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Preservice and Beginning Teachers' Perceptions of Healthy Musicianship

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Cover Page Footnote

We thank participants for their time and commitment with the research study. Carla Salas-Ruiz thanks the support of Universidad de Costa Rica.



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ABSTRACT

Healthy musicianship is a growing area of research and interest within music teacher preparation, encompassing both university students' mental wellbeing (Kuebel, 2019) and their physical wellness (Stanhope et al., 2014; Steinmetz et al., 2012). Musculoskeletal problems, physical/mental stress, and performance anxiety are common in music education majors (Kuebel, 2019). Preservice music teachers need tools to establish and maintain healthy musicianship habits for themselves and for their future K-12 students. This study of six novice music-teacher participants' experiences with learning healthy musicianship in a music teacher preparation program revealed three main findings. First, participants cited a lack of opportunity to voice struggles with injury and anxiety. Faculty were unaware of multifaceted demands on students. Implications include the need to connect multiple curricular areas in health and wellness initiatives, for a shared mission of health across the school of music.

Keywords

healthy musicianship, preservice music teachers, injury prevention

Healthy musicianship is a growing area of research and interest within music teacher preparation, encompassing both university students' mental wellbeing (Kuebel, 2019) and their physical wellness (Stanhope et al., 2014; Steinmetz et al., 2012). Preservice music teachers ideally should have a multi-layered understanding of the precepts of healthy musicianship. As performers, they need tools to keep themselves mentally and physically well; they *also* need to learn how to guide their future K-12 students into learning healthy musical performance habits. Understanding how

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preservice music educators acquire knowledge of healthy musicianship is important, as they will in turn influence many students in their approach to mental and physical musical performance issues. In this paper we examine the literature on acquiring positive mental and physical performance habits and how music teacher preparation programs influence these. We report results of our study of the perspectives of six preservice and beginning instrumental music teachers' perspectives on learning and teaching healthy musicianship. We then make recommendations for inclusion of these topics in music teacher education. Because vocal health and hygiene is its own well-codified field, we limited this study to instrumental music.

RESEARCH ON HEALTHY MUSICIANSHIP

“Healthy musicianship” is a concept musicians define in multiple ways. Taylor (2016) took a definition from occupational therapy in their definition: one that emphasizes the ability to recognize problems in everyday performance. For Taylor (2016), prevention relies on seeing “aggravating factors” to “run interference” on them and avoid major injuries (p. xvi). Perkins et al. (2017) defined a contextualized, optimal state of musicians' mental and physical health: a holistic approach that moves “beyond a focus on the individual *body* to a focus on the individual *person* within the daily practices and routines of a conservatoire” (emphasis in original, p. 13).

However, healthy musicianship is often explained by what it is *not*. Much scholarship on professional musicians' physical and mental wellness is devoted to accounts of or research into musician injury and lack of well-being (see Guptil, 2008, for a review of the medical literature). While our main interest is in how, what, and when music teachers might learn to mitigate their students' performance problems, in this review of literature we examine selected *unhealthy* musicianship research. Musician injury studies tend to be focused on specific musculoskeletal problems such as focal dystonia (e.g., Jabusch et al., 2005) and performance pain in one or more body parts (e.g., Brodsky & Hui, 2004). First, we explore the literature on college students' physical and mental health problems. We then turn to the scholarship on K-12 music students' performance problems. Finally, we report the research on the role of the music teacher in developing their students' healthy musicianship.

College Student Issues

University instrumental music majors form an important subset of at least 30 years of literature on performance problems (e.g., Barton et al., 2008; Brandfonbrener, 2009). Body pain and repetitive stress injuries are commonplace (Spahn et al., 2002; Steinmetz et al., 2012). Musicians are prone to overuse the same movements and muscles; it is easy to foster inefficient movement patterns, which can frequently cause tendonitis or tenosynovitis (Dommerholt, 2019). In the early stages, bad habits may not cause immediate muscular or nerve damage, but as a music major's practice routine becomes longer and they are involved in longer musical performances, muscle, nerves, and tendons are always at risk (Dommerholt, 2019). When problems do show up, they

are typically rooted in a musician's basic setup: body positioning, instrument hold, embouchure, or other ergonomic issues.

