles and to just- Sometimes just having a listening ear is useful. I'm not trained as a psychologist or a counselor, but I can listen, and I can offer my own experiences. And sometimes that's just what they need to know they're heard."<sup>74</sup>

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<sup>74</sup> Participant A, interview, 10.

They followed up by describing how they suggest creating this dynamic of openness and listening from the earliest lessons with students.

And that means we have to set that up from the very beginning. So when we first start our lessons with students, leaving time for just talking about their lives and letting them know that we're listening. I like to use a little question jar with my younger students, so when they come in- Because if you just ask them how they're doing, they're probably gonna say, "I'm fine" and then move on with the lesson.

But if they pull a little question out, then it just helps you get to know them a little better. Like what was your favorite thing you did this week or something like that. And kind of gets you on a more personal relationship kind of bonding, which is helpful for us knowing that if you listen to them on these small things, you're going to listen to them on the big things as well.<sup>75</sup>

In addition to the routine of building a relationship as described above, Participant A also described intentionally incorporating mindfulness and conversations about health into their pedagogy. They described setting the tone for how those concepts would be a continual part of their lessons and relationship. Participant A "integrat[es] breathing at the very beginning of every lesson" to help students focus, prepare, and relax for the lesson when they are often "rushing from one thing to the next."<sup>76</sup> Participant A feels that this habit helps students feel more comfortable returning to the breath later in the lesson if they become frustrated or physically tense.<sup>77</sup>

Participant A also described regularly incorporating topics about overall health to help provide a foundation for later conversations around particular mental health concerns. They said:

I mean, the last thing that someone wants to hear when they're really struggling with depression is to say, "Well, have you had enough water today?" Or "what have you had to eat today?"

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<sup>75</sup> Participant A, interview, 11.

<sup>76</sup> Ibid, 12.

<sup>77</sup> Ibid.

But sometimes those conversations, if you've done them early on... like "this is what it means to have a healthy life," then you can bring those up in that conversation, too. Because it's just a little thing, but it's a reminder to them that they're important and they also have to be taking care of themselves.<sup>78</sup>

Another aspect of open-mindedness and understanding that Participant A described was in relation to challenging preconceived notions students and those around them may have. They described a need for professors to understand that what may appear as laziness or lack of motivation may be a symptom of something deeper.<sup>79</sup>

They also prioritize helping students learn to trust and offer compassion to themselves, and to advocate for their needs even when other sources of power in their lives may not see eye-to-eye with them.<sup>80</sup>

A portion of the interview asked about approaches to address concerns when a student is behaving in an uncharacteristic way but hasn't brought up a mental health challenge explicitly. In these instances, Professor A described checking on the student as a responsibility given that "you're seeing them more than any other mentor in their life."<sup>81</sup> They described having the conversation in as non-judgmental way as possible and describing the facts of what they have noticed. They stressed the importance of maintaining confidentiality, except in instances when mandated reporting is appropriate. On occasion, they have gone to upper administration to raise concerns about a particular student.

**Participant B** described mental health as "almost primary" to their work one-on-one with students. They described an acute awareness of mental health and said that mental health

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<sup>78</sup> Participant A, interview, 19.

<sup>79</sup> Ibid, 14.

<sup>80</sup> Ibid, 27-28.

<sup>81</sup> Ibid, 80-81.

impacts their teaching philosophy of teaching the whole person.<sup>82</sup> When asked about their openness to discussing mental health, they said:

Um, probably to my own detriment more so than I need to be. Because I'm acutely aware of it, I orient from, "If we don't get this solved, I can't do my job in terms of teaching you [instrument]. Because this hurdle is a barrier to you learning [instrument]." And of course, they're like, "I don't understand what you're talking about."

... So I would say for me, almost it's a barrier because I can't teach if someone's not ready to be taught. And I can't enact my teaching philosophy, which is to teach the whole person. I consider myself to be a mentor for business and for career development and for artistic development and for nurturing the whole person and staying healthy through this, through our field. So it's almost primary.<sup>83</sup>

Participant B described mental health challenges frequently coming up in lessons and sometimes creating a barrier to learning. The methods Participant B uses to prioritize student mental health include educating students and sometimes insisting a student seek the help they believe the student needs. Participant B has experienced instances of becoming frustrated with years of a student not acknowledging their mental health, and described going so far as to tell the student, "you are not allowed to come to a lesson unless you hand me a piece of paper that says you have been to therapy this week."<sup>84</sup> Further, they described communicating this to a student in such an instance:

You know what? You don't get to study with me just because you want to. I have a choice in this, too. And because you're not acknowledging the things that you need to acknowledge in order to excel in this field, I'm not going to accept you in my studio until you address these things... be allowed to register for lessons, until I know that you're receiving the necessary medical treatment that you need to receive."<sup>85</sup>

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<sup>82</sup> Participant B, interview, 10.

<sup>83</sup> Ibid.

<sup>84</sup> Ibid, 14.

<sup>85</sup> Ibid.

It is important to note that the students at Participant B's institution are given access to mental health care for free, funded by required fees. Participant B estimated that intake for therapy is typically around two weeks, and they keep tabs about fluctuations in intake times.<sup>86</sup>

Partially because of the rural region in which Participant B teaches, they described some resistance from students about seeking mental health treatment. In certain instances, this resistance is related to students' parents' beliefs about mental health.<sup>87</sup> Participant B noted the necessity of maintaining confidentiality and not sharing legally protected information with students' parents. They described this in the context of parents reaching out to discourage Professor B from having conversations about mental health that students reported had happened in lessons.<sup>88</sup>

In terms of mental health education, Participant B described talking about their own experience with mental health challenges and educating students about how medications work for certain illnesses.<sup>89</sup> They described this recent experience of advising a student:

Case in point, I had a student earlier this semester, who at the start of this semester, [physicians] doubled [the student's] SSRI. And I was like- And all of these things happened-

"You went into severe depression when they doubled your serotonin reuptake inhibitors." Yeah, I said, "Go back to your original dose. Cut your dose in half and go back to your original dose and call your doctor. And while you're waiting to get in to see your doctor, cut your dose in half." And sure enough, [they] came back in two weeks later and said, "Thank you. I was having serotonin sickness."<sup>90</sup>

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<sup>86</sup> Participant B, interview, 14-15.

<sup>87</sup> Ibid, 15.

<sup>88</sup> Ibid, 35.

<sup>89</sup> Ibid, 16.

<sup>90</sup> Ibid.



Participant B also described educating students about how to maintain their mental and physical health while also optimizing themselves for the field. They described encouraging students to separate their identity from their work and to create boundaries around work.<sup>91</sup> “Mak[e] sure that there’s a point in your day where you’re doing something strictly for you. What are the things that nourish you? What are the things that help you recharge? Do you understand aspects of you? Things like personality traits.”<sup>92</sup>

Participant B talks to students about prioritizing and managing overwhelm. In teaching students to manage their schedule, Participant B encourages students to find the best times for themselves to work, taking time off, and working eight hours a day. They said, ““Oh, you're performing until 10:00 that night. That means your work shifts and it starts at 1:00 or 2:00 in the day and your free time...’ You need to work like a normal person, not 12 hours a day. To have a space in your home - that is your practice space that you close the door and walk away from it.”<sup>93</sup> As a final note about encouraging healthy habits, Participant B described encouraging students to have non-music major friends and to schedule time for things they enjoy outside of music.<sup>94</sup>

In developing relationships with students, Participant B detailed the importance of safety and validation in the relationship between student and studio teacher. Participant B described the challenges modern students may face in navigating the stresses of the collegiate music environment, partially due to the relatively unsafe learning environment this generation has

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<sup>91</sup> Participant B, interview, 18.

<sup>92</sup> Ibid, 17.

<sup>93</sup> Ibid, 17-18.

<sup>94</sup> Ibid, 18.

experienced.<sup>95</sup> They described an understanding of and sensitivity to these factors as necessary for creating a sense of trust and safety within the studio professor-student relationship.

These are the things that are huge to me in teaching right now and whether or not they... I don't know that they're specific to mental health as they are just specific to health and how our nervous system and our body... copes with the learning environment and the performance environment that we're in.

So understanding that there's no error, that nothing in your body can ever be an error. And if I told you that it was... you move and you respond because of your lived experiences. If I tell you that's wrong, I'm invalidating your life and the experiences that you've had in your life.

We can't work together if you don't feel like I see you, as your teacher. Even though you might think I'm the greatest [instrument] teacher in the world and you want to learn a whole lot from me, if you don't- if we don't have that basic trust, learning can't happen. Because there's no safety. Because I haven't seen you.<sup>96</sup>

Participant B also articulated the challenge they experience in protecting and promoting students' emotional safety while also educating and preparing students.

How can we develop resilience and grit in an environment where we don't feel safe when we're learning? And how do we create safety? And how do we educate students in understanding what the nature of the relationship between their studio teacher and them? Like, what's the role? What's supposed to be happening here? And understanding that is the safest environment. It should be the safest environment. It means that we as teachers have to... develop what's called a trauma-informed teaching style. And the student has to be educated. And we have to develop the soft skills and the structures within their brain.<sup>97</sup>

In instances where a student brings up a specific mental health concern, Participant B always begins by checking to make sure the student is safe. They prioritize clear communication about their legal obligation to report if the student's safety is in question.<sup>98</sup> When safety isn't of concern, Participant B "gather[s] as much data as the student is willing to share with [them]

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<sup>95</sup> Participant B, interview, 24-25.

<sup>96</sup> Ibid, 25-26.

<sup>97</sup> Ibid, 26.

<sup>98</sup> Ibid, 29.

without invading privacy so that [they] can give them the most informed advice possible.” Even when a mental health challenge is outside of Participant B’s expertise to assist with, they said that “there’s always empathy” and a willingness to explore the “intersections between that and our work.”<sup>99</sup>

Regarding students behaving uncharacteristically, Participant B described their acute awareness developed through wellness-related training and how they check in with students when they have a concern. They detailed an example of how they might handle a concern over time:

I will certainly ask, "Hey, is everything going okay? How are things going for you?" And first instance of things, I will kind of let the "no, I'm fine"- I'll let those things slide. When it becomes, you know, second or third instance of it, particularly in consecutive weeks, then it becomes more of a "Look... I need to know that you're okay. I understand that you don't want to tell me. I respect that. But I need to know that you're okay. And I need to know that you're at least acknowledging, and you are aware of your behavior."

It's very rare that I'll, you know, conduct like an intervention. I can't think if I've ever done that but... Yeah. Students don't get anything by me. I mean, that's my [wellness-related discipline] training. I'm trained to see those things that you don't want me to see. Which, again, is- you know when you asked about, you know, your level of awareness to it is sometimes a detriment. Because I will stop the lesson and go, "Mm, we can't go any further with this until you address this particular thing [inaudible]. This is the problem... It has nothing to do with you being able to play the [instrument]. With the other things that are getting in the way."<sup>100</sup>

It was evident in Participant B’s answers to certain questions throughout the interview that they sometimes perceive these types of issues as barriers to their ability to teach students. Further, Participant B described an active and persistent desire for students to seek the mental health resources and assistance they believe are needed for music instruction to take place.

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<sup>99</sup> Ibid, 29.

<sup>100</sup> Ibid, 34.

Finally, Participant B described modeling these concepts for students by tending to their own mental health, openly displaying boundaries in their time and availability, and sharing their own experiences with students.

**Participant C** prioritizes a whole-self approach to teaching students one-on-one and an awareness of the structures and traditions that students are working within. They also described self-awareness and self-cultivation as beneficial to relationships with students, and a flexibility toward the individual student and their needs and goals.<sup>101</sup>

An awareness of the power structures that exist within music departments, universities, and widespread culture was a prominent theme in Participant C's approach to working with students. Participant C aims to create an environment in which students feel comfortable talking and bringing their whole selves, saying:

“Every lesson I teach, I try to ask the student some questions about themselves, as a person, before we dig into skills. It's always like, ‘How are you?’ not ‘how's your playing?’ first... I try to support a culture that allows people to bring their whole selves into their work. The expectations of politeness and professionalism often seem to dictate that people don't do that.”<sup>102</sup>

Participant C described practicing nonviolent communication and using self-awareness to make sure they are receptive to students.<sup>103</sup>

What I say to students every semester, every year is, "I'm trying to cultivate myself so that I'm ready when you have a need, and to explain your need you'd have to be critical of me." What do I need to do so that I can receive that and meet your need? And most important to me is the one where you speak your truth and I may hear that as critical.<sup>104</sup>

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<sup>101</sup> Participant C, interview, 1, 9, 13.

<sup>102</sup> Ibid, 8.

<sup>103</sup> Myra Walden, “The Purpose of NVC,” Center for Nonviolent Communication. According to the Center for Nonviolent Communication, Nonviolent Communication is a practice of consciousness which involves self-connection, honest expression of feelings and needs, empathy for self and others, and which does not incite negative feelings or outcomes as a means for influencing others.

<sup>104</sup> Participant C, interview, 9.

In discussing students and how they operate within their music school environments, Participant C mentioned domination and “power over” culture,<sup>105</sup> masculinity contest culture,<sup>106</sup> and white supremacy culture.<sup>107</sup><sup>108</sup> Participant C perceives these permutations of social culture to be present to varying degrees within music schools. One aspect of their pedagogy is a focus on cultivating awareness of these influences and on shifting their teaching to foster healthier environments. In describing the pressures that students seem to feel within these environments and their approach to mitigating that, Participant C said:

Students will often say, "Well, I know I shouldn't feel this way and I should practice more" or like "I just want to make sure you're not upset at me" or "but do you like my tone?" Or all manner of things where they're trying to resolve their feelings by... assuming that...

They're operating in a domination culture and they're just hoping they won't be - they're doing the right things to not get squashed in that domination culture. And so, of course I can't remove that domination culture from their everyday experience, but I can at least soften it in here or within studio spaces.<sup>109</sup>

When asked about the frequency of mental health concerns coming up in private lessons, Participant C noted that students tend to “seem in a mild state of trauma or dysfunction.”<sup>110</sup> They

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<sup>105</sup> Maria Alpa, “Domination Culture and Its Connection to Trauma and Conflict,” *E-Organizations and People* 23, no. 2 (2016): 5-6. “Domination Culture” and “power over culture” are terms used to describe cultures in which “a few people control many others to their own advantage.” Some characteristics of a domination system include suppression of the self, fear and competition, and language of judgment and blame.

<sup>106</sup> Jennifer L. Berdahl et al., “Work as a Masculinity Contest,” *Journal of Social Issues* 74, no. 3 (September 2018): 424, 430. Masculinity Contest Culture is used to describe a zero-sum organizational culture which is most often male dominated and in which toxic masculinity is a foundational part of how the organization functions. “In this zero-sum game, men compete at work for dominance by showing no weakness, demonstrating a single-minded focus on professional success, displaying physical endurance and strength, and engaging in cut-throat competition.”

<sup>107</sup> “White Supremacy Culture,” *dRworksBook*, May 2021, <https://www.dismantlingracism.org/white-supremacy-culture.html>. “White supremacy culture is the ideology that white people and the ideas, thoughts, beliefs, and actions of white people are superior to People of Color and their ideas, thoughts, beliefs, and actions.”

<sup>108</sup> Participant C, interview, 10, 6.

<sup>109</sup> *Ibid*, 10.

<sup>110</sup> *Ibid*, 12.

said that generalized anxiety and what they “[assume] are kind of imposter syndrome things” are the most common concerns.<sup>111</sup>

When mental health challenges come up, Participant C described validating and normalizing students’ experiences while avoiding pressing or offering solutions. They suggested, “Validate them. Be careful about that pivot toward solutions. We're always emphasizing that the path to their learning is not going to be linear... Try to normalize the ups and downs of it.”<sup>112</sup>

Participant C described an individualized approach to teaching each student. They described several methods of focusing on a student’s particular interests and goals and adjusting their teaching style accordingly, saying they are “always trying to flex to what a student needs to feel the most safe.”<sup>113</sup> They focus on fostering intrinsic motivation, saying, “you want to work with peoples’ ‘yes.’ You want to know what matters to them and try to use that energy. If you're trying to get them to do things they don't want to do, they might do them, but it's more on the short term.”<sup>114</sup>

If Participant C is concerned about a student, they start the conversation with “the kind of check in with you and how you're doing. And then ‘I don't mean the [instrumentalist], I mean the person.’”<sup>115</sup> They described a flexibility in teaching, saying they “sometimes ask if they want to adjust how we're working today then. Like if today is not a day to push really hard on things, we can work with that.”<sup>116</sup>

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<sup>111</sup> Ibid, 12.

<sup>112</sup> Ibid.

<sup>113</sup> Ibid, 27.

<sup>114</sup> Ibid, 13.

<sup>115</sup> Ibid, 25.

<sup>116</sup> Ibid.

Participant C also described an understanding for what students are going through. They extend empathy toward students, offering understanding about the multiple demands on students' time and questioning misconceptions that one might have toward students.<sup>117</sup> They said, "When you see someone who looks a little disheveled, do you think 'well you need to get your act together' or do you think 'what is this person experiencing in daily life? What are their daily pressures?'"<sup>118</sup>

Finally, Participant C described a sense of camaraderie and teamwork they try to create within the private lesson setting, saying:

The goal of the lesson is that the student feels like, "it's me and my professor working together toward my performance goal." Where in the lesson it's not adversarial. In the lesson we're on the same side of the table and we're troubleshooting how to make that performance good. And I think that's worked.<sup>119</sup>

### **Small Group Settings**

The next research question asked how instrumental studio professors may integrate mental health-related education and conversation into small group settings such as studio meetings, chamber music, or other courses. Participants B and C both have a designated studio class for their private students, and they shared insights about how they incorporate mental health-related conversations into that setting. Participant A does not have a studio class, but shared about how these topics play out in the performers' wellness course they teach. Participant B also mentioned small group interactions with students they have experienced when they have traveled to give performances or presentations.

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<sup>117</sup> Ibid, 25, 27.

<sup>118</sup> Ibid, 27.

<sup>119</sup> Ibid, 17.

Participants B and C both mentioned including related topics into their course syllabi. Participant B described this as a layer of protection to clearly state that health and wellness is a part of one's pedagogy.<sup>120</sup> Participant C mentioned course syllabi in relation to learning outcomes about inequities in the field.<sup>121</sup>

In terms of presentations about relevant topics, Participant A brings in experts on topics such as addiction recovery, sport psychology, and eating disorders to talk to their performers' wellness students.<sup>122</sup> Participant C described dedicating one or two studio classes per semester to related presentations, including topics related to the wellness-oriented disciplines and inequities in the field. Within their studio class, Participant B mentioned educating students about scheduling and prioritizing.<sup>123</sup> They also mentioned fostering discussions about managing performance anxiety and about mental health in general. They described "talk[ing] a lot about mental health in general for that purpose of trying to normalize it and get people to talk about it."<sup>124</sup>

Participants A and B shared experiences of comradery amongst students that they have helped facilitate through their performers' wellness course and creative activity outside of their institution, respectively. Participant A described benefits students seem to receive from practicing mindfulness exercises and working through mental health-related ideas in a group of their peers.

Just the fact that they're coming into class, like lying down on the floor with the lights down for even ten minutes, it's just... They don't do anything like that in their daily life at all. So I feel like it's so healing for them.

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<sup>120</sup> Participant B, interview, 35.

<sup>121</sup> Participant C, interview, 20.

<sup>122</sup> Participant A, interview, 17.

<sup>123</sup> Participant B, interview, 22.

<sup>124</sup> Ibid, 22.



And just from what I've heard about from the students, that's like the most important part of their day, right? But you feel like it's a waste of time when you just do it on your own. But when you do it as a group, there's something very bonding and healing about that. It's like you're just letting everyone know that this is okay to do and it's important, right?<sup>125</sup>

In certain instances, Participant A has students in the course sit in a circle to facilitate the group processing method as a way of normalizing certain experiences students may be having. They described how this can play out:

I really use the group processing model because I feel like when they hear their peers talking about anxiety, or when they hear their peers talking about experiencing depression or burnout, it's like a light bulb that "I'm not the only one who's going through this." And then it just becomes- it really can be sort of therapeutic for them to be in a group where people are talking openly about what they're experiencing. And again, it's normalizing it. It's letting them know that they're not the only ones dealing with it and there are some resources for them. So I would say that's much more powerful than just me alone.<sup>126</sup>

Participant B described their experience in 2018 with commissioning and performing a piece to commemorate the Pulse massacre. They said:

As I was getting ready for the premiere of this, I realized like, I can't go on stage in [heteronormative gendered attire] as Dr. [last name] and walk out here and play this piece of music. I had to walk out on stage with my sexuality being like front and center and tell the story of why this piece was written. And so I was dressed like I was going to a club, you know.<sup>127</sup>

In response to these performances, Participant B described students sharing their experiences, saying, "I have a lot of students who talk to me about worthiness and identity and safety. And how their mental health is surrounded... or how those topics interplay with their mental health around the work that they're doing."<sup>128</sup>

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<sup>125</sup> Participant A, interview, 18.

<sup>126</sup> Ibid, 22-23.

<sup>127</sup> Participant B, interview, 22-23.

<sup>128</sup> Ibid, 23.

## Challenges

My fifth research question asks about the challenges that may arise for studio professors in navigating mental health-related issues. Some challenges that participants have experienced are resistance to mental health conversations, institutional factors, and balancing mental health consideration with the other aspects of working with students. The participants also mentioned aspects of the culture of classical music in higher education and at large that seem detrimental to students' mental health.

Participant B described instances of resistance on the part of students and/or their parents to discussing and addressing mental health. They attributed this partially to the region in which they teach. On this topic, Participant B said:

I work with majority undergraduate students and so most of my students come from rural areas of [current state], where there is hardly any medical... I have a lot of students who have never even seen a doctor before for anything medical, much less any conversation around mental health or even a belief that there is such a thing as mental health or mental health treatment. So in many instances, I am the first person who's ever talked to these students about mental health and maintaining mental health and what opportunities there are for mental health and mental health awareness. Much less diagnosis and treatment.<sup>129</sup>

Participant B later described how students also cited parental resistance as one reason for not wanting to seek mental healthcare.<sup>130</sup> Further, they have experienced parents calling to discourage them from talking about mental health with the parents' child.<sup>131</sup>

Participant A didn't seem to have experienced student resistance to these conversations but did express that students may not feel that other authorities in their lives share opinions or

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<sup>129</sup> Participant B, interview, 6.

<sup>130</sup> Ibid, 15.

<sup>131</sup> Ibid, 35.

concerns for mental health. They expressed that students may not feel comfortable talking about what they are experiencing or communicating their needs to other professors.<sup>132</sup>

This leads into Participant A's perceptions of certain institutional and cultural factors they perceive as challenges in improving student mental health. They described some students rushing from one thing to the next and having back-to-back ensemble rehearsals with no breaks.<sup>133</sup> They believe "a cultural shift needs to happen to really make it safe for our students to play for these long periods of time."<sup>134</sup> They described a presentation about burnout that they found impactful. The presenter talked about how "if you go online and you search for what do you do about burnout... the first thing that comes to mind is 'you're not doing enough to care for yourself'... rather than 'what's being expected of you by your professors and by the world around you?'"<sup>135</sup>

The participants expressed sentiments about circumstances in which a student's mental health or personal life may inhibit studio professors' ability to teach the student effectively. Participant A described other faculty members who have had students who "come in crying every week and then they end up spending most of the lesson on whatever's going in their lives," which Participant A believes is "probably something that needed to be handed off to a professional so that they can do what they're actually trained to do, which is teaching them music."<sup>136</sup> Participant B described multiple examples in which they have felt their ability to teach

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<sup>132</sup> Participant A, interview, 8.

<sup>133</sup> Ibid, 7.

<sup>134</sup> Ibid, 15.

<sup>135</sup> Ibid, 26.

<sup>136</sup> Ibid, 10.

a student has been impeded by a student not taking responsibility for their mental health and seeking what Participant B believes to be appropriate care.<sup>137</sup>

Participants B and C expressed a challenge of balancing awareness and support for students with maintaining integrity in areas such as grading and artistic standards.<sup>138139</sup> Each of the participants described ways they navigated assigning end of semester grades to students who had experienced significant mental health challenges during a given semester. They all agreed that if a student had a severe struggle with mental health over the course of a semester, facilitating an “Incomplete” grade with additional time to complete the requirements is a potential strategy. Participant B noted that a medical withdrawal is sometimes a solution to prevent the student from being hurt academically.<sup>140</sup>

Both Participants B and C mentioned changes to their approach to grading over time, particularly in regard to the weight of individual lesson grades. They each have decreased the emphasis on the lesson grade and tried to create more objective methods by which to assess students. Participant B described moving away from grading individual weekly lessons by breaking applied lesson grades into four equal parts: lessons, a scale exam, a jury, and a journal with specific requirements that the students work on throughout the semester. Each of these parts makes up 25 percent of their semester grade, which places more emphasis on the long-term goals and material of a semester and neutralizes the ups and downs a student may experience throughout the course of the semester.<sup>141</sup>

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<sup>137</sup> Participant B, interview, 10, 21, 30, 34.

<sup>138</sup> Ibid, 6, 27.

<sup>139</sup> Participant C, interview, 14-19.

<sup>140</sup> Participant B, interview, 21.

<sup>141</sup> Ibid, 20.

