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Abigail Van Klompenberg
University of Kentucky, abigail.vanklompenberg@gmail.com

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Cover Page Footnote

I have no known conflict of interest to disclose. Correspondence concerning this article should be addressed to Abigail L. Van Klompenberg, University of Kentucky, 465 Rose Street, Lexington, KY 40506. Email: alva239@uky.edu



Abigail Van Klompenberg

Concordia College

Influences on General Music Teachers' Mental Health During the Collective Trauma of COVID-19

ABSTRACT

The purpose of this collective case study was to examine elementary music teachers' mental health and well-being during the COVID-19 pandemic. The research questions were: 1) What factors influenced music teachers' mental health and well-being during COVID-19; 2) How did music teachers support their own mental health and well-being during COVID-19?; 3) How might stakeholders (such as schools, administrators, and community members) better support educators during challenging times? Data included semi-structured interviews, informal observations, and a researcher journal. Participants were three elementary music educators teaching K–5 music in geographically and demographically diverse public schools throughout the COVID-19 pandemic. Through “data transformation” (Glesne, 2006), I explored the essence of the teacher's experiences as they described their mental health and well-being during the pandemic. Five themes related to mental health and well-being emerged: (1) connection, (2) support, (3) anxiety, (4) self-care, and (5) resiliency. Findings from this study revealed the negative effects of the pandemic, particularly on educators' levels of anxiety. Also, findings revealed the influence of self-care and support which contributed to the educators' resiliency during the pandemic. Implications for music educators, music teacher educators, and other stakeholders are discussed within the context of this study.

Keywords

music education, music teachers, mental health, well-being, collective trauma, COVID-19

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INTRODUCTION

Trauma includes experiences that cause intense physical and psychological reactions and may produce a sense of fear, vulnerability, and helplessness (SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014). Trauma may be caused by the death of a loved one, natural disasters, war, abuse, violence, or other detrimental experiences (Treatment Improvement Protocol, 2014). An individual may have differing effects from trauma based upon the circumstances of the experience and their individual response (SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014). *Collective trauma* impacts entire societies or cultures while creating a shared memory of the traumatic event (Hirschberger, 2018). The COVID-19 pandemic may be considered a collective trauma for those associated with schools due to its expansive impact on students, teachers, and school community members. In this research study, I demonstrate how COVID-19 influenced music teacher mental health due to the educators' unique role and interactions within schools.

The collective trauma of COVID-19 negatively affected teachers' and students' mental health (Kush et al., 2021; Meherali et al., 2021). The pandemic disrupted instructional modalities (Hash, 2021; Koner et al., 2021) which influenced teacher stress levels and well-being (Kim et al., 2021; Klapproth et al., 2021; Kush et al., 2021). Music teachers reported particularly high levels of depression and decreased well-being during the COVID-19 pandemic (Miksza et al., 2021; Parkes et al., 2021). Existent literature examines the prevalence of generalized stress in music educators (Gordon, 2000), where additional studies could illuminate if and how music teacher specialty relates to the effects of generalized or traumatic stress. More studies are needed to fully comprehend the severity of COVID-19 on music teachers' mental health, especially to understand how an educator's specialty (i.e., general music, band, etc.) may impact their mental health during challenging times. Studies addressing generalized and traumatic stress may provide insight into important issues such as teacher mental health, burnout, and attrition.

There is a growing discussion on trauma, mental health, and trauma-informed practices in schools. Prior to the pandemic, an increasing number of organizations and schools implemented trauma-informed practices to address the trauma in their communities (SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014). Trauma-informed schools promote resiliency and aim to encourage recovery from trauma in a safe school environment (Jennings, 2014; SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014). Trauma-informed practices in education emphasize three overarching themes: 1) building knowledge through an understanding of trauma; 2) shifting perspectives to create healthy school cultures; and 3) advocating for self-care for educators (Thomas et al., 2019). Trauma-informed schools may also implement school-wide policies, classroom strategies, mental health resources, family partnerships, and community resources to address trauma in their institution (Jennings, 2014). Trauma-informed practices in

response to COVID-19 may benefit teachers, students, and school communities and aid in recovery from the pandemic (Harper & Neubauer, 2021). Additional research investigating trauma is merited due to the increase in discourse on trauma-informed practices and mental health in schools.