Over the years, musicians may learn postures, motions, and habits that could foster injury. Scholars have found that practice sessions may result in injury due to the technical nature of the music practice, resulting in the overuse of the same muscle groups and musculoskeletal injuries (Dommerholt, 2009). Adding a routine of warm-ups before practice sessions, taking regular pauses and breaks to rest in between practice sessions, and creative practicing methods, such as mental practice focused on the left or right hand—or perhaps creative practice without the instrument for a portion of the practice session—is vital in injury prevention (Fjellman-Wiklund, 2004). One of the best ways to deal with injury is simply by preventing it. Preventative injury training informs musicians how to be mindful of their bodies, with the expectation of avoiding pain. Warm-up sessions are essential in injury prevention, and it is recommended to warm up the entire body, not just the muscles controlling the fingers or holding the instrument (Bosi, 2017).

Kreutz et al. (2008) distinguished between two broad categories: musculoskeletal pain (spine pain, arm cramping, sinus, and tongue, etc.) and nonmusculoskeletal pain, which comprised mental issues like sleep disturbance and poor concentration as well as other physical problems like breathing and stomach issues. Here we divide our brief synopsis of the literature into sections about *physical* and *mental* issues affecting performance.

Research in physical performance issues

The literature on college students' physical complaints is extensive and represents fields of physical therapy, occupational therapy, and medicine (sports medicine, musician medicine, and surgery). A full treatment of previous scholarship is beyond the scope of this article; we will focus here on several key studies and reviews that highlight some of the physical performance issues that music majors are prone to due to lack of regulation, repetitive practice, and performance demands (Dommerholt, 2009; Dommerholt, 2019; Bosi, 2017).

In higher music education, music repertoire is assigned to students based on the profession's demands. A standard solo and musical ensemble repertoire must be learned, and a high level of musical and technical ability and success is necessary if the student is going to achieve and thrive within the higher music education curriculum. Additionally, the pedagogy and teaching practices of the different instruments are based on a tradition of performance that seeks to maintain and preserve its unique traditions. Therefore, the music education field can significantly benefit from a better understanding of how multiple insights can contribute to physical health benefits to offer comprehensive insights to the field of music education (Repki et al., 2020). Research suggests that musicians who participate in injury prevention programs: warm-ups, physical exercise, and stretches report less pain after playing their instruments. (Bosi, 2017).

Bosi (2017) reported that physical discomfort is common in five areas of the body: the back, the forearms, the shoulders, the hands, and the elbows. Stretching is advised to avoid discomfort and injury. Bosi (2017) identified two approaches to stretching: the passive and the dynamic. Research showed that passive stretching is the kind of stretch that *does* cause injury (Bosi, 2019). Passive stretching is when one uses a tool/device to stretch the muscles, and dynamic stretching stretches the muscles carefully and with a range of motion, using active and controlled muscle action (Bosi, 2019).

Many years of music practice are spent memorizing postures, motions, and habits (Bugaj, 2017; Ranelli, 2008). Therefore, it is crucial to recognize the importance of healthy physical health in higher music education settings, as it can significantly influence music playing, teaching, and learning habits adopted by the teacher-musicians. Dummerholt (2009, 2011) found that music teachers and their students are prone to instrument-specific injury due to unhealthy and repetitive physical movements. A better understanding of how preservice music teachers deal with (un)healthy musicianship and highlighting the importance of healthy musicianship at any stage of learning can significantly benefit music researchers, teachers, and their students.

Mental health issues in performance

Several researchers have indicated that mental and physical performance issues blur together in the lives of college students. Guptil et al. (2005) found that “stress” was common in the students’ description of their environment and that college musicians did not distinguish between physical and emotional stress. Students in their survey of 98 university instrumental music majors—94% of whom had experienced problems with playing—wanted health care specifically related to music and expressed worry that performance dysfunction during the college years would render their music degree useless. They concluded that college performance-oriented problems are due to the demands of the academic setting, and the fact that their musical habits are still evolving. Kreutz et al. (2008) studied 246 music students in the United Kingdom, finding that more than half reported experiencing at least one musculoskeletal problem detrimental to their practice; more than half also reported a nonmusculoskeletal symptom that interfered with their work (headache, sensitivity, concentration problems, insomnia). The researchers found that even the “healthy lifestyle” behavior traits reported by participants were not effective enough to rectify students’ perceptions of discomfort.

The complex interplay of physical issues with mental anxiety within the lives of college-aged musicians was also identified by Wynn-Parry (2003) who connected professional musicians’ perpetual hand injuries to their experiences in college. They traced the origin of professionals’ injuries back to universities’ neglect of physical fitness instruction, paired with college performance stressors.

Performance anxiety and stage fright are far commoner than appreciated and again, musicians are reluctant to admit to this. Colleges are guilty of not accepting this fact and do not provide instruction in coping strategies that art psychology has found so effective. (p. 212 – 213)

In a study of 483 university music students, Araujo et al. (2017) found even their self-selected participants—university music students ostensibly interested in wellness issues—reported intense and daily demands on their physical abilities, paired with strong perfectionist tendencies, lack of sleep, lack of exercise, and few coping strategies. They suggested this bleak outlook could be countered by schools of music by “embedding and supporting health awareness as part of the curriculum, offering professional development activities on health education to instrumental teachers, and mak[ing] health screening initiatives available” (p. 15).

