



THE ROLE OF THE MUSIC IN COPING WITH TRAUMA EXPERIENCES

Zühal Dinç Altun¹,
Münevver Özdemir

Trabzon University,
Trabzon, Turkey

Abstract:

Trauma experiences is a significant risk factor for mental health. Considering the prevalence of traumatic events, the effectiveness of the coping strategies used by individuals who have been exposed or witnessed these events is becoming more important. The purpose of this study is to examine the role of listening to music in coping with trauma. The research was tailored to the case study from qualitative research methods. The study group of the research consists of seven students having at least one traumatic experience and studying at a high school in the province of Rize. A semi-structured interview form consisting of 8 questions was used as the basic data collection tool in the study. The obtained data were analyzed by using qualitative data analysis techniques and content analysis technique. Analyzes made indicates that a large number of participants have tried to listen to music to cope with traumatic experiences. In the process of coping with trauma, it has been determined that listening to music has neutral, positive and negative effects. It is considered that the results obtained will provide meaningful contributions to the preparation of intervention programs for individuals with traumatic experiences.

Keywords: traumatic event, coping, music, high school students

1. Introduction

Trauma is defined as repetitive, involuntary emotional distress experienced by individuals who experience genuine or intimidating death, severe injury, or sexual assault (American Psychiatric Association, APA, 2014: 146). Natural catastrophes, traffic accidents, physical attacks, sudden death of a loved one, or warlike events are given as examples of traumatic experiences (Kubany, et al., 2000). Besides witnessing such events, interfering for work, or learning that a close relative has been exposed can also have a traumatic effect (Morrison, 2014).

¹ Correspondence: email zdincaltun@gmail.com

It is known that many people have experienced or witnessed at least one traumatic event during their lifetime (Benjet et al., 2016). Also in the studies on adolescents, attention is drawn to the prevalence of traumatic experiences (Nilsson, Gustafsson and Svedin, 2010). For instance, almost all of the adolescents between the ages of 14-19 who participated in the research done by Closson et al. (2016) have experienced at least one traumatic event throughout their lives.

In another study on 4023 adolescents, it has been determined that 54.6% of the girls and 56.7% of the males had traumatic experiences (Macdonald, Danielson, Resnick, Saunders and Kilpatrick, 2010). Distressing emotions and thoughts, self-injurious behavior, forgetfulness, exaggerated negative beliefs, sleeping problems and difficulty in focusing are only a few of the psychological problems that are caused by trauma (APA, 2014). Besides trauma, experiences are accepted as an important risk factor for psychiatric disorders. Posttraumatic stress disorder (PTSD) and depression are the most common psychiatric problems among individuals exposed or witnessed to traumatic events (Yüce et al., 2015). Also; generalized anxiety disorder, somatization disorder, traumatic sadness and behavioral problems were found to be associated with traumatic events (Betancourt et al., 2012). Acute stress disorder also plays an important role in traumatic psychological problems (Fullerton, Ursano and Wang, 2004). Traumatic life events can also play a role in the emergence of more negative consequences such as suicide (Borges et al., 2008).

Psychological help provided by professional people is an effective method to solve mental problems related to trauma (Beaumont, Galpin and Jenkins, 2012). It is a fact that music is known to have very different effects on people. Similarly, it appears that music has been used as a healing and therapeutic tool throughout history (Özveren, 2011). Although practices on individuals with traumatic experiences have a short history (Garrido, Baker, Davidson, Moore and Wasserman, 2015), music-based therapies can also be evaluated within this context (Schwantes and Mckinney, 2010; Teague, Hahna and McKinney, 2006). For instance; in a research conducted by Baker and Jones (2006) on refugee students, music therapy has played a role, particularly in hyperactivity and aggression reduction. It is stated that music is used in different and various fields in the healing processes of human health. İmseytoğlu and Yildiz, (2012: 161) in their study, reports that there were various studies reporting that music has been used to relieve various ailments and aches (Derebent and Yiğit, 2008), to treat various symptoms such as anxiety, to improve the quality of life and body resistance and to heal spiritually. However; individuals with traumatic experiences generally do not receive psychological help at the professional level (Altun and Yazıcı, 2012; Stein et al., 2004). Besides non-professional sources of help such as parents, friends, etc. are more frequently referred to the posttraumati (Leshem, Haj-Yahia and Guterman, 2015). Listening to music, though not part of a professional helping process, has a healing effect on mental health (Chan, Chan and Mok, 2010). Listening to music is also one of the preferred methods for coping with trauma (Brough, Gorman, Ramirez and Westoby, 2003; Vrklevski and Franklin, 2008). Although studies on traumatic