Participant C described eliminating lessons from grading altogether and emphasizing completing performance requirements as the means for earning a grade. The assignments are a mix of “the things you just have to do and things that matter to you.”<sup>142</sup> Participant C feels that eliminating lesson grades allows for more directness and teamwork within the lesson setting.<sup>143</sup> Students earn grades by completing performance requirements, which they can complete in various settings (lessons, recordings, studio classes, etc.) and which they can redo. Students are given their highest grade, which Participant C described as “trying to grade them at their best moment.”<sup>144</sup>

Further, grades are assigned via rubrics. Participant C described the rubrics as moving away from a standardized ideal, which has been valued in the classical music industry but is only available to certain individuals with the means to achieve it. Rather than holding students to a certain standardized ideal, Participant C is refining rubrics to grade students based on their achievement in relation to their individual goals.<sup>145</sup> They expressed the importance of maintaining integrity in grading by not assigning a student a grade for which they didn’t complete the work. They allow students to complete multiple attempts of performance requirements and in instances of a difficult semester, they may trim requirements to make them more doable for a student.<sup>146</sup>

All participants expressed beliefs about factors within the classical music field and higher education that may need to shift to better support students’ mental health. Participants A and C

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<sup>142</sup> Participant C, interview, 15.

<sup>143</sup> Ibid, 17.

<sup>144</sup> Ibid, 15.

<sup>145</sup> Ibid, 18.

<sup>146</sup> Ibid, 19.

both mentioned the downsides of the “guru” or “sage on the stage” approach to teaching that has been prominent in education and especially in music instruction. Participant A said that:

As much as we are more open to talking about mental health issues, it does seem like- and I don't know if this is specific to classical musicians in general- but we were kind of trained in that guru mindset, right? So the teacher knows everything and I do everything that they say. And that can make it very difficult to have a conversation when you feel like what you need is something different than what the teacher thinks.<sup>147</sup>

Further, Participant C described that there is “very little in the system” to reward faculty for “caring for students first.”<sup>148</sup> They continued:

I mean, it makes good educational sense to try to make a space where the student is comfortable, because they can't learn if they're in fight or flight brain. Learn as much as they can. Take in as much or remember as long, or all that kinda stuff.

But there just are really no expectations around that. And... I mean, you might say, "Well, you can't force someone to care. I mean, they're a teacher. They're supposed to teach the content. Now you're saying you expect them to care about the person." I guess I kind of am.<sup>149</sup>

Questions about who benefits from certain aspects in the education and industry sides of classical music were also mentioned. Within music schools, Participant C described ways in which the motives of making the institution look good, recruiting, or making their professor look good sometimes seem to be valued more than the students themselves.<sup>150</sup> They said, “If we say we're trying to make sure that we're student centered or not exploiting students, then the mental health needs to not be connected to making me look good as a teacher or the school look good.”<sup>151</sup>

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<sup>147</sup> Participant A, interview, 27.

<sup>148</sup> Participant C, interview, 28.

<sup>149</sup> Ibid.

<sup>150</sup> Ibid, 17, 20, 21.

<sup>151</sup> Ibid, 21.

Participant B also expressed sentiments about the music world and higher education not having “caught up yet with understanding the nature of the problem.”<sup>152</sup> They believe once the field understands and accepts the problem, it will have to “really struggle with how to nurture creativity and empowerment and embodiment while still nurturing integrity and maintaining integrity.”<sup>153</sup> They perceive a significant challenge in sorting out how to tend to student mental health while maintaining that artistic integrity within the music field.

### **Boundaries**

The final research question asks about how studio professors establish and maintain appropriate professional boundaries in their interactions relating to student mental health. The participants varied in their boundaries, so this section will individually outline the approach of each participant.

**Participant A** prioritized listening and providing resources to students as appropriate. They said that they don’t try to tell students what to do. They set up a precedent of consistently including health-related discussions into their private lessons, so they will bring up conversations when an issue seems to arise. However, they expressed that providing a listening ear and pointing to resources is as far as they go since they aren’t licensed to advise further.<sup>154</sup> When necessary and/or legally mandated, they will report to authorities or to upper administration.<sup>155</sup> In all other instances, they are careful to maintain confidentiality. They avoid having conversations

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<sup>152</sup> Participant B, interview, 27.

<sup>153</sup> Ibid.

<sup>154</sup> Participant A, interview, 19.

<sup>155</sup> Ibid, 18.

with one student about another student unless it seems necessary for the professor to facilitate a group conversation or to step in for reporting purposes.<sup>156</sup>

**Participant B** discussed the way they handle conversations with students about mental health. When a student brings up something mental health-related in a lesson, Participant B always begins by asking about safety and being clear about confidentiality ending when safety is in question.<sup>157</sup> From there, Participant B describes “gather[ing] as much data as the student is willing to share with [them] without invading privacy.”<sup>158</sup> Though they consider it a “tricky balance,” they said they “need to know as much information as [they] can gather so that [they] can give the most informed advice possible.”<sup>159</sup> They are clear about not being a medically trained professional, saying “I cannot and will not give you a diagnosis. But I will point you in particular directions of help. And tell you which directions will be the most advantageous for various things that might be going on.”<sup>160</sup>

When asked about how they know if something is beyond their professional expertise, Participant B said:

Experience. I'm careful of- even if I suspect things, I'm careful about not telling them what I suspect. Even in the beginning, like if I think somebody has got, you know, ADD, I won't tell them that I think that.

It's only after like... when I reach a point where I'm like, "I can't have this conversation with you again. Like we've had ten lessons of the same conversation. I don't have the energy. I'm just going to tell you, I think you have ADD. It is in my professional opinion, as an educator, that I believe you have Attention Deficit Disorder and I need you to get diagnosed or not diagnosed.”<sup>161</sup>

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<sup>156</sup> Participant A, interview, 21.

<sup>157</sup> Participant B, interview, 29.

<sup>158</sup> Ibid.

<sup>159</sup> Ibid.

<sup>160</sup> Ibid.

<sup>161</sup> Ibid, 30.



Participant B said they would rather “err on the side of overstepping than err on the side of caution.” They went on, saying, “I’d much rather say, ‘Gosh, I’m so sorry that I thought that you were bipolar’ than ‘I knew you were bipolar for four years and you went on a binge and I didn’t come forward and get help for you or point you in the direction because no one was spotting it and I was.’”<sup>162</sup> Further, if they suspect something is going on with a student’s medication, they said, “I’m going to be that person to ask, ‘What’s going on with your medication?’ Which is not an invasion of privacy. It’s... me being concerned about your health and your wellness and your progress through the degree.”<sup>163</sup>

In terms of what Participant B described as “more pathological mental health... like bipolar, manic, schizophrenia, divergent personality,” they said that where they stop is “I need to know that you are under proper medical supervision and that you are doing the things that you need to do in order to maintain your health.”<sup>164</sup>

One circumstance that Participant B can and will address more directly is performance anxiety and performance trauma.<sup>165</sup> They described instances of performance trauma in which an individual blacks out during a performance, and described the boundaries for when they are or aren’t willing to address an issue.

I’m like, “Okay. That’s trauma. And that’s PTSD and you’re having a PTSD response.” And at that point, I can work with someone... depending upon what has caused that. If what has caused that is something like, “Yes, my very first piano recital when I was six years old, I had a memory lapse and I freaked out.”

I can work with somebody with that. If what’s causing that kind of blackout is because they’ve experienced trauma in earlier or other areas of their life, like physical or sexual

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<sup>162</sup> Participant B, interview, 32.

<sup>163</sup> Ibid.

<sup>164</sup> Ibid, 31-32.

<sup>165</sup> Ibid, 12-13.

abuse that has gotten grouped and co-opted by performance trauma, then I have to send them to a therapist. So it just depends on what's the catalyst behind it.<sup>166</sup>

Participant B described other teachers “who fall into the heteronormative world, and particularly teachers who are parents.” They described perceiving a lack of barriers or boundaries in certain instances, saying that other colleagues do “those things instinctually because of being a parent, and they don't separate parenting their students from teaching their students.” Participant B described being clear about not “participat[ing] in parental treatment of students.”<sup>167</sup>

Finally, as mentioned in an earlier section, Participant B also establishes legal and professional boundaries of not discussing students with their parents.<sup>168</sup>

**Participant C** described listening and validating students, but not offering advice. They said, “I'm probably not going to offer much mental health advice at all. I will hear what is going on... and won't press. ‘What do you feel comfortable saying? Can you tell me a little bit more about that?’”<sup>169</sup> They described the limits of their knowledge and the discomfort that may result from trying to advise on a situation, saying, “If I offer advice like ‘maybe you should meditate’ or something, it's really uncomfortable and it's full of disclaimers like... Like I mean, I don't claim to know what's best in terms of someone getting relief from... when they're really in crisis.”<sup>170</sup>

Participant C described the uncertainty that was mentioned in the **Training** section on page 24 in relation to the legal aspects of these types of situations. They described a lack of clarity or grounding principles amongst faculty or institutionally. Participant C finds this lack of

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<sup>166</sup> Participant B, interview, 13.

<sup>167</sup> Ibid, 33.

<sup>168</sup> Ibid, 35.

<sup>169</sup> Participant C, interview, 23.

<sup>170</sup> Ibid.

clarity to be challenging when trying to navigate situations for which there aren't clear expectations of or guidelines for faculty.<sup>171</sup>

### **Conclusion**

During the interviews, the participants expressed some similar and some vastly different sentiments. All three participants described an increase in anxiety and agreed that certain aspects of the modern world have contributed to what they perceived as an increased prevalence of certain mental health challenges for their students. In working with students one-on-one, the participants shared what I would describe as an intentional effort toward a whole-person approach to teaching that values the mental and physical health of their students. Each participant described taking steps to validate their students' experiences, and to normalize and destigmatize mental health challenges.

Participants' opportunities for small-group work with students varied, but they each described including conversation about musicians' and personal wellness into the small group contexts that they facilitate. The participants facilitate topic-specific presentations and conversations, and one participant brings in relevant experts to their performers' wellness course. Two participants mentioned facilitating conversations about gender, sexuality, and racial considerations. Some topics participants included into these small group settings were performance anxiety, addiction recovery, somatic-oriented disciplines, work-life balance, and mindfulness.

All three participants mentioned instances in which the current classical music field and the way it has traditionally operated may not be conducive to supporting student mental health.

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<sup>171</sup> Participant C, interview, 22.

The participants mentioned the resistance to change and conversation in collegiate music departments and the classical music industry, differing opinions about what is best for students, and power dynamics within the field as factors that require some navigation in order to improve music student mental health. Participants mentioned the need for students to feel safe and the ways that traditional approaches to music education at the collegiate level may not be conducive to students advocating for themselves.

Participants varied in their thoughts about and approaches to the topic of boundaries. This was particularly evident in how they described their willingness to actively advise students about certain aspects of their mental health. Two participants described a willingness to listen to students, validate them, and connect them to mental health resources, but were careful to avoid stepping out of their training and professional expertise. They described avoiding advising students or making suggestions about how to navigate situations which were outside of their expertise as music educators.

Conversely, one participant viewed seeking mental healthcare as a necessity for their students. They were more apt to give in-depth education, to provide advice at times, and to persist in pressing students to seek professional help. This participant described sometimes insisting that a student seek evaluation for potential diagnoses or communicating with a student about a diagnosis that they suspected the student may have. In relation to medication, they were open about their own need for mental health-related medication, provided certain education about how medication for mental health works, and in one circumstance advised a student in crisis to adjust their medication. Though all three participants acknowledged their lack of specialized training about mental health, the practices that they considered to be appropriate varied significantly.

## CHAPTER VI: CONCLUSION

### **Introduction**

This project began nearly ten years ago, in the halls of the school of music at my own undergraduate institution. As I navigated my own struggles with the demands and challenges of pursuing a music education degree, I became increasingly aware of the mental health challenges so many of my peers seemed to be experiencing. Students with all levels of perceived skill, all types of personalities, all different instruments, at all different years of their college degrees seemed to be struggling. Some struggles were outwardly expressed through destruction of school property. Others were more private, with rumors of hospitalizations and substance abuse.

The professors with whom I interacted were, by and large, supportive and kind. I believe that professors and administrators were doing their best to address the issues they were aware of. However, I still had a strong concern about the prevalence of mental health struggles among my peers. I wondered why it wasn't being discussed or addressed proportionally to how serious the situation seemed to me. As I continued into graduate studies, my concerns about collegiate musician mental health continued. I met new groups of students and experienced a global pandemic as a music student. In 2020, one of my undergraduate colleagues tragically died after a years' long struggle with depression. She was a radiant and immensely positive person and a gifted musician.

When the time came for me to narrow my passion for collegiate musician mental health into a specific research topic and doctoral project, I decided to focus my research on the ever-impactful relationship and role of the studio professor. My studio professors, to whom I owe so very much, were sources of strength and encouragement for me. Without them, I know I would not have persisted through my own education. My unique relationship with each one of them

gave me insight into the power of the studio professor-student relationship. They demonstrated the potential impact of studio professors on their students and their musical and personal development. This project formed from my desire to provide a meaningful addition to the research surrounding collegiate musicians' mental health. To hopefully assist in studio professors' attempts to support student mental health, I sought to gather insights and practical strategies by interviewing individuals with expertise and experience in the area of musician wellness.

### **The Research Process and General Insights**

In beginning this research, I expected to formulate practical strategies that studio professors might employ to improve in their efforts to support student mental health. I intentionally selected the criteria for participation to gain understanding of how studio professors, who are not mental health professionals, might handle these sensitive topics. In my experience, the private lesson tends to provide space for vulnerability in students. I wanted to understand how studio professors could be of support to their students in these vulnerable moments. I wanted to see how this uniquely impactful mentorship relationship could be harnessed to support the mental health of collegiate musicians.

Several themes, practical tools, and philosophical insights were uncovered through the interviews. These professors prioritized building relationships based on listening to students, validating their experiences, and normalizing mental health struggles. They described the steps they take to foster those relationships. They frequently mentioned an awareness of the power structures and dynamics that exist within the music field and music departments in higher education. The participants each described challenges to improving the mental health of students that resulted from certain traditions within the field.

As I used my interview process and the resulting data to answer my primary research questions, I was struck by the variance in the participants' approaches, particularly in respect to boundaries. As described in the **Boundaries** section of CHAPTER FIVE, some participants described strict boundaries about staying within their professional expertise as music educators. They felt comfortable discussing wellness generally and providing support, but avoided giving advice that was outside of their training in music education. Another participant described a more hands-on approach, in which they sometimes require students to seek therapy or mental healthcare to be allowed to attend lessons. They described a feeling of responsibility in certain instances to bring up concerns about diagnoses they suspected. This variance in boundaries described by the participants suggests that studio professors in various institutions, states, and regions may each use whichever approach they personally choose when deciding how to handle mental health concerns and conversations with students. There does not seem to be a consensus or set of guiding principles to inform studio professors of how to handle these sensitive situations.

Additionally, the lack of training provided to and/or required of studio professors arose as a concern through this research. If collegiate musicians are experiencing mental health challenges, it seems likely that studio professors might encounter those challenges in the lesson setting. The frequent, one-to-one interactions between a student and their studio professor alone positions these professors to be aware of students' non-musical lives. The power naturally and necessarily given to studio professors further contributes to the importance of this relationship.

None of the participants mentioned any required training about how to navigate mental health challenges with students. One participant mentioned a lack of clarity in regard to how faculty should handle these types of situations, to the point of their institution not providing a

clear answer about faculty members' mandated reporter status or lack thereof. Studio professors, who work so closely with individual students, should not be left to guess about how to appropriately handle mental health challenges or crises that come to their attention. Clarity and education about these issues would protect the best interests of the students and prevent professors from unintentionally crossing boundaries or even harming students.

The importance of the studio professor in the life of a collegiate musician was highlighted in this study. Studio professors can influence their students in a profound way. Unfortunately, there are instances of harm to students within this relationship, which may be perpetrated unknowingly by applied instructors. On the contrary, with good intentions and adequate education about navigating this important relationship, studio professors may be a source of great help to students.

Music programs in higher education need to move toward better supporting student mental health. Studio professors can have a strong impact in this area through their frequent interaction with individual students. However, without a consistent standard of training and guiding principles for educators within this role, it may be challenging for studio professors to support student mental health effectively and appropriately.

The following sections will provide recommendations for how studio professors and music departments may improve the mental health support provided to students within the private instruction setting. The findings of this study give suggestions about how studio professors can establish a more holistic approach to pedagogy, assist students in navigating mental health challenges, and clarify professional responsibility and boundaries in navigating these issues.



## **Holistic Pedagogy in the Applied Music Studio**

The first way that studio professors can proactively support student mental health is by establishing a holistic approach to pedagogy. For the purposes of this research, a holistic approach to pedagogy involves considering a student as a whole person and prioritizing all types of wellness as an important aspect of education. The practical steps to this holistic approach begin with incorporating wellness into one's teaching philosophy, communicating with students about this philosophy, and prioritizing building appropriate and supportive relationships with students.

To incorporate wellness into one's philosophy as a studio instructor, professors can start by identifying the ways that health and wellness impact musicians' work and education. Incorporating aspects of wellness into interactions with students early and often may help students to understand the importance of taking care of themselves and their health. This could take the form of presenting and discussing wellness-related topics in small group settings or including certain habits within the lesson setting.

For instance, if a studio professor believes that minimizing tension is important for a musicians' ability to perform well, they may find it beneficial to utilize studio class time to discuss physical warm-up strategies and to habitually spend time at the beginning of private lessons to facilitate mindfulness practices. While each studio professor will have their own beliefs about what aspects of health and wellness are important to build into their pedagogy, intentionally including those into their work with students can communicate the importance of wellness and may encourage students to prioritize their own wellness.

In addition to including mental and physical wellness in one's teaching approach, mutual communication with students may also be advantageous. This includes communication about the

purpose of one-to-one teaching and clarifying the nature and purpose of the studio professor-student relationship. Students may enter the lesson setting with anxiety, insecurity about their abilities or preparation, and a desire to please their teacher. Studio professors can ease this burden by communicating their beliefs about one-to-one instruction and student-teacher relationship with students.

To create an environment of trust and psychological safety, studio professors can facilitate two-way communication with the student. They may ease student anxiety by establishing and communicating a sense of teamwork between student and professor rather than a relationship in which the student is expected to please the teacher. It is important that students are able to voice their concerns and perspectives without fear of their instructor dismissing, diminishing, or reacting defensively to them. Likewise, it is important for studio professors to clearly establish their own boundaries and expectations to create an environment of mutual respect.

Finally, building relationships with students over time can create a foundation from which studio professors may better assist students if and when they later encounter mental health challenges. Studio professors can start to build relationships early by consistently checking in on students as people and listening genuinely to what they have to say. Additionally, consistently discussing healthy habits and self-care can establish wellness as an important part of being a musician. Students may be more likely to seek help when necessary if they know their studio professor will listen non-judgmentally and encourage them to prioritize their health and wellness.

### **Clarifying Professional Responsibilities and Boundaries**

Given the high frequency of mental health challenges among emerging adults and musicians, it is likely that studio professors will need to navigate situations in which their

students experience mental health challenges and illnesses. It is unusual for studio professors to receive mental health-specific training before or during their employment at the collegiate level. It is of vital importance that studio professors both clarify their professional responsibilities and boundaries and seek training about how to appropriately navigate mental health concerns.

There are significant parallels between the studio professor-student relationship and a therapeutic relationship. One individual is in a position of power while the other is comparatively vulnerable. Weekly meetings take place in which one person shares their current progress and the other facilitates learning or growth in some way. However, this is clearly not a therapeutic relationship. Studio professors are music educators, but they may have little to no formal training about educational practices and ethics. It is important that studio professors understand what their role is as a mentor to students and what it is not.

The interviews that comprised this research suggested that studio professors have varying approaches from one to the next about where the boundaries of their role should be. It can be assumed that this variance would be all the greater among the thousands of studio professors in the United States. Given the especially personal, private, and impactful nature of the studio professor-student relationship, this lack of clarity as a professional community seems likely to contribute to intentional or unintentional harm to students. It would be advantageous, not only for protection of students and faculty but also for the integrity of the higher education music community, for studio professors to be trained in the appropriate handling of sensitive issues and for a standard of ethics and accountability to be established.

One starting place for studio professors to receive mental health training is through Mental Health First Aid (MHFA) training which is available through the National Council for Mental Wellbeing. The primary tenets of MHFA are the role of a Mental Health First Aider and the

ALGEE action plan. The ALGEE action plan taught in MHFA can be used in a non-linear way and not all steps are necessary. The ALGEE steps are listed below.

**Assess** the risk for suicide or harm

**Listen** non-judgmentally

**Give** reassurance and information

**Encourage** appropriate professional help

**Encourage** self-help and other support strategies<sup>172</sup>

The training encourages individuals to utilize these steps when encountering someone who is experiencing a mental illness or mental health challenge. It also includes explicit and frequent instruction the role of a Mental Health First Aider is not to diagnose or treat a mental health challenge.<sup>173</sup>

Mental Health First Aid training is a one-day training, which provides individuals with a basic understanding of common mental health challenges and how to appropriately assist someone who is experiencing a mental health challenge. Trainees are also provided with physical resources they can reference in the future to help them navigate specific situations. The training can be taken online, in person, or in a blended format. Most training opportunities require a participant fee, but some are funded externally and can be taken at no cost to participants. Many higher education institutions offer MHFA on campus, often for free or reduced rates.

The studio professor-student relationship presents opportunities for professors to have a significant impact on students, especially if they are experiencing a mental health challenge.

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<sup>172</sup> “ALGEE: How MHFA Helps You Respond in Crisis and Non-Crisis Situations,” Mental Health First Aid, April 15, 2021.

<sup>173</sup> Michael Lananna, “Why Take Mental Health First Aid?,” The University of North Carolina at Chapel Hill, February 9, 2024.

Establishing a baseline of training about how and when studio professors should address mental health with students may allow professors to better assist students and may prevent harm to students. Studio professors will also benefit from having a clear understanding of where the boundaries of their role is and how to connect students with professional help when needed.

To further assist studio professors and protect students, establishing agreed upon practices and guiding principles would be beneficial. Currently, there does not appear to be a standardized approach to the ethics of one-to-one music teaching at the collegiate level. The National Association of Schools of Music Handbook includes a Code of Ethics for institutions, which addresses basic responsibilities, student recruitment, scholarships, faculty appointments, and other administrative considerations.<sup>174</sup> The closest mention of anything relating to ethics of teaching itself describes adherence to “laws and regulations applicable to the work of the institution as ratified, implemented, and adjudicated by federal, state, and local authorities.”<sup>175</sup>

The National Association for Music Education has several ethics posts on their website, but no formal code of ethics to my knowledge. The National Association of Teachers of Singing has a Code of Ethics which includes personal standards, standards relating to students, and standards relating to colleagues.<sup>176</sup> The most relevant professional organization to instrumental studio professors at the collegiate level, the National Association of College Wind and Percussion Instructors, does not appear to have any ethics-related content on their website.

One potential starting place for developing a code or agreement about ethics for studio professors is the Model Code of Ethics for Educators (MCEE). This document contains

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<sup>174</sup> “National Association of Schools of Music Handbook” (Reston, VA: National Association of Schools of Music, 2023), 21-23.

<sup>175</sup> Ibid, 21.

<sup>176</sup> “Code of Ethics,” National Association of Teachers of Singing, June 2018, <https://www.nats.org/code-of-ethics.html>.

generalized ethical considerations for educators in relation to the profession and their competence, their places of work, students, and use of technology.<sup>177</sup> It may be of benefit for collegiate music programs and/or studio professors to utilize the MCEE and other relevant resources to craft an agreed upon code of ethics by which studio professors may abide. Not only would such an agreement protect students, but it may also assist professors in navigating the non-musical aspects of working one-on-one with students.

### **Supporting Students Experiencing Mental Health Challenges**

In considering appropriate ways studio professors may assist students who are experiencing different types of mental health challenges, this research suggests a three-tiered approach. First, the professor should consider legal implications of the situation and report to appropriate authorities or administration. Second, they should recognize the limits of their professional expertise and connect students with resources and professional help when a situation warrants it. Finally, when a situation is within appropriate professional bounds, a professor may provide support to the student in certain ways. This section will detail suggestions in each of these three levels of responsibilities as discovered through this study.

Before discussing practical steps that studio professors may take to provide support to students or connect them to resources, it is important that professors consider their legal and professional responsibilities. This is especially important in relation to mandatory reporting. Mandatory reporting laws and requirements vary from state to state and in different institutions. Sometimes, it may not be obvious whether or not one is legally required to report individuals who may be a danger to themselves or others. It is necessary for studio professors to know their

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<sup>177</sup> “Model Code of Ethics for Educators” (Washington, DC: National Association of State Directors of Teacher Education and Certification, July 2023).

legal responsibilities about these more extreme circumstances before they are in such a situation. As mentioned in previous sections, the responsible handling of mental health related issues begins with education and communication among professionals in this field.

In instances where the student is safe and not at risk of harm to self or others, the next level of responsibility is to assess to what extent the challenges they are facing would be best handled by a mental health or other professional. It is important for studio professors to know when a student needs outside help that the professor is not qualified to give. In preparing for or encountering these situations, it is helpful to have a comprehensive understanding about the campus resources available to students in addition to other community resources that may be helpful. Many campuses' health services or counseling centers have lists of community resources that professors may reference. Professors can provide information about these resources and even accompany students to on-campus resources to support them in seeking help. In any situation in which a student is struggling with their mental health, documenting these circumstances and conversations is important. If the institution has a platform where professors can raise flags for certain students, utilizing those platforms can help the institution identify and assist at-risk students.