Healthy Musicianship in K-12 Students

School-aged children’s performance anxiety has been studied more than their physical issues (Errico, 2012; Osborne and Kenny, 2005; 2008). Ryan (2005) found children in grades 3-7 exhibited anxiety on school concert days; in Ryan’s (2004) work with 28 sixth-grade piano students, they found anxious behaviors exhibited before and during a piano recital.

Boucher & Ryan (2011) found even three- and four-year-olds experienced a rise in cortisol levels and increased anxiety before a musical performance at a daycare facility. They recommended that teachers work to familiarize children with the performance setting, theorizing that if anxiety in these earliest experiences can be minimized, responses to future performance will be positive. Errico (2012) examined the effects of an instructional strategy on performance anxiety in elementary music students—using relaxation exercises, guided visualizations, breathing techniques, and short meditations—and how the effects varied according to participant characteristics.

Studies on child musicians’ physical issues and injuries have centered around the type of instrument played, e.g., piano (McKechnie & Jacobs, 2011) or violin (Medoff, 1999). There is little research relating the amount or type of practice to performance-related injuries in children (Ranelli et al., 2015, p. 393). However, Ranelli et. al (2015) did find that music experience, the pattern of music practice, and performance anxiety are associated with PRMP (playing-related musculoskeletal problems) in children after adjusting for age and gender and other music practice factors.

The Role of the K-12 Teacher

One way to avoid chronic instrumental musician performance injuries is for music educators to know the physical challenges inherent in each instrument and to focus on early detection and prevention of students’ possible playing-related muscle, nerve, bone, and joint problems (Ranelli, et al., 2008; Taylor, 2016). Ranelli et al. (2015) pointed out that music educators may be unaware of the fact that 20 to 70% of child instrumentalists report playing-related musculoskeletal problems. For Ranelli et al., this lack of awareness is compounded in music educators by the scarcity of scholarship on music education-related risk factors. They also pointed to the need for studies exploring possible connections between physical injury and performance anxiety in children.

Guptil and Zaza (2010) recommended music teachers stay current on

performance-injury research. However, rather than try to diagnose maladjustments, teachers should focus on prevention strategies like stretching and postural adjustment, based on close observation of student behavior. In a study of the physiological and cognitive aspects of music performance anxiety in 232 adolescents, Osborne and Kenny (2008) found that young music learners' achievement depends on coordinating and managing physical and psychological habits. They recommended early intervention by the teacher by "integrating psychological skills practice with technical practice at the *commencement* of performance training" (p. 458, emphasis added). They also suggested the teacher facilitate enjoyable associations with performance by choosing repertoire at the correct level, ensuring it is learned to automaticity, and providing positive and manageable performance outlets. Music educators should choose activities specifically geared to mediate the fact that "aversive performance incidents play a role in the development of some anxiety disorders" (p. 449). Likewise, Errico (2012), who studied the performance anxiety of the students in her own vocal music classroom, recommended performances occur early and often. Errico recommended that teachers include relaxation and focus exercises in the curriculum not as a quick fix, but rather as a "life-long goal for the students as growing musicians" (p. 100).

Fjellman-Wiklund, Grip, Andersson, et al. (2004) pointed out the importance of a knowledgeable music instructor as vital to young string students' safe learning. They recommended music educators monitor the type and frequency of student practice, breaks, and mental attitude. As Ranelli et. al (2015) concluded:

The interaction between child and the music instructor can influence the child's approach to the instrument and music learning and also his or her reaction to an injury or pain and therefore impact on performance. (p. 407)

PURPOSE OF THE STUDY AND RESEARCH QUESTIONS

This literature on healthy musicianship and musician mental and physical injury suggests that the role of the music teacher is crucial in observing and mitigating students' performance-related injuries or dysfunction. Careful and caring music educators surely play a large role in instructing their young students in physically and mentally healthy musical behaviors. What is less clear is how music educators learn these ways of caring and careful observation in service of inculcating healthy musicianship habits in their students. While researchers have found that teachers who have the opportunity to learn about performance problems will pass this knowledge on to their students (Redmond & Tiernan, 2001), we found little evidence that the specific topic of *teaching* for healthy musicianship is well-represented in the literature or practice of music teacher education. Taylor (2016) recommended that music education professors "help music educators develop preventive strategies for their music students while also taking care of themselves" (p.xvii). We were curious what knowledge preservice and beginning teachers draw upon when they infer unhealthy musicianship in their students. Must they rely on their own self-care practices to develop preventative strategies for

their students, or is there a better way to ensure this knowledge is systematically offered to preservice music teachers? Therefore, the purpose of this study was to explore music-teacher participants' perspectives on learning and teaching about healthy musicianship. Participants were new to teaching: three first-year teachers and three preservice music educators, all alumni or current instrumental music teacher education students at a large public university in the southeastern United States.

