

2026

# Trauma-informed practices in adult community choruses

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BOSTON UNIVERSITY  
COLLEGE OF FINE ARTS

Dissertation

**TRAUMA-INFORMED PRACTICES  
IN ADULT COMMUNITY CHORUSES**

by

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Submitted in partial fulfillment of the  
requirements for the degree of  
Doctor of Musical Arts

2026

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## **DEDICATION**

To those navigating artistic creation and community

in light of

in spite of

because of

the complications of humanity and trauma

May we find wholeness and regulation in togetherness, music, radical empathy, and care

## ACKNOWLEDGMENTS

I would like to express my deep appreciation for the individuals and organizations who have accompanied my educational and musical journeys by inspiring hope, endurance, challenge, imagination, and joy. Thank you to my dissertation supervisor, Dr. Tawnya Smith, for easing my path, inspiring fresh discourse, sparking new connections, and emboldening me to do the work *my* way, while encouraging me to honor my own well-being. I am also grateful for the generous and insightful feedback from Dr. Andrew Goodrich, who, with great kindness, helped me refine my message to be more fully understood. Thank you to Lorenzo Sánchez-Gatt for the insightful suggestions on how to broaden and deepen my work. I am so thankful for the faculty at Boston University who have cultivated and delivered a Music Education curriculum with great care, though a lens of equity and social justice. Additionally, I would like to express my gratitude for those who participated in this study, giving freely of your time and energy as we grappled with challenging topics.

To my classmates and cohort, I cannot imagine a better network of peer social and educational support, and I am appreciative of your innumerable contributions to the success of all of those in your sphere. I am particularly thankful to my colleagues who came together for the week of Empowering Song with Dr. Andre de Quadros—your vulnerability and contributions were remarkable and have impacted my work and life in immeasurable ways. I am also appreciative of numerous faculty and peers who helped guide and shape my work over residency. To my peers who lived in my phone, willing to respond and encourage me, and one other, at all hours, you have all my thanks and

appropriate emoji reactions. I look forward to celebrating together.

To honor the duality of this process, I also share an acknowledgement of the complex forces that led to me to this course of study. It would be reductive to express solely gratitude to those who have necessitated my study of trauma as well its intersection with musical spaces. I would be remiss if I ignored the importance of the individuals and experiences that provided the forging fires and stray sparks that ignited the drive to explore this work. May it be healing to us all.

Finally, I am expansively grateful for my family—both nuclear and chosen. The support and lifelong examples of strength and grace provided by my parents is rare and beautiful, and I remain empowered by your influence. To my chosen family: my partner, my soul friends, and members of the San Diego Women’s Chorus, you buoyed me through the storms of the season and allowed me the time and space needed for this work while cheering me on. Thank you for your encouragement, trust, and willingness to dream with me.

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IN ADULT COMMUNITY CHORUSES  
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**ABSTRACT**

Trauma is ubiquitous in adult populations, and trauma-affected individuals may have impaired capacity to learn, connect, and create in group settings. Adult community chorus directors, facilitators, and organizers come from diverse educational backgrounds and may not be aware of trauma-informed practices, creating barriers to supportive and inclusive environments. Despite widespread acknowledgement of the effects of trauma on learning and interpersonal dynamics, no trauma-informed guidelines exist for adult community choruses. In this study, I explored the applicability the six tenets of the Substance Abuse and Mental Health Services Administration's (SAMHSA) trauma-informed approach through an equity-centered lens. Four chorus directors and one therapist chorister participated in a professional learning community (PLC) using collaborative inquiry. Data were collected via PLC meetings and chorus surveys, and analyzed using eclectic, concept, and thematic coding. Findings indicated that many directors and choruses had existing practices that aligned with the six tenets and that the tenets themselves are useful for guiding trauma-informed approaches in this context. Challenges to implementation emerged, including difficulties with group size, lack of education of trauma-informed approaches, and the recognition that directors cannot enact

these practices alone. Collective engagement of all choristers and leaders, conceptualized here as *congregate co-regulation*, is critical for fostering safe and supportive environments. Opportunities to repair relational ruptures were also essential to maintaining such environments. These findings extend trauma-informed theory by demonstrating the applicability of trauma-informed approaches to community chorus environments and introducing the need for shared responsibility in group environments. Implications include: raising awareness of trauma-informed approaches among community music leaders; guiding intentional rehearsal, programming, and administration design; and fostering equitable and supportive chorus communities. This study highlights ways directors, leaders, and choristers can use trauma-informed principles to create safer, more inclusive, and collaborative chorus spaces.

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## CHAPTER ONE

### Trauma in Music Education

I began my music education career by emulating the techniques, style, and culture that had been modeled by my own teachers and mentors. Their combined legacy of teaching modeled incredible discipline and musical excellence, but their approach did not include space to support the success of students with a wide variety of individual circumstances. Although these instructors sometimes showed care off of the podium, the policies and resultant environment were not conducive to supporting the varying needs of the musicians, and the teaching methods were certainly not trauma-informed or attuned to the limitations and workings of the human nervous system. I was trained to uphold a demanding and authoritarian style that valued results over individual comfort, and discipline over personal necessity. This training was not unique to my musical upbringing, as I have seen these traits encouraged by my mentors and echoed by my peers throughout my career in both adolescent and adult education.

I have participated in many musical ensembles throughout my life, both as a leader and member. As I reflect upon these experiences, it is easy for me to recall manifestations of trauma, both in myself and others. I performed under conductors who enacted militaristic, authoritarian models of rehearsal—several of whom enacted demanding tactics that used shame or anger as motivation. Many of these leaders expected achievement regardless of individual life circumstances, often at the cost of traumatizing or retraumatizing learners in the process. As an undergraduate music major, it was common for students to exchange stories of emotionally abusive experiences

during rehearsals or lessons, a phenomenon in classical music education that has been investigated by scholars (Özevin, 2022; Ramstet, 2023). Although none of us enjoyed that aspect of our schooling, there was an acceptance of being talked down to or mistreated under the guise of character-building.

To outline some of my experiences and growth around the topic of trauma in group music spaces, I share the following vignettes from three stages of my career. By presenting these stories, I aim to provide real-world examples of individuals and groups who might have been better supported by trauma-informed practices. These stories demonstrate the ways that harm is often perpetuated in the absence of such practices. Some readers may find these stories disturbing and may wish to skip ahead to the rationale section. All names used within these vignettes have been changed to ensure anonymity.

### **Collegiate Student Perspective**

When I began preparing to become a high school music director, my mentors would often reinforce a culture of no-excuses to the detriment of individuals' mental health. At times, individual students would react by shutting down, acting out, or showing fear responses like crying or shaking. It was not uncommon to witness yelling and the barking of orders as a part of these rehearsals. My mentors were not trained in, nor did they demonstrate awareness of trauma-informed teaching practices, as such practices were not yet defined or in use.

### ***My Backpack and Mr. White***

*When I was an undergraduate music student, on Friday mornings I had to rush to class between rowing practice and my required 8:00 a.m. choral music lab. This class always started with a written quiz before any music making to encourage the students to be prompt. One day, I had just enough time to stop by the restroom, but I was delayed when my backpack was stolen by a thief who quickly ran out of the building and disappeared. Not only was I feeling shocked and violated, but all my books, notes, keys, money, and credit cards were stolen. I walked into class sixty seconds into the quiz, shaking, and with tears rolling down my face. The decidedly tenured instructor, Mr. White, looked up but coldly kept reading the next set of instructions. I attempted to quietly slip into an empty seat and borrow a pen and paper from a classmate. I was met with the booming voice of the teacher reprimanding my disturbance. When I choked out that I just had my belongings stolen, he offered no sympathy but repeated that I should sit down. When I tried to orient myself to the moment and catch up to where the class was in the quiz, he verbally accused me of cheating and told me to keep my eyes on my paper.*

*As I tried to engage in class that day, I could not, despite my best efforts. My breath was unsteady as tears flowed down my face. The harder I tried to regain composure, the more frustrated I became that I was not in control of my body or emotions. Not only was I hurt and shocked by having my belongings stolen, but an authority figure either did not believe me or did not care. When I think about Mr. White, that experience is the first thing I remember, and the only thing I recall from that course.*

## **Teacher Perspectives**

During my first semester as a high school teacher, I mimicked several of the actions and techniques reinforced by my own teachers and mentors. I eventually realized that several of these encounters were harmful to both my students' and my own well-being. I used the tools I have been given that upheld the militaristic culture and discipline of competitive music. At that time, I was unaware of trauma-informed teaching practices, and conversations about compassion and trauma were rare, especially in competitive high school marching band circles.

### ***Christy***

*When I was teaching high school, Christy was a student in my class for several years. She was a timid, but talented flute player, followed the rules, and appeared respectful, but was also quiet and anxious. I did not know much about her background, but in retrospect, she exhibited many characteristics of a young woman who was deeply affected by trauma. She was easily startled, could not tolerate being touched by others, and was quick to tears. She performed well in band, but when asked to play alone during scale tests, she would shut down, freeze up, and cry — symptoms I now recognize as possible manifestations of trauma. More than once, she tried to explain that this was not working for her. Moreover, she was equally terrified to have one-on-one conversations with me about it, to the point where she often could not get complete sentences out. Unfortunately, as an early-career teacher, I emulated the training that I had been given, in essence instructing her to take a breath and deal with it. I am not proud of how I handled that moment, and I would hope to make different choices now that centered*

*emotional safety and individual needs.*

### ***A Broken Band and Justin***

*Nearly a decade into my career, I accepted a teaching position in a highly competitive marching band program. During the two years before my arrival, the two previous marching band directors had been arrested for illegal sexual relationships with students. It is worth noting that I did not receive any support or guidance from the administration about how to handle working with students who had been part of such shocking and unethical experience. The classroom environment was full of distrust and instability, which wrought an environment burgeoning with trauma-affected behavior far beyond expected teenage shenanigans. Students were constantly pushing boundaries, both in their behavior and while trying to define their relationships with adults.*

*Justin was a capable and musical percussionist in the band. As a senior, he was center snare, and as such, carried a lot of visibility and social influence. As his teacher, I had a hard time understanding his erratic behavior. Some days he was on task and eager to perform, while other days he would lash out, yell, break sticks, or stomp off. I never knew which “version” of Justin would show up, nor how long each aspect of his behavior and personality would linger. He had a history of self-destructive behavior, as well, and could be seen punching lockers or slamming drumsticks into his own hands. One day, as we all walked back from the field to the band room, he picked up a large, live grasshopper and asked if he should eat it. As he waved the green insect around, he sought an answer not only from his peers, but from me, to whom he gave a front-row seat to the impending event. Though we all urged him not to, he continued the feat,*

*graphically, and with a smile on his face. In retrospect, his attention-seeking, erratic behavior, and angry outbursts may have been indicative of childhood trauma or instability which led to dysregulation and unpredictability. Taking this into consideration, Justin may have benefited from different guidance from trauma-informed teachers and counselors. Moreover, his classmates, and the band program in general, would have likely benefited from better school-wide trauma-informed policies and strategies to create an atmosphere of trust, transparency, and compassion. I was quickly developing a deep and personal understanding of how trauma manifested in group musical settings, both in my students and in the reactions of their parents and guardians. My instinct guided me, as I did not have training or resources to support these students as they dealt with the symptoms incurred from having experienced a collective trauma which was in some cases was also magnified by their own personal trauma histories.*

### **Moving Into the Adult Community Music Sphere**

Throughout the first decade of my career, I sang in a community chorus and played trumpet in a community band. At times, I jokingly remarked to my fellow musicians about how similar these groups were to the high school ensembles I taught. I also knew there was truth behind the levity. The conductors, although a generation above me, held degrees from nearby universities, and the ensemble members were largely graduates of the school music programs in the area, so it really felt like an extension of the local music classroom culture. As a participant, I was afforded the opportunity to observe the styles of the conductors, the philosophies they upheld, and the reactions of my peers. Both conductors had backgrounds and training similar to my own. In fact, my

choral director, Ms. Davis, studied choral conducting under Mr. White—the same professor who made matters worse for me when my backpack was stolen. Ms. Davis would often default to authoritarian methods that were demanding and intense, without regard for the emotional impact of such approaches. I noticed that these demands would provoke a momentary surge of energy and achievement within the ensemble, but that surge came at the expense of the group’s sense of safety and community. This circular training among a small community of musicians appeared to reinforce cultural norms of autocratic expectations and procedures for amateur musicians of all ages.

As I became more aware of the challenges of trauma-affected students in school music programs, I began to see many of the same manifestations in the community music groups that I now lead. From time to time, I noticed musicians who would argue, shut down, cry, or storm out of rehearsal. The main difference among adult participants was that if the culture was not supportive of their needs, they would leave and not return, as their participation was compelled only by choice rather than mandatory school policies. Eventually, Ms. Davis retired, and I took over as director of our community chorus. By this time in my career, I had made a commitment to learn more about the emotional needs of the members, even though at that time I did not have words to describe what a trauma-informed practice might look like.

***Sharon***

*After I had directed the chorus for a couple of years, I noticed that one of the choristers, Sharon, had been exhibiting inconsistent behavior. She was usually prepared, pleasant, and went out of her way to make sure I knew she was working hard. At some*

*rehearsals, her smile would fade, and she would spend an entire evening avoiding eye contact with me. Eventually, she shared with me that she had severe childhood trauma and had lived with housing insecurity and emotional abuse for several years. One afternoon, the chorus had a community performance at an outdoor choral festival. Our warmup space was in an awkward corner, behind a stage, in a place where I could not see every individual. After the performance, we joined the audience of a few hundred singers, but Sharon walked to the front of the crowd, where she stood directly in front of the bench where I was sitting, and began to yell. I was the target, but it was clear her issues were much older and deeper than our relationship. Her out-of-control rant included that I never looked at her, that she felt invisible, that I did not appreciate her, and most telling—that I reminded her of her father, who she could never please. Although I will never know if I, or if the organization as a whole, might have done something differently to avoid this situation, I believe that if my leadership teams and I had more knowledge of trauma-informed practices, we might have been able to provide a more supportive environment long before she was triggered at this event.*

### **Reflection**

Each of these stories, and the people behind them, likely represent countless other trauma-affected individuals who want to feel safe and supported as they participate in musical communities. As I have reflected on my experiences, I have come to realize that I have likely witnessed and experienced the effects of trauma in moments when choristers were triggered during rehearsals. In some cases, I have witnessed the exacerbation of trauma symptoms or re-traumatization of individuals, and in other cases new

traumatization caused by harmful rehearsal practices and climates. Additionally, I have developed an awareness of the impact that directors can have on the well-being of their ensemble members. The behavior of directors, as well as policies, procedures, and systemic inequities can cause participants to feel emotionally unsafe or unwelcome. In community choruses, this may lead to situations where choristers harbor resentment or walk away from the group.

It is my perception that most community music ensembles in my area are led by directors with an educational upbringing like my own. Many of us graduated from local universities several decades ago, before trauma-informed methods were taught. Additionally, several of the volunteer musicians who have participated were brought up in similar musical and cultural environments. The experiences I shared are likely indicative of those of many trauma-affected individuals who participate in group music spaces with secondary, collegiate, and adult learners. As more information on trauma and trauma-informed care has become available, more organizations and educational institutions are discussing and enacting trauma-informed principles (Clements et al., 2020; Perfect, et al., 2024). Educators have studied and applied trauma-informed principles in music education settings (Kramer & Berger, 2025), and I believe that it is essential to extend this conversation into the community music education realm so that participants can benefit from existing research.

### **Rationale**

There is limited research, and therefore scant guidance for directors and leaders to know how to apply trauma-informed practices in community music ensembles (Birch,

2021). Scholars have developed a range of trauma-informed teaching practices that are used in elementary and secondary schools (Bauman-Field, 2023; Bradley & Hess, 2022; Carello & Butler, 2015). These practices support the knowledge that many students are affected by trauma, and their learning is impeded by those experiences (Berger, 2019; Imad, 2020). Collegiate instructors have begun to explore trauma-informed teaching practices, extending these practices to younger adult populations (Costa, 2022; Imad, 2020; Swift & Andrews, 2025), but these practices have not been explored in adult community music ensembles.

It has been well-established that many adults have experienced or will experience trauma that impacts their emotions and ability to engage with their community (Orth & Wieland, 2006; The Substance Abuse and Mental Health Services Administration, 2014). Engaging in musical activities has the potential to cause harm to participants due to triggering content or re-traumatization (Silverman et al., 2020). Conductors or music teachers may inadvertently traumatize or re-traumatize musicians through aggressive actions or language, musical content, or perpetuation of systemic injustice (Özevin, 2022; Ramstedt, 2023). This may create an environment of fear and distrust, and participants may respond by freezing or acting out with aggressive behavior. Conversely, group music spaces also have the potential to build resilience, strengthen connections, and promote emotional healing (Hess & Bradley, 2022; Langston, 2008; Rudstam et al., 2022). Therefore, there is a need for directors and other leaders within the community music community to understand the possible manifestations and effects of trauma in their ensembles, as well as the harm that may be perpetuated and healing that may be

supported therein.

## **Framework**

Trauma-informed care (TIC) is a concept developed by Harris and Falot (2001) to explore how to support trauma-affected individuals in mental health settings. This framework was summarized and enhanced by the Substance Abuse and Mental Health Services Administration (SAMHSA) (2014). Organizations have used TIC to better understand and respond to the impact of trauma within the communities and with the individuals they serve. Six key principles of the trauma-informed framework as defined by SAMHSA are “*safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues*” (SAMHSA, 2014, p. 10). Thompson and Marsh (2022) used these tenets to develop an equity-centered trauma-informed approach to higher education settings by integrating the latter principle of “cultural, historical, and gender issues” in every aspect of practice (Thompson & Marsh, 2022, p. 17).

Scholars have recently begun to investigate the necessity of trauma-informed practices in various community music contexts; however, a trauma-informed framework for community music ensembles is lacking (Birch, 2024). There is a need to understand the experiences and needs of trauma-affected community chorus members in order to develop appropriate practices. Although trauma-informed guidelines for community choruses remain underexplored, insights from trauma-informed practices developed for education and social services may offer valuable applications. These approaches share similarities and emphasize principles such as prioritizing safety and autonomy as well as

recognizing the impact of marginalization as a potential intersectional amplifier of trauma (Becker-Blease 2017; Venet, 2021).

### **Research Problem**

Although researchers have explored trauma-informed frameworks in educational settings, there is a significant gap in understanding how such frameworks can be applied to adult community music ensembles—particularly community choruses. Equity-centered trauma-informed practices have been applied in schools to help educators support trauma-affected students who may struggle with learning in higher education (Thompson & Marsh, 2022). Research has highlighted the detrimental impact of trauma on creativity, imagination, and the overall mental and physical well-being of individuals (Porges, 2017; van der Kolk, 2014). The use of trauma-informed practices that prioritize client safety are also recommended for trauma-affected adults in music therapy (Langdon, 2023). However, little is known about the specific needs and experiences of adult choristers regarding trauma-informed practices and safety within that environment.

Community chorus directors come from various backgrounds and often lack professional development opportunities for several reasons. Some directors may not have awareness, interest, or funding, while others may not have a governing body or guiding institution to train and support them (Higgins & Willingham 2017). Directors, therefore, are often unaware of the existence of trauma-informed practices. This lack of awareness may inadvertently contribute to harmful environments that hinder creativity, create or heighten trauma, or perpetuate cultural inequities (Hess, 2023; Sears, 2018; Thompson & Marsh, 2022). Therefore, there is a pressing need to explore the experiences of adult

community choir members and the preparedness of chorus directors to adopt equity-centered trauma-informed approaches to ensure psychological safety, creativity, and inclusivity within such music ensembles.

### **Purpose of the Study**

Given the lack of trauma-informed professional development and guidelines available to community chorus directors, I sought to create a professional learning community (PLC), as described below, of four community choral directors. In this PLC, we explored the potential use of the six trauma-informed care principles as outlined by Substance Abuse and Mental Health Services Administration (SAMHSA, 2014), while centering equity as suggested by Thompson and Marsh (2022). In this process, I aimed to identify and understand trauma-related issues as faced by both directors and choristers within the community chorus setting. I worked together as the lead researcher with the directors as co-researchers to investigate how existing principles of trauma-informed care might apply to their community choruses. The purpose of this study, therefore, was to explore directors' understandings about equity-centered trauma-informed practices and explore potential applications thereof in the context of these adult community choruses.

### **Research Questions**

1. How did trauma and trauma symptoms affect the experiences of the adult community chorus members?
2. What practices did the directors and choruses already have in place that were in alignment with the tenets of trauma-informed practices?

3. How did the directors apply or inspire the tenets of trauma-informed practices over the course of the study, and/or how did they plan to do so in the future?

## **Conclusion**

Understanding how trauma impacts community chorus members is a vital step to adapting and creating trauma-informed practices to promote the well-being of choristers. Through facilitation of a professional learning community of choral directors, I aimed to expand awareness of the need for such practices and discuss how we might carry out changes within our organizations to develop a more supportive culture within each of our ensembles. By documenting the exploratory process of exploring and enacting trauma-informed practices across several ensembles, I sought to discover the merits and challenges of adapting existing frameworks for use in community choruses. It was my aim to broaden the understanding of trauma-informed practices in community music spaces and encourage the development of further research leading to positive cultural change.

The following is an overview of what is contained in each of the subsequent chapters. Chapter Two is a literature review which provides necessary background information and extant scholarly discourse about trauma and TIP. In Chapter Three, I present information about the methodological approach and the methods I used in this study, including participant selection, research design, data collection, and analysis strategies. Chapters Four and Five contain the findings of the study, including themes that emerged from the data. In Chapter Six, I present a cross-case study and contextualize my findings in relation to existing scholarship. Chapter six includes a discussion of

limitations, implications, and recommendations for future research directions that may help developed a more complete understanding of trauma-informed practices in community music spaces.

## CHAPTER TWO

Scholars have examined the ways in which trauma impacts a person's ability to learn, create, and connect with others (Herman, 2022; Imad, 2022; Jennings, 2019; van der Kolk, 2014). Extant research across the sectors of psychology, music therapy, and music education can be used to inform how providers, community organizations, schools, and institutions can best serve trauma affected individuals (Beer and Birnbaum 2023; Berger 2019, Fallot & Harris, 2008). Current academic discourse and application across sectors suggests that non-clinical organizations can cultivate awareness to better understand and respond to the ways trauma shapes the behaviors, needs, and interactions of individuals within their communities or spheres of influence (Brunzell et al., 2015; SAMHSA, 2014).

In this chapter, I provide a review of existing literature starting with an overview of contemporary trauma theory and relevant definitions. I then explore the critical effects of trauma in different settings, particularly in relation to music making, education, and group environments. I then trace the development and application of trauma-informed care and practices in and out of therapeutic and non-therapeutic spaces. These applications include those from education, music education, music therapy, and community spaces. Finally, I consider recent discourse about trauma-informed practices in community music. The intersecting frameworks of these bodies of literature provide a strong foundation for understanding the impacts of trauma in non-clinical, educational, and creative settings. This review establishes the groundwork necessary to examine how

trauma-informed practices may be successfully applied in adult community chorus settings.

## **Trauma**

Trauma has been recognized by scholars as a pervasive and complex issue that has far-reaching effects on individuals or groups (Felitti et al., 1998; van der Kolk, 2014). Over a century ago, early theorists such as Freud and Janet grappled with and attempted to explain the concept of trauma, providing ideas and theories which laid the groundwork for a more modern and complete understanding of the phenomenon (Herman, 2022). In this section, I outline key definitions and concepts, examine the impact and prevalence of trauma, and provide the context that is necessary to understand the development and potential application of trauma-informed practices in adult community choruses.

### **Definitions of Trauma**

Trauma has been defined by several organizations as well as individual psychologists and scholars. The Substance Abuse and Mental Health Services Administration (SAMHSA), defines trauma as any event or circumstance ‘experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being’ (SAMHSA, 2014, p. 7). The American Psychological Association (2025) states that trauma is

Any disturbing experience that results in significant fear, helplessness, dissociation, confusion, or other disruptive feelings intense enough to have a long-lasting negative effect on a person’s attitudes, behavior, and other aspects of

functioning.

Traumatic events include those caused by human behavior (e.g., rape, war, industrial accidents) as well as by nature (e.g., earthquakes) and often challenge an individual's view of the world as a just, safe, and predictable place (paras. 1–2).

Herman (2022), an early contemporary trauma theorist, psychiatrist, and scholar, emphasized that psychological trauma, “is an affliction of the powerless. At the moment of trauma, the victim is rendered helpless by overwhelming force.” (p. 26). Other theorists, such as van der Kolk (2014) and Porges (2017) viewed trauma with respect to the neurobiological impacts of trauma on the body. van der Kolk and Porges explained trauma using frameworks and descriptions that center the impact of trauma on the nervous system. Levine (1997) also explored the somatic effects of trauma, and underscored the challenges defining trauma, stating that an accepted clinical definition was that of an experience “that is outside the range of usual human experience, and that would be markedly distressing to almost anyone,” (p. 24). Levine pointed out that this definition was intentionally somewhat nebulous and individual, because usual or common human experiences can indeed be traumatizing to some individuals. In consideration of evolving language, I have retained the term “traumatized” only when discussing work by an author who has chosen that term such as Levine (1997) and Scaer (2005). In all other instances, I have chosen to use person-first language that is reflective of trauma-informed language practices.

For the purposes of this study, I consider a broad definition of trauma inclusive of all of the above descriptors, with the extension that one might perceive trauma, or the intensity or the effects thereof, on a spectrum. At one end might be what some call “Big-T” trauma, such as assault or war, while at the other end might be considered “Small-t” trauma, which may be smaller, less intense, or chronic circumstances (Birch, 2024; Hensley, 2024; Shapiro, 2018). For conductors and facilitators in non-clinical settings, it is not within one’s purview to determine whether someone has experienced trauma. I propose that if one continues exploring the spectrum from Big-T past Small-t trauma, one may find a collection of life stressors and experiences that will not meet the criterion or definition of trauma, but that may create challenges for those who have experienced them. Although the scope of this research is specifically designed to foster environments that are beneficial to trauma survivors, I argue that the same tenets will support the basic needs of many individuals without an identifiable trauma history.

### **Types and Sources of Trauma**

Trauma is a complex phenomenon that scholars have explored through several descriptors and classifications. Hensley (2024) differentiated between “Big-‘T’ trauma,” “Small-‘t’ trauma,” and “Challenging Life Events” (p. 5), the latter of which are not categorized as trauma. According to this guideline, Big-T trauma includes major events that would “normally be seen as traumatic,” (p. 5) such as serious accidents, community violence, natural or human-caused disasters. This type of trauma can be acute or ongoing and often leads to intrusive imagery. Big-T trauma compromises a person’s feeling of safety in a lasting manner. Following the influence of Shapiro (2018), Hensley (2024)

outlined Small-t trauma, otherwise known as adverse life events. These were described as “more common and ubiquitous” (p. 5), and often included more ongoing experiences or series of events, and may be cumulative. This type of trauma included excessive bullying, chronic illness, harassment, neglect, or gaslighting, and has a persistent negative impact on a person’s sense of self. Small-t trauma generally does not lead to intrusive imagery. Hensley contrasted these trauma classifications with “Challenging Life Events” (p. 5) that caused uncomfortable emotions and sensations but are not as severe as Big-T or Small-t trauma, even though they may have a lasting effect on an individual.

Kris (1956) referred to “shock trauma” as a single event or experience that overwhelms the nervous system. This is contrasted by “strain trauma” (Kris, 1956), also referred to as “developmental trauma” by some scholars (Hensley, 2024). These categories were applied to childhood traumas and outlined several ways that a child’s sense of safety may be compromised in an ongoing manner. Researchers have found that childhood trauma, or Adverse Childhood Experiences (ACEs) can have serious detrimental effects into adulthood and contribute to increased susceptibility to future trauma and health risks (Felitti, 1998; Shonkoff et al., 2012). Similarly, Herman (2022) and van der Kolk (2014) each outline the impact of prolonged traumatic experiences—such as childhood abuse and neglect or microaggressive stress from experiencing racial or other prejudices—which can both lead to complex trauma. These different conceptions of the types of trauma underscore the importance of considering a broad and inclusive view of trauma and the impacts thereof.

## **Prevalence of Trauma**

Researchers have shown that exposure to traumatic events is common and pervasive. According to data from the National Institute of Mental Health, around one half of adults in the United States will encounter at least one traumatic experience over the course of their lives (NIH, 2025). In contrast, findings from a study by Kilpatrick et al. (2013) suggest a significantly higher exposure rate, reporting that 89.7% of U.S. adults have experienced at least one traumatic event. Benjet et al. (2016) studied the worldwide prevalence of trauma and found that over 70% of respondents had been exposed to a traumatic event, while 30.5% experienced four or more such events. Fortunately, not everyone who experiences a traumatic event will develop lasting trauma responses. For example, researchers have determined that the estimated lifetime prevalence of post-traumatic stress disorder (PTSD) within the population of the United States was estimated to be 6.8% (NIH, 2025). A world mental health survey found lifetime PTSD rates to be 3.9% among the general population, and 5.6% in people who had been exposed to trauma (Koenen et al., 2017). Although it is possible that those with access to care and support to re-establish safety after a traumatic event may be able to fully recover, others might experience symptoms at levels somewhere between full recovery and PTSD as I describe further below (Bryant et al., 2015; Pietrzak et al., 2021).

Childhood trauma has been studied extensively by several organizations. SAMHSA (2020) found that the majority of young people report the experience of one or more traumatic events by age 16. Researchers found that two thirds of adults reported at least one ACE, and one in six had four or more ACEs (Swedo et al., 2023). ACEs and

other childhood traumas have been reported to negatively impact learning, development, and can even cause physiological and structural changes in the brain (Felitti et al., 1998; Herman, 2022; Scaer, 2005). This, coupled with the increased likelihood of traumatic experiences later in life for childhood trauma survivors, has been shown to contribute to long-term physical, mental, and behavioral health of adults (Felitti et al., 1998; Felitti, 2009). Understanding the incidence of childhood trauma and the impact on learning provides important context for development of trauma-informed practices in educational settings, inclusive of music education, which I expand upon further in this chapter below.

### **Trauma-Related Disorders**

Exposure to traumatic events does not always result in trauma symptoms, and when symptoms are present, those do not always lead to a formal health diagnosis (Kessler et al., 1995). Many people experience symptoms of trauma, but either do not meet diagnostic criteria or seek a clinical diagnosis (Kantor et al., 2017). However, undiagnosed trauma symptoms may still be disruptive to the experience of an individual as they navigate relationships, including group dynamics and socialization, which require trust and safety due to difficulties with emotional and somatic regulation (van der Kolk, 2014).

According to the National Institute of Health (2025), it is common and normal to have strong reactions to dangerous or traumatic situations. People who have symptoms that continue to persist over time may be diagnosed with PTSD. PTSD is a widely known trauma-related diagnosis characterized by symptoms that may include intrusive memories, flashbacks, intense distress after exposure to triggers, or a physiological

reaction to trauma-related reminders (American Psychiatric Association, 2013). These symptoms may make it difficult to engage in group activities due to potential heightened sensitivity to triggers, dissociation, or challenges with interpersonal connection or trust (Herman, 2022).

Researchers and practitioners recognize several other trauma-related disorders that impact adults. Complex PTSD (CPTSD) is a condition that has developed from chronic or prolonged traumatic experiences such as childhood abuse or domestic violence. People with CPTSD may experience flashbacks, hyperarousal, interpersonal difficulties, and challenges managing emotions (Herman, 2022; World Health Organization, 2018). Other trauma-related disorders that may affect a person's ability to fully and functionally engage in group settings include developmental trauma disorder, dissociative disorders, and somatic symptom disorders (American Psychiatric Association, 2013; van der Kolk et al., 2005, van der Kolk, 2014). Survivors of trauma may be misdiagnosed with other conditions or have co-morbidities such as anxiety, depression, personality disorders or ADHD (Herman, 2022; Kessler et al., 1995)

### **Manifestations of Trauma in the Body**

Trauma may be viewed through the lens of how it affects individuals not only psychologically, but physiologically. Herman (2022) stated, "Traumatic events produce profound and lasting changes in physiological arousal, emotion, cognition, and memory" (p. 26). Herman highlighted that people living with PTSD suffer from hyperarousal and have been shown to exhibit increased sympathetic nervous system activation when presented with triggering stimuli. This state of activation which keeps the mind and body

alert to danger may persist intrusively during waking hours as well as impair sleep at night.

Scholars have explored physical manifestations of trauma in the body. Levine suggested that trauma occurs when the nervous system becomes overwhelmed by extreme experiences, and energy is trapped in the body. Levine argued that common responses to trauma, such as hyperarousal, constriction, or dissociation are vital survival responses, and that symptoms such as hypervigilance, intrusive thoughts, and chronic pain which follow are adaptive responses that can be healed. Practitioners, theorists, and people in public discourse often recognize the terms fight, flight, or freeze to explain the body's immediate stress response to traumatic experiences (Herman, 2022; Levine, 1997). Levine (1997) explained this animal instinct as a primitive response to danger, relating, in particular, to predator and prey relationships. Although these automatic responses can be protective in the moment of danger, they may inhibit mental and physical health over time (Maté & Maté, 2022). People with histories of trauma may not be able to discharge these activated or immobile states, leading to lasting symptoms and cycles of anxiety, rage, or immobility (Levine, 1997; Porges, 2011). Scaer (2005) stressed that individuals with chronic heightened arousal commonly oscillate to a dissociated or freeze response and may swing between the two extreme altered states.

van der Kolk (2014) emphasized “that trauma is not just an event that took place sometime in the past; it is also the imprint left by that experience on mind, brain, and body” (p. 21). This effect is not merely an emotional reaction but can be seen in the way the brain processes information, such as heightened activity in the amygdala, which

responds to cues of danger, and decreased activation in the brain's speech center. These changes can leave a trauma-affected person flooded with stress chemicals such as adrenaline, leading to being "stuck in fight or flight mode" (van der Kolk, 2014, p. 45), especially when they are unable to complete the cycle to resolve the stress response (Porges, 2011).

The impact of trauma may be hard to categorize if the body and mind are conceived of as separate, rather than a bidirectional relationship. Trauma can heighten physiological stress and lead to compromised physical health and chronic illness (Maté, 2022). Maté and Maté (2022) conceived of trauma as "a psychic injury, lodged in our nervous system, mind, and body, lasting long past the originating incident(s), triggerable at any moment" (ch. 1, para. 12). Body-focused, somatic approaches have been suggested in order to help trauma-affected individuals stabilize, process traumatic memories, and integrate body and mind as they move toward a balanced or healed state (Levine, 1997; Ogden et al., 2006).

Understanding the definitions, sources, prevalence, and manifestations of trauma provides a critical foundation for considering the impact of trauma in adult community music spaces. As Bradley and Hess (2022) emphasize, music education spaces are not exempted from the impacts of trauma. As people come together for creative, artistic, and vulnerable endeavors such as music-making, opportunities for emotional risks and growth opportunities may be amplified (Birch 2024). Recognizing the pervasive nature of trauma underscores the necessity of exploring trauma-informed frameworks within community music ensembles such as choruses so that these spaces can foster safety and connection

for trauma-affected individuals.

### **Historical Trauma Theory**

The roots of trauma theory were laid by early theorists such as physician and founder of psychoanalysis Sigmund Freud (1856–1939), psychologist and neurologist Pierre Janet (1859–1947), and neurologist Jean-Martin Charcot (1825–1893), however, their theories were often wrapped in the misogyny and limited medical understanding born of their time (Bogousslavsky, 2020; Herman 2022). For example, several theorists attributed the otherwise unexplainable symptoms of dissociation, emotional outbursts, and neurosis in women to *hysteria*, claiming it as disease that originated in the uterus. Herman (2022), explains that Janet, Freud, and Breuer each concluded that what they had deemed *hysteria* were symptoms of psychological trauma that “produced an altered state of consciousness” (p. 13). Janet referred to this altered state as dissociation, while Breuer and Freud used the term double consciousness.

In the early 1900s, as theorists and practitioners grappled with explanations and treatments, women’s voices and bodies were neglected and harmed. “The dominant psychological theory of the next century was founded in the denial of women’s reality” (Janet, 2022, p. 14). Bogousslavsky (2020) expounded upon the history of hysteria and outlined the breadth of practices, quest for disambiguation of mental states and illnesses, and hypotheses to explain psychological phenomena. The term hysteria was eventually extended to include a broad range of people and circumstances, including the experiences of soldiers.

As Freud continued to search for ways to explain hysterical patients, he sculpted sexuality-focused psychoanalysis (Herman, 2022). In this practice, rather than working to understand the traumatic backgrounds of women who had been deemed hysterical, Freud blamed women and asserted that their claims of sexual abuse were untrue—a retreat from his former assertions about the causes of hysteria. Interest in hysteria among neurologists and theorists waxed and waned as conversations about war trauma resulted in a deeper interest in post-trauma psycho-neuroses. “Shell shocked” patients presented with functional and behavioral disorders, even in the absence of physical trauma (Bogousslavsky, 2020). Practitioners experimented with treatments for people who were diagnosed with hysteria or shell shock in disparate ways. Some trialed treatments akin to psychotherapy, while others tried more radical physical remedies that were cruel or painful such as chloroform tests, electric shocks, or “simulation of fake abdominal operations” (Bogousslavsky, 2020).

