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Karen V. Lee

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# An Autoethnography: Music Therapy after Laser Eye Surgery

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Karen V. Lee<sup>1</sup>

## Abstract

The following autoethnography reveals the author's physical struggle with being confined in bed after laser eye surgery. She reflects on living simultaneously in a culture of temptation and a culture of control. The challenge causes her to shift back and forth within her personal experience while listening to music being played at her home. At a deeper level, she finds inner strength to resist using her eyes as the music therapeutically addresses her social, physical, emotional, and cognitive needs. In the end, writing the autoethnography transforms her self-experience as it sheds light on how the power of music heals her body after surgery.

## Keywords

autoethnography, music therapy, laser eye surgery, reflexive narrative, performative ethnography

## Postoperation: Tanking Up Air

"No reading, TV, working on the computers," reads the post-operative instructions. My third day of recovering from laser eye surgery. Eyes closed, I laze in bed. I doze but not completely. Remind myself that in a couple of days, I will have new vision: no glasses, no dry eyes, no contact lenses, nor solution. An optical promise after surgical intervention.

But today, I want to read small print. I yearn to sit in a café and leaf through the newspaper. Look for the "B" section, the coffee break page. There is nothing more satisfying than journeying into the world of crossword puzzle solving. There are three sections to a puzzle: a symmetrical grid, a proportion of white squares to black, and clues to answers that fill in the blanks. I would delve into high-powered crosswordese mania, which has informed the circadian rhythm of my life for the last few years. A crossword drought. A mini-crossword dictionary on my Palm Pilot explains my rapid-fire puzzler technique. A few lost days without the spirit of Will Shortz, guru of New York Times crosswords.

Vaguely, I recall how I joined the puzzle cult. A delayed airport flight and a lingering moment in a bookstore. I reached for a restorative respite. Immediately, it blossomed into a passion. The across-down-cluing. The list of hints and prompts. As a faithful crossworder, I crave to be in the cattle-feed section of a printed puzzle. Addicted and at risk of becoming an enigmatologist, I dream about solving an odd-sounding word, wrap myself in a warm logophile's duvet.

*Do not rub your eyes!!* For the last two days, I catnap all day. Train myself not to wipe my eyes. Roll over, stir

from droppings from my eyes. Drink water, go to the washroom. Wander back to bed. The pain is so overwhelming that it shuts me down. I'm in a cooler in some morgue and feel nothing. It's easier to kill time when you don't feel. So far, I have not really used my eyes for two days, ten-hours, fifty-five minutes. But I need to see. Need to read. Need to check e-mail. Need to see photos on the walls. This experiment in sensory deprivation wears me out.

I turn over, lay on my back. It's early, it's dark, it's cold as hell. Tears stream down my face. I've been here for hours. Just lying in pain. My right eye has become unbearable. More tears. Pain in waves. Right eye, tears, pain. Tears. Pain. More pain. The throbbing hurts my chest, my face. Everything aches. Over and over.

Headache.  
Headache.  
Tearing.  
Sobbing.  
It won't stop.  
It won't stop.

It's Sunday morning. Traditionally, we go for dim sum: pork and shrimp dumplings, squid and snake soup. But, not today. In this divan, I wonder if my vision improves. Wonder if I'll ever see again. Wonder if I'll end up blind. The eye clinic made no promises, just a bunch of disclaimers. They are not responsible for pain, injury, reading glasses. But I had reached a turning point when my toric contact

<sup>1</sup>University of British Columbia, Vancouver, Canada

lenses rose in cost to five hundred dollars per year. Of course, vanity was never a consideration.

For months, I researched laser eye surgery: information, research, professional articles. Once my heart was set to jump onto the bandwagon, I shopped for a clinic and had a three-hour consultation. I was hyped. Left eye, Lasik procedure: Meditec Excimer. Right eye, PRK procedure: PhotoRefractive Keratectomy. It was time to view the world without hiding behind spectacles. Remove invisible barriers.

The phone rings but I will not answer. My heart races, hands shake. I rearrange in darkness. Try to stay calm but think to myself, *This is bullshit*. Paranoia. Hitchcock might have used this vulnerability as a plot for an edge-of-your-seat movie. I'm not able to check out my new eyes.

