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Module 1

## The Perinatal Period and Mental Well-Being in the Voice Studio

### Introduction

When left untreated, pregnancy-specific stress and prenatal anxiety can have devastating effects, including preterm birth, adverse birth outcomes, negative infant reactivity and other general perinatal complications (Cole-Lewis et al., 2014; Domínguez-Solís, Lima-Serrano and Lima-Rodríguez, 2021; Johnson et al., 2023; Korja et al., 2017). The ever-growing research within the field of music therapy allows for music interventions to complement standard treatment for young mothers as they navigate what can be a stressful season of life. The research has grown to the point that the World Health Organisation (WHO) published a report investigating the role of arts on health and wellness (Fancourt and Finn, 2019). The initial findings claim music makes people well. But what happens when pregnant women and mothers are the ones creating the art, yet experiencing hardships related to their career? There are practices that directors, voice coaches and teachers can implement to mitigate said hardships for this population, but it is not as simple as having clients and students sing the pain away or surround them with relaxing music. Studies continuously report the benefits of targeted music interventions for stress and anxiety in prenatal and postpartum women, but the conversation surrounding treatment of mental well-being during pregnancy requires more nuance when stress and anxiety are related to being simultaneously pregnant and a working musician.

### Critical Evaluation

Of the papers citing the WHO report on Arts and Wellbeing, the research of Sanfilippo, Stewart and Glover (2021) looks through a plethora of studies on music interventions during the perinatal period. Their review highlights that singing and music-listening have positive outcomes on stress, anxiety, pain relief and maternal-foetal bonding when compared to control groups. Though they make no sweeping claims that specific tools have a hierarchical ranking, complementary music intervention may be beneficial for certain populations of pregnant women.

### Music Interventions Before and After Pregnancy

Some factors can increase the likelihood of stress and anxiety in pregnant people and new mothers; therefore, a variety of methods may be used to reduce anxiety through the perinatal period. Domínguez-Solís, Lima-Serrano and Lima-Rodríguez (2021) reviewed a combination of twenty-one randomised clinical trials and quasi-experimental design studies in which non-pharmacological interventions were used to treat anxiety before, during and after birth. Four studies used music therapy: three during pregnancy, and one post-parturition in congruence with kangaroo care, or skin-to-skin contact. The studies comparing music therapy to treatment as usual showed small to medium effect sizes (Chang, Chen and Huang, 2008; García González *et al.*, 2018; Kafali *et al.*, 2011); while these effect sizes do not show a robust difference in effect, they may be considered beneficial enough to complement treatment as usual.

While these studies point to music not having a *negative* effect on pre- and postnatal care, Domínguez-Solís, Lima-Serrano and Lima-Rodríguez (2021) wisely mention that the music used was not chosen by participants, but rather the studies' authors; the variability of self-selected music would have impacted controls. Because there is a need for more studies using self-selected music, it is presumptuous to claim that the effect of music listening would have been more significant had participants chosen music styles that appealed to them. Though the aforementioned studies did not use self-selected music as complementary treatment, they used what one might deem as stereotypical relaxing choices. Participants were provided with combinations of classical music, nature sounds, lullabies and folk songs (Norouzi *et al.*, 2013; Chang, Chen and Huang, 2008; García González *et al.*, 2018; Kafali *et al.*, 2011). Only Kafali *et al.* offered participants choice, yet there is no mention of whether certain music choices provided a statistically significant effect on anxiety. Choice may have played a factor, especially when taking into consideration that, in stressful moments, it is far more likely that people will gravitate toward listening to familiar music than an album designed for relaxation. Unfortunately, and due to bias, music choice could not be considered in the resulting data.