individuals are limited, listening to music can be considered as an effective method of coping with trauma (Sarkamo et al., 2008).

When the related literature is examined, it is seen that music-oriented therapies are generally used in the treatment of psychological disorders but a limited number of practices have been made on individuals with traumatic experiences. Although individual activities of listening to music take an important place in daily life - usually among adolescents, the role of listening to music in coping with trauma has been the subject of only a few researches. This study is considered to contribute to the relevant literature in this sense. It is also believed that the findings of the study are important in terms of the use of music in the development of the coping skills of individuals who have experienced such experiences, as well as in leading individuals and educators and parents who are interested in this work.

2. The Purpose of the Study

The purpose of this study is to determine the role of individual activities of listening to music in the process of coping with the psychological problems experienced by individuals who are exposed or witness to traumatic events. In the study, the answers are also sought to the following questions:

1. What are the effects of trauma experiences on the mental health of individuals?
2. What are the methods that individuals use in the process of coping with the traumatic events they experience?
3. What are the effects of listening to music in coping with trauma?
4. Is there a relationship between the preferred type of music and mental health of individuals?

3. Method

This study was designed and conducted within the frame of a qualitative research approach. In the study, case study was used as a method. The case study is an in-depth study of a situation in its natural environment (Punch and Oancea, 2014). Special case studies are the studies that allow an event or phenomenon to be examined more deeply through the perspective of the individual (Ekiz, 2009). In this context, the study was conducted by using the case study method as it was aimed to thoroughly examine the thoughts of the participants in this study in order to understand how individuals who have any traumatic experience in this study are using the music to cope with the negative effects of trauma.

3.1 The Study Group

The study group of the study consists of 7 students who have been studying in a high school, with at least one traumatic experience. To select the individuals to be included in the study; objective sampling was used from non-random sampling methods. In the objective sampling method, individuals who are believed to have knowledge in relation

to the purpose of the sampling research are chosen (Fraenkel, Wallen and Hyun, 2012:100). Some descriptive information regarding to the research group has been summarized in Table 1. According to this; two of the students who participated in the interview were male and five were females. Each participant is coded as S1, S2, S3 for ethical rules. Participants' ages range from 14 to 18 years.

Table 1: Some descriptive information regarding the interviewed students

Participant	Gender	Age	Class Level	The Most Listened Music Type	The Type of Trauma Experience
S1	Female	17	11. Class	Arabesque	Unexpected Death of a Loved One
S2	Female	14	9. Class	Pop	Divorce of Parents
S3	Female	15	10. Class	Pop	Isolation from Society and Exclusion from the Peer Group
S4	Female	15	9. Class	Rock	Leaving Someone Special
S5	Female	17	11. Class	Pop	Academic Repression
S6	Male	18	11. Class	Folk Music	The Disease of a Loved One
Ö7	Male	16	9. Class	Arabesque	Unexpected Death of a Loved One

3.2 Data Collection Tool and Processes

In this study, data were collected with a semi-structured interview form consisting of 8 questions. Semi-structured interviews; while allowing the interviewee to express himself as it is; provide in-depth information on the issue being studied (Büyüköztürk, Çakmak, Akgün, Karadeniz and Demirel, 2014). While the interview form was being prepared; the principles such as the need for questions to be understandable, specific and open-ended, to be organized rationally and not to be leading (Yıldırım and Şimşek, 2008) were taken into consideration. The prepared interview form was presented to the opinions of 2 lecturers who were experts in the field and the final form was given to the form. Pilot interviews were conducted with three out-of-sample students prior to the actual interviews in order to test the understandability and appropriateness of the questions on this form. Based upon the feedback from the pilot interviews, the final forms were given to the questions on the form. In actual practice interviews with participants lasted 20-30 minutes on average and the speeches were recorded on a voice recorder. Later, these records were transcribed in a computer environment (transcript) and then raw data obtained by taking written texts from the computer were imported into the analysis process.