Despite the extreme nature of many treatments and discourses from early trauma theorists, modern scholars have traced several ways that these ideas have shaped a more modern understanding of trauma in theory and practice. Researchers such as Freud, Charcot, and Janet found that traumatic memories persisted, even when an individual wanted to forget. van der Kolk (2014) summarized that “their memories kept forcing themselves into consciousness, trapping the in an ever-renewing present of existential horror” (p. 179). Janet explained that traumatic stress produced repeated strong emotions related to earlier traumas (van der Kolk, 2014). Modern diagnoses such as PTSD, recognize trauma symptoms such as dissociation, and therapies such as talk therapy and

cognitive behavioral therapy have been connected to influences from early trauma theory, paving the way for more contemporary understandings of trauma. (Herman, 2022; van der Kolk, 2014).

### **Contemporary Trauma Theory**

Contemporary trauma theory is not a monolith or singular theory. It is a term used by several scholars to explain modern understandings of trauma, causes, and treatments (Goodman, 2017, van der Kolk, 2014). Herman (2022) is credited with pivotal discourse that has enhanced modern understanding of trauma (Suleiman, 2008). Herman (2022) traced the development of contemporary understandings of trauma theory by acknowledging the influences of political movements as trauma moved in and out of social consciousness. Herman cites the sociopolitical and clinical influences of three surges of exploration surrounding the following phenomena: hysteria, post war combat neurosis or shell shock, and public awareness of sexual and domestic violence spurred by feminist waves.

Contemporary trauma theory has been central to the development of trauma-informed practices. In 2001, Harris and Falot published *Using Trauma Theory to Design Service Systems*, in which the authors posited that mental health and community service systems should be able to more safely and fully accommodate trauma survivors. This proposal explored what was known about trauma-affected individuals through the lens of trauma theory. Falot and Harris (2008) explained that trauma-informed systems are designed to create conditions wherein trauma-affected individuals can be supported throughout any aspect of service that is being provided. The authors differentiated this

from “trauma-specific” services which are designed primarily “to address the impact of trauma and to facilitate trauma recovery” (p. 7).

The overarching framework of contemporary trauma theory includes an important paradigm shift wherein patients and clients are seen as people who have been impacted by their experiences rather than having deficiencies resulting in symptoms (Goodman, 2017; SAMHSA, 2014). Falot and Harris (2008) apply this approach to trauma-informed systems, inviting practitioners to change the way they view trauma. “Rather than asking, ‘What is your problem?’ trauma-informed providers may ask implicitly or explicitly, ‘What has happened to you?’” (p. 7). This reframing of trauma informs a more compassionate and inclusive approach to systems of care across sectors and provides a foundation for the understanding and implementation of trauma-informed practices.

### **Trauma Theorists and Frameworks**

Contemporary trauma theorists and practitioners have provided a substantial interdisciplinary body of knowledge to inform the development of trauma-informed practices across a wide range of sectors. To meaningfully adapt these practices for adult community chorus settings, it is essential to engage with the core ideas, frameworks, and contributions that comprise contemporary trauma theory. The following section highlights key scholars and perspectives that have significantly shaped current understandings of trauma.

#### ***Herman***

*Trauma and Recovery* (Herman, 2022), was first published in 1992 and is considered a foundational text in the study of modern trauma theory (Suleiman, 2008;

van der Kolk, 2014). Herman highlighted the disconnecting nature of trauma, and the damage it can do to an individual's sense of community, compromising their connection to others. "In the aftermath of traumatic events, survivors doubt both others and themselves" (p. 38). Herman posits that healing may occur in a truthful, cooperative, and relational environment.

Herman (2022) also emphasized the importance of establishing safety through social support, environment, and empowerment. Trauma survivors may struggle to create and maintain connection with others, but Herman argued that making connections with caring people is necessary for healing. Once safety has been established, survivors may be better equipped to remember, grieve, and process their trauma. Once these steps have been addressed trauma-affected individuals may be able to reconnect with self and others. These ideologies align with the trauma-informed tenets such as safety, trust, and empowerment. Non-clinical community group environments such as choruses may provide supportive social networks for trauma-affected individuals

### *Levine*

The importance of community in healing from trauma has been acknowledged by scholars. Levine (1997) connected his theories to shamanic contributions intended to create wholeness and healing, recognizing that in shamanic medicine "the welcoming support of friends, relatives, families, or tribal members is needed to coax the spirit back into the traumatized body" (p. 47). Levine paralleled this in his own work, stating that "with the support of friends and relatives, we gain a powerful resource for our healing journeys" (p. 48).

Levine (1997) theorized that trauma is not only in the mind but is a physiological and biological event. As the founder of Somatic Experiencing®, Levine suggested that trauma-affected individuals have “incomplete physiological responses suspended in fear” (p. 32). Somatic Experiencing® is a body-oriented therapeutic approach that emphasizes tracking bodily sensations over mental processing of a traumatic event. After exposure to life-threatening events, Levine posited that prolonged freeze responses keep traumatic energy locked in the body. Levine suggested that Somatic Experiencing® can “initiate your own healing by reintegrating lost or fragmented portions of your essential self” and can gently discharge the entrapped energy (p. 49).

### *Scaer*

Among trauma theorists who have explored the interconnectedness of the mind and body, Scaer (2005) is notable for considering a theoretical concept of this relationship. Scaer conceived of the body, mind, and brain as being part of a continuum, “constantly and reciprocally adapting based on the influence of the other” (p. 11). Like Levine (1997), Scaer asserted that traumatized individuals may get stuck in a freeze response that may be physiologically the same experience as dissociation, explaining the relationship of an altered somatic state to a psychological experience. Scaer emphasized the tendency of trauma-affected individuals to cycle between fight/flight or freeze responses, also explained as extreme swings between sympathetic and parasympathetic responses.

Several scholars have noted that trauma has been shown to damage the brain or alter mental processing (Lanius et al., 2011; van der Kolk, 2014). Scaer (2005) noted that

not everyone subjected to traumatic events develop these impairments, but those who develop symptoms of PTSD or dissociation “appear to suffer hippocampus damage, with its associated memory deficits” (p. 74). Scaer went on to explain that brain plasticity may allow trauma survivors to improve these cognitive challenges through training and rehabilitation.

### ***Ogden, Minton, & Pain***

Trauma therapists may ask patients to differentiate between emotional processing and physical or sensory experiences. In sensorimotor psychotherapy, trauma-affected individuals are guided to mindfully notice body sensations and learn to connect their relationship to traumatic events (Ogden et al., 2006). Ogden et al. (2005) reasoned that during recall of past trauma, cognitive function is inhibited, and survivors may not perceive the current moment as safe, creating physical reactions such as muscle tension and high heart rate. Sensorimotor psychotherapy is recognized as a way to work from somatic sensations to cognitive awareness and insight.

### ***Window of Tolerance***

Several scholars have explored the concept of a window of tolerance, a term coined by Siegel in 1999 (Ogden et al., 2006; Porges, 2011; Seigel, 1999). The window of tolerance refers an optimal autonomic arousal zone in which individuals can manage emotional responses without extreme activation or shut down. Within this window, individuals experience a flexible and adaptive response to stimuli. Trauma-affected individuals may have a narrower window of tolerance or a dysregulated response to triggers that drive their nervous system away from this balance (Ogden et al., 2006).

In hyperarousal, dominated by the sympathetic nervous system, a trauma survivor may experience fight or flight responses such as physical and emotional reactivity, hypervigilance, anxiety, and disorganized cognition. Conversely, during hypoarousal, the parasympathetic nervous system is activated, causing freeze reactions of numbness or dissociative response. (Corrigan et al., 2011; Fisher, 2021). Fisher (2021) explained that these physiological states may offer protection and lifesaving coping mechanisms, but in the wake of trauma, push the body into a maladaptive response that swings outside the window of tolerance:

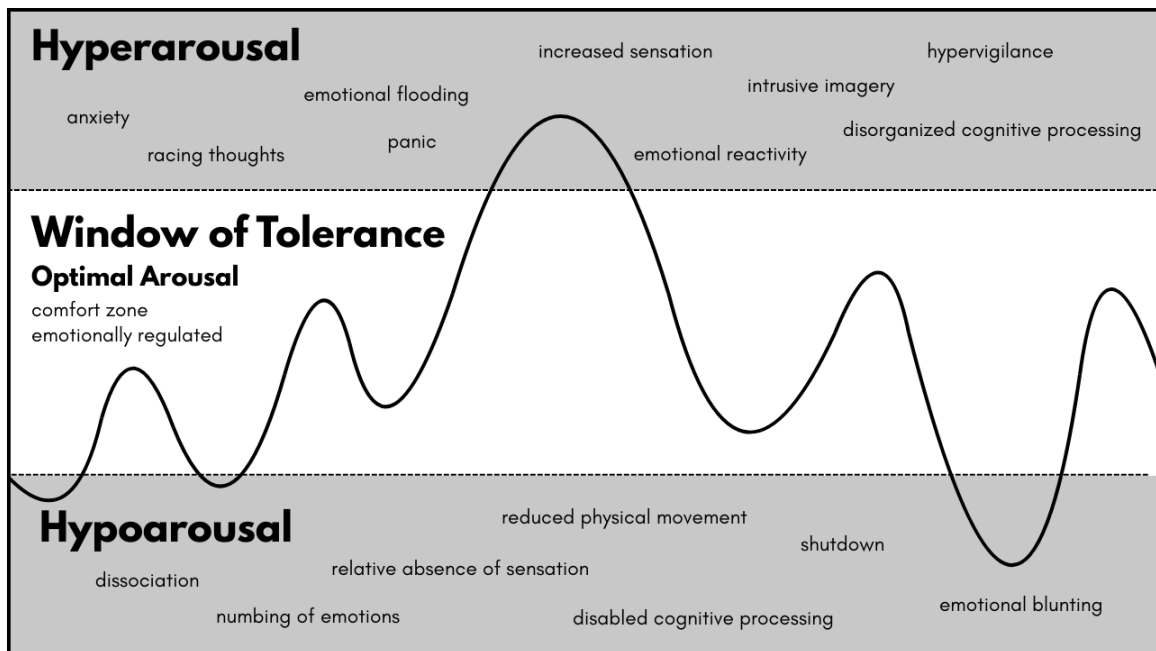
When we are triggered, high sympathetic activation communicates an alarm to the body and mind: “Red alert! Watch out for danger!” It provides a surge of physical energy, strong instinctive impulses, and the icy calm that gives us a sense of superhuman power. But if action was dangerous then, the body may have come to perceive sympathetic arousal as a threat, automatically triggering the parasympathetic system to slam on the brakes, bringing our movements to a grinding halt. Years later, the parasympathetic system may still be dominant, robbing individuals of energy, drive, and confidence (p. 50).

This complex change of event can cause lasting changes in memory, cognition, and emotion (Herman, 2022). Trauma survivors may be able to build awareness of their window of tolerance and gradually increase their capacity to remain in a regulated state. Within the optimal zone of tolerance, nervous system arousal still fluctuates, however, a “person is able to integrate elements of experience on cognitive, emotional, and sensorimotor levels of information processing” (Ogden et al., 2006, p. 36). When a

trauma-affected individual regains a sense of safety, they may be able to increase the flexibility and resiliency of their nervous system responses. Organizations that implement trauma-informed practices may be able to provide a safe and understanding environment to support this healing.

**Figure 1**

*Window of Tolerance*



Sources: Concepts as Described by Ogden et al. (2006) and Seigel (2017)

***Porges***

Researchers and clinicians have explored the function of the autonomic nervous system in response to traumatic events, particularly in relation to protective survival mechanisms and potential dysregulation following traumatic events (Herman, 2022; Levine, 1997). Porges (2017) challenged the notion of a bimodal nervous system by dividing these responses into three neural pathways based on evolutionary development.

Porges recognized the fight or flight response of the sympathetic nervous system, proposed a new model of parasympathetic response into two branches. Porges asserted that shutdown, freeze, or dissociation responses are driven by a primitive branch of the vagus nerve called the dorsal vagal complex. This complex is activated when a person perceives an extreme threat. Porges asserted that a third pathway called the ventral vagal complex is responsible for the mammalian social engagement system. This system is dominant when a person feels safe and can be supported by social cues such as calm and prosodic vocalizations, connectedness, facial cues, and social interaction.

Some scholars have criticized aspects of Porges' work, citing a lack of empirical evidence, biological inaccuracies, as well as extant models that may better explain various physiological and psychological phenomena (Giroux, 2023; Grossman, 2023). In the article, "Polyvagal Approaches: scientifically questionable but useful in practice," Giroux (2023) acknowledged the critiques of polyvagal theory and maintained that Porges' approaches are still therapeutically valuable, including, accessibility, ease of implementation, empowerment, and potential for trauma recovery.

Several of Porges' (2017) assertions are relevant to the interests, techniques, and performance practices of singers and choruses. Porges cites activities such as deep breathing, humming, singing, dancing, and artistic self-expression as beneficial exercises (Giroux, 2023). Porges (2017) details the evolutionary roots and practical implications of physical manifestations of safety, such as a supportive and kind facial expressions, welcoming and supportive body language, and lilting vocalizations. Singers are often asked to practice and implement techniques that involve or parallel these activities.

Ensembles with a conductor may find their mood and physiology altered based on the presence and demeanor of the conductor. Porges (2017) offered:

Embedded in the social engagement system is our biological quest for safety and an implicit biological imperative to connect and co-regulate our physiological state with another. How we look at each other is a critical feature of this capacity to connect. Subtle cues of understanding of shared feelings, and of intent are conveyed. These cues often covarying with the intonation or prosody of vocalization, are also communicating physiological state. Only when we are in a calm physiological state can we convey cues of safety to another (p. 50).

Additionally, Porges (2017) recognized singing as a compelling cue of safety.

Although not all music is calming, music that is lilting, soothing, and in a higher frequency may bring about a feeling of safety, like “a mother singing a lullaby to her baby” (Porges, 2017, p. 71). In addition to the clear connections between the visual, vocal, communal, and performance practices between choruses and polyvagal theory, several applications of Porges’ theory affirm that trauma-informed community choirs may provide a safe and welcoming environment where trauma-affected individuals can thrive. It is important to note that other scholars have found that music that is soothing to some individuals may be triggering to others due to linked traumatic memories (Bradley & Hess, 2022). This underscores the importance of having a broad awareness of the diverse experiences of trauma-affected individuals.

## ***Maté***

Contemporary trauma theorist Maté explored the ways in which unprocessed trauma and stress can impact physical health and contribute to chronic health conditions (Maté, 2003). Additionally, Maté posited that connection and compassion are central to healing from trauma (Maté & Maté, 2022). In *The Myth of Normal: Trauma, Illness, and Healing in a Toxic Culture* (Maté & Maté, 2022), Gabor Maté partnered with his son Daniel Maté to reimagine and expand upon Maté’s earlier work about compassion and healing principles. In this book, the authors outline several principles for healing, many of which parallel or compliment tenets of trauma informed practices. To draw more complete connections between these principals and TIP as identified by SAMHSA (2014), I have suggested comparisons in Table 1 below—not to limit each ideal to a category, but to build upon similarities which may be thoughtfully extended. The “Four A’s” and “Five Compassions” were listed as follows:

- Authenticity
- Agency
- Anger
- Acceptance
- Ordinary Human Compassion
- The Compassion of Curiosity and Understanding
- The Compassion of Recognition
- The Compassion of Truth
- The Compassion of Possibility

**Table 1**

***Maté and Maté / TIP Comparisons***

Authenticity	Trustworthiness and transparency
Agency	Collaboration and mutuality
Anger	Empowerment, voice, and choice Cultural, historical, and gender issues
Acceptance	Peer support Safety
Ordinary Human Compassion	Collaboration and mutuality Safety
The Compassion of Curiosity and Understanding	Empowerment, voice, and choice Collaboration and mutuality
The Compassion of Recognition	Peer support
The Compassion of Truth	Trustworthiness and transparency
The Compassion of Possibility	Empowerment, voice, and choice

The work of Maté and other contemporary trauma theorists have laid a strong foundation for understanding the enduring effects of trauma and how survivors are impacted in daily life, including their interactions with others. Scholars have underscored the importance of safety, connection, and support that trauma-informed practices may provide. This theoretical grounding is essential for developing a full awareness of how trauma manifests and the challenges presented in creating environments where trauma-affected individuals can thrive.

## **Intersections of Trauma and Group Music-Making**

Participating in musical endeavors can be a powerful emotional and physical modulator, whether experienced alone or with others (Garrido et al., 2015; McArton et al., 2023; Porges, 2011). Researchers have discovered that although group music-making can provide increased quality of life, social capital, and other benefits, it may also cause or trigger trauma in some individuals, as mentioned above (Hess & Bradley 2020; Langston, 2011; Sears 2018). For trauma-affected people, participating in musical endeavors in group settings can provide challenges in some circumstances and benefits in others.

### **The Power of Music**

The positive effects of music have been well documented by scholars across disciplines. Robertson-Gillam stated, “Its effectiveness for calming anguish and agitation over the centuries is well documented,” (p. 81) citing references from Biblical accounts to present day. Participants from both recreational and therapeutic community music ensembles have reported numerous benefits such as increased well-being, connection to community, and pain reduction. and relief from trauma symptoms (Carucci, 2012; Robertson-Gillam, 2023). Music therapists have successfully used the power of music in combination with principles from the field of psychology to improve PTSD symptoms in trauma-affected individuals (Hallam, et al., 2012). Birch (2024) listed several ways in which trauma survivors have been shown to benefit from music making, including: “expression and validation, connection, personal growth, positive social change, and healing” (p. 48).

Although research shows that participating in music can provide several benefits, practitioners and facilitators need to be aware of potential negative effects that may be brought about by engaging with music (Rosenberg et al., 2021). Silverman et al. (2020) proposed a model of music induced harm (MIH) that may be caused by engaging with music, citing instances of psychological, physical, spiritual, and other types of MIH reported in research. The MIH model includes descriptive variables delineating how the deliverer, the recipient, and the music itself may factor into the impact of music. Individuals have complex and personal reactions to listening, creating, and performing music. Words, sounds, music, or rehearsal environments may trigger traumatic memories or somatic responses for some people (Hess & Bradley 2020; Porges, 2011). Community chorus directors may not always be able to avoid triggers for individuals. However, it may be beneficial for leaders to have an understanding of how people experience trauma as well as that there is a potential for harm within group musical spaces, so that accommodations can be identified and enacted to support choristers when possible.

### **Cognition, Learning, and Memory**

Adult community musicians have reported that the enjoyment of learning and cognitive stimulation are some of the benefits they receive as participants (Barbeau & Cossette, 2019; Langston, 2011). Trauma-affected individuals, however, may have challenges with learning, memory, and cognition (van der Kolk, 2014). Music education researchers have emphasized that students who have been impacted by trauma may struggle with learning (Hess & Bradley, 2020). The effects of childhood trauma may persist into adulthood, presenting as heightened stress responses that hinder learning

(Shonkoff et al., 2012). Specific types of learning and memory tasks may be impaired in individuals with PTSD, stemming from cognitive deficits such as attentional control, verbal memory, or processing speed (Marquardt et al., 2022).

Trauma-affected individuals may struggle with some aspects of participation in community choruses such as memorization and mastery of musical material, as changes in brain function may disrupt memory consolidation and information retention (van der Kolk, 2014). Imad (2022) connected the role feelings play in learning, suggesting that the emotional state of an individual influences cognitive response as well as engagement. Researchers in music education have emphasized the necessity of creating safe and supportive learning environments using TIP from elementary music through post-secondary education (Swift & Andrews, 2025; Bradley, 2020; Price, 2023a). Community chorus directors who understand the impacts of trauma on memory and cognition may be able to better understand and accommodate the needs of their choristers.

### **Socialization, Behavior, and Community**

The nature of singing or rehearsing together in a group setting necessitates a collective understanding of the group's goals, and cooperative efforts to meet those expectations. In organizational psychology, social norms are defined as "implicit and explicit rules of behavior that develop through interactions among members of a group or society" (Taggar, 2017, p. 1472). These rules of conformity may not always accommodate the needs of trauma-affected individuals, and in turn, the behavior of trauma survivors may not be aligned with group expectations. Behavioral norms, structure, and characteristics of a group influence individual behavior, but the behavior of

individuals, including their status or roles, in return influence the group (Öznec, 2022).

Researchers have noted that trauma survivors may have challenges with emotional regulation and social engagement, including manifestations such as anger, withdrawal, and shut down (van der Kolk, 2014; Orth & Wieland, 2006; Porges, 2017). Considering the social and collaborative nature of community music ensembles, these manifestations may limit participants' full engagement or impact the experiences of their peers. Although most academic discourse around TIP in music education and performance focuses on applications for youth, recent researchers have explored the importance of a trauma-informed approach in post-secondary as well as community music settings (Birch, 2024; Swift & Andrews, 2025). In the same way that contemporary trauma theory has shifted from a deficit model of blame to one of understanding and curiosity, "Learning to see the classroom through the lens of the trauma response changes the narrative from 'what is wrong with this student?' to understanding behaviors as an attempt to survive the situation at hand" (Swift & Andrews, 2025, p. 1).

Scholars have continued to challenge the concept of some behavior as a controllable act of compliance versus manifestations of trauma. Birch (2024) questioned the notion of challenging behavior in community music spaces, encouraging facilitators to recognize the possibility that certain conduct may be the effects of trauma rather than defiance. In music education settings, Hess (2022) noted that classrooms "may demand the suppression or containment of trauma rather than encourage its expression" (p. 21) rather than allow space for trauma to be expressed or processed. Birch (2024) suggests that TIP may help community music facilitators understand rather than control behavior.

This calls into question facets of conventional models of music making and expectations of discipline, behavior, and aesthetic values found in traditional ensembles (Hess, 2023; Regelski, 2006). Different types of group musicking, however, may call for a different set of cultural norms. Higgins (2012) suggested an egalitarian model of community music facilitation that may be used in a workshop wherein “the ownership is not vested in a single individual (the workshop facilitator) but lies with everybody” (p. 154). This may be contrasted with different types of ensemble rehearsal models that are typically director-led. I posit that community chorus leaders may wish to explore where their ensembles lie on the spectrum between egalitarian and controlled as they consider how TIP may interact with cultural expectations.

### **Manifestations: Seen and Unseen Trauma**

“I cannot extricate the trauma from the music, nor the music from the trauma. It is all part of who I was, who I am, and who I may become” (Bradley, 2022, p. 64). In non-clinical community music and education spaces, it is beyond the facilitator’s scope of practice to determine whether someone may have been affected by trauma, or to treat their trauma symptoms (Birch, 2024; Costa, 2022). Further, attempting to categorize any individual by their perceived traits or behaviors may create a reductionist view of their personhood, needlessly separating a person from important aspects of themselves. Birch offered, “A facilitator may never know the details of someone’s trauma narrative, but if we are focused on attunement, it can support our responsiveness to individuals and specific manifestations of behavior” (p. 27).

Theorists and clinicians have provided ample descriptions of the various ways

trauma can manifest. In group musical settings such as community choruses, directors may witness disruptive indicators of trauma in participants such as lack of interpersonal connection, attention span issues, or emotional dysregulation. Not all survivors of trauma will exhibit obvious symptoms, but the ubiquity of traumatic experiences suggests that trauma-affected individuals will likely be present in groups of people (NIH, 2025). Birch (2024) examined the hidden nature of trauma in community music participants, highlighting both the possibility that the effects of trauma may be invisible, but also underscored the propensity for the experiences of trauma survivors to be silenced or repressed. Cultivating a trauma-informed environment that is supportive and welcoming may allow all individuals to participate more fully and authentically, whether there are known survivors in the room or not.

### **Trauma-Informed Care and Practices**

The development of trauma-informed care (TIC) has systematized the enactment of advancing contemporary trauma theory into praxis across several disciplines. Initially devised for implementation in mental health and social service settings, trauma-informed approaches have since been adapted for use in fields such as education, criminal justice, and community-based programming. Trauma-informed principles provide a framework for organizations to recognize the potential effects of trauma and to avoid practices that inadvertently re-traumatize the populations they serve. The following section traces the origin and uses of TIC, the development of TIP, the educational extension of TIP into trauma-informed pedagogy and music therapy, and the emerging uses and possibilities of using TIP in community music and ensembles.

## **Moving Concepts of Trauma-Informed Care into Practice**

Harris and Fallot's (2001) concept of TIC laid the foundation for scholars, practitioners, educators, and business leaders to consider organizational practices around the mental health and wellbeing of the populations they serve. Fallot and Harris (2009) published a short guide for organizations to assess their own practices and determine steps they might take to provide safe environments in order to avoid re-traumatizing individuals. The expanded SAMHSA (2014) concept of a trauma-informed approach that built upon the Harris and Fallot's (2001) model added the sixth additional principle of "cultural, historical and gender issues" to the existing principles of safety; trustworthiness and transparency; peer support; collaboration and mutuality; and empowerment, voice and choice." This tenet is central to the framework of my research, equity-centered trauma-informed practices. The SAMHSA (2014) publication provided additional useful guidance to organizations, offering four assumptions for a trauma-informed approach:

A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **resist re-traumatization** (p. 13, emphasis in original).

Scholars and practitioners have developed concepts that may help organizations that wish to implement trauma-informed approaches. Guidance, education, and supportive materials are available that may be used in several fields (Institute on Trauma

and Trauma-Informed Care 2015, SAMHSA, 2020). The six tenets of a trauma-informed approach have been adopted for use in education, including music education in the form of trauma-informed practices and pedagogy, as discussed below. The educational application of trauma-informed theories has shaped the concepts of TIP that have informed this research.

### **Trauma-Informed Practices and Pedagogy**

Practitioners in education have set a precedent to adapt trauma-informed care for the specific populations they serve. Craig (2008) brought together trauma-informed approaches, neuroscience, and child development, to offer suggestions for educators and administrators to create trauma-sensitive schools. Craig provided practical and creative classroom applications to best assist trauma-affected young people. Researchers and scholars continued this trajectory of pedagogical and practical development to suggest supportive actions that educators might take to ensure the best possible experience for students with a traumatic history. Cavanaugh (2016) identified the following aspects of a trauma informed approach: “safety and consistency,” “positive interactions,” “peer supports,” “targeted supports,” and “individualized supports.” Additionally, Cavanaugh recognized the four assumptions established by SAMHSA (2014), advocated for the use of a strengths-based approach for students, and urged educators to exercise care and awareness to avoid vicarious traumatization—the manifestation of trauma symptoms caused by exposure to trauma-affected students.

### ***Trauma-Informed Childhood Education***

Several scholars have investigated the implementation of trauma-informed models

in childhood education. In a pilot study that provided trauma-informed professional development to teachers, Perry and Daniels (2016) revealed that the majority of participating educators reported increased knowledge about trauma and were able to identify specific areas of change that they were willing to pursue. A quantitative study by Cupp (2024) affirmed that trauma-informed professional development assisted teachers in creating positive educational environments but suggested that sustained guidance and ongoing support was needed. Koslouski (2021) developed a theoretical model to support educators' understanding and implementation of TIP through professional development and support. Ryals (2022) presented a case study detailing the experiences of one trauma-informed middle school program. From this study, Ryals concluded that "trauma-informed approaches should be adopted as a key element in all music education courses" (p. 113). These models demonstrate precedent for successful adaption of trauma-informed practices in specific educational settings.

Hess and Bradley (2020) asserted that music educators should be aware of the impacts of traumatic experiences on students, citing the potential for TIP to inspire teachers to provide an environment where music students may learn and even heal. In the elementary music classroom, Arnold (2025) researched the experiences of elementary general music teachers as they applied trauma-informed strategies in their classrooms. In this study, several educators shared that they found these strategies helpful, but educators also found challenges in sustaining these practices without ongoing support. Price (2023b) referred to trauma-informed pedagogies as "nuanced and complex" (p. 263), indicating that there is not a simplified list of practices that can be implemented in the

music classroom, but that an ongoing compassionate and attuned approach may best support the needs of trauma-affected learners.

### ***Trauma-Informed Music Education***

Bradley and Hess's (2022) book *Trauma and Resilience in Music Education* included a broad range of topics with applications for school music educators, teacher training programs, as well as for use in community music spaces with known high populations of trauma survivors. Scholars in that compendium deepened the discourse around the implications of the relationships between trauma and music education, each essay with the potential of provoking deeper discussions beyond the constraints of this literature review. The topics, interrogations, and conclusions therein support the need for trauma-informed education and approaches in all levels of music education. Some of the relevant themes that emerged in that book include:

- Systemic and cultural oppression as well as colonialist ideals contribute disproportionately to the learning experiences of people in historically marginalized groups such as people of color, and members of the LGBTQ+ community (Hibbard, 2022; Thomas-Durrell, 2022; Perkins, 2022).
- Music educators and caregivers are susceptible to additional stressors such as burnout, secondary traumatic stress, secondary traumatization, and the burden of teaching through trauma or grief (Emmanuel, 2022; Sears, 2022; Smith, 2022)
- Community music and informal musical experiences outside of the classroom carry additional challenges worthy of consideration including cultural and

historical trauma, specifically trauma associated with racism, war, violence, and incarceration (Birch, 2022; Dobbs, 2022, Niknafs, Perkins, 2022; Rakena, 2022)

In recent years, scholars of higher education have advocated for the study and inclusion of trauma-informed approaches for collegiate learners and educators. For example, Thompson and Carello (2022) published *Trauma-Informed Pedagogies: A Guide for Responding to Crisis and Inequality in Higher Education*. Thompson and Carello noted that as institutions search for ways to implement trauma-informed cultural change, they can look to and learn from others across sectors who have already successfully enacted such methods and practices. Parker (2022) analyzed extant literature about trauma-informed practices in higher education to suggest a framework that can be used in higher education. This framework drew heavily from SAMHSA's (2014) model and stressed that cultural transformation requires buy-in from those responsible for changes in order to create and maintain a trauma-informed culture.

### ***Trauma-Informed Tertiary Education***

As scholars expand discourse around trauma-informed approaches in tertiary education, community music directors and facilitators may find more immediately applicable precepts and systems than can be found in primary and secondary educational approaches. Henshaw (2022) challenged practitioners in collegiate and university environments to identify culturally responsive and trauma-informed approaches to higher education. Expanding on SAMHSA's (2014) sixth principle of cultural, historical, and gender issues, Henshaw (2022) urged consideration of several points of cultural competency, including cultural humility, sensitivity, and responsiveness. This approach

includes key discussions about challenging topics such as: “intersectionality,” “critical race theory,” “racial trauma,” “cultural capital,” “critical allyship,” and “intentional positive disruption” (pp. 5–7). This direction of trauma-informed practice places equity at the forefront of designing trauma-informed practices and systems.

### ***Trauma Informed Higher Music Education***

There has been recent growth in interest related to trauma-informed approaches in post-secondary music spaces, inclusive of the experiences of students, instructors, and the direction of methodological training. In 2025, Swift and Andrews published *Trauma-Informed Pedagogy and the Post-Secondary Music Class*, with chapters devoted to topics relevant to both teaching and learning. Post-secondary education, although still generally in a classroom environment, is tailored to the needs of adult learners. Swift and Andrews (2025) provided explanations, interrogations, and examples of the applications of trauma-informed care in post-secondary music pedagogy, emphasizing the way that trauma may manifest in and beyond the music classroom. Themes in several chapters in this book may be applicable to equity-centered trauma-informed approaches suitable for consideration in community choruses. A brief overview of several applicable topics follows, divided into the sections as outlined by the editors.

**“Responding to Uncertainty, Stress, and Trauma Through and With Music”** (p. vii). Although practitioners may find a high incidence of trauma in music education, engaging with music can be a powerful avenue for healing, especially when presented in an environment shaped by culturally relevant trauma-informed care (Imad, 2025). Maus (2025) posited that the needs of trauma-affected students should be considered alongside

other psychological differences, including anxiety, depression, attention deficit hyperactivity disorder, and autism spectrum disorder. Without knowing the history or diagnosis of a student, instructors can still take a compassionate and patient approach that may serve a variety of needs. Additionally, Maus emphasized that giving choices to students about the way they respond and interact, and to what extent they do so, is a compassionate trauma-informed approach. Smith (2025) highlighted the challenges for students and instructors alike of focusing on granular details of music education amidst environmental crises. In addition to advocating that music can be used as both a refuge and a protest, Smith detailed an example of curriculum that guided students through their emotions using awareness and artistic creativity. Griffin advocated for the implementation of trauma-informed ethnographic fieldwork, extending core ideologies of safety, understanding, and empathy into research and the broader community.

**“Intersectional Trauma-Informed Pedagogy and the Music Class”** (p. viii).

Equity-centered trauma-informed approaches promote a critical and intersectional view of the sources and impacts of trauma. Spilker-Beed (2025) emphasized the pervasive nature of racism, noting its impact on learning spaces. Music educators who uphold a Eurocentric status quo reinforce hierarchies that may unwittingly further marginalize the experiences of people of color. Spilker-Beed (2025) suggested that “by embracing the care, repair, and reconciliation offered in intersectional antiracism, our teaching can equip students to notice and resist oppressive ideologies and practices, to navigate the world and lead with eyes trained toward equity” (p. 131). In other essays, scholars suggested specific measures, methods, and pedagogies that instructors might use to create mindful

environments that are not only trauma-informed, but considerate of individuals needs and identities, inclusive of, but not limited to, gender, sexuality, race, and disability (Bassler, 2025; Diggs, 2025; Long, 2025). Instructors and students may work to create inclusive and mindful spaces, but as Lambe (2025) emphasized, the idea of a completely safe space is mythical. Lambe advocated for brave spaces, wherein comfort is not conflated with safety, especially during honest discourse about privilege and intersectionality.

**“Islands of Care: Cultivating Awareness, Connection, Growth, and Resilience”** (p. viii). Scholars have discussed the role of the nervous system in teaching and learning. King and Hernandez (2025) offered insights into the possibilities of integrating the understanding of the neurobiology of stress and trauma with precepts of trauma-informed pedagogy. King and Hernandez also suggested specific activities and techniques that can help calm the nervous system and create an environment where learning and healing may occur. Stenger-Sullivan (2025) submitted relationship-building activities and actions from polyvagal theory that may calm the nervous system and encourage connection and emotional regulation to set the stage for optimal engagement, trust, and learning. Both Hammond (2025) and Andrews (2025) problematized aspects of creating trauma-informed environments, illuminating the mental health, trauma, or stress-related challenges that instructors and scholars often face as they contend with their own complex challenges of wellbeing.

Each of these scholars have provided knowledge, interrogations, or recommendations to expand the body of knowledge and praxis of TIP. Scholars have underscored the importance of modelling trauma-informed teaching as part of higher

education. Carello and Butler (2015) developed guidelines for trauma-informed educational practice (“TIEP”) to apply TIP to their own educational practice to as they trained future clinicians. Similarly, instructors of pre-service music teachers have promoted trauma-informed teaching as part of their educational process (Bradley & Hess, 2022; Smith, 2025). As post-secondary students are educated in and about trauma-informed environments, they may be more equipped to enact safer and more inclusive models of teaching and learning as they move into teaching careers in both school and community music settings.

### ***Centering Equity***

In recent years, scholars have brought increased visibility to the intersectional dimensions of trauma and the related social and cultural implications of identity. Critical theories such as antiracism, feminism, and queer theory have provoked important and relevant conversations in and out of music education (de Quadros & Amrein, 2023; Kendi, 2019). As this awareness has spread, practitioners and theorists have devised models which not only include justice and equity but apply a lens of equity and justice across all areas of practice. Thompson and Marsh (2022) suggested an equity-centered trauma-informed approach to higher education. This model used SAMHSA’s (2014) six principles of trauma-informed care, but reenvisioned the hierarchy of the list, placing the sixth principle of cultural, historical, and gender issues (p. 10) in the foreground, adjacent to and interacting with the other five tenets of trauma-informed care. Thompon and Marsh (2022) acknowledged the pervasive nature of societal inequities with the aim of creating practices that work to dismantle them.

A different approach to equity-centered trauma informed education was proposed by Venet (2021), who recommended six key principles along with implementation strategies for schools. Venet argued that trauma-informed education must be “antiracist, anti-oppression,” “asset based,” “systems oriented,” “human centered,” “universal and proactive,” and “social justice focused” (pp. 26–28). Together, the frameworks proposed by Thompson and Marsh (2022) and Venet (2021) underscore the necessity of centering equity and critical awareness in the design and delivery of trauma-informed practice.

### **Music Therapy**

It may be beneficial for community music practitioners to look at trauma-informed research from the field of music therapy for knowledge and support while understanding the scope of their nonclinical positioning. Facilitators may glean insights from this research and discover a deeper understanding of the complex relationship between music and trauma, especially given the research regarding adults in music therapy (Ahonen, 2015; Beer & Birnbaum). Sokira et al. (2023) proposed a trauma-informed therapeutic approach aimed at developing psychological reliance through music therapy. The authors identified six core needs of trauma-affected individuals that aligned with the first five of SAMHSA’s principles, replacing the sixth with “humility and responsiveness: recognition of biases, stereotypes and systemic oppressions” (Sokira et al, 2023, p. 10). This adaption is an example of customizing trauma-informed for use in a specific field of practice.