It is worth noting that Chang, Chen and Huang and Kafali *et al.* conducted their experiments using culturally contexted music with their participants (Chinese children's songs and Turkish melodies, respectively), and while it could not be verified that choice had an impact on maternal anxiety and pregnancy-specific stress, culturally familiar music may lend itself as a close alternate. Because specific songs were not named, it is difficult to say whether or not the songs used catered to participants' *specific* cultural backgrounds; there may have been value

nonetheless in using music that reflected the language of the study's participants. A 2020 study completed in Bangkok, Thailand, noted that many similarly designed studies used Western compositions to test the use of music on prenatal anxiety (Djohan, Tyasrinestu and Sittiprapaporn). Rather than repeating previous studies, the authors used *Gendhing Gamelan* (gamelan ensemble compositions, and music that would be culturally familiar to participants) to study its ability to reduce prenatal anxiety. The results yielded a significant effect between the music listening group and the control, suggesting that listening to *Gendhing Gamelan* would also have a positive effect on anxiety (Djohan, Tyasrinestu and Sittiprapaporn, 2020). It should be noted that the control group did not participate in any targeted intervention (musical or otherwise), nor was there an alternate test group that used music styles considered to be less common among the average participant. Ultimately, many styles of music have been shown to lessen anxiety levels in pregnant participants, but future studies could evaluate the efficacy of culturally-relevant music against stereotypical relaxing music.

Two recent studies replicated results that music-listening interventions improve mood and lower stress in the short term for prenatal and postpartum mothers (Wulff *et al.*, 2021a; Wulff *et al.*, 2021b). However, these two studies included a separate experimental group that tested *singing interventions*. While both music-listening and guided singing sessions improved the tested outcomes of valence, dominance and arousal, the singing sessions yielded slightly more positive results (Wulff *et al.*, 2021a; Wulff *et al.*, 2021b). Similar results for postpartum mothers are found in the research of Fancourt and Perkins (2018). These results can be affirming for prenatal women as they navigate current and upcoming changes, and what Ladge, Clair and Greenberg (2012) refer to as a "liminal period." Considering that singing interventions had a greater impact on the tested variables, it would be hypothetically possible that pregnant singers experience a combination of lower anxiety levels, improved mood, decreased stress or a stronger maternal bond. However, the aforementioned assumption cannot be made without considering the stressors brought on by the demands of being a working musician while transitioning to becoming and working while being a mother.

### Musicking and Motherhood

Musgrave (2023) acknowledges that utilising music for wellbeing sits paradoxically next to overwhelming research that musicians experience high levels of poor mental health. Despite many of the aforementioned studies using quantitative data to discuss the benefits of music and singing therapy, Clift (2020) identifies an issue in which researchers are wont to make implications that music is beneficial for wellbeing. Yet of the many challenges musicians face in

their professional life, disruptions and conflict in family life are often cited as reasons for mental health concerns, in addition to financial uncertainty and a lack of integrated support systems (Vaag, Giæver and Bjerkeset, 2014; Détári *et al.*, 2020). As one study participant recounts,

If you are a touring musician, you sometimes see your children twice as much as any other guy, and sometimes not at all...I think that this is worse for women than men . . . being physically away from your kids when they are young. (Vaag, Giæver and Bjerkeset, 2014, p. 211)

Though this participant does not elaborate on their hypothesis, it is clear when taking into account the perspectives of mothers and mothers-to-be who are professional musicians that the results of external stressors do not align with research that music would be a reliable form of treatment for anxiety and stress.

Before musicians face and cope with work-family conflict arising from the profession, mothers experience a professional and personal transition - preparing for the arrival of a child. The uncertainty of finances, future work prospects or progressing in their field (research, performance, etc.) can contribute to the anxieties that arise for any other mother-to-be. This transitional time, the aforementioned liminal period of pregnancy (Ladge, Clair and Greenberg, 2012), was highlighted in a survey in which professional women were asked about how they expected working through pregnancy to look, as well as what they experienced while working through pregnancy. Results from the interviews revealed many takeaways, one of which is that pregnancy itself can trigger the identity transitions that lead a pregnant woman to either reject (roughly 17% of participants), delay, or accept her evolution from professional woman to working mother (Ladge, Clair and Greenberg, 2012). While participants were coached to actualize new identities, either by exploring a delineation between worker and mother or being able to seamlessly blend the two, what was not discussed were the career-specific demands each new mother would navigate. It may have been for anonymity purposes that job titles and roles were not discussed, but it is likely that different workers will contend with different concerns while cultivating a new identity, particularly when anticipating the management of childcare or quality time spent with family. The socioeconomic reasons for why women work in the fields they do (climbing the corporate ladder, progressing in academia, making up for a high cost of living, etc.) and the actualization of their new identity as mothers may vary based on a holistic model. Mayer (2016) explored an example of such a model in which a female leader in the engineering field critically reflected on her definition of “wellness” and the various facets of her life that contributed to her being well; at the top of her list of reasons for choosing her profession was family and the ability to spend time with them. Musicians are not necessarily in the same