3.3 Data Analysis

Data obtained by semi-structured interviews were analyzed by content analysis method. In this process, the data were organized according to the theme presented by the research questions. In students' views, similar views were integrated and

subcategories were formed. These categories were tabulated under the themes and supported by direct quotations from the participants' speeches. In other words, the answers given by the participants to the questions asked in the interview were handled separately for each question, and tables and nets were created, sometimes presented directly in the findings by making direct quotations from the participants.

4. Findings

4.1 The Effects of Trauma Experiences on Mental Health

In the study, firstly according to the participants, the effects of the traumatic event on their own mental health were tried to be examined and a question was posed to the participants. The findings related to the effects of trauma experiences on students' mental health are summarized in Table 2.

Table 2: The effects of trauma experiences on mental health

Opinions	S1	S2	S3	S4	S5	S6	S7
Negative Affectivity	x	x	x	x	x	x	x
Sleeping Problems	x			x			
Lack of attention	x			x	x		
Distortions in the Functioning of Thought Structure			x	x	x	x	x
Suicidal Thought						x	

As seen in Table 2, all participants have reported that the mental effects of the traumatic event they witnessed or witnessed are negative. According to the participants, the deterioration in the functioning of negative affectivity and mentality are common psychological symptoms after trauma. Only one of the students who participated in the survey has reported that they have thought to commit suicide due to traumatic experiences. While S1 suffering the trauma of the death of the loved one is expressing his view in this issue such as: *"At first everything was terrible, I was fond of my father. When he was gone, I fell into the void, I was very unhappy and I was crying all the time (S1)"*, S5 who has academic repression, has expressed his mental disorder as follows: *"I was always thinking of this situation. Sometimes I feel like I'm going crazy but I do not do anything" (S5)*.

Among the participants, only S6 has stated his thought to commit suicide because of the traumatic event he experienced as follows: *"....I could not think of a life without my mother. Even I thought to commit suicide instead. I would not have been without her, so I could not"*

As is seen, the psychological reactions of individuals to these events differ in similar traumatic situations (such as the loss of a loved one).

4.2 Methods Used in the Process of Coping with Traumatic Events

The students participating in the research were asked which methods they used during the process of coping with the traumatic event they experienced. The findings from the analysis of the answers obtained from the students are summarized in Table 3.

Table 3: Methods used in the process of coping with the experienced traumatic event

Opinions	S1	S2	S3	S4	S5	S6	S7
Avoidance	x				x		
Positive Thinking		x				x	
Emotional Social Support		x		x		x	
Denial			x				
Getting information					x		
Smoking							x

As seen in Table 3, it is seen that participants resort to different methods of coping with the effects of trauma. Applying social support, thinking positively and avoiding are the most frequently used coping methods among the participants. While S2 having social support by other family members resulting in the divorce of his parents, is expressing his thoughts in this issue as *“We stayed in the women’s shelter, we were hungry. However, my mother and brother were besides me. We overcame everything together”*, S6, who has had the experience of witnessing the severe illness of a loved one, emphasizes the importance of positive thinking as *“I had worries, but I tried to evaluate it positively, it would be nice things, and things would be happening all the time.”* S5 of the participants who experienced academic pressure trauma has tried to explain that he preferred to avoid the incident as following expressions: *“I’m quitting and trying to get away instead of dealing with it. For example, I spilled tea on my Maths book on purpose in order that my mother would stop saying to solve test.”*

As is seen, the source of trauma differs from the reactions exhibited by individuals. It can be argued that how accurate and appropriate these methods developed by the participants to cope with are. Because these methods are the coping methods that individuals develop personally without professional support.