Contrasting music education with music therapy, Salvador and Pasilai (2017) shared that the goal of music therapy, as stated by the Certification Board for Music

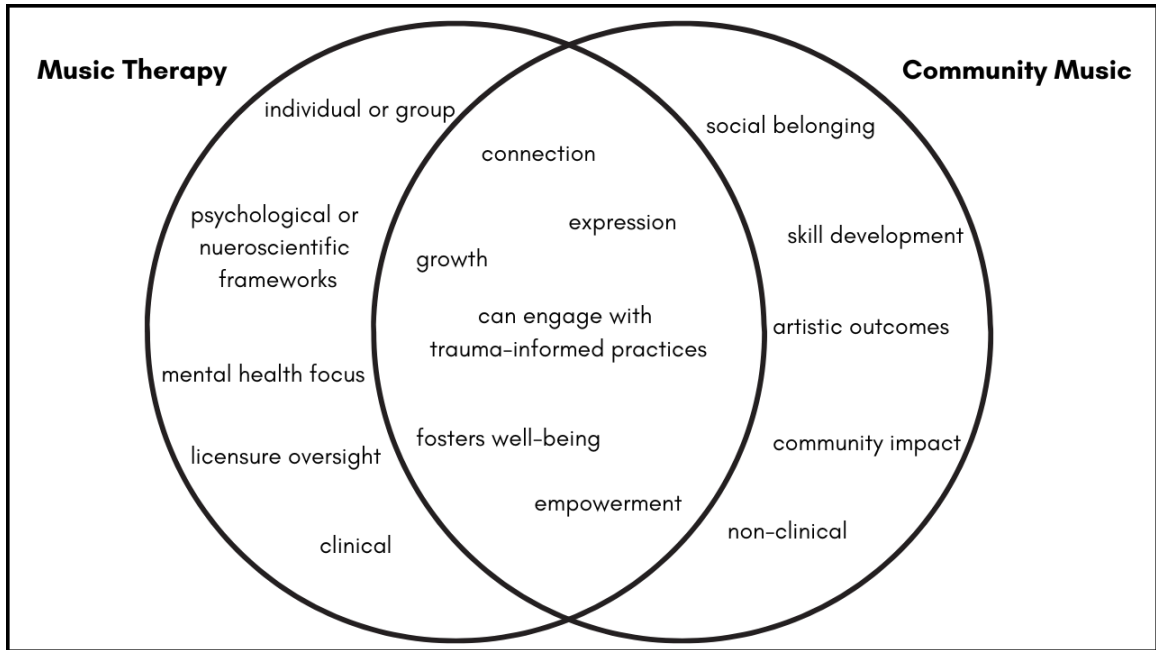
Therapy is to primarily address non-musical goals through the use of music, whereas music education focuses more on skill development. Research shows, however, that for community musicians, learning about and making music is not always the primary goal of those who join in, as they report benefits and increased wellbeing, community connection, and emotional support through participation (Creech et al., 2012; Goodrich, 2013; Langston & Barrett, 2008; Varvarigou et al., 2013).

As noted by post-secondary music scholars, promising a completely safe space is a worthy but impossible aspiration of trauma-informed approaches (Lambe, 2025). Similarly, Scrine and Koike questioned the limitations of trauma-informed practices in music therapy settings, noting the harm that may be perpetuated in systems of care, particularly due to power inequities, and the vulnerability of those with intersectional identities seeking assistance. Regardless of setting, practitioners who wish to become more trauma-informed would be well-served to recognize both the strengths and the limitations of TIP.

In 2018, Wood and Andsell in their book chapter, *Community Music and Music Therapy: Jointly and Severally*, borrowed the legal term denoted as a “shared benefit or obligation” which means that such may be looked after “both in common and autonomously” (p. 23). I conceive of this relationship as an overlapping Venn diagram (see Figure 2), wherein these fields of practice share some interrelated interests and goals while maintaining separate methods and identities. To continue this discussion, however, it is important to note the different approaches, definitions, and conceptions of community music.

**Figure 2**

*Music Therapy and Community Music*



**Community Music**

In *Community Music: In Theory and In Practice*, Higgins (2012) reinforced the notion that defining community music is a challenge, as it has broad varied contexts, enactments, goals, and models. Higgins suggests three basic paradigms of community music: “(1) music of a community, (2) communal music making, and (3) an active intervention between a music leader or facilitator and participants” (p. 4). Vivally, each of these models generally exist outside of the confines of formal academic institutions or structures. Communal music making, whether spontaneous, facilitated, or led, has a rich and varied history around the world (Bartleet & Higgins, 2018; Veblen, 2007). Considering the challenges of defining and capturing the vastness of community music applications, I focus below on three conceptual categories that illustrate relevant models

of community music.

### ***Egalitarian Music Making***

Scholars of community music often emphasize the accessible and inclusive nature of the activity, citing the idea of cultural democracy in these settings (Bartleet & Higgins, 2018; Wood & Andsell, 2018). In one example of egalitarian community musicking, all participants are considered equal and a facilitator skillfully guides activities. This does not always result in a musical performance product, but may include activities such as workshops, discussions, artistic creation, or performance (Bartleet & Higgins, 2018). These collaborative models are often driven by participants rather than a by a director or instructor who compels a top-down approach. Many of these scenarios innately uphold practices compatible with an equity-centered trauma-informed approach such as choice, peer support, mutuality, and transparency.

### ***Community Music with Intent: Therapeutic, Interventive, and Purposeful***

Several models of community music serve a primary uniting purpose other than practice and performance. Participants may experience several different ways of interacting with music in one setting that blur the lines between therapeutic goals, rehearsal and performance opportunities, or social and community action. For example, a chorus for incarcerated individuals might be facilitated by a community musician without a clinical therapy background. Members of this ensemble may enjoy a musical experience of rehearsing and performing and receive therapeutic benefits, even without a music therapist present. In this scenario, a facilitator or director with knowledge of trauma-informed practices would be ideal. Additional examples of community music

enactment that serve specific purposes with, through, and in addition to music making follow.

- A therapeutic choir for people living with Parkinson's Disease (Pohl et al., 2020).
- A marching band for the LGBTQ+ community (Pride Bands Alliance, 2024).
- A social justice choir that sings at rallies and events (Justice Choir, 2017).
- A choir for those experiencing homelessness (Voices of our City, 2024).
- A brass band in an impoverished area to promote wellbeing (Bartleet & Higgins, 2018).
- A community music project for asylum seekers and refugees (Common Ground Voices / La Frontera, n.d.)

### ***Community Performing Ensembles***

Scholars have established the complexities of categorizing different types of community music (Bartleet & Higgins, 2018). For the purposes of this study, I conceptualize community performing ensembles, inclusive of community choruses, as musical communities with a primary purpose of coming together to rehearse and perform music. This is not a limiting definition, rather a general guideline that is inclusive of groups that have multiple purposes. Scholars may argue about semantics, positionality, and intent of different types of community groups which are directed versus facilitated, or performance-oriented versus socially oriented, but I assert that many things can be true at once, and hardline classifications are not needed in this scenario (Bartleet & Higgins, 2018b; Veblen, 2007; Willingham, 2021). Schippers (2018) reasoned that although institutionalized community music making may appear antithetical to some definitions of

community music, such organizations grew from a community need, and the formal structure of many of these ensembles provides necessary structure for longevity.

### ***Trauma-Informed Practices in Community Music***

Contemporary trauma theory has informed the development of TIP across several fields of practice. Although the foundations of trauma informed care were designed for use in health and human services applications, these principles have been adapted for use in a broad range of organizational contexts including education, music therapy, and community arts (Beer & Birnbaum, 2023; Berger, 2019; Sunderland, 2019). Recent scholarship has begun to address the use of trauma-informed practices in community music contexts (Birch, 2021, 2024). Considering the diversity of community music settings, the needs of each program may be distinct (Veblen, 2007). Researchers have established the need for TIP for facilitators working with high numbers of known trauma survivors such as people who are incarcerated, refugees, unhoused populations, and survivors of violence, but there is less research about applying TIP to groups that attract the general population (Birch, 2024; de Quadros & Amrein, 2023).

Birch (2021, 2024) has noted the gap in research to address TIP in community music and suggested that organizations might thoughtfully adapt the initial five tenets of trauma-informed care as outlined by Falot and Harris (2008, 2009). Birch extended this assertion by recommending five additional themes for consideration by organizations who work with trauma-affected individuals: “expression and validation, connection, personal growth, positive social change, and healing” (2021, p. 150). Although not all community music ensembles are designed to be clinically therapeutic, researchers have

discovered that participant report experiences that align with those themes (Hallam et al., 2012). Organizations, facilitators, and directors that foster safe and supportive spaces to avoid re-traumatizing participants may create suitable and welcoming environments for individuals with trauma histories.

## **Conclusion**

The framework of contemporary trauma theory has provided the foundation for understanding and implementing TIP across disciplines, including possible applications in community music spaces. In this literature review, I have synthesized information from a growing body of interdisciplinary research to provide theoretical grounding needed to explore the intersections of trauma and community music ensembles. Directors, facilitators, and other community music organizers who understand ways in which trauma intersects with group music making can make informed decisions to benefit individuals they serve.

Modern trauma theorists have explored the ways that trauma can affect survivors, emphasizing multifaceted and complex physical, relational, and psychological impacts (Herman, 2022; van der Kolk, 2014, Porges, 2011). Scholars have drawn from neuroscience, psychology, and social justice frameworks to shape their understanding of sources and manifestations of trauma (Corrigan et al., 2011; Lanius, 2011; Maté & Maté, 2022). Modern researchers and theorists have highlighted systemic, relational, and somatic models which support the implementation of trauma-informed practices that prioritize safety, trust, collaboration, empowerment, and cultural responsiveness (Levine, 1997; SAMHSA, 2014).

Research shows that group music-making can be a powerful way to build community, connect, and improve wellbeing, but participation may also present challenges for trauma survivors (Birch, 2024; Langston, 2011; Wood & Ansdell, 2018). Trauma-affected individuals may have trouble fully engaging in group music spaces due to effects such as hyperarousal, disengagement, or emotional dysregulation. Models of TIP and implementation strategies from education, social services and music therapy may be adaptable for use in non-clinical community music environments such as community choruses.

This review of existing literature reveals a deficit of specific and actionable practices that may be applied to non-therapeutic adult community music ensembles such as community choruses. Examining existing models across sectors along with emerging frameworks may help identify strategies for developing TIP for community music ensembles (Arnold, 2025; Birch, 2024; Fallo & Harris, 2011). Researchers have argued the vital importance of centering equity throughout this work so that developing practices are aware, equitable, respectful, and inclusive (Thompson & Marsh 2022). A thorough understanding of trauma-informed practices may assist community ensemble organizers, facilitators, and directors in creating environments where trauma-affected individuals can thrive. Therefore, the study described in the remaining chapters was devised to generate more empirical findings to add to the body of knowledge for consideration by community music practitioners.

## CHAPTER THREE

In this chapter, I introduce and justify the methodological approach for this qualitative collaborative inquiry study which I designed to investigate the application of trauma-informed practices within adult community choruses. I restate the purpose and questions that guided the present study. I then articulate why a qualitative approach using the participatory action research method of collaborative inquiry was the most appropriate way to explore the intended research phenomena. I then explain my procedures for site selection, co-researcher selection, data collection, and data analysis.

### **Purpose of the Study and Research Questions**

The purpose of this study was to explore the application and efficacy of equity-centered trauma-informed practices in the context of adult community choruses. Through collaborative inquiry, the co-researchers and I investigated how we might use or modify established trauma-informed principles for use in our own community choral ensembles. In this inquiry, I sought to understand how adult community chorus singers are affected by trauma in the context of their ensemble. Additionally, I aimed to discover how directors might adapt existing trauma-informed methods for use in adult community choruses to create a more supportive environment for trauma-affected singers. The following research questions guided this study:

1. How did trauma and trauma symptoms affect the experiences of the adult community chorus members?
2. What practices did the directors and choruses already have in place that were in alignment with the tenets of trauma-informed practices?

3. How did the directors apply or inspire the tenets of trauma-informed practices over the course of the study, and/or how did they plan to do so in the future?

### **Qualitative Research**

Qualitative research is an exploratory and interpretive approach grounded in constructionism and interpretism (Creswell, & Poth, 2018; Denzin & Lincoln, 2018). Through a qualitative paradigm, scholars have sought to investigate phenomena within a bounded context to discover meaning within particular environments and circumstances (Stake, 1995). Qualitative researchers have considered the complexities and interconnectedness of phenomena rather than the isolation of variables for measurement (Denzin & Lincoln, 2018). In this study, I drew from methodologies that fall within or stem from both case study research and action research. In this section, I discuss relevant aspects of each of these methodologies and discuss why I have chosen to employ tenets from each.

### **Case Study Research**

Case study research is a qualitative methodology that uses deep and context-rich exploration of individuals or groups in real-world settings (Stake, 1995). This type of research is valuable for investigating the experiences within certain environmental or cultural bounds. This holistic approach allows researchers to consider data contextually, allowing for the interpretation of human experiences in an expansive rather than reductionist way (Denzin & Lincoln, 2018, Stake 1995). Case study research has been effectively used in both music education and social services, two sectors which have influenced the present study (Barrett, 2014; Priya, 2021).

In the context of this study, I used tenets of case study research during interviews and journaling. This approach allowed me to capture detailed personal narratives which explored both social interactions and organizational structures that shaped how trauma-informed practices were viewed and implemented. Readers of the study may use these accounts to produce naturalistic generalizations wherein they may find meaning and insight for similar contexts (Merriam & Tisdell, 2016; Stake, 2005).

### ***Instrumental Case Study***

An instrumental case study is a methodological approach wherein the case itself is not the primary focus but may be used to gain insight into a broader issue (Stake, 1995). Since the purpose of this study was to understand the need for and explore the application of trauma-informed practices, a case study design allowed for the exploration of experiences and practical implementation of trauma-informed approaches. The tenets of an instrumental case study approach aligned well with the research goals of this study, and allowed for in-depth explorations of specific, bounded populations to better understand how trauma-informed approaches may influence singers' experiences and ensemble dynamics.

### **Action Research**

Action research is a participatory methodology that researchers have used to explore real-world problems. Kemmis and McTaggart (2014) suggested that "action research aims to change practices, people's understandings of their practices, and the conditions under which they practice" (p. 59). This type of research uses cycles of planning that spiral through planning, implementation, and evaluation (Stringer, 2014).

Rather than a linear model with an intervention followed by a result, action research involves multiple cycles of reflection and modification. In this study, a professional learning community (PLC) of co-researchers undertook several cycles of collaborative inquiry and evaluation.

### ***Participatory Action Research***

According to Kemmis and McTaggart (2014), action research has been practiced across several fields since the early twentieth century, and it can therefore be found with several differences and under different names. This type of research involves “self-reflective collective self-study of practice” (Kemmis, McTaggart, & Nixon, 2014, p. 12). The authors asserted that a strength of participatory action research (PAR) is that participants, as insiders, have advantages when doing research within their own sites, work, and lives. PAR allowed for participants in this study to work within their own communities of practice, and to take advantage of existing relationships, shared language, and critical debate. Participants in PAR are often invested in their practice and can understand the conditions and consequences of their work.

PAR is appropriate for exploring the implementation of trauma-informed practices in adult community choirs because it actively involves stakeholders in the research process. PAR is collaborative, iterative, and action-oriented, so it may foster practical change in real time (Kemmis & McTaggart, 2000). Given that trauma-informed practices prioritize safety, empowerment, and responsiveness, a research methodology that engages participants as co-researchers aligns with these core principles.

### ***Collaborative Inquiry Research***

Collaborative inquiry was the primary methodological approach I used in his study. This approach allowed co-researchers to collaboratively investigate how trauma-informed practices may be applied within the specific circumstances of their own organizations, leadership structures, and pedagogy. According to Bray et al. (2000), “Collaborative inquiry involves partnership, engaged scholarship and humble inquiry in the process of organization development and change initiatives” (p. 1). The authors asserted that this is an ideal method of inquiry for organizations that undergo the need to change and grow. Additionally, they described the essential nature of collaborative inquiry that relates to questioning and development of ideas in real-time, as insiders grapple with their own organizational issues.

Cochran-Smith and Lytle (2009) advocated for collaborative inquiry in educational settings, emphasizing the importance of practitioners working to analyze not only the theory of their craft, but the insider view of practice. The authors noted the advantages of allowing active practitioners to work together to collaboratively add to educational research through inquiry, dialogue, and reflection. Cochran-Smith and Lytle additionally highlighted that the collaborative nature of practitioner inquiry is an essential component of this type of research and allows for practitioners to identify shared questions or issues and generate insights as co-researchers. During this study, the co-researchers engaged in collaborative questioning and reflection from our vantage point as insider practitioners.

**Collaborative Inquiry Cycle.** The participatory nature of collaborative inquiry uses a cyclical approach wherein researchers progress together through several stages to generate knowledge. Donohoo (2013) outlined a four-step cycle comprised of framing the problem, collecting evidence, examining evidence, and documenting, sharing, and celebrating. The co-researchers in this study were guided through several cycles inspired by tenets from participatory action research and collaborative inquiry during and in between each of our sessions. Chorus directors were encouraged to frame their experience as a co-creative exercise to explore, discover, enact, and analyze freely throughout the study.

**Professional Learning Communities.** A professional learning community is a structured and collaborative approach to professional development. PLCs are commonly used in education to solve problems and share knowledge, given that teachers can understand this knowledge by reflecting critically on their shared experiences (Vescio, Ross, & Adams, 2008). DuFour et al. (2016) defined PLCs as “an ongoing process in which educators work collaboratively in recurring cycles of collective inquiry and action research to achieve better results for the students they serve” (p. 10). In these settings, educators or professionals work together to reflect on and analyze their practice to improve outcomes (DuFour et al., 2016). Since none of the participating community chorus directors had governing organizations or direct supervisors to provide or require specific professional development, this type of self-driven inquiry was ideal for the present study. Action research, as carried out through the formation of a PLC, afforded the opportunity for participating directors to reflect on their own practice collaboratively

and to undertake the work of enquiry, reflection, and self-evaluation (Stoll et al., 2006).

### **Research Procedures**

For this study, I formed a PLC which used a collaborative inquiry cycle. The format of a PLC allowed for collaborative problem-solving environment, while the technique of collaborative inquiry established a useful format to frame this collaborative inquiry research. To establish a solid foundation for this study, I began selection of co-researchers to form a PLC. In this section, I outline the process used to select the participating community chorus directors as well as the criteria for choosing co-researchers. I selected participants from four different community choruses across the United States to ensure a diverse representation of demographics, chorus types, and geographic regions to add breadth to the data. In this section, I include details about site and participant selection, providing essential context for the collaborative inquiry process and subsequent data collection phases.

### **Setting, Participant, and Co-Researcher Selection**

Before recruiting participants for this study, I considered that the primary form of communication would be digital communications in the form of email and video calls. Without the need to visit rehearsals on site, I elected to recruit chorus directors from various areas, demographics, and chorus types. The findings from this study are not intended to be generalizable; however, I sought to understand diverse viewpoints and chorus experiences to develop a more robust understanding of the varied circumstances faced by the directors and choristers.

### ***Setting and Site Selection***

At the time of the study, I directed two community choruses of treble singers. One of them was affiliated with the Gay and Lesbian Chorus Association (GALA Choruses), and the other with Sweet Adelines International (SAI). Previously, I directed a men's chorus affiliated with the Barbershop Harmony Society (BHS). I set out to recruit directors from each of these organizations with the intent of having representation from different chorus types and director backgrounds. Each of these parent organizations has hosted educational events for directors, but none of the organizations are considered governing organizations. Therefore, the choruses in each organization have their own bylaws, training, cultural expectations, and requirements of membership. Whereas academic institutions may have required professional development, the directors of the choruses affiliated with these community organizations are not provided such learning opportunities, nor encouraged to enter into an independent inquiry to examine this type of knowledge. Consequently, none of the choruses of selected participants had a governing body to provide or encourage education about trauma-informed practices, nor were they guided to develop such practices.

### ***Co-Researcher Selection***

For recruitment, I sent initial invitations to participate to several directors that I had known in some capacity prior to this study. I set out to invite individuals who had demonstrated a willingness to improve their general practices, as shown by their participation in educational seminars. I sought out directors who were interested in learning about trauma-informed practices but were not experts in the topic. I also wanted

to enlist participants from different personal demographics, in addition to various chorus types and constitutions. To do this, I posted about my study in social media groups for chorus directors. I aimed to recruit directors who would be likely to contribute reliably and collaboratively to a professional learning community. During the time I designed the study, I learned that a chorister in a participating community ensemble was a clinical psychologist specializing in trauma. After speaking with her casually, I elected to invite her to join the study and attend our group meetings to add insight and additional resources from the perspective of a trained clinical professional so that our PLC could better conceive of ways to adapt trauma-informed practices to the community chorus setting.

Four chorus directors and one psychologist agreed to participate in this study in a professional learning community as co-researchers. For clarity, the term “co-researchers” will refer to the four directors and the psychologist, while “directors” will refer to only the participating chorus directors in the PLC. I was the lead researcher for the study, but as co-creators of knowledge and facilitators of chorus data collection, have chosen the egalitarian title of “co-researcher” for my colleagues in the PLC. Each co-researcher selected or was given a pseudonym for themselves and as well as for their chorus. The demographics, relevant experience, and backgrounds of the directors and choruses are given here.

Ari (they/he) was the Artistic Director of Vocal Blend, a high-level, competitive, mixed voice barbershop chorus. The chorus used a contemporary approach and a diverse age range of singers from their early 20s to their mid 70s. Vocal Blend explicitly

welcomed singers of all gender identities and expressions and was located within a major metropolitan area. The culture of the chorus was deliberately inclusive and egalitarian, and leaders and members strive to create a welcoming environment with open communication and caring. Ari described themselves as a White nonbinary director who was in their thirties with a full-time career outside of music.

Tara (she/her) was the director of Tapestry, a large feminist chorus with affiliations to the LGBTQ+ choral movement and a high percentage of LGBTQ+ members. The chorus had been designed around a core identity to represent and amplify an authentic voice. According to Tara:

Tapestry has a predominantly older membership; visibility and voice of older women is an aspect of the activism of the chorus. Concerts are offered as soul nourishment and described as attempts to meet the moment helpfully. The chorus is described as a women's chorus and is open to all who can sing in the SSAA range and who would find the community simpatico and supportive.

Tara self-identified as a White woman in her mid-60s who had retired from all of her other professional roles. Tapestry was in a mid-sized city near a university and close to nature—this proximity impacts both the community and the chorus environment by centering open discourse, education, and honoring surrounding natural spaces.

Clara (they/she) was the assistant director of Metropolitan Choruses United comprised of both a treble choir and a tenor bass choir. The two choruses had a combined membership of over 100 voices and were both affiliated with the Gay and Lesbian Association of Choruses (GALA Choruses). The choruses Clara directed had a broad age

demographic, with most singers in their forties and fifties. Most of the chorus members were part of the LGBTQ+ community. The group is close to a large city, and had some racial diversity, though not fully representative of the surrounding demographics, as a majority of singers are White. Clara was identified as a Latinx, female presenting, nonbinary full-time director, teacher, and musician in their early thirties.

Sílvia (she/her) was a clinical psychologist who sang in one of the community choruses represented in this study. She self-identified a bilingual woman of color and a naturalized United States citizen in her late forties, originally from Portugal. Sílvia was new to singing in community choruses, having sung with one of the participating choruses for around one year, and was a practicing licensed marriage and family therapist.

Jamie (he/him) directed two choruses. The Northwoods Community Chorale is a mid-sized mixed voice choir comprised of singers who are fifty and older. Lake Chordsmen was a traditional men's barbershop chorus with approximately twenty-five singers. Jamie was identified as a White man in his late forties that worked professionally outside of music for his primary vocation. Both of these choruses serve suburban and rural memberships and are located about an hour from a major metropolitan city.

**Co-Researcher Well-Being.** As I contacted potential co-researchers for this study, I asked each candidate to consider their emotional capacity to be able to spend several months grappling with the manifestations of trauma in their chorus settings. I disclosed that the nature of the conversations may be triggering, and that I would be asking the group to establish some norms of communication and participation in the

event of individual emotional flooding—emotions that overwhelmed their nervous systems—or other similar psychological discomforts. Prior to any meetings, I provided each co-researcher with a briefing document in the form of a Co-Researcher Guide (Appendix D) that explained the study, listed resources, and shared the basics of trauma-informed practices that have been used in schools and social services. This document included suggestions about how we, as co-researchers might care for ourselves and one another as we worked through challenging subject matter together. I incorporated check-ins at the beginning and end of each individual and group session to build awareness and trust. As I contemplated the needs of the PLC, I drew ideas from the six guiding principles of trauma-informed care: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues (SAMHSA, 2014). Details of the study undertakings, PLC meeting, and reflexive adjustments that were made during the study will be described further in the next chapter.

### **Study Procedures**

This collaborative inquiry study took place in two phases. In phase one, after an introductory meeting, chorus directors administered questionnaires to their choristers so that our professional learning community could better understand to what extent and in what ways trauma was affecting the experiences of singers in their groups. These questionnaires were anonymized so that directors would not know personal or sensitive information about their chorus members. During the second part of phase one, I interviewed each chorus director about their knowledge and understanding of the

manifestations of trauma as it related to the experiences of their singers and the policies and procedures of their organizations. In phase two, I facilitated four collaborative sessions with the four directors and the psychologist. These took place every two weeks with a goal of discovering how directors might incorporate trauma-informed methods into their work. At each session, they reported and discussed their experiences of implementation.

### **Data Collection**

Data collection for this study consisted of individual semi-structured interviews, questionnaires, semi-guided group discussions, and journaling. By incorporating a variety of data collection methods, I sought to develop a broad and deep understanding of the perceptions of both choristers and chorus directors regarding the intersection of trauma and community chorus experiences. Data from chorister questionnaires helped inform group discussions in the professional learning community, as we were able to explore situations and individuals in each of their ensembles, while maintaining singer anonymity.

### ***Phase One***

Phase one served to orient co-researchers to the study and provide instructions to gather information from their choristers. Co-researchers were given instructions to ask their chorus members to complete the study questionnaire (Appendix E). The purpose of this questionnaire was to provide specific data points and stories of lived experiences of individual singers within the context of specific chorus environments. Having these perspectives recorded allowed our professional learning community to work with

concrete examples of issues we wanted to discuss and address, rather than working with abstract ideas of what might be happening in choral ensembles in general. To increase chorister participation, I recommended that directors send the survey during rehearsal and schedule time for members to complete the questions while in rehearsal. Since some of the questions ask for personal information, the directors and I talked about ways they might encourage singers to complete the questions. The questionnaire was created and administered using Qualtrics to ensure anonymity when required, and it provided me with important data points for analysis across and within choruses and demographics.

### *Phase Two*

In phase two, I interviewed each of the chorus directors to better understand their experiences of recognizing and interacting with trauma-affected singers in the chorus setting. Interviews were guided by open-ended questions in a semi-structured interview (Appendix F). The questions were open-ended to allow the directors to share their own stories that carried complexities which strengthened the depth and nuance of each situation. Seidman (2006) posited that such stories, brought out through interviews, are commonly used in anthropology, but are also fitting for educational research. Seidman posited that sharing the details of a lived story allows for reflection, making sense and meaning of the experience. Interviews were documented via video and audio recordings using Zoom, and backup audio recordings were made on an iPhone voice recorder app so that I could re-visit and analyze the data later while staying fully present during the interview process. At the conclusion of each interview, I created transcripts and took notes to aid in data analysis. Once I had completed interviews with all four directors, I

analyzed transcripts thematically (as described below) to assess commonalities and differences. These initial interviews helped guide my facilitation of the initial discussions that took place in phase three.

**Additional Data Sources.** To gain a more complete understanding of how trauma may impact chorus singers, I invited three trauma therapists who sing in choruses I direct to a casual meeting that took place prior to PLC meetings. I explained a brief history of the use of trauma-informed practices in education as well as the aims of my study. The purpose of this meeting was to create an initial list of ideas that I might use while facilitating the professional learning community discussions. Additionally, I wanted to expand my own awareness of how trauma and community music making intersect by listening to trained trauma-informed professionals who also sing in community choruses. I created an audio recording of the session and took field notes. I created a transcript and reviewed it with the notes to help guide my initial session with the co-researchers.

### ***Phase Three***

The co-researchers participated in four semi-guided group discussions during phase three. We met together every two weeks, and I facilitated conversations to allow the directors to share what trauma-informed tenets they were working to incorporate, as well as how the trauma-informed decisions and actions were received by chorus singers or leadership, if at all. Sílvia, the psychologist in the PLC, attended each of these discussions to add insight and ask additional questions to help elucidate processes, behaviors, or questions that the directors and I may not have otherwise considered. During group discussions, directors and I shared chorus experiences since our previous

meetings as well as reflections on current and past chorus practices. Each PLC member identified existing practices that were supportive of TIP as well as areas that each chorus might be able to change or grow to be more trauma-informed.

**Journaling.** The co-researchers were encouraged to keep a journal throughout the study to record their observations, struggles, and questions through both free and guided writing in order to reflect on their practice, facilitate emotional processing in between meetings, promote transparency, and encourage critical self-reflection (Ortlipp, 2008). Once the study began, the directors found that this task was too cumbersome, so they each came up with different ways to take personal notes, find time to review tasks, or send emails with their thoughts and questions. Directors were asked to report their implementation plans during PLC meetings. Directors were asked to share their thoughts from after rehearsals or other encounters wherein they employed trauma-aware actions or held related administrative discussions. At the end of the study, co-researchers were invited to record and share their final thoughts with me by email or live conversation, responding both to prompts I developed as well as offering their own thoughts.

### ***Data Storage and Security***

In consideration of the need for confidentiality, all data, including my own notes, interview and group session recordings, transcripts, and questionnaire responses were stored on either an encrypted hard drive or an encrypted online drive. Raw data was only available to the lead researcher, and any data shared with the co-researchers was anonymized and presented with care to avoid any possible identification. Conversations took place on Zoom or in person and were recorded and transcribed digitally with no use

of hard copies. All data was stored in compliance with institutional guidelines and ethical standards.

### **Study Timeline**

The following was the timeline of this study, which took place over three months. Participants were given a detailed description and expected timeline before confirming their participation in the study. A complete description of the components of the timeline can be found in the co-researcher guide, found in (Appendix D).

- *Pre-study*: Identification of interested participants, information sharing, scheduling.
- *Week 1*: Orientation meeting.
- *Week 2 and 3*: Individual Interviews and Questionnaire
- *Week 4, 6, 8, 10*: PLC Meetings
- *Weeks 11–12*: Follow-up and final correspondence

### **Data Analysis**

According to Creswell and Creswell (2023), qualitative researchers may use study data collected through exploratory inquiry to build from specifics into themes as the researcher interprets the data. Merriam (2009) stressed that qualitative analysis requires researchers to systematically categorize data in alignment with the study's framework to answer research questions. Data from participants in this study were used in a systematic and iterative approach to ensure the reliability and trustworthiness of findings. Following data collection, I employed coding and analysis procedures recommended by Saldaña (2021) including a structured coding process of initial coding, pattern coding, and

thematic analysis which I describe in detail in the Coding section below. Stake (1995) emphasizes the important of recognizing multiple realities within qualitative case studies. Retaining the complexities from the stories of co-researchers and their choristers helped ensure that diverse perspectives were acknowledged and explored. Throughout the process of data analysis, I noted areas that required further investigation, which allowed for flexible and responsive data interpretation.

### **Trustworthiness and Reliability**

The nature of qualitative research is such that complexities are inherent. Without a goal of establishing objective truth, but recognizing the necessity of trustworthiness, researchers have devised methods to enhance the credibility of their interpretations (Merriam, 2009; Stake 1995). A qualitative study is determined to be trustworthy when its methodological rigor has been ensured. Glesne (2016) described several trustworthiness strategies appropriate to qualitative research and noted that it is important to consider and use multiple strategies so that the study will be “more than anecdotal” (p. 152). The current study used several such strategies including triangulation, multiple sites, multiple respondents, debriefing with a supervisor, and member checks to ensure that data and interpretation is presented as intended.

### ***Triangulation***

Case study researchers use triangulation to enhance the reliability of findings by integrating different perspectives, methods, or sources (Stake, 1995). Triangulation may contribute to “more complex perspectives” (Glesne, 2016, p. 152) within qualitative research. Stake (1995) outlined four key types of triangulation that may be used to

enhance validity and reliability in case studies. These four methods include triangulation of data sources, investigators, methodologies, and theory. These techniques allow researchers to take in a more comprehensive view. For this study, I used data source triangulation, collecting data from multiple sources including interviews, journal entries, group discussion, and questionnaires.

### ***Interview Description and Transcription***

In phase two of the study, I interviewed participating chorus directors to understand their perspectives about their awareness of manifestations of trauma in their chorus spaces (Appendix F). I sought to discover what they noticed about the behaviors of their singers and if they were able to identify moments where choristers may have been trauma-affected in a way that impacted their chorus experiences. This interview took place after the initial onboarding meeting so that directors had a solid understanding of the study and had spent some time learning the key concepts of trauma-informed approaches in non-clinical settings. I transcribed the audio from each interview and noted any relevant non-verbal communication in the margin comments to more fully capture nuance and context. I used data generated from these verbatim transcriptions combined with my observations to create a list of topics to cover in the semi-guided PLC discussions.

### ***Member Checks***

Member checks were used in this study to enhance the credibility and trustworthiness of findings by ensuring that participants had the opportunity to review and verify their contributions (Lincoln & Guba, 1985). Merriam (2009) stressed that it is

important to involve participants in the validation of data, and that participants should be able to recognize their own experiences in the interpretations thereof. To achieve this, I gave each director the opportunity to review their interview transcripts so that they might verify the accuracy of their statements and provide clarification or context as needed. Given the sensitive nature of discussing trauma in community chorus settings, I invited directors to indicate any portions of their responses that they preferred to keep confidential. This validation and approval process strengthened the reliability of the data and reinforced trauma-informed approaches within the study of safety, trustworthiness and transparency, and empowerment, voice, and choice.

### ***Role of the Lead Researcher***

In qualitative research methodology, researchers have the fundamental task of data collection and interpretation. In this role, it is imperative that researchers consider and reflect on their own personal biases that may influence the interpretation of the study (Merriam & Tisdell, 2016). A researcher can increase the trustworthiness of a study by engaging in reflexivity to understand the ways in which their own background and perspectives may shape their study design, interaction with participants, or interpretation of data (Creswell & Poth, 2018; Finlay, 2002). Lincoln and Guba (1985) maintained that qualitative researchers should strive for transparency of their positionality to bolster the trustworthiness of a study. In this study, as I served as lead researcher, I employed reflexivity to examine my own biases and understand how my positionality may have influenced interactions, data collection, analysis, or interpretation. Throughout the study, I aimed to center the experiences of the co-researchers and their choristers to ensure that I

retained a focus of understanding and interpreting their lived experiences.

**Researcher Bias and Reflexivity.** To maintain transparency of lead researcher biases, in this section I disclose and reflect on my own positionality that may have influenced aspects of the study such as the design, analysis, or interpretation. As a community chorus director, I am deeply interested in the topic of the intersections of trauma and community music. I carry my own trauma history from life experiences both in and out of music which influences my view of the topic. Additionally, I have witnessed several trauma-affected individuals struggle with triggers, emotional safety, and behavior in musical groups that I have directed, which created a subjective foundation before I began the formal study of these phenomena. Through engagement with a reflexive process, I aimed to examine and mitigate any discrediting influences of my own biases.

“When it comes to practice, the process of engaging in reflexivity is perilous, full of muddy ambiguity and multiple trails.” (Finlay, 2002). As I grappled with developing a reflexive practice, I was guided in part by Finlay’s (2002) suggestions of reflexivity as introspection, intersubjective reflection, mutual collaboration, social critique, and discursive deconstruction. I recorded my thoughts using my iPhone notes app as well as in voice memos that I reviewed and contemplated before each meeting. This deep level of reflection allowed me to examine my own perspectives, search for unconscious motivations, and explore how my positionality interacted with the individuals and subject matter of the study. I aspired to use this information to broaden my awareness of my own influences throughout the process.

**Researcher Well-Being.** Trauma researchers have conveyed the physical and mental burden that living with trauma can have on a person (Herman, 2022; van der Kolk, 2014). As a person with a history of trauma who works in community music, dedicating myself to an in-depth study of trauma in environments similar to my own workplace was both exciting and daunting. There was a high probability that I would need to manage my own nervous system and be aware of when I might be pushing out my zone of tolerance (Siegel, 1999). Following the first guiding principle of trauma-informed methods, I aimed to center my own safety and well-being during my dissertation development and research process. This was both to ensure my own comfort and to have interpersonal resources available to help co-regulate the nervous systems of my co-researchers when conversations became challenging (Porges, 2014).

As I prepared wellness materials for my co-researchers, I took stock of my own resources to reflect on how I might manage my own well-being. I set some goals for myself that included the following actions and activities: (a) continue appointments with my own trauma therapist every two weeks (b) commit to walking or hiking outdoors most days (c) use timers when writing to ensure I took breaks for movement, food, and water (d) check in regularly with my peer support group from my cohort.

### **Coding**

Once member checks were completed, I proceeded with a systematic coding process, following Saldaña's (2021) structured coding techniques to organize and interpret the data. During my first round of coding, I used eclectic coding to capture as many diverse descriptors as I could. This elicited 40 initial code phrases such as "growth

and change,” “clarity of identity,” and “formal system.” During the second round of coding, I identified themes using aspects of process coding and concept coding. Process coding led to codes such as “learning” and “questioning,” while concept coding helped me to identify patterns such as “challenges of implementation” and “group collaboration.” Using these coding methods allowed me to find themes that specifically aligned with several tenets of TIP, as well as concepts that span multiple areas of TIP.

### **Ethical Use of Artificial Intelligence (AI)**

During the writing process, I made limited and ethical use of AI, specifically Chat-GPT and Terrier GPT, to support structural organization, editorial feedback, and resources searches. No direct quotations from AI were used in this manuscript, and all scholarly sources cited in this dissertation were independently searched and verified. This use of AI allowed me to test and assert my own ideas in comparison to publicly available knowledge about trauma, community music, music therapy, and music education. All final written content is my own creation.