position. When professional musicians are daily teaching and nightly performing, constantly looking for new gigs or directing and attending rehearsals during after-school hours, there may be fulfilment in their career, but it likely comes at the expense of family time. Alternatively, a professional musician who chooses family time over career often does so at the expense of networking, performance time and other career-forwarding opportunities.

Music academia seems to be a particularly challenging environment in which women have to navigate professional identity during the perinatal period. In addition to experiencing bias related to pregnancy, many describe the increased pressure from roles they could or felt obligated to fulfil, namely carrying a pregnancy, experiencing loss, breastfeeding and the mental load of caring for household responsibilities (Fitzpatrick and Sweet, 2024). In the aforementioned quote from Vaag, Giæver and Bjerkeset (2014), it is no wonder why one participant makes the claim that being away from young children is harder on mothers. Participants described being a mother in music academia as having an “increased mental and emotional load” (Fitzpatrick and Sweet, 2024, p. 383). When women are attempting to exceed institutional expectations while starting a family and ensuring their livelihood, there is likely to be a cascading effect that results in women needing clinical interventions to reduce stress and anxiety.

While women have shown to be more prone to music performance anxiety (Kenny, Davis and Oates, 2004), a more recent study has shown that pregnancy has a positive effect on anxiety levels. In a survey of classical singers (Gardner, 2023), 19% of participants noticed less pre-performance anxiety than prior to pregnancy; 22% meanwhile acknowledged there may have been a slight decrease. Because this study asked specifically about “pre-performance” anxiety, it is difficult to say that anxiety *in general* was lessened. Fascinatingly so, the higher reports of lessened anxiety before a performance were due to shifts in priority; as one participant noted, “I will say this: having two children has greatly increased my “IDGAS” [I don’t give a #\$@\*] factor. I have almost zero performance anxiety now, and thoroughly enjoy performing” (Gardner, 2023, p. 609). It seems that for those who sing regularly and experience some degree of music performance anxiety find relief and mindset shift during the transitional stage of pregnancy.

Preliminary numbers are encouraging, and more studies are needed to replicate the findings not only in pregnant classical singers, but for all pregnant singers. Due to the nature of more popular styles, it is possible that artists more prone to receiving society’s attention would receive more critique and scrutiny from mass media. This may be why 93% participants in the Gardner survey mention body image. Singers rely on the subjective opinion of an audience to

make a judgement of whether or not the performer is worth seeing. One participant recounted a time where she felt compelled to mention she was pregnant, so as to not be confused with being fat, as her accompanist rudely pointed out (Gardner, 2023). This could be a factor for the 9% of participants who reported higher levels of pre-performance anxiety. In combination with body image, women continued to report feeling isolated in the industry, echoing sentiments shared in Fitzpatrick and Sweet (2024). Gardner states pregnancy has a positive impact on performance anxiety, but this is a narrow view of the role pregnancy plays for a singer. It cannot be asserted based on the experiences in this particular study that singing has a positive impact on anxiety overall.

### **Critical Reflection**

The evaluation came full circle. Music interventions have a positive effect on stress and anxiety during pregnancy. Facets of being a musician (especially as a mother) cause stress and anxiety. Pregnant singers may experience less performance anxiety. With this in mind, Driscoll (2001) thankfully offered a format in which I could more adequately synthesise and organise the confusion I was experiencing after having gathered and read studies.