4.3 Social Support Resources after Trauma

In this way of research, participants were asked whether there were people with whom they shared their experiences in the process of coping with their traumatic experiences or not. The findings obtained are summarized in Table 4.

Table 4: Social Support Resources after Trauma

Resources	S1	S2	S3	S4	S5	S6	S7
Darling		x			x	x	
Relative	x				x		x
Teacher			x		x		x
Family Members	x		x		x	x	x
Friend		x		x	x		
Counselor Teacher				x	x		

When the findings in Table 4 are examined, it has been determined that all participants has shared the traumatic event with at least one person. However, the majority of the students have not received professional support due to the traumatic event they experienced. For instance, while S6 is expressing the fact that he shared his situation

with his brother about the illness of a loved one as *"We were talking to my siblings, and we were understanding each other very well because they had the same problems."* , S4 living the pain of separation has also expressed that he shared his feelings with his friends as following expressions: *"I tell my friends, they are always with me. Sometimes it feels really good to talk, even though they don't understand me,"* As seen in the table, the S5, who is under academic repression, has felt the need to share the situation with all reachable people, such as relatives, teachers, friends and teachers, in order to overcome it. In this context, it can be said that participants are seeking support by explaining their feelings to the individuals around them in order to overcome the traumatic situations they experienced.

4.4 The Role of Music in Coping with Trauma

One of the main research questions of the study is to determine whether individuals who have experienced trauma use music as a means of coping with trauma. In this context, two questions were asked to the participants as *"Have you ever tried to listen to music to cope with your post-traumatic psychological problems? What kind of music did you listen to?"* In the first question, all of the participants except S6 replied "yes" and stated that they were listening to music. Findings obtained from the answers given in the second question are presented in Table 5.

Table 5: Preferred types of music to cope with trauma

Types of Music	S1	S2	S3	S4	S5	S6	S7
						x	
Arabesque	x				x		x
Pop		x	x		x		
Rock				x	x		
Folk Music			x				

According to Table 5; almost all of the students have tried to listen to music during the process of coping with trauma experiences. The most common types of music that these students listen to are arabesque and pop music. S3 and S5 have expressed why they prefer to listen to music as the following expressions: *When I go back home in the evening, I listen to music to distribute my head, I want to forget school (S3). Music is my sanctuary, no one understands you, it's tiring to talk. I am setting my own world while listening to music, wearing my headphones and leaving the outside world, and for a while everything is getting away (S5).*

As is seen, it has been determined that listening to music has made various impacts on individuals in the process of coping with trauma experiences. Participants were asked to express their views on how music influenced their psychological situation in order to understand exactly what this impact was.

In this regard, three of the participants stated that there was no effect of listening to music in coping with the traumatic event they experienced; others mentioned its positive or negative effects. For instance, while S4 is expressing that music has made negative impacts as *"I am getting worse and worse, the words make me live through the*

incident again. My despair is growing, I'm saying, No dice." S5 has also explained that music relieves himself and the impact of music on himself as "Listening to music makes me easier to cry, I cannot cry besides someone else, then I'm calming down ". S7 has also stated that listening to music has no impact as follows: "It has no impact, I'm just listening. What does listening to music solve?..."

In this context, it can be said that the majority of the participant students who have experienced the trauma experience use music as a means of coping and listening to music has different impacts on their own psychological states.

Two questions were also asked to the participants for better explain the impacts of the music on themselves as "Is there any difference in the types of music that you prefer before and after the trauma? Why? ". The findings obtained are presented in Table 6.

Table 6: Differences in the type of the preferred music after trauma

Is there a difference in the kinds of music you pre-and post-traumatized?	Reason of Difference	S1	S2	S3	S4	S5	S6	S7
No				x				x
	Tendency to emotional melodies	x	x		x	x	x	
Yes	Incompatibility of lyrics with the event	x	x		x	x	x	
	Increasing number of known songs and singers	x						

Referring to Table 6, it is seen that a great majority of the students have a post-traumatic differentiation in the musical types they prefer. The views of S1 and S6 on the issue are as follows: "I have always listened to funny baby songs and then started to listen to emotional songs" (S1). "I have always listened to Black Sea songs. But after my mother got sick, I listened to the songs in which the word "mother" was mentioned for a long time" (Ö6).