Yet, nobody would know if I use my eyes. I scheme: turn on the TV, watch the news, laugh at the Simpsons, and complete a crossword puzzle. Tomorrow, I could watch The American Idol while alone at home. Sit upright with a glass of wine, critique the singers. Who would know?

Headache.

Headache.

Tearing.

Sobbing.

It won't stop.

It won't stop.

Tossing over, should I yield to temptation? I would change into a pair of shorts and stroll to Starbucks. Like Pavlov's dog, I could react when I feel what is in front of me. A delectable image comes to mind: I grab a newspaper, hum a cheesy song, and line-up for a short, low-fat decaf cappuccino and a muffin. I wish I could smoke a cigarette but won't. It's been seven years since I gave up those fags. I quit cold turkey. But—yes or no? Do I get up and go?

Tears roll down my face. I feel like a thief who wants a bagful of stolen glances. This room becomes an eye-catching code I must crack. Though it is rude to stare: videos, telephone, stuffed animals, glass of water, telephone book, receipts, receipts! I hide cash in my drawer. It's in a plastic Ziploc bag—US\$50.00 cash. For emergency purposes. My cash bag is buried under my collection of crossword books. Ever since I was mugged at the neighborhood ATM machine, I don't carry a lot of cash.

*This is so much bullshit*. I used to think I could endure pain but can't. I'm fragile. My armor's thinned over the years. I miss watching my partner brush his teeth. Watching my daughter laugh. I miss her eyes, hair, teeth. Watching her play a video game on her game cube. The white walls of the hallway, soft toys, a life-sized Japanese-cinnamoroll-character pillow, generations of trees, smoky blast of dust from an old bus, the call of birds, the cry of a crow, crisp, clear layer of the lights of the city, the soft dying rays of a summer evening.

A deep nausea takes root. From the damp pillowcase, an odd odor arises. A reek of rotting filth surrounds me. A dull metronome takes over. I assume a fetal position, cover myself with the sheets. I hang my head low. Hold on, get through this hour. And the next. I assure myself that each day is a step toward some form of vision normalcy and security. Remain in recovery, purgatory state. I crave to see, look around but instead, keep my eyes lidded. (See Figure 1).

Suddenly, I hear trumpet parts from Herbert L. Clarke's *Carnival of Venice*. Strong, solid articulation. Over and over, the immediacy and verve of live music at the home with a musician. My fiancé shelters me with the palm of his hands. He treasures the instrument, mouthpieces in his pocket, a mist of gold when a trumpet part is heard on the radio. An abrasive anticipation of movements, a buzzing rhythm smears the walls. The *Shores of the Mighty Pacific* continues. The *rondo* has *rubato*. There are powerful tempo changes. I hear a pause, a key change. I am moved by the *accelerando*. In the air, this fresh Sunday morning, there is a wonderful hint of festivity from inhaling the Mighty Pacific. I emerge from a cocoon of bed sheets. Take a heavy breath, lift my face. In this closed room, I lie and mature in this musical existence.

*Wear the plastic eye shields for 7 nights after surgery.* This is the heart of how it happened. A surgeon creates a thin flap of corneal tissue with a flap-making instrument called keratome. The flap is raised and laid back while attached to the cornea. Then, he uses an excimer laser to remove corneal tissue from the exposed bed of cornea. Then, another contact lens is placed on the cornea. Within hours, the surface of the cornea, the epithelium, grows back over the cut edge. In a few days, collagen forms within the cornea around the edge of the flap to seal it. There are many people who get their eyelids strapped, endlessly inhaling viruses from dubious sources to obtain new vision. For me, it is the Q-tip swabbing on the eye afterwards that is most memorable.

*If there is increasing pain, use TET 0.5 as provided. Maximum 4 times a day.* Taking a deep breath, he blows a large volume of air through his mouthpiece. Then, he buzzes his lips. Up and down, he plays lip trills and chromatic scales. Instantly, I become entranced. I hear Count Basie's *Shiny Stocking*. I breathe in and out, in and out. Lose myself on the mattress. Sprawl out on my back. There are doits and shakes, but mostly shakes. A technique highly regarded in jazz. There is so much feel I sway my head. Nod with the rhythm. There is so much feel I know I will swing the rest of the day. There are more lip trills. Rolling about, there is a distinct double high G. The call of the wild, I know the routine. A systematic approach to playing high notes in the upper register.