Driscoll's reflective model was not my first choice. When I first encountered Gibbs' (1988) experiential learning cycle, I felt as though it were a promising choice. I was initially frustrated with the course of literature, and not satisfied that I could adequately draw conclusions and strategies from an area of study in which I am not a practitioner (music therapist working with a pregnant population). However, the scope of literature was ballooning beyond an experience or event. Driscoll's reflective model simply offered more flexibility when the content began to feel out of reach and I needed a way to synthesise a vast topic. While Ryder and Downs (2022) argue Boyd's Observe-Orient-Decide-Act model is the superior reflective model for the complex problem, they acknowledge Driscoll's "What?" questioning also offers reflection beyond a single experience or event. I anticipated a straightforward evaluation: music therapy and singing interventions have a positive effect on stress and anxiety during the perinatal period, therefore it is a useful tool for treatment. In particular, both Wulff studies (2021a and 2021b) led me to believe that singing could have such astonishing results on mental wellbeing during pregnancy. The reality was far more complicated.

Being 30 weeks pregnant at the time of writing the evaluation, I thought I would generally feel mentally healthy given that I was singing every day and surrounded by music. However, I noted in a journal entry that I did not always "feel better" while being, in some capacity, musical. While writing, I was the assistant music director for *In The Heights*, a musical that required an

intense amount of study on my part. I experienced the disconnect between singing and coaching with the purpose of performance readiness and music or singing as a targeted intervention for improving mental health during pregnancy. The connection between music and wellbeing was no longer simple because, at the end of the day, musical rehearsals (especially in the last half of pregnancy) are not a relaxing venture.

At Driscoll's "so what" point, where literature and experience were not aligning, I was thankfully reacquainted with Musgrave (2023) and his writing on music for wellbeing versus a musician's wellbeing. While Musgrave's writing validated my lived experience, the real value was seen in the danger of boiling music down to a romanticised human phenomenon to be used for our benefit while artists suffered. Thankfully, Gardner's insightful survey of the pregnant classical singer's experience included quantitative data related to pregnancy, anxiety and performance that legitimised the research; singing and pregnancy positively coexist.

Musgrave's article could still not be cast aside, especially in context of a quote from one of Gardner's participants, who recalled feeling isolated and irrelevant in the music industry after having children, therefore experiencing more anxiety (Gardner, 2023). At the chaotic intersection of pregnancy, singing, wellbeing and artist hardship, I found my response to Driscoll's question, "now what?" in a discussion on motherhood from Fitzpatrick and Sweet (2024) and Mayer (2016).

Though it strayed from the initial question of how singing and pregnancy were intertwined, Ladge's dissection of pregnancy as a liminal period and identity transition tied together elements of why anxiety presents for professional women during pregnancy, and how it could be managed on the individual level through identity cultivation and acceptance the new identity (2012). On a larger scale, Fitzpatrick and Sweet interviewed women who had, to an extent, cultivated their professional identity post-pregnancy, yet uncovered further systemic barriers that made motherhood and music academia an incompatible pairing. Their contributions made it clear that changes were needed on interpersonal and organisational levels. Here I found the solution to my original problem, that the reviewed literature did not coexist. The necessary changes to make mothers feel supported in their identity and career could be implemented in my own voice studio. My topic flourished beyond the clinical treatment of anxiety during pregnancy and into a realm in which people did not have to be licensed music therapists in order to make a positive difference in the lives of mothers in a music career.

While my strategies for working with pregnant singers offer some organisation of the literature, I feel less inclined to say that either being pregnant or being musical in some capacity is beneficial for the other; as a result, I find myself stuck in a drawback to Driscoll's reflective

practice of “Finding that others may not have answers to practice concerns” (Driscoll and Teh, 2001, p. 98). I have no intention of starting a voice studio for pregnant singers, but I can confidently move ahead in reminding myself of studio practices that mitigate anxiety for clients, especially pregnant singers.