Questions guiding our qualitative inquiry were:

1. What are the preservice music teacher participants' experiences with (un)healthy musicianship in their teaching and performance practice?
2. What remedies and reactions do the participants employ when encountering (un)healthy musicianship in their teaching- and performance practice?
3. What recommendations do the participants have for teaching healthy musicianship to preservice music educators?

METHOD

For this study, we used a qualitative descriptive method (Sandelowski, 2010). This method lends itself well to exploratory studies that attempt to explore and understand a rich phenomenon of interest but that do not result in the creation of an abstract interpretive outcome such as a theoretical framework. In this study of how and when these 6 young music-teacher participants garnered and used their knowledge of healthy musicianship, we sought to listen to and carefully report the voices of the participants. We collected data on their recent college experiences just as they moved—or contemplated an immediate move—from preservice to in-service teachers, as that is a point in their career where they translate personal knowledge into practice. Sandelowski (2010) recommended that some issues lend themselves to a “data-near” approach (p. 78): reporting findings that while still highly nuanced and interpreted by the researcher, are much less transformed than those in, say, grounded theory or hermeneutic work. We wanted to ensure we captured from the data, and portrayed participant perspective, in their own words and experiences.

Participants and Context

Through purposive sampling (Creswell & Poth, 2018), our three-person research team identified 11 university music students in a single semester who were either learning how to be teachers or teaching their first students. We wanted to examine preservice and beginning teachers' perceptions of healthy musicianship in the music classroom, so the participant pool consisted of undergraduate seniors, student teachers, and mid-year graduates in their first teaching positions. Following IRB approval, we submitted a google form survey to the 11 students—one from piano, four from woodwinds, three from brass and three from strings—in order to try to capture a relatively diverse sample representing genres of instrumental music teaching (At this school very few pianists are enrolled in instrumental music teacher education).

The google form included the research purpose, the risks and benefits of study participation, the privacy statement and information from the principal investigator and co-investigators. The researchers then met to discuss the responses to see if these six interested respondents represented a varied group of brass, woodwind, and piano students. We concluded that interviewing these six participants would yield a swath of data enabling an accurate reporting of “traces of beliefs, behaviors, and events...to convey what is ‘really’ going on” with our participants (Sandelowski, 2010, p. 80). All participants consented to IRB terms, and pseudonyms are used to ensure privacy.

Data Collection

We collected data through 45-minute semi-structured interviews with each participant, via Zoom. Interview questions included: (1) How do you define healthy musicianship? (2) What does healthy musicianship mean to you? (3) What experiences have you had with musical unhealthiness: either yours, or your students? Were these experiences related to physical or mental health, and how? (4) What remedies and reactions do you use to deal with what you think may be unhealthy trends or symptoms in your students? (5) When and where did you ever learn about teaching for healthy musicianship? (6) How do you think healthy musicianship should be taught to beginning and preservice teachers? All interviews were transcribed by the researchers, and follow-up clarification questions were asked and answered by email. To encourage participants to contact us if they had additional insight about the interview topics, we suggested they send us text messages during teaching and practice sessions. These brief communications added credibility to other data sources.

Data Analysis

Because the phenomenon of healthy musicianship is backgrounded heavily with research in the medical field and we are qualitative researchers with expertise in music teacher preparation, we sought an analysis method appropriate to interdisciplinary thinking about complex phenomena (Repki et al., 2020). Our work began with “accessing relevant disciplinary research through literature and gathering data qualitatively from individuals whose narratives contribute to the researchers’ understanding of the phenomenon,” next, employing “a set of interpretive, material practices that make the world, and specifically, the complex phenomenon being researched, visible.... [thus transforming] our understanding of the phenomenon into a series of representations” (Ryan, et al., 2014, p. 84-86). Accordingly, we began by collating participants’ responses and associating them with either the medical/physical or mental aspects of health. We noticed right away that our participants identified healthy musicianship as both physical and mental. They connected both perspectives *equally* with the type of college experience they had as preservice music educators. We then set aside this larger observation for later interpretation and concentrated on locating organized themes that were accurate representation of individual voices.