### **Conclusion**

In this chapter, I have outlined the methodological framework used in this study. Given the complex effects of trauma on individuals and group dynamics, a qualitative approach was appropriate to capture the depth and nuance of participants’ experiences. In this study, I drew from elements of case study and participatory action research to create a collaborative inquiry cycle in the form of a PLC. This approach afforded the participating directors the opportunity to examine how existing tenets of trauma-informed approaches may be applied within the choruses they direct. The methodological design of

this study was grounded in contemporary trauma theory and equity-centered trauma informed practices. This guided each aspect of the study into alignment with trauma-informed approaches and ensured that co-researchers worked together with one another and their choruses in a manner that was ethical, relevant, and impactful. The iterative and participatory nature of the PLC positioned co-researchers as active participants who engaged in reflection, adaption, and collaborative creation of knowledge. This methodological approach was designed to generate meaningful insights into how trauma-informed practices might be effectively adapted and implemented in adult community choruses. In Chapter Four, I will present a detailed analysis of findings generated by the data from the chorus surveys, director interviews. I will discuss the findings of the PLC meetings in Chapter Five.

## CHAPTER FOUR

In this chapter I first present the findings from phase one, which includes chorus member survey data and individual PLC member interviews. I then present phase two findings, comprised of data generated through the collaborative inquiry process by co-researchers. I aim to provide enough context to capture the intent and impact of each narrative experience — guided but not limited by my research questions. I have included direct quotes, vignettes, and edited dialogue to capture the organic trajectory of the PLC member’s journey through the study process. The purpose of this study was to explore directors’ understandings about equity-centered trauma-informed practices and explore potential applications thereof in the context of the adult community choruses they directed. All published names of individuals and organizations are pseudonyms.

### **The Collaborative Process**

Through collaborative inquiry cycles marked by PLC meetings, the co-researchers and I investigated potential applications, extensions, and challenges of using existing models of trauma-informed approaches in adult community choruses. The meeting cycles allowed PLC members to discuss ideas and concerns, return to the field to workshop and trial, then return with new insights to shape the direction of the next cycle. I lightly facilitated meetings to allow co-researchers an egalitarian access to flow and discussion while gently guiding the topics to ensure cohesive relevance. The approach allowed PLC participants to exchange ideas in a trusted community of peers in a space where open dialogue, questions, and generative suggestions were encouraged. Co-researchers had the opportunity to solve problems, share their own wisdom, and co-construct new knowledge

(Creswell & Creswell, 2017; Vescio, Ross, & Adams, 2008). This type of action research allowed PLC members to self-evaluate and reflect in a collaborative environment (Stoll et al., 2006).

### **Coding Method**

I employed several types of coding throughout the study as recommended by Saldaña (2021). My initial pass of coding used eclectic coding to broadly capture themes as they emerged without overly constrictive guidelines. As the study progressed, I used concept coding, a procedure used to identify and label initial themes and abstract ideas, as well as process coding, a technique used to succinctly describe or label actions or processes that contributed to a deep understanding of the data. To best capture the creative, artistic, and often esoteric nature of the discussion, I freely moved between coding methods to make best sense of the data.

### **Pre-Study Self-Orientation and Exploration**

As I prepared for the formal study, I elected to reach out to three mental health providers that sang in my choruses to join me at a casual meeting at a local coffee shop. Each of these singers had formal education in trauma, and were excited to share their knowledge and have constructive dialogue about the intersection of trauma and community chorus participation. My intent was to allow for free-flowing conversation so that I might open my mind to their unique perspectives as both therapists and singers. This meeting allowed me to consider several topics that may have not otherwise been at the forefront of my mind. The following are key points, themes, and questions that came out of that meeting. Although these did not influence my research questions, they were

provocative to understanding the multi-faceted aspects of how a director's view may differ or converge from that of a chorus member or participating mental health professional.

- Do directors understand nervous system regulation?
- Do directors feel empowered to aid in co-regulation of chorus members' nervous systems?
- How might the background training or other musical experiences of a director add or detract from their ability to understand and implement TIP?
- What responsibilities do directors have in and out of rehearsal to ensure the emotional safety of choristers?
- What responsibilities are beyond the influence of chorus directors or need to be co-created by others?

### **Phase One: Interviews and Survey**

During the first phase of the study, I conducted a semi-structured interview and information session with each of the initial five PLC participants (Appendix F). These conversations allowed me to develop an understanding of the background knowledge of each participant as well as the general culture, standards, and operating procedures of each chorus. During these individual sessions, in addition to asking questions of PLC participants, I shared more about the history and tenets of TIP and answered questions so that each PLC member had a more complete understanding of various uses of TIP and could be prepared in their role as co-researcher.

The second half of phase one was completion of the study survey by members of each participating chorus. Participating directors sent a link to the survey to singers in the choruses they direct. Each chorus had a unique link, so answers could be viewed within the context of each organization; however, individual answers were anonymous, and no identifying personal data were collected. The primary goal of the survey was to gain an initial understanding of how trauma affected the experiences of singers in adult community choruses. Additionally, questions in the survey were designed to allow respondents to share their experiences related to their sense safety and belonging. Data from the surveys helped our PLC to consider perceptions, backgrounds, understandings, as well as general trauma histories of chorus members to guide our discussions.

Next, I present a profile of each PLC participant along with their respective choruses to convey background knowledge, chorus culture, and existing connections to the topic of trauma-informed practices. I then offer findings from the interviews and surveys detailing relevant themes that emerged from individuals and groups. Finally, I conclude my presentation of phase one findings by giving an overview of survey data collected from each chorus.

### **Tara and Mosaic Chorus**

Tara (she/her) was the director and founder of Mosaic Chorus, a 120-voice women's chorus in a medium-sized city that had been in existence for over twenty years. Mosaic was affiliated with both GALA Choruses and Sister Singer's Network (GALA Choruses, n.d.; Sister Singers, n.d.). Tara reported that although they did not have demographic information, most of the members of the ensemble identified as part of the

LGBTQ+ community. This progressive, feminist chorus was described by Tara as rooted in intentionality and community, centering the healing power of music.

In the first four interview questions, I asked Tara about her knowledge of how trauma manifests in adults, how trauma-affected singers may show signs of trauma in chorus spaces, how it might affect their experiences, and whether she believed she had observed behaviors indicative of trauma. Although Tara readily admitted, “I don’t know what I don’t know,” she was well-read and highly intuitive, and was able to share several examples of what she believed to be manifestations of trauma during rehearsals. The following is a vignette of a rehearsal experience that Tara believed to be trauma-related.

*Beverly seemed to have severe and obvious trauma. She is well-liked, but very high-maintenance due to her issues. “She’s very smart, she’s very committed, and she just makes a mess for herself. . . I’ve watched her just be sort of frozen. I’ve watched this sort of intensity, the spiraling of mental process that she does.” Her train of thought bounces around and she is just scattered. The other singers care about her, but sometimes keep their distance because her behavior is so intense that it’s easy to get sucked in. She has trouble communicating. One day, Beverly came to rehearsal under severe stress and could not regulate herself. Her behavior snowballed through the course of the rehearsal and culminated with her getting frustrated, shouting, and throwing one of her personal items across the room. The whole room was, of course, affected, triggering other people in the process.*

*I ultimately asked Beverly to take the rest of the season off and suggested that maybe she shouldn’t have come to rehearsal that day. In retrospect, I may have handled*

*it differently, but it's hard to know what to do at the time. Many of my singers are self-aware, and knew they were being triggered when the outburst happened – one singer had past abuse, and she said a lot of feelings came up in that moment. I've had difficult times in rehearsals before, but never a blow up quite like this one. That day, I let other people handle it. I was focused on some challenging personal things myself, and there were others in the room equipped to help, "some of them professionals, some of them [were] highly skilled amateurs." At that moment, I needed to stay in my lane and "take care of the chorus, and honestly myself. I needed to set a boundary to take care of myself and the whole. We can't fix every situation, and not everybody . . . she needs to take some responsibility for getting . . . help."*

The cultural climate of Tara's rehearsals was generally vulnerable, compassionate, and open. Throughout her career, she had found choruses to be a beautiful extended community where there can be space for people to heal. But following this dramatic situation, Tara became firmer in her belief that there needed to be boundaries so that the good of the whole can be cared for. One person's dysregulation took away the emotional safety of many singers. Even so, Tara stated that the chorus was full of people who were "ready to testify to the healing power of singing." She continued to explain that this event was an outlier, and that many of the singers in Mosaic had known trauma histories, but they weren't presenting problems for other people, and that to the contrary, she believed their musical community has helped them with post-traumatic growth.

Tara shared that several years ago, one of the chorus singers committed affinity

fraud, and act in which a perpetrator preys on and defrauds others within a trusted group. This was shocking and traumatic for many chorus members. The groups handled it by having some “talking circle” sessions where members could open up transparently and talk through their feelings. At that time, one of the singers shared with Tara that “the chorus [was] functioning in a pretty trauma-informed way.” Tara had not heard the term trauma-informed before then, but looked it up and realized there were indeed many ways the chorus was supporting members through transparency, communication, and peer support. Tara shared that following this event, she tried to “keep the light on and keep the air moving” so that the experience and feelings wouldn’t “get stuck in the dark pockets.” The theme of reparation after stressful times has proven to be important to their chorus culture.

Throughout our conversation, Tara exhibited an innate sense of knowing what constituted trauma-informed practices without having been formally trained on the topic, and was able to identify aspects of chorus culture that were in alignment with such practices. When I asked if she had any rules, policies, or procedures that supported this positive culture, she shared that it was just the way she runs things, and most of it has not been written down. One of the singers had recently said, “I call your leadership style ‘collaborative autocracy’ . . . and it’s because you . . . create a really safe space.” Tara added that it was really a “caring collaborative autocracy.” Additionally, she had worked to create clarity about what the organization was and was not through several avenues, including a guiding orientation document that singers received during new member signups. She admitted that the organization did not have written policies that would

outlast her. “It’s very organic, I mean . . . my two favorite words are organic and flow.”

During the interview process, I asked directors if they could identify any existing practices that aligned with trauma-informed tenets. Tara shared that she has strived to act with transparency. She recognized that the decisions she has made impacted people, and “even if somebody doesn’t agree with me, at least they understand how it is I came to that decision.” Tara pointed out that there can be a power imbalance between a director and singers, but recognized that a lot of singers in Mosaic were also her friends. She had worked hard to invite feedback and believed that the singers were both “peers in life and in the chorus.” She regularly invited singers to share their viewpoints, both directly and through group conversations in their email chat lists, strengthening their sense of empowerment and voice as well as peer support. She also invited and expected singers to “show up in an evolved, mature way.” Tara has drawn a boundary with singers to indicate that they had a responsibility to show in a conscientious and willing manner, which helped her maintain peace and do her job effectively and with care.

Tara spoke about balancing decision-making with listening to the feedback of the choristers in Mosaic. She commented, “if something matters to me artistically, I’m maintaining control of this decision.” She explained that one aspect of her role as director was to offer her clear expectations, and that a role of the singer was to be supportive and open to the director’s ideas. She maintained clear leadership boundaries and was deliberate in her choices. “I’m pretty thoughtful. I’m pretty introspective . . . I feel like I really interrogate myself a lot [and] play devil’s advocate.” This allowed her to feel confident in her decisions and be clear with her responsibilities, such as decisions about

repertoire or chorus activities.

Tara's journey to clarity in her role as director was shaped over a lifetime of reflection, including changes brought by recent events. She contemplated both her own growth as well as the women she has known in her life, "I love older women. I love the aging process, you know? I love being in a chorus where you're all kind of witnessing and supporting each other." Regarding her own aging, she continued, "Women just get more and more empowered, and more and more clarity." Tara shared that when her partner was diagnosed with cancer one year into the COVID-19 pandemic, she extended the hiatus with Mosaic, holding off on chorus business and meetings. During her journey as a caregiver, Tara experienced "profound" changes which "called [her] into a more authentic presence." She became aware of having a "director persona" with "director armor" and said that her own post-traumatic growth dictated that she show up authentically – without the persona or the armor. That also meant that she expected her singers to show up with support, to help the director do the best job she could, and help the chorus be the best it could be. If the chorus expected her to be vulnerable and authentic, her expectation was that they would help co-create a space of respect and community.

### **Mosaic Chorus Survey**

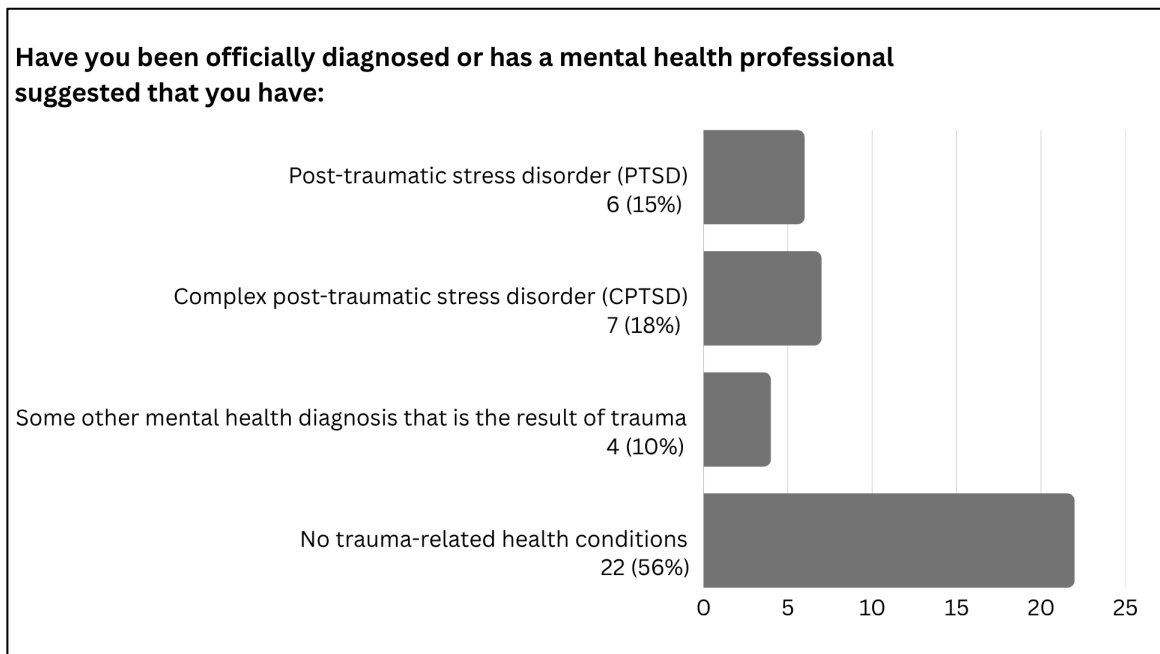
Forty-five Mosaic Chorus singers submitted survey responses (Appendix E). Respondents were aged 42–79 with a median age of 62.5. All members who reported their race or ethnicity listed White or Caucasian, and four of those listed additional identities of Jewish, Italian, or Native American. Chorus members were asked to reflect

on their own experiences as part of choral ensembles, not limited to but including experiences with their current chorus. Choristers largely reported that they were mostly or fully aware of their own emotional and physiological states at chorus events.

Chorus members were asked two questions about their trauma-related mental health status. Their responses demonstrated a high incidence of trauma-related diagnoses or presumed mental health conditions within this population. These data are detailed in Figures 3 and 4.

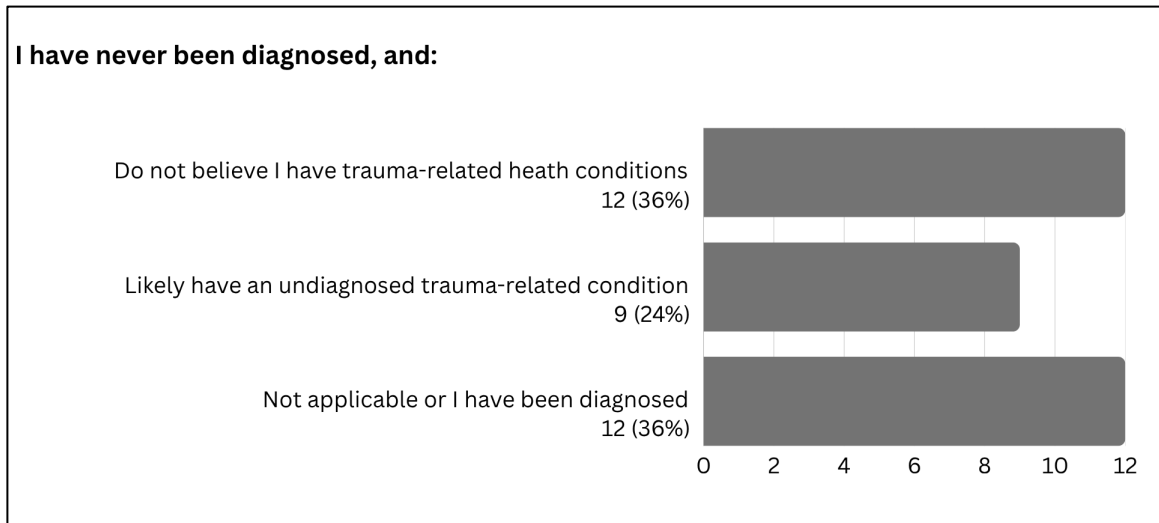
**Figure 3**

*Mosaic Trauma-Related Diagnoses*



**Figure 4**

*Mosaic Self-Reported Undiagnosed Trauma-Related Conditions*



Several chorus members reported that they have experienced the effects of trauma that made it challenging or impossible to engage while at chorus events one or more times. Over half of respondents from Mosaic stated they had witnessed another chorus member act out or shut down during chorus one or more times. These findings inform first research question, “How did trauma affect the experiences of participating adult community chorus members?” Chorus members noted the impacts of trauma they perceived within themselves or others in the group. Notably, over half of respondents indicated that experiences at chorus brought up past traumatic memories or feelings. Table 2 contains a summary of survey findings relating to trauma and chorus participation.

**Table 2*****Mosaic Survey Responses – Trauma***

<b>Question</b>	<b>Regularly</b>	<b>A few times</b>	<b>Just Once</b>	<b>Never</b>	<b>Unsure</b>
Have you ever experienced a time when you felt emotionally or physically out of control because of experiences at chorus?	0 (0%)	11 (25%)	3 (7%)	28 (64%)	2 (5%)
Have you ever experienced a time when you felt emotionally or physically out of control at chorus because of experiences or circumstances outside of chorus?	3 (7%)	16 (36%)	3 (7%)	21 (48%)	1 (2%)
Have you ever had a musical experience in chorus that prompted you to shut down, act out, or fight back (or feel like you might want to)?	0 (0%)	12 (27%)	2 (5%)	29 (66%)	1 (2%)
Have you ever had a non-musical experience in chorus that prompted you to shut down, act out, or fight back (or feel like you might want to)?	0 (0%)	17 (39%)	7 (16%)	19 (43%)	1 (2%)
Have you ever witnessed a chorus member shut down or act out during a chorus activity? Acting out may include yelling, angry outbursts, or defiant behavior.	0 (0%)	10 (23%)	26 (59%)	7 (16%)	1 (2%)
Have you ever felt unable to engage at chorus because of previous traumatic experiences?	0 (0%)	11 (26%)	3 (7%)	27 (63%)	2 (5%)
Have you ever had an experience at chorus that brought up past traumatic memories or feelings?	0 (0%)	23 (53%)	6 (14%)	11 (26%)	3 (7%)
Have you ever had an experience at chorus that created new traumatic memories or feelings?	0 (0%)	3 (7%)	2 (5%)	37 (88%)	0 (0%)
Have you have had an interaction with a leader at chorus that triggered past traumatic experiences?	0 (0%)	3 (7%)	4 (9%)	34 (79%)	2 (5%)

Additional survey data correlated with trauma-informed tenets such as safety and cultural, historical, and gender issues. Respondents from Mosaic reported a high degree of safety in their chorus experiences, with a few instances of marginalization, bullying, or lapses in safety. Survey responses shown in Table 3 may provide insight into the culture of safety and belonging in Mosaic Chorus.

**Table 3**

***Mosaic Survey Responses – Safety and Belonging***

<b>Question</b>	<b>Regularly</b>	<b>A few times</b>	<b>Just Once</b>	<b>Never</b>	<b>Unsure</b>
Have you ever felt bullied or belittled at chorus?	1 (2%)	5 (11%)	5 (11%)	31 (70%)	2 (5%)
Have you even had an experience at chorus where you felt shamed or belittled for aspects of yourself such as gender expressions, body size, religion, sexuality, race?	0 (0%)	1 (2%)	0 (0%)	40 (93%)	2 (5%)
Have you even had an experience at chorus where you felt unwelcome or ostracized due to aspects of yourself such as gender expressions, body size, religion, sexuality, race?	0 (0%)	2 (5%)	0 (0%)	41 (95%)	0 (0%)
Have you ever felt disrespected or unwelcome because of core aspects of who you are (race, ethnicity, religion, gender, gender expression, sexual orientation, disability, age, body type, etc.)?	1 (2%)	5 (12%)	1 (2%)	36 (84%)	0 (0%)
Have you ever felt discriminated against or unsafe because of the actions or words of leaders at chorus?	0 (0%)	1 (2%)	0 (0%)	40 (95%)	1 (2%)
Have you ever felt discriminated against because of the actions or words of other chorus members?	0 (0%)	2 (5%)	1 (2%)	36 (86%)	0 (0%)

Have you ever felt unsafe because of the actions or words of other chorus members?	0 (0%)	2 (5%)	6 (15%)	31 (76% <del>%</del> )	2 (5%)
Have you ever felt unsafe because of the actions or words of other chorus leaders?	0 (0%)	1 (2%)	1 (2%)	39 (95%)	0 (0%)
Have you ever felt unsafe voicing your opinions about chorus policies or music?	0 (0%)	6 (15%)	0 (0%)	33 (80%)	2 (5%)
Have you ever felt discriminated against or unsafe because of chorus policies?	0 (0%)	0 (0%)	0 (0%)	42 (100%)	0 (0%)
Have you ever felt pressured to participate in a way that felt physically or emotionally unsafe?	0 (0%)	3 (7%)	1 (2%)	37 (90%)	0 (0%)
Have you ever done something against own best interests because of the culture/pressure from others at chorus?	0 (0%)	3 (7%)	0 (0%)	37 (90%)	1 (2%)

In addition to Likert-type scale responses, selected questions allowed for individuals to expand on their answers in open-ended comments. Several singers commented on the sense of safety and community they felt in Mosaic. One offered that in addition to feeling safe, she felt “liked, loved, appreciated, and seen.” She expanded on her affirmative response to if chorus experiences ever brought up traumatic feelings by clarifying that these occurrences were positive and healing for her.

Music is known (quite famously) for touching people. Almost every season, there is a line in something that we sing that touches me very deeply. Sometimes it's in a very positive, hopeful way, and others it's because it reminds me of something hard, or sad, or lacking going on in my own life at the moment . . . when the music and words hit this way, I usually end up so choked up that I can't sing, or I

can sing, but with tears streaming down my face. It's quiet and intense, a hard but good, cathartic experience—"Wow, I didn't know I needed to cry over that."

Several chorus members echoed the sentiment of feeling safe in Mosaic, adding that it is largely a beneficial experience when strong emotions come up in a space where they can grieve and heal surrounded by their musical peers where they can be "heard and supported." Many singers commented on the fine line between traumatic responses, when they felt out of control, versus strong feelings which may be intense but within their ability to stay regulated when in the company of others in the group.

I often feel like my feelings will erupt out of me as soon as I am in the presence of my choir people. I assume my system recognizes the safe space and feels the urge to let out some of the pent-up feelings that are the result of a recent traumatic (non-choir) experience. I find it comforting that the choir is such a safe space but also annoyed at times because I want to practice the music without all the damn feelings wanting so much attention!

A few singers commented on being triggered by other people who appeared to be dysregulated, which brought up their own difficult and traumatic memories. One such respondent said that if a member or leader showed unexpected anger, she would become triggered and had to work hard to calm herself. Several of these accounts carried a theme of being able to eventually self-regulate after a triggering chorus event because of the overwhelming and largely consistent culture of safety.

Importantly, there were a few responses that outlined specific accounts of individualized triggering topics tied to personal life trauma from outside of chorus. These

recollections of past abuse, intense grief, and intrusive memories surfaced during chorus activities, pulling choristers out of the moment with varying manifestations and durations. Although some of the traumas were tied to past music making experiences, they did not fall into categories that could be easily anticipated or mitigated by changes in chorus culture or policies. Several chorus members who reported experiencing trauma triggers during chorus expressed gratitude for a culture of understanding where they could be in community while they worked through their own memories and regulation.

### **Tara and Mosaic Emerging Themes**

Many aspects of the existing culture of Mosaic Chorus aligned with trauma-informed tenets. Under Tara's direction, there were several cultural and informal practices that supported safety, trustworthiness and transparency, peer support, collaboration and mutuality, and empowerment, voice and choice. These existing practices were put in place organically and intuitively based on the director's past experiences and her desire to build a nurturing community environment. Tara acknowledged that the chorus didn't have many specific practices that acknowledged the final tenet of TIP regarding cultural, historical, and gender issues. She shared that the chorus has tended to attract a homogenous demographic of older, White women. Through eclectic and concept coding, multiple themes emerged from the initial analysis of the Mosaic Chorus data. These themes are further refined and examined in Chapter Five.

- *Manifestations of trauma* were observed by both director and members.
- *Clarity of identity* helped members know what to expect.
- *Knowledge gap*: Tara recognized the need for learning more about TIP.

- *Intuitive TIP* had been implemented by the director, resulting in a several indications of *positive culture*.
- *Responsibility of members* was cited as integral to ensuring member and staff safety and well-being.
- *Willingness to grow and change* was also observed.
- *Lack of formal systems* to establish and keep positive practices in place was noted.

### **Ari and Vocal Blend Chorus**

Ari (they/them) was the director of Vocal Blend Chorus, a 55-member, all-gender chorus in a large metropolitan area. Vocal Blend was affiliated with the Barbershop Harmony Society (BHS), and the chorus sang a cappella music including traditional barbershop, jazz, and contemporary choral music. As an ensemble, they aligned with the “Everyone in Harmony” movement in BHS which opened up singing membership to singers of all genders in this historically all-male organization. This move did not force all choruses to integrate, but it allowed for organizations to include singers of all genders in both local performances and official competitions. Vocal Blend was founded as a men’s chorus and became an all-voice chorus when Ari began directing. The chorus mission designated it as an intentionally inclusive chorus. The chorus had members of several generations, gender identities, and sexual orientations. They worked to perform music that is reflective of this diversity.

I asked Ari about their existing knowledge of how trauma may manifest in singers and impact their chorus experiences. They shared that they had limited formal knowledge

of these phenomena, but between personal experiences and working with a variety of people felt comfortable identifying some expressions of trauma. They have noted “a sudden shift of behavior . . . like in the way they’re holding themselves.” Additionally, they noted a particular singer who was “very quick to shut down completely” if triggered. They volunteered that they have encouraged the chorus to choose to step off the risers and handle their own needs as they arose, stating, “I’ll check in with them late to see if there’s anything that they need from me or if there’s something I could’ve done differently.”

Another manifestation of trauma that Ari noticed was the tendency for a member to withdraw socially or exhibit a change in behavior. They followed this statement with recognizing that this was easier to notice when the chorus was smaller and they knew everyone well. This became more challenging as the group grew, doubling in size. Ari worked to maintain a positive and connected culture by cultivating relationships within the group and keeping communication open about both musical and non-musical topics, stating “I try to get to know people on as deep [of a] level as they want to be known.” The chorus held retreats and social events where the members could get to know one another and build comradery and trust.

Vocal Blend has made deliberate music choices to cultivate an inclusive musical experience for as many members as possible. This included changing lyrics to be gender neutral, singing fewer songs about romantic love, and taking the time to talk about challenging lyrics and subject matter. Ari mentioned that some of the singers had disclosed past grief and trauma to one another, so when their strong reactions or triggers

came up in rehearsal, there was an understanding and safe space for them to experience emotions or to step out and collect themselves. Retreat weekends when people were exhausted and emotional were noted as times that were likely for strong feels or traumatic memories to surface. Ari noted that they don't always know people's specific trauma histories or how people will respond, but the chorus has worked hard to create a culture where people can experience and supportively witness "diverse reactions to things." They acknowledged that it was sometimes challenging to navigate situations like that as a director since so many members were also friends.

*During a retreat, one singer broke down on the risers when working on a song triggered a traumatic experience that involved the death of a loved one. The chorus member had attempted CPR on their loved one after a medical trauma, but the measures were unsuccessful. The chorus was talking about "experiencing a profound love for something that we no longer have . . . and how this is not just "a human connection [but an] activity." In the moment, chorus members mostly let her have the space that she needed while one or two trusted people said "hey, let's step aside, let's go talk, breathe, whatever you need." It was a "very specific moment of watching someone going from highly participating to 'I'm done now'."*

Vocal Blend did not have many formal written practices in place but had worked hard to build a culture that was centered on the well-being of members. Ari shared that chorus members and leadership were "pretty much on the same page," but that it "would be smart" to document their informal practices. Ari offered that the chorus was "a people-first organization that makes great music."

The well-being of the individual and the well-being of the ensemble at a personal level always has to come first. Because we never want people to sacrifice their own well-being to make music, because at the end of the day we won't get the best product that we can . . . through a mutual trust and understanding . . . we're all learning and growing. And there's going to be times where we make mistakes and times where things don't go well, but we continue to try and push forward.

Vocal Blend operated with a solid awareness of cultural and gender issues. They were not specifically a chorus of LGBTQ+ singers, but they had several trans and non-binary members. When the chorus opened its membership to all singers, they “were able to build something where people [could] walk in the door and feel comfortable, no matter who they [were].” The chorus website did not contain specific language or graphics about being open to singers of specific identities or demographics, but photographs provided a glimpse into existing membership, and their merchandise section included pride-themed products.

I asked Ari if they could identify existing chorus practices that aligned with the six tenets of TIP, and they provided several examples. Collaboration within the organization was a strength. The director may be “the final voice, but . . . not necessarily the starting voice or the guiding voice.” This allowed members to take ownership in the organization and feel empowered. The chorus talked “about everything as an ensemble, because . . . if it’s not something that [they are] going to put [their] heart and soul into, it’s not worth doing.” Ari shared more about their open processes:

*We talk about everything, and it guides our decisions. We didn't assume that the chorus wanted to go to competition, but we talked about it, and the majority of the group said yes. The chorus gives feedback on important decisions. I have said, "if at any point we talk about a repertoire song that makes you uncomfortable, talk to me, and if it is something we see as an irreconcilable difference, we can toss [it]." People know they can come to me. "If I'm the only one who's comfortable, it's not a very healthy organization."*

Ari mentioned that as the chorus grew, it became harder to have individual conversations. To maintain communication, Vocal Blend has implemented a few systems such as using section leaders to help manage communication. They also instituted an anonymous feedback form. When leadership made decisions, they tried to do so with transparency. This assisted in building buy-in and trust.

When I asked Ari if there were ways that the chorus centered equity, they shared that chorus worked to create as much accessibility as possible. They have an "angel fund" for members who may be struggling with the financial aspect of participation. Additionally, the chorus has changed rehearsal venues more than once to accommodate members. It was important to chorus leadership that their rehearsal venue be on a bus line. This is one way they create a more equal opportunity for access. Ari mentioned that since the average age of the chorus was 36, many of their members didn't have a lot of vacation time, so they are deliberate in the activities and events they attend as a group.

Most barbershop ensembles sing music that was traditionally written for a male ensemble or female ensemble only. Due to the tightly voiced harmony and the traditional

timbre, Ari found that it was challenging to source music written for the voices in the ensemble. They shared that devoting resources to having custom music arranged for the chorus is another way the group centered equity to make sure singers had a good experience vocally while maintaining the desired sound. Additionally, as members aged or faced life-altering health conditions, they worked to accommodate the singers rather than ask them to step aside. “The entry bar is high, but once you’re in, you’re family.”

### **Vocal Blend Chorus Survey**

Sixteen Vocal Blend Chorus members submitted survey responses. Respondents were aged 28–75 with a median age of 45. All members who reported their race or ethnicity listed White or Caucasian. Over half of respondents reported that they were mostly aware of their own emotional and physiological states at chorus events, one-third reported that they were somewhat aware, and the remaining two choristers stated they were fully aware. Two respondents indicated they had a trauma-related mental health diagnosis. Members of Vocal Blend reported minimal traumatic experiences related to their chorus experience, as shown in Table 4.

**Table 4*****Vocal Blend Survey Responses – Trauma***

<b>Question</b>	<b>Regularly</b>	<b>A few times</b>	<b>Just Once</b>	<b>Never</b>	<b>Unsure</b>
Have you ever experienced a time when you felt emotionally or physically out of control because of experiences at chorus?	0 (0%)	4 (25%)	2 (13%)	10 (63%)	0 (0%)
Have you ever experienced a time when you felt emotionally or physically out of control at chorus because of experiences or circumstances outside of chorus?	0 (0%)	6 (38%)	1 (6%)	8 (50%)	1 (6%)
Have you ever had a musical experience in chorus that prompted you to shut down, act out, or fight back (or feel like you might want to)?	0 (0%)	3 (19%)	3 (19%)	9 (56%)	1 (6%)
Have you ever had a non-musical experience in chorus that prompted you to shut down, act out, or fight back (or feel like you might want to)?	1 (6%)	5 (31%)	2 (13%)	8 (50%)	0 (0%)
Have you ever witnessed a chorus member shut down or act out during a chorus activity? Acting out may include yelling, angry outbursts, or defiant behavior.	0 (0%)	1 (6%)	1 (6%)	11 (69%)	3 (19%)
Have you ever felt unable to engage at chorus because of previous traumatic experiences?	0 (0%)	1 (6%)	1 (6%)	13 (81%)	1 (6%)
Have you ever had an experience at chorus that brought up past traumatic memories or feelings?	0 (0%)	2 (15%)	1 (8%)	8 (62%)	2 (15%)
Have you ever had an experience at chorus that created new traumatic memories or feelings?	0 (0%)	0 (0%)	2 (15%)	9 (69%)	2 (15%)
Have you have had an interaction with a leader at chorus that triggered past traumatic experiences?	0 (0%)	0 (0%)	0 (0%)	12 (92%)	1 (8%)

Respondents from Vocal Blend broadly reported feeling safe and respected in their chorus experiences, with some exceptions, as outlined in Table 5. Only one respondent included a written description of their experiences. She explained that her instances of discrimination were with non-chorus members at BHS events where many choruses were gathered for a convention. She reported:

It was the first time I had experienced such overt discrimination based on my gender (which I realized is incredibly privileged in itself, but didn't make it sting any less), and to have had that happen in a music/chorus environment, which are typically the environments in which I feel most safe, most confident in my abilities, and most my authentic self, was pretty devastating.

**Table 5**

***Vocal Blend Survey Responses – Safety and Belonging***

<b>Question</b>	<b>Regularly</b>	<b>A few times</b>	<b>Just Once</b>	<b>Never</b>	<b>Unsure</b>
Have you ever felt bullied or belittled at chorus?	0 (0%)	2 (13%)	1 (6%)	12 (75%)	1 (6%)
Have you even had an experience at chorus where you felt shamed or belittled for aspects of yourself such as gender expressions, body size, religion, sexuality, race?	0 (0%)	1 (7%)	0 (0%)	14 (93%)	0 (0%)
Have you even had an experience at chorus where you felt unwelcome or ostracized due to aspects of yourself such as gender expressions, body size, religion, sexuality, race?	0 (0%)	1 (8%)	0 (0%)	12 (92%)	0 (0%)
Have you ever felt disrespected or unwelcome because of core aspects of who you are (race, ethnicity, religion, gender, gender expression, sexual orientation, disability, age, body type, etc.)?	0 (0%)	1 (8%)	0 (0%)	12 (92%)	0 (0%)

Have you ever felt discriminated against or unsafe because of the actions or words of leaders at chorus?	0 (0%)	0 (0%)	0 (0%)	12 (92%)	1 (8%)
Have you ever felt discriminated against because of the actions or words of other chorus members?	0 (0%)	1 (8%)	1 (8%)	11 (85%)	0 (0%)
Have you ever felt unsafe because of the actions or words of other chorus members?	0 (0%)	0 (0%)	1 (8%)	11 (92%)	0 (0%)
Have you ever felt unsafe because of the actions or words of other chorus leaders?	0 (0%)	0 (0%)	0 (0%)	13 (100%)	0 (0%)
Have you ever felt unsafe voicing your opinions about chorus policies or music?	0 (0%)	0 (0%)	2 (15%)	11 (85%)	0 (0%)
Have you ever felt discriminated against or unsafe because of chorus policies?	0 (0%)	1 (8%)	0 (0%)	12 (92%)	0 (0%)
Have you ever felt pressured to participate in a way that felt physically or emotionally unsafe?	0 (0%)	0 (0%)	2 (17%)	10 (83%)	0 (0%)
Have you ever done something against own best interests because of the culture/pressure from others at chorus?	0 (0%)	1 (8%)	2 (15%)	9 (69%)	1 (8%)

### **Ari and Vocal Blend Emerging Themes**

Vocal Blend had several practices in place that aligned with trauma-informed ideology. In particular, the ethos of the chorus cultivated transparency, mutuality, and safety. Some chorus policies and decisions were supportive of cultural, historical, and gender issues. Ari and their leadership teams created opportunities within the organization for communication and collaboration, although several of these routines were not formally enshrined in policy. Initial analysis using eclectic and concept coding yielded several emergent themes from data from Vocal Blend Chorus, which are explored in greater depth in Chapter Five. Emerging themes included:

- *A few manifestations of trauma* were observed by both director and members.
- *A positive culture* that centered *individual well-being* and *opportunities for connection* was observed.
- *Inclusive musical repertoire* was a priority.
- *Challenges of having a large group* were cited by leadership as something that needed additional support as the organization increased in size.
- *Willingness to grow and change* was noted.
- *Lack of formal systems* to establish and keep positive practices in place was stated.