First, a high-pressure air tank is needed to store air to be ready at a moment's notice. To play lead trumpet, one needs to tank up air, release the valve, and fire a super-fast burst of air. Let the high-pressure air tank and super-fast air stream



Figure 1. Sketching by Amber, 10 years old

do the work. It is not the quality of air but the speed of the air stream. In actuality, playing high notes requires a small quantity of air. Second, say “ah” to lower the tongue and increase the volume of air. Don’t need volume but a super-fast air stream. Say “ee” to arch the tongue and increase the air speed. Third, pay attention to the lip position. Imagine a tennis ball in your fingertips. Now, squeeze! This squeeze or push of your lips together is needed to play high. Finally, the velocity must be fast—fast! It must scream through the horn like a Mach 4 fighter jet. Fast! And do not puff the cheeks. If the cheeks puff, take one hand and literally hold the cheeks in until the muscles are strong enough to do it on its own. Check in a mirror! The goal is to obtain this super-fast air stream instantly. Overall, air speed, combined with lip and tongue position allows a trumpet player access to the upper register. There is so much release! Every trumpet player obsessed with playing high notes gets a huge sense of good feeling from releasing air. Fast!

*UV protection—wear sunglasses inside (if necessary) and outdoors at all times.* As I loll in bed, music rises in thin wisps to limit the dimness. A sea of mud with a waterlog of sounds removes the laser around my eyes. To drown in song spreads clean sheets on my bed. Wide-eyed, birds chirp amid the gentle echoes. I am mesmerized by a duet of melody and harmony. A paradise returns. I am rescued by the memory of the lush warmth of the Mayan Riviera. *Ole, ole.* Cycling along the beach, a Spanish song webbed across the sandy shores. There is a panoply of *cabanas* and *casitas*. Shadows of the Caribbean Sea. The secret rhythm of waves,

ebb and flow of tides. There is a delightful breeze with daily sunsets. Memory of white wine and a romantic dinner along the shores of the Mayan Riviera is no mystery but my secret pleasure.

I stretch my legs. There are more high notes. I cheer from the sidelines. There is a certain status symbol associated with playing high notes. His three favorites mouthpieces: Bach 1½C for standard orchestral music, Bach 3C for general playing, and Marcinkiewicz 9.6 for lead playing. Cup mute, Harmon mute, plunger mute, straight mute. A bucket mute can make one sound like a French horn for Basie charts.

*Avoid consumption of alcohol for 48 hours after surgery.* I confess. The overwhelming ache on the first night wore me down. It was unavoidable. I drank a glass of white wine. Yesterday, I guzzled more wine. It warmed my insides. For one brief moment, I felt great. Really, really great. Music floods the room like the aftermath of alcohol consumption. Warms the body with healing sounds. There are stretches of long silence filled by an abundance of notes. I hear gasping. Breathing. I drift across the daylight serenade. His frantic fingers, I hear Wurm Studies, a trumpet standard. After all, it is a trumpeter’s treasure to practice, Wurmian-style, with borrowed studies from Arban and Sache, both 19th-century trumpet composers.

It’s summertime. The sky grows light as I inch forward on top of the blankets. My body starts to calm. I reach a state of peace. A day filled with music, I inhale slowly. The end of a prelude, start of a fugue. Minor variations move my head

from side to side. To say there is naturalness to his playing does not say much; everyone plays to their nature. Intensity, inwardness, phrasing is interrupted by another a musical passage. In one breath, I shed an overcoat of circumstance and keep my eyes sealed. Do not strain. Lie and listen. Listen and lie. The day will pass with each line of a song, the leaps and plunges of valves. I am the trout, angler, brook, and listener. Bobbing my head, I transpose. Sing harmony. The last time I blew the trumpet, I played open G. I return there again and again as I feel open G release pain.

I stumble, my mind jumbled. I feel the pressure from his breath. I listen to intonation, dynamics here and there. It is a rehearsal that requires more rehearsal. There is a pause, a strange sense of silence. Slowly, there is a return to the tonic. As he climbs a step to the podium, there is a bustle of voices. An applause. I clap, as if I'm in the balcony of a rectangular concert hall. A glorious chord of being part of a duet.