During first cycle coding, we transcribed, analyzed, and coded each participant individually then, in a second-cycle coding (Saldaña, 2016), we created categories or

themes that led to broader patterns. We read every interview multiple times, first every researcher on their own and second together in our research team group. We discussed the themes multiple times until we reached agreement. This three-person process served to maximize trustworthiness and allow subtleties in the data to be revealed. It also helped us seek meanings, descriptions, and patterns for a descriptive and authentic reporting of these participants' perceptions.

While data collection strategies included in-depth, semi-structured interviews, all were conducted remotely via Zoom due to the COVID-19 global pandemic. Therefore, this study may lack an in-depth exploration of the phenomena (Stake, 1995). However, the Zoom video conferencing platform has proved to be an effective and viable tool for collection of data in qualitative research (Archibald et al., 2019). Also, we watched the interviews multiple times to study not only the verbal language, but the non-verbal body language. The participants read and confirmed our findings in this article.

We acknowledge a number of limitations to our approach. One concerns the participants all being students of a single, large, public university in a southern area of the United States. Therefore, findings may limit the generalizability of this study, but they may be transferable to similar contexts based on the principle of proximal similarity (Shadish, 1995). In qualitative research, "generalizations can be made not to the population, but to the issues and concepts that have been explored" (Matsunobu & Bresler, 2020, p. 8). Furthermore, "an in-depth understanding of a typical case helps the reader to understand the nature of other cases" (Matsunobu & Bresler, 2020, p. 9). We minimized the lack of participants' background diversity by using a purposeful sampling method that represented students from a diverse genre of instrumental music instruments: piano, woodwinds, brass, and strings. Also, this study included participants from sophomore year, senior year, and recently graduated students who were in their first year of teaching.

FINDINGS

Research Question One: What is Healthy Musicianship? A Balance Between Physical and Mental Health

Technique

Participants discuss how good technique is necessary, connecting unhealthy musicianship with a decline in tone production quality. Howard said, "I had some unhealthy habits with my embouchure as a clarinet player. I used too much jaw pressure, way too much bottom lip pressure on the instrument." As teachers, participants stressed how important it is to speak about healthy musicianship and technique to avoid injuries. For example, Melanie said: "my youngest students have experienced problems with physical pain if they are playing with incorrect posture."

Time management

Participants described time management as a means to balance all responsibilities productively. Howard stated: "When I was in college, you kind of have to put the building blocks together in the right way, where you are not practicing for like three

hours straight.” He acknowledged that his mental health improved since he was good about organizing his time and practice needs.

Participants also described high levels of anxiety and feelings of burn out because of the college workload. Landon said, “I was so sick of being overwhelmed that I just needed like a break, like a breakup or something,” and adds this affected him in “all issues in life.” Eventually he understood that healthy musicianship is about “having that mental clarity and organization and trying to make sure that I am doing the best I can and not overwhelming myself.” Similarly, Melanie said: “I eventually settled into a good balance between physical and mental health when my professor’s expectations were clear for me, and I developed routines to accomplish everything I needed to for success.”

Mindfulness

Participants described healthy musicianship as a physical and mental awareness preventing injuries and stress. For example, Howard said, “Healthy musicianship is about having a physical awareness of how playing your instrument can affect your body if not done properly.” In a follow-up interview, Scott shared how mindfulness helped him to succeed in college. He said:

Being aware of what I am learning, what I am teaching others, is imperative to give my students the best advantage to succeed in what they do as well. Mindfulness is a wonderful cycle that allows for a class, ensemble, or group to become more attentive and aware of what is happening in the lesson. Mindfulness is a skill that can be taught through persistent and consistent teaching by the teacher.

As teachers, participants referred to some of the challenges of teaching mindfulness and how their role was vital to successfully modeling for students. For example, Melanie said:

Mindfulness can be taught, but I don’t think “mindfulness” refers to just one thing, given that it can be used to address both physical and mental ideas. I can teach my students how to listen to their bodies when they hurt and use that as a signal to stop practicing, but because I cannot read my students’ minds, I have a harder time teaching them about more internal areas of mindfulness.

Finding purpose in difficult situations

Participants described how finding a meaning in music helped them to navigate challenging situations. For example, Melanie said, “my whole audition process was definitely a period of time in my life where my musicianship felt particularly unhealthy because I experienced so much pressure, stress, and anxiety.” However, she added, “I found over the last couple of years that if I have an answer to the *why* then the *how* seems like much less toxic and scary.” For her, the *why* is the purpose of music, described as “a way to serve others; what can I do to help others and use music as my vehicle for helping.”