Finally, if the situation is not an emergency or severe enough to need of outside help, studio professors can provide certain types of support to students. The following strategies may be helpful in identifying resources to recommend to the students or in providing space for students to talk about their mental health challenges. The remainder of this section will detail recommendations for handling two types of situations: when a student brings up a mental health challenge to the professor and when the student has not expressed a mental health challenge, but the professor is concerned because of uncharacteristic behavior. There are some differences in

the steps a professor might take if the student makes them aware of a mental health challenge versus if the professor is concerned based on uncharacteristic behavior. However, strategies for navigating student mental health concerns or uncharacteristic behavior both include listening non-judgmentally, validating student experiences, avoiding giving advice outside of one's professional expertise, and connecting students to appropriate resources.

When a student is behaving uncharacteristically and the professor is concerned about their wellbeing, all participants agreed about the importance of the professor checking in with the student. Some individuals may believe that addressing their observations and offering support is a part of their responsibility as a primary teacher and mentor to their students. It is important to approach these conversations with concern and fact-based observations. This non-judgemental approach can encourage the student to seek the help they need and prevent them from becoming defensive. It is natural to experience frustration and disappointment if a student isn't meeting expectations, but communicating with curiosity rather than judgment may help the student feel safe to address the causes of their behavior.

When a student brings up a mental health challenge, listening non-judgmentally and validating the student's feelings and experiences are often suggested first steps. It may be beneficial to share one's own similar experiences with students to normalize mental health and other challenges and to further empathize with the student. Unless the situation is directly relevant to the music education of the student or the professor holds particular expertise about how to handle the circumstance, it may be best to avoid giving advice or solutions. Once again, it is important for the professor to stay within their professional expertise and to direct students to relevant resources when appropriate. Listening, validating, and empathizing with the student are



generally helpful and appropriate ways for the professor to provide support without risking unintentionally harming students or crossing personal and professional boundaries.

### **Recommendations for Further Research**

Further research is needed to understand the studio professor-student relationship and its impact. Additional understanding about how this relationship of both education and mentorship can be handled appropriately and ethically. Future research about best practices for navigating this unique relationship would be beneficial in preventing harm to students.

This research has focused on the best interests of students, but research is also needed to understand how the rise of mental health challenges in emerging adults affects professors. Faculty members may not feel equipped to handle the increasing impact of mental health on their work with students.

### **Final Thoughts**

Studio professors in a collegiate music environment have a unique and invaluable position in the lives of their students. They have the opportunity to work with students one-on-one each week, often over the course of several years. Not only do they provide their students with personalized music education and training, but they also serve as mentors for their students. It is a relationship which is unique to music programs and that can have an extraordinary impact on both students and professors.

Studio professors encounter more than scales and repertoire in their lessons with students. Each week, students bring their musical selves into the lessons. They also bring all the other parts of themselves. They bring their personal lives, their past experiences, their hopes and dreams and aspirations. They bring their failures, their worries, and their challenges. Art can involve and even require one to draw on these human elements of one's life. The one-on-one

mentorship and interaction that a studio professor provides to the student makes the studio a likely place for a student's vulnerabilities to show.

One-to-one teachers and mentors are in a position of great influence, which can have a lifelong impact on students. Unfortunately, there are instances in which the power given to studio professors has been mishandled and even abused. The privacy of the one-on-one lesson can allow for harm to take place. The power imbalance can prevent students from speaking up. If the higher education music community is to continue this model of one-on-one lesson teaching, studio professors need both guidance and transparency about their role. They have years upon years of training in music, but often lack training in human affect, cognition, and behavior. The lack of this training does not mean that one-to-one teaching should be eliminated, but rather that education about these topics may help studio professors better navigate situations in which mental health intersects with their job teaching music one-on-one.

As studio professors, we can be proactive in supporting the mental health of our collegiate music students. Our unique position and privilege to work one-on-one with students can allow us to advocate for, support, and encourage our students. We can seek training and intentionally craft our pedagogies and studios to prioritize wellness. We can facilitate conversations within our institutions and advocate for better support of student mental health. We can take steps toward making the classical music industry healthier and more compassionate for the young artists we train up to enter our field.

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## APPENDIX A: TEMPLATE FOR PARTICIPANT RECRUITMENT

Dear [name],

My name is Grace Nelson Poe and I am a third year doctoral student in flute performance at UNCG. For my doctoral research, I am conducting qualitative research regarding mental health in collegiate music students. I am reaching out to see if you would be interested in participating in this research.

[Committee member] recommended you as a possible participant because of [reason].

OR

I thought you would be an ideal participant because of your scholarship and research. [details].

Participation will involve one interview in November or December which we will schedule at a time that works for you and which will take place over Zoom. The topic of these interviews will be the mental health of collegiate musicians through the lens of the instrumental studio professor. I am seeking to uncover some of the challenges studio professors face and strategies utilized to support the mental health of their students.

If you are interested, I will provide you with the interview questions as well as consent form outlining potential risks and additional pertinent information. Your time will be respected, and I will do everything I can to make the process efficient and effective.

I would be honored if you are willing to participate in this research to share your knowledge and experience with other music educators. I believe that the mental health of collegiate musicians is an issue that deserves greater attention and training, and I am hoping that this research will contribute to some positive change within the field.

My research has been approved by my Doctoral Advisory Committee and the IRB at UNCG. All necessary procedures, informed consent procedures, etc. will be absolutely adhered to.

If you are interested in participating, I am happy to schedule a meeting with you to discuss further information and any questions you may have. Please let me know your level of interest and if you would like to meet for a no-strings-attached discussion.

Thank you for your consideration and your contributions to musician wellness.

Grace Nelson Poe



## APPENDIX B: TEMPLATE FOR FURTHER INFORMATION EMAIL

Dear [name],

Thank you for your interest in participating in my research about mental health in collegiate music students.

I am including the interview questions in addition to the consent form to give you more detailed information about both what the interview will entail and other considerations about participating in this research.

If you have further questions, please let me know via email. I'm happy to meet with you virtually to discuss any questions or concerns as well.

If, after you look over these documents, you would like to continue with participation in this research, please complete the consent form and return it to me. If you decide that this research is not something you want to participate in, let me know that as well. You are not obligated to give any reason for not participating.

Finally, if you have any colleagues or connections who might be interested in participating in this research, please feel free to pass along information about this study to them. They may contact me for more information at [genelson@uncg.edu](mailto:genelson@uncg.edu). Eligible participants are instrumental studio professors at an accredited music department or school of music in the US who have an interest in musician wellness.

Again, please reach out with any questions, comments, or concerns! Thank you so much for your time and consideration.

Best,

Grace Nelson Poe

## APPENDIX C: INFORMED CONSENT FORM

### UNIVERSITY OF NORTH CAROLINA AT GREENSBORO CONSENT FOR PARTICIPATION IN RESEARCH

Protocol Title: Mental Health Support Provided by Instrumental Studio Professors at the University Level

Principal Investigator: Grace Nelson Poe, 100 McIver St, Greensboro, NC 27412, 970-361-2616

#### Key Information

You are being asked to volunteer for research. Below is some key information to keep in mind when thinking about why you may or may not want to be in the research. Additional details will follow.

#### Introduction

The purpose of this form is to provide you information that may affect your decision as to whether to participate in this research study. The person performing the research will answer any of your questions. Read the information below and ask any questions you might have before deciding whether to take part. If you decide to be involved in this study, this form will be used to record your consent. You must be at least 18 years of age to participate.

#### Purpose of the Study

You have been asked to participate in a research study about mental health in collegiate musicians. The purpose of this study is to understand how current collegiate studio professors in music perceive and support their private students' mental health.

#### Why am I being asked to take part in this research study?

You are being asked to take part in this study because you fit these inclusion criteria:

1. Currently employed as an instrumental studio professor at an accredited department or school of music in the United States of America
2. Have publicly shown an interest in musician wellness by speaking, writing, and/or publishing about relevant topics

#### How many people will take part in this study and how long will it take?

Participation in this study will consist of one interview lasting approximately 2-hours, which will be conducted in the month of November. The study will include 3-5 study participants at a number of institutions around the country.

#### What will you be asked to do?

If you agree to participate in this study, you will be asked to answer questions regarding mental health in collegiate musicians. You may review these questions before consenting to participate in this study. After research has concluded, you will be sent a copy of the written document that you will be allowed but not required to review prior to its submission. Your participation will be audio and video recorded. Because your voice will be potentially identifiable by anyone who hears the recording, your confidentiality for things you say on the

recording cannot be guaranteed although the researcher will make every effort to protect access to the recording as described in this section. Audio and video recordings will be stored in UNCG approved data storage locations as outlined in the UNCG Data classification policy.

Recordings will be transcribed, and any personal information will be redacted. After transcription, audio and video recordings will be deleted.

The information collected in this study will be utilized for my scholarly research at UNCG in addition to potential future publications and/or presentations.

What are the risks involved in this study?

The risks involved with participation in this study are low and may include accidental loss of confidentiality of data and stress from answering questions on a sensitive topic.

Because data will cover sensitive topics, accidental data disclosure could cause personal, social, or professional stress for participants. Data will be redacted during transcription, but participants are encouraged to utilize pseudonyms in the interviews as a further protection in the case of accidental disclosure of the recorded files.

What are the possible benefits of this study?

You will receive no direct benefit from participating in this study. However, there may be societal benefits such as an increased awareness of musician wellness and access to information about collegiate musician mental health for other music educators.

Do you have to participate?

No, your participation is voluntary. You may decide not to participate at all or, if you start the study, you may withdraw at any time. Withdrawal or refusing to participate will not affect your relationship with the University of North Carolina at Greensboro in any way. You may choose not to be in the study or to stop being in the study before it is over at any time.

You may choose not to answer a question or question(s) for any reason.

If you would like to participate, please complete this form and return it to the primary investigator, Grace Nelson Poe, via email ([genelson@uncg.edu](mailto:genelson@uncg.edu)). You will receive a copy of this form.

Will participating in the study cost you anything?

No. There are no direct costs for taking part in this research study.

If you were harmed while participating in the study, who would pay for the necessary medical care?

In the event that you suffer a research-related injury, your medical expenses will be your responsibility or that of your third-party payer, although you are not precluded from seeking to collect compensation for injury related to malpractice, fault, or blame on the part of those involved in the research.

Will there be any travel or other study-associated costs (for example, child care) and will researchers provide any money to cover those costs?

No. You will not be reimbursed for any costs associated with your participation in this study. The study will not require travel, but childcare or other personal costs may be necessary to participate. You will be responsible for covering these costs.

Will I be paid for taking part in this research?

No. Participants will not be paid.

How will my information be protected?

You will have the choice of whether you would like your name and institutional affiliation listed as a participant of the study.

Beyond the initial list of participants, each participant will be referred to with IDs (Professor A, Professor B, etc.). These participant IDs will be used in transcriptions and prose about the research outcomes. I will maintain a master list of participant names and study IDs in UNCG approved data storage locations as outlined in the UNCG Data classification policy.

Zoom recordings and audio recordings will be collected with my personal devices and immediately transferred to UNCG approved data storage locations for secure storage. Transcriptions and non-redacted information will be stored in UNCG approved data storage locations. Transcriptions will be redacted for anonymity. After transcriptions have been completed, the audio and video recordings will be deleted in compliance with UNCG Data Classification Policy procedures.

We will store all data in UNCG approved data storage locations as outlined in the UNCG Data Classification Policy. Data will be retained for 10 years and will be deleted thereafter.

We will make every effort to protect the confidentiality of study records that identify you, but we cannot guarantee total confidentiality. Your information will be viewed by the research team and other people within the University of North Carolina at Greensboro who help administer and oversee research. If information from this study is published or presented, your name and other identifiable information will not be used in connection with your responses. Absolute confidentiality of data provided through the Internet cannot be guaranteed due to the limited protections of Internet access. Please be sure to close your browser when finished so no one will be able to see what you have been doing.

Could my information be used for future research without asking for my permission?

No. The information collected as part of the research, even if identifiers are removed, will not be used or distributed for future research studies.

### Additional Information and Details

What will happen if you decide to withdraw from the study?

If you decide to leave the study, contact the researchers so they know. The researchers may ask you the reason, but you are not required to provide it.

If you leave the study, no new information will be collected from you. Information that has already been collected will be destroyed and will not be included in published or presented research.

In addition, the researchers could end your participation in this study if they don't feel that it is in your best interest, or if the study is stopped early.

Whom to contact with questions about the study?

Prior to, during or after your participation you can contact the researcher Grace Nelson Poe at [redacted] or Erika Boysen at [redacted] or send an email to [genelson@uncg.edu](mailto:genelson@uncg.edu) for any questions or concerns or if you feel that you have been harmed or injured as a result of being in the research.

Whom to contact with questions concerning your rights as a research participant?

Prior to, during or after your participation you can contact the Office of Research Integrity at UNCG at 855-251-2351 or [ori@uncg.edu](mailto:ori@uncg.edu) to:

- Discuss problems, concerns, and questions, including questions about your rights as a person in a research study
- Obtain information
- Offer input

The Office of Research Integrity at UNCG is not affiliated with any specific research study. You can contact anonymously if you wish.

If you want to volunteer to be in this research, please sign here:

---

**Signature**

You have been informed about this study's purpose, procedures, possible benefits and risks, and you have received a copy of this form. You have been given the opportunity to ask questions before you sign, and you have been told that you can ask other questions at any time. You voluntarily agree to participate in this study. You agree to allow the researchers to use and share your information as described in this form. By signing this form, you are not waiving any of your legal rights.

\_\_\_\_\_ I agree to be audio and video recorded.  
\_\_\_\_\_ I do not want to be [audio and/or video] recorded [and/or photographed].

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

As a representative of this study, I have explained the purpose, procedures, benefits, and the risks involved in this research study.

\_\_\_\_\_  
**Printed Name of Person obtaining consent**

\_\_\_\_\_  
**Signature of Person obtaining consent**

\_\_\_\_\_  
**Date**

## APPENDIX D: PRIMARY INTERVIEW QUESTIONS

### Professional Experience

- Please describe your career experience in teaching at the collegiate level.
- What training do you have in discussing issues relating to mental health?
- During the course of your career, have you perceived any changes in the mental health of the music student population?
- What resources (books, websites, articles, videos, etc.) have you found useful in addressing mental health with students?

### Private Lessons

- To what extent are you open to discussing an individual student's struggles with mental health concerns or mental illnesses?
- Do you take time in one-on-one lessons to check in with students' wellbeing? Can you describe how you foster those conversations?
- Do you find that students' specific mental health concerns come up in lessons and/or studio classes or activities?
- Are there any topics of discussion relating to mental health that you find frequently come up in one-on-one lessons with students? If so, what are those topics and how do you typically navigate the conversations?
- Do you speak with students generally about mental health and taking care of mental health in one-on-one lessons? Please describe your strategies in as much detail as you feel comfortable.
- If a student has experienced mental health challenges over the course of a semester, how do you navigate assigning a grade to the student for a jury and/or applied lessons?

### Small Group Settings

- Do you create opportunities in small group settings (such as your studio class, if applicable) for discussions, activities, or education about mental health? Please describe your strategies in as much detail as you feel comfortable.

### Personal, Professional, and Ethical Boundaries

- How do you respond when a student brings up a specific mental health concern in their private lessons?

- How do you know if/when a mental health concern that comes up with a student is too far out of your professional expertise to discuss?
- If a student shares personal mental health issues that you aren't qualified to address or advise, how do you respond?
- If you have a concern about a student who is behaving in an uncharacteristic way but who has not directly addressed their mental health with you, do you address the situation? If so, how?
- What other personal boundaries do you have in regard to discussing mental health with students?

### Conclusion

- Are there any other comments you would like to share about your experience as it relates to the mental health of student musicians you have encountered?



## APPENDIX E: PARTICIPANT A INTERVIEW TRANSCRIPT

### **Recording Begins**

**Interviewer** Okay. Perfect. So. Well, first of all, I appreciate your responses to my previous emails. I did complete an independent study about musician wellness, so your book, of course, was extremely helpful in addition to the other resources that you sent. And I saw your book on so many lists of resources and it was probably the number one- I created a course syllabus and I had so many chapters on that syllabus from your book because it was just-.

**Participant A** Oh, wow!

**Interviewer** ...so great. I mean, it's a pretend syllabus for now, but some day, I'll hopefully be teaching that course. So, if you don't mind, I'm going to go through just the consent form. I know you already signed it, but just to make sure that there's no questions.

**Participant A** Yeah, no problem.

**Interviewer** So the purpose of this study- I'm trying to gauge what the perceptions of student mental health... The perceptions of collegiate studio professors, especially since we have this one-on-one relationship with students. And kind of how these conversations do or don't come up and what kinds of ways we might support students in mental health. Especially as we're in this close relationship, but a lot of us don't have any training or have minimal training. So just sort of trying to gauge the temperature on that from people who have an interest in that. There will be 3 to 5 participants. The names are going to be redacted in the transcripts. Are you okay with your name being listed as a participant?

**Participant A** Sure, that's fine.

**Interviewer** Okay. Probably if more than one person says no, I might not list any participants because that will breach the confidentiality to an extent.

**Participant A** Right? Uh-huh.

**Interviewer** I will send you a copy of the document afterwards, which will have the transcripts and anything that I said- Obviously, you'll know which participant you are based on your responses. You can look at it. You could not look at it. I'll take any feedback into account. But just so you have that right to know what's being written. So I'll make every effort to protect confidentiality. One tiny note I sent a slightly outdated consent form to you which said that the data is going to be stored in Box. It's going to be stored according to UNCG policies, but not necessarily specifically in Box. Is that okay?

**Participant A** Okay. Sure.

**Interviewer** Just wanted to make sure I have that on the record since I realized that I had that little error in there.

**Participant A** Oh gosh. Yeah.

**Interviewer** I may use the data from this project for future articles or presentations, but all the confidentiality will stay the same. You're more than welcome to decline to answer any question. If, for some reason, you want to withdraw, you can withdraw at any time and any data that's been collected will be destroyed. So that's always up to you.

Let me just scan through. The data will not be distributed for any future studies. So it might be offshoots of this project, but I won't be like sending out your transcript or any information to anyone else or using it for future studies without contacting you.

**Interviewer** Okay.

Yeah. So if that's okay, we can go ahead and get started.

**Participant A** Sounds great. Sure.

**Interviewer** Okay. So let's just start, if you would, describing your experience teaching at the collegiate level. This could include any musician wellness related teaching, but also, of course, private teaching.

**Participant A** Sure. So would it be appropriate to kind of talk through what my job position looks like-.

**Interviewer** Yes.

...and how long I've been there and that kind of thing? Okay.

Yeah. Oh, sorry! One thing real quick. I will be redacting also the institution name and stuff in the transcripts. And if you want to use pseudonyms at any point to kind of like just add an extra level... I will also redact those names, but I just meant to mention that. So, yes, go ahead. Go ahead.

**Participant A** Yeah, that's great. Well, so I got my doctorate in [instrument] pedagogy and performance and my dissertation was actually on the topic of imagery, specifically, and blending that with deep breathing to help reduce performance anxiety. So I sort of started, you know, 20 years ago with this topic in mind.

And then when I came to [current institution], I was mainly teaching [instrument] pedagogy classes. So my job included, at that time, some [small group], teaching a children's [instrumental] laboratory program. So working with children in the community and teaching [instrument] pedagogy classes and a little bit of secondary private lessons. So for a long time I wasn't really using these techniques a whole lot, although I was giving presentations on performance anxiety. So I would do kind of one-off presentations

for School of Music students. And that really was what I was initially most interested in was how to reduce performance anxiety. Although I did write a couple of articles about what kinds of dynamic movements we can use to warm up the body before practicing to reduce potential for repetitive stress injury. But I wouldn't say that was kind of the main research topic that I was interested in.

But then it did seem like the number of injuries that students were experiencing was increasing by quite a lot. And I was seeing it in our [instrumentalists] because that was specifically the population that I was working with. So I started being asked more by our student [instrumentalists] kind of, "what do I do in these situations? What can I do?" And it was usually after the fact, after an injury, like, "what do I do now?" So that's when I sort of started looking more into it about, okay, what are some- what's the [instrumental] teacher's role? And what do we do now? There had been a couple of chapters written at that point. There was a book called [redacted] that kind of talked about what do the [instrument] teachers do after a student's been injured. So there was a little bit of information on it.

But I do think that a lot of faculty in general are kind of afraid to do anything when students are experiencing injury. So kind of first step is like, "I don't want to hear about the pain." Or at least it was, I think more so at that time, maybe like 10 or 15 years ago. Students were very afraid to complain about pain because they felt that it meant that they weren't good enough or they weren't doing the right thing. And I wouldn't say this was specifically at our institution. I think just more a phenomenon across the US. There were

a lot of teachers kind of felt like, "well, I don't really know what to do. So let me send you to a doctor." Or, you know, total rest and let's not do anything.

So I was just interested in what do we do and how can we help students who have gone through this? And then more so, what do we do to prevent it? So I started teaching my performer wellness class, which was an elective class for music majors. It's been ten years now that I've been teaching it, and the number of students who have enrolled in it has grown every year, basically, that I've offered the class. It's an elective class, so it's not something that students necessarily have time for, but there's just a lot of interest in it. So at the beginning, I did have a lot of students who were coming in with injuries. Had a double bass player who had thoracic outlet syndrome, a violinist who had tendinitis in her thumb - basically had to stop playing for a year. Pianists with tendinitis. I mean, so many different types of injuries. And basically all I could do, I felt like, was recommend like really being aware of your practicing and trying to take breaks. And then giving them some warm up strategies and giving them resources.

So that's kind of where I got interested in wellness with regard to all School of Music students. And then now post-COVID, I think a lot of people are really interested in the mental health side of things. That's almost taken the place of the repetitive stress injuries, even though they definitely have not gone away. I just feel like a lot of people are doing a lot more research on mental health.

**Interviewer** Mm-hmm.

**Participant A** Does that answer your question?

**Interviewer** Yes. Yes, of course.

**Participant A** Okay.

**Interviewer** Yeah. So that's all really interesting to see how things kind of wound around for you to start developing these different approaches. Could you speak to any- in your career, have you had any mental health-related training, either as a part of professional development or on your own? Anything like that?

**Participant A** No, I haven't, but I'm really- So I have, of course, the research that I done, but not outside of that as a student or certification or anything like that. [Institution] is offering a Mental Health First Aid training now, and there are a couple of music faculty who have gone through that training. It's a six-hour training session, but it's basically around suicide prevention, mostly. We have had suicides in our alumni in the School of Music, so it's definitely something we need- I think, that it's an urgent call for us to be trained in it. So I'm planning on doing that over Christmas break, but yeah not yet. And I'm glad that that training is available for us.

**Interviewer** I actually-

**Participant A** Because a lot of people are just like, "Well, go to the counseling center." But so much happens in that lesson, you know? Students rely on you and they trust you.

**Interviewer** Mm-hmm. Yeah I actually just took Mental Health First Aid training here at UNCG on Friday.

**Participant A** Great! That's great!

**Interviewer** So yeah, highly recommend it. It really opened my mind for the need for these- again, just kind of the most basic of like how do we handle these conversations? So yeah-

**Participant A** Yeah. That's fantastic.

**Interviewer** I'm so glad to hear that that's becoming more widespread. So yes, awesome.

**Participant A** It's wonderful.

**Interviewer** So you already kind of mentioned COVID, of course, but overall, what kinds of trends have you seen in relation to mental health in the music student population throughout your career?

**Participant A** Like I said, when I first started, it- Performance anxiety has always been an issue and I think people have always wanted to know that what they're experiencing is normal, and they've wanted to have strategies for dealing with that. I think generalized anxiety has just really exploded among college students. I mean, it's almost a given that you're dealing with anxiety and from COVID, I think loneliness was very pervasive, which has really amped up the level of anxiety.

We are already working with a population of students who can be very perfectionistic. I mean, perfectionism kind of played a role in them getting really good at what they did. And then- You know, until it becomes a problem and it actually can inhibit their ability to perform well. So depression and anxiety is absolutely, and has been for decades, more common in musicians compared to the general population. But just overall, I mean, American Academy of Pediatrics said we have a mental health emergency in our country and it's absolutely true. And then college students are that upper level of the Gen Z students who are really suffering.

So just in my performer wellness class just seeing the need for it. I mean, what I love is that I think that students have the language for it and the vocabulary for it because they have been learning so much. But yet, they don't always have the strategies to deal with it.

I mean, personally, I think that social media has played a big role in that because we do know that depression and anxiety have risen a lot more for females. Suicide attempts have risen a lot more for females. And personally, I think that social media has probably played a role in that. In addition to just... our music students are kind of burnt out from dealing with years of COVID and now having to just like step right back into 110 percent workload. And for this generation, I don't necessarily think that they've been trained, like endurance wise, leading up to it. If they had, in high school, a lot of flexibility around assignments and not a lot of face-to-face interaction, that was a leap to go all of a sudden from having all these rehearsal times, all these demands in person, and maybe not feeling that they could go to their ensemble instructor and say what they need. I don't think that they often feel like they can talk to authorities and explain what they need in terms of like they need a break from practice. They need to be more aware of their needs and more vocal about it.

**Interviewer** Yeah, Yeah. So as a kind of offshoot of that, you mentioned maybe Gen Z having more language surrounding mental health and potentially would you say the stigma is going down, do you think?

**Participant A** I would like to think so, yeah. I mean, there is just a lot- It seems like there's a lot more conversation around it. And that's a really good thing because I think that there is a lot of- I mean, you can see reels on Instagram about opening up about mental health issues. And so that's kind of one good side of social media, is that you do see a lot more people kind of publicly sharing their experiences and normalizing it, which I think is fantastic. So I do think there's- Like I said, 10 or 15 years ago, you couldn't tell your



teacher if you were experiencing pain. And now I do feel like students are talking about it more.