### **Jordan, Northwoods Community Chorale, and Lake Chordsmen**

Jordan (he/him) was the director of two choruses. Northwoods Community Chorale was a mixed voice community chorus with 40 singers in a small town with stated goals of providing singers with artistic, recreational, and educational experiences. Lake Chordsmen was a 30-voice men’s barbershop chorus in a nearby mid-sized city. Affiliated with BHS, this chorus had a 70-year history as an ensemble. Their website indicated their commitment to brotherhood, community, and improvement.

Jordan had originally expressed interest in this study to learn more about how music choices may affect singers. He did not have much background knowledge about trauma or its manifestation in adults, but he did express a desire for cultivating well-being in his ensembles and learning more about TIP. During our conversation, I offered basic information about physiological and social trauma responses to clarify some of the questions and the direction of the study. Jordan conveyed his recognition of the

importance of an emotionally safe chorus space that allowed singers to be vulnerable and authentic. When he brought the idea of study participation to Lake Chordsmen, “the behavioral therapists in [the group] were excited.” Jordan shared that his other connection to TIP was hearing about it from his elementary school aged child. Their school had several programs and procedures guided by TIP, and although the school did not specifically explain the terminology to parents, he stated that his child and the school have been positively affected by the practices.

Regarding existing chorus practices that may align with TIP, neither Northwoods nor Lake Chordsmen had substantial relevant formal policies or informal practices. Jordan noted that Northwoods had a non-discrimination policy, described previously, that was well-publicized. He said that both groups had a positive and caring culture, but neither had centered this type of philosophy or policy. “[Lake Chordsmen] have some unwritten things that are like, they check in out each other if they don’t show up . . . they’ll help drive someone to the group who physically can’t.” Lake Chordsmen also offered a buddy system that provided peer support for new members. Jordan offered that the framework of TIP, especially equity centered TIP was not one that either group had considered. “No one in any of the groups want to offend, but I don’t think that they go out of their way to be inclusive.” Jordan also shared that in Northwoods Chorale, which is a mixed voice ensemble, he personally works on using inclusive language, for example, separating gender from vocal parts.

As we spoke further about what TIP practices might look like in a chorus setting. Upon reflection, Jordan offered that Northwoods Chorale had a culture of peer support

and safety, which he credited to the small town feel of the group where several members have friendly relationships outside of chorus, and “they know everything about everyone in that town.” At times, members shared personal experiences and stories to connect with one another and the music, showing evidence of peer support and safety. Regarding Lake Chordsmen, Jordan offered examples of ways that he worked to strengthen communication, as he frequently invited musical feedback from singers. They also had a strong culture of comradery and peer support, an example of which is paraphrased here:

*One of our members experienced a traumatic situation at home where their spouse experienced a psychological break and was acting in a threatening manner. “We had to change rehearsal rooms . . . because there were multiple points of egress and [their] back was going to be to several of the doors . . . [chorus members] didn’t ask any questions, they’re like ‘we got you.’ One of the [chorus] guys . . . comes and says, ‘you know, I’m always packing in case you need to know.’ (Laughs) I’ve never touched a gun, it’s not my thing, but, you know, it’s nice to know they care enough to come out with that.”*

The week of my conversation with Jordon, the Lake Chordsmen Chorus experienced a big loss to their community, as one of their members died suddenly in an accident. Our conversation occurred several hours before their rehearsal, when the chorus would be meeting for the first time since the tragedy. Jordon expressed concern about how the evening was going to go, wondering aloud,

What do I do tonight? You know, that's when I'm seeing these guys again for the first time . . . there's people in there who have sung with him for 30 years. What do they expect from me? That's a tough thing to do.

We talked about the unique position that a director is put in when something like this happens, and what might be done to guide a room full of people who may be experiencing trauma or are at least in shock and grieving. The member had been training to be a volunteer assistant director and had been directing two assigned repertoire songs. Jordan planned to take time in rehearsal to allow members to talk, and he felt confident they would be able to support one another.

They're gonna say the word "love" a lot tonight. And that's probably something they were never taught to do as men, you know what I mean? Like men to men, don't love . . . they'll call each other brothers, but there's a limit to that love.

They're older generation.

### **Northwoods Community Chorale Survey**

Eleven of forty members from Northwoods Community Chorale submitted survey responses, representing a small sample size. Of the members who completed the survey, eight reported no trauma-related mental health conditions, and three reported likely or diagnosed conditions. Although members broadly reported their choral experiences as safe and non-triggering, a few instances of trauma-related phenomena were reported. Trauma-related survey responses are noted in Table 6.

**Table 6*****Northwoods Community Chorale Survey Responses – Trauma***

<b>Question</b>	<b>Regularly</b>	<b>A few times</b>	<b>Just Once</b>	<b>Never</b>	<b>Unsure</b>
Have you ever experienced a time when you felt emotionally or physically out of control because of experiences at chorus?	0 (0%)	0 (0%)	1 (9%)	10 (91%)	0 (0%)
Have you ever experienced a time when you felt emotionally or physically out of control at chorus because of experiences or circumstances outside of chorus?	0 (0%)	2 (18%)	0 (0%)	8 (73%)	1 (9%)
Have you ever had a musical experience in chorus that prompted you to shut down, act out, or fight back (or feel like you might want to)?	0 (0%)	0 (0%)	0 (0%)	10 (91%)	0 (0%)
Have you ever had a non-musical experience in chorus that prompted you to shut down, act out, or fight back (or feel like you might want to)?	0 (0%)	1 (9%)	1 (9%)	8 (73%)	1 (9%)
Have you ever witnessed a chorus member shut down or act out during a chorus activity? Acting out may include yelling, angry outbursts, or defiant behavior.	0 (0%)	1 (9%)	1 (9%)	9 (82%)	0 (0%)
Have you ever felt unable to engage at chorus because of previous traumatic experiences?	0 (0%)	0 (0%)	1 (9%)	9 (82%)	0 (0%)
Have you ever had an experience at chorus that brought up past traumatic memories or feelings?	0 (0%)	3 (27%)	0 (0%)	8 (73%)	0 (0%)
Have you ever had an experience at chorus that created new traumatic memories or feelings?	0 (0%)	1 (9%)	1 (9%)	9 (82%)	0 (0%)
Have you have had an interaction with a leader at chorus that triggered past traumatic experiences?	0 (0%)	0 (0%)	0 (0%)	11 (100%)	0 (0%)

Northwoods chorus members generally reported a high level of safety and belonging in their choral experiences. Three respondents submitted descriptions about their past experiences, two of whom recounted instances of discrimination and shaming by both peers and teachers in high school and college. The third response detailed instances of feeling belittled by passive-aggressive comments by other chorus members during the rehearsal process relating to errors being made by singers. Indicators of safety and belonging are detailed in Table 7.

**Table 7**

*Northwoods Community Chorale Survey Responses – Safety and Belonging*

<b>Question</b>	<b>Regularly</b>	<b>A few times</b>	<b>Just Once</b>	<b>Never</b>	<b>Unsure</b>
Have you ever felt bullied or belittled at chorus?	0 (0%)	0 (0%)	3 (30%)	7 (70%)	0 (0%)
Have you even had an experience at chorus where you felt shamed or belittled for aspects of yourself such as gender expressions, body size, religion, sexuality, race?	0 (0%)	0 (0%)	0 (0%)	1 (9%)	10 (91%)
Have you even had an experience at chorus where you felt unwelcome or ostracized due to aspects of yourself such as gender expressions, body size, religion, sexuality, race?	0 (0%)	0 (0%)	0 (0%)	11 (100%)	0 (0%)
Have you ever felt disrespected or unwelcome because of core aspects of who you are (race, ethnicity, religion, gender, gender expression, sexual orientation, disability, age, body type, etc.)?	0 (0%)	0 (0%)	0 (0%)	10 (91%)	1 (9%)
Have you ever felt discriminated against or unsafe because of the actions or words of leaders at chorus?	0 (0%)	0 (0%)	1 (9%)	10 (91%)	0 (0%)

Have you ever felt discriminated against because of the actions or words of other chorus members?	0 (0%)	1 (9%)	1 (9%)	9 (82%)	0 (0%)
Have you ever felt unsafe because of the actions or words of other chorus members?	0 (0%)	0 (0%)	0 (0%)	11 (100%)	0 (0%)
Have you ever felt unsafe because of the actions or words of other chorus leaders?	0 (0%)	0 (0%)	0 (0%)	11 (100%)	0 (0%)
Have you ever felt unsafe voicing your opinions about chorus policies or music?	0 (0%)	0 (0%)	1 (9%)	9 (82%)	1 (9%)
Have you ever felt discriminated against or unsafe because of chorus policies?	0 (0%)	0 (0%)	1 (9%)	10 (91%)	0 (0%)
Have you ever felt pressured to participate in a way that felt physically or emotionally unsafe?	0 (0%)	0 (0%)	0 (0%)	10 (91%)	1 (9%)
Have you ever done something against own best interests because of the culture/pressure from others at chorus?	0 (0%)	0 (0%)	0 (0%)	11 (100%)	0 (0%)

### **Jordan and Northwoods Community Chorale Emerging Themes**

Northwoods Community Chorale had very few practices in place that aligned with trauma-informed tenets. Although the culture was collegial, there was no evidence of organizational policies or procedures that extended beyond a friendly community gathering of singers. The application of eclectic and concept coding to the Northwoods Chorale data revealed a number of key themes, which are subsequently refined and elaborated upon in Chapter Five.

- *Few manifestations of trauma* were observed by director or members.
- *A positive culture* where members knew each other well strengthened.

members' sense of safety and belonging.

- *A knowledge gap* about trauma-informed practices existed.
- *A lack of formal systems* to establish and keep positive culture in place was observed.

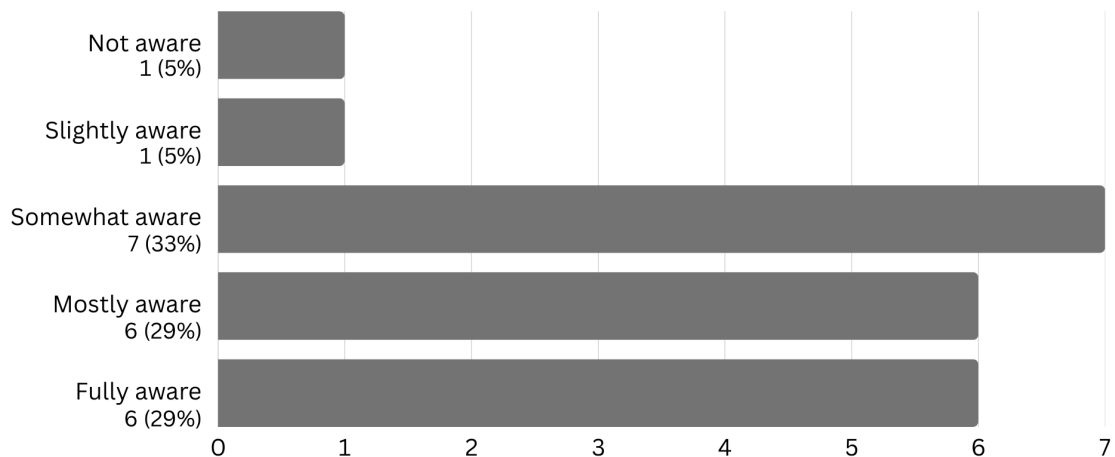
### **Lake Chordsmen Chorus Survey**

Twenty-one Lake Chordsmen Chorus members responded to the study survey. Respondents were aged 25–86, with an average age of 62.5 years, and all reported their gender as male. Twenty participants identified their race and ethnicity as White or Caucasian, and one described themselves as mixed. One respondent indicated they had a trauma-related mental health diagnosis, and twenty reported no such diagnoses. Data about personal awareness of emotional and physiological states were noteworthy, as singers expressed a wide spectrum of responses, as detailed in Figure 4.

**Figure 4**

#### ***Lake Chordsmen Emotional and Psychological State***

**To what extent do you feel aware of your emotional and/or psychological state during chorus activities?**



Respondents from Lake Chordsmen reported some instances of noticing trauma-related phenomena during chorus activities. Two singers elected to share additional information about having triggering experiences during a rehearsal. The first shared that it was the “content of songs [that brought up] distressing moments in [his] past.” The other commenter noted that “all occurrences revolved around religion,” but did not share if that experience was from a religious or secular chorus. Table 8 displays member responses.

**Table 8*****Lake Chordsmen Survey Responses – Trauma***

<b>Question</b>	<b>Regularly</b>	<b>A few times</b>	<b>Just Once</b>	<b>Never</b>	<b>Unsure</b>
Have you ever experienced a time when you felt emotionally or physically out of control because of experiences at chorus?	0 (0%)	4 (19%)	0 (0%)	17 (81%)	0 (0%)
Have you ever experienced a time when you felt emotionally or physically out of control at chorus because of experiences or circumstances outside of chorus?	0 (0%)	4 (19%)	2 (10%)	14 (67%)	1 (5%)
Have you ever had a musical experience in chorus that prompted you to shut down, act out, or fight back (or feel like you might want to)?	0 (0%)	3 (14%)	1 (5%)	17 (81%)	0 (0%)
Have you ever had a non-musical experience in chorus that prompted you to shut down, act out, or fight back (or feel like you might want to)?	0 (0%)	5 (24%)	2 (10%)	14 (67%)	0 (0%)
Have you ever witnessed a chorus member shut down or act out during a chorus activity? Acting out may include yelling, angry outbursts, or defiant behavior.	0 (0%)	9 (43%)	2 (10%)	10 (48%)	0 (0%)
Have you ever felt unable to engage at chorus because of previous traumatic experiences?	0 (0%)	0 (0%)	0 (0%)	20 (90%)	1 (5%)
Have you ever had an experience at chorus that brought up past traumatic memories or feelings?	0 (0%)	0 (0%)	5 (24%)	15 (71%)	1 (5%)
Have you ever had an experience at chorus that created new traumatic memories or feelings?	0 (0%)	4 (19%)	0 (0%)	16 (76%)	1 (5%)
Have you have had an interaction with a leader at chorus that triggered past traumatic experiences?	0 (0%)	1 (5%)	0 (0%)	20 (95%)	0 (0%)

Regarding indicators of safety, several members commented on past chorus experiences. Several of these respondents detailed instances of feeling inadequacy or shame, while others offered positive feedback about their experiences. Critical responses included occurrences stemming from behavior of both directors and other singers. One member shared, “I quit my first chorus because of one member who regularly demeaned others, and the director (half the average age of the membership) who would say things like “you're brutalizing me” if he thought our singing was substandard.” Another respondent had several instances of negativity to share.

Directors belittling singer’s abilities, opinions and inserting their interpretations, behavior on others. The hypocrisy and overall disrespect in how individuals are treated, telling people they are not good enough and not letting individuals even try. Sometimes, during practice or rehearsals, songs would generate an emotional response from life experiences. How I was treated or perceived affected my overall feeling of being welcomed and not judged.

Multiple singers clarified that their negative experiences were with other groups in the past. “In a previous chorus there was a member and a director who were belittling and demeaning repeatedly.” Another member offered, “It was in a church choir, where an individual was talked down to and at other times it was when I was the one receiving negative commentary, ignored, or told my opinion doesn’t matter.” One singer expressed his experience with Lake Chordsmen, stating, “Chorus is a place where I feel most welcome and most emotionally safe.” Table 9 details respondents’ experiences of safety and belonging.

**Table 9*****Lake Chordsmen Survey Responses – Safety and Belonging***

<b>Question</b>	<b>Regularly</b>	<b>A few times</b>	<b>Just Once</b>	<b>Never</b>	<b>Unsure</b>
Have you ever felt bullied or belittled at chorus?	0 (0%)	5 (24%)	2 (10%)	14 (67%)	0 (0%)
Have you even had an experience at chorus where you felt shamed or belittled for aspects of yourself such as gender expressions, body size, religion, sexuality, race?	1 (5%)	0 (0%)	0 (0%)	19 (90%)	1 (5%)
Have you even had an experience at chorus where you felt unwelcome or ostracized due to aspects of yourself such as gender expressions, body size, religion, sexuality, race?	0 (0%)	0 (0%)	0 (0%)	19 (90%)	2 (10%)
Have you ever felt disrespected or unwelcome because of core aspects of who you are (race, ethnicity, religion, gender, gender expression, sexual orientation, disability, age, body type, etc.)?	0 (0%)	1 (5%)	0 (0%)	19 (90%)	1 (5%)
Have you ever felt discriminated against or unsafe because of the actions or words of leaders at chorus?	0 (0%)	2 (10%)	1 (5%)	18 (86%)	0 (0%)
Have you ever felt discriminated against because of the actions or words of other chorus members?	0 (0%)	4 (19%)	0 (0%)	17 (81%)	0 (0%)
Have you ever felt unsafe because of the actions or words of other chorus members?	0 (0%)	1 (5%)	1 (5%)	19 (90%)	0 (0%)
Have you ever felt unsafe because of the actions or words of other chorus leaders?	0 (0%)	0 (0%)	1 (5%)	20 (95%)	0 (0%)
Have you ever felt unsafe voicing your opinions about chorus policies or music?	0 (0%)	3 (14%)	0 (0%)	18 (86%)	0 (0%)
Have you ever felt discriminated against or unsafe because of chorus policies?	0 (0%)	0 (0%)	0 (0%)	20 (90%)	1 (5%)

Have you ever felt pressured to participate in a way that felt physically or emotionally unsafe?	0 (0%)	0 (0%)	0 (0%)	21 (100%)	0 (0%)
Have you ever done something against own best interests because of the culture/pressure from others at chorus?	0 (0%)	2 (10%)	0 (0%)	18 (86%)	1 (5%)

### **Jordan and Lake Chordsmen Emerging Themes**

Lake Chordsmen had some informal and cultural practices in place that aligned with trauma-informed tenets. Although the chorus did not have written or stated policies, their director invited strengthened communication and voice by inviting musical feedback from singers. The structure and schedule of the chorus allowed for opportunities for peer support. Using eclectic and concept coding, several themes emerged from the initial data from Lake Chordsmen. Relevant themes will be refined and discussed in detail in Chapter Five.

- *Some manifestations of trauma* were observed by director or members.
- *A positive culture* where members had opportunities to safely experience vulnerability sense created peer support and trust.
- *A knowledge gap* about the need for and implementation of trauma-informed practices existed.
- *A lack of formal systems* to address tenets of TIP was observed.

### **Clara and Metropolitan Performing Arts**

Clara (they/them) was the assistant director of Metropolitan Gay Men’s Chorus and Metropolitan Women’s Chorus. These choruses were affiliated with GALA Choruses

and functioned under a single umbrella organization, Metropolitan Performing Arts (MPA) wherein the director and assistant director shared rehearsal duties for each chorus, which usually rehearse separately. Additionally, she directed a local church choir and a university ensemble, all located in a large city. We only spoke about her experiences that related to her work with MPA. Clara began the study with us, completing the initial interview and one PLC session, but did not complete the study. None of the choruses that Clara directed completed the survey. I have included Clara's profile and initial data here for transparency and context, as well as potential insight to be gleaned from these conversations, and note their absence from the rest of the study. Part of the organization's stated mission was to celebrate diversity and honor the LGBTQ+ community.

Clara had a strong understanding of trauma and its manifestations. They noted that they have observed singers with known trauma histories become activated during chorus events, for example at a performance venue, "they are moved spots and it'll just cause a huge meltdown that has to do with security . . . something got shifted and it's too much." Clara has noticed singers becoming inflexible or shutting down when they are in a traumatized state. They shared their understanding that singers may feel unsafe, anxious, experience elevated heart rate or having their throat feel tight during these times. Clara continued by recognizing that singers they have worked with have displayed anxiety, and they knew "not to chalk everything up to trauma." They had been exposed to numerous instances disruptive behavior from choristers. "Then there's the fight types, you know? I think some of the behavior that I've endured in my institutions have been unacceptable. But it could be trauma related . . . maybe a person hurt them."

Clara did not have formal knowledge of TIP, but had significant personal connection to trauma, and found the list of such practices to be intuitive and align with many of their practices. They did have a strong academic understanding of culturally responsive pedagogy, and they commented on some of the similarities in approaches. Clara particularly connected with the TIP of responding to cultural, historical, and gender issues. Metropolitan Performing Arts had many policies in place to address safety, respect, and how to work together in a community. The staff and membership committee created a guiding “Community Agreement Document,” described previously, to “rebuild trust that all of these people had in the organization.” This guiding agreement was new, but was considered a “living, breathing document” that could change and grow each season.

Clara recognized that there was “a lot of pastoral care in this kind of job.” They conveyed an example of a member who was struggling with the content of their upcoming concert that had challenging themes around mental health. Clara and the singer engaged in several long conversations which resulted in the singer feeling heard and understanding that they had permission to step out of rehearsals as they needed to. Clara provided another example of a singer coming to them for help after another member was sexually harassing them. Clara was able to point to formal chorus policies that were in place to address this sort of behavior, resulting in the offending party being removed from the chorus. Metropolitan Performing Arts had a membership committee that handled smaller member concerns, but directors and board members stepped in when there was more egregious behavior.

Clara and I then spoke about how organizations can care for the safety and wellbeing of leadership. They conveyed that at a rehearsal they had a panic attack triggered by chorister behavior. They were able to mask their response during rehearsal, but ultimately asked the director to switch duties for a time that day. This put Clara playing “the piano, which is always helpful to regulate. I had a full, complete meltdown after rehearsal, and I it was like hours of just trying to mitigate the fallout of all of that.” After debriefing with the director, they felt uncomfortable returning the next day, but ultimately decided to attend and transparently share with the chorus what had happened. It was well-received, and Clara reported that many singers had not previously understood how their behavior might impact the person running rehearsal.

I framed it from a perspective of just like, Hey, I know that lots of us in this room probably have some trauma. I'm gonna say, I have some. And sometimes it gets activated by people being really shitty, and you know, when – when I'm up here, it might seem like I'm all powerful or whatever. But it's a very vulnerable place, because I'm here just asking you to sing. I'm not the one doing the singing, you know. I'm here, and I'm honored to be in front of you. [It] ended up sort of making it better with them. And I didn't get any more of the really bad attitude that I was seeing.

Clara noted that follow this incident, behavior improved, and there was evidence of increased trust and communication. They received supportive cards from a few members, and several members remarked that their understanding of the directors' jobs deepened. Clara remarked that going back to the chorus and explaining “was

uncomfortable, but the right thing to do.”

The choruses recently had an experience performing at a prominent local outdoor landmark when a large Free Palestine protest broke out. They noted that several members aligned with that cause but were uncomfortable because of the large police presence. After this experience, chorus leadership recognized the need to develop a procedure for evacuating from a stage, should they need to do that in the future. This was an example of creating a formal procedure to support the physical safety of choristers.

The artistic team had worked to create a culture that balanced transparency with voice and choice. They had worked to be honest with the chorus, even throughout challenging topics and disagreements. Regarding repertoire, Clara shared that they had polled membership in the past when they were considering dropping a piece from repertoire. They also shared that sometimes the directors made decisions that not everyone agreed with, but they shared the reasoning behind their decisions. Individual singers were invited to opt out of any piece that they did not feel comfortable rehearsing or performing.

Administrative and musical leadership of MPA worked to address cultural, historical, and gender issues. Clara mentioned that it can be hard to navigate language and semantics, noting that different language “that is ok for certain people is not for others, even within a queer space.” When I asked Clara if there were particular ways that MPA centers equity, they shared, “I’m . . . struggling to answer this, because I feel like that’s the lens that we look [at] everything through . . . It’s such a big part of that values that brought me and [the Artistic Director] to this job. Clara mentioned more ways that

leadership centers equity, including not using gendered language and working on a broad and inclusive repertoire.

### **Clara and Metropolitan Performing Arts Emerging Themes**

Metropolitan Performing Arts had several formal and informal practices in place that aligned with trauma-informed tenets. Leaders in the organization engaged in reflexive conversations about needs of members and worked to address those needs through procedural or cultural measures. The following themes emerged only from the initial conversation with Clara, as there was no survey data.

- The assistant director reported a solid background knowledge of *manifestations of trauma*.
- *Several formal and informal practices* which may be categories as trauma-informed were already in place.
- *Opportunities for communication, trust, and safety* were described.
- *A knowledge gap in members* to share a deeper understanding of communal responsibility to supportive practices was noted.
- The need for *staff safety* within the ecosystem of the organization was described.

### **Sílvia, Licensed Marriage and Family Therapist**

Sílvia (she/her) was a chorus singer who had a practice as a Licensed Marriage and Family Therapist. She had formal training in trauma-focused cognitive behavioral therapy and had expressed an interest in the intersection of choruses and trauma-informed practices. I invited her to join the PLC to give her perspective as someone who had both

formal trauma and experience as a chorus member. During our interview, we discussed ways she might bring insight into the PLC as a person with this unique view. Early in our conversation, I shared that the directors in the PLC had differing levels of understanding of trauma in general, especially of how and why trauma manifests in the body. She agreed to put together a short presentation for our first PLC meeting so that each member could have a basic foundation of knowledge as we entered phase two of the study.

I asked *Sílvia* the same questions that I asked the directors with instructions to feel free to answer from either or both of her positions as a singer and as a therapist. This holistic approach allowed her to bring the entirety of her experiences to the study without trying to separate out her lived versus clinical knowledge. *Sílvia* described manifestations of trauma that she might expect to see in trauma-affected singers, including, avoidance, non-participation, or defensiveness. She offered that she had experiences with other members who were abrupt, defensive, rude, or controlling that might have been manifestations of trauma. She countered this recollection by offering that there were “equally just as many, if not more really lovely members . . . [who] are there that you feel safe, who you can kind of retreat into, and the others feel more spiky.”

My conversation with *Sílvia* moved into the topic of culture, historical and gender issues, which she is passionate about. During her schooling, she noted that Latinx grad students had challenges using their voice in “a space that is so White.” She noted, “Being in that marginalized minority . . . they don’t feel like they can have a voice, so they kind of fade into the background.” Bringing this thought into chorus phenomena, she wondered if members might have experienced similar things where they had things to say

to needs to attend to but didn't speak up. We continued the conversation by brainstorming what a more trauma informed approach might look like in a chorus setting.

Ideas included the following:

- Appointing a liaison or ombudsperson to communicate needs to leadership.
- Encouraging members to take advantage of the most effective communication channels.
- Exploring education for leadership and members about TIP.
- Transparency and communication about chorus policies and procedures, especially for new members.
- Conversations with members about their responsibility of building a positive environment.

Sílvia shared some aspects of her chorus experiences that did and did not align with trauma-informed tenets. As a new chorus member, she wanted more information and structure to help her understand what her choices were. She wanted the identity and the ideals of the organization to be clear as well as the audition procedure. Sílvia did feel supported during her audition process by her peer mentors and membership committee members. She noted a general culture of kindness, though she witnessed some instances of negativity. She described the importance of being able to repair instances of misunderstanding in a relationship to build trust. Sílvia continued with the assertion that it's important for people to feel safe and heard, but also listen to with understanding, especially when there is a disagreement.

## **Silvia Emerging Themes and Suggestions**

Silvia's role in this study positioned her with a unique vantage point as a singer and trauma-educated therapist. She provided observations that I have distilled into themes and suggestions that relate to developing TIP in community choruses based on what she experienced and envisioned. Along with the emerging themes from other PLC members, these would help provide direction for our action research. The following ideas were drawn from our initial interview.

- *A culture of safety* may provide an opportunity to build better communication and therefore transparency and trust.
- *The responsibility for TIP and emotional safety* should be taken by all members, not just leadership.
- *Opportunities for repair* may help built trust.
- *An education gap* exists between the most trauma-aware and least trauma-aware members of any organization that may be addressed by leadership.
- *Clarity of identity* helps members know what to expect.

## **Phase One Summary**

Individual interviews and conversations with PLC members in addition to chorus survey data provided a foundation of understanding to guide phase two. The emerging themes began to take shape, but I did not formally code or label them yet to allow conversations to unfold naturally without excessively placing my own direction on group conversations. I have listed the themes above without development to label them as they arose chronologically, and will I discuss them at length in Chapter Five. In preparation

for the four PLC meetings that constituted phase two, I studied the data from phase one to prepare gently guide our meetings.

In this chapter, I reported data from chorus surveys that directors sent out to choristers and detailed interviews with the co-researchers. The survey data and themes from each segment of work informed the trajectory of the ensuing conversations and the direction of our research for phase two. Phase one of the study elucidated the perceptions of chorus members and co-researchers regarding trauma and chorus activities, as well as their experiences with indicators of safety and belonging. In Chapter Five, I will document and discuss phase two of this study, the collaborative inquiry cycle and the work of the PLC. In Chapter Six, I will present a cross-case analysis and discuss relevant themes. Limitations, implications, and recommendations for adult community choruses are addressed in Chapter Seven.

## CHAPTER FIVE

### **Phase Two: Professional Learning Community Action and Meetings**

This section details the cycles of action research undertaken by the PLC. Within each meeting description, I have identified themes, questions, and insights as they emerged, and I varied the presentation of this information within sections so that the reader can most easily follow along to create connections that align with meeting flow. At this end of this chapter, I outline a summary of the most salient points, which I discuss at length in Chapter Six. The PLC met four times over the video platform Zoom over the course of six weeks. In between meetings, participants were asked to analyze their chorus experiences, cogitate upon their own practices, review their chorus policies and procedures, take notes about their thoughts, and return with ideas and reflections to share. These assignments were varied by week and were guided by both survey data and group conversation.

#### **PLC Meeting One**

The first meeting was largely introductory and provided participants the opportunity to get to know one another and learn about the different choruses that were represented. PLC participants had vastly different personal and educational backgrounds in both music and psychology. Sílvia had an advanced degree in therapy and was a chorus singer. Tara, a long-time career director and musician, had degrees in both music and philosophy, and was well-informed on several trauma-related issues, having read books such as *My Grandmother's Hands* (Menakem, 2017) and *The Body Keeps the Score* (van der Kolk, 2014). Clara's background in education gave them relevant training

in culturally responsive pedagogy, and their personal trauma history and experiences with therapy gave them additional insight. They were the youngest member of the PLC and their relatively recent music education included relevant insights. Ari had a broad career and education that included one-year of teaching, brief military service, was in the field of accounting. Their six years of experience directing music was all gained at their current chorus. Ari had some personal experience with trauma that drew them to this study. Jordan had a solid background a singer and a teacher but had moved to a non-musical career other than his work with the community choruses. He had limited background experience and knowledge of trauma in general.

I shared information about the survey that directors would be sending to their chorus members the next week, and I provided an opportunity for questions. Since this meeting was the initiation of the first cycle of our action research, PLC members each had an opportunity to share preliminary comments and questions to help define a starting point for our research together. During our conversation, the following questions arose, indicating specific concerns that might be addressed through our work together:

- How can directors delve deeply into the emotions of music without triggering singers?
- How does trauma present in chorus spaces?
- How can directors create a space that is safe enough for singers to be vulnerable?
- “How do we level the playing field so that . . . people can come can keep coming to the table with even with their own baggage and history” (Clara)

- In a small town “y’all come” choir, how do we make sure singers and potential members feel welcomed and accepted? “Not everyone in [our area] is highly informed on these topics.” (Jordan)

As we discussed preliminary ideas, I encouraged PLC members to organically share what was coming up for them as they thought more about issues they have observed in their choruses and how exploring TIP might create different experiences. Tara posited, “All kinds of things are traumatizing. Anybody that’s living in this world in this time is . . . probably traumatized in various ways.” Clara shared that when they joined MPA, there were signs of organizational dysfunction. “It was very obvious that there was a mistrust of the organization, a mistrust of leadership, and a mistrust of just each other.” To grow in a healthy way, the chorus needed to work on cultural change as the leadership changed.

In preparation for the upcoming cycle, I asked directors to administer the survey so that we might have data for our next meeting. Directors agreed to send out surveys and deeply consider their own practices as well as those of their organizations. I requested that they come to the next meeting prepared to share any related chorus practices they would like to explore, enact, or suggest to their ensemble or leadership teams.

### **PLC Meeting Two**

The second meeting was attended by Tara, Sílvia, Ari, and Jordan. We did not hear from Clara, who did not continue with the study. To start this meeting, Sílvia gave a brief presentation about how trauma manifests in adults and introduced participants to the concept of the window of tolerance. The window of tolerance (see Chapter Two) is an

ideal state of emotional arousal wherein individuals are regulated and able to function effectively (Siegel, 1999, Ogden et al., 2006)). She referenced both van der Kolk and Maté in her presentation, sharing that any event that overwhelms the nervous system in a way that we cannot respond adequately to maintain psychological safety can leave imprint in the body or a wound of trauma. She explained that many practitioners differentiate between “big T and little T trauma” (see Chapter Two) and how singers may become triggered during chorus activities, leading to physical and social indications. Once Sílvia finished her presentation and answered questions, we discussed survey results, implications and questions, and each director shared what they have been working on or would like to work on regarding TIP. I have grouped the findings below by theme.

### ***Understanding What Is***

I explained the initial survey data by sharing trends and percentages regarding chorister’s experiences regarding emotional awareness, experiencing or witnessing manifestations of trauma, and trauma histories. Taking care to maintain privacy, I selected a few representative quotes to share with the PLC from the free response sections. Singers focused on their sense of emotional safety, the ability of self and others to stay regulated or return to a regulated state, and general positive and negative indicators of culture, as explained in phase one findings.

Several respondents shared specific instances of feeling socially or emotionally unsafe due to being bullied or belittled by other members or directors. One respondent felt so upset during a performance that they could not concentrate, stating that they felt

unseen and triggered, as a chorus member in front of them bumped into them and refused to move, so they could not see the director. We agreed that this circumstance might annoy some singers but would not typically be a trauma trigger. We speculated that if an individual had past emotional injuries where they felt unseen or physically assaulted, that a seemingly small interaction like this, compounded with whatever life circumstances they were experiencing that day, could push them out of their window of tolerance. This stretched our perception about triggers, prompting additional conversation about what is in our control, what we can influence, and what we cannot anticipate.

**Written Policies, Procedures, and Cultural Expectations.** Prior to the second meetings, I collected documents that reflected some formal policies of three participating choruses. The intent of sharing these resources was two-fold: so that other PLC members could reference them and garner ideas, and so I could use the data to aid in reporting existing practices. These artifacts provided additional data that offered insight to chorus cultures, policies, and procedures. Each of these documents is mentioned briefly in the respective findings sections. To maintain confidentiality, I have summarized the documents below rather than include them in their entirety.

*Northwoods Community Chorale Non-Discrimination Policy.* Jordan shared a simple non-discrimination policy. The statement was 85 words and included a list of traits by which the organization “does not and shall not discriminate,” including gender, sexuality, disability, military status, and more. The policy extended to employees, volunteers, and vendors in support of “providing an inclusive and welcoming environment.”

***Metropolitan Arts Association Community Agreements.*** This agreement begins with a list of first-person statements that members are expected to embody. It is written in direct language that also supports the reasoning behind each principle. Starting with a statement of understanding that each member is part of a cohesive community, the document describes several specific expectations. Topics include: respecting diverse identities, self-accountability for one's own actions, encouragement to take risks, and direction to establish and maintain personal boundaries while respecting those of others. Members are also admonished to communicate their own needs "clearly and respectfully, and listen when others do the same." The second half of the document details more concrete expectations that outlaw bullying, threats, illegal behavior, and non-consensual physical contact.

**Basics of Singing in Mosaic.** This six-page guide was written in a casual and friendly manner by Tara. Rather than a simple list of rules and expectations, it contained descriptive and reasoned statements about several topics, including attendance, typical calendar, music, rehearsal, financial matters, concerts, communication, accessibility, community, and historical and culture information about the chorus and the director. There was a short "don't do this" list that included guidance about sobriety, electronics, and hygiene at rehearsals. To provide a sample of tone, intent, and content, I have listed a few statements from the document below.

- Cherish the chorus, the music, the project, each other, and me.
- Thank you for being here. Please know how much every singer is valued.
- The vision is that you miss from zero to three rehearsals during the year.

- The strong intention is that we are sensitive to and accommodating of individual needs.
- Be mindful. Please don't waste time and energy with unproductive negativity. Be kind and generous, curious and supportive with each other. Please talk straightforwardly with me if anything is impeding your experience or if you see ways that the chorus could be improved.

### ***What is Ours to Manage?***

As PLC members grappled with the survey data, we struggled through the concept of responsibility, knowing that we could not solve everything for everyone, but wondering how much we might be able to influence chorus culture. We agreed that we could not, or possibly should not try, to manage everyone's triggers, but that we might work to create an atmosphere wherein singers and leadership can support one another as triggers or other intense stressors come up.

Tara shared some of the ways she asks her singers to contribute to their collective culture, noting that it is not in the power of a single person to control the entire environment. She stated, "It's one thing to have people aware of behaving supportively to people who are obviously in some kind of crisis reaction, but it's just . . . really talking together about a culture of . . . kindness and compassion throughout."