The purpose of this study was to examine elementary general music teachers' mental health and well-being during the collective trauma of the COVID-19 pandemic. The research questions were: 1) What factors influenced music teachers' mental health and well-being during COVID-19; 2) How did music teachers support their own mental health and well-being during COVID-19; 3) How might stakeholders (such as schools, administrators, and community members) better support educators during challenging times?

RESEARCHER LENS

I have personal interest in the topics of trauma and mental health due to my background in education. Glesne (2006) stated that qualitative researchers should examine subjectivity and avoid assumptions which may “shape, skew, distort, construe, and misconstrue” (p. 123) what the researcher sees and hears. Within this research study, I seek to clarify my personal background, acknowledge its potential to create bias, and examine my subjectivity within the study. I was a K–12 general music educator in the public schools prior to this study. Several of my previous schools were in communities with many trauma-impacted students, which was evidenced by their high levels of emotional distress. During my K–12 career, the students' trauma negatively influenced my mental health and well-being. Throughout the study, I allowed my personal history to sensitively guide my approach and interactions with the participants. Concurrently, I worked to prevent bias that would detract my focus from the lived experiences of the participants.

METHODOLOGY

In this study, I utilized an instrumental collective case study, where the researcher focuses on one central issue or concern and then selects one or more bounded cases to illustrate the issue or concern (Creswell, 2013). My intent was to understand the issue of teacher mental health caused by the collective trauma of the COVID-19 pandemic. Aspects of this research study were bound—participants were public school educators in the United States (location bound) who were teaching during the pandemic (time bound). The use of a collective case study provided a wide range of perspectives on the research questions since each of the participants differed demographically (Creswell, 2013). Varying viewpoints about teacher mental health increased validity and provided more perspectives in the study. These viewpoints helped paint a rich, thick description (Geertz, 1973) of the pervasiveness of music teacher mental health concerns in the United States and can increase the transferability of findings (Creswell, 2013).

Data included three interviews (one semi-structured interview per participant), informal observations of two of the participants' spaces, and a researcher journal. A

researcher-developed interview protocol directly related to the research questions was used for the semi-structured interviews (Creswell, 2013). The protocol included eight predetermined interview questions that addressed the teachers' background and perceptions of their mental health during the pandemic. The protocol included questions such as, "How has COVID-19 impacted your physical health and well-being?" and "How can we support teachers during difficult times, like the pandemic?" The interviews also included clarifying questions outside of the preset protocol and served the purpose of clarifying participant responses.

All interviews were conducted via the video conferencing software program, Zoom, and were audio and video recorded. I reviewed the Zoom recordings against external audio recordings to ensure accuracy of the interview transcriptions. Two participants completed their interviews from home, which allowed for informal observation of their surroundings and provided context to their experiences when they were engaged in online teaching. The third participant elected to hold his interview at school in his private office, so I did not see his teaching space. The researcher journal was used for anecdotal notes during the interviews and for reflection during the data analysis.

All data were collected and analyzed in March 2021 over a three-week timeframe. I conducted one interview per participant which lasted approximately 90 minutes. I used "patient probing" (Glesne, 2006, p. 96), where I provided more response time or brief guiding questions. I used Creswell's (2013) data analysis spiral to analyze cases individually, and then across all three cases to provide a thick description of the teachers' thoughts and feelings. Code analysis software was not used in this study, but the web-based platform, LucidCharts, was used to document and organize codes. I used both indirect and direct coding in analysis. Indirect codes do not directly relate to the study's research questions, but merit attention due to their presence in the data, such as "students." Direct codes are words or phrases that directly align with the research questions, such as "health" and "anxiety."

Validity and trustworthiness were established through interview protocol piloting, engaging in reflexivity, and member checks. I piloted the interview protocol with a K–5 elementary music educator who did not participate in this study. I repeatedly reviewed data with guidance from other experts in qualitative research while continually questioning assumptions made throughout the data analysis process. I reflected within my researcher journal throughout the study to monitor personal bias. Member checks were implemented to ensure the accuracy of findings, in which two participants requested no or few corrections be made, and one participant declined the review.

Participants

Participants included three K–5 elementary general music teachers in the United States. Criterion sampling was used to participate in the study—participants a) taught in the United States, b) taught general music, c) taught in a public school setting, d) taught full-time during the COVID-19 pandemic, and e) were willing to fully participate

in this study. I used convenience sampling first due to the time constraints of the study. I created a list of potential participants who I thought would be interested in discussing mental health. I previously spoke with these individuals about current issues in music education, leading me to believe that they may be open to an interview on teacher mental health. After I contacted those individuals via email and shared the specifications of the study, I narrowed the list further based on their responses. Demographics, such as gender, location, and teaching experience, were considered for maximum variation amongst the participants (Creswell, 2013).