**Interviewer** But potentially there's still, you know, questions about what to do about it, especially for musicians. Would you say that?

**Participant A** Right. Yes, I would agree with that statement. I mean, it starts with talking about it, so that's a really good first step. But part of it, I think, too, is that the authorities in their lives may or may not have the same opinions about normalizing mental health. So, like you talked about, that one-on-one teacher relationship is so important. You trust this person. You're meeting with them on a weekly basis. They probably see you more often than any other mentor in their life. And so their reaction and their response is really important in letting students know that it's okay to talk about it. And then helping them find the next step forward.

**Interviewer** Yeah, yeah. Awesome. So I know we've kind of exchanged a little bit about resources, but for the record of this interview, could you give insight into different resources that you tend to use in addressing mental health with your students or, I guess, recommend as well?

**Participant A** Sure. So I do often recommend the Bulletproof Musician blog, which I think is just such a great read. And students really enjoy it because it's these short, concise articles that are very research-based. So that's like my number one. And then I also recommend the Mindful Musician a lot by Vanessa Cornett. That's a really nice read that talks a lot about anxiety and how to use mindfulness to help you through those feelings. I recommend... Let's see, as far as injuries... There's a few great books. There's one called Teaching Healthy Musicianship that's directed to the music educator. Nancy [Taylor]. I'm

losing the last name right now, which I'm sure you know of that one. And there's a great one called Fit as a Fiddle. There's one by L-L-O-V-E-T is the last name. And it's kind of a very anatomy oriented book. Do you know which one I'm talking about? I'm losing the name now, but-

**Interviewer** I don't off the top of my head

**Participant A** ...Musician's Guide to the Body or something like that. I can send it to you later if you want me to.

**Interviewer** Sure. Yeah.

**Participant A** And books on body mapping are great for understanding the body. So, yeah, I'm sure there's a lot more, but those are the first ones that I think of. There's also a really good book on performance anxiety by Hendrix. I can send you that as well.

**Interviewer** Sure. Sure. Awesome. So now, if we may, start kind of getting more into the nitty gritty of the practical side of- So we'll start with private lessons, then we'll talk more like, do you have a studio class that you teach with your students?

**Participant A** So I don't have a studio class because I'm doing a lot more [instrumental] pedagogy but we can talk about that.

**Interviewer** Sure. Okay. Yeah, when we get to that, if it's not applicable, we can kind of skip over that just kind of small group setting part. But we'll start talking about private lessons and then eventually kind of this big question of how do we know what is appropriate? How do we navigate things that are outside of our expertise sort of thing. Because again, in my view, we're kind of on the front lines. We have so much interaction. But that doesn't mean that, again, a lot of us have really training to know how to handle certain

things. So how do we kind of guide students without creating stigma or whatever that might be?

So to what extent- and this is kind of maybe hard to answer, but to what extent would you consider yourself open to discussing an individual student's struggles that they may be going through or have gone through with mental health?

**Participant A** Yeah, that's a really good question. And that does come up even with my grad students that I'm teaching in courses because sometimes they can't talk to their private teacher, and they'll come to me. And I'm kind of of the thought that that is my job as a teacher and a mentor to listen to their struggles and to just- Sometimes just having a listening ear is useful. I'm not trained as a psychologist or a counselor, but I can listen, and I can offer my own experiences. And sometimes that's just what they need to know that they're heard. You know, it's not like you're going to put the timer on and say, "Okay, this is the amount of time that you can spend talking about your struggles and now we have to start the lesson" and like completely switch gears.

But there's a lot of therapy that can happen just through the music-making itself. And so that all kind of takes place in that one hour. I have had faculty who have told me, you know, students come in crying every week and then they end up spending most of the lesson on whatever's going on in their lives. Which I feel like at that point, that's probably something that needed to be handed off to a professional so that they can do what they're actually trained to do, which is teaching them music. And letting music be the source of healing for them and letting them kind of speak what they're going through that music. So

I think that we do need to be mindful of being task oriented, but we also have to give the space for students to talk.

And that means we have to set that up from the very beginning. So when we first started our lessons with students, leaving time for just talking about their lives and letting them know that we're listening. I like to use a little question jar with my younger students, so when they come in- Because if you just ask them how they're doing, they're probably gonna say, "I'm fine" and then move on with the lesson. But if they pull a little question out, then it just helps you get to know them a little better. Like what was your favorite thing you did this week or something like that. And it kind of gets you on a more personal relationship kind of bonding, which is helpful for us knowing that if you listen to them on these small things, you're going to listen to them on the big things as well. So yeah, did that answer your-

**Interviewer** Yeah, absolutely. That's wonderful. So those questions that you have, are they mostly geared toward like "what's been going on in your life lately" sort of things?

**Participant A** Yes. Yeah. So sometimes it's like "what is your favorite thing you ate?" Or like, what was- like happy and crappy. What was your happiest part of the week, what was your crappiest. And just kind of finding out just what's going on.

**Interviewer** Yeah, that's awesome.

**Participant A** And then also you have to share a little bit about yourself too, because otherwise they'll feel weird about it. [inaudible] information if you haven't.

**Interviewer** Yeah. That's such a great way to kind of open up those lines of communication in a non-threatening and- Because obviously everyone is different with how much they want to share naturally or how comfortable they feel. So, I like that you're kind of just

fostering that trusting relationship, which I'm sure pays off so much in the long run. You said-

**Participant A** Yeah, sometimes the most private ones are the ones who need it the most.

**Interviewer** Yeah, yeah. So when you said younger students, are you referring to undergrads or pre-undergrad?

**Participant A** So I do teach a couple of pre-college students and I have always tried to teach a couple of them because I teach [instrumental] pedagogy. I only have a couple at the moment, but it kind of keeps me like... knowing what's going on with that group. In terms of pedagogy, but also in terms of just educating future teachers who are going to be working with that population.

**Interviewer** Okay. Gotcha. Gotcha. Yeah, you already answered my question. But maybe are there any other ways that you do make time and space or foster those one-on-one check-ins with your students in their lessons? Anything else along those lines that you would like to mention?

**Participant A** I mean, that is a big thing. I also try to integrate breathing at the very beginning of every lesson because I just find it is a great way- They're usually kind of rushing from one thing to the next, so just sitting down and taking a couple of deep breaths together. It doesn't take any time at all. But it does help their focus and it just helps them feel a little bit more relaxed about what we're about to be doing. And then they can always come back to it. Like if I see that there's a lot of physical tension that's building up in their body or if they're getting really frustrated, we can always come back to that, and they feel comfortable with it because we've kind of set this habit of this is what we do with the lesson. And breathing is just a great way of getting in touch with your emotions but also

how your body is feeling, as well. And just gaining awareness of the body. And then asking them, "how does that feel?" Letting them know that I want them to trust their judgment of how their body feels and not just tell them that doesn't look good or that doesn't sound good. I want them to develop awareness, because that's what happens when they go in a practice room. I'm not going to be there to tell them they look really tense. They need to be able to feel that in their practice.

**Interviewer** Yeah, that's awesome. Okay. So do you find that, whether it's in those beginning check ins or if things are progressing in the lesson in certain ways, do you find that specific mental health concerns or conditions tend to come up in lessons?

**Participant A** I mean, yeah. Because that's a vulnerable position that they're in. First of all, they're probably bringing some anxiety around "am I good enough?" A lot of them carry this imposter syndrome and are wanting- They want to get feedback that they're good enough and that what they're doing is okay. And so it's very vulnerable to be in that position. And if you are, which a lot of students are, in a position where they're constantly criticized, then that's going to bring up a lot of emotions and self-criticism. And so I do see- like I've had a couple of moments in lessons where the tears come because it's like "you have to trust yourself." And that's hard, right? When you've always been relying on someone telling you what to do and it's that constant feedback loop, having someone say, "You tell me. How does that sound? How does that feel?" And then it's like- it puts them in an uncomfortable position at first. But it's an important position to be in because that's going to lead them to, you know, later on trusting themselves. But yeah, it's vulnerable and so tears can come up.

**Interviewer** Yeah. So I've heard you mention perfectionism, imposter syndrome, performance anxiety, or other anxiety. Are there any other specific types of mental health concerns that tend to come up? And for any of those I mentioned or those you're going to mention, how do you foster conversations around those, if you can give any insight?

**Participant A** Yeah. So I would say burnout is one that I just feel like I've seen a lot more of that since COVID. And I guess it's because students just kind of jumped right in after having this long time of not really playing in front of people. And then all of a sudden, you're working really, really hard because you want to make up for all the time that was lost, right? And so with students who are experiencing that, you have to kind of- I think a lot of teachers don't realize what the signs of that are. So they might think, "Oh, this student's really lazy or the student's really unmotivated." And the students might even be telling themselves that. Like they might be waking up and saying, "Why can't I do this?" You know, "I'm a hard worker. I'm so committed. Why is it so hard to do these things?" And so just having a conversation with them about like, when do you find time to rest? When do you find time to eat? Give yourself permission to take care of yourself and not feel like you have to just pack and stack everything up together. So task management can be really big because if they've been constantly doing, doing, doing, and haven't given them time to rest, it definitely can lead to burnout.

Another thing that I had to learn that I didn't know about is that perfectionism can mask itself as procrastination. It didn't do that for me, but I have definitely seen students where they wait and wait and wait until the last possible minute because they're so worried about not doing it perfectly. So teachers can really talk to students about, well, how do you manage your time effectively so that you are doing these small tasks leading up to it?

So kind of looking for things that we label one way, when that might not actually be what's going on. So if a teacher's labeling "lazy" or labeling "unmotivated" and then not really digging in to find out what's really going on with the student. We have to kind of be detectives sometimes and work with the student to figure out- which they might be labeling themselves that way, too.

**Interviewer** Yeah. Absolutely. So you mentioned breathing, coming back to the breath, obviously addressing things as they maybe come up. Are there any practices similar to that that you incorporate of just more like, again, prevention strategies of opening up these conversations in general? Is that something that you incorporate? And if so, what does that look like?

**Participant A** Yeah. So I'm a big advocate for warming up away from the instrument before warming up at the instrument, which I just don't think that a lot of musicians do until they get injured. Right? Because you just like get in the practice room and just want to get started going. But like the shoulders, the neck, the wrist. Warming up the parts of the body, the back, that are going to be used in playing the instrument. Taking time to do that, especially early in the morning, and then really watching for these long periods of practice without breaks. So I tell students the 30-10 rule if they've been injured. So practice 30 minutes, take a ten-minute break. But then kind of my general rule is don't go more than 45 minutes without some kind of break.

But honestly, a lot of that needs to be communicated and needs to be utilized by ensemble directors because some of these students are going from one ensemble to the next, and they literally don't have a break from their instrument for like six hours. And then we're expecting them to practice solo on top of that. So I think, honestly, a cultural



shift needs to happen to really make it safe for our students to play for these long periods of time.

So yeah, dynamic movements can be really helpful, taking breaks, and then after practice is over, doing some stretching to make sure that you're letting any tension that's built up in the muscles to be released. And then, of course, watching- Every teacher hopefully is working with their students on technique to ensure that they have a healthy technique and posture as well.

**Interviewer** Mm-hmm. Yeah. So if you have a student who has experienced some specific mental health challenges, whether- at various, obviously, degrees of seriousness, how does that impact their private lesson grading at the end of the semester? This is something that is interesting to think about. And how do we navigate that?

**Participant A** That is really tricky. That's such a great question. Yeah. That's really hard. I mean, I have given a couple of incompletes because of mental health issues, and I think that it's really important for students to know that it is a medical issue. It's not a physical injury. But if you're experiencing depression, especially, you know... That's a medical issue. And so I think that gives credence to the fact that we could give it an incomplete for that and then give them ample opportunity to make up that incomplete at a later point in time. Yeah.

And so I don't know. I mean, other than that, it's hard to know. I think every teacher has to make that decision on an individual basis. If a student's just not really achieving and you know that it's probably because of depression... Are they doing- Or have you given them the resources? Are they seeking counseling? It might be a case where you just really

do have to think about whether that's going to affect their grade. I've wondered about things like [learning accommodations resource office] because they do offer accommodations for things like dyslexia. Why things like depression isn't covered by those same types of accommodations... But at this point in time, I don't know that they are.

**Interviewer** Yeah. I would be interested to look into that specifically more because I know here at UNCG there are certain kinds of accommodations that are available. And again, when- Specifically if there's medical diagnoses or treatment for certain mental health issues, then they will send out accommodation letters for those students. So hopefully that will continue to be more, again, validated as a medical issue just like any other medical issue.

**Participant A** Exactly. Mm-hmm.

**Interviewer** Yeah. Okay. So I have been contemplating this small group setting question. Maybe if you have any examples or... And things that you could bring to light about discussions, activity, or education about mental health maybe within your course or in other- If you have any small group classes? Maybe if you have anything to bring to the table about how mental health fosters into those conversations. And if not, we can just skip forward.

**Participant A** Mm-hmm. Yeah. So I do teach the performer wellness class, so I guess that would be kind of where that would factor in. In my performance in this class, I try to get presentations from, for example, we have an addiction recovery center here at [institution]. And that is actually- Addiction is very common among classical musicians. So they need to know... What are the symptoms and where are some resources for recovery.

One thing that's come up lately in discussions at [institution], and I don't know if it's a nationwide issue, but eating disorders... We have we used to have like 20 people on campus struggling with eating disorders and now it's up to almost 100. And they have to have resources from like four different people. And I've had musicians who have suffered from that as well. So I have to be really careful because I used to do, for example, an exercise project and a diet, like a logging your eating project. And I actually don't do those anymore because I have had a couple of students that- that was very triggering, obviously, and not something that was helpful for them to be logging everything that they ate.

And then having someone come in and talk about- I have a sport psychologist in town who comes in and talks a little bit about perfectionism and depression and how that relates to performance. So I try to have resources, experts who come in and talk. And then as far as what we do in the class, we do a lot with mindfulness. So I teach them a lot of mindfulness and imagery exercises that we do together. We do a lot of mindful movement together. That kind of leads up to like a pre-performance routine that they do. But just the fact that they're coming into class, like lying down on the floor with the lights down for even ten minutes, it's just... They don't do anything like that in their daily life at all. So I feel like it's so healing for them. And just from what I've heard about from the students, that's like the most important part of their day, right? But you feel like it's a waste of time when you just do it on your own. But when you do it as a group, there's something very bonding and healing about that. It's like you're just letting everyone know that this is okay to do and it's important, right? So yeah, I think that's everything.

**Interviewer** Yeah. That's awesome. Yeah. Giving ourselves and encouraging students to give themselves the luxury and permission to take a full stop can be very, very powerful and again, healing. It's definitely-

**Participant A** It's not the message they're getting anywhere else.

**Interviewer** No, it's not. Yeah.

**Participant A** Yeah.

**Interviewer** Yeah, definitely. Okay, so now we'll talk boundaries and, you know, professional, ethical considerations as we're talking... Again, we'll be kind of back into the private lesson kind of environment that we'll be referring to. So if a student were to bring like a specific mental health concern up in their private lesson- Again, of course it's hard to generalize, but how might you respond in that type of situation?

**Participant A** Yeah, that's a great question. So first step would be to listen, and then would be to talk to them about the resources that we have on campus. We have a wonderful counseling center. If they have indicated thoughts of self-harm or suicide, then I have an obligation to report that. I've even had a student who said, "I'm thinking of suicide, but I don't want anyone to know because I don't want the police to show up at my house." And I said, "I'm really sorry, but because you've shared this with me, I have to report it. That's my professional obligation." Which is a hard conversation to have. But it ended up, of course, being the right thing for [them] at the time. Yeah.

So listening. But then also, I'm not trying to, like, tell them what to do. I'm not trying to give them- I mean, the last thing that someone wants to hear when they're really struggling with depression is to say, "Well, have you had enough water today?" Or "what have you had to eat today?" But sometimes those conversations, if you've done them

early on... like "this is what it means to have a healthy life," then you can bring those up in that conversation, too. Because this just a little thing, but it's a reminder that they're important and that they also have to be taking care of themselves. But that's kind of where it stops for me. I can't give them advice. That's not- I'm not trained as a psychologist, so...

**Interviewer** Yeah, so that does kind of lead in to my next question. You're just leading in to my questions so beautifully. But if there's anything more you can, or you'd like to, say in terms of how you know when something is outside of your professional expertise to discuss at all. Or when it's- where that boundary is when these topics come up.

**Participant A** Yeah. So- and I'm trying to think of instances where I felt like it was outside of my... So, obviously suicide. I've had a student who talked to me about- [they were] bulimic. And so I definitely listened and talked with [them] about it and found some 12-step programs for [them]. But again, it's outside of my ability and professional expertise. So again, I walked [them] to the counseling center and tried to help [them] find the resources. I think sometimes just like honestly doing that step of going with them and taking them there is a really important thing. Because you can tell them to until you're blue in the face, but it's a lot harder for them to take that initiative of admitting that they need help. They've already admitted at once, they don't want to go and admit it to someone they don't know. So anything that you can do to kind of actually take them to get the help is great. But yeah, honestly, anything that would cause harm... I mean, that's... do no harm, right? So anything that they're doing this self-harming, that needs to be worked on by a professional.

**Interviewer** Mm-hmm. Yeah. Yeah. So I'm hearing that your process is to listen and then kind of point toward resources and help facilitate getting to those resources. Is there anything else to flesh out about that kind of process when you are encountering this type of situation?

**Participant A** Yeah. So I would add that sometimes opening up a little bit about your own vulnerability is helpful in those moments, because they are admitting something that can be very difficult to talk about. So letting them know that it's okay. And I think finding not only professional resources, but like I mentioned with bulimia, finding a 12-step group. That can be really helpful because it's peers who have kind of been through the same thing that you're going through and that can be helpful. Of course, with addiction recovery as well.

**Interviewer** Mm-hmm. Yeah. Okay. So now let's think about if there was a situation where you've built trust with a student, to whatever extent, and you know them and they're behaving in an uncharacteristic way. Whether that's their productivity or just their mood or whatever it might be... But they haven't expressly mentioned anything to you about mental health or other health factors. How do you- Do you address that? How do you address it? What might that look like?

**Participant A** Yeah, I mean, I think it is your responsibility, really, to address it. Because, again, you're seeing them more than any other mentor in their life. They're not going to- Their professor with a hundred students in the classes are going to notice it but you are. So I would think that you would need to schedule a time to meet with them and to just share with them what you've been seeing, what you've been noticing, in as non-judgmental a way as possible, just really making it very... kind of fact-based. So "this is what I've

noticed. You were late to studio class..." Not blaming, but just "this is kind of what I noticed."

What I wouldn't do is I wouldn't talk to any of their friends about it because that can be very hurtful. And I did hear about that- A student having that happen to them with a professor, where the professor went to a friend, and then they found out, and that was actually very harmful for their relationship. So a direct conversation, one-on-one, is most beneficial, I think, in those situations. And then, you know, you can only do so much. If the student's not willing to get help, then sometimes you can't do anything. Because of FERPA laws, obviously, you can't reach out to their parents. Even if their parents call you, if they haven't signed off and given authorization, you can't do that either. Now there have been a couple of times where I've gone to upper administration, so for example the Dean, if I'm very concerned about a student. We do have a resource where you can search online and kind of find out if other professors have written concerns, so that you can find out they're doing really badly in a class or... And so then you can kind of put things together and see, "oh, that's not really just the lessons. It's also these other areas." And then to have a conversation with them and see if there's anything that can be done.

**Interviewer** Yeah. Mm-hmm. Just to backtrack a moment to when you were talking about being a mandated reporter and then also bringing things up in administration. Have you ever had any negative consequences in that student-teacher relationship because of having to respond to these types of issues?

**Participant A** I haven't personally, but I could see how that could potentially happen. For a student who is really wanting to hide things and wanting to act like it's okay to then be confronted by someone pretty high up on the totem pole, I could see how that could be

harmful to the relationship, honestly. But you just have to figure out what's the best step because sometimes you alone can't do anything. You can let them know what the resources are, and thankfully here we have a lot of great resources. But if the students aren't willing to admit that they have a problem, then sometimes that's not enough.

**Interviewer** Yeah. Another question that's just come to mind that, of course, you can always decline to answer, but... Oh, I've lost it.

**Participant A** Oh, that's okay.

**Interviewer** Oh! So do you think that- Because you have, obviously, some amount of focus that you place on the areas of wellness, do you think that typically students respond well to your concerns? Like when you're either mentioning some kind of uncharacteristic behavior or when they're trying to bring things up, do you think that they respond well because of that history?

**Participant A** Yeah, maybe that's true. Uh-huh. And I have had students come to me, even when I'm not their teacher, for that very reason. Because they know that I'm someone who's going to be more accepting and open-minded and willing to listen. Which is a shame, that they don't feel like their teacher is that person for them, but... So yes, I do think that students feel like they can talk to me more about it. Is that the main-

**Interviewer** Yeah, Yeah.

**Participant A** [inaudible].

**Interviewer** Yeah, I just.... Yeah, these relationships have a lot of layers and depth to them. And when you have put focus on these types of topics with a student, I would imagine it's going to generally- These are going to be easier to talk about and more likely to be



beneficial conversations than with someone who does not have that foundation of "wellness is important. Taking care of yourself is important" kind of conversations.

**Participant A** And I just realized one other thing I wanted to say was... So in my former wellness class, we always sit in a circle in the class. And I really use the group processing model because I feel like when they hear their peers talking about anxiety, or when they hear their peers talking about experiencing depression or burnout, it's like a light bulb that "I'm not the only one who's going through this." And then it just becomes- it really can be sort of therapeutic for them to be in a group where people are talking openly about what they're experiencing. And again, it's normalizing it. It's letting them know that they're not the only ones dealing with it and there are some resources for them. So I would say that's much more powerful than just me alone. I mean, it's great, I love being a mentor. But I feel like that group of peers is just a whole nother level of therapy for them, and I would say therapeutic in some of those conversations and dialog.

**Interviewer** Did you say "group processing method?" Is that the term you used? Could you just give a, you know, CliffsNotes version of what that kind of looks like?

**Participant A** Yeah. So just talking through something that you've experienced in a group where other people may have had similar experiences. I don't know if that's the scientific explanation for it but that's how I think of it is just it's a group of peers who are experiencing similar things and you're coming up and you're talking through- Like it might be something like, "how did your recital go?" And they can talk through places where they had difficulty or emotions they experienced, and others can kind of share how that was similar to their own experiences. And just hearing similarities and dialog around

it is just really helpful. I don't think we talk about performance enough, really. We do it in front of each other, but then we don't talk about the experience surrounding it.

**Interviewer** Mm-hmm. Yeah. Yeah.

**Participant A** So many of our experiences are similar.

**Interviewer** Yeah. So you- in that specific course, is it like you're bringing up a certain kind of generalized topic and just sharing across the room, whoever feels comfortable sharing their experiences?

**Participant A** Yeah, there's some of that. So I wouldn't say every class period is like that necessarily. But for example, when we do some of our mindfulness exercises, people will share what that experience was like and then others might have similar experiences. So it does bring up some vulnerability when you're going through those techniques together. And then we also- So like after they do their performance, they record their performances because I want them to have kind of a highlight reel and get used to self-evaluating. And so I have them do like a performance self-evaluation. And so sometimes that will bring up a conversation like, "This is how I was feeling during performance." And people will say, "Well, it didn't look like you are shaking at all." And so just that conversation of like what it looked like versus what it felt like. Sometimes we don't know that other people feel like that, too.

**Interviewer** Yeah. And then it gives that insight of like, "Oh. What I'm experiencing is what other people also experience. And I wouldn't know that they're experiencing that, so probably no one knows that I'm experiencing that." And like, "To me, as a listener, everything sounds great. Even though probably inside they're having stress." And yeah, it can be very comforting to know that it's a normal experience. Yeah.

**Participant A** Exactly. Mm-hmm.

**Interviewer** Yeah. Okay. So then, any other personal boundaries that you have in relation to discussing these issues with students that you feel would be helpful to mention?

**Participant A** Um I guess... Nothing else comes to mind, but I would... I do try not to let students talk about other students, unless it's like something where I would need to...

**Interviewer** Intervene?

**Participant A** As a reporter, you know, intervene. Exactly. But I just don't want it to feel like I'm part of the drama surrounding relationships between students. So I guess that's the only place where I really draw the line. Unless I know that, like I said, a student has done something that I really do need to be aware of and report.

**Interviewer** Yeah. So in those instances, would you kind of just like steer the conversation elsewhere or?

**Participant A** Yeah, or I might even try- if they're open to it, I might even try to bring everybody in for a conversation so that it's not like one person's word against another. So I'm kind of hearing all sides to the story.

**Interviewer** Yeah, that can get tricky.

**Participant A** Yeah, it can.

**Interviewer** Again, the peer relationships, especially... It might be a little different with different instruments depending on the collaborations that we tend to do. Of course, with different instruments, we have a lot of collaborating, a lot of comparison and whatnot. But it can be very complicated having all of these big feelings and also the peer relationships can... Yeah, definitely-.

**Participant A** It's really true.

**Interviewer** Yeah. Okay. Well, again-

**Participant A** And it can be very hard, like if one student feels like, "Oh. Well, they have this special relationship with the teacher that I don't have..." So that can mess things up more, I think.