### **Strategy**

Clinical settings for expecting mothers receiving mental health treatment are different from a voice studio designed to build vocal skills. Therefore it would be unethical for me to offer treatment for anxiety in perinatal singers. Rather, I hope to cultivate an environment that adapts to the disconnect between music as treatment for anxiety and the holistic person who experiences stressors beyond pregnancy. It is through a trauma-informed lens that I can implement practices and policies that allow for a calm environment. The trauma-informed instructor relates and teaches in such a way as to not cause trauma or retraumatize, and more specific to this issue, otherwise disrupt a client’s ability to adequately self-regulate. It may be the case that a client does not share their experiences of anxiety or stress, which may or may not be related to performance, during their pregnancy. I therefore propose two studio practices that may alleviate mental pressure without overstepping ethical boundaries or that place responsibility on stressed or anxious singers to always advocate for themselves.

### Choice

Results from studies regarding music interventions and lowered stress did not use self-selected music; this does not present an inherent problem for the voice teacher, considering students rely on us to help them make informed musical decisions. However, cultural context matters, and choosing music to the strength of the singer sets them up for success. As Domínguez-Solís *et al.* (2021) expressed, the lack of culturally-familiar music may have resulted in confounding bias, yet one does not necessarily need the stereotypical musical choice to achieve an outcome (Djohan, Tyasrinestu and Sittiprapaporn, 2020). In addition, pregnant women and new mothers navigating rapid voice changes should have the room to advocate on their own behalf regarding specific repertoire needs. In the case of a studio setting, it would behoove a voice teacher to consider what a student is willing to study and perform. A simple policy would be to implement the “student veto option” in which students have the opportunity to say “no” to a piece without the need for explanation (Manternach, 2021). Though Manternach refers to this policy in offering students the freedom to reject repertoire choices when the student does not feel comfortable performing a piece in a specific cultural context, it

nonetheless stands that autonomy could mitigate the symptoms of stress- and anxiety-inducing events like pregnancy.

It is my responsibility to acquire a knowledge of repertoire so as to allow students freedom to express themselves in ways they see fit. In building a robust music library, or as students retire pieces or look to maximise their repertoire list, I would provide three repertoire options, in the hopes they would choose at least two. Using Manternach's student veto option, I will continue conversations regarding why I made certain choices on their behalf, allowing for trust-building and advocating for their musical choices.

### Microaggressions and Language

The language used in interpersonal interactions is far more explicit than studio policies in letting a student know they are welcome and valued. The studio should be a place that uplifts; unfortunately, this is not the case within all musical institutions. Fitzgerald and Sweet highlight stories in which women in the academy experience verbal microaggressions regarding starting a family or their ability to contribute to events while pregnant and mothering (2024). Women in roles of leadership or visibility, as in the case of academics, directors and performers, are especially susceptible to verbal remarks, known as microaggressions, that demean or diminish their position, making them seem as though they are not respected and viewed beneath a male counterpart. Shouldice offers solutions and responses to microaggressions, also known as "microinterventions," suggesting responses as "that is a sexist remark," "what exactly do you mean?" or simply "yikes" (2023, pp. 44-45). However, these responses put the onus on the one experiencing the microaggression to defend themselves.

There is an inherent power-imbalance between teacher and student; therefore, it is my responsibility to ensure language is professional and appropriate to the relationship. When voice teachers avoid making remarks about a pregnant singer's body, assumptions about their career moves, questioning their ability to perform to certain standards or otherwise make jokes at the singers' expense, the singer does not have to feel defensive or prepared to retort in a situation where they may not feel comfortable. In recognizing and responding to the power-imbalance, and therefore not causing undue stress and anxiety, particularly for pregnant women and mothers, we cultivate inclusive, affirming and uplifting spaces for singers to flourish as artists.

### **Conclusion**

As seen in the research, it is simultaneously possible that pregnant women and new mothers benefit from targeted music intervention, and that the pregnant women and mothers

who create music experience stress related to a music career. The amount of research being done on mental health during the perinatal period is heartening. Stress and anxiety are lowered, mothers bond with their babies, women are given tools to self-regulate in the midst of challenging experiences. Similarly, the difficult conversations about what female musicians are experiencing, particularly in relation to their choice to have a family, are happening frequently and openly.