### ***What is Working and What Are We Are Working On?***

For our final discussion topic, I asked directors to identify one or more concepts they are working on or plan to work on in the next few weeks that aligned with tenets of TIP. If they had not yet formulated new ideas to consider, directors were asked to share a

chorus practice or occurrence that aligned with TIP. This allowed us to analyze and discuss those experiences that are working to add to the pool of possibilities that may be enacted in other chorus spaces.

**Ari and Inclusive, Safe Repertoire.** Ari offered that they are working to be consistently mindful about repertoire selections, admitting that they were not as careful when they started directing. Ari offered that Vocal Blend had a collaborative artistic team to help screen and select music. By the time music was selected, 17 people had reviewed it, looking for any “red flags” including gendered language or triggering topics. They added they want to “[make] sure that everybody feels like they're included in the message that we're conveying.” To that end, they often avoid programming romantic love songs which saturate the barbershop harmony culture. A theme of our PLC conversation was the importance of being flexible and responsive to the needs of the groups and individuals and being able to talk through and weigh options before making decisions. The following is a paraphrased story about deciding to remove a particular piece of music.

*We had the piece “Prayer of the Children” in our repertoire for about two years when someone expressed their discomfort with it. The member who raised the concern had known personal trauma in his past, which may have contributed to him speaking up, but it was a complex situation. This composition was written to give voice to the reality of children who were caught up in civil war, displacement, and ethnic cleansing. The lyrics were somber, but they also centered peace and hope. The piece ends with a line in Croatian, “Can you hear all the children’s prayers?” The chorus framed their interpretation to include the more universal fear about whether each of us will have a*

*tomorrow. For additional context, there had been a mass shooting at a synagogue in our city, and our rehearsal location was at another nearby synagogue. “We had a father and two young children who were Jewish, and it was two of the young boys who broke down crying, and could not sing. Obviously, that caused a layer of distress in their dad . . . we said, hey, this feels a little too close to home right now, . . . so while it’s an important message, it’s not one that we feel comfortable telling right now.*

The PLC talked about the challenge of determining if a song is broadly challenging and may negatively impact several people, if it needs to be framed a certain way in rehearsal or performance, or if it is a problem for only one person. Then, at what point, does a group drop the song from repertoire? Ari shared an additional repertoire-related story in which a singer had shared that a particular song was triggering because of her personal history with sexual violence. “She felt the message was aggressive, which is not a message I had ever read in there.” Ultimately, through a series of seeking out information about the original source and intent, and conversations with the singer, she made peace with the song and the ensemble kept it in their repertoire.

**Sílvia and Feeling Seen.** As we moved on to new topics, I prompted Sílvia to retell a personal experience she had previously shared with me about joining a chorus. This was an example of a positive encounter that centered cultural issues and allowed her to feel seen. The following is her story, lightly edited for length and clarity.

*As someone with a foreign name with an accent, it tends to be a little challenging in the US to get that accent in there. For a lot of years living here, I just didn't care, but at some point, I was like, no, I want to reclaim my accent. I also understand that for a lot*

*of Americans, they might not observe it, or they might get stressed out over it and then ignore or avoid it. So, I've learned to navigate someone not caring about putting the accent in my name. Once you pass the audition, you get a name tag. So there was a lot of back and forth trying to figure out how to put the accent on my name, but the tag came back without it, so I reverted back to my 'Well, I'll just let it go, it's okay, pick your battles.' I ended up writing accent on it. I'm like, it's okay. I'll move through it. I've done this all my life. But then someone actually took it to heart and said, 'No, we're going to fix this,' and I wasn't expecting it. So they came back with my newname tag with the accent. I felt so seen. I'm gonna cry over this — I felt so seen and like it mattered — like I mattered. I didn't realize how important it was that someone actually took that step.*

**Tara and Deliberate Culture Conversations.** Tara signaled that she was ready to share her next set of ideas, but first took the time to affirm the challenges of keeping or removing repertoire from ensembles. When she had directed a small ensemble of 16 singers, she found that it was easier to allow everyone to have a voice than with 125 singers. She searched for ways to “create that same feeling where people really feel seen and empowered . . . if there's something they want to tell me, they trust that I'm going to listen to it . . . I'm just constantly working on coaching myself on listening skills.” She believed if she created space for singers to feel seen and heard, that trust would develop.

Tara’s “open door policy” drew some questions from the PLC, including if directors have the capacity to field individual correspondence from so many people in a large ensemble. She responded that her she keeps her “life pretty simple in a way, therefore, I have a ton of capacity for this sort of thing, probably unusually so.” We

revisited the topics of the aspects of pastoral care that are often inherent to directing choruses, which led to more questions about time, compensation, roles, and delegation. Since most chorus director jobs are part time, individuals often need to decide how much time to they can, or should, spend on this sort of individual communication. We brainstormed several ideas such as allowing other leaders to take over communication with individuals at times, or having an ombudsperson available to be a first line of conversation. These additional layers can give choristers options to be heard and lessen the strain on a director's time.

When Tara moved to the topic about what she would like to work on with her chorus, she wanted to speak more directly with members of Mosaic about their shared responsibility to create a healing and compassionate space. She noted that even though their base culture generally includes these aspects, she wanted to be upfront and deliberate about the topic. She continued, “we're just trying to create a healing space, and we're trying to make the healing power of ensemble singing as impactful as it can be — and so just sort of getting buy-in from everybody that that's what we're doing.” She acknowledged that even though they aren't a therapeutic organization, she wanted to create a space where healing could occur.

Tara moved on to the topic of cultural, historical, and gender issues. In past discussions, she had pointed out that her group was primarily older White women, and the broader community in her city was predominately White. She also maintained that she has been clear on the identity of the chorus, what they did and do not offer, and did not feel the need to “focus my, sort of, recruiting on that. I want to let people show who

want to show.” She also grappled with building awareness and appreciation for other types of diversity that did exist in the ensemble.

**Musical Choices.** The topic of appropriate musical choices resurfaced several times, and Jordan offered that he was struggling with an upcoming public performance with Northwoods Community Chorale that had patriotic songs programmed. He voiced the challenge inherent to the current political climate wherein music that used to feel neutral no longer does. The following is a condensed, lightly edited conversation that ensued:

***Jordan:** Our pianist is . . . a Russian dual citizen, and . . . I’ve had some problems trying to plan songs that aren’t too hard . . . for her to play along with . . . I know she doesn’t look at the words, but she’ll be impacted by the words, so I guess song choice is one of my big things that I’m gonna have to . . . you know? Do I do Americana songs, songs that make you feel good? They are expecting God Bless the USA, which we’re not doing. We did sing We Shall Overcome.*

***Tara:** It is very charged at the moment to program God Bless the USA.*

***Kathleen:** Very charged, and there are a lot of people who say, ‘but I don’t understand, that’s music that brings everyone together.’ But not all music is community-building for everyone.*

***Ari:** Yeah, I guess we made a very deliberate choice a long time ago that there are organizations out there to promote patriotism, and we are not one of them. We were asked to sing The Star-Spangled Banner at a large sporting event, and we said, ‘sorry that’s not in our repertoire.’ So it’s this audience of several*

*thousand people that we would have been in front of, but we said that it doesn't align with our identity. So obviously, I'm not as familiar with your chorus and where you stand as an organization, but, recognizing that not every group can fill every purpose out there, and standing behind the things that we do is something that we are very mindful of.*

**Kathleen:** *Who made that final decision?*

**Ari:** *I don't know that any one person made the final decision. It was a group decision. Before my time as director, we had a lot of religious and patriotic repertoire, you know, what you would expect of an older, male barbershop, chorus. As soon as I started. I was like, all right, let's talk about everything like let's just throw it all out there on the table, see what we like, see what we don't, and there was a large percentage of the chorus that said, I don't want to sing religious music. So that's something that we really don't do.*

**Tara:** *This is why we are very up front about who we are and the kind of music we do. We have a great deal of transparency, and people know exactly what they are getting into. This is who we are . . . and we are not a 501(c)(3), so we aren't working with anyone else's parameters. I can really be explicit like that.*

**Jordan and Community Care Through Trauma.** The last time I spoke with Jordan, he was preparing to go into the first rehearsal with Lake Chordsmen after one of their members suddenly passed away. He had expressed concern about the unknown as he navigated this loss with his chorus. Below is a retelling of his experiences, lightly edited for readability.

*Our volunteer assistant director, Steven, was struck by a drunk driver and killed at 9:30 on Monday morning. Everyone knew him, everyone loved him, and he had even more of an impact outside the group than inside. The chorus was getting together at the usual time on Wednesday evening, and I wasn't sure how it would go. We had people in the group voluntarily do an hour of tribute to him and record it for his family to see. It was totally driven by non-leaders in the group. We are all guys, and it felt important for all of us to experience together. It was just hard for the group to process. Steve had a song that he was in charge of directing, and I wrestled with what to do with that piece. We decided to retire it, but we sang it one more time together, with no director up there.*

Jordan pointed out that the evening just all came naturally. There were no written policies or plans, just collaborative decisions. After the PLC expressed condolences, we took a brief moment to talk about the ways that the chorus effectively displayed collaboration, mutuality, peer support, and trust in an unscripted moment that could not have had a formal plan in place. There was a positive enough culture with enough flexibility that everyone in the room was able to step back and prioritize their emotional well-being to honor one of their members and begin to work through the grieving process together. The collaborative evening provided space and time for members to help regulate one another's nervous systems and move toward healing as a community.

### ***Meeting Two Developing Themes***

**Accepting Tenets of TIP and Centering Equity.** In the individual interview as well as group meetings, PLC participants indicated that they saw the value in applying the six principles of trauma-informed tenets in chorus settings but were not always clear

on the best approach to ensure each area was addressed. The idea of centering equity was a bit a challenge for some PLC members, as it represented a broad and deep paradigm that required a lot of thought and background knowledge. Each participant easily accepted that each of these principles may lead to a healthy chorus environment, but a lot of work needed to be done to figure out what changes would be desirable and appropriate. An additional challenge that PLC members grappled with was wondering what was in the control of directors and what organizational change would look like if they could fully enlist members in the process – that is, if members were willing to learn, accept, and adopt changes. As members of the PLC became more familiar with TIP, they were able to identify aligned cultural and procedural aspects that were already in place, although each member acknowledged to some degree that more formal processes may be helpful going forward.

**Willingness to Change, Learn and Respond.** A theme that emerged through several different topics was the importance of a reflexive approach. Organizational leaders were successful when they sought to understand chorus needs and respond by adapting as needed. We noted that these decisions may be guided in part by the identity and mission of a chorus, as that may change which outcomes are prioritized.

**How to Do More?** Members of the PLC posited that this process might be easier if there were instructions or suggestions available, such as a guiding pamphlet that outlined systems and recommendations regarding how a chorus might become more trauma informed. I assured them that the work they are doing together may lay a foundation for this in the future, and that each of their contributions was adding to the

body of knowledge on the subject. We noted that existing models for schools or businesses may need to be adjusted for logistical chorus use. This conversation led to their assignment for the next research cycle; I asked participants to try to come up with at least one concrete action or idea that they wanted to explore with their organizations before our next meeting that was scheduled in two weeks.

### **PLC Meeting Three**

The third meeting was attended by Tara, Sílvia, Ari, and Jordan. Tara began our conversation by sharing that one practice she would like to improve is to let singers know when they will be talking about potentially challenging topics in rehearsal to give them the opportunity to prepare or step out. She shared two extra-musical experiences that singers had reported were triggering for them. These were conversations about current events that happened during chorus time. Although they were not directly related to the music, they were related to life experiences and the cultural climate at the time. The following is a lightly edited re-telling of one singer's experience.

*The day after the 2025 inauguration we rehearsed, and I just felt like it was important to give a little bit of voice to feelings. I entertained a little bit of conversation and people were saying very constructive and good things – an immigration lawyer shared what's going on in her cohort, and things like that. But there was a singer who dropped out because she said she was traumatized by the conversation. She told me that she spends two hours every morning reading the news in a desperate desire to understand, and so coming to rehearsal and having more of it, was too much for her to take. It just makes me think I really want to pay attention and not blindside singers*

*whenever I'm doing anything that isn't strictly rehearsing the music.*

The members of the PLC extended the conversation and discussed what our responsibilities may be for awareness of the emotional well-being of chorus singers as well as trigger warnings. This included ideas about being clear with cultural expectations and chorus identity so members can know what extra-musical activities to anticipate at a rehearsal. We also discussed the need for sharing with singers if they have agency to step out or opt out of particular activities, events, or musical experiences. The following is a condensed version of the conversation that followed.

***Kathleen:*** *What are our responsibilities for trigger warnings? The week of the election, I incorporated a moment during warmups that allowed singers to vocally release some pent-up energy. I explained what we would be doing and explicitly said that if anyone was uncomfortable with the activity, they should step out in the next two minutes. I simply had the singers sigh, then do so more loudly, then invited them to do a “primal scream,” which led to a lot of giggles and smiles. Unfortunately, two people walked in late right before the scream, and when they did I gave a shorter explanation about what was to come to allow them to stop out if desired. It was a solid ten minutes into rehearsal. One of them later pulled the board president aside to demand they reprimand me for the activity. Fortunately, the president was able to explain that I had taken all reasonable measures to keep people safe and offer consent.*

***Tara:*** *By coming in late, they sort of forfeited their right to be angry with you.*

*Ari: I agree. It's not like you just mentioned it once in passing. I wonder if putting either of these in rehearsal plans ahead of time would have helped singers to know what was coming.*

*Silvia: Can I offer something from the therapy clinician perspective? When we move through life, we can't avoid every single challenging and uncomfortable moment. That's a given, and it's really more about what to do when it occurs. Even with wonderfully appropriate warnings, this person still had this happen for them. So what is coming to me is, how do we repair in these moments. Did she have someone to go to who listened and completed the communication loop?*

*Tara: That speaks to me — just the basics of establishing a safe space and communication so there is transparency and trust.*

*Kathleen: So, how do we keep everyone safe without walking on eggshells?*

*Silvia: Everyone has a role to play. It is not just one person's responsibility.*

*Tara: That is why I give singers our orientation document (described previously). So they understand how we work together as a community, and it's everyone's responsibility to show up with their best selves — with a high level of emotional intelligence. It doesn't seem functional to have leadership feel like they need to walk on eggshells. It is important to reiterate mission and vision, and how you want the community to show up. Fundamental to it all is being kind, compassionate, patient, and understanding.*

*Ari: At the end of the day, these things will happen, and I think giving people space to process those feelings is important, as is having some communication*

*and boundaries over expectations.*

***Silvia:** It's a felt sense of feeling heard and understood. More than just 'oh, I can see,' but more you joining that person in the distress. It has a lot of value when we can do that.*

We continued this discussion and grappled with where responsibilities lie as well as if formal policies would help any of the instances that were discussed. The next topic that we worked through was the many expectations placed on directors, including the impossibility of pleasing everyone and how it looked to balance efficiency and productivity with collaboration. I asked, “How do you balance the desire for musical improvement with the needs of a room full of individual singers? When does collaboration turn into chaos and pull us off track?”

Jordan offered that how he ran rehearsals had a lot to do with expectations. “I’m two separate people in front of my two different groups. Knowing that the barbershop group needs a certain type of me and the community chorus needs a different type of me. Tara agreed and asserted that both the size of ensemble and the identity of the group had a lot to do with how rehearsals ran. She shared that when she was also directing a smaller ensemble of 18, there was a lot of room for collaborative conversations, but not as many with a large chorus. “I do invite in so much input. In [Mosaic], I think it makes it easier for people to let me be in charge.”

Ari offered that their chorus recently grew from a 13 to more than 50 members, and they have struggled with how to continue to allow people to be heard without squandering the mere two and a half hours of rehearsal time per week. They offered that

they do open the door for live feedback at times but generally ask members to send thoughts to a dedicated email address or team communication platform. Ari continued, “If there are singing things, we can take that offline unless you're a section leader, [unless] you believe that it is truly a detriment right now in this moment. Other than that, let's talk later.” I added that “if there is chaos, some people will get frustrated and leave, but what one person hates is what another person needs.”

Ari shared that they do soft skill training for their leaders for a few hours every other month to work on skills like communicating with chorus members, and that has helped take some of the time and emotional burden off of their plate. We wrapped up the conversation about rehearsal needs and communication by discussing if policies or procedures might help guide or clarify chorus needs, and the PLC agreed to think about that. We concluded the meeting by allowing each director to share what they planned to work on in the next two weeks.

Jordan wanted to establish a welcome committee, like the “Sunshine Committee” mentioned by Ari. Jordan noticed that when two new members visited rehearsal, there was not an established practice to welcome them. “One of them didn’t say a word to anyone else. The other sat next to a person who probably wasn’t the right person to sit next to.” He suggested that this responsibility might be best filled by their “cultural leaders” who can orient guests without monopolizing their time.

Ari shared that they would like to implement two ideas. They would like to implement a brief post-rehearsal survey to check in with members to ask how they felt after rehearsal and find out if they have any questions or things they need help with. Ari

shared that it might help singers notice how they are feeling and help guide leadership decisions. Secondly, they would like to put together a concert that centers minority voices. They recognized the challenge of this, since “so much of the [barbershop] musical canon has been written by White men . . . but it’s so important that we see music from other influences.”

I offered that I would like to audit our new member intake materials for one of my choruses. I learned that although we had deliberately created inclusive guiding documents that the membership team was not including them in the new member materials. I mentioned that I wanted to be clearer with expectations from the first touch point with potential new members.

Tara shared that she wanted to spend some time thinking about how to create a space that helps singers regulate their nervous systems. She had experimented with a meditative activity where she had the chorus listen to the sound of a single chime until the sound ended. She said that it was “pretty profound” and that she noticed a shift in the room, how the energy changed, and singers seemed calm and present.

Before we signed out of the meeting, I asked directors to be prepared to talk about things they have been trying and share how they went. If the topics comprised longer term goals, we could continue to brainstorm anything that would be helpful for them as they worked toward implementation. Additionally, I requested that directors note and share any feedback from their leadership or chorus members regarding the topics at hand.

### ***Meeting Three Developing Themes***

**Challenges of Collaboration.** Although PLC members agreed that collaboration was important, we struggled with aspects of implementation. To maintain rehearsal efficiency, large groups could not use the same methods or collaboration styles as smaller ensembles. Additionally, if organizations allowed opportunities for feedback, members needed to understand the decision-making structure and responsibilities while ideally allowing space and understanding for outcomes that did not align with their ideas.

**Shared Responsibility.** A theme that surfaced was the vitality of shared responsibility wherein leaders and members understood that their presence, actions, and attitude impacted their musical community. It was suggested that for organizations to maintain trauma-informed approaches, they need member buy-in and cooperation. Choruses were able to help members through hard times and triggering moments if there was a foundation of trust and communication. This could not be solely shouldered by the director.

**Opportunities for Repair.** Through survey data and conversations during PLC meetings, it was evident that providing an environment free of triggers, discomfort, and lapses in communication was not possible. It was proposed that choruses consider devising opportunities to repair after negative events, encounters, or triggers. Opportunities to develop understanding and cooperation helped strengthen positive and supportive environments that made members feel safe, supported, and heard.

### **PLC Meeting Four**

The fourth meeting was attended by Tara, Sílvia, Ari, and Jordan, although Ari

had to leave for a work call after 30 minutes. This final PLC meeting gave members the opportunity to share their reflections on our collaborative research cycle as well as convey their goals for the future and implications for their ensembles going forward. Our conversations were deeper and more focused, as we had been able to grapple with core issues and themes that had emerged over the course of the study. Each member had an opportunity to begin a discussion by reporting on their progress, challenges, and ideas since the last meeting.

### ***Jordan and New Directions***

Jordan shared two new initiatives that he had been working on since our last meeting. First, he stated that Lake Chordsmen, his barbershop chorus, was moving forward with creating a welcoming committee. Then he reported that they were working on finding more inclusive music. He shared that after a joint concert with both of his choruses they expressed interest in the broader and more inclusive music of the other group. He admitted, “It’s hard to make . . . 80-year-old White guys want to change. But they do. They care.” Northwoods Community Chorale had performed national anthems from other countries and non-patriotic freedom songs. He continued, “So, my preconception of them not wanting to was changed . . . I would’ve have thought that they would have wanted to do something so [different] from what they normally do.” I noted that this was an excellent example of a willingness to examine their existing practices and have strong communication about options.

### *Ari, the Progression of Inclusion, and Documentation*

Ari shared that the previous week, they had been on a panel about culture and belonging at an event for barbershop choruses. They emphasized that “inclusion isn’t a yes or no, it’s how can we be more inclusive, it’s a constant progression.” They stressed that “taking steps in the right direction is great to see.” Ari described an annual practice their chorus has that helps leadership gather member perspectives. They send out an annual survey, collecting views on repertoire, guest coaches, and events. This has allowed members to voice their opinions, and the process gave leadership ideas about direction for the following year. Ari stated that the chorus was looking at adding more inclusive music in the coming year, and that the chorus and leadership wanted to bring in some new show themes that would make room for songs about social justice and the power of unity.

Ari added that they have been working with chorus leaders on documenting many of the informal practices that they shared with the PLC over the course of the study. With regard to communication and setting expectations, Ari shared, “We do have a new member PowerPoint that we do night one. So, we take all of the guests and we sit them down. We’re, like, ‘here are financial expectations . . . time commitment, here’s what music learning means . . . here are all the leaders.’” They admitted:

It’s incredibly overwhelming, but we do send that out so that people have access to it . . . we’re working to continue to refine and make sure that more expectations are being communicated upfront – because the worst thing, as we all know, is like signing up for something, and then realizing that you only got half of the message.

Ari concluded by noting they were taking advantage of the momentum and working on several policies at once. Leadership of Vocal Blend was supportive in taking these next steps. They hoped that formalizing these policies, procedures, and information systems would increase transparency and communication.

### ***Tara, Heightened Awareness and Growth***

Tara shared what she had been thinking about since the last meeting. She reiterated that a lot of her processes aren't guided by formal procedures or documentation, "I'm not so much concrete as, sort of, heightened awareness." Tara had recently read the book *Letters to a Young Artist* by actor Anna Deavere Smith (2006), and was struck by two concepts. The first was to "think of yourself as a breath of fresh air" (p. 102). Secondly, Tara relayed that the author had been talking to someone about teaching and the concept of "being conscious of preparing the space, so when people walk into the space, . . . it feels all the ways that you want it to feel." Tara expressed the desire to put several things "higher on her radar," detailed below.

I've gone through quite a lot of thinking about ways of being sort of careful and conscious about things that might go wrong . . . but I also want to think about flourishing and creating flourishing for everyone. You know, like we talked, we mentioned the phrase post-traumatic growth . . . I don't want to get so focused on people's triggers and not be thinking about just leading with creativity and color and flourishing.

Directors in the PLC were clear that although our jobs and our choruses were not clinical or therapeutic in nature, we frequently observed or experienced the power of

making music and being with community. Several choristers noted in their surveys that although traumatic memories and other emotional challenges had surfaced during chorus activities, that being in a safe and trusted environment while creating music with others created a space where healing could occur. In order to facilitate this space, Tara added that she had developed a plan to be more consistent about her pre-rehearsal process. She wanted to take time before rehearsal to make sure she was in a good place and pay attention to the healing aspects of that preparation. She concluded by saying, “I feel like I had a really nice process through these four meetings and I like ending up there.”

### ***Vulnerability, Safety, and Boundaries***

Following Tara’s report, the directors grappled with the energetic output of balancing director responsibilities such as planning and organizing with emotional and personal support needs of choristers. Recognizing that different chorus members have differing opinions, I posed a question asking how much energy we should pour into the people who were consistently negative, volatile, or generally discontent. Jordan noted the propensity of members to feel entitled to getting what they personally want without regard for the opinions of other members or leaders because they are “dues paying members,” noting that this may cause conflicts. Tara reminded us of the change she underwent when she returned from hiatus dealing with her partner’s cancer and the pandemic. She drew firmer boundaries and decided not to spend her energy on people that were uncooperative and draining. She continued, “I can’t be girding my loins around any of my singers. I need to be authentic and vulnerable, and I cannot be that while protecting myself from people.” Drawing from a previous conversation, Tara stated:

You've mentioned feeling like you needed some defense against singer energy, and it's been a thing of beauty for me because I'm holding that boundary, and because I'm holding it, I'm having such a better time, and the singers are getting a better experience . . . I have to do my best work. Actually, it has to work for me more than it has to work for any of [my singers]. I was empowered to be more clear about that.

Tara had spent a lot of time in the last several years creating and enforcing boundaries that ultimately allowed her to be more open, vulnerable, and receptive. Ari added that the health of the organization may supersede the need of an individual member who is disproportionately in need of attention. They offered, "yes, we want to care for and nurture our members, but once we start spending our energy focused on the individual member all of the sudden, we can no longer help the larger organization." Ari relayed that if our energy is exhausted, we can't do our best. They added:

I spend a lot of my time and energy trying to help every single person feel like this is exactly where they need to be and feel like they are the most loved human on the earth and all of that. And while that is beneficial, it's also exhausting. I am somebody who is really good at having no understanding of how much energy I actually have to expend and giving about 500% more than I had.

The directors agreed that while we want individual members to thrive, it cannot be at the expense of the organization as a whole or our own physical or mental health. Tara asserted the responsibilities of members, "People have to really rise to the occasion, they have to show up and bring their best self and bring their own consciousness and

recognize how much the director has to do.” I affirmed my own challenges with difficult members who took a disproportionate amount of energy and said, “I can’t show up as a vulnerable and compassionate person when my guard is up.”

Sílvia offered her view on trauma and boundaries. She imparted that a boundary can be thoughtful and kind while still being firm. “We have to figure out a way to do this because [we] can’t be in this protective state to do [our] best work.” Sílvia took a few moments to talk about what she referred to as the “paradox of trauma.” She explained that people with a traumatic past or disorganized childhood attachment might be uncomfortable with and push back against boundaries in order to re-create their unhealthy but familiar sense of instability and conflict. She affirmed that there may be times when we will have done everything that we should have or could have done, and individuals may still be upset, triggered, or abrasive. Sílvia concluded:

I think it's really important to . . . hear them but also realize that it's their struggle – internal struggles most of all. So if you can say to yourself, ‘I'm showing up authentically and thoughtfully, and creating healthy boundaries,’ . . . then what [do] they do with that? It's their internal work. We all get caught in these interactions, it happens all the time, especially with people that are not very aware and haven't done the work.

### ***Calling for Change***

As we wrapped up our call, PLC members organically summarized some of the most prominent topics that we had discussed over the course of the study. Throughout our time together, we shared our perceptions of how trauma manifested in chorus spaces,

identified practices that may be classified as trauma-informed, and brainstormed how new policies and procedures may be enacted. Additionally, we wrestled with complex subjects in deep conversations as we investigated the intricacies of reflexive practice and responsibility as well as considering and managing change. We interrogated ourselves and one another as we searched for balancing musical growth, community needs, and capacity. As we navigated these conversations, a common thread in the PLC was a willingness to being receptive to change, balanced with an understanding that there is no one right way to approach the complexities of choral organizations and the members that comprise them. Our final meeting brought a deepening of themes that had surfaced during other conversations. The most significant themes will be discussed at length in Chapter Six.

#### ***Meeting Four Continuing Themes***

**Progress, Action, and Change.** Directors shared their ideas, successes, and concerns about change. Member of the PLC discussed what goes into making progress and setting plans in action, from soliciting feedback, to making observations, to encouraging a healthy chorus culture, to inciting change. Each of these topics incited questions that each organization would need to contend with moving forward.

**Director Wellness and Boundaries.** As our PLC delved deeper into the reality of creating more trauma-informed spaces, it became apparent that the work of doing so could not be shouldered solely by directors. Conversely, egalitarian tenets of TIP prompted the realization that a community problem may not be solved by traditional top-down management. Further, we hypothesized that in order for an choral organization to

thrive in a sustainable fashion, the wellness of the director needed to be accounted for along with the wellness of choristers.

### **Individual Post-Study Thoughts**

At the completion of our PLC meetings, I invited participants to communicate any final thoughts or reflections they had via either email or video call. Both Ari and Tara had additional thoughts to share, and I have summarized those in this section. Tara kept written notes throughout the experience and shared her full journal with me. Ari met with me via Zoom three months after our final meeting for a closing conversation.

Ari had signed off from the final meeting early, so I began by sharing a brief recap of our final conversations. I asked Ari if they had any takeaways or new thoughts since the conclusion of the PLC sessions. They reported that the experience had sparked a lot of thought, saying, “I think about it all the time now . . . how can I support members in our organization while supporting the organization itself? It’s a very challenging balance to strike.” They shared that it can be especially challenging before a big event like a show or contest – times when rehearsals can feel busier or more intense. Ari relayed a story from a recent rehearsal wherein the chorus was in show prep mode, but they could tell that energy was flagging, so instead of pushing through, Ari suggested the members would be best served to go home early rather than wringing out their last bits of attention and energy. Ari specifically cited being more aware of individual members and their body energy to make the determination to end early. They felt that it was a healthy decision and it gave them the opportunity to communicate with the chorus with transparency. In closing, Ari shared that they planned to continue to look for ways to

implement TIP, focusing on balancing individual need with chorus achievement and refining communication and feedback loops. Ari also wanted to explore healthy boundaries to find a healthier energy balance to avoid burnout.

Tara shared her journal notes from the study. These included both notes she had taken during the meetings as well as thoughts she documented in between our sessions. During the meetings, she had clearly reflected many of her thoughts and experiences, and most of her notes supported previously discussed points. She recorded one particularly insightful list, shared below with light editing for length. Tara was excited to consider “ways of running rehearsal that maximize ways that choruses offer healing, or maybe that get out of the way of the healing power of ensemble singing.” She noted the following:

- *Having people feel seen, respected, valued, and included.*
- *Being transparent in my process, explaining and sharing.*
- *Valuing people’s intelligence and wisdom – asking for input.*
- *Being very clear on expectations and holding to them.*
- *Running every aspect of the chorus with mutual respect, sanity, and flexibility.*

Tara delved into the shift in she made in her practice as a director in the last two years as she worked towards helping singers regulate their nervous systems and settle. She included a few pages of activities and chorus exercises that she has tried with her chorus, detailing the intent of each. She related that she was able to sense a shift in her chorus, as well as in their collective ability to listen, connect, and “hold silence.” Tara shared additional insight about several of her musical experiences coming together:

[It reminded] me about how sound can create a safe space . . . choral singing is not just about the songs, it's about the sound. So the director creating a trauma-informed space isn't dealing with individual issues so much as maximizing the healing potential of the sound and the community, the potential of the music to create the container. If that's in place, then there should be grace to navigate challenges that come up. If that's not in place, what's the point?

### **Conclusion**

In Chapter Five, I documented phase two, the collaborative inquiry cycles of our PLC, and provided findings, themes, and questions from our work. This research allowed PLC members to grapple with real-world applications and scenarios to determine which, if any, TIP may be appropriate or useful in their chorus communities. Through the evolution of the collaborative inquiry cycles, directors probed, scrutinized, and considered the application of TIP in the community choruses they directed. In Chapter Six, I will present a cross-case analysis and a discussion of the main themes of the study. I will continue this examination by drawing connections between lived experiences in community choruses and relevant existing TIP in and out of formal research and scholarship. In Chapter Seven, I will discuss limitations of this study and provide implications and recommendations for adult community choruses.

## CHAPTER SIX

### Discussion

I begin Chapter Six with a cross-case analysis to ascertain the similarities and differences between participating directors and choruses from both phases of the study. This analysis of findings includes a discussion of themes, extant trauma-informed tenets, and their relation to existing topical literature. Following this discussion, I directly answer the three research questions using the findings from the study. Chapter Seven will include an examination of challenges and limitations, implications for choruses and directors, and recommendations for further research.

In this study, I engaged four community chorus directors and a licensed therapist in a professional learning community with a purpose to explore equity-centered, trauma-informed practices in adult community choruses. Guided by SAMHSA's (2014) trauma-informed care principles and an equity-centered framework (Thompson & Marsh, 2022), the PLC collaboratively examined how trauma-informed approaches might be understood and applied within their ensemble contexts. The following questions guided our collaborative inquiry:

1. How did trauma and trauma symptoms affect the experiences of the adult community chorus members?
2. What practices did the directors and choruses already have in place that were in alignment with the tenets of trauma-informed practices?
3. How did the directors apply or inspire the tenets of trauma-informed practices over the course of the study, and/or how did they plan to do so in the future?

## Reported Effects of Trauma

In phase one of the study, chorus members completed a questionnaire, the results of which I presented in the context of each chorus. Here, I discuss the survey data across participating choruses. Table 10 conveys data from all respondents regarding their experiences with trauma and chorus participation, with between 88 and 93 respondents answering individual questions.

**Table 10**

### *Combined Chorus Survey Responses – Trauma*

Question	Regularly	A few times	Just Once	Never	Unsure
Have you ever experienced a time when you felt emotionally or physically out of control because of experiences at chorus?	0 (0%)	19 (21%)	6 (7%)	65 (71%)	2 (2%)
Have you ever experienced a time when you felt emotionally or physically out of control at chorus because of experiences or circumstances outside of chorus?	3 (3%)	28 (30%)	6 (7%)	51 (55%)	1 (6%)
Have you ever had a musical experience in chorus that prompted you to shut down, act out, or fight back (or feel like you might want to)?	0 (0%)	18 (20%)	6 (7%)	65 (71%)	2 (2%)
Have you ever had a non-musical experience in chorus that prompted you to shut down, act out, or fight back (or feel like you might want to)?	1 (1%)	28 (30%)	12 (13%)	50 (54%)	2 (2%)
Have you ever witnessed a chorus member shut down or act out during a chorus activity? Acting out may include yelling, angry outbursts, or defiant behavior.	0 (0%)	21 (23%)	30 (33%)	37 (40%)	4 (4%)
Have you ever felt unable to engage at chorus because of previous traumatic experiences?	0 (0%)	12 (13%)	5 (6%)	69 (77%)	6 (7%)

Have you ever had an experience at chorus that brought up past traumatic memories or feelings?	0 (0%)	28 (32%)	12 (14%)	43 (49%)	2 (15%)
Have you ever had an experience at chorus that created new traumatic memories or feelings?	0 (0%)	8 (9%)	5 (6%)	71 (82%)	3 (3%)
Have you have had an interaction with a leader at chorus that triggered past traumatic experiences?	0 (0%)	4 (5%)	4 (5%)	77 (88%)	3 (3%)

It is noteworthy that a considerable number of singers reported incidents wherein trauma impacted their chorus experiences. Although several respondents did not cite personal connections to traumatic experiences, more than half recounted witnessing others who acted out or shut down during a chorus activity. Written responses indicated that some members who observed this in others were affected by the emotional or logistical disruption caused by such occurrences. Trauma-affected individuals displayed challenges with traditional rehearsal norms and behaviors related to social rules of conformity, as described by Taggar (2017). Such social norms influence individuals to conform to implicitly developed behavioral expectations. Within music education, scholars have cited ensemble norms and rules that prescribed order and obedience that often carried implications of authority and control (Bernard & Bylica, 2025). This type of disciplinary expectation may stunt or suppress emotional expression. Choruses in this study wherein singers had implicit or explicit permission to step out and handle their own needs allowed for more flexibility for singers to take the time they needed to regulate before returning to chorus activities.

Several choristers shared that chorus participation was beneficial in the process of processing difficult emotions or traumatic experiences, citing experiences as cathartic or

healing. Respondents mentioned that positive social and musical experiences and a broad sense of safety countered negative or traumatic feelings or interactions. Although members reported that music was sometimes deeply challenging on an emotional level, at times even triggering traumatic memories, that a supportive chorus environment allowed them to process these experiences.

Differences between choruses were observed in several areas. Singers from Mosaic reported more traumatic experiences and diagnoses, while both Lake Chordsmen and Northwoods Community Chorale had fewer reported connections with trauma. Vocal Blend fell relatively in the middle of these cases. Members of the PLC speculated that there may be several reasons for these differences, including the ages and genders of chorus members, educational and social demographics, and the missions and aims of the choruses. Mosaic, for example, was forthcoming that they centered the healing aspects of community and music, whereas Northwoods Community Chorale focused on recreational, artistic, and educational endeavors. Additionally, individual awareness of emotional states varied between organizations. Because this evaluation was a self-reported metric, PLC members hypothesized that some choristers may be more or less aware of their own states than they reported.

### ***Reported Effects of Safety and Belonging***

Safety and peer support are two of the listed principles in SAMHSA's (2014) model of trauma informed care. Data conveyed below reflect choristers' sense of safety, peer support, and belonging within their choral experiences. Several of the questions prompted respondents to reflect on their experiences with discrimination, bullying, and

perceptions of social climate. This data offered insight into cultural, historical and gender issues which is the fundamental focus of equity centered TIP. A majority of respondents reported that they never felt unwelcomed, bullied, or ostracized, but several responses indicated that some choristers had negative experiences beyond outlier events worth exploring. It is notable that 26% of chorus members had experienced one or more instances of feeling bullied or belittled at chorus. Free responses specified that these experiences had come from a variety of sources, both from other members and from leaders or directors. One data point illustrated a lack of safety, voice, and choice in some instances, as 13% of respondents had one or more reported occurrences of feeling unsafe voicing opinions about chorus policies or music. Some chorus members reported negative personal experiences, with 12% having one or more instances of feeling disrespected or unwelcome because of core aspects of their identity.