**Interviewer** Yeah, yeah, definitely. Okay. So just to conclude, any other comments, thoughts, ideas, strategies that you would like to share about how you've experienced mental health in relation to your students and how you've handled that as a professional. Just anything else that hasn't been explicitly covered that you'd like to mention?

**Participant A** First of all, just thank you for doing this project because I think this is going to be an incredible resource and the more that we can do on it, the better for all of us. So thank you for your wonderful work on it.

I'll add two things. So I've been working on this health and wellness initiative in the School of Music, which has basically just been bringing in presenters for the past two years. And that is good, but it also is not the most helpful thing for everybody because everybody is so busy, and it's a lot to ask to put one more thing on their plate to attend. So I've been trying to put them during like studio classes and classes, so it's not something extra.

I had a friend who did a presentation which I thought was so impactful. She talked about how if you go online and you search for what do you do about burnout, the first thing that comes to mind and all these multiple, some of them even academic resources, is "you're not doing enough to care for yourself." So it always goes back to like, "what are you doing to care for yourself?" rather than "what's being expected of you by your professors

and by the world around you?" And there is a lot of pressure being placed on our students right now. So I'm trying not to put extra pressure on them to attend more things.

Two things that I think are going to be really helpful in the future. One is that I'm going to be working with some occupational therapy students in their doctoral capstone project. So they're going to be actually coming to the School of Music and working with School of Music students. So I think that's great in academia when we can reach out to do more interdisciplinary- I think that's really where we need to go because again, we're not trained as experts. So having people to come in and work with music students, if you can do that, is really helpful. Athletic trainers can be great to work with as well.

And then the second thing I was going to add is our Dean of Student wellness here at [institution] is interested in a peer-mentoring model, which I'm super excited about. So this is where you have upper level students, like juniors and seniors, who are sort of matched with a freshman and sophomore. From what I understand, and we haven't started it yet, but from what I understand, everybody has a match like early on. And these upperclassmen are actually trained in things like Mental Health First Aid, and they are kind of watching for what students are going through. So they're there for them already from the beginning, and then when situations arise, that peer relationship is so important in helping them seek resources. So I'm super excited about that.

**Interviewer** Yeah, awesome. One thing that came up again just in that is the concept of, you know, students advocating for themselves, for their needs. Of course, again, you have a unique vantage point in this performer wellness class where they're not your private students. Or they may be, but most of them probably are not. And any thoughts about

how to help students with feeling comfortable advocating for themselves in these different types of situations they encounter?

**Participant A** Yeah, that's so good because a lot of them don't. And that is one thing that I haven't seen change a whole lot. As much as we are more open to talking about mental health issues, it does seem like- and I don't know if this is specific to classical musicians in general- but we were kind of trained in that guru mindset, right? So the teacher knows everything, and I do everything that they say. And that can make it very difficult to have a conversation when you feel like what you need is something different than what the teacher thinks. So being on their side, I think, is really important. So if they need some help advocating, as their mentor I can be helpful for them.

They can do like a test run with another friend, like have a conversation with a friend. What would you say? Kind of act it out. That can be really helpful. Kind of make a list of bullet points, make sure that they have reasons to back up what they're asking for. So is it that they- maybe they're not going to do that concerto competition this year because that's going to be 25 extra minutes of music to practice. Or maybe they can't, you know, whatever is being asked of them. Maybe they can't do this extra ensemble. Make the bullet points, kind of practice it and rehearse it ahead of time and then know that- if they know that there's another professor who's willing to kind of step up for them, if necessary, that can be helpful, too.

**Interviewer** Yeah. It's so challenging for students to say "no."

**Participant A** Yes.

**Interviewer** And I think it's so important that we help them learn to trust themselves, too. Which again, connecting to the body and like, "how do I feel? How did I think that went?" It can

be so challenging because we- Students at all levels can just feel like they don't have the empowerment necessarily to speak for themselves in that way, so-

**Participant A** Right, right, exactly. Yeah. Yeah. And they might even- I do think in-person conversations are best for these kinds of things, but even if they kind of write it down first, that can be helpful. Just getting their thoughts on paper and then maybe even sharing that with someone else, like a friend, to have that validated first can be helpful.

**Interviewer** Yeah. Yeah. Okay. Well, I appreciate you so much. You were my first interview, so I appreciate your participation. And again, all of the work that you've already done in this. I- just thinking back to previous decades and how this wasn't as much of an open conversation, and it's thanks to people like you who have been opening this up over the years that we are able to continue improving the field. So I'm so appreciative of what you've already done and your participation. Again, I'll be in touch as things progress. This will be transcribed and then deleted afterwards, the recordings. But I'll be in touch about any other details. And um, yeah. Thank you again for your time and amazing insights.

**Participant A** Absolutely. Have you come across Barbara Lister-Sink at all during your time at North Carolina? Has she been someone that is on your list?

**Interviewer** No, I haven't.

**Participant A** Okay. So she's great. She's a great person to chat with, I think. You might not be able to at this time, but even later, it's Barbara Lister dash Sink. So she is a pianist. She's at Salem College. She offers- I think, a master's degree in injury preventive technique, so she's very big on injury prevention. So [inaudible].

**Interviewer** Yes thank you so much. Yeah, I'll give her a little Google and check out what she's doing as well so-

**Participant A** Great. Yeah. Well, it was great to chat with you.

**Interviewer** Yes. Thanks again and have a great week.

**Participant A** Thank you. You too. Bye.



## APPENDIX F: PARTICIPANT B INTERVIEW TRANSCRIPT

### **Recording Begins**

**Interviewer** There we go. There's going to be about 3 to 5 participants. After this, I'll transcribe the interview. Your name and any identifying information will be redacted. Are you okay with your name and professional affiliation being in a list of participants? Okay.

**Participant B** I'm fine with you- you don't need to redact anything.

**Interviewer** Okay.

**Participant B** So you can quote-

**Interviewer** Okay. So probably at the end of everything, depending on the temperature of all the participants, I'll decide if I need to send out a new form that allows me to quote people. But I just wanted to err on the side of caution in case, you know, sensitive things come up. So either way, assuming everyone's okay with that, your name will be in there with participants as well.

**Participant B** I'm a kind of leading expert in this area, and it's also the direction that my life and career is going in, so I'm...

**Interviewer** Yes. Perfect.

**Participant B** The more you [inaudible] my name attached to what I say, the better I'm going to be in the long run. So I'm-

**Interviewer** Okay. Okay. Good to know. Yeah. So this document will potentially be made into future presentations or articles, but it won't be- The information here won't be sent out or used for other research projects without me obviously getting your consent before that. There's no direct benefits, no cost. You know, you know how it is. You can withdraw at

any time. Decline to answer any question. Yes. So if you do decide to withdraw, I would destroy all of the data.

Okay. So I'm thinking, we'll kind of break this into three parts. We'll talk just general professional experience, your own training, what your perception has been, all of those types of things. We'll talk about the one-on-one lesson and how mental health plays into that environment and how you particularly handle these types of conversations and issues in that. There'll be a little time for us to talk about like a small group, studio, chamber music settings that you might be a part of. And then we'll also talk boundaries and how we, as non-therapists, engage in these kinds - at least most of us are not therapists - engage in these types of conversations. And where you personally draw boundaries and how you do that.

So to start out, could you just describe your career experience in teaching at the collegiate level and any kind of history that you have that's gotten you to, as you said, being on the forefront of this particular field?

**Participant B** Sure. Let's see, I finished my doctorate in 2007 at [public university], which I think you know.

**Interviewer** Yes, [redacted].

**Participant B** Yeah. Yeah, I did both my master's and doctorate, both in [instrument] performance. My [minor] in... If we had a master's [minor], which we didn't, but I had about 12 to 15 hours' worth of concentration in queer musicology. Which is somewhat therapeutic, interestingly enough.

And then my [minor] for my doctorate is [wellness-related topic]. [redacted].

I've been teaching at the collegiate level since I started my doctorate. I had kind of a full, autonomous studio as a doctoral student there. And then when I finished my work in [location of graduate degrees], the economy tanked, which was really fun. And so there were no academic positions. So I survived as a... I also have a master's degree in music business, which I did before I came to [location of graduate degrees]. So I used that to build my own private studio of [redacted] and [instrument] and worked as a freelance musician with [redacted symphony] and [symphony], [symphony]. And kind of burning those roads between the [large nearby cities] until I got a job at [public university] teaching [instrument].

And I did that for two years. I also had a job teaching- I did a sabbatical replacement for my undergraduate professor in [state] in [year]? And then also was teaching at [private university] for several years. All of this was leading up to [year] when I got the job here in [current state]. I am in my [number] year here at the [public university]. And my primary responsibilities here are teaching [instrument]. I also teach [wellness-related topic], and I'm the head of the music business program here.

I am currently the only dually certified [instrumentalist] that holds a DMA, [multiple advanced wellness-related trainings]. I [have involvement in related professional organizations]. I got tenure here in... [year]? I think. [redacted]

**Interviewer** [redacted]

**Participant B** [redacted]

**Interviewer** [redacted]

**Participant B** Yeah. Yeah. [redacted]

I have a teacher certification from the Performing Arts Medical Association for Injury Prevention Education in the arts, and in particular, instrumental arts. I have a certificate in Diversity and Inclusion from Cornell University, which is very helpful in addressing mental health and just being an educator in mental health. And then I'm currently in a certification program for [wellness-related discipline]. So that's providing some additional abilities in that regard.

The [wellness-related] training has provided quite a bit of training and awareness in being able to address mental health. But where I kind of draw the line is I consider myself to be a mental health educator and not a mental health therapist. But I've had to talk about mental health and the importance of mental health since I started teaching [wellness-related topic] at the graduate level in [state where Participant completed doctoral degree]. And that was around 2007. So it's always been there because any time you talk to somebody about their body... I teach from the philosophy of a body-mind, mind-body connection. So you can't ignore- If you're going to talk about physical health, you also have to talk about mental health and spiritual health and energetic health and... all of the different ways that we kind of divide our bodies. Um-

**Interviewer** Yeah. Awesome. Oh?

**Participant B** ... I think that's it.

**Interviewer** Yeah, that covers quite a lot. Yeah. And before we continue on, I will say that there probably will be times when you already answer a question in previous answers. And I might just say, "anything else on this topic" kind of thing. Just so I can make sure I'm covering the bases of the questions that I'm asking everyone.

So during the course of your career - that could be, you know, in your education, through your current appointment, whatever it might be - what changes, if any, have you perceived in mental health of the music student population in particular? If any.

**Participant B** There's a tremendous decline in terms of what I remember as being a student in music and when I first started teaching all the way to now. When I was a student, I remember... we had... resilience and tenacity and grit. And we weren't afraid of failure. And... Now, that is... rampant. I mean, students are- All of the labels I find to be 100 percent true of like the "snowflake generation," the "snowplow parenting," the "helicopter parenting." The teaching to the test and the results of the W. Bush changes in education and how those things have manifested in education.

Students today don't have any resilience. They don't have a particular drive to be problem solving on their own merit. And it's just as simple as- Sometimes the questions come to me and the first thing I say was, "Did you Google it?" Do you understand that this thing is more powerful than what sent us to the moon? And you don't use it. And so there's a- When you when you talk to students about those types of things, they fall apart on you. They aren't able to handle or even receive- receive or handle or process criticism, even in the most constructive way. Which is highly problematic in music teaching because that's the nature of what we do.

There's also- I find that, particularly in music, follows the sort of country statistics that are happening in education in terms of the increase in autism diagnosis and spectrum diagnosis, as well as just the increased prevalence of anxiety and generalized anxiety disorder and general depression disorder.

I find that ADD and ADHD is extremely high- or in cases of that, particularly- I work with majority undergraduate students and so most of my students come from rural areas of [current state], where there is hardly any medical... I have a lot of students who have never even seen a doctor before for anything medical, much less any conversation around mental health or even a belief that there is such a thing as mental health or mental health treatment. So in many instances, I am the first person who's ever talked to these students about mental health and maintaining mental health and what opportunities there are for mental health and mental health awareness. Much less diagnosis and treatment.

I mean, it's... It's like sometimes, to be blunt about it, it's like pulling teeth to get someone to go see a doctor and get a diagnosis of ADD. And students will go all the way to their senior year and then they'll finally believe me and go and get medicated and come in and go, "Why did I wait this long?" I'm going, "Yeah, [joke about frustration using common idiom]."

It's very prevalent... And I think that in the music world, we are at a precipice where - because I've seen it not only here, but in all of the places that I visit - and we're going to have to start answering the big questions of how do we tend to the mental health of our students and our student population and develop the soft skills that they need for a career in music... while tending to their mental health development and the lack of structure and the lack of skill that they have developed, in terms of... Emotional and physical literacy - being able to talk about their experiences, being able to describe their experiences. And how we do that while also maintaining some degree of artistic integrity within our field. I think... we have a very, very difficult road ahead of us in trying to sort this out.

**Interviewer** Mm-hmm. Yeah... Okay.

**Participant B** Yeah. Just said a few things in there, sorry.

**Interviewer** Yeah, no! It's all really insightful, and I appreciate all of your insight and experience. So just to kind of go one step further into the question of changes over time... I know you described changes from when you were a student to, like maybe the present day. What about in the course of since you've been teaching in the university setting, are those still the same trends that you're seeing?

**Participant B** Yes, I've seen less and less of literacy around mental health and around having an embodied experience or even an embodied knowledge. I've seen less and less coping skills and coping mechanisms for handling stress... In stress management. Being able to prioritize and make decisions based on priorities. And greater occurrences of generalized depression and generalized anxiety.

**Interviewer** Okay. Okay. As far as moving into the practical side, what kinds of resources, whether books, websites, articles, etc., have you found useful or typically pointed your students toward, brought into these conversations? Just anything that you've found particularly helpful?

**Participant B** Yeah. The first one, Brene Brown.

**Interviewer** Hmm.

**Participant B** I cannot emphasize the importance of that work in education. I just... Are you familiar with Brene and her work?

**Interviewer** Yeah, I've- Daring Greatly, specifically. I think I've read a few of her books other than that. But of course, Daring Greatly I feel like was kind of a big catalyst for a lot of this trajectory.

**Participant B** Yeah. Yeah. Daring Greatly. The Gifts of Imperfection-

**Interviewer** Yeah.

**Participant B** ... were huge. They were huge for me, and I think that they have massive implications for the artistic community. The guideposts are, for academics especially, are pretty intense. But her work has been a tremendous resource. And of all of the kind of worlds - the world of self-help and self-help books, I find that hers are the most accessible and digestible for students because of the way that she writes them. They're pretty free of judgment. And she's able to write in a way that it's like, "Yeah, I'm doing this work with you." And it's very clear. So it's accessible. And I would agree Daring Greatly is kind of the biggest one.

I send students a lot to the counseling center.

**Interviewer** Mm-hmm.

**Participant B** But honestly, most is just my own knowledge and it's my own teaching. And just kind of going, "Okay, what are you experiencing?" And kind of getting them to make a list of things and then going, "Okay. Like... Look at that list. What are those - Those things point in a direction. And it would be wise for you to at least make sure that the direction that those things are pointing aren't true."

Like, let's eliminate variables here, you know? I need to know before we move forward. Do you have a diagnosis of attention deficit disorder? Because it makes a difference in how I teach you... To know if you have General Anxiety Disorder. I need to know if you have general depression. These are essential for me to know so that I know how to teach you. Because I have to develop an individual learning plan for you... As opposed to if I



were teaching a general class where I don't have the interaction with a student like I have in the studio.

So there's a lot of just my own knowledge that I bring to teaching. And I talk about it both in one-on-one and in in my studio sessions. When it when it gets beyond what I can handle... which is always, as an educator, I'm a reporting authority for any kind of danger - suicide or any kind of just bodily harm. I will take a student over and literally walk them and sit with them until they are seen by a professional counselor. And my students know that. They understand where those boundaries lie... And when I have to report things.

**Interviewer** Yeah. Mm-hmm. Mm-hmm.

**Participant B** Now that I think about it, I don't really employ any other resources. Because, either intentionally or just because I've been a person who has sort of followed the students who have been in front of me... Like I've gained the skills that I need over time to teach the students. I haven't found someone who has more resources than I do personally.

**Interviewer** Mm-hmm.

**Participant B** Because I always considered it a significant portion of my job responsibility to be aware of mental health and mental health issues... and staying on top of them. Just because I work with artists, but I work one-on-one. Which, you know, we're all therapists.

We have a lot of resources here on campus, especially through the disability support services on campus and through our Dean of Students. And I've referred students out for

testing and for learning and developing learning strategies depending upon what their diagnosis is. But most of it is one-on-one with me.

**Interviewer** Yeah. Yeah. That makes sense. Just given-

**Participant B** I will. Full disclosure, my [partner] is a clinical psychologist.

**Interviewer** Oh?

**Participant B** So...

**Interviewer** Yeah. Helpful knowledge base there. Yeah.

**Participant B** When I'm, you know, underwater, I can make a phone call.

**Interviewer** Yeah. Yeah.

**Participant B** What's this?

**Interviewer** Yeah. Okay, So I think you've kind of already hinted toward this, but to what extent are you open to discussing an individual student's struggles with mental health concerns and mental illnesses?

**Participant B** Um, probably to my own detriment more so than I need to be. Because I'm acutely aware of it, I orient from, "If we don't get this solved, I can't do my job in terms of teaching you [instrument]. Because this hurdle is a barrier to you learning [instrument]." And of course, they're like, "I don't understand what you're talking about."

And I'm like, "You can't prioritize. You can't be objective. You can't set strategies and be self-motivated and self-disciplined, which means you can't get in a practice room and do the work that I need you to do. And if and if I try to employ strategies that are designed to motivate you because you don't have these structures built and these coping mechanisms, you see this as judgment and failure and you crumble instead of these... these structures

and these gates that you're supposed to pass through are designed to motivate you and encourage you and give you deadlines and things to practice towards. And instead, you just go, 'No, I'll never reach that,' and you fall apart."

So I would say for me, almost it's a barrier because I can't teach if someone's not ready to be taught. And I can't enact my teaching philosophy, which is to teach the whole person. I consider myself to be a mentor for business and for career development and for artistic development and for nurturing the whole person and staying healthy through this, through our field. So it's almost primary.

**Interviewer** Mm-hmm. Mm-hmm. Okay. So in that same vein, do you take time- I'm assuming that I know the answer to this, but do you take time in lessons to check in with students on how they're doing and how do those conversations look? Like what is that dynamic? How do you foster that kind of trust, communication relationship?

**Participant B** Always ask how they're doing. If I've given them any suggestions, like I need you to follow up with a physician on these kinds of things, I will follow up and encourage them to do it. If they have, I'm always very clear on "how did that go?" But be very aware and like, "you are under no obligation to talk to me about the results of those... Other than what are the results of that that as your teacher, I need to know?".

The specifics of things, I'm not privy to and don't need to know that information other than to know "Yes, I was diagnosed with attention deficit disorder and I'm medicated and receiving treatment and learning strategies for coping with my particular version of it." Great. So I'm pretty clear on- I'll listen but I don't need to know because I don't want to act as your therapist.

So it's... I'm very clear on what is my lane and how sometimes the lane of an educator and the lane of a therapist run in the same direction. What I'm- Where I kind of draw the line is I don't ask, I never ask the follow-up questions that a therapist asks, which are always "how do you feel about that?" We can talk about events, we can talk about things that you notice, but I'm not going to follow up with "And what do you think about that?" Because that's a- that kind of processing is what a therapist does. I will follow up with, "Okay. These are strategies for learning within this environment." Or "these are strategies that you need to follow to help you with..." You know, "Okay, you're struggling with making priorities and following your priorities and those kinds of things. Okay. These are the things that can help you with that." I don't ever go, "Why do you think that it? What events have happened in your life that have..." I stay away from that kind of work.

**Interviewer** Yeah. Would you say that there are any changes to that approach when it comes to, like, something that's performance specific? So talking about performance anxiety and how that was experienced? Just kind of honing in on you're not going to ask, "how do you feel about that?" But are there areas that that would be more appropriate than others?

**Participant B** To a certain degree with performance anxiety, yes. And... Within the world of performance anxiety, that's something that I am particularly skilled and certified to work in. So those are areas that I don't have any kind of hesitation in diving into. And that's a particular area of development, right now, for me.

I'm about to kind of come out to the performance world and begin to start talking about performance trauma that we all have that is a result of our training. And the ways in

which we shame ourselves within our training and how that creates trauma and traumatic events within our process. So this is a particular area of expertise for me. Where I draw the line is... This will take a little bit of unpacking. The word performance anxiety, or that term, has been a little overly co-opted and diluted. To the point that we don't really understand - within performance anxiety, we don't understand performance stress, performance anxiety, performance trauma. They all just get grouped together.

And often what we call "performance anxiety" is just stress. And because we label it as performance anxiety, we decide that, "Oh, I'm unique" or "there's something wrong with me." When in fact, you're just simply having a normal, healthy stress response to performing. This is what we all experience. You need this. This is normal. There's nothing wrong with you. In fact, the very fact that you're experiencing what you're experiencing is indicative of a normal, healthy, nervous system... To a point.

And then there's a certain point where the stress turns a corner and actually becomes detrimental. And where I'm particularly skilled at, is working with people who have experienced performance trauma, where they are... Where they describe their performances as blacking out and not knowing what's going on. And they'll say things like, "Yeah, I'm with it behind stage. And then I remember walking out on stage and then all of the sudden I'm sitting backstage again. I have no recollection of what happens.".

I'm like, "Okay. That's trauma. And that's PTSD and you're having a PTSD response." And at that point, I can work with someone... depending upon what has caused that. If what has caused that is something like, "Yes, my very first piano recital when I was six years old, I had a memory lapse and I freaked out." I can work with somebody with that.

If what's causing that kind of blackout is because they've experienced trauma in earlier or other areas of their life, like physical or sexual abuse that has gotten grouped and co-opted by performance trauma, then I have to send them to a therapist. So it just depends on what's the catalyst behind it.

**Interviewer** Mm-hmm. Mm-hmm.

**Participant B** In most cases, in our field, it's those early childhood experiences around performing that have kind of created those experiences for us. It's rare, in the performance world, to find instances of abuse that are being co-opted into performance anxiety. I do find that as a [wellness topic] teacher, and I have to work a lot with unpacking the effects of abuse in someone's body. Again, where I draw the line is... If their work with me exposes the abuse, they need to go see a therapist. If they've been through therapy and we're now working through the physical aspects, but the emotional trauma has been worked through, that I can do. But I stay away from issues when... we're discovering the newness of things and uncovering things that have been blocked out for some reason.

**Interviewer** Yeah. Okay...

**Participant B** This is not what you expected, is it?!

**Interviewer** No, no, no! This is exactly what I- you know, these are all important things to be talking about. And I think it's great to get these perspectives on these really personal and sensitive issues. And the more conversations and insight and action we can take, the better, in my opinion. So as far as- I mean, I think you've already kind of answered this, but again... Do you find that those specific mental health concerns are coming up frequently in lessons or studio class activities?

**Participant B** Uh, weekly.

**Interviewer** Yeah. Okay.

**Participant B** I mean, to the point where... On more than one occasion, I have had to tell a student... "You and I can no longer work together until you get these things taken care of." And I have been, in some cases, very clear of "you are not allowed to come to a lesson unless you hand me a piece of paper that says you have been to therapy this week." And just been very clear about the importance of it, when I've had a student who just won't acknowledge it. And of course, understand like... This is not something like the third or fourth conversation that this happens. This is like three years into it and I've just reached a point where the student doesn't want to hear it. And I've just said, "You know what? You don't get to study with me just because you want to. I have a choice in this, too. And because you're not acknowledging the things that you need to acknowledge in order to excel in this field, I'm not going to accept you in my studio until you address these things... be allowed to register for lessons, until I know that you're receiving the necessary medical treatment that you need to receive."

**Interviewer** Mm-hmm. Do you find that there are any issues that come up in terms of like financial feasibility, other access issues when you're talking about these types of things?

**Participant B** Um, no. Because mental health on our campus is free.

**Interviewer** Okay.

**Participant B** All the students are, in order to be on campus, have to pay a health access fee that's connected to their tuition and fees. And they can't - There's no waiver for that. So they have free access to mental health counseling and treatment on campus.

**Interviewer** Yeah. If you know, you may not know the details of this, but... Is there like a cap to how many sessions they can have? And are they typically able to get in like at a reasonably fast pace?

**Participant B** I keep tabs on it. Usually, it's about a two week intake. During the sort of post-pandemic time, like the immediate post-pandemic time, our mental health facilities were overloaded. But they actually hired additional off-campus and started doing Zoom counseling just to kind of deal with the demand. But that would be- The questions that you're asking would be a major issue if there weren't student resources available.

**Interviewer** Yeah, of course, of course. That's great that it's so accessible. It can be widely varied, it seems. In terms of what types of circumstances, they will even treat at some locations and limits, extremely long wait times... So it's always good to hear that there's good access available on campus.

**Participant B** I've had lots of that- Even, many of the things you're talking about, I've had many of the things of like, "I can't go to those things because I'm still on my parents insurance and my parents don't believe in mental health anything. And so they'll see the insurance claim and I'll get in trouble. And I'm like, "You are over the age of 18. Your parents do not have access to those medical records. Like I am sorry to tell you that they can't see those things."

But it's a lot of that kind of work as well, of just convincing students of the need of it and dealing with their parental fears. There's, there's a ton of that. And I don't know- I believe that that's- has a large part to do with just the area that I teach in.