In the same context, two questions were asked to participants as "Was there a difference between your daily music listening time before the trauma and your daily music listening time after the trauma? How?" The findings obtained are summarized in Table 7.

Table 7: Trauma-related differences in daily music listening time

Opinions	S1	S2	S3	S4	S5	S6	S7
No Difference.						x	x
Music listening time is increased	x	x		x	x		
Music listening time is reduced			x				

As is seen, all of the participants except two reported that their daily music listening time increased or decreased after the trauma. S7 and S1 have used the following statements on the subject: As for the duration of listening to music, Ali is expressing his opinion as "It's always the same ... I used to listen to it a lot and listen to it a lot after my father died too. There was no difference ... " S1, indicating that he listened to music much more

after the trauma, has also expressed his feelings "All night I was listening to the same song many times. I would never listen to music so much before."

Finally, two questions were asked to the participants as "Do you think there is a relationship between the type of music you listen to and your mood? How?" and the findings obtained are presented in Table 8.

Table 8: The relationship between the preferred music type and the mental health of individuals with traumatic experiences

Do you think there is a relationship between the type of music you listen to and your mood?	Mood	Preferred Music Type	S1	S2	S3	S4	S5	S6	S7
			No					x	
Yes	Happy	Pop	x	x		x	x		
		Folk Music							x
	Unhappy	Arabesque	x	x			x	x	
		Rock				x	x		

It is observed that the mood of the majority of the students is associated with the kind of music they prefer. Among the participants, pop listened when they are happy, arabesque listened when they are unhappy is the most preferred music genre. The views of S1 and S6 on the subject are as follows:

When I feel happy, I listen to lively pop songs. For instance Aleyna Tilki (A Turkish Pop Singer)...(S1). When I'm unhappy or unable to solve a problem, I listen to heavy songs, that is, Arabesque. (S6).

5. Discussion, Conclusion and Recommendations

Based on the findings in the research, it can be said that music is one of the assistive tools used to cope with trauma experiences. Individuals can get help from the environment as well as using personal preference ways such as listening to music. It has been determined that there is a relationship between music and the mental state of the individuals with trauma experiences, the types of music they listened differentiate depending on the source of trauma and the duration and types of music listening before and after trauma differentiate.

According to the data obtained from the research, negative affectivity, deterioration in the functioning of the thought structure are the most common psychological effects of trauma experiences. Similar results has also been obtained in the study conducted by Kagee, Bandjes and Saal (2017).In addition, there is only one participant in this study who has suicidal thoughts related to trauma. However; unlike this finding, there are also studies in the literature that the idea of suicide related to traumatic events is recorded at higher rates. (Beristianos, Maguen, Neylan and Byers, 2016; Vehid, Alyanak and Eksi, 2006).

Individuals with trauma experience use different coping methods from each other. In this study, the methods preferred by the participants to cope with the

traumatic event were investigated and the application of emotional social support was determined as a common coping strategy. This finding is consistent with the results of a study of Bleich, Tardkopf and Solomon (2003) on individuals who are victims of terrorism.

In this study, in addition to the above findings, the social support resources that the participants applied in the process of coping with trauma were determined. According to the data obtained, students preferred non-professional aid resources more than professional aid resources. When the literature was reviewed, similar research results were encountered (Cuevas et al., 2014; Leshem, Haj-Yahia, and Guterman, 2015). In addition, the students who participated in the study requested help from the family members at most and school counselor teachers at least. In another study, the first aid sources were examined after the trauma; while family members are in the first place, school counselor teachers are in the last place (Yazıcı and Özdemir, in print). This finding is remarkable. It may be helpful to examine the reasons why the individuals with trauma experiences seek help from family members who probably have no education in this issue rather than counselor teachers who specialize in this issue.