The participants were colleagues or personal acquaintances prior to their enrollment in the study. I sought out these individuals because the level of trust was needed to address highly sensitive topics, such as mental health and trauma (Glesne, 2006). As this was an instrumental collective case study that involved three or fewer adults and no children, IRB clearance was not mandated for the study. Table 1 shows the demographic information for the three participants' pseudonyms.

Table 1

Description of Participants

Pseudonym	Amanda	Daniel	Sabrina
Age	41	38	37
Gender	F	M	F
Race	White	Latino	White
Years Teaching	20	7	14
State	California	South Carolina	Texas
Type of School	Rural	Suburban	Urban
Teaching Context	General Music, Band, Strings	General Music Only	General Music Only

Amanda

At the time of this study, Amanda had taught for 20 years and with a background in general music. During the research study, she taught band, strings, and general music at two schools in a rural California school district. Amanda's music classes occurred online for the 2020–2021 school year, as mandated by her school district. Her teaching spaces shifted from her garage (functioning as a makeshift classroom) to a classroom with no students (teaching via the video conferencing service, Google Meet).

Daniel

Daniel taught general music for seven years at a Title I school in suburban South Carolina. As of March 2021, Daniel had returned to in-person learning after a year of online learning. Daniel had an interest in music technology but was unable to teach using his music classroom technology when the school returned to in-person learning. The school mandated Daniel travel between classrooms, teaching music on a cart, leaving his music technology sitting unused and in an empty music classroom.

Sabrina

Sabrina had 14 years of experience teaching in choral, instrumental, and general music classrooms. Sabrina's entire teaching career was in an urban school district in Texas. Throughout her career, Sabrina taught at five Title I schools, which are schools with high concentrations of students from low-income families.

Sabrina described her extra responsibilities within the district, such as providing professional development for her music colleagues. Sabrina began the 2020–2021 school year teaching online and phased into in-person learning by the fall of 2021. As of March 2021, she was required to teach in-person students and online students on alternating days. She built an outdoor classroom using materials funded by a grant she wrote, as she was concerned about safely teaching music indoors.

FINDINGS

The purpose of this study was to examine elementary music teachers' mental health and well-being during the collective trauma of the COVID-19 pandemic. Five themes related to mental health and well-being emerged: (1) connection, (2) support, (3) anxiety, (4) self-care, and (5) resiliency.

Connection

Amanda, Daniel, and Sabrina spoke of personal connections to others and the influence it had on their mental health during the pandemic. Daniel described the importance of his wife, children, and family. His immediate family created a "bubble," limiting interactions with outside individuals, reducing virus transmission risk, and providing emotional support for him. Amanda described her love of and connection to her wife and child. She described the stay-at-home orders as giving her an opportunity to connect with her family in nature or COVID-safe outdoor activities. Sabrina mentioned the improvement in her mental health because of quality time spent with her husband, who was also working at home during the beginning of the pandemic.

Despite the positive effects of their immediate family, distance from extended family negatively influenced the mental health of two participants. The collective trauma of the pandemic impacted the entire world while placing barriers between the participants and their loved ones. Daniel's extended family lives outside the United States, and he was unable to see them due to travel restrictions and health concerns. Amanda's extended family lived in a nearby state; however, she did not feel comfortable visiting them during the pandemic. Daniel and Amanda mentioned seeing their extended families virtually but lamented that it was not the same as visiting in-person. Personal support from family had a clear influence on the teachers' mental health and well-being during the pandemic.

Each participant voiced a sense of disconnection and loss in their interviews. Amanda and Sabrina were both highly emotional as they recounted their disconnection from students. Amanda described the loneliness after returning to school and not being allowed to teach her students face-to-face.

I'm just in that room all day long . . . And I just sit there and look at a screen. It's sad. It's not why I signed up for this job. So, yeah. It makes me sad. It makes me *really* sad. [emphasis added]

Sabrina described her loss of connection to the students, even after they returned to in-person learning.

I'm with kids and I can't hug them...which is killing me. I can't, I can't hug them. I can't. ::Sabrina bursts into tears:: I can't hug my babies. By the time we get to lunch time, I've had 50 hugs below the knee. I used to sit with babies all day and now, it's not, it's not OK.