**Interviewer** The region?

**Participant B** The region.



**Interviewer** Yeah, yeah. That would make sense. Okay, so you've mentioned a few things that seem to come up kind of frequently. Are there any specific topics that you would point to that tend to come up most often? And kind of how, if you haven't already said, for any of those- How do you typically navigate when certain topics that tend to come up often do come up?

**Participant B** The most common ones are anxiety... ADD, ADHD, and depression... How I navigate... A lot of times it's talking about my personal experience. And just sometimes it does require, like... "I'm medicated, too. I take a pill every day that keeps me from- that keeps me motivated." I have to talk a lot about, like, "there's different ways that you can address depression. There's serotonin reuptake inhibitors and there's dopamine uptake inhibitors." And it sometimes takes... there's a lot of education around like, "You don't just go to the doctor one time-".

Case in point, I had a student earlier this semester, who at the start of this semester, [physicians] doubled [their] SSRI. And I was like- And all of these things happened- You went into severe depression when they doubled your serotonin reuptake inhibitors. Yeah, I said, "Go back to your original dose. Cut your dose in half and go back to your original dose and call your doctor. And while you're waiting to get in to see your doctor, cut your dose in half." And sure enough, [they] came back in two weeks later and said, "Thank you. I was having serotonin sickness."

So there's a lot of just personal experience that I can recognize and relate to. And so it does mean, particularly in these instances that there's sort of the dropping of the veil, you know. And it's a lot of like, "Look I'm a real person too. Let me tell you how this goes."

... Which helps. I mean, there's some teachers who are like, "I would never do that." But for me... And again, the region and the students that I have, I wouldn't get anywhere if I didn't talk to them from a person who is experiencing the same things that they're experiencing...

Does that answer your question? I'm struggling-.

**Interviewer** Yeah.

**Participant B** ... what other things you're looking for?

**Interviewer** No, no, that totally- There's nothing I'm necessarily specifically looking for, but that does answer in terms of kind of how you approach those things that tend to come up often. As far as- more along the lines of like general mental health maintenance and taking care of oneself in mental health- Maybe aside from when there may be some diagnosis that's needed, what - or do you have conversations about just again, generally, how to take care of oneself in this way?

**Participant B** Yeah, I talk to the students about things like making sure that there's a point in your day where you're doing something strictly for you. What are the things that nourish you? What are the things that help you recharge? Do you understand aspects of you? Things like your personality traits. Do you understand... Are you an introvert or an extrovert? And what does that mean? Not that I'm conducting Myers-Briggs or anything like that, but they are... As part of their journal assignments for my studio, they're required to kind of learn about themselves and talk about like, what did I do this week that was recharging for me?

We talk about strategies for prioritizing and strategies for scheduling and... managing overwhelm. What to do when you are in overwhelm. Surviving mid-terms, surviving finals, you know. So just general professionalism and well-being and just personal maintenance. We talk about diet, we talk about exercise. We talk about time to- when you need to take time off and shut the [instrument/instrument case] and walk away.

And what are the best times of the day for you to work? How do you manage the flow of that? One of the things that I'm really, really big on, both in my studio and in my business classes, is separating the identity from the work and really talking about how poisonous it is that we go, "I'm a musician... And it's a calling. And I do it because I can't do anything else." And how dangerous and detrimental the interconnectedness of our identity and profession is for us. Particularly as music educators and that creates a lack of boundaries.

And I give the performers as well, people who are performance bound, going, "Okay, your job is to work 8 hours a day. That means you get up and you practice for 4 hours a day. And then you go to rehearsal, and you go to performance." And then, "Oh, you're performing until 10:00 that night. That means your work shifts and it starts at 1:00 or 2:00 in the day and your free time..." You need to work like a normal person, not 12 hours a day. To have a space in your home, that is your practice space that you close the door and walk away from it. You know, those kinds of things.

**Interviewer** Yes, definitely.

**Participant B** What are the things that make you a real person? What are the things that you enjoy doing other than playing music? And make sure that you schedule time. I joke with

my kids all the time but I'm like, "How many friends do you have that are not in music school?" And they just look at me and I'm like, "You're required to have five."

**Interviewer** They're like, "There are people who aren't musicians?"

**Participant B** Yeah, that's- They're like, "What?"

**Interviewer** "What does that even mean?"

**Participant B** "How do I, how- You know, well, I know people in marching band who aren't music majors." I'm like, "No, no, no." Well, "How do I find- How do I make friends that aren't musicians?" "Uh-huh."

**Interviewer** Yeah, yeah. You got to figure that out. Yeah.

**Participant B** Go to English class and look at the person next to you and say, "Hey, can we get coffee afterwards?".

**Interviewer** Yeah. Yeah.

**Participant B** So we talk about those things a lot.

**Interviewer** Yeah. Mm-hmm.

**Participant B** And then I also model that for them with things like... I do an interesting thing with scheduling private lessons where I don't collect schedules and schedule them. I do an online schedule, like through Calendly. They have a particular link that they get from me that has times when I'm going to teach private lessons for them. And if they say, "Hey, can I move my lesson?" I just look at them and go, "Look at the link. I have no idea." Like, "well, there's no times available today." I'm like, "I know. You're not allowed to schedule same-day meetings with me." Oh. And they just look and I'm like, "it's a boundary for me. When I wake up in the morning, I need to know when my free time is

so that I can get the things that I need to get done. And if you take those from me, then I don't- then I can't do things like practice and answer emails."

And so it's modeling and things like that. And I talk to them about, like, my personal life. Like "I'm taking the weekend off. You will not be able to contact me from Friday at 5:00 until Monday morning at 8:00. Like you do not have 24/7 access to me." Just things like that.

**Interviewer** Yeah. Yeah. That's awesome. So taking it back to some logistics. If you have a particular student who's had some sort of mental health challenge over the course of a semester, how does that affect grading for like juries, applied lessons? Does that factor in? And how do you kind of navigate that situation?

**Participant B** Yeah. Gosh, I would love to say that I have a formalized system for that. The longer that I have taught, the further away from that kind of like "I grade every single lesson" I have gotten. And I am now at the point where I grade where you are at the end of the semester as opposed to like- And I just sort of say, "Did you get all your work done? Okay." You know. "Sure, you did all ten etudes in the last two weeks of class... You did all ten etudes." So it's that kind of grading as opposed to... Did you play a good jury?

My grading in my studio is set up in a way where there are four parts, and three of those parts have nothing to do with their private lessons. So one is a scale exam. That's 25 percent of the grade. The jury is 25 percent of the grade. And they have to turn in a journal that they work on throughout the whole semester that has specific requirements by semester. And that's also 25 percent of the grade. So they could get a C... And get a D

in every single one of their individual lessons with me and still get a C. Yeah. And so I created more objective points for them... to kind of help with the subjective quality of grading.

**Interviewer** Yeah. Yeah. So are you- In your particular institution, are you who grades their juries or is there some kind of committee?

**Participant B** It's the entire [instrument family] faculty. So they get [several] grades averaged together for the jury.

**Interviewer** Yeah. So in that... If there was someone who had been having persistent challenges over the course of the semester, is there any way - I'm not sure how you assign repertoire, when you assign that or anything like that - but how does that play into like specifically the jury? If they've been not doing so well throughout the semester?

**Participant B** If we get into a situation like that, where we're not- the student's not able to kind of pull it through for the jury, I will encourage them to do a medical withdrawal.

**Interviewer** Hmm. Mm-hmm.

**Participant B** If it's that detrimental... I've done that before.

**Interviewer** Okay. That makes sense.

**Participant B** In most cases, it's just been sort of that mid-semester dip and then they kind of... rally. But yeah, in a couple of the instances where things, you know... They finally went to the doctor and they're suffering from... massive depression and... General Anxiety Disorder and need six months-worth of medical... searching to try and get the medications right and those kinds of things... Then I've said, "Okay. We're going to pause. We're going to take an Incomplete or do a full medical withdrawal. We need to get

you stable. So that you can proceed. And it's better to do that than for you to get hurt academically by this. Let's pause."

**Interviewer** Yeah. So would you say... It's unlikely that even... some dips throughout the semester in mental health are going to have like a significantly detrimental impact?

**Participant B** [nods].

**Interviewer** Yeah, that makes sense.

**Participant B** As long as they work for that.

**Interviewer** Yes. Yeah.

**Participant B** But it's always the first... Like I have a sophomore right now who just will not commit to taking care of [their] mental health. And it's going to get bad for them. This semester, especially.

**Interviewer** In terms of... Bad in terms of...?

**Participant B** Well, I think they've had maybe two lessons, so far, where they've come in and been able to play something. And I- About three lessons ago, they finally came in and said, "I agree with you. I need- I have ADD and I need to get diagnosed and get medication." And they still haven't... followed through and shown up for the doctor's appointment. And it's like, "Look, I can't do it for you. Like you're going to have to take care of yourself." That's also part of it, with this particular community that I work with, is not understanding... or taking responsibility for their own well-being. Because mom and dad have always done it for them. There's a little bit of that as well.

**Interviewer** Yeah. Okay. So we'll take a small detour into the small group setting, so it could be your studio class or your courses that you actually teach, depending on how these things

factor in. But are there any specific discussions, activities, or education that you make a point to include in those small group settings?

**Participant B** With my studio classes and things like that, I talk a lot about scheduling and prioritizing scheduling- learning how to prioritize practicing. I talk about how to prioritize various aspects of your day and various aspects of your music degree. One of the things that I often say to my students is, “Thirty percent of your degree is private lessons. So 30 percent of your day should be spent playing the [instrument].” And they just look at me like, "what?".

You know... Like it's very clear 30 percent is independent- or private study. I talk in my studio classes about performance anxiety and about how to manage performance anxiety. I talk about- I do it a lot from the purposes of normalizing performance anxiety. And actually, I talk a lot about mental health in general for that purpose of trying to normalize it and get people to talk about it. And that tends to be pretty helpful.

What's interesting, that is something you're not asking about, is what happens when I- because I travel a lot and I do presentations and performances and things like that. And, uh... 2018, I commissioned a piece to commemorate the Pulse massacre. I am from Orlando and grew up in the dance clubs and spent many, many, many nights in Pulse. And as a kind of a way of processing that and moving forward from that, I commissioned a piece of music from a [ethnicity] composer who I grew up with about Pulse. And sort of celebrating the people, and toured doing this recital about gay identity. And as a response to it, I had a lot of- a lot of students would sit with me after each performance and talk to me about their own mental health surrounding the Pulse incident and going forward...



And surprisingly, talking about the mental health surrounding their identity in the arts and how, inadvertently, I was paving the way for these students to be on stage as gender non-binary and genderqueer and dress appropriately for them as opposed to what gender norms were in professional [instrument] world. These were things that I never expected as a result of this.

But part of- As I was getting ready for the premiere of this, I realized like, I can't go on stage in [heteronormative gendered attire] as Dr. [last name] and walk out here and play this piece of music. I had to walk out on stage with my sexuality being like front and center and tell the story of why this piece was written. And so I was dressed like I was going to a club, you know. And I learned the importance of representation and the power of that and my role in that... Which then meant I had to accept responsibility for that, which was- I'm a wallflower. I don't like it to be about me. So this was a big change for me. But it has really opened the door for those conversations in the [instrument] community.

And I have a lot of students - when I go out and perform and when I go out and do workshops - I have a lot of students who talk to me about worthiness and identity and safety. And how their mental health is surrounded... or how those topics interplay with their mental health around the work that they're doing. It's been very eye opening and it's definitely leading the direction of my work and what I'm doing with my company.

**Interviewer** Mm-hmm.

Thank you so much for sharing that. Yeah. Are there any other insights from that experience with those specific minority populations who you've had conversations with,

those students that, any other insights that you feel are particularly relevant to this conversation?

**Participant B** Yeah. Um. So I... I learned this the hard way. The [performer wellness-related discipline] community and the way that I was trained within that community has been very binary, for one thing... In terms of "male or female." And has also been very binary in terms of right and wrong, correct or error. And I have realized, through working particularly with transgender individuals and working with the body of a transgender individual, that there is nothing that we learn that is wrong. If you're doing it, it is not wrong. Because the only reason why you would be doing it is because you made a choice to do it, and that choice was made around safety.

And I was at a workshop teaching this, at the national [wellness-related] workshop [segment of time] ago, and I had a teacher say to me like, "Well, I get what you're saying. I understand it." [They're] like, "But there are some things that are wrong, right? Like the way that a ballet person organizes their body is clearly wrong." And I'm like, "Well," I said, "I understand what you're saying, but let's unpack that a little bit." And [they were] like, "Yeah, I learned these things when I was four years old, and I've been working my whole life to undo them." I'm like, "Well, but you learned them when you were four years old?" Yes. "In a group class?" Yes. "Because mom took you to ballet?" Yes. "Because mom also did ballet." Yes. "And you did these things because your teacher said, 'do them.' Because if you didn't, you would be ousted. You would no longer be a part of the community of all of those other four-year-olds doing ballet. And you wouldn't be like your mom. So, it's a question of safety that you adopted this because your safety and your belonging depended upon it. It was the right choice in that moment. Because safety

dictated it to be so." And so understanding that we respond and learn in the moment because of safety... has been... life changing for me.

Also understanding that- I think it was about the fall of 2019? No, 18. Our Dean of Students came in and said, "I want you to understand the freshmen students this year. This is a group of students who are post-9-11, so they have never lived in a world that is safe. This is also the group of students that are post- Sandy Hook and Columbine, and they have never been to elementary school in a world where random shooter drills weren't happening every month. So they have learned in an environment of terror... Where their safety was always in question." That changes things. Like we don't learn when we are in panic and when we are in terror and when we have PTSD around those things that are that are associated with school and learning. We have a major discussion to have in education right now.

But where it makes a difference for musicians, is that when you go into your panic responses, your senses, and the way that your brain interprets senses change. You don't see things the same way. You don't hear things the same way. When you start moving in that stress response towards fight or flight, your audio perception changes, and you don't listen to and discern pitches in the mid-range any longer. You only hear high, high pitches like the crackling of leaves or the snapping of a twig. And you hear really low pitches like the growl of an animal.

So if you are a freshman student who has never sang before in your life, just played [instrument] in band and the first day you go to aural skills and you have to sing in front of 30 of your classmates and that puts you in terror, you can't hear a major third or a

minor third. If you're a vocal major and you have PTSD around being on stage and you wonder why it is that you can't sing when you go out on stage. If you're going into fight or flight, you physically can't. Your senses don't work that way. There's no amount of visualization and thinking you're on the beach or knowing that the audience loves you... You can't function. You don't have access to your prefrontal cortex. It's shut down. Because your defenses are up and you're trying to protect yourself.

So it's- These are the things that are huge to me in teaching right now and whether or not they... I don't know that they're specific to mental health as they are just specific to health and how our nervous system and our body... copes with the learning environment and the performance environment that we're in. So understanding that there's no error, that nothing in your body can ever be an error. And if I told you that it was... you move and you respond because of your lived experiences. If I tell you that's wrong, I'm invalidating your life and the experiences that you've had in your life. We can't work together if you don't feel like I see you, as your teacher. Even though you might think I'm the greatest [instrument] teacher in the world and you want to learn a whole lot from me, if you don't- if we don't have that basic trust, learning can't happen. Because there's no safety. Because I haven't seen you.

**Interviewer** Mm-hmm. Yeah. That kind of brings me back to one of your- Like early on what you were talking about in terms of resilience and grit and critique. Do you think... What links do you perceive between those, I guess, qualities and then potentially the lack of physical, intellectual, social safety that potentially is more prominent that I'm hearing you describe?

**Participant B** Yeah... That's... That's the world of unknown. [chuckles].

That's where my work is going... how can we develop resilience and grit in an environment where we don't feel safe when we're learning? And how do we create safety? And how do we educate students in understanding what the nature of the relationship between their studio teacher and them? Like, what's the role? What's supposed to be happening here? And understanding that is the safest environment. It should be the safest environment. It means that we as teachers have to... develop what's called a trauma-informed teaching style. And the student has to be educated. And we have to develop the soft skills and the structures within their brain.

Like they literally do not have coping mechanisms. They're just not there. It's not that they can't do it. They just don't have it. No one's asked them what they think. No one's asked them to form an opinion. They've relied on someone else to give that to them. They've relied on someone else to tell them what they need to know. They don't- They've lost their curiosity. And they've lost the value of curiosity and learning.

And rightly so because the learning spaces haven't been safe. If you think that going to school every day means you might actually get shot... And for some people, like when I was growing up, sometimes school was the safest place, you know? Band class was like, I found my people. Not [inaudible].

So I think that's where we're headed. But I don't think that the music world, and I don't think higher ed, has caught up yet with understanding the true nature of the problem. I think we're learning that there's a problem, but we're not there yet with knowing and accepting what the problem is.

And I think once we get there, I think then the music world especially is going to have to really struggle with... How do we nurture creativity and empowerment and embodiment... while still nurturing integrity and maintaining integrity? Within an environment that has all of these requirements for the degree and nowhere near enough time to do them all.

And then in a culture where there's so many things pulling attention. How do we do this? I don't know... I don't know yet. I'm maybe three or four steps into the ten step process. A little bit further than most people, but I'm still at the very beginning of this road. And I'm asking the questions at this point, but I don't know what the solution is yet.

And I'm not sure if [redacted] told you this, but this is my last year teaching. Oh, no.

Yeah, I'm leaving academia. [redacted - medical reasons for leaving teaching]. And so...

It's a good time to exit academia. And I will be able to answer some of these questions without having to be a person who's continuing the same problem.

**Interviewer** Yeah.

**Participant B** You know.

**Interviewer** Mm-hmm.

**Participant B** I'm looking forward to not being a part of the problem... while also trying to solve the problem.

**Interviewer** Yeah.

**Participant B** But we have a big problem... In academia but then within performance training, it's huge.

**Interviewer** Mm-hmm. Mm-hmm.

[sighs], yes.

Just as a side note, do you have any recommendations for literature or anything in relation to trauma-informed teaching? If not, that's totally fine.

**Participant B** There is a book, and I think it is like "trauma-informed teaching in the classroom" or something like that. If you just Google search trauma-informed teaching.

**Interviewer** Okay.

**Participant B** There's not a lot. There's really not a lot. And it's hard to find stuff that you're looking for, because a lot of the trauma informed is going to point towards diversity work and issues of race. And that's not exactly what we're looking for. But because of the kind of response to BLM, there's a lot of addressing institutionalized trauma around race in the classroom. And that's not really the same thing as this. There's a lot to be learned and that's applicable, but that's not really what we're looking for here.

**Interviewer** Yeah. Okay. Alright, so let's go ahead and shift to more of the boundary side and of course, like professional expertise versus outside of the scope of- Obviously, you're a very highly trained individual in a lot of these areas, so some of this you've already touched on to some extent. Some of it might not really be applicable. But how do you- Maybe kind of a step-by-step of how you respond when a student does bring up a specific mental health concern or challenge they're having in a lesson?

**Participant B** Yeah. And if this is a situation where they're bringing it up to me and I'm not bringing it up to them... The first step always is "Are you safe? Are you currently safe?" Which... it usually requires a little bit of unpacking. Like are you currently a danger to yourself? Or is your life in danger from someone else? And there's always a very clear like, "My confidentiality with you ends when your safety is in question." And my students, they have to understand that I am legally obligated to... even to the point of

dialing 911 and getting medical treatment here for you. If you tell me that you're in a situation of domestic abuse or family abuse, I'm legally obligated to call authorities. So there's always that clarity.

Once that boundary is in place, then I gather as much data as the student is willing to share with me without invading privacy. So it's a tricky balance. But I need to know as much information as I can gather so that I can give them the most informed advice possible. And I'm also very clear about "I'm not a medically trained professional. I cannot and will not give you a diagnosis. But I will point you in particular directions of help. And tell you which directions will be the most advantageous for various things that might be going on."

And so developing strategies for addressing them.

And that could be something as simple as like... Okay, you're having coping issues. You need a counselor. You're having learning issues. We need to get you to disability support services, and we need to get you to somebody who can test you for ADD or autism. If I start to suspect things like bipolar, manic kind of health issues, I'll recommend a psychiatrist. If we get into things beyond depression, anxiety, and attention issues... more of the mental pathologies. Then I'll recommend a psychiatrist to them.

**Interviewer** Yeah. That kind of feeds into the next question, which is- And I mean, you kind of just gave some of what you would consider to be like addressable versus not addressable in that setting. But any other thoughts on how you know when something is outside of



your expertise? Or how someone would know when it's outside of their expertise to discuss a certain issue?

**Participant B** Um... Experience. I'm careful of- even if I suspect things, I'm careful about not telling them what I suspect. Even in the beginning, like if I think somebody has got, you know, ADD, I won't tell them that I think that.

It's only after like... when I reach a point where I'm like, "I can't have this conversation with you again. Like we've had we had ten lessons of the same conversation. I don't have the energy. I'm just going to tell you, I think you have ADD. It is in my professional opinion, as an educator, that I believe you have attention deficit disorder and I need you to get diagnosed or not diagnosed."

And understanding that... it makes a difference in how I- in the strategies that I choose to teach with. I need to know these things as your teacher.

I think that it's important- I would tell every new teacher to take an abnormal psychology class... Certainly a psychology class, but to also take abnormal psychology. So that you can learn to recognize markers and not treat them, but just have the resources available for students. Because in many ways, we are going to be the- we are the person who's going to have the most impact.

And we're also the front line. We're the person who's going to see it first. And because we see them every day, or at least once a week... We're going to have a lot more exposure to the things that particularly they're probably hiding from most people. So the more

resources we can have about it. But I think at this point, it is an absolute necessity that college professors have some background in psychology.

Even if it's- We used to have a class, I think it was like 702 or something. We called it "How to Be an Adult" at [doctoral institution]. And Dr. [redacted] taught it. And even if there there's a unit on mental health awareness and bringing a psychiatrist and a therapist in to talk about various things that we might encounter. And what we can do in circumstances.

I think those are essential.

**Interviewer** Yeah. So speaking more, again, along the pathology side of things... If a student does come to you with something that's just clearly outside of your professional expertise, what kind of steps are you going to take in responding to that?

**Participant B** I mean, it's- There's always empathy. Like I'm going to sit down and be a real person with them and... explore with them what are the intersections between that and our work? And how those things might impact our work, but also how our work might impact whatever it is that they're discovering.

You know, something like OCD. I had a student when I first started here, it was in their first lesson told me, "I have diagnosed OCD." Like, "Okay." And we had to explore ways to capitalize on their OCD as opposed to seeing it as a detriment. So in general, when it's things that impact learning directly, as a teacher, I need to know something about that, and I need to know how to work with it. When it's more pathological mental health and I'm talking things like bipolar, manic, schizophrenia, divergent personality... those types

of things- Those things... where I stop is "I need to know that you are you are under proper medical supervision and that you are doing the things that you need to do in order to maintain your health."

And it's just- I'm going to be that person who is going to say to you if I suspect... "Are you taking your meds? Have you come off of your meds? I'm noticing more swings. You're not coping well with the stress." I'm going to be that person to ask, "What's going on with your medication?" Which is not an invasion of privacy. It's... me being concerned about your health and your wellness and your progress through the degree.

**Interviewer** Yeah.

**Participant B** Probably the last thing that I would say is I'd rather err on overstepping... than err on the side of caution. I'd much rather say, "Gosh, I'm so sorry that I thought that you were bipolar" than "I knew you were bipolar for four years and you went on a binge and I didn't come forward and get help for you or point you in the direction because no one was spotting it and I was." Like, I... You know.

**Interviewer** Mm-hmm. Yeah. It's definitely a challenging balance, just the- at least to me, just the level of concern for wanting students to be safe. But then again, you know... Yeah, just trying to find that particular level of discussion and concern, but also boundaries and yeah, definitely complicated.

**Participant B** It's complicated, but you know... There are things that clearly fall within the purview of my job. My job is to teach someone how to play the [instrument]. But as a member of the School of Music community, I am a mentor and an advisor and a coach to students. And... there are certainly things within those realms that I can very clearly say, "I'm going to step out of my role as a [instrument] professor and I'm going to be firmly in

my role as an advisor and a mentor to you. I think that you're- we really need to consider your mental health and wellness." You know. "It is not my job to give you a diagnosis, but it is my job to say, 'I need you to pay attention to this, because it's affecting you in other ways.'"

**Interviewer** Mm-hmm. Do you think that... within your experience as a professor, especially one-on-one studio work, do you think that that viewpoint of what the roles are as mentor, advisor, teacher, and the level of involvement in that way, do you think that's a common way of looking at it amongst other professors? Do you get what I'm asking?

**Participant B** I do. I don't think so. But there's a reason why. And I think that teachers who fall into the heteronormative world, and particularly teachers who are parents, don't feel the need for those kinds of barriers or those kinds of- not barriers, boundaries... because they do those things instinctually because of being a parent, and they don't separate parenting their students from teaching their students. Does that make sense?

**Interviewer** Yes. Yes.

**Participant B** Yeah. But because I don't participate in the heteronormative- I'm not a parent of anyone other than my dog and I barely do a decent job of that. And I don't participate in parental treatment of my students. I'm very clear on that. Like I tell my students, "You can have a cell phone, but you're not to call me. And if you're in the hospital or you're in the in the police station, you need to call your mom, not me. I am not coming to bail you out." There are no emergencies in education. I'm joking, obviously.

But I think that a lot of teachers get by because of their parental instincts. Whereas those of us who don't have parental instincts sometimes don't feel... as privileged that we would

have sort of the carte blanche to make those statements. That we sort of feel like we need to justify why we're making these statements.