Almost all of the students who participated in the research tried to listen to music to cope with traumatic experiences. In a study conducted by Vrkleviski and Franklin (2008) on 50 lawyers with secondary trauma, the majority of these individuals used to listen to music as a coping method. In addition, in this study, the role of music listening in reducing or eliminating trauma-related psychological problems was investigated. More than half of the participants reported positive or negative effects of listening to music during the process of coping with trauma. A limited number of studies were found to show that listening to music is effective in mental health after trauma when literature was reviewed. For instance, in the study conducted by Sarkamo et al. (2008) it was reported that there was more psychological improvement in paralyzed individuals listening to music when compared to those who did not. In another study of 56 individuals exposed to at least one stressful life event, it was observed that the individuals listening to classical music or their chosen music had a significant decrease in their negative emotions compared to those who do not listen to metal music. (Labbé, Schmidt, Babin and Pharr, 2007). Among the students who participated in this study, there were also ones who report that listening to music was ineffective in coping with trauma. As a consistent with this finding, Jespersen and Vuust (2012) reported that there was no significant difference in post-traumatic symptoms between the refugees listened to music and the ones not listened before sleeping.

The following suggestions can be presented based on the results obtained from the research:

- In educational environments, measures should be taken to detect individuals who are traumatized as a priority and to reduce their negative effects on mental health.

- In terms of supporting the traumatized students to cope with trauma, it is necessary to ensure that school counselor service and expert personnel take more active roles.
- Raising the awareness of the families of traumatized individuals is very important in terms of supporting the individual to cope with trauma.
- The necessary support can be provided by determining the types of music listened by traumatized individuals
- By reviewing studies conducted in school settings, the individuals who are traumatized in a wider context should be identified and the impacts of trauma on individuals in terms of various variables should be investigated.

References

1. Altun, F. and Yazıcı, H. (2012). Üniversitede okuyan kadınların travmatik yaşantıları ve psikolojik yardım alma durumları. (Traumatic experiences of women attentg to university and their status of receiving psychological help) D. Şenol, S. Yıldız, T. Kıymaz ve H. Kala (Ed.), Uluslararası Katılımlı Kadına ve Çocuğa Şiddet Sempozyumu Bildiri Kitabı içinde (s. 109-118). Ankara: Mutlu Çocuklar Derneği Yayınları.
2. APA (Amerikan Psikiyatri Birliği) (2014). *Ruhsal bozuklukların tanısai ve sayımsai el kitabı, (Diagnostic and census handbook of mental disorders)* (E. Köroğlu, Çev.) Ankara: Hekimler Birliği Yayın Birliği.
3. Baker, F. and Jones, C. (2006). The effect of music therapy services on classroom behaviours of newly arrived refugee students in Australia—a pilot study. *Emotional and Behavioural Difficulties*, 11(4), 249-260.
4. Beaumont, E. A., Galpin, A. J. and Jenkins, P. E. (2012). 'Being kinder to myself': A prospective comparative study, exploring post-trauma therapy outcome measures, for two groups of clients, receiving either cognitive behaviour therapy or cognitive behaviour therapy and compassionate mind training. *Counselling Psychology Review*, 27(1), 31-43.
5. Benjet, C., Bromet, E., Karam, E. G., Kessler, R. C., McLaughlin, K. A., Ruscio, A. M., et al. (2016). The epidemiology of traumatic event exposure worldwide: results from the World Mental Health Survey Consortium. *Psychological Medicine*, 46(02), 327-343.
6. Beristianos, M. H., Maguen, S., Neylan, T. C. and Byers, A. L. (2016). Trauma exposure and risk of suicidal ideation among ethnically diverse adults. *Depression and Anxiety*, 33(6), 495-501.
7. Betancourt, T. S., Newnham, E. A., Layne, C. M., Kim, S., Steinberg, A. M., Ellis, H., et al. (2012). Trauma History and psycho pathology in war-affected refugee children referred for trauma-related mental health services in the United States. *Journal of Traumatic Stress*, 25(6), 682-690.