However, the bridge between the positive effects of music interventions and musicians' mental health is still being built, and is likely to be found not in the voice studio, but in researching and fixing the larger systemic issues that cause stress and anxiety for both parties. Ultimately, music performance and music interventions will not fix income inequality, a lack of robust childcare, sexism, gender-based discrimination or any other stressor that causes a musical mothers to be susceptible to mental health issues. The WHO report on arts and its relation to health and wellness could inspire policy makers and researchers to fund opportunities which create a stabler, healthier world without creating more undue stress on the artists who already suffer. For those who teach in voice studios, the places in which we can make a difference may feel small, but one can make large impacts in building caring, professional relationships with clients, especially the vulnerable ones.

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### Professional Development Plan

| Goal                                                                    | Deadline        | Objective                                                                                                                                                                                                                                                                                            | Action Steps                                                                                                                                                                                                                                   | Success Criteria                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Attend <i>The Art and Science of Performing Voice Conference</i></b> | May 2-3, 2024   | <ul style="list-style-type: none"> <li>-Network with local voice professionals</li> <li>-Stay up to date on current research</li> <li>-Perform in a masterclass</li> </ul>                                                                                                                           | <ul style="list-style-type: none"> <li>-Find adequate transportation to Seattle</li> <li>-Have an emergency plan if the baby comes early</li> <li>-Bring technology for notes and handouts</li> </ul>                                          | <ul style="list-style-type: none"> <li>-I will have met new colleagues</li> <li>-I will have learned from the masterclass performance</li> <li>-I will have obtained new titles to add to my professional reading list</li> </ul>                                                                 |
| <b>Read <i>Complete Vocal Fitness</i>, by Claudia Friedlander</b>       | August 1, 2024  | <ul style="list-style-type: none"> <li>-Maintain the practice of reading field-related literature</li> <li>-Build vocabulary to contribute to the conversation on singing and fitness</li> <li>-Enrich knowledge of voice use as it relates to current theories of anatomy and physiology</li> </ul> | <ul style="list-style-type: none"> <li>-Purchase book to keep for personal library</li> <li>-Incorporate at least 20 minutes of reading time a day</li> <li>-While reading, compile a list of resources to continue future research</li> </ul> | <ul style="list-style-type: none"> <li>-I will have dedicated time in my day to reading literature in my field</li> <li>-I will have added to and built on my current knowledge of voice and strength</li> <li>-I will have obtained new titles to add to my professional reading list</li> </ul> |
| <b>Increase library of vocal repertoire</b>                             | October 1, 2024 | <ul style="list-style-type: none"> <li>-Increase knowledge of repertoire</li> <li>-Continue building a library</li> <li>-Offer more choice in the voice studio</li> </ul>                                                                                                                            | <ul style="list-style-type: none"> <li>-Identify at least 6 new songbooks (2 musical theatre, 2 classical, 2 featuring composers of an underrepresented groups)</li> <li>-Purchase books</li> </ul>                                            | <ul style="list-style-type: none"> <li>-I will have purchased new repertoire</li> <li>-I will have incorporated at least one song from each books with clients after I return from maternity leave</li> </ul>                                                                                     |

| Goal                                                        | Deadline          | Objective                                                                                                                                            | Action Steps                                                                                                                                      | Success Criteria                                                                                                                                                                                    |
|-------------------------------------------------------------|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Identify and connect with three local voice teachers</b> | December 31, 2024 | -Build relationships with local voice professionals<br>-Learn other tools from established teachers<br>-Break free from what can be an isolating job | -Join regional NATS chapter<br>-Via email, introduce myself to three teachers who are closest geographically<br>-Ask permission to shadow lessons | -I will have made connection with other teachers<br>-I will have attended lessons from other voice professionals<br>-I will have added tools to my toolbox that I learned from other voice teachers |