In March 2020, Daniel experienced great loss and disconnection when a close colleague died from COVID-19. Daniel described sadness that came from the death of a loved one.

One of my friends died. I got a call from my principal saying that she passed away. I still feel the pain of her departure. Her classroom is still there. They didn't take the name down. I walk every day through that hallway, and I see her name, but the light is not on. Which sounds like a metaphor of sorts, you know. I mean, the light is gone.

The collective trauma of the pandemic caused loss and disconnection for all participants, especially Daniel, who lost a friend and colleague to COVID-19.

Support

The teachers' mental health was also influenced by their level of professional support. Daniel was grateful for the support from his colleagues and school community. When he returned to in-person school in the fall of 2020, Daniel said, "It was a joy, just to see other humans that are my age or older, just to interact with them or say hi." The participants' connection to their music and arts colleagues improved their morale throughout the pandemic. Amanda described collaborating with her colleagues to share video lessons and reduce individual workload. These interactions helped Amanda feel closer to her music team. Similarly, Sabrina worked with the art teacher at her school to create resources for students early in the pandemic. When the students returned in the fall, Sabrina and the art teacher relied on one another for logistical and emotional support.

Conversely, the lack of support from the school community negatively influenced Amanda's mental health. During the partial return to in-person learning in the fall of 2020, Amanda prepared video lessons with the expectation that homeroom teachers would play them for students. The video lessons were requested by her administration in lieu of Amanda teaching in-person music classes. Amanda stated, "Sometimes when it's asynchronous, the teachers don't remember to do my lesson unless I tell them to. I had to advocate for myself. And I had to just be like, 'look, I need this. I need this give and take from the kids because I'm not seeing them.'" Amanda described a lack of support as she was frequently excluded from or forgotten

about during important announcements, celebrations, and staff events, especially during the pandemic.

Support from school community members, such as parents, positively influenced some of the teachers' mental health during the collective trauma of the pandemic. Sabrina had optimistic feelings seeing her community and students support one another but felt conflicted about the pandemic causing such a need. Sabrina stated, "It was so beautiful to see our kids and community rally for each other. It was terrible but also really reaffirming." Daniel also indicated feeling supported by school community members and families. Daniel described his school as "home," noting that "parents are doing a big part to help us. They are very understanding...most of them. They see us as humans with lives and they know we are building a plane as we fly." Support from the school community impacted educators' mental health positively and negatively depending on their community and the level of support they received.

Anxiety

All three participants expressed anxiety related to their job. Amanda and Daniel said their anxiety symptoms began prior to COVID-19 but that the pandemic worsened them. Amanda described anxiety due to job responsibilities which intensified during the pandemic.

How am I going to do this? . . . I was going to therapy because I was really upset about all that stuff. And then COVID happened, and it was a new thing to worry about, like so much other stuff.

Sabrina struggled significantly with the stress of being a teacher, both prior to and during the pandemic. She described being overworked, burned out, and feeling guilty for taking care of her health. Sabrina's anxiety and physical health hit a breaking point in the summer of 2020 when the stress of the pandemic intensified.

In August, I went into my doctor while having an active panic attack. I'm crying and heaving, and I can't breathe. The doctor says, 'It seems you might have some anxiety. Tell me what you do.' And I said, 'I'm a teacher.'

Sabrina and Amanda recounted worry and anxiety relating to their students' well-being. Sabrina described concern about her students being able to access food when her school closed in March 2020.

The school that I'm at has a feeding program. They send kids home with bags before the weekend that have shelf stable items, so that the kids at least have food. First thing I was thinking about was, "okay, we've got these kids . . . how are we going to feed them?"

Amanda was concerned about her students' emotional well-being during the school shutdown. She described seeing their sadness and loneliness as she connected with them virtually during the start of the pandemic. The music educators described deep care for their students. However, this care negatively influenced Sabrina and Amanda's mental health and well-being.

Self-Care

The participants enacted self-care to support their mental health during the pandemic. All three teachers pursued some form of professional intervention for their mental health during their teaching careers. Daniel previously sought out prescription medication to support his mental health, which he remained on during the pandemic. He stated that his anxiety and depression appeared to be under control but noted that sometimes he was “just dipping blue for a little bit” or “being tamed by the medicine.” Sabrina stated she was on several medications and herbal supplements to manage her anxiety. Amanda did not utilize medication for mental health support but did attend therapy before and during the pandemic to address her stress levels.