**Interviewer** Hmm.

**Participant B** I think about like my [instrument] colleague, who will sit and talk with [their] students about breakups with their [significant others]. And I'm like, "Don't bring that in here. I don't want to know who you're dating. Unless it's somebody in the [instrument] studio so that I can squash it because you're not allowed to date within my studio. No. And I have two rules. You're not allowed to date someone in the studio, and you're not allowed to be roommates with someone in the studio."

**Interviewer** [laughs] Both good rules, I would say. Because that adds a lot of stickiness to the situation, for sure. Okay, so you already, again, kind of mentioned this, but if and when you have a student who is behaving in an uncharacteristic way but hasn't necessarily directly mentioned some kind of mental health situation going on, do you address the situation? How do you address it? What would you recommend?

**Participant B** I will certainly ask, "Hey, is everything going okay? How are things going for you?" And first instance of things, I will kind of let the "no, I'm fine" - I'll let those things slide. When it becomes, you know, second or third instance of it, particularly in consecutive weeks, then it becomes more of a "Look... I need to know that you're okay. I understand that you don't want to tell me. I respect that. But I need to know that you're okay. And I need to know that you're at least acknowledging, and you are aware of your behavior."

It's very rare that I'll, you know, conduct like an intervention. I can't think if I've ever done that but... Yeah. Students don't get anything by me. I mean, that's my [wellness-

related training]. I'm trained to see those things that you don't want me to see. Which, again, is- you know when you asked about, you know, your level of awareness to it is sometimes a detriment. Because I will stop the lesson and go, "Mm, we can't go any further with this until you address this particular thing [inaudible]. This is the problem... It has nothing to do with you being able to play the [instrument]. With the other things that are getting in the way."

**Interviewer** Yeah. Okay. So any other... Well, I've kind of two categories left. We have 10 minutes left, I obviously want to respect your time. So either in the realm of personal boundaries that haven't been mentioned or just generally, any other comments, insights, or experiences that you have that you feel would be helpful for this conversation?

**Participant B** Um, I think boundaries, it's important to... It's never been something that's happened to me, but I think it's important that we understand... What's it called? The thing that "I can't discuss what you're doing as my student that your parents."

**Interviewer** FERPA?

**Participant B** So if mom or dad calls me and says, "So-and-so talked to talk to me about what you talked to them in your lesson." I'm like, "Great. I'm not discussing that with you." And just knowing what your legal requirements of FERPA are and protecting the student's interests, particularly from their parents. I have had students' parents call me and say, "We don't believe in mental health, and I don't want you talking to my child about mental health." And I said, "I will discuss whatever educational needs your child need-my student needs. They are 18 years old or older. And I'm not interested in what your beliefs are. Thank you. Goodbye." Because I'm legally protected from that. Even though

they don't think I am. But I've been had to be very clear about, "You have no authority over me. You think it's a business model, but it's not. It's an educational model."

I think also, as a studio professor, you can protect yourself a little bit by what you put in your syllabus. And if you have a clause in there about, you know, health and wellness and that health and wellness is a part of your pedagogy. Then it's- If you were in a voice lesson and you were talking to them about nutrition and hydration and those kinds of things, that is completely within the purview. Because the voice and the ability of the voice to function is part of the body and health and wellness is part of the body. I think it's wise for us to put in there some clause about the role that physical and mental health play in the work that we do. And that is an added layer of protection.

And I think it's important, as young teachers, if you think all you're going to do is teach whatever it is that you're hired to do... Not anymore. I strongly think that we are headed to the point where all of us, in order to be studio professors, need a master's in social work... Because I do more... therapy than I do teaching, than I teach the [instrument]. Not literally. But I do more of coping with mental health than I do teaching.

**Interviewer** Yeah. It's so intimately related to each other... Just inherent in the vulnerability of that dynamic.

**Participant B** Yep.

**Interviewer** And of the art form that does involve the body, the mind, the emotions, all of those things. It's just very, very interconnected. And as you've mentioned, the trajectory of mental health seeming to be getting progressively worse and worse also makes it that much more relevant and at the forefront of what we're doing.

**Participant B** Yeah, and I even think... part of that has to do with me addressing my own mental health. And as that has become more and more important, as I've aged and dealt with changing times and things like that... It has made it more important for me to address it in my teaching... If that makes any sense at all.

**Interviewer** Yeah. Yeah.

**Participant B** You know. The biggest problem I had with the whole pandemic was we were getting emails constantly about tending to the needs of our students. And I just kept responding, go "who's tending to the needs of the faculty!?!... You expect me to teach online and my family's falling apart!"

**Interviewer** Yeah.

**Participant B** You know.

**Interviewer** Yeah, the impacts of the pandemic... I mean, that's a whole other... slew of topics as well that are very important in how the world is now in this regard and in the arts.

**Participant B** And that's predominantly what we have right now in the undergraduate degrees right now are the students of the pandemic. I think... this year's freshmen are the group of students who only had like one year of actual normal high school.

**Interviewer** Yeah. That would make sense. Yeah.

**Participant B** Because I think they were the freshmen when the shutdown happened. And so it's something like that. It's like, they are the ones who have had both the quarantine and the most post-quarantine changes in the return to normal. The amount of normal versus COVID teaching. This group of freshmen are the people who experience the most disturbance in that.



**Interviewer** Yeah. Just real quick, do you have any like pressing I guess, impressions of how COVID has impacted the student population and their mental health in this specific realm?

**Participant B** We are- Human beings are social creatures. And we took adolescent kids, in the most impressionable point of their brain formation, particularly around socializing... and we isolated them. So not only do they not have the normal coping skills of just dealing with stress, but they also don't have the social skills that are required. And just being able to function in a community. They don't know how to communicate face-to-face. They can't have conversations. They can't write like appropriate emails and appropriate communications. They cannot deal with any kind of difficult conversation, like just... critical kind of conversation... Yeah. Their social skills around all of those things are grossly underdeveloped.

**Interviewer** Yeah.

[sighs] Okay. Well, thank you so much. This has been really enlightening, helpful. I will definitely be looking more into your specific work, both with [company] and then as you progress into different areas outside of academia. But I'm so glad that you agreed to participate and hopefully it's going to... make a small contribution to improving the music field in this area. So thank you so much for all of your insight.

**Participant B** Sorry for scaring you.

**Interviewer** [laughs] You did not scare me! It's more just the whole process of transitioning topics and that sort of thing. I wasn't scared. It's all really insightful information and I appreciate it.

**Participant B** Yeah, sure. Yeah.

**Interviewer** Okay. So I think I mentioned this before. I'll be in touch as I write out my draft and I'll send that to you so you can look over it. See if there's any issues or comments that you have. And yeah, I'll keep you posted. And again, thank you so much.

**Participant B** Yeah, you're welcome. [inaudible]

**Interviewer** Have a great week.

**Participant B** Thanks. You too.

**Interviewer** Bye.

**Participant B** Bye.

## APPENDIX G: PARTICIPANT C INTERVIEW TRANSCRIPT

### Recording Begins

**Interviewer** Here we go. So I'll be referencing my questions. It's going to be semi-structured, so we'll just see how things progress. But I'll make sure I cover everything in due time.

So to start, can you just describe your experience teaching at the collegiate level, as a whole?

**Participant C** I first started teaching. You can redact as you wish. [Large public university] T.A. [year]. After that then I was eight years a freelancer but taught a lot. Whole bunch of colleges, a half dozen colleges in the region I grew up. So I've been here [number] years, but I mean, I'm [several decades] into that experience.

**Interviewer** Mm hmm. Yeah. And then as far as trainings go, specifically mental health but any musician wellness, can you describe just the various types of professional trainings that you've had in those areas?

**Participant C** Yeah. I mean, [work in somatic oriented discipline], that covers some of that, right?

I've been on more than six but less than ten meditation retreats over the years and that covers some of that, right? I've also been trained some in nonviolent communication, which... sounds like it's just outwardly facing but that is really reflective too. It's how to understand yourself so when you speak, you're speaking about what's going on for you and catching yourself at turning it into an evaluation of someone else. You know, the most common things. You're doing something badly and you are kind of blaming someone else and then you speak in a way that... You're wanting them to change but then you're saying something that makes them...

**Interviewer** Retreat.

**Participant C** ...contract energy. And then the opposite of what you're waiting to happen

happens. So that is significant in how I teach and how to run the studio and it'll probably come up, so we'll see. Any other areas...?

I did some training last spring with [a group aiming to teach mindfulness practices to college students]. That is designed for how to teach meditation to college students. Their model works really well at [private university] with the students from that socioeconomic group. I don't know that they work very well at [Participant C's university]. They gave a big presentation on data around emerging adults, like the mental health issues around the age of our students right now. Pandemic informed, trauma Informed. So...

**Interviewer** Yeah. Yeah. Lots of layers there.

**Participant C** So yeah, those are.... You can redact as you wish.

**Interviewer** Okay. Yeah. Perfect. So, I mean, you were kind of already hinting at this, but over the course of your career, have you perceived changes in the mental health of students?

And could you give information about any changes you've seen?

**Participant C** Oh, definitely. Definitely.

I've always seen the students that are stressed and students that are worried about whether they will fit into the field. And it hasn't really changed for me when I've gotten to work with students who are enrolled in the top programs in the country and ones that are enrolled in various places, those that angst is pretty consistent. And that's surprised me because I thought if you were in one of those premier programs where a lot of graduates are getting jobs, you'd feel a little more secure. I haven't found that to be the case.

What I've seen, post-pandemic but also before that, is a different level of anxiety. Like anxiety at the level that it makes people unable to function. It's a pretty dated book, but you might look at Alvin Toffler's book called Future Shock, where in the 60s, 70s, he described his prediction that people would, upon receiving information or you could think of like a media onslaught from too much that they would... become paralyzed and unable to function. So it sounds like some kind of Twilight Zone episode where everyone just freezes in place, you know? His book. But I think if you read it, you'd find that to be dated and silly and kind of like a Twilight Zone episode. But you would also see some things that might be relevant. Alvin Toffler. T-O-F-F-L-E-R.

And what I've seen lately is that... external motivators and... I've been more and more reluctant to use top-down tactics to try to get productivity from students. As in threats of grade reductions... And language around whether they're good or whether they really belong in the field, there's sort of a clubbishness in music.

I remember one teacher who used to say to me, like, "I think you're, you know, have a good chance to become a player." And that meant, when he said it, that meant like to be in that group of people who are actually considered as professional performers and like qualified for orchestra jobs.

And I'm just finding that students... In some cases, it does not matter what you say. They are totally... depleted at times. They just can't. Gone into a mode.... And this comes out of the emerging adult research. They're just trying to keep going through the motions of

going to class and pretending they're doing the thing, you know? Just the real basic appearance of doing the thing. But emotionally they're in a totally different place.

**Interviewer** Yeah. So depleted as in like... Mentally exhausted, burnt out, or?

**Participant C** Have you ever felt like it doesn't really matter what you say to me, I'm not going to do what you're saying. I just have nothing left. I have no motivation, no energy... No threat is going to make me feel anything.

**Interviewer** Mm-hmm. Like numb? Numbed out?

**Participant C** Yeah. Yeah. It's really... Yeah.

**Interviewer** Okay. You mentioned the pandemic... Obviously, top of mind for the last few years.

Is there anything specific that you've noticed pre- or post-pandemic that you'd like to mention in this? In how the students are now... Or before?

**Participant C** The students who were high school seniors or college freshmen when the pandemic hit, those are the ones I see as really still not okay.

**Interviewer** Hmm.

**Participant C** But that's what I've experienced. Just to have such a disruption to life and development and their... You know high school is such a place to... I can imagine all the student body organizations kind of allow you to pretend to be an adult in some ways. That kind of practice for "does this fit for me? Who am I?" All that "who am I" kind of stuff. To have that disrupted then... Students knowing or understanding themselves or being motivated is, it seems, really hard.

**Interviewer** Mm-hmm. Yeah, and such a big transitional, like epic time of life. The senior year into the freshman year.... It's just a really pivotal time for everyone and to have that kind of... taken in a lot of ways... It's really sad.

**Participant C** Yeah. Yeah.

**Interviewer** Okay. So we'll kind of talk... I guess I didn't give you the rundown. We're going to talk about this stuff. We'll talk about private lessons, a little about the studio class or small group settings, and then boundaries as well. And how you can kind of manage these different types of scenarios that come up in... A profession that's not therapy. And how we kind of can figure out that balance. But are there any resources that you tend to utilize with your students? As far as giving students recommendations for books, podcasts, anything like that? Or likewise, anything you would recommend to other teachers?

**Participant C** On what topic?

**Interviewer** Mental wellness or wellness in general.

**Participant C** Um. I will walk them to counseling center. I've offered before to talk basic principles of meditation before. It doesn't.... I guess I've not experienced that to overwhelm. Not that it's ever been a real problem. It's just... You just don't have much of a response to that.

Books. If it's particularly performance anxiety, I might refer to some books.

**Interviewer** Any in particular that come to mind?

**Participant C** The books by Don Green.

**Interviewer** Yeah, of course.

**Participant C** Or maybe Inner Game of Tennis. Timothy Gallwey. And probably some [somatic-oriented discipline] books... [redacted]

**Interviewer** [redacted]

**Participant C** [redacted]. Marshall Rosenberg, Nonviolent Communication.

I've referred some students to [redacted]. He talks a lot about this idea of withholding definition. And a lot of times when we... It applies to performance. When you go to play something, you often have an idea of how good you are and how hard the music you're about to attempt is. If you have this kind of attitude about, "I'm this kind of player and that's that," kind of phrase... And you can undermine yourself right away. I would like to be using Claude Steele's work more in the studio. Claude Steel is the expert on stereotype threat. Are you familiar with that concept?

**Interviewer** Umm... somewhat, yes. I do know about Whistling Vivaldi. I've heard the premise, at least.

**Participant C** Yeah. That's more of a teacher conversation.

**Interviewer** Mm-hmm.

**Participant C** And we've been having some conversations, and open ones, about gender dynamics in our field.

**Interviewer** Hmm. Mm-hmm.

**Participant C** More this year than previous years. [inaudible] any others? That's probably [crosstalk].

**Interviewer** Yeah. Would you be interested in going any further into the types of conversations, or I guess opportunities that you're creating to talk about gender dynamics?

**Participant C** Can you ask that question again?

**Interviewer** Yeah. So you mentioned gender dynamics as being something that's coming up, in terms of the field. You don't have to, but is there anything that you feel is worth mentioning that's kind of relevant to the conversation?



**Participant C** Yes. And you can look this up. There's a good presentation on YouTube. There's a lot of research lately into this idea of masculinity contest culture. A masculinity contest culture is one where you're not supposed to show weakness. Supposed to put work first. Everything's competitive all the time. There's a lot of competition. And it's one more feature that... If you look on online resources about that, it's easy to find.

And when the researchers started... They weren't doing this in music, but as they started talking about all those features of... They're noticing it as an organizational phenomenon. You can imagine it like a software company. And then they also started investigating notions of genius. When people think of brilliance, what do they think of? And they started putting those together and they realized, "Oh, we should study universities." Because there's a lot of assumptions around... Who's going to be smart enough to be a pianist, composer, or a X, you know?

And there hasn't been too many studies with music directly, but it's really resonant for me. And when I experience faculty resistance to a conversation like that, it only makes me think, "Well, then this is a conversation that needs to be happening, not one that needs to be avoided."

**Interviewer** Mm-hmm. Yeah. Just confirms the need.

**Participant C** Right, for me. For me.

**Interviewer** Yeah, for you. Sure.

**Participant C** So Peter Glick is one of the main researchers around that, so you can look his name up. He's a professor of maybe sociology at Lawrence University. And the talk online is... A woman who is in some kind of science field, but has a lot of experience as a

trombonist, so... Female played in a lot of orchestras as trombonist. And so has experienced that lived experience to share, but science background and could apply some of that masculinity contest culture stuff.

**Interviewer** Yeah. Cool.

**Participant C** And my hypothesis around MCC in music programs is that it's not present all the time, but it kind of gets amped up around certain events... like our concerto competition or the auditions for band and orchestra.

**Interviewer** Yeah.

**Participant C** When you're deciding who the next professor is. When you're in orchestra jobs and you decide who's getting hired. The closer we get to those gateway things. And I don't really consider gateway into the university as one of those gateways because we need a lot of enrollment. So the scarcity feeling isn't so strong on the average audition day, you know? At least [Participant C's instrument]. Oops. You know, we admit a lot of students who apply.

**Interviewer** Mm-hmm. Okay.

**Participant C** Does that answer your question?

**Interviewer** Yeah, yeah. So now we'll transition to talking about specifically the private lesson and how these types of things come up in the private lesson and how you may respond. So to what extent are you open to discussing mental health issues or illnesses with a student in that setting?

**Participant C** Yeah. Every lesson I teach, I try to ask the student some questions about themselves, as a person, before we dig into skills. It's always like, "How are you?" not "how's your playing?" first. And students will sometimes talk to me about stuff going on

for them. And sometimes I'll just listen. I'm fine to hear what they offer, but they want to say.... I think....

And I'll answer your question more indirectly in saying that I try to support a culture that allows people to bring their whole selves into their work. The expectations of politeness and professionalism often seem to dictate that people don't do that. I'm reading a book by Anna Bull now. Anna Bull's an editor. There are two editors. She has another book, too, that I read most of. But this one is called *Voices for Change*, and it's talking about classical music as a field both professionally and in conservatory environments. And she talks a lot about the pressure that women feel, for instance, to be... Grace and respectability is in lessons is how they're supposed to act. Um, graceful and... yeah.

Well, I'll tell you a story, too, and you can redact this whole thing if you want. But I was in a flute [graduate] once a couple of years ago. I'll just name all the names you have to set to deal with it. [Flute professor A], [flute professor B], and me. And someone mentioned Lizzo, and I said... I'm so embarrassed. I said, "Who?" And [A] said, "You haven't heard of Lizzo?" And [they] pulled up something on [their] phone, and within two seconds of the beginning of the clip that he pulled up, she said bad words. And then [they were] flustered and [they] turned it off as fast as possible.

And I spoke about that later to other friends. And they said to me, "you see, this is what's wrong with your field." If there's a cuss word in an art department, is anyone, "Oh, gosh!" Trying to get that phone turned off. Does the theater department edit anything like that? So what's underneath that motivation to "Oh, gosh. Swear word. Must cut that off?" What is going on in your field that makes that less necessary? Unless you're really stuck in

this... this patronage model, where... "Oh, we don't want to offend the audience and they're going to be over 60." And don't want to upset the king. Play music that's pleasant, that's positive.

For me, this stuff is all connected. So back to your question, though. Because of all that, then, the climate that we try to create, or I try to create is one where... What I say to students every semester, every year is, "I'm trying to cultivate myself so that I'm ready when you have a need, and to explain your need you'd have to be critical of me." What do I need to do so that I can receive that and meet your needs? And the most important to me is the one where you speak your truth, and I may hear that as critical. And how I respond to that. Yeah.

It doesn't always work with the thing that I keep getting older and the students keep saying 18 and there's this growing gap.

So the question is still around what am I willing to... Yeah so if I'm trying to create an environment where people feel comfortable talking, then... Or they speak the truth, they don't want to feel that either the institution is going to do nothing or it's going to harm them.

I really have no idea, though, of how much people have big stuff going on and then they don't say it [inaudible].

**Interviewer** Yeah, of course.

**Participant C** I just... I don't know until, you know, they are in crisis. I've seen that a few times.

I don't know if that sufficiently answers, or you want to redirect me...

**Interviewer** Yeah, sure. No. No. And there's going to be more questions that will kind of give some details around that as well. The next question is about checking in with students while being in these one on one settings. You already mentioned that you do ask them how they're doing and about themselves. Anything else you want to share about how you foster that relationship?

**Participant C** Yeah. I mean, I used to feel resentful sometimes when students would just miss a lesson and I would not write them or anything and just, you know... But I do pretty much drop a quick email when someone misses and try to make the question about "are you okay?" That's the first thing. And students often respond to those.

And here's how the nonviolent communications stuff comes in there because people... Students will often say, "Well, I know I shouldn't feel this way and I should practice more" or like "I just want to make sure you're not upset at me" or "but do you like my tone?" Or all manner of things where they're trying to resolve their feelings by... assuming that... They're operating in a domination culture and they're just hoping they won't be, they're doing the right things to not get squashed in that domination culture. And so, of course I can't remove that domination culture from their everyday experience, but I can at least soften it in here or within studio spaces. And if... When I say domination culture, you familiar with that term?

**Interviewer** Not directly. I can infer, but not directly.

**Participant C** Yeah. I mean, it's like the "power over" culture is something you could look up. It fits pretty well with the white supremacy framework, White Supremacy Culture framework, that a good number of music professors have looked at. At least, in 2020 they looked at it. I don't know about now, but...

**Interviewer** White Supremacy Culture or Domination Culture?

**Participant C** They're kind of the same thing... to my reading list, they are. You know those?

**Interviewer** Mm-hmm. Yeah.

**Participant C** Tema Okun, T-E-M-A O-K-U-N, is the person who developed the White Supremacy Culture.

**Interviewer** Yeah. I had a question on my comps from that website, so I'm familiar. Yeah.

**Participant C** Yeah, you're familiar. [redacted].

**Interviewer** [redacted] Really helpful and challenging resource to chew on.

**Participant C** Yeah. And she has a book that I've read. [inaudible] I need to reread it. That's called The Emperor Has No Clothes. [redacted]. And it's really interesting in the ways that it says if you're going to.... soften domination culture, you can't do it by putting the hammer to the people you think of as doing the dominating. It's kind of, it's repeating... It's the cycle [crosstalk].

**Interviewer** Paradoxical, yeah.

**Participant C** Yeah, anyway. Yeah.

**Interviewer** Okay. And so just one more note on that. As far as when you're checking in with students when they come into their lessons, so not when they've missed, but when they come in... Any specific strategies that you use for that? If not, that's fine. But just want to open in case there's any other useful ways that you try to build that relationship?

**Participant C** Um. I think part of it is tuning into me, knowing where I'm at, so that I know that I'm being receptive... So that I'm just able to read subtler things going on. I don't think so, other than that.

**Interviewer** Okay. Yeah, that's fine. Do you find that students' specific mental health concerns come up in lessons? How often does that happen? Any insight into what that tends to look like if it does?

**Participant C** Most often, students just seem in a mild state of trauma or dysfunction, like they're just... Their nervous systems are on alert, so that they can't receive instruction as well. And they're in this slightly fake it till you make it mode in their lessons, just like, "I didn't practice enough. I'm just going to pretend like I did." You know, kind of a-

**Interviewer** Uh-huh. Yeah. So that's somewhat of the norm?

**Participant C** Right, and then them saying out loud what they're going through... It doesn't come up that much. But if a conversation opens and then I say, "Are you eating? Are you sleeping? Are you doing numbing behaviors? How much are you on your phone? How much are you into the weed?" You know? They will tell me. Pretty much tell me all that, all the answers. [inaudible] in a way that I find convincing.

**Interviewer** Mm-hmm. Yeah.

**Participant C** Yeah.

**Interviewer** Are there any topics that they tend to bring up or that tend to come up, specifically? I know you already kind of answered that, but just in case there's anything else.

**Participant C** Just generalized anxiety.

Sometimes things that I'm assuming are kind of imposter syndrome. Questions about themselves and their fitness for the field and...

**Interviewer** Yeah. How do you tend- I know there's probably many nuances, but how do you tend to navigate or walk them through those types of issues?

**Participant C** Validate them. Be careful about that pivot toward solutions. We're always emphasizing that the path to they're learning is not going to be linear. So it's going to... Try to normalize the ups and downs of it.

Part of the top-down or the power over versus the model that Marshall Rosenberg would suggest is that you want to be working with - and what Cathy Madden would say in that book, that Onstage Synergy book - is you want to work with people's "yes." You want to know what matters to them and try to use that energy. If you're trying to get them to do things they don't want to do, they might do them, but it's more on the short term. And another book that I read when I got here, like they handed all the young professors, the new professors... A college teaching book. [redacted]

**Interviewer** Yeah, that's what I was thinking. What The Best College Teachers Do.

**Participant C** Yeah. And we talk about the extrinsic versus intrinsic motivation. And the research shows that if you use extrinsic motivation a lot, then when people get out from under that situation of a lot of outward motivation, that they will stop doing what they were doing - even if they love it - because there's such a deep value for autonomy. And I've had enough students come out of [Participant C's University] and quit music. And enough that it's made me - and not just on my instrument but just in general - it's made me think how much is that aspect of the system causing that?

**Interviewer** Yeah.

**Participant C** Some students just want to be told what to do, though. That feels safer for them. So if you give students all the choices, they'll kind of get really stressed. Especially undergrads. So it's always this conversation about how much structure do you want me to provide? What's going to be the best path?



**Interviewer** Mm-hmm. On an individual basis?

**Participant C** Yeah, completely. Yeah. Totally.

**Interviewer** Clarifying question, going way back to the beginning of that answer, when you first said "validating them." I have an idea of what you mean by that, but can you clarify what type of validation you're talking about? So in the context of imposter syndrome. Are you validating them as in, "Yes, you do have what it takes," for validating their feelings of imposter syndrome, or some of both.

**Participant C** Yeah. Yeah, just validating that they're having those feelings and that those feelings are manifesting in the body and that's not fun and that is... "I can understand why, if this happened that you would think that." And that's different than saying that's true. It's I understand why you'd make that logical leap.

**Interviewer** Yeah. That's what I thought but I wanted to make sure that I understood what you meant by that. So assuming there's not any pressing immediate issues that are evident, do you tend to foster discussions about mental health just generally with students, or is it more on an as-needed kind of basis?