**Table 11**

***Combined Chorus Survey Responses – Safety and Belonging***

<b>Question</b>	<b>Regularly</b>	<b>A few times</b>	<b>Just Once</b>	<b>Never</b>	<b>Unsure</b>
Have you ever felt bullied or belittled at chorus?	1 (1%)	12 (13%)	11 (12%)	64 (70%)	3 (3%)
Have you even had an experience at chorus where you felt shamed or belittled for aspects of yourself such as gender expressions, body size, religion, sexuality, race?	1 (0%)	2 (7%)	0 (0%)	74 (82%)	13 (14%)
Have you even had an experience at chorus where you felt unwelcome or ostracized due to aspects of yourself such as gender expressions, body size, religion, sexuality, race?	0 (0%)	3 (3%)	0 (0%)	84 (94%)	2 (2%)

*Have you ever felt unwelcome or ostracized by the actions, words, or presentation of others in the chorus space (for example... hurtful personal or political statements, images, clothing, etc.)?	1 (2%)	2 (8%)	0 (0%)	41 (89%)	2 (4%)
Have you ever felt disrespected or unwelcome because of core aspects of who you are (race, ethnicity, religion, gender, gender expression, sexual orientation, disability, age, body type, etc.)?	1 (1%)	8 (9%)	3 (3%)	76 (90%)	0 (0%)
Have you ever felt discriminated against or unsafe because of the actions or words of leaders at chorus?	0 (0%)	6 (7%)	1 (1%)	78 (90%)	2 (2%)
Have you ever felt discriminated against because of the actions or words of other chorus members?	0 (0%)	8 (10%)	3 (4%)	73 (85%)	0 (0%)
Have you ever felt unsafe because of the actions or words of other chorus members?	0 (0%)	3 (3%)	8 (9%)	72 (83%)	2 (2%)
Have you ever felt unsafe because of the actions or words of other chorus leaders?	0 (0%)	1 (1%)	2 (2%)	83 (97%)	0 (0%)
Have you ever felt unsafe voicing your opinions about chorus policies or music?	0 (0%)	9 (10%)	3 (3%)	71 (83%)	3 (3%)
Have you ever felt discriminated against or unsafe because of chorus policies?	0 (0%)	1 (1%)	1 (1%)	84 (97%)	1 (1%)
Have you ever felt pressured to participate in a way that felt physically or emotionally unsafe?	0 (0%)	3 (4%)	3 (4%)	78 (92%)	1 (1%)
Have you ever done something against own best interests because of the culture/pressure from others at chorus?	0 (0%)	4 (5%)	2 (2%)	78 (91%)	2 (2%)

\* This question was inadvertently omitted from the Mosaic survey.

This study was not designed to provide generalizable data; however, PLC members raised questions about whether various intersectional identities of historically

marginalized categories impacted singers' experiences, as social conditions such as racial discrimination, exposure to violence, and poverty have been shown to increase trauma risk (Campbell et al., 2021; Roberts et al., 2011). As a reminder, chorus members were asked to report data from their lifetime experiences with choral ensembles, not only their current ensemble. Members from Mosaic reported the highest instances of negative experiences with safety and belonging followed by respondents from Vocal Blend. Mosaic was the only women's chorus represented in the study, and both Vocal Blend and Mosaic had high numbers of individuals who self-identified as LGBTQ+. Across all four choruses, 11% of singers reported to have left a chorus due to issues inquired about in the survey.

### **Initial Themes Across Choruses and Directors**

The initial individual interviews and the first PLC meeting provided data that elucidated the culture and environment of each participating choral organization and director leading up to this study. I introduced themes that were emerging for each group in Chapter Four. Here, I present a synthesis and analysis of the most notable themes that were prevalent at the start of the study. In the next section, I examine how these and other themes developed, emerged, and settled throughout the collaborative inquiry cycles.

### ***Manifestations and Awareness of Trauma***

According to the American Psychological Association (2025), trauma is “any disturbing experience that results in significant fear, helplessness, dissociation, confusion, or other disruptive feelings intense enough to have a long-lasting negative effect on a person's attitudes, behavior, and other aspects of functioning” (para. 1). Choristers and

directors in this study affirmed that negative effects did intersect with chorus participation. Survey respondents and PLC members cited numerous examples of individuals acting out, shutting down, or exhibiting heightened emotional responses that may have been due to the effects of trauma (Levine, 1997; van der Kolk, 2014).

The first formal inquiry I posed in this study pertained to how trauma and trauma symptoms affected the experiences of the adult community chorus members. Although I answer that question directly at the end of this chapter, I first discuss the intersection of trauma and chorus participation through the lens of interviews and PLC meetings. Each PLC participant had varying degrees of awareness and exposure to the manifestations of trauma, but aside from Sílvia, a practicing therapist, there was limited formal training of how trauma might impact learning, creativity, music making, and socialization. Each participant, however, had some experience with witnessing or experiencing trauma, so making connections to a more scholarly understanding was not challenging. Central to this theme was the understanding that trauma is ubiquitous.

Ari pointed out that sometimes trauma-affected individuals were easy to spot, as they might demonstrate “a quick and shut sudden shift of behavior, or like in the way that they're holding themselves. [They may be] very quick to shut down completely if something hits one of those buttons.” As directors gained increased awareness of manifestations of trauma and its impact to our choral craft and community, their motivation to develop trauma-aware techniques increased. The humanity of these empathetic individuals who were committed to improving the experiences of their choristers was apparent, and the directors were therefore compelled to reflect on what

else they might do to create safer and more trauma-informed organizations and choral experiences.

### ***Knowledge Gap***

Data from individual interviews with PLC members illustrated that various gaps in knowledge were barriers for organizations in being fully trauma-informed. The participating directors did not have formal education about TIP applicable to either community organizations or education at any level. Additionally, they did not have background knowledge or training in psychology or trauma. As Tara pointed out, “I think that I am [aware of common manifestations of trauma]. However, I don't know what I don't know.” Within choruses, individuals represented a broad segment of the population with different backgrounds, interests, and knowledge, and therefore had varied understanding and awareness of trauma. Through the course of our initial conversations, inclusive of directors’ descriptions of chorister reactions to study participation, it was apparent that directors and other leaders lacked knowledge of TIP, as did chorus members, who needed education to consider supporting organizational change.

### ***Willingness to Grow and Change***

A theme that emerged from both our initial conversations and throughout the narrative inquiry cycle was the necessity of organizations and individuals being willing to learn, grow, and make positive changes. In the SAMHSA’s Concept of Trauma and Guidance to a Trauma-Informed Approach (2014), organizations are urged to learn to *realize* the impact of trauma, *recognize* the signs of trauma, and *respond* by creating

practices to support trauma-affected individuals. The community choruses in this study relied largely on volunteer labor, apart from the directors. This lack of available labor proved to be a barrier not only to building formal systems and practices, but to sharing the cultural and logistical responsibility for creating change. Directors noted that choristers who join choruses for community and musical fulfillment often had not thought about broad implications of the intersection of trauma with chorus participation, but many chorus members expressed empathy and curiosity. Individuals and organizations that were willing to reflect on their own practices showed openness to adopting TIP to improve the culture of their groups.

### ***Formal Systems***

Trauma-informed educational and social service institutions have created systems and programs constructed through various trauma-informed approaches (Berger, 2019; Fallot & Harris, 2009). Co-researchers in the PLC recognized that many of their organizations did not have such formal systems to support TIP, despite several positive informal or cultural practices. Clara posited, “How do we level the playing field so that those people can come can keep coming to the table with even with their own baggage and history.” A common theme throughout our research was the realization that having some formal systems in place may help choruses maintain TIP without the need for constant attention or supervision from the director. Ideas for implementation included creating policies and procedures regarding cultural expectations, conflict resolution, communication procedures, individual needs within a group setting, and inclusive costuming.

### ***Positive Culture, Informal Practices and Intuitive TIC***

From the start of this study, I noted that the participating director often exhibited an intuitive understanding of what actions and behaviors supported the concept of trauma-informed care. The PLC members demonstrated a desire to cultivate a positive community environment where individuals felt safe and comfortable. Tara offered, “You know, fundamental it to all this is like being kind to each other, being curious, being compassionate, being patient, understanding.” Adopting a vocabulary from trauma-informed approached allowed us to analyze the informal practices and manifestations of positive culture that were already in place in participating choruses.

**Supportive Communities.** Co-researchers in this study reported several indicators of a supportive community within their choruses. As Ari stated, “Some of us have good days and bad days, and [we are] just doing our best to be supportive of people when they have a bad day.” Trauma researchers have connected the importance of having a helpful community to the resilience of trauma survivors. Patel et al. (2023) observed, “a strong social support network made up of friends, family, and community organizations has been found to be essential to trauma survivors’ resilience.” (p. 756). Sílvia explained how having supportive people around us can create an environment where healing can occur, stating,

Trauma is experiencing fear in the face of helplessness that overwhelms our nervous system’s capacity to respond in a way that feels psychologically safe, and it is our physiological response in that event that ends up getting stored in our body that without help and support and healing we will carry, and then keep re-

experiencing.

Although the choruses in this study were not designed for music therapy nor were run by clinical practitioners, choristers and directors identified highlighted that within a safe, artistic, community-centered environment, healing can occur. Maercker and Hecker (2016) asserted that after an individual experiences trauma, social support can create a buffer to guard against symptoms of depression and PTSD. Tara offered, “You know, we're just trying to create a healing space. And we're trying to make the healing power of ensemble singing as impactful as it can be.”

**Director-led Culture.** Directors grappled with the phenomenon of chorus cultures that were shaped largely by the directors themselves. Mosaic was intentionally created by Tara in a way that supported her vision and concept of a supportive musical culture. She feels this works well for the chorus, but admits that in her absence, “it’s not an institution that has a structure without me.” Other conversations highlighted examples wherein directors felt they were carrying a disproportionate share of the burden of creating a positive and supportive atmosphere, and at times members pushed back against their requests or were unwilling to make substantial changes. This concept resurfaced with scrutiny during group meetings, which I address in subsequent sections.

### *Additional Successes*

**Clarity of Identity.** My initial conversations with PLC participants laid the groundwork to explore several factors that supported TIP and healthy chorus ecosystems. When new or potential chorus members had a clear understanding of the organization they were joining, they were more likely to uphold or enhance existing culture. Ari

shared, “Recognizing that not every group can fill every purpose out there, and kind of standing behind the things that we do is something that we . . . are very mindful of.” This clarity of identity helped establish communication and trust. In choruses with clearly conveyed goals and missions, member expectations were more likely to be fulfilled, and breeches in written or unwritten community rules were managed by turning to and reflecting on chorus principles or guiding documents. In instances where there was a mismatch of expectations versus organizational support or culture, friction was created and less likely to be resolved.

**Repertoire.** Inclusive repertoire was considered by each director, although the meaning and implementation of this consideration was widely varied. Ari offered, “I don't want anything in our repertoire that makes people uncomfortable . . . at the end of the day, if I'm the only one who's comfortable. It's not a very healthy organization.” PLC members offered several ideas about filters they used to determine the appropriateness of musical selections. These topics and tolerances varied by individual and organizations, but directors cited weighing the value and appropriateness of the following: challenging or triggering subject matter; gender representation or gendered language; centering romantic love; lyrics that had coded or overt language that may be sexist, racist, or otherwise offensive; controversial topics; and political, or religious themes. Although PLC members recognized that chorus identity and community expectations influenced repertoire decisions, they agreed that repertoire had power to impact chorus members and audience members on an emotional and psychological level.

## **Themes From PLC Cycles**

As the PLC met, I took inspiration from Donohoo's (2013) collaborative inquiry cycle. The co-researchers and I progressed through framing and discussing concerns we wanted to address, examining evidence, sharing collaboratively and inquisitively, and affirming one another's progress and new ideas. Together, we grappled with the needs and expectations of each chorus and director, as we centered the desire to discover the value and application of trauma-informed approaches. In this section, I discuss the most prevalent themes that emerged.

### ***Accepting Tenets of TIC/TIP and Centering Equity***

Co-researchers indicated their support for the idea of trauma-informed approaches and appreciated the model of equity-centered TIP. Directors unhesitatingly adopted the tenets of TIP as a lens for our conversations, although equity was not always at the center of their inquiry. Members of the PLC were interested in learning that trauma-informed teaching practices had been adopted at several levels of education, including general collegiate learners as well as tertiary music education (Andrews & Swift, 2025; Imad, 2022). We noted, however, that we could not locate a succinct guide to how these principles were enacted in post-secondary education. Scholarship on TIP in community music is still emerging, and materials are similarly unavailable (Birch, 2025). Jordon suggested that it would be helpful for community choruses to have a short reference guide for chorus leaders to consult. In agreement, I asserted that the work we were undertaking may provide a solid foundation for such materials. In the section that follows, I explore how the PLC grappled with and reflected on the six tenets of equity-

centered TIP as theorized by Thompson and Marsh (2022).

**Culture, Historical, and Gender Issues.** The phrase Cultural, Historical, and Gender Issues was not intuitively descriptive for all PLC members. The vast and complex topic of marginalization and privilege was hard to distill in our short sessions. Before we began sessions, I had distributed SAMHSA's (2014) document that outlined a trauma-informed approach. The succinct language in that publication encouraged organizations to move beyond stereotypes and biases as well as to incorporate culturally responsive processes to best serve the needs of clients, as well as to recognize and address historical trauma. Each PLC participant had vastly different experiences as to what that might include, but all were willing to listen and consider ways their organizations could be more inclusive of the needs of members. Existing inclusive and responsive policies and processes shared by PLC members included: a) rehearsing near a main bus line for access; screening lyrics for inappropriate stereotypes; b) balancing repertoire to include a variety of belief systems; c) seeking out music written by historically marginalized composers and arrangers; d) providing financial assistance or scholarships; accommodating physical disabilities; and e) allowing flexible costuming for the comfort and expression of members. We noted that attending to cultural, historical, and gender issues within chorus structures and culture required a lot of education, member buy-in, and administrative support, creating additional challenges for improvement.

Silvia emphasized the importance of making space for and listening to minority voices. She explained, "You know that feeling being in that marginalized minority, right? They don't feel like they can have a voice. So, they kind of fade into the background."

PLC members shared their existing chorus communication systems and brainstormed about how choruses might invite in more feedback from individuals who may not be inclined to speak up. Suggestions included: a) enlisting the help of an ombudsperson; b) opportunities for questions and concerns in writing; and c) direct, open, and respectful conversations about chorister needs.

**Safety.** The concept of safety was understood by PLC members to be a core tenet of TIP that encompassed physical, emotional, and psychological safety. We discussed the inherent challenge of balancing individual needs, group aspirations, and artistic requests for vulnerability. Jordan is also an instrumentalist and stated, “I’m able to hide behind an instrument sometimes, but as singers . . . we’re always exposed and at our most vulnerable whenever we open our mouths.” This vulnerability requires participants to be in a state of safety.

The nature of music making requires building a community of safety and trust.

Music, as a form of expression, provides an opportunity to contribute one’s voice to a community of music makers. One cannot offer something so deeply personal in an unsafe environment. (Hess & Bradley, 2020, p. 443)

PLC members wrestled with the impossibility of providing a completely safe space for everyone in the room, noting that what one person needs may be the opposite of what another person needs. In the event of these conflicting requirements, I posed the question, “Who am I keeping safe? Am I sacrificing other people’s safety for one person’s experience?” Although we did not codify an ideal answer to this paradox, PLC members agreed that an organization with a strongly understood, clear identity may assist

leaders in making difficult decisions.

**Trustworthiness and Transparency.** Directors shared formal and informal ways that they built trust and transparency in their choruses, and the PLC discussed processes that may improve these principles. Within a chorus environment, trust was built when follow-through was aligned with intent, as well as when changes or decisions were clarified. Ari explained, “Through a mutual trust and understanding that we're all learning and growing. And there's going to be times where we make mistakes and times where things don't go well, but we continue to try and push forward.” Directors reported that choristers found it helpful to understand where decisions were coming from, especially amidst conflict or challenging topics. Tara shared that although she asked for a great deal of feedback from her chorus, she was the final artistic arbiter. With this responsibility, she felt an obligation to explain why she made the decisions she made. The nature of sharing within the PLC allowed participants to hear what other people had success with and consider enacting similar procedures in their own choruses.

**Peer Support.** Peer support was evident in each group, as indicated by surveys and PLC discussions. Types of peer support varied widely and can be perceived of as chorus-related support and social or community support. Chorus-related support included having establish systems for onboarding, music learning, and new member support. Choruses represented in this study used a variety of approaches for peer-to-peer support, including formal onboarding policies, peer mentors, and committees to ensure musical comfort and preparedness. Informal practices included allowing time for peer communication, and dedicated communication channels for members. PLC members

shared their experiences of not only witnessing peer support, but also experiencing it from members in their own lives during times of need. Some difficulties were noted in balancing finding time for social connections with rehearsal and administrative needs. Represented choruses used additional experiences such as retreats, full day rehearsals, and travel opportunities to ensure chorus members had non-structured time to connect with one another. Variations in chorus culture drove differences in the types and extent of peer support available. When choristers were encouraged to bring their best selves to gatherings, interpersonal relationships were more likely to flourish. Tara expected of members that “everybody needs to show up in an evolved, mature way.”

**Collaboration and Mutuality.** The concept of collaboration and mutuality was a challenging topic to grapple with in the context of director-led ensembles. The co-researchers and I discussed that our choruses, by design, had one or two directors who routinely stood in front of the group to run rehearsals, and while several collaborative practices were in place, there was a notable power imbalance in that routine. I posited that collaboration and mutuality was “really about mitigating harmful aspects of power structures.” PLC members offered ways they created egalitarian practices and examined areas where this was challenging. We noted that larger groups often presented a more substantial struggle in integrating opportunities for collaboration and mutuality. Possible tactics for enacting this tenet included: a) allowing small groups to run outside rehearsals without the director; b) frequent discussion about role clarity to reinforce that singers’ voices are powerful, and not “below” the director; and c) committees or focus groups to work on choices of music, theme, costume, and social events.

**Empowerment, Voice, and Choice.** Closely related to the previous tenet of collaboration and mutuality, we found that the concept of empowerment, voice, and choice allowed members to feel valuable. This was seen as a challenging tenet to uphold regularly, as many choices are made regularly by directors, not only behind the scenes, but moment to moment during rehearsal. Choruses represented in this study had different approaches to what was identified as the director's responsibility, and what was designed or chosen by committee. We also found that choristers had different expectations and tolerances for how involved they wanted to be or believed they should be in chorus decisions. As recreational singers, many preferred to just show up and receive music and instructions. Other singers felt most comfortable when given opportunities to voice their opinions and concerns. Through the lens of trauma-informed care, providing participants opportunities for empowerment, voice, and choice allowed them to feel safe. As we talked about how to provide these opportunities, we grappled with the idea that in a large room full of people, conflicting opinions and needs may prevent everyone from getting exactly what they want. *Silvia* offered:

There's so much . . . safety built, and security built in just giving people a voice, even if they don't get everything they want. But they felt, heard, they felt understood, and now they have to understand. They have to offer that understanding.

*Silvia's* balanced approach indicated that there is a dual responsibility of members who wish to be empowered and understood. This approach necessitates a reciprocal agreement wherein all parties are dedicated to working to understanding one another as well as

centering the good of the group rather than just their own needs.

PLC members shared several tactics that they used or could imagine using that may provide opportunities for empowerment, voice, and choice. We found that several of these approaches and policies would be best balanced with a solid understanding of clarity of identity and roles within the chorus to keep communication transparent and outcomes defined within the scope of director or committee responsibilities. Ideas included: a) formal mechanisms to communicate feedback to the director and leadership teams; b) procedures about reporting concerns and preferences; c) flexibility in costuming; and d) community cultural agreements to support individual needs if someone need to step out to handle their own needs or opt out of performing a particular song.

### ***Expanding and Differentiating Trauma-Informed Applications***

As the co-researchers and I examined the application of existing equity-centered TIP as well as SAMHSA's (2014) guidance for TIC, four themes emerged that could be conceived of as either an extension of these or precepts, or as additional considerations for a trauma-affirmed approach for adult community choruses. These topics are director wellness and boundaries, chorus-specific challenges to application, shared responsibility, and opportunities for repair. I address the first two matters here, and the latter two in Chapter Seven.

**Director Wellness and Boundaries.** SAMHSA's (2014) guidance for a trauma informed approach included several statements about ensuring the well-being of staff in addition to individuals being served. "Staff working in the organization and individuals being served must experience the setting as safe, inviting, and not a risk to their physical

or psychological safety” (p. 13). Additionally, the publication lists the need for ongoing training and peer-support of staff. Researchers have indicated that music educators with trauma history are more susceptible to secondary traumatic stress, wherein exposure to other people’s trauma can cause or exacerbate trauma (Smith, 2021). Directors, therefore, may have additional burdens to carry as they need to be aware of both their own nervous systems as well as what they are exposed to from choristers.

Directors participating in this study noted their desire to provide a supportive environment for not only the chorus as a whole, but for individuals as well. Clara noted, “I think there's a lot of pastoral care in this kind of a job.” Ari noted how easy it was to give beyond their capacity, potentially to their own detriment. Tara shared the importance of maintaining boundaries within the context of still providing a nurturing environment. Speaking of the balance of artistic vulnerability and self-care, she proffered, “I can't be girding my loins around any of my singers . . . I need to be authentic and vulnerable, and I cannot be that while protecting myself from people.”

Researchers have noted that teachers of trauma-affected students are susceptible to burnout, compassion fatigue, and secondary traumatic stress (Sayers & Anderson, 2025; Smith, 2022). A study of mental health professionals indicated that providers with a personal trauma history were more likely to experience secondary traumatic stress (Yazıcı, & Özdemir, 2022). Since several of the members of our PLC had personal trauma histories, this was an important factor when considering both personal and work boundaries, as well as the scope of directors’ work in non-clinical roles. Directors in the PLC noted the unique relationships that can be formed between directors and choristers

which may require a differentiated approach to trauma-informed methods to ensure they create healthy boundaries and respect their own need for safety.

### **Challenges of Implementing a Trauma-Informed Approach**

In a traditional chorus setting, musical logistics, administrative or artistic responsibilities, and physical room arrangements often reinforce a hierarchy of the director being in, or being perceived as in, a more powerful position. Without completely dismantling a traditional artistic responsibility and conducting model, PLC members considered that it may be possible to be more mindful of harmful power structures through attention to tenets of equity centered TIP. We identified several challenges and questions for consideration. The following questions may be grappled with on a personal or chorus level, or have the potential for inclusion in future research.

- Collaboration. How do we balance the desire for order and musical excellence during rehearsals versus the time and potential disorder to allow collaborative feedback?
- How might we create opportunities to build trust, communication, and peer support knowing that several choristers will ask, “why can’t we just sing?”
- What can we do to mitigate the effects of a growing ensemble that risks diluting social connections and opportunities for direct communication?
- Is it possible to implement trauma-informed approaches when members or volunteer leaders are unwilling to learn or act in alignment with tenets of TIP?
- How does an organization approach implementing formal and informal systems and processes in a largely volunteer-driven, recreational group without extensive

administrative support?

## **Research Questions**

In this chapter, I have synthesized my findings from chorister questionnaires and collaborative inquiry process data. Participants shared rich and varied experiences that provided insight to my research questions regarding their experiences of trauma and adult community choruses. I now directly address each research question.

### ***Trauma and Chorus Experiences***

The first research question I posed was, “How did trauma and trauma symptoms affect the experiences of the adult community chorus members?” Although this question was addressed directly by chorus members in the questionnaire, co-researchers provided additional insight and context during our research cycles. Although the majority of choristers did not have personal trauma triggered or created at chorus-related events, a considerable number of respondents had one or more instances of these experiences. Those who had personal encounters that triggered, exacerbated, or created trauma were affected in a variety of ways. Some noted intense emotion that felt out of their control, manifesting in internal strife or panic attack symptoms. Others trauma-affected individuals shut down to the point where full participation was limited. Several respondents noted that although their triggers were uncomfortable, being around a supportive community and surrounded by music often allowed them to return to their zone of tolerance and connect with group activities. More than one co-researcher noted that personal trauma had affected them during chorus activities, causing distress and necessitating a change in rehearsal plans at that moment. A few choristers reported that

they had left choral organizations due to the effects of trauma or social harm that was triggered, exacerbated, or created by chorus activities.

In addition to self-reported incidents of personal trauma, survey respondents and co-researchers commented on how other people's trauma manifested and impacted them and their groups. Directors witnessed chorus members withdraw, act out, or exhibit changed or unpredictable behavior. At times, these reactions were limited to being noticed by affected individuals or those in their immediate vicinity, and were handled without broad impact to other chorus members. A few incidents involved disruptive behavior which affected not only the individual, but the director and other chorus members. In the cases of extreme reactions that intensely disrupted chorus activities or relationships, additional follow-up was needed from the director or other leaders in order to regain group homeostasis.

### ***Existing Trauma-Informed Practices***

My second research question examined current chorus practices. I asked, "What practices did the directors and choruses already have in place that were in alignment with the tenets of trauma-informed practices?" Although none of the co-researchers were familiar with the specific tenets of TIC or equity-centered TIP that guided our inquiry, we were able to identify several existing practices that aligned with these trauma-informed approaches. These are detailed earlier in this chapter and summarized conceptually here. Each chorus offered some positive practices that aligned with TIP, but directors reported widely varying awareness and implementation of formal or informal practices that might be considered trauma-informed.

- *Cultural, historical, and gender issues* were addressed to some extent through sensitive music selection, financial assistance, and rehearsal logistics.
- *Safety* was created by attention to physical wellbeing, cultivation of positive and caring culture, and carefully selected repertoire.
- *Trustworthiness and transparency* was cultivated at times through consistent communication, predictable follow-through, and commitment to alignment with chorus identity.
- *Peer support* was available formally and informally in each organization at some level. Support spanned musical or chorus-related topics as well as personal and social matters.
- *Collaboration and mutuality* was seen to varying degrees, as some chorus directors solicited substantial feedback while others made most decisions themselves. Directors in the PLC worked to maintain friendly and respectful relationships with choristers to cultivate feelings of mutuality.
- *Empowerment, voice, and choice* were created in some chorus spaces through feedback channels, group discussions, committees, personal communication, emails, and forms.

Members of the PLC shared evidence of existing practices or foundational conditions that were supportive of or aligned with tenets of TIP. However, without formal training or shared organizational understanding of trauma-informed approaches, these practices were limited in depth, scope, or consistency. Through the course of the study, directors were challenged to consider what, if any, policies and practices were

working for them and explore what new practices they might consider or adopt moving forward.

### *Applying New Practices*

My third and final research question focused on the creation and enactment of new practices that aligned with TIP. I inquired, “How did the directors apply or inspire the tenets of trauma-informed practices over the course of the study, and/or how did they plan to do so in the future?” I chose the words *apply or inspire* to recognize that directors alone generally cannot dictate trauma-informed policies. I will discuss that position at length in Chapter Seven, but here I focus on what directors and choruses implemented over the course of the study or what they plan to investigate in the future.

Tara committed to developing a heightened awareness of how her rehearsal content may affect singers. She planned to be more communicative before bringing potentially triggering topics into rehearsal time to increase safety and trust. Tara reflected deeply on her own practices, and going forward wanted to create a “careful, conscious, and heightened awareness about things that might go wrong . . . or things that might . . . be missteps. She challenged herself to lead with “creativity and color and flourishing.” Tara had worked hard in the past on several of these ideas but wanted to be more consistent about taking time before rehearsal to create an intentional space, to help “welcome everybody into a really good place, and just really pay attention to the healing aspects of doing so.” She added, “I feel like I had a really nice process through these four meetings, and I like ending up there.”

Jordan considered several ways that his ensembles might benefit from TIP. During the study, Lake Chordsmen created a welcoming committee to improve peer support and trust, and continue to build a community of safety and belonging. He brought the topic of more diverse music to his members, and to his satisfaction and surprise, they were interested in adopting a more inclusive repertoire. He was pleased to learn that many of his chorus members were willing and eager to adopt small changes to work towards an understanding and representation of cultural and historical issues. Jordan was empowered by these exchanges to consider other ideas he may present to inspire positive change.

Ari contemplated how they might further improve trust, transparency, voice, and choice. Ari was looking at creating additional short surveys to give to members after rehearsal for real-time feedback about chorus topics. Additionally, Ari planned to put together a program that centered minority composers and arrangers and addressed social justice and the power of unity. Additionally, they talked with their teams about documenting and formalizing some of their processes. These processes focused on new or potential members to provide transparency about the identity and aims of the chorus, as well as a full understanding of financial responsibility and amount of time required to participate. In addition to formal policies and procedures, Ari was prompted to work on balancing their time and attention in service of the whole group rather than over-expending energy on individuals in a way that might lead to fatigue or burnout. Going forward, Ari planned to spend time working on a balance of self-care and organizational care. They wanted to make sure that their energy is spent wisely, and that chorus

members are similarly asked to contribute what they can in a healthy way. Ari deepened their commitment to reading the room and looking for signs of emotional or physical discomfort so they could adjust rehearsal accordingly. Ari shared that “without a doubt” they will be looking for more things in the trauma-informed space to learn about and implement with Vocal Blend.

### **Conclusion**

The findings and analysis presented in this chapter suggest that the six tenets of trauma-informed care as envisioned by SAMHSA (2014) and the same tenets centering equity as described by Thompson and Marsh (2022) may be meaningfully applied within adult community chorus environments. Findings imply that choruses may use these existing tenets, along with available resources in education and other sectors, as guidelines for their own growth as they seek to become more trauma-informed. Implementation of trauma-informed approaches present unique challenges in the community music sector, however, and may need careful differentiation based on chorus mission, size, and scope. Data from this study indicated that chorister experiences are unique and diverse, and that which one singer needs may be the opposite of what another would prefer. In Chapter Seven, I will focus on implementation and practical guidance guided by the findings of this study.

## CHAPTER SEVEN

### Synthesis

In Chapter Six, I presented a cross-case analysis of findings and directly answered the research questions. In this final chapter, I focus on synthesis, implications, and areas for further contemplation and study. During the collaborative inquiry cycle guided by my initial research questions, a crucial theme emerged that extended beyond my initial query. This finding necessitated new conceptual language to accurately reflect the relational processes observed in successful applications of trauma-informed principles in adult community choruses. I begin this chapter by naming this phenomenon and briefly exploring its definition and implications. I follow this discussion with an examination of limitations, implications, and suggestions for future research brought about from this study.

#### **Articulating a Concept of Congregate Co-Regulation**

The findings of this study reveal a conceptual gap between existing trauma-informed approaches from fields of education, psychology, and social services and the lived experiences of community chorus directors and singers. In response, I offer a concept of *congregate co-regulation* to name how members of community music ensembles collectively participate in a distributed, relational process to create an environment of safety that may support both artistic efforts and well-being, in alignment with trauma-informed tenets. The basis for this proposed concept is rooted in participants' accounts and builds off existing literature on trauma informed approaches, co-regulation, and relational trauma.

Trauma-informed educational practices often position instructors and staff as administrators of tactics which are enacted to create a trauma-informed environment (Venet, 2021). Previous research on trauma-informed community music practices explored the importance of trauma-informed approaches for facilitators of music making (Birch, 2024). Community chorus environments differ from each of these settings in notable ways that impact adoption and enactment of trauma-informed principles. Throughout our PLC meetings, the co-researchers and I frequently returned to the question of where the responsibility and ability to create a trauma-informed environment lies. We grappled with the implications of traditional director-led power structures and how such structures aided or impeded trauma-informed approaches. PLC members recognized that directors had a great deal of cultural responsibility, as well as the ability to model and inspire compassion, regulation, and safety, but shaping or maintaining a positive group culture was more complex needed more than the influence of the director. One persistent emergent theme was the realization that a trauma-informed environment cannot be created or upheld solely by the director or conductor of an ensemble. Additionally, we found that the responsibility for the emotional, musical, and psychological regulation of individuals in chorus spaces required more than guidance and support from the ensemble director. This approach also necessitated a group commitment to a safe, protective, and proactive environment dedicated to the well-being of all participants, inclusive of staff. Ensemble directors may find it daunting to consider the need to differentiate to accommodate so many choristers, however, a broadly trauma-informed approach, enacted and upheld jointly by all members present, may not need

such individualized consideration.

### ***Co-Regulation***

The concept of co-regulation has been explored by scholars in educational and developmental psychology as well as by theorists and psychologists, highlighting different applications of the phenomenon (Moreno, et al., 2016; Porges, 2014). Porges conceived of co-regulation as involving, “the mutual regulation of physiological state between individuals” (2014, p. 9). Porges focused on reciprocal cues of safety, such as those found between a parent and their infant child, facilitated by visual and vocal cues. In clinical theory, psychotherapists use co-regulation to promote emotional safety within the therapist client dyad (Soma et al., 2020). In educational contexts, scholars have referred to co-regulation as a tactic that teachers may use to develop a sense of safety and predictability in classroom, providing relational attunement so that learning may occur (Cole et al., 2013). Each of these contexts places a hierarchical responsibility on a leader, mentor, or guide as they stoke regulation in others. These models of co-regulation provide background for my exploration of a more egalitarian, shared system of group regulation that may support trauma-informed environments in adult community music ensembles such as choruses.

### ***Defining Congregate Co-Regulation***

*Congregate co-regulation* can be defined as a relational process wherein ensemble members actively contribute to a collectively regulated environment, assuming mutual responsibility for supporting one another’s emotional, social, and physiological needs, understanding their potential influences on one another’s nervous systems, in

service of communal goals. This communally enacted culture is not dictated nor demanded, but is freely supported and co-created, inclusive of individuality and nuance. In this context, the responsibility for co-regulation is distributed among all who are present, rather than relying exclusively on dyadic relationships. This model is inclusive of the energetic relationships between ensemble members as well as between singers and directors, both dyadically and collectively. The findings of this single qualitative study represent a small sample size and are not generalizable. I offer the concept of congregate co-regulation as a phenomenon for exploration, which may serve as a thought-provoking starting point for future research and discussion.

In a community music ensemble striving for congregate co-regulation, members recognize shared responsibility for the well-being of both the group as a whole and for the individuals who make up the ensemble. This requires several explicit or implicit reciprocal agreements from participants in the organization, as well as an intentional commitment to upholding community norms and practices. Although this approach requires an egalitarian approach to socio-emotional responsibilities and behaviors, groups need to negotiate how to distribute this responsibility considering rehearsal and organizational logistics and roles.

During one of the PLC meetings, Tara suggested, “People have to rise to the occasion, show up, bring their best self, and bring their own consciousness and recognize how much the director has to do.” Viewing this assertion without the lens or assumption of traditional power hierarchy, this comment acknowledges both the responsibility of participating members and the differences in roles between director and singer. In a

regular rehearsal process, logistically, a director is ideally aware of and guiding both musical progress and the well-being of the singers in the room, while also navigating their own emotional regulation. In a community dedicated to congregate co-regulation, the singers offer energetic and emotional support to the director and to one another, reciprocally.

### ***Building and Exploring Congregate Co-Regulation in Community Choruses***

The performance-based nature of many adult community choruses creates a distinctive context for the application of trauma-informed approaches. Paid and volunteer leaders of such community choruses can establish policies, procedures, and expectations around a variety of pertinent topics, but the time choristers and directors spend together in rehearsals, performances, educational events, and travel provides a unique relational environment wherein trauma-affected individuals may experience harm or healing. Trauma theorists argue that since trauma is often caused within a social context, supportive social relationships may promote recovery (Maercker & Hecker, 2016). In a setting where several trauma-affected individuals may be making music in community with non-trauma-affected individuals, this network of support has the potential to be an environment where healing can occur. As one survey respondent from Mosaic stated, “I have a lot of trauma rise up due to certain things we say in our songs or places we rehearse or perform. But in many cases, it turns out to be a corrective experience . . . it is past experiences are being corrected into a new experience.”

Congregate co-regulation in the context of community choruses may support the mission and goals of a chorus regardless of choral model, whether the focus is social,

competitive, social justice, or musical achievement. Scholars have found that people can best create, learn, and focus when they are in a supportive, safe, and emotionally regulated community (Immordino-Yang, 2007; Porges, 2014). A congregate co-regulation approach implies mutual community care, accountability, and responsiveness.

Congregate co-regulation in a community chorus setting is:

- deliberate and intentional
- given freely
- communal
- supported by the goals and culture of the organization
- supported by the artistic and creative act of making music together, including, but not limited to breathing, emoting, storytelling, and sonic creation

Congregate co-regulation in a community chorus setting is not:

- punitive
- demanded or coerced
- overly prescribed or contrived
- perfect
- disproportionately burdensome to any individual

### ***Critical Mass and Disruptors***

Congregate co-regulation in a community chorus environment is influenced by the relationship between individual nervous systems and the collective emotional and social climate created when people gather for a shared purpose. When a critical mass of singers is aligned relationally, emotionally, and behaviorally, the ensemble experiences a

sensed communal atmosphere that supports regulation. Minor fluctuations from individuals in attention, engagement, or emotion can be absorbed, diffused, or metabolized by a generally well-functioning and regulated group without destabilizing the whole. In a social environment where individuals are dedicated to a musical product, artistic creation, or particular social atmosphere, autonomous adults may be expected to have or cultivate the capacity to positively affect group dynamics.