8. Bleich, A., Gelkopf, M. and Solomon, Z. (2003). Exposure to terrorism, stress-related mental health symptoms, and coping behaviors among a nationally representative sample in Israel. *JAMA*, 290(5), 612-620.
9. Borges, G., Benjet, C., Medina-Mora, M. E., Orozco, R., Molnar, B. E. and Nock, M. K. (2008). Traumatic events and suicide-related outcomes among Mexico City adolescents. *Journal of Child Psychology and Psychiatry*, 49(6), 654-666.
10. Brough, M., Gorman, D., Ramirez, E., and Westoby, P. (2003). Young refugees talk about well-being: A qualitative analysis of refugee youth mental health from three states. *Australian Journal of Social Issues*, 38 (2), 193-208.
11. Büyüköztürk, Ş., Çakmak, E. K., Akgün, Ö. E., Karadeniz, Ş. and Demirel, F. (2014). *Bilimsel Araştırma Yöntemleri*. Pegem Akademi Yayıncılık.
12. Chan, M. F., Chan, E. A. And Mok, E. (2010). Effects of music on depression and sleep quality in elderly people: A randomized controlled trial. *Complementary Therapies in Medicine*, 18(3), 150-159.
13. Closson, K., Dietrich, J. J., Nkala, B., Musuku, A., Cui, Z., Chia, J., et al. (2016). Prevalence, type, and correlates of trauma exposure among adolescent men and women in Soweto, South Africa: implications for HIV prevention. *BMC PublicHealth*, 16(1), 1191-1206.
14. Cuevas, C. A., Bell, K. A. and Sabina, C. (2014). Victimization, psychological distress, and help-seeking: Disentangling the relationship for Latina victims. *Psychology of Violence*, 4(2), 196-209.
15. Derebent, E., & Yigit, R. (2008). Non-pharmacological pain management in newborn. *Firat University of Health Sciences Journal of Medicine*, 22(2), 113-8.
16. Ekiz, D. (2009). *Bilimsel Araştırma Yöntemleri (Scientific Research Methods)*, Ankara: Anı Yayıncılık
17. Fraenkel, J. R., Wallen, N. E. and Hyun, H. H. (2012). *How to design and evaluate research in education* (8th ed.). New York: McGraw-Hill Companies.
18. Fullerton, C. S., Ursano, R. J. and Wang, L. (2004). Acute stress disorder, post traumatic stress disorder, and depression in disaster or rescue workers. *American Journal of Psychiatry*, 161(8), 1370-1376.
19. Garrido, S., Baker, F. A., Davidson, J. W., Moore, G. A and Wasserman, S. (2015). Music and trauma: the relationship between music, personality, and coping style. *Frontiers in Psychology*, 6, 1-8.
20. İmseytoğlu, D., and Yıldız, S. (2012). Yenidoğan yoğun bakım ünitelerinde müzik terapi. (Music Therapy in Neonatal Intensive Care Unit), *Florence Nightingale Hemşirelik Dergisi*, 20(2), 160-165.
21. Jespersen, K. V. and Vuust, P. (2012). The effect of relaxation music listening on sleep quality in traumatized refugees: A pilot study. *Journal of Music Therapy*, 49(2), 205-229.
22. Kagee, A., Bantjes, J. and Saal, W. (2017). Prevalence of traumatic events and symptoms of PTSD among South Africans receiving an HIV test. *AIDS and Behavior*, 21, 1-9.