Amanda and Sabrina described prioritizing their physical health as a form of self-care. Amanda noted physical changes to her body during the pandemic, including weight gain from inactivity and eye strain from excessive computer use. She purposefully included walks, stretching, and dietary changes to positively affect her physical and mental health. Sabrina focused on relaxation and her hobbies, two things that she did not prioritize before the pandemic. Different forms of self-care positively influenced the teachers' overall mental health and well-being.

Resiliency

The teachers' adaptability and resourcefulness led to resiliency despite any mental health challenges they encountered during the pandemic. Sabrina and Daniel showed resiliency through their ability to adapt their instruction during the pandemic. During the school shutdown, Sabrina hosted weekly Zoom sing-alongs and curated a school-wide virtual talent show. When they returned to in-person learning, she taught in an outdoor classroom, which she described as being fun for the kids and teacher. Daniel remained optimistic and resilient despite having to teach on a traveling cart upon the return to in-person learning. Daniel said navigating technology was not a challenge for him, but he noted “the whole pandemic was teaching us how to adapt.”

Amanda showed the strongest indications of adaptability leading to resiliency. Amanda repeatedly mentioned how proud she was of her growth, having pride in the innovative changes she made to her classroom. She stated the pandemic taught her how to balance the demands of technology, planning, and unexpected changes in the classroom. She states: “I'm going to do the best with whatever medium. Whether it's in person, on a cart, or virtually. That's the attitude I've been taking, and it's been good for me. It's been good for my peace of mind.” The music educators adapted and demonstrated resiliency despite the obstacles faced during the pandemic.

DISCUSSION

The purpose of this study was to examine elementary music teachers' mental health and well-being during the collective trauma of the COVID-19 pandemic. The research questions were: 1) What factors influenced music teachers' mental health and well-being during COVID-19; 2) How did music teachers support their own mental

health and well-being during COVID-19; 3) How might stakeholders (such as schools, administrators, and community members) better support educators during challenging times?

This study's findings affirm that the mental health and well-being of the music teacher participants suffered during the COVID-19 pandemic. These findings align with findings from studies examining general educators' (An et al., 2021; Klapproth et al., 2021) and music educators' (Miksza et al., 2021; Parkes et al., 2021) mental health during the pandemic. Amanda and Sabrina fear for their students' well-being, which supports previous research that found student well-being as a prevalent concern for educators during the pandemic (An et al., 2021). This finding is unsurprising as teaching is an emotionally taxing job due to the emotional investment teachers have in their students (Chang, 2009). Additional studies are needed to address teachers' concerns as the emotional burden placed on teachers may continue in a post-pandemic world.

The music educators in this study struggled with anxiety and depression, which were exacerbated by the pandemic. These findings corroborate studies that indicate music educators' well-being and mental health suffered during the pandemic (Miksza et al., 2021; Parkes et al., 2021). Daniel described sadness in relation to the death of a colleague from COVID-19. He wanted in-school counseling to process his emotions, which he was not provided. The death of a loved one, whether a student, colleague, or family member, can be especially trying on teachers' mental health (Lazenby, 2006; Sears, 2022). Amanda and Sabrina indicated high levels of anxiety and stress. Anxiety and fear have been directly connected to the traumatic stress teachers experience, especially during the pandemic (Golodryga & Pomrenze, 2021; Lambert et al., 2020; Singer, 2020). The findings from this study illuminate the need to investigate how teacher mental health was impacted during COVID-19, but also what resources, supports, and mitigation strategies could assist teacher mental health.

Level of support from administrators, parents, and colleagues influenced the music teachers' mental health. Prior studies showed the importance of these individuals on music teachers' stress level and well-being (Baker, 2007; Gordon, 2000; Scheib, 2003; Sindberg, 2011). Amanda did not feel supported by her school leaders, which reinforces the importance of administrative support on music teacher well-being. Administrative support has a strong influence on music teacher job satisfaction and their desire to remain in a teaching profession (Gardner, 2010). The findings of this study merit further research investigating administrative support, teacher mental health, and educators desire to stay in or leave the profession.

Participants received assistance from their colleagues to adapt their instruction during the pandemic, reaffirming existent research stating the importance of support between music teachers and their colleagues (Sindberg, 2011). COVID-19 required teachers to adapt to new technology and forms of instruction, sometimes to the detriment of their mental health (An et al., 2021; Hash, 2021; Klapproth et al., 2020). Therefore, it is important for schools and educators to examine the support and resources they access, especially in challenging times.