**Participant C** Yeah, as it comes up.

**Interviewer** Yeah. Okay.

**Participant C** Yeah.

**Interviewer** And then this is a very specific logistical question. If a student has had a particularly present mental health challenge over the course of a semester - assuming you're aware of it - how do you handle the grading of the lessons in that situation? Again, I know all of these are case-by-case.

**Participant C** Yeah. Well, let me start by answering what we've been doing in grading this semester. [inaudible] Because I don't think that was in here. The [department for teaching and learning] on [Professor C's] campus offers trainings regularly, and they were giving out books at one of the recent ones. And it was [looking into equity-based grading practices and scholarships]. And it's [more geared toward pre-college age groups], but we apply a bunch of those principles in the studio this semester and we'll probably be keeping some to most for later semesters.

One of the main things we changed was lessons count as 0 percent toward the final grade. It's [inaudible] by the motivation that we should not be grading behavior. We should be grading content mastery. And if you - you nodded your head, maybe you're just trying to keep me rolling - when I was talking about Anna Bull's thesis that women are expected to demonstrate grace in their musical training and respectability. There's a lot of problems with lessons to be about keeping the teacher happy in certain ways. All kinds of gender and race problems are out there.

So, what that means is we assign grades to performances. Those performances can happen in lessons, in our class, on a video, and in juries. In a recital. And they can redo any of those so there's really no pressure to be perfect in that moment. But trying to grade them at their best moment. So you do your technique exam twice. You don't get the average of two scores. You get the grade that you did on that. If it's about content mastery, that's about the evaluating the best. Right? But we're still expecting students to show up at lessons. And some students may actually say, "I actually need a lesson to count for something. That will motivate me better." Because in this field that is like the

steady, regular practice is part of it, right? So how do you get that in there? I mean, we hear technique exams where students are playing all their scales in all keys, all their arpeggios in all keys, all their thirds in all keys. And just doing much more than I've asked in the past. But really putting their grade there. And it seems - some, I think, felt more pressure from that. Some felt more motivated by that.

**Interviewer** Yeah.

**Participant C** And then the assignments are a mixture of the things you just have to do and things that matter to you. So the pieces we choose sometimes are just like, "this is the next standard piece you should learn" and other times it's, "what do you like?" or "what validates you?".

So that's also a conversation about what are the expectations for the lessons? For me, the jury is out on that on who it worked for and who it didn't. Some people that seem to really like them up. Others, who are more like just trying to get their [instrument] credit so they can do why you're here. They would sort of rather it be they can just show up for lessons and kind of fake it. And they seem resentful of the idea. Like, "I actually have to perform for the grade. That doesn't seem right." They didn't say that, of course, but I'm getting that vibe.

**Interviewer** Yeah. Interesting. So what are the percentages that make up the grade? So like 0 percent for lessons, is it like some certain percentage for performances or how does that work?

**Participant C** Yeah. That's the grade. [Instrument] performance class! How do you play the [instrument]? How could it be anything else? Really, I mean, you're not going to be like,

"I showed up for my lesson and I have my reed, and I smile..." You know what I mean? It so quickly gets into this space of making the appearances of a utopia.

**Interviewer** Yeah.

**Participant C** You know what I mean?

**Interviewer** Yeah, I do.

**Participant C** It's such a [inaudible] in orchestra or band driven culture where that compliance to that person is part of it. You're trying to kind of take that out of it a little bit.

**Interviewer** Yeah.

**Participant C** And I realize, too, participation grades - what motivated all of this was thinking about participation grades and seeing other colleagues use [inaudible] determine who they feel is really committed to the school or the studio. So it was being used as a "who's making me comfortable?"

**Interviewer** Different measuring stick.

**Participant C** [redacted] Because it was really some [redacted] behaviors that made me think we've got to get that participation grade out of the system. Because when some people are saying things or doing things that made [them] uncomfortable and [they were] coming at them in private. And then the students are coming to me and saying, "[they] dressed me down about this."

**Interviewer** Hmm. So, again, reinforcing the hierarchical nature of the student-teacher relationship.

**Participant C** That the student is about making the teacher look good.

**Interviewer** Yeah.

**Participant C** That's why they're there, is the student's there to make the teacher look good. I mean, you can put that in there. That our system is like supposed to be about education of the students. But there's a lot of pressures that the students then need to become mini-mes of the professor. [redacted]

**Interviewer** [redacted]

**Participant C** So participation grades is still out for me. But that maybe some part of their grade that reinforces "I've got to be doing this thing steadily" is going to be important for it to work.

**Interviewer** Yeah. Yeah. That's an interesting approach. I've thought a lot about grading ever since [starting my doctorate]. And the concept of lesson grades and how... Yeah, I've seen just a lot of different versions.

**Participant C** I've found that if lessons count for 0 percent of the grade, then I can be more direct with students in the lesson. The goal of the lesson is that the student feels like, "it's me and my professor working together toward my performance goal." Where in the lesson it's not adversarial. In the lesson we're on the same side of the table and we're troubleshooting how to make that performance good. And I think that's worked. But, you know, need to hear back from the student evals to know. And for some it's such a big change that they just don't like it because they're just confused.

**Interviewer** Yeah. As far as the grading of performances go, is this assuming that the performance requirements are definitely obtainable for each of the students? How do you navigate that like challenging but not too challenging?

**Participant C** Well, we're using rubrics, so we're being clear about what we're judging on. And we still need to refine those rubrics. The classical music field seems to value a standard

of sound that's only achievable by people who have the means, both in time and materials, to achieve that sound. So we tried to soften that language toward... sounds aligned with your goals, your artistic goals, and your career goals. We don't want to be stuck on one kind of music, so we try to evaluate based on what is that music trying to do? And are you doing that?

Sometimes that means how the composer would want to hear it. Sometimes that might mean that you're using it for a purpose now that is sort of irrelevant with what the composer wanted back then. And we're asking them to try to clarify... We're requiring them to, at least once a semester to offer, in written or verbal form, basically a statement of "why.?" We've called it "statement of meaning," though I don't like that term. It's like a "why should the audience care?" statement. Like, why am I playing this? Like "well, I'm going to work on my tonguing." That's the reason. Maybe there's something about the piece that resonates for them.

If our field is going to stay viable, it has to be able to answer that question. Why should you listen? And then most of them are not prepared to answer that. They're so used to having music put in front of them, and they're just trying to do that obstacle course that is the technical requirements of the piece. And then when they're done with that it's "what's the next piece?" So that's a challenge.

**Interviewer** Mm-hmm.

**Participant C** But, yeah. Is that- what was your question again?

**Interviewer** It was about grading. So in maybe a hypothetical situation if you're focusing on performance as the goal for the grade, the way of attaining a grade... If there was a

student that, for reasons that were fairly known to you, had really like fallen off the wagon over the course of the semester, what would that look like to navigate that situation?

**Participant C** Well, you can always do redos. To honor the student, I think you have to require them to do the work. To let him through that doing the work is to say... Well, have you heard the term "social promotion?"

**Interviewer** Hm-mm. Maybe. I'm not sure.

**Participant C** Do you know the show The Wire? Have you ever heard of that show? HBO show?

**Interviewer** Uh, I've heard of it, but I don't know it.

**Participant C** It's 5 or 6 seasons. It's about Baltimore. And it covers a lot of social problems in Baltimore and how they're interrelated. First season's on the drug trade. Second season is on the ports, because in Baltimore used to have thriving ports and they don't now. One season's on the newspapers or on the city hall level. One season's on the schools. And it shows how, there, that some kids would get, "well, you're 15, well then you're in ninth grade now." And they say, "Well, wait a minute. He hasn't been in school for three years." "Yeah, we don't have resources. So we're going to socially promote you."

So a fake A is as much a harm to a student as a negligent F, where you didn't try and then you give them the F. You give them A and shuffle them on. And it can make the system look like it's producing education and that's bad too. So what I would honestly probably do in a situation like that is to say, "Well, could we trim the requirements down a little bit?" And work on how to get it done. If it's an Incomplete and then finishing. It's like kind of hold on to the work or most of the work.

**Interviewer** But maybe with more time with an Incomplete?

**Participant C** Yeah, and adjust a piece or take out a movement, or...

**Interviewer** Yeah. Okay.

**Participant C** And kind of keep it... That'd be my inclination. But then ask me again based on how we're grading next semester.

**Interviewer** Yeah. Cool. So we'll talk about studio class or small group settings. Any of these types of conversations that you tend to foster in that setting where there's - or I guess chamber music or anything like that - where there's a small group setting. Do you intentionally, or I guess coincidentally, foster any conversations about mental health?

**Participant C** Um. Yeah, we have done in [studio] class 1 or 2 topic presentations a semester that might relate to that somewhat. Like a [wellness topic] related presentation. We have a [Student Learning Objective] in our class... [redacted] We have one SLO that is about educating students about intrinsic inequalities in the field. So at least we do one class of that in the semester.

**Interviewer** Okay.

**Participant C** And that can stress some people out. That can make their mental health worse. That can validate some people's experiences too. [inaudible] Sometimes the mental health conversation is in context of productivity. So you can say, "Well, you need to go exercise," or "you need to figure your stuff out because we still need you kicking butt in band." So sometimes the mental health conversation can be used in service to the... because we need you to make the school look good for us. That kind of colonial... Does that- So I would say yes, sometimes we cover it but sometimes it's in that way that is not so student-centered.



**Interviewer** Okay. And so what you were just describing with like, for the purpose of band or whatever... I couldn't tell if you were, I guess, referencing that as a good way of doing it, bad way, neutral way? Or somewhere in the middle? What's your perspective on using that kind of approach?

**Participant C** You're going to have to figure out how to write that out, that we're in kind of a colonial system where we claim we value students, but we often use them for our own purposes. That we want to have students here to make us look good so we can attract the next group of students. It's this hungry machine all the time. And so... We say we're student centered, but then we're trying to keep the system going. So they are quite in tension. I don't...

There are so many apparent [Equity Diversity and Inclusion] initiatives that end up reinforcing the social arrangement that they claim to be disrupting. Give you an example of orchestras are now adopting these string fellows programs, where they're inviting younger people in to play in the back of the string section. Pops concerts... And they're not paying very much, so it's cheaper to fill up the stage. The orchestras can claim, "well look, we have more diversity of color on stage." So it's... If you think of racism as about hatred, then that's fine. But if you think about racism as a social arrangement that benefits some more than others, then that whole string fellow thing is just reproducing the problem, right? So you can translate this situation... If we say we're trying to make sure that we're student centered or not exploiting students, then the mental health needs to not be connected to making me look good as a teacher or the school look good. [inaudible].  
Yeah.

**Interviewer** Yeah. The word that was coming to mind was "exploitation," so when you said "exploiting..." In both of those different circumstances, to me, that's kind of what it feels like. Of kind of using the students or using the fellows in those programs for benefiting the bigger system that-

**Participant C** Mm-hmm.

**Interviewer** ...rules over us. Okay. So now.... Let me check on our time. Okay. So now we'll talk about professional and ethical boundaries and how to navigate.... whatever extent these things come up. And some of this you may have already kind of touched on. You did already touch on this with the validation, but anything else to say about how you respond when a student brings up a specific mental health concern that they have going on? If you have anything else to mention.

**Participant C** Well, some of those mental health concerns have legal ramifications. And I don't mean just for them but liability for the university [inaudible]. And... I don't know how to navigate those. I mean I've hardly been.... The university doesn't really teach us. It's like you find yourself in a situation and then.... University folks will have things to say about that. But it's not like there's a grounding of principles I'm working from except just being in the system a long time.

So the boundaries I've had to set sometimes is a student expecting a certain level of access to me. I do tend to give my phone number out, but then I.... I guess I want students to use discretion about texting or not. If it's time sensitive... by all means.

I wish I could tell you what my hard and fast boundaries are. I mean, if students are talking about... If they're at risk for harm or self-harm or anything like that, then I- There

have been times where I have not given a student a choice and basically said, "I'm walking into the counseling center right now." I've found that students never turned me down when I offered to come with them to get that support. It's a little scary to walk into that place and make that ask. So somebody there to even just say the first sentence to the person at the reception is often enough. You know, walk along and chat and then get the conversation started?

**Interviewer** Yeah. This, I think, kind of ties into maybe the vagueness of how we approach these issues or the ethics... All of that sort of thing. The original question is how do you know if a student's mental health concern is outside of your professional expertise to discuss with them? But also, it could be reframed for how do you know when it is inside your professional expertise? You know, how do you make the delineation, personally, between things that you can discuss with students and things that you feel are inappropriate in whatever way to discuss with them?

**Participant C** What's appropriate for them to say or not? Or what's appropriate for me to say or not?

**Interviewer** I would say more so for you to say or not, or like... Either way. Whatever you think is... Or both because they are two different questions and would vary from person to person, you know?

**Participant C** I guess I could focus on my behavior. I'm probably not going to offer much mental health advice at all. I will hear what is going on... and won't press. What do you feel comfortable saying? Can you tell me a little bit more about that?

**Interviewer** Those are questions that you won't ask? Or you will?

**Participant C** That I could ask, you know? What do you feel comfortable saying or... Can you tell me more about that? But then... But really not... If I offer advice like "maybe you should meditate or something," it's really uncomfortable and it's full of disclaimers like... Like I mean, I don't claim to know what's best in terms of someone getting relief from... when they're really in crisis [inaudible].

**Interviewer** Mm-hmm.

**Participant C** I often find that the advice that people, that professors give around that is along the lines of like, "Well, can't you just forget about all that and just focus on your work?" Or, you know, maybe you need to exercise more or maybe you need to.... Again, this quickly gets into that terrain of "maybe if you did this more, then your production on your instrument..."

**Interviewer** Mm-hmm.

**Participant C** Where that seems the motivation of them... and well-being of the person first.

**Interviewer** Yeah. More extrinsic motivation, in a sense. Is that what you mean?

**Participant C** Trying to... the professor is saying things as trying to make sure the player- the playing keeps going and not that the person keeps going intact, you know.

**Interviewer** Yeah. You may have already also kind of addressed this, but if... I guess this goes the other side of the question, which is like what they can or can't say part of things. Sort of, not exactly. Because I mean, I agree that... or I think someone could come in here and say whatever they say. The first sentence, you know, we don't necessarily have control over that. But when a student does bring up something that you feel you're not qualified to necessarily address, what might your response be to that?

**Participant C** Yeah, I would say that.

**Interviewer** Okay.

**Participant C** It's.... I do not know if I'm a mandatory reporter of some things, either. We don't know the answer to that.

**Interviewer** Hmm.

**Participant C** And I've asked, and I just get different answers from different people. So students don't... Then I can't provide the answer to the question of.... If they're saying, "what things, if I tell you, then do you have to tell somebody else?"

**Interviewer** Yeah. Because you don't really know.

**Participant C** If I don't really know.

**Interviewer** Okay. Yeah. That's interesting. That seems an important thing to have faculty members know, one way or the other.

**Participant C** I know. I know.

**Interviewer** That's... That's enlightening.

Okay, just a few more questions. If you have a student who is behaving in an uncharacteristic way, but they haven't necessarily expressly said, "I'm going through x, y or z," how do you respond to that? Do you try to ask questions about that? And how do you deal with that if you do?

**Participant C** It depends on the student. I might... Yeah, I'll probably ask.

**Interviewer** Mm-hmm. What kind of questions would you start the conversation with?

**Participant C** Um... like the kind of check in with you and how you're doing. And then "I don't mean the [instrumentalist], I mean the person."

**Interviewer** Mm-hmm. Yeah.

**Participant C** Yeah. How's everything else going? How's all the other classes going? [inaudible]  
How's stuff outside school going?

**Interviewer** Mm-hmm. So more of the checking in on just things kinds of questions.

**Participant C** Mm-hmm. Yeah.

**Interviewer** Does that normally seem, or typically seem, helpful and effective in your  
experience?

**Participant C** Mm-hmm. Because they'll answer. They most often won't just stonewall, they'll  
answer. And I'll sometimes ask if they want to adjust how we're working today then. Like  
if today is not a day to push really hard on things, we can work with that.

**Interviewer** Mm-hmm. So the flexibility.

**Participant C** Enough students are experiencing- Seeing it a lot in recent years where when they  
work a lot, their school starts teetering on the edge of falling apart. And when they're  
focusing on school, then their finances get very stressed. So if I was going to guess the  
most common situation, that's what's happening and it's trying to find that balance.

And a good example. Post-pandemic, a lot of public-facing jobs were having trouble  
finding people for like bagging, packing groceries. That kind of job. And so people that  
needed work then would go get those jobs and then because there's a scarcity of people  
then they're getting constant pressure from the manager to work more. Like, "Can't do  
this one more shift or like, "We need you. We need you." And then on the other side, they  
have their lesson teacher saying, "You need to practice a little bit more." And they're both  
kind of competing for the unscheduled hours. Those hours that sort of feel like flex hours  
for people. Evenings, you know? Like that. And then coming in here looking guilty. You  
know?

**Interviewer** Yeah.

**Participant C** But I know that if they're in a state of stress because they're feeling like

"financially I'm about to fall off a cliff," then it doesn't matter that much what I say to them. They're going to be half hearing it. And so it's-

**Interviewer** Yeah. Got to live. Got to pay the rent.

**Participant C** Yeah. Maslow's hierarchy. You know, basics.

**Interviewer** Yeah. This is somewhat of a tangential question. You've mentioned a couple of times, like you just said, coming in looking guilty... or whatever it might be, where it's evident to you that perhaps they feel unprepared or whatever that might be. How do you respond to that? How do you find the balance of challenging students but not creating an excessive amount of pressure? I don't know.

**Participant C** I think you need to read Anna Bull's *Class Control and Classical Music* book, 2019. I mean, she's talking so much about- this field has built into it, this attitude. It's a middle class pursuit. It's for people who... If you have wealth, you can just buy some gold and wear it. But for people who have some money, but can't just go out and buy a sports car, you're going to try to prove your worth by showing you're a diligent practicer or you know, achieve this way.

We have this- I see this total disconnect and professional orchestras who are saying,

"Why don't we have more people of color in the pipeline?" It's like, well... You come from a certain economic background, \why would you choose a field that is so

precarious? If your responsibilities are to kind of help pay grandma's rent, then wow-

[redacted] For me, it's problematic thinking to assume that this model is really designed

for all people. It's designed for a certain kind of person with a certain kind of background.

And there's this kind of assumption of self-improvement in it. There's an assumption that everyone should want to do this thing. And try to defer to their goals as much as I can.

But then I- They do need to produce some performances in their lessons, right?

**Interviewer** Yeah.

**Participant C** That's the goal. They're creating well.

Can you restate your question? Because I want to follow up on it a little bit more.

**Interviewer** It was just about when a student comes in maybe looking guilty, as you said, or seeming that they know that they're unprepared or whatever it might be. How you respond to that? To challenge students but not create excessive pressure. Does that make sense -the question? Or do you want me to restate it again?

**Participant C** No, I get it. Yeah. There's so much privilege built up in this space. So much. I've got to own- My own experiences in my life where I've gone from having more responsibilities outside of the work space or having less, and therefore more ability to practice, you know? When you see someone who looks a little disheveled, do you think "well you need to get your act together" or do you think "what is this person experiencing on daily life? What are their daily pressures?" I mean, it's so common to... blame the person for seeming disorganized. It's so easy to take a marginalized person and not recognize this is the way they're experiencing the whole system. And I don't mean this music school, I mean like society.



I think I am more run the risk of... Sometimes students want me to, I think, to come down on them more. Like they want they want that extrinsic motivation. And I'm always trying to flex to what a student needs to feel the most safe. Because if I'm not sharing my opinion enough then they... They just want to know how to direct their practice time. So they want me to give... feel the best if I give them my rawest opinion. Just really tell me what you think of it. It really depends. Especially, you know, the masters students as close as they're coming to real world and they're wanting that.

**Interviewer** Yeah. They're like, just give it to me straight.

**Participant C** Yeah. So it's so...

**Interviewer** Individualized?

**Participant C** Yeah, it's... yeah.

**Interviewer** Okay. Cool. That was just a question that kind of came to mind. So the other two questions are just kind of like "anything else" questions. So the first one, anything else relating to boundaries and ethics, those types of things, that you feel you'd like to mention?

**Participant C** Hmm. Yeah. I mean, there's very little in our system that rewards faculty being-caring for students first. There's little requirement of that, so... I don't exactly know how you fix that, but... That all falls in the, what I've experienced, in that realm of academic freedom, like I'm... That a professor doesn't have a responsibility to... I mean it makes good educational sense to try to make a space where the student is comfortable, because they can't learn if they're in fight or flight brain. Learn as much as they can. Take in as much or remember as long, or all that kinda stuff.

But there are no expectations around that. And... I mean, you might say, "Well, you can't force someone to care. I mean, they're a teacher. They're supposed to teach the content. Now you're saying you expect them to care about the person." I guess I kind of am. But if the if the mentality of- and you see it in our evaluation processes here on like the instructor is responsible for delivering content, so it's... That's weird to me that it's... Professor is the one who knows and then they just have to say it or demonstrate it and... And that kind of has that built in top-down, like a domination culture stuff to it too.

**Interviewer** Mm-hmm. The bestower of knowledge.

**Participant C** Yeah, the sage on stage.

**Interviewer** Yeah. Yeah, there's been a couple interesting conversations I've had lately about...

[redacted] my view of teachers, especially like a one-on-one teacher as qualifying as a helping relationship, which is like a real thing that people study, helping relationships. And I am going to be incorporating that into my lit review.

**Participant C** Is that good? Being a helper? Is that good?

**Interviewer** Yeah... Well, it's like helping professions. So like nurses, teachers, people who are... it's in the field of counseling, but more geared toward people that are not counselors.

**Participant C** Is this a helping profession?

**Interviewer** I consider to be-

**Participant C** Mm-hmm.

**Interviewer** But... And I consider teaching to be helping. But not everyone does. So it's just been an interesting thing to conceptualize what the role of a teacher is.

**Participant C** You know, the book I read before is called Toxic Charity.

**Interviewer** Hmm.

**Participant C** And it talks about the kind of relationships when people go into foreign countries and help.

**Interviewer** Yeah. Yeah. When Helping Hurts.

**Participant C** Is that a book title? When helping hurts?

**Interviewer** Yeah. It's another title about like mission type.... mission type work.

**Participant C** Yeah. I mean, so that's one of the dynamics that happens in music schools, I think. If- who the student is, if they have to kind of censor themselves to get their instruction, if they have to kind of leave some of themselves at this lesson door.

**Interviewer** Mm-hmm. To please, again? To please the professor, is that what you mean?

**Participant C** Or just to fit in the system, you know, like not... The music that we play has certain values built into it. And in other cultures, music does other things, it doesn't... Um, so... Yeah, that's kind of the [inaudible] for Pedagogy of the Oppressed thesis of... His language was "you need to treat students as subjects, not objects." And being treated as a subject doesn't sound that good either-

**Interviewer** Yeah, maybe a little better than an object.

**Participant C** But it's like the learning... The person's life experience is the material that you work with to start the learning. It's totally then disrupts that idea "well, I have this content up here that you need to get."

**Interviewer** Yeah.

**Participant C** It's not that arrangement if it's "what's been your life? What matters to you? How can I facilitate that?"

**Interviewer** Yeah. Again, back to the "teacher and student moving together toward the student's goals."

**Participant C** Yeah. Yeah.

**Interviewer** As opposed to teacher tells student what to do, student does what a teacher says  
kind of thing.

**Participant C** Mm-hmm.

**Interviewer** Okay, last question. Anything else? Just about anything that has already been  
mentioned or anything relating to mental health? How it impacts your job? Observations.  
Just anything else worth mentioning.

**Participant C** Yeah. One of the things I would most like to know... If you could survey students  
and ask them... "So you wanted a music degree. So you had to do all these things toward  
that music degree. And which things do you perceive as things that you had to tolerate in  
order to get the degree? And what things do you perceive as... helpful, necessary?" And  
those attitudes might change, like some people feel like all the hours spent in band or  
something is too much, but then when they get out away from that then they realize,  
"Wow, that was really helping me maintain my chops. I have a revised view of that, those  
hours now, I think actually."

**Interviewer** Yeah.

[redacted technical difficulties]

**Interviewer** Okay, sorry for that distraction there.

**Participant C** Yeah. Okay. Yeah, because I mean, the question of do students know what's best  
for them is a big one.

**Interviewer** Yeah. Especially emerging adulthood age group.

**Participant C** Right.

**Interviewer** 18 to 22.

**Participant C** But then if the professor holds that tightly, like “I know what’s best for them,” then it goes in that direction of “I’m the one with the content and... they need it and...” If you study the dynamics around sexual abuse in conservatories, that... “I have the knowledge or the connections” or whatever is so... the lever of power in that arrangement.

**Interviewer** Mm-hmm. Yeah.

**Participant C** So, yeah, I... I have hopes that the field is willing to do those reflections and engage on all of those topics because it’s so... It seems like music schools are doomed for their kind of... “Me Too” moment. And not just around the sexual abuse but just more in general. Kind of like a real... “What are we doing? How are we doing it?” moment.

The mental health thing... some are indicating that people need to get away from their devices and the world is... feels like a less safe place than when I was growing up. But I guess some things in music schools... some conversations that are slow to happen.

**Interviewer** Mm-hmm. Yeah. Anything else?

**Participant C** [shakes head “no”]

**Interviewer** Okay. Thank you so much for participating. I’ll stop the recordings.