Research Question Two: Reactions to and Remedies for Unhealthy Musicianship

Modeling solutions to healthy musicianship

These three strategies were our six participants' most commonly reported advice mechanisms, imparted to their students as ways to cope with musical unhealthiness: (1) practice journaling to reflect and reframe negative self-talk; (2) providing ownership in lesson choices, and (3) reframing the idea of "error" as a vital part of the learning process. Participants also offered students' perspectives on their own learning process and offered positive sources of encouragement and motivation when dealing with insecurity and performance anxiety.

Analyzing students' mindset

Participants described the value in comprehending students' mindset to address unhealthy musicianship effectively. Scott said, "Most of what my test was to separate the music from the person and try and see if the stress was deeper-rooted."

Seek self-awareness, self-regulation, guidance, and perspective

Participants described mindfulness as a reaction when dealing with their own and students' unhealthy musicianship. For example, Landon said, "Making sure that I'm constantly aware of what I'm doing, I'm teaching what I'm listening to and things like that." Participants shared similar approaches when teaching self-awareness to students. For example, Hillary said "I have them practice it in front of me; we practice practicing, like in our lessons, so that when they go do it on their own, they will know what to do." Participants also engaged in actions such as consulting their applied teachers for guidance. For example, Scott shared how meaningful was a discussion with his applied music teacher related to performance anxiety. He said: "He [professor] taught me that it is imperative to focus on the process of making good music rather than be bogged down by the product of making music."

Research Question Three: Recommendations for Teaching Healthy Musicianship at University

Focusing methods courses on how to be mindful of learners' holistic wellness

Participants discussed the importance of not only teaching instrumental technique in instrumental methods courses, but also addressing how to teach physical and mental awareness to students. For example, Hillary said:

I think it would have been more helpful to learn about how to form healthy habits in our students (especially physical things to look out for on each instrument) rather than spending almost all our time trying to cram in leaning to play every instrument at an extremely rudimentary level

Similarly, Landon said: "I definitely think there could be better ways to address holistic wellness during methods classes. I think the tough part about this is that so much content has to happen in such a short amount of time."

Alleviating fragmentation between academics and performance

Participants expressed that the workload for academic and performance courses was too heavy, so their healthy musicianship was not a priority most of the time.

Howard said: “I often felt that I really had to be organized and manage my time well to be able to manage everything that was required of me.” Hillary expressed that although she was a very communicative person, and that she always talked with her applied professor, she felt that “professors only considered the commitments they were assigning, not a holistic student life.” Finally, Scott suggested that there should be a greater push for therapy/mental help in general to help with some of the time constraints of being involved with a heavy workload.

Provide an appropriate space to voice concerns and to learn how to take care of self and K-12 students

Participants recognized the importance of having an appropriate space to voice their concerns, to avoid the perception that they might be understood as complaints. For example, Landon expressed: “I think that knowing that others have similar struggles or knowing that someone understands can be very helpful and comforting.” Similarly, Hillary said:

I feel like it just would help everyone to be more open and talking about it... but nobody wants to be the first one to say anything about it... a space where it was like, okay, we put on the table that we will have these issues and hearing from our teachers and professors talk about it, and how they overcome them.

Overtly identify and name healthy musicianship training

Participants recommended that professors use the term “healthy musicianship” when referring to mind and body awareness in a global sense, as most participants’ first experience with the term was when asked to participate in the research study. For example, Scott said, “I have learned snippets from a lot of the professors that have talked about musicianship and how to teach it, but they do not use the words healthy musicianship; they will say ‘teach it correctly’ or ‘teach it in a healthy manner’.”