23. Kubany, E. S., Leisen, M. B., Kaplan, A. S., Watson, S. B., Haynes, S. N., Owens, J. A., and Burns, K. (2000). Development and preliminary validation of a brief broad-spectrum measure of trauma exposure: the Traumatic Life Events Questionnaire. *Psychological Assessment*, 12(2), 210.
24. Labbé, E., Schmidt, N., Babin, J., and Pharr, M. (2007). Coping with stress: the effectiveness of different types of music. *Applied Psychophysiology and Biofeedback*, 32 (3-4), 163-168.
25. Leshem, B., Haj-Yahia, M. M. and Guterman, N. B. (2015). The characteristics of help seeking among Palestinian adolescents following exposure to community violence. *Children and Youth Services Review*, 49, 1-10.
26. Macdonald, A., Danielson, C. K., Resnick, H. S., Saunders, B. E., and Kilpatrick, D. G. (2010). PTSD and comorbid disorders in a representative sample of adolescents: The risk associated with multiple exposures to potentially traumatic events. *Child Abuse and Neglect*, 34(10), 773-783.
27. Morrison, J. (2014). *DSM-5 made easy– the clinician’s guide to diagnosis*. New York: Guilford Press.
28. Nilsson, D., Gustafsson, P. E., and Svedin, C. G. (2010). Self-reported potentially traumatic life events and symptoms of post-traumatic stress and dissociation. *Nordic Journal of Psychiatry*, 64(1), 19-26.
29. Özdemir, M. and Yazıcı, H. (2018). The relationships between help seeking, social support, coping, and traumatic events among university students, *Journal of Higher Education*, doi:10.2399/yod.18.009
30. Özveren, H. (2011). Non-pharmacological methods at pain management. *Hacettepe University Faculty of Health Sciences Nursing Journal*, 18(1), 083-092.
31. Punch, K. F. and Oancea, A. (2014). *Introduction to research methods in education*. London: Sage.
32. Sarkamo, T., Tervaniemi, M., Laitinen, S., Forsblom, A., Soinila, S., Mikkonen, M. (2008). Music listening enhances cognitive recovery and mood after middle cerebral artery stroke. *Brain*, 131(3), 866-876.
33. Schwantes, M. and McKinney, C. (2010). Music therapy with Mexican migrant farm workers: a pilot study. *Music Therapy Perspectives*, 28(1), 22-28.
34. Stein, B. D., Elliott, M. N., Jaycox, L. H., Collins, R. L., Berry, S. H., Klein, D. J., et al. (2004). A national longitudinal study of the psychological consequences of the September 11, 2001 terrorist attacks: reactions, impairment, and help seeking. *Psychiatry: Interpersonal and Biological Processes*, 67(2), 105-117.
35. Teague, A. K., Hahna, N. D. and McKinney, C. H. (2006). Group music therapy with women who have experienced intimate partner violence. *Music Therapy Perspectives*, 24(2), 80-86.
36. Vehid, H. E., Alyanak, B. and Eksi, A. (2006). Suicide ideation after the 1999 earthquake in Marmara, Turkey. *The Tohoku Journal of Experimental Medicine*, 208(1), 19-24.

37. Vrkleviski, L. P. and Franklin, J. (2008). Vicarious trauma: The impact on solicitors of exposure to traumatic material. *Traumatology*, 14(1), 106.
38. Yıldırım, A. and Şimşek, H. (2008), *Sosyal Bilimlerde Nitel Araştırma Yöntemleri, (Qualitative Research Methods in Social Sciences)* (7. baskı). Ankara: Seçkin Yayıncılık.
39. Yüce, M., Karabekiroğlu, K., Yıldırım, Z., Şahin, S., Sapmaz, D., Babadağı, Z. (2015). The psychiatric consequences of child and adolescent sexual abuse. *Archives of Neuropsychiatry*, 52(4), 393-400.

Creative Commons licensing terms

Author(s) will retain the copyright of their published articles agreeing that a Creative Commons Attribution 4.0 International License (CC BY 4.0) terms will be applied to their work. Under the terms of this license, no permission is required from the author(s) or publisher for members of the community to copy, distribute, transmit or adapt the article content, providing a proper, prominent and unambiguous attribution to the authors in a manner that makes clear that the materials are being reused under permission of a Creative Commons License. Views, opinions and conclusions expressed in this research article are views, opinions and conclusions of the author(s). Open Access Publishing Group and European Journal of Education Studies shall not be responsible or answerable for any loss, damage or liability caused in relation to/arising out of conflicts of interest, copyright violations and inappropriate or inaccurate use of any kind content related or integrated into the research work. All the published works are meeting the Open Access Publishing requirements and can be freely accessed, shared, modified, distributed and used in educational, commercial and non-commercial purposes under a [Creative Commons Attribution 4.0 International License \(CC BY 4.0\)](https://creativecommons.org/licenses/by/4.0/).