The music educators enacted self-care and experienced resiliency despite the challenges placed upon their mental health. Resiliency includes drawing upon resources within and around oneself to endure and adapt to adversity (Southwick et al., 2014). The participants used self-care to support their work-life balance, which is an aspect of well-being that some educators struggled with during the pandemic (An et al., 2021). It has been found that self-care is beneficial for teachers experiencing trauma or working with traumatized students (Miller & Flint-Stipp, 2019). Self-care has been identified as a useful tool for music educators in supporting their mental health and well-being (Kelley et al., 2021; Kuebel, 2019). Additional research on self-care strategies and teacher mental health may provide insight on these topics following the COVID-19 pandemic.

During their interviews, no participants' directly addressed trauma-informed practices being implemented at their schools. It has been found that mental health during collective trauma can be improved when schools properly implement trauma-informed practices (Harper & Neubauer, 2021; Jennings, 2014). Due to trauma-sensitive schools' recognition of trauma's effects on students, staff, and communities, there is an awareness of trauma's influence on teaching and learning (Harper & Neubauer, 2021; Jennings, 2014). Trauma-informed practices promote resiliency and aim to promote recovery from trauma (SAMHSA's Trauma and Justice Strategic Initiative, 2014). Perhaps the participants, students, and administrators could benefit from the implementation of trauma-informed practices in their learning communities.

The pandemic disproportionately affected individuals from historically marginalized communities, including those enduring generational racial trauma and individuals living in poverty (Kantamneni, 2020). Trauma occurs at a higher rate in marginalized communities; therefore, trauma-informed care may benefit teachers, students, and families existing in these communities (Christian-Brandt et al., 2020; Lawson et al., 2019). Two of the participants described working in communities with historically racially marginalized populations. Trauma-informed practices may help teachers who are working with traumatized students from these communities, such as the schools in which Sabrina and Daniel teach.

LIMITATIONS

This study provided insight into teachers' mental health during the collective trauma of the COVID-19 pandemic; however, limitations exist within this research study. Data collection occurred in spring of 2021 and reflected the teachers' perceptions of the pandemic prior to that time. The pandemic will have long-lasting and profound effects. Longitudinal studies would be beneficial in informing teacher practice through inquiring into the long-term effects of trauma and teacher mental health. Furthermore, this study included only three participants, potentially limiting the scope and depth of its findings.

Convenience sampling was used to select participants and could limit the perspective provided within the study. Two of the three participants were white, and

one was Latino. One participant identified as a member of the LGBTQIA+ community. Further data collection may need to occur to understand how the participants' race, gender, and LGBTQIA+ status influenced their mental health and well-being during the pandemic. Future iterations of this study need to include a larger, more diverse participant pool. This consideration is particularly important because of COVID-19's impact on traditionally racially marginalized communities (Kantamneni, 2020). Additionally, student demographic information was not examined relating to the teachers' mental health. Deeper examination of the teachers' school demographics (e.g., race, Title I status) could provide important insight on how COVID-19 influenced students and teachers of varying backgrounds.

CONCLUSION

The collective trauma of the COVID-19 pandemic profoundly impacted school communities, especially teachers. The music teachers in this study described changes to their mental health and well-being from teaching during the pandemic. Professional and personal connection influenced the teachers' mental health during the pandemic. Furthermore, support from friends, family, colleagues, and administrators played a role in the music educators' mental health. Future research on music teacher mental health should examine what music teachers need to feel fully supported during challenging times in education. The music educators also experienced increased anxiety during the pandemic, meriting further consideration of the mental health treatments for music educators. The music educators utilized self-care and indicated some positive outcomes, including resiliency and adaptability. There is a continued need for research addressing music teacher mental health during challenging times.

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About the Author

Abigail Van Klompenberg is an Assistant Professor of Music Education at Concordia College in Moorhead, Minnesota where she teaches music education courses and supervises student teachers. She received her B.M. in Music Education from Western Michigan University and her M.M. in Music Education from Arizona State University. She is a Ph.D. Candidate in Music Education at the University of Kentucky. Prior to teaching at the collegiate level, she taught K–12 music in Arizona, Texas, South Carolina, and Kentucky over the course of 13 years. She holds Level III Orff Schulwerk certification and is a National Board Certified Teacher in Early-Middle Childhood, Vocal Music. Her research interests include innovative music practices, teacher mental health, social-emotional learning, and trauma-informed practices.