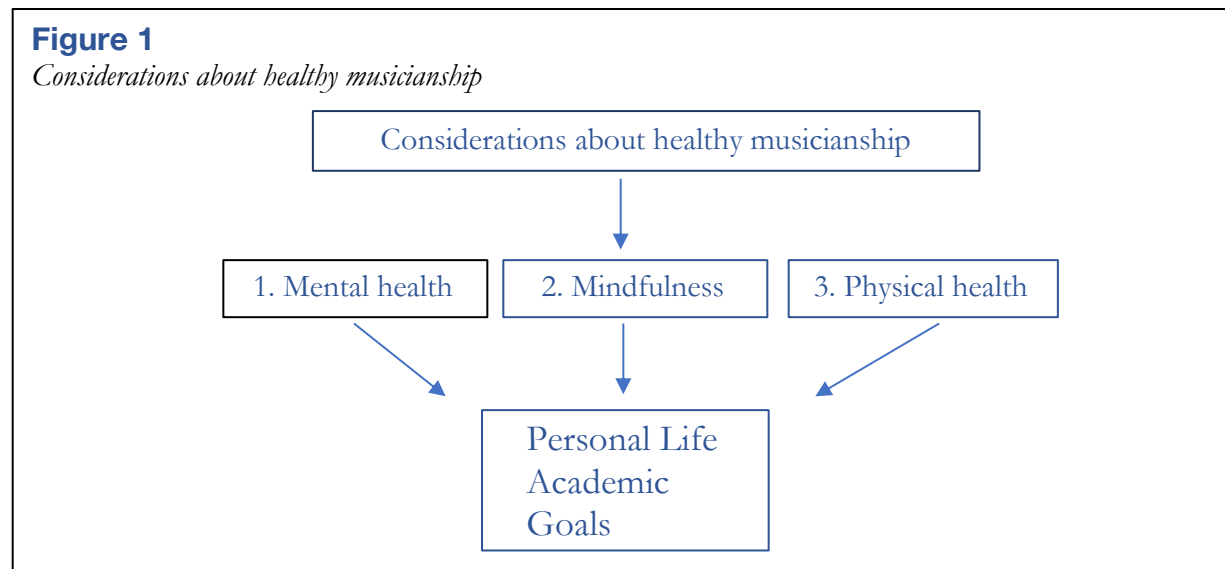
Making students’ academic/performance demands visible for faculty/departments

The majority of our participants want to make visible to faculty and departments their academic/performance demands. Scott said: “Being visible is what each student desires to feel, and it’s something that I strive for with my students. As a previous music education student, I feel like having a clear understanding from the rest of the faculty about the workload, demands, and accomplishments that each musician has (no matter which major it is) would be greatly beneficial to the overall mental health of each music student.”

DISCUSSION

Participants’ views of healthy musicianship emphasize their distinct considerations of aspects of mental health, mindfulness, and physical health. The data suggests that participants search for a balance in their personal, academic, and professional lives to support their own and future or current students’ needs. However, the participants view these three distinct aspects as vital to their *personal life*, *academic goals*, and *career/vocation*. It is important to note that the participants view healthy musicianship as characteristic and necessary to achieve within the higher music education setting. The

participants' considerations about healthy musicianship are depicted in Figure 1. They are vital to understanding how participants think about and view healthy musicianship. The participants offer insight into how preservice music teachers experience teacher and performance training in the university setting. The data reveals that the participants experience a complex and dynamic approach to healthy musicianship by: prioritizing life skills, prioritizing self-awareness, mindfulness, starting from where one is at, and faculty/ university administration better understanding the demands of the curriculum.



Prioritizing Life Skills

For preservice and beginner teachers to effectively address their students' healthy musicianship, they must prioritize fundamental life skills to notice musical unhealthiness. Access to an idea bank of remedies and reactions might help them to create strategies to prioritize life skills. The figure represents the undergraduates' experiences as music education majors: their lives feel, and are, complex for them. One participant commented that a student's approach to music learning results from their mindset and further suggests that assumptions and expectations must be acknowledged when fostering healthy musicianship. This confirms Kuebel's (2019) assertion:

Undergraduate students could be taught skills to develop intrapersonal skills, such as time management and organization; strategies for studying; and healthy sleep, diet, and exercise habits. They may also be guided to develop interpersonal skills, including learning to effectively relate to peers, family, and figures of authority. (p. 57)

Prioritizing Self-Awareness

Participants perceived physical, mental, and emotional awareness as significant components of healthy musicianship. For example, Howard stated, "Healthy musicianship to me means having a physical awareness of how playing your instrument can affect your body if not done properly"; Landon stated, "... just making sure that I am as healthy as I can be when I am playing music, listening to music, teaching music..., and healthy meaning like teaching things the right way and showing and demonstrating

things the right way.” This finding suggests that self-regulation, a skill that allows one to manage emotions and impulses, could explicate participants’ experiences in music and teaching. Self-regulating behaviors in music translate to “awareness of one’s own musical thought processes, adjustment of one’s own music-practice or -performance behaviors, and assessment of one’s own music-performance outcomes” (Benton, 2014, p. 36). Studio teachers and professors might consider facilitating discussions about how students think about self-regulation. Teachers can also offer ways to approach student self-awareness in individual practice and teaching.