Even in groups dedicated to community care and emotional safety, certain actions may test an ensemble's capacity to stay regulated. When one or more individuals exceed a group's ability to maintain calm or positive homeostasis, the otherwise supportive and regulated environment may become strained. Egregious actions such as overt conflict, outbursts, lengthy negative episodes, or repeated disregard for community norms may shift the feeling in the room past its tipping point, creating an environment that may undermine psychological safety for multiple members simultaneously. In one reported example from the present study, a chorus member acted out, raising their voice, name calling, and throwing an item. This behavior not only destabilized the chorus community in the moment but required follow-up action and discussion. Several survey respondents commented on the disruptive and upsetting nature of this event, including one who remarked that the long episode was, "a huge trigger for me (and several others) who have experience abusive, coercive, and manipulative family and loving relationships in the past."

Beyond acute disruptions, adverse affective climates wherein skepticism, negativity, and anger are undercurrents may also destabilize the collective feeling of

cohesion and safety in community choruses. In our initial interview, Clara relayed an account of chorister behavior that was both triggering to her and destabilizing to the communal atmosphere. Chorus members were being visually and verbally critical and negative, causing quiet but persistent musical and social disruption. Clara was able to pivot the direction of rehearsal in the moment, but to move forward beyond that day, repair needed to take place to regain ensemble trust and consistent regulation. I briefly discuss the need for repair in the next section.

### **Implications and Challenges**

Findings from this study suggest that engagement with principles of equity-centered TIP may support positive experiences for members of adult community choruses. In the following section, I outline implications and recommendations for understanding and enacting TIP in chorus settings. Organizations that wish to use trauma-informed approaches to build safety, transparency, collective responsibility, and other trauma-informed principles may encounter organizational and cultural challenges. It is my hope that these challenges may be explored by leaders and members of choruses to investigate possibilities for successful implementation.

### ***Implications***

Study findings imply that adopting trauma-informed methods need not be an all or nothing approach. A viable strategy for chorus leaders might be to pick one area of desired growth and consider what positive change can be made in the organization. For example, Ari suggested publishing a detailed rehearsal plan so that singers would know what to expect and be able to step out as needed. Tara followed this idea with a

commitment to share with choristers when she might be bringing up difficult or potentially triggering topics. Co-researchers suggested that small, incremental steps make a difference over time. Data from this study indicated that participating community choruses were already engaging in many practices that promoted safety, transparency, communication, and equity. Choruses might look at their own practices to discover what supportive principles they are already enacting with a goal to celebrate then enhance their approaches of TIP.

Choruses may consider using the six tenets of trauma-informed care as explained by SAMHSA (2014) as a road map to create their own systems for implementation of trauma-informed approaches. Below are recommendations guided by data from the collaborative research cycles of this study.

**Safety.** Ensure physical, psychological, and emotional safety needs are met by creating policies, procedures, and cultural norms that include precepts such as:

- a physical safety plan in place for emergencies
- anti-bullying policies and reporting systems
- use of inclusive and kind language by all
- accommodations for physical, mental, and neurodivergent needs

**Trustworthiness and Transparency.** Organization can build trustworthiness and transparency through systems and procedures such as:

- consistent and honest communication from leaders
- multiple methods for feedback and opportunities for conversations
- guiding documents describing chorus identity and goals

- explanations of decisions, especially around controversial topics

**Peer Support.** Choruses may create formal and informal opportunities for peer support such as:

- new member mentors
- member-led education and small rehearsals
- volunteer leadership support roles
- time for community building in or out of rehearsals

**Collaboration and Mutuality.** With the intent of neutralizing unhealthy power dynamics, choruses may consider proactive steps such as:

- creating committees, focus groups, or group discussions to allow member feedback and contribution
- collecting member feedback about past and future repertoire
- creating egalitarian feedback loops about chorus activities, costumes, performance ideas, and more

**Empowerment, Voice, and Choice.** Considering the traditional power structure of choruses, organizations may wish to create opportunities for members to be heard and make choices. The following may provide such opportunities:

- choices in costuming and stage presentation
- rehearsal options to stand, sit, or step out as needed
- communication systems to address issues, questions, concerns, and ideas from members
- examination of unnecessary rigid rules, regulations, or cultural holdovers

**Cultural, Historical, and Gender Issues.** The topic of cultural, historical, and gender issues is woven through all other subjects, events, and procedures. As a starting point, choruses may consider the following:

- ensure spoken and written chorus language is inclusive, gender-neutral, and without bias
- examine policies and procedures for outdated or harmful language and practices
- perform repertoire by diverse voices that represents a wide range of styles and backgrounds, and is devoid of harmful cultural references
- strive for deliberate inclusion, rather than a simple open-door policy that actively assesses and combats overt or covert racism, sexism, ablism, etc.

Chorus leaders and members who wish to implement trauma-informed practices may wish to start by clearly defining their goals, mission, and positionality. This can help inform community norms and expectations. These norms and expectations can be shared with incoming members and centered by existing members as well as staff. As expectations and values are created and upheld, a cycle of safety and trust is built within the chorus community. This allows a solid foundation to withstand any friction and need for repair that may arise.

Data from this study indicated that to best cultivate a trauma-informed environment, the members, leadership, and director should work together to establish practices, expectations, and norms. In instances where director-driven ideas were met with significant pushback from leadership or singers, there was not enough of a foundation of cultural strength to carry out or uphold trauma-informed tenets in a

consistent or sustained manner. The creation of an egalitarian environment characterized by safety and community where congregate co-regulation may occur requires a critical mass of ideological alignment between all who are present. Although directors have great influence on the choral environment, especially during rehearsals and performances, they generally do not have *carte blanche* to dictate policies, procedures, and interpersonal dealings. Further, it seems antithetical to apply a top-down model of traditional director-singer hierarchy wherein trauma-informed practices can be dictated. Instead, these tenets may best be explored and adopted through earnest conversation, education, and inspiration in alignment with the ideals and purposes of each chorus.

### ***Challenges of Implementation***

The PLC identified several challenges to implementing trauma-informed tenets, the most significant of which are summarized here. In many choral organizations, the primary focus is preparing for and carrying out performances. The co-researchers and I found that it was challenging to create opportunities to cultivate opportunities to build needed aspects of a trauma-informed environment such as egalitarian relationships, trust, communication, collaboration, and more. We noted that it is often easier in smaller groups to have a collaborative environment that allows for voice and choice of members. As groups grew, we noted that organizations needed to be more deliberate in creating opportunities to build these ideals. Additionally, choruses that were run largely by volunteer labor often found it challenging to invest time and energy into the business of becoming trauma-informed, as this included tasks such as extra meetings, editing documents, and spending time scrutinizing current policies and procedures.

### *Opportunities for Repair*

In addition to the six tenets of trauma-informed care and the potential benefits of congregate co-regulation, the PLC discovered that many choral spaces lacked the infrastructure for repairing relationships when they rupture. Singers or staff who became triggered or developed combative relationships with one another did not always have time or mechanisms to seek resolution. Silvia championed the importance of witnessing and understanding another person's challenges:

It's a felt sense of feeling heard and understood . . . you joining that person in the distress . . . I'm not going to say healing powers, but it has a lot of . . . value when we are able to join the person there.

Scholars have found that it is important to revisit ruptures in relationships to develop or strengthen trust, regulation, safety, and attunement (Richards & Schreiber, 2024). While working through this idea in one of our PLC meetings, Silvia relayed some insight about recovering from challenging interpersonal interactions, stating, "It's not about avoiding these [difficult] moments. These moments are given, but it's about the repair." We questioned what it might look like in a choral environment to provide opportunities and encouragement for repair, given the time and focus constraints of a single rehearsal per week.

Researchers and practitioners have explored the use of restorative justice practices in educational settings to build community, strengthen relationships, ensure equity, and repair harm (Evans & Vaandering, 2016). This work may offer a relational framework for addressing rupture and mediating conflict within chorus settings. Choruses may wish to

incorporate practical aspects of restorative justice to intentionally cultivate procedures for building trust, healing conflict, and sustaining inclusive group dynamics. The challenging topic of repairing relational rupture is one of many ideas that I hope choral directors and scholars might grapple with and research in the future.

### **Limitations and Opportunities for Future Research**

The results of this study offer interpretive and conceptual approaches to the application of trauma informed practices in adult community chorus spaces, including the introduction of the conceptual language of congregate co-regulation. I have worked to accurately portray the experiences of the participants in this study, but the findings must be understood within the parameters of research design, theoretical scope, and contributor backgrounds. These limitations are not presented as deficiencies, but rather contextual parameters to aid in interpreting the findings. By clarifying these limitations, I hope to encourage future inquiry into the application of trauma-informed approaches in diverse choral contexts, methodological approaches, and populations that were not included in this research. The conceptual language of congregate co-regulation articulated herein provides a foundation for future scholarly and practical examination and refinement.

The demographics of the directors represented in this study spanned several different life and career stages, educational backgrounds, and sexual and gender diversity, but the study was limited by a small sample size and limited racial and ethnic diversity. Choruses in this study represented groups with different aims and goals that spanned different choral styles including barbershop, LGBTQ+ interests, and general community music. Chorus demographics were particularly limited by race, ethnicity, and age.

Socioeconomic status data were not collected.

In the process of data collection and discussion, several topics arose that would be worthy of future research. Members of Mosaic and Vocal Blend reported higher levels of trauma and knowledge about trauma than other choruses. Mosaic was a women's chorus, many of whom identified as LGBTQ+, located in a progressive area. Vocal Blend reported a relatively younger population which also included several members of the LGBTQ+ community. Considering the incidence of trauma and the understanding thereof in choral groups among different ages, sexual orientations and gender identities may provide additional opportunities for exploration. Research has shown differences in traumatic experience among different races, ethnicities, educational backgrounds, and socioeconomic statuses.

Several topics covered in this study could provide direction and interest for future research. The concept of congregate co-regulation may be investigated, expanded, and applied in other group music settings including all levels of education, as well as any type of community music. This view of relational influence and responsibility may be applicable in other congregate settings outside of the field of music. Future research could elucidate the need for a differentiated trauma-informed approach among different populations. Another direction for research might interrogate the connection between types of choirs that people join in relation to their personal trauma history, and what they hope to gain through participation.

## **Conclusion and Reflection**

This study was designed to investigate the ways trauma impacted adult community choruses and to explore whether existing trauma-informed approaches might improve the experiences of participants. Community music participants come together in learning and creativity, with a communal expectation of emotional regulation and relationships, all of which may be affected by trauma (Herman, 2022; van der Kolk, 2014). Findings from this suggested that existing trauma-informed approaches, particularly those drawn from equity-centered models, may be applicable in adult community chorus spaces. Analysis also revealed that these tenets needed customization or differentiation to be most applicable to individual chorus goals and missions. These practices were best applied within a cohesive culture wherein choristers and leaders shared a philosophical vision that centered safety and community well-being.

Further analysis suggested that trauma-informed practices cannot be effectively implemented as rules, nor by director-driven initiatives alone. They are most viable when embedded within a wholistic organizational culture devoted to shared values and responsibility for community well-being. The concept of congregate co-regulation proposed in this study offers language that those in ensembles and other organizations may use to design collaborative community expectations and responsibilities to create and uphold a space of trust and safety. Developing and upholding trauma-informed tenets was best enacted through collaborative systems rather than being driven by top-down insistence. Conversely, when a critical mass of chorus members aligned themselves to community care, safety, and repair, trauma-informed practices were more likely to be

sustained.

Coming together in community to create art may be an ideal experience for individuals to begin to heal their own trauma as they contribute to a collective, intangible acoustic creation. Malchiodi (2020) upheld that trauma was stored in the body, but participating in expressive arts can build safety and regulation implicitly, without verbalization or directly addressing traumatic experiences. Malchiodi suggested that safety was felt in the body prior to being understood cognitively. Circularly, data from this study that aligns with previous scholarship which asserted that group environments need to be safe enough for individuals to participate fully in the music making or artistic process.

Although directors, facilitators, and other leaders within adult community choruses are not the sole drivers of trauma-informed approaches, they do have responsibility and influence to guide the organization towards aligned practices. Trauma-informed principles appear to be best cultivated over time through dialogue and shared learning, guided by organizational structures that support transparency, communication, mutual care, and opportunities for repair. In this model, trauma-informed practice is not a list of behaviors, rules, or regulations, but a constantly evolving commitment to the well-being of a chorus as a whole and its members.

As a researcher and practitioner, this study has both affirmed and complicated my view of trauma-informed practices in the context of community music making. I began the study wondering in part how directors might influence the community chorus environment to create safer, healthier spaces for choristers. I found that trying to carry

that responsibility alone was not only incomplete, but antithetical to cultivating an emotionally egalitarian co-regulated space where individuals could thrive in literal and figurative harmony.

In the process of envisioning the creation of community safety and congregate co-regulation, I was introduced to Smith's (2025) metaphor of community impact as a web, wherein the breakdown or tangling of any strand may impact the whole. I purport that in a strong community collective, a well-built web can withstand certain injuries and lay the groundwork for repair. Such injuries, injustices, or ruptures, however are destabilizing, felt by many, and repair takes work and commitment from more than a single individual. The metaphor of a web as presented by Smith can be continued with the following assertion, "individual striving is counterproductive and . . . the only solution that has a chance of working involves collaboration across hundreds of strands of the web (p. 212).

Before the start of phase one of this study, I met with three individuals who were both choristers and mental health providers. As I was wrapping up my findings, one of these individuals experienced a rupture in her chorus experience that defied her own values and expectations around transparency, accountability, and relational repair. She resigned from the organization, and shared the following lines from her resignation letter with me through personal correspondence:

A healthy organization should be able to tolerate inquiry, difference, and discomfort – and should model repair when tension arises – rather than framing persistence or curiosity as a problem. If belonging comes at the cost of compliance and silencing, it is not one that promotes psychological safety.

These words echoed the risks of ignoring rupture, as well as the danger of disregarding the consistent need to tend to safety, trust, transparency, and voice. I have come to understand that moments of tension, conflict, or dysregulation are not signs of failure, but reminders that this work is imperfect, human-centered, and in need of constant attentiveness to continue the healthy cycles of growth, challenge, and repair.

This work does not offer a final model or unified, prescriptive solution. Instead, it invites reflection, dialogue, challenges, and shared responsibility to create a better cooperative musical environment. The act of gathering humans together for a specific artistic purpose may carry risks of re-traumatization, especially when we are asked to be brave, creative, and vulnerable together. The idea of disparate nervous systems coming together in a collective act of creation may seem to pose a precarious or unwieldy path to artistry or healing. However, making music in a safe community seems to be an ideal experiential medium for people who carry expansive life experiences, inclusive of joy, challenges, celebrations, and trauma. Bringing a musical ensemble together through a unified artistic vision and dedication to congregate co-regulation may provide a uniquely beautiful path where healing from trauma may occur.

## APPENDIX A: IRB APPROVAL

Charles River Campus Institutional Review Board  
25 Buick Street, Suite 158  
Boston, Massachusetts 02215  
T 617-358-6115 / www.bu.edu/irb



### Notification of IRB Review: Exemption Determination

May 15, 2025 - **CORRECTED**

Kathleen Hansen, BM, MM  
855 Commonwealth Avenue  
Boston, MA 02215

Protocol Title:	Trauma-Informed Practices in Adult Community Choruses
Protocol #:	7945X
Funding Agency:	Unfunded
IRB Review Type:	Exempt 2(iii)

Dear Kathleen Hansen:

On March 27, 2025, the IRB determined that the above-referenced protocol meets the criteria for exemption in accordance with 45 CFR 46.104(d) 2(iii).

The exempt determination includes the use of:

1. Up to a total of 164 participants
2. Protocol Application (version 3, submitted on March 27, 2025)
3. Consent Script for Directors
4. Consent Script and Survey Questions for Chorus Members
5. Interview Protocol
6. Recruitment Materials (N=3)

Please note:

- Changes to exempt research are submitted to the IRB using the [Clarification Form](#) and are only needed when the change affects the provisions to protect the privacy of the subjects and to maintain confidentiality of the data, when there is a change to the PI, and when the change may alter the criteria so that the research no longer qualifies for an exemption. If you have questions about whether the change you wish to make to exempt research requires review, please contact the IRB Office.
- Your study qualifies for exemption under the limited IRB review criteria described in 45 CFR 46.104(d)(2)(iii). Any breach in confidentiality or privacy must be reported to the IRB using the [Event Form](#).

If you have any questions, please contact Yamelly Pena at [penay@bu.edu](mailto:penay@bu.edu).

Sincerely,

↓  
LaNeia Thomas, MSW  
Director, Charles River Campus IRB

cc: Tawnya Smith, PhD

## **APPENDIX B: INFORMED CONSENT FORM – DIRECTORS**

### **Title of Study**

Trauma-Informed Practices in Adult Community Choruses

### **Investigators**

Kathleen Hansen, Doctoral Candidate (Student)

Dr. Tawnya Smith, Faculty Supervisor

### **Invitation and Purpose**

You are being asked to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please read the following information carefully and ask the researcher if there is anything that is not clear or if you need more information. Your participation is voluntary and you can withdraw at any time.

Community chorus spaces are unique gathering places for singers from a variety of backgrounds and demographics. Given that traumatic experiences are common in adults, and trauma history may impact a person's ability to learn and connect with others, trauma-affected individuals may face challenges in chorus. Chorus directors are in a position to understand and affect the practices and culture of the choruses they direct. The purpose of this study is to explore the application and efficacy of equity-centered trauma-informed practices in adult community choruses.

The research questions that guided this study are:

1. How does trauma affect the experiences of adult community chorus members?
2. How can directors and facilitators apply existing trauma-informed practices to improve member experiences?
3. How can equity-centered trauma-informed principles be enacted in these spaces?

### **Participants**

This study will enroll four community chorus directors and one clinical trauma therapist with choral participation experience.

### **Study Procedures and Duration**

If you agree to participate in this study, you will be asked to act as a co-researcher as a part of a professional learning community (PLC) in collaborative inquiry. This process will allow participants to work together to discover, share, and try different ideas in their own work, then meet together to report back, consider new actions, and try new ideas.

This study will take place in three phases over approximately two months:

Phase 1: Participants will meet with one another and the lead researcher to learn about the

study, understand the basics of trauma-informed care, and ask questions. Chorus directors will then be asked to administer an anonymous survey to the chorus members that sing with them.

Phase 2: Chorus directors will participate in an interview with the lead researcher.

Phase 3: Co-researchers will participate in four semi-guided group discussions, approximately every other week discuss trauma-informed tenets that may work in their chorus settings and how those tenets may be or have been applied in their ensembles. We will also discuss how trauma-informed decisions and actions were received by chorus singers or leadership, if at all. Each of these meetings will last approximately 75 minutes.

Your participation will last from April 2025 through June 2025. Meetings will be scheduled at a mutually agreed upon time to accommodate the schedules of participants.

### **Risks or Discomfort**

As a participant in this study, you may experience emotional or psychological discomfort. We will be discussing trauma in group music spaces, and you may experience triggers of personal trauma or other challenging emotional states. Although it is impossible to foresee all possible discomforts, we will share any new information that may assist you or be pertinent to this topic.

Participants are encouraged to be aware of and advocate for their own needs and boundaries during this study. If you are feeling emotionally or psychologically uncomfortable, please feel free to pause, stop, redirect, or opt out of any part of the discussion or interview process.

We will make every effort to ensure that specific identifying information will be avoided in publication, but there is a risk that a reader may draw conclusions based on the information that has been presented.

### **Benefits to You and Others**

By participating in this study, you may develop a greater understanding of the manifestations of trauma in chorus spaces. You may implement changes to create a more beneficial environment for choristers, audiences and/or yourselves.

### **Your Rights as a Research Participant**

Participation in this study is completely voluntary. You may choose not to take part in the study or cease participation at any time, for any reason, without penalty or negative consequences. You may skip any questions that you do not wish to answer.

If you have any questions *about the rights of research subjects or research-related injury*, please contact the IRB Administrator: (617) 358-6115, [irb@bu.edu](mailto:irb@bu.edu), Institutional Review Board Office, Boston University, Boston, MA 02215.

### **Confidentiality and Data Security**

Data and research records collected in this study will be used solely for the purpose of this study and will be stored securely on encrypted, password protected drives. Records will consist of audio and video recordings of sessions, transcriptions, field notes, and journal entries. Records and data will be destroyed after five years. Participants will be given the opportunity to review transcriptions and redact any information. Records will be kept confidential to the extent permitted by applicable laws and regulations. Data will not be made publicly available without your permission. This research is, however, subject to review by the auditing departments of Boston University and the Institutional Review Board. These agencies serve to ensure that research is safe and ethical.

To protect the confidentiality of participants and chorus members, co-researchers and choruses will be referred to by pseudonyms in publication.

If you report the abuse or neglect of a minor or dependent adult, or if you indicate an imminent threat of harm to yourself or others, we may need to break confidentiality to contact authorities and ensure safety.

### **Questions and Contact Information**

You are encouraged to ask any questions that you have at any time during this study. For further information *about the study*, contact Kathleen Hansen ([hansenkr@bu.edu](mailto:hansenkr@bu.edu)) or Dr. Tawnya Smith ([tdsmith7@bu.edu](mailto:tdsmith7@bu.edu)).

### **STATEMENT OF CONSENT**

I have read and I understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I am 18 years of age or over and voluntarily agree to take part in this study.

Participant's Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## APPENDIX C: INFORMED CONSENT SCRIPT – SURVEY

### **Title of Study**

Trauma-Informed Practices in Adult Community Choruses

### **Investigators**

Kathleen Hansen, Doctoral Candidate (Student)  
Dr. Tawnya Smith, Faculty Supervisor

### **Invitation and Purpose**

You are being asked to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please read the following information carefully and ask the researcher if there is anything that is not clear or if you need more information. Your participation is voluntary.

Community chorus spaces are unique gathering places for singers from a variety of backgrounds and demographics. Given that traumatic experiences are common in adults, and trauma history may impact a person's ability to learn and connect with others, trauma-affected individuals may face challenges in chorus. The purpose of this study is to explore the application and efficacy of equity-centered trauma-informed practices in adult community choruses.

For this study, you will be completing an online short survey about your experiences and perceptions of trauma and safety in the context of community chorus. The survey is expected to take no more than ten minutes.

### **Risks and Benefits**

You may be uncomfortable when answering some of the questions. You do not have to answer any questions that make you feel uncomfortable. The main risk of allowing us to use and store your information for research is a potential loss of privacy. We will protect your privacy by not collecting any identifying information about you (for example, your name, IP addresses etc.)

If you need mental health support, you may wish to reach out to one of the following organizations:

PTSD Hotline: <https://mentalhealthhotline.org/ptsd-hotline/> 866-903-3787

Additional trauma hotline options: <http://www.traumainformed.org/hotlines-for-survivors-of-violence-and-trauma/>

Crisis counseling: call or text 988

There are no benefits to you from taking part in this research.

A list of the people or groups who may review the study records for purposes such as quality control or safety (e.g. the Institutional Review Board at Boston University, the sponsor or funding agency for the study, federal and state agencies that oversee or review research, Central University Offices).

### **Questions and Contact Information**

If you have any questions before you complete this survey, you are encouraged to contact Kathleen Hansen ([hansenkr@bu.edu](mailto:hansenkr@bu.edu)) or Dr. Tawnya Smith ([tdsmith7@bu.edu](mailto:tdsmith7@bu.edu)).

If you have questions about your rights as a research participant, or if you have any complaints or concerns and want to speak with someone independent of the research team, you may contact the Boston University Charles River Campus IRB at 617-358-6115. The [IRB Office webpage](#) has information where you can learn more about being a participant in research, and you can also complete a Participant Feedback Survey.

**All responses you provide for this study will be completely confidential. When the results of the study are reported, you will not be identified by name, IP address, or any other information that could be used to infer your identity.**

**By clicking “Yes” below, you acknowledge that you have read and understood that:**

Your participation in this survey is voluntary. You may withdraw your consent and discontinue participation in the project at any time. Your refusal to participate will not in any way adversely impact upon you.

You have given consent to be a subject of this research and respond to the survey / questionnaire(s) as truly as possible.

You do not waive any legal rights or release the University or the investigator from liability for negligence or misconduct.

**Do you wish to participate in this study?**

**Yes, I consent to participate**

**No, I do not consent to participate**

## **APPENDIX D: CO-RESEARCHER GUIDE**

### **CO-RESEARCHER GUIDE**

#### **Contents**

**Introduction and Overview**

**Rationale and Research Questions**

**Study Sequence and Roles**

**Trauma-Informed Care Basics**

**Wellness and Self-Care**

**Summary of Requests and Journal Prompts**

#### **Introduction**

Thank you for agreeing to take part in this important study. I am providing this guide to you so that you have adequate background about the topic as well as what to expect over our next two months working together. As a doctoral candidate, I have completed two years of classes and have now moved on to working on my dissertation entitled, “Trauma-Informed Practices in Adult Community Choruses.” This study will be the focus of that dissertation. It is my hope that this work will contribute to the emerging conversation about creating safer and more welcoming spaces for our community music organizations.

#### **Rationale and Research Questions**

Community choruses attract singers from a variety of backgrounds and demographics. Given that traumatic experiences are common in adults, and trauma

history may impact a person's ability to learn and connect with others, trauma-affected individuals may face challenges in chorus. Chorus directors may not know how trauma affects individuals. Chorus directors may be in a position to understand and affect the practices and culture of the choruses they direct to create a better environment for trauma affected individuals. Educators and social service workers may use six principles of trauma informed care in their work to create environments wherein trauma-affected individuals may be better served than without this awareness. The six principles are: safety and security; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues. These principles have not yet been explored in community chorus environments.

The purpose of this study is to explore the application and efficacy of trauma-informed care practices in adult community choruses. The research questions that guide this study are:

1. How does trauma affect the experiences of adult community chorus members?
2. How can directors and facilitators apply existing trauma-informed practices to improve member experiences?
3. How can equity-centered trauma informed principles be enacted in these spaces?

### **Roles and Study Sequence**

I have designed this study to be a collaborative experience wherein our Professional Learning Community (PLC) will seek to grapple with the given topic as co-researchers. Using a method called collaborative inquiry, we will have a series of

meetings wherein we will share experiences, moving through several cycles of discussion, action, and reflection. Although I will be facilitating these conversations, we will be exploring the implementation of trauma-informed practices together, as peers. Please reach out at any time with questions that come up for you.

The expected timeline is as follows:

*Pre-study:* Identification of interested participants, information sharing, scheduling.

*Week 1:* Orientation meeting.

- All meetings will be held online. Participants will have the opportunity to hear more about the study and share their background to provide context for one another.

*Week 2 and 3:* Individual Interviews and Questionnaire

- Directors will schedule one on one interviews with the lead researcher (Kathleen). These will be semi-guided interviews to provide additional individual context and understanding to help give direction to the PLC meetings that will follow. Directors will have the opportunity to ask for any additional clarification about the study or Trauma-Informed Practices (TIP) in general.
- During these two weeks, directors will be asked to administer the anonymous questionnaire to their choruses.

*Week 4, 6, 8, 10:* PLC Meetings

- These meetings will follow a collaborative inquiry model. Succinctly, this is a process of data analysis and reflection. Using this method, which is often employed in education, we will examine our own practices and aspects of our

choruses, including policies, procedures, leadership, and more, coupled with data from singer questionnaires to determine areas we may wish to improve. In between meetings, we can try out our ideas in our own choruses and/or speak with our leadership teams about implementation. When we re-convene, we will celebrate our successes, discuss concerns, and raise additional questions.

- In between meetings, you will be asked to keep a journal or record of relevant thoughts. This will help us and remember our experiences in between meetings organize our time when we are together.

*Week 11:* Follow-up and final correspondence

- After completion of the meetings, you will be asked to share any final thoughts.

### **Trauma-Informed Care Basics**

Trauma-informed care began in the healthcare and mental health fields as a way to better support people who had experienced trauma, recognizing how those experiences can affect behavior, learning, and relationships. Over time, educators realized that many students were coming to school carrying the weight of trauma, and traditional approaches weren't meeting their needs. This led to the growth of trauma-informed practices in schools (and other non-clinical settings), where teachers and staff are trained to recognize signs of trauma and respond with empathy, consistency, and support. The goal is to create safe, supportive environments that help all students—especially those affected by trauma—feel understood and ready to learn. It is my hope that we can adapt these successes in education and other fields for use in community choruses.

The initial tenets of trauma-informed care were outlined by Dr. Sandra Bloom and

later formalized and popularized by Dr. Roger Fallot and Dr. Maxine Harris in the early 2000s, especially through their work in behavioral health. Their framework was further expanded by SAMHSA (Substance Abuse and Mental Health Services Administration), which became a key force in shaping trauma-informed approaches across various sectors, including education.

The following is adapted from SAMHSA's (2014) six key principles of trauma-informed care:

**Safety** – Ensuring both physical and emotional safety for all.

**Trustworthiness and Transparency** – Building and maintaining trust, in part through open communication.

**Peer Support** – Encouraging mutual support among those with shared experiences.

**Collaboration and Mutuality** – Emphasizing partnership and a balance of power between leaders and those they serve, educate, or direct.

**Empowerment, Voice, and Choice** – Prioritizing the strength of individuals and giving them active roles in decision-making.

**Cultural, Historical, and Gender Issues** – Recognizing and addressing historical trauma, cultural context, and identity-based experiences.

Additionally, the SAMHSA (2014, p. 9) guide lays out four assumptions about trauma-informed programs, “A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma in clients, families,

staff, and others involved with the system; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **resist re-traumatization.**”

You can learn more about SAMHSA’s concept of trauma-informed care here:

<https://library.samhsa.gov/sites/default/files/pep23-06-05-005.pdf>

<https://library.samhsa.gov/sites/default/files/sma14-4884.pdf>

### **Wellness and Self-Care**

Talking about trauma, organizational change, and caring for the vast and different needs of others can lead to increased stress and burnout, even when we are doing what we love and care about. As we work together, the topics we engage in may bring up or even trigger past traumas or unpleasant memories. I would encourage you to consider how you might best support yourself during this time. Note that the SAMHSA guidance suggests that trauma-informed care not only supports clients, but staff. Modeling trauma-informed care includes making sure we are taking the time and space we need to recognize and meet our own needs. As a part of my dissertation process, my supervisor has asked me to consider my own needs and self-care. I am sharing my own goals here with you for both accountability and with the hope that you might consider your own needs in this regard – both for our time together and as we each continue the work beyond this PLC. I will seek to:

- Continue appointments with my own trauma therapist every two weeks.
- Commit to walking or hiking outdoors most days.
- Use timers when writing to ensure I take breaks for movement, food, and water.
- Check in regularly with my peer support group from my class cohort.

### **Summary of Requests and Journal Prompts**

If you have read this far, thank you! I'll try to make this part easy for you and summarize your to do list. Checking off the boxes will help you see our progress together and ensure that everyone is on track.

- Introductory Meeting
- Administer Questionnaire to Chorus(es)
- Individual Interview with Kathleen
- PLC Meeting 1
- Journal Entry 1
- PLC Meeting 2
- Journal Entry 2
- PLC Meeting 3
- Journal Entry 3
- PLC Meeting 4
- Final Journal Entry 4

In between meetings, it would be helpful for you to keep some brief notes in a journal. If possible, please share these notes with me prior to each meeting by emailing [hansenkr@bu.edu](mailto:hansenkr@bu.edu).

Journal prompts for weeks 1–3:

- After each meeting: What do I want to consider, enact, or talk about with my chorus or leadership based on data and PLC conversations?
- Before each meeting: What did I (or members of my organization) try in the last two weeks? Reflect on the successes and challenges.

Final journal prompt:

- Reflecting on the work we have done together, are there any suggestions you would give other directors or organizations who wish to develop or implement trauma-informed practices with their community choruses?
- Are there additional practices that you would like to develop or implement beyond what you have enacted already?
- Is there anything that you intend to continue that you have enacted already?
- Do you have any other comments, questions, or reflections to share?

**Thank you for your time, attention, and care!**

## APPENDIX E: CHORISTER QUESTIONNAIRE

### Survey Questions

Please answer the following questions regarding your experiences as a community chorus singer. Include your experiences in both your current ensemble as well as any other community chorus or choir you've sung in as an adult. Unless otherwise specified, please consider all chorus-related events such as rehearsals, performances, meetings, retreats, etc.

To what extent do you feel aware of your emotional and/or psychological state during chorus activities? (not aware, slightly aware, somewhat aware, mostly aware, fully aware)

Have you ever experienced a time when you felt emotionally or physically out of control because of experiences at chorus? (unsure, never, just once, a few times, regularly)

Have you ever experienced a time when you felt emotionally or physically out of control at chorus because of experiences or circumstances outside of chorus? (unsure, never, just once, a few times, regularly)

Have you ever had a musical experience in chorus that prompted you to shut down, act out, or fight back (or feel like you might want to)? (unsure, never, just once, a few times, regularly)

Have you ever had a non-musical experience in chorus that prompted you to shut down, act out, or fight back (or feel like you might want to)? (unsure, never, just once, a few times, regularly)

Have you ever witnessed a chorus member shut down or act out during a chorus activity? Acting out may include yelling, angry outbursts, or defiant behavior. (unsure, never, just once, a few times, regularly)

Have you ever felt unable to engage at chorus because of previous traumatic experiences? (unsure, never, just once, a few times, regularly)

Have you ever felt bullied or belittled at chorus? (unsure, never, just once, a few times, regularly)

Have you even had an experience at chorus where you felt shamed or belittled for aspects of yourself such as gender expressions, body size, religion, sexuality, race? (unsure, never, just once, a few times, regularly)

If yes: fill in field

Have you even had an experience at chorus where you felt unwelcome or ostracized due to aspects of yourself such as gender expressions, body size, religion, sexuality, race? (unsure, never, just once, a few times, regularly)

If yes: fill in field

Have you ever felt unwelcome or ostracized by the actions, words, or presentation of others in the chorus space (for example... hurtful personal or political statements, images, clothing, etc.)? (unsure, never, just once, a few times, regularly)

Have you ever felt disrespected or unwelcome because of core aspects of who you are (race, ethnicity, religion, gender, gender expression, sexual orientation, disability, age, body type, etc.)? (unsure, never, just once, a few times, regularly)

Have you have had an interaction with a leader at chorus that triggered past traumatic experiences? (unsure, never, just once, a few times, regularly)

Have you ever had an experience at chorus that brought up past traumatic memories or feelings? (unsure, never, just once, a few times, regularly)

Have you ever had an experience at chorus that created new traumatic memories or feelings? (unsure, never, just once, a few times, regularly)

Have you ever felt discriminated against or unsafe because of chorus policies? (unsure, never, just once, a few times, regularly)

Have you ever felt discriminated against or unsafe because of the actions or words of leaders at chorus? (unsure, never, just once, a few times, regularly)

Have you ever felt discriminated against because of the actions or words of other chorus members? (unsure, never, just once, a few times, regularly)

Have you ever felt unsafe because of the actions or words of other chorus members? (unsure, never, just once, a few times, regularly)

Have you ever felt unsafe because of the actions or words of other chorus leaders? (unsure, never, just once, a few times, regularly)

Have you ever felt unsafe voicing your opinions about chorus policies or music? (unsure, never, just once, a few times, regularly)

Have you ever done something against own best interests because of the culture/pressure from others at chorus? (unsure, never, just once, a few times, regularly)

Have you ever felt pressured to participate in a way that felt physically or emotionally unsafe? (unsure, never, just once, a few times, regularly)

Have you ever quit a choral organization due to any of the above experiences? (Y/N/In part)

Almost finished. The following demographic questions will only be viewed by the lead researcher and will not be shared with your choral director.

What is your gender? \_\_\_\_\_

What is your racial and/or ethnic identity? \_\_\_\_\_

What year were you born? \_\_\_\_\_

Have you been officially diagnosed or has a mental health professional suggested that you have 1. Post-Traumatic Stress Disorder (PTSD), 2. Complex Post-Traumatic Stress Disorder (CPTSD), 3. Some other mental health diagnosis that is the result of trauma? 4. No trauma-related mental health conditions.

I have never been diagnosed, and 1. I do not think I have a trauma-related mental health condition, 2. I think I likely have undiagnosed Post-Traumatic Stress Disorder (PTSD), 3. I think I likely have undiagnosed Complex Post-Traumatic Stress Disorder (CPTSD), 3. I think I likely have an undiagnosed mental health condition that is the result of trauma.

## **APPENDIX F: INTERVIEW PROTOCOL – CHORUS DIRECTORS**

1. Are you aware of common manifestation of trauma within adult populations?
2. Are you aware of how your trauma-affected choristers may exhibit manifestations of trauma within your chorus spaces (rehearsals, performances, tours, retreats, etc.)?
3. Do you have any thoughts about how trauma may affect the experiences of your choristers?
4. Have you observed behavior from choristers that might be manifestations of trauma?
5. Are you familiar with trauma-informed practices?
6. Were you familiar with trauma-informed practices prior to enrollment in this study?
7. Do you, or does your organization currently have any formal trauma-informed practices in place?
8. Do you have any informal processes that you use to support individuals who may experience trauma triggers in your chorus spaces or to keep choristers from becoming triggered?
9. The six tenets of trauma informed practices according to the Substance Abuse and Mental Health Services Administration (2014) are:
  - a. Safety
  - b. Trustworthiness and Transparency

- c. Peer Support
- d. Collaboration and Mutuality
- e. Empowerment, Voice, and Choice
- f. Cultural, Historical, and Gender Issues

Can you share any protocols or practices that you already have in place, formally or informally, that may support choristers in these areas?

10. Are there ways that you center equity in your organization related to culture, historical, and gender issues?

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\*This document was published by the Substance Abuse and Mental Health Services Administration (SAMHSA), a federal agency, but was removed from the official government website in late 2025. Several outside agencies have archived it. The original file was retrieved from <https://store.samhsa.gov/system/files/sma14-4884.pdf>

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