The performance demands more applause. Music. I want more music. In darkness, the gray brightens. Beats and rests brighten the glimmer of the day. From a room of shrunken power, reverberations bounce off the walls. I feel a change in my state. The day weaves a cocoon of hope. A festive light washes over me, an orange glow. If nothing else, I can tank up air and practice releasing a super-fast air stream. Scream from the upper high register, release from a state that takes me to another level. *Fast!*

## Appendix

The following autoethnography chronicles the therapeutic power of music following laser eye surgery. Writing my narrative provides a pedagogical context that shows how the self and subject are integrated. I write autoethnography to “showcase concrete action, dialogue, emotion, embodiment, spirituality, self-consciousness” (Ellis, 2004, p. 38). I draw on personal experience with the explicit intention of “exploring methodological and ethical issues as encountered in the research process” (Sparkes, 2002, p. 59). I think about my mode of presentation and meaning in a broader context (Goffman, 1959) as I discover how music inadvertently helps me heal from pain.

Music therapists share stories about how music helps people manage pain. It encourages them to focus emotionally on more pleasant, positive sensory experiences (Cromie, 2000). Research has proven the benefits of music therapy, since “the power of music can be tapped to heal the body, strengthen the mind and unlock the creative spirit” (Syed, 2000). Good & Siedliecki (2006) tested music with postoperative patients for more than 15 years and found music reduces pain up to about 31% more than medication alone. Although music will not replace painkillers, it can boost their effectiveness (Good, 2006). In addition, Cepeda, Carr, Lau, and Alvarez (2006) researched 51 studies that involved

3,663 participants. They discovered that patients reported at least 50% pain relief from music, which reduced the need for morphine-like analgesics.

This article intends to assist readers in gaining a deeper understanding of how music healed my body, mind, and spirit. During recovery, I experience anger, agony, anxiety, and discomfort. I use autoethnography to show “bodily, cognitive, emotional, and spiritual experience” (Ellis, 2004, p. 30). I reflect on my own academic practice as an ethnographer. I consider complex issues associated with research and use “systematic sociological introspections and emotional recall to try to understand the experiences” (Ellis, 1997, 1999). As I share my emotions and vulnerabilities associated with physical recovery, I write “therapeutically, vulnerably, evocatively, and ethically” (Ellis, 2004, p. 2) and write from the heart (Pelias, 2004). Denzin (2006) says

Ethnography is not an innocent practice. Our research practices are performative, pedagogical, and political. Through our writing and our talk, we enact the worlds we study. These performances are messy and political. They instruct our readers about our world and how we see it. (p. 422)

I explore the “role of autoethnography in reflexive or narrative ethnography where authors focus on a group or culture and use their own experiences to look more deeply at the interaction between the self and other” (Ellis & Bochner, 2000). I reflect on how music helps me recover after laser eye surgery and discover the social and cultural issues that arise from not being able to use my eyes for three days. “Stories are truths that won't stand still” (Pelias, 2004, p. 171). In writing from the heart, we learn how to love, to forgive, to heal, and to move forward (Denzin, 2006, p. 423). The writing becomes an epiphany (Denzin, 2001) that transforms a pedagogical context. While balancing temptation and control, music becomes transformative. Listening to music can have a significant positive impact on the perception of pain (Good & Siedliecki, 2006). As researchers have learned that music allows athletes to train harder, I find relief and mental sanctuary from pain from a headful of music. In summary, reflecting on the recovery process after laser eye surgery provides a deeper understanding of the recuperative powers of music as writing autoethnography can heal grief (Lee, 2006a, 2007) and trauma (Lee, 2006b).

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### Bio

**Karen V. Lee**, PhD is Faculty Advisor and co-founder of the Teaching Initiative for Music Educators cohort (TIME), at the Faculty of Education, University of British Columbia, Vancouver, BC, Canada. Her research interests include issues of music/teacher education, performance ethnography, memoir, women's life histories, auto/ethnography, writing practices, and artographic inquiry to qualitative research. Her doctoral dissertation was a book of short stories titled *Riffs of Change: Musicians Becoming Music Educators*. She is a musician, writer, music/teacher educator, and researcher. Currently, she teaches university undergraduate and graduate students in both traditional and online contexts.