Mindfulness for Optimal Healthy Musicianship

Findings from this study suggest that participants considered physical and mental awareness as a vital component of healthy musicianship. This may be linked to the concept of mindfulness which refers to “moment-to-moment awareness. It involves paying attention to what is, particularly to the everyday thoughts and events that one normally might not notice” (Cornett, p. 4, 2019). It also suggests that when used for practicing or performing purposes, the musical outcomes may be the desired ones. For example, in one of the texts sent by Taylor, she mentioned, “Today, I had two separate practice sessions because I took some time to myself when I felt like I couldn’t focus anymore.” Moreover, she recognized how powerful it is to be aware of every thought when she said, “Today, I meditated before going to practice to make sure I was more focused.” Thus, preservice teacher educators and studio teachers might include mindfulness strategies in the curriculum to foster healthy musicianship for every student.

Using One’s Own Strategies as a Starting Point

Most participants offer their unique learning strategies as possible solutions for the problems confronted by their students. While some participants focused on sound production, others focused on the analytical process. Their learning strategies and solutions appeared to be individual and not transparent or shared with peers. Two of the participants reported injuries due to overuse. These participants reflected on their undergraduate curriculum and explained that the undergraduate coursework load was difficult to adapt to. Another participant remembered the audition process and the pressure and stress that came from that experience. While the participants coped with these stressors in their own unique ways, it would have been optimal had they been given a place to voice these concerns and worries and problem-solve with more knowledgeable or experienced musicians.

Alleviating The Fragmentation Between Music Education Courses and Performance

The participants reported a big fragmentation between the music education and the performance departments, which affected their ability to address their physical and mental needs. Faculty at conservatories and universities might consider examining their students’ undergraduate curricula to acknowledge the potential implications on

students' physical, mental, and emotional health. Students used different parts of the body daily, and all school staff might know about the level of that use: band, marching, orchestra, methods technique courses, and core classes. One participant expressed "I feel like having a clear understanding from the rest of the faculty about the workload, demands, and accomplishments that each musician has (no matter which major it is) would be greatly beneficial to the overall mental health of each music students. Finally, one participant reflected on their experience as a high school student and reported high levels of anxiety and insecurity before entering an undergraduate music program, subsequently explaining the significant challenges—from day one and even before—of being a full-time music education student. A partnership between music teaching and music performance might help.

RECOMMENDATIONS

We recommend examining existing courses and including topics that foster student growth in areas other than music that address fundamental life skills, such as a philosophy course. One participant said: "knowing *why* we play music and knowing *how* to make music about more than just ourselves..."; "... I found over the last couple years that if I have an answer to the *why* then the *how* seems like much less toxic and scary." Other ideas may be to include professional development workshops for students to see immediately the practical use of what they are learning, mental/physical health workshops, and support groups to address and guide students as they explore and examine their concerns and questions as music performance and music education majors. This may help to introduce preservice teachers to the idea that music teaching does not have to be an isolating experience and support them in their learning process and their personal journey.

Music education and performance faculty might be aware of the workload that music education students face weekly. Both faculties need to work closely together to understand the teaching demands that music education students face daily. We recommend establishing "shared spaces" where performance faculty and music education faculty offer multi-pronged advice on healthy musicianship for self and pedagogical knowledge of same. Many music education students work in cohorts with shared coursework; these courses could be used to establish common language and ideas around healthy musicianship. Collaborating with studio faculty in these discussions would further establish connections.

A complete deconstruction of U.S. university music schools' arguably persistent focus on performances, and product-over-process is beyond the scope of this article. However, our findings indicate it is extremely easy for university students to accept excessive performance demands without questioning the philosophy behind this focus. It is incumbent on the leadership of schools of music to reconsider whether musical rehearsals and performances outweigh other forms of musical study within their curricula.

We found that the participants' view and perception of healthy musicianship are holistic; that is, their desire to *perform* well as educators and performers, which drive them to think about healthy musicianship in ways that are translatable to what they do as training music educators: perform, teach, and learn. The participants want (desire) to be healthy to perform better and find reason to think about healthy musicianship in ways that directly impact their experience in music education. As music teacher educators, we can only benefit from thinking of multiple students' natural desire to perform better, to use it as a starting place to understand better healthy musicianship and what healthy musicianship can be from those perspectives.

The findings from our participants offer descriptive views and perceptions of how preservice and beginner teachers think about healthy musicianship in their practice as student teachers and performing musicians. Considering, and thereby, giving space for the participants to express their view of healthy musicianship can teach music educators how they might enrich their understanding of diverse concepts such as healthy musicianship. In understanding our students as musicians, we can use that as leverage to increase their unique possibilities in music education and as music performers.

The findings from this study offer unique and distinct perspectives on preservice and beginner teachers' views of healthy musicianship. Our findings suggest a need to address the limits and challenges of the traditional music educational system, to acknowledge and appreciate the benefits of the current model and continue discussions of potential solutions to the problems our students—and their students—might face in the ever-changing field of music and music education.

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