An Arts-Informed Study: Developing My Identity as a New Music Therapist During the COVID-19 Crisis

by

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AN ARTS-INFORMED STUDY: DEVELOPING MY IDENTITY

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Abstract

This arts-informed, first-person study examines the growth I have achieved as a new music therapist in vocal psychotherapy training, in my own personal therapy, and as a healthcare worker during the COVID-19 pandemic. The data in this study includes (a) poems I wrote based on these experiences, (b) an analysis of musical improvisations based on these experiences, and (c) the personal excerpts of my clinical experiences, and of my experiences creating these poems and musical improvisations. Through the analysis of the data, eight themes were identified: **vocal psychotherapy** - reflection, growth, and joy; **personal therapy** - apprehension, reflection, belonging, and growth; **COVID-19** - fear, confusion, and chaos. These themes provide insight into my development as a new music therapy professional with generalized anxiety disorder and social anxiety over the course of a year.

*Keywords*: Vocal psychotherapy, personal therapy, COVID-19, early career, music therapist
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In November of 2019, I was offered a position as a music therapist at one of my internship sites, Sapphire Nursing and Rehabilitation at Goshen in Goshen, NY. I was excited to finally have a music therapy job, and the transition seemed to go smoothly. Shortly into my tenure in March 2020, the COVID-19 crisis came to the United States and our facility went into lockdown. I then took on the identity of a music therapist on the front lines of elder care. After about a month of our facility on lockdown, we had a COVID-19 outbreak in our facility, and I was expected to provide music therapy to COVID-19 patients on the lockdown units. There were days that I would walk up and down the hallways for six hours and visit ill residents in full personal protective equipment (PPE). I witnessed heartbreak, trauma, and sacrifice during this time. It truly affected my psyche, causing night terrors, paranoid thoughts about the future, and an increase of symptoms of both my general and social anxiety disorders. Before the pandemic, I had begun both personal and professional explorations that would also affect how I perceived myself.

In 2019, I had begun my journey to become certified in vocal psychotherapy with Dr. Diane Austin. I began participating in her weekly training classes starting in September 2019. Through this training, I have learned a lot about myself and how to help others through Jungian-informed models of theory and practice that are inherent to the work. In particular, I have been learning to use the voice in both myself and others to delve deeper into the unconscious mind to better understand past trauma and experiences in that individual. During that same time period, I began to work on myself through my own experience in personal therapy, also through a Jungian-based psychologist. My personal therapy has helped me navigate my thoughts and
feelings as an individual with diagnosed generalized anxiety disorder and social anxiety while also dealing with feelings of grief from past experiences and the COVID-19 crisis. The marriage of the two experiences has led me to look at myself in a different light than I had before I began these processes.

The culmination of all three experiences added to my professional growth as a new music therapist entering this profession. Though my experience working during the COVID-19 crisis caused me grief and strife, the support I felt during my vocal psychotherapy training and through my own personal therapy helped me to come to be the person that I am today professionally.

When considering how this experience has impacted me as a new music therapy professional, I decided that exploring this in an arts-informed thesis would not only help me to begin to process the experience, but that it might be helpful for other therapists who may be in similar situations and who also deal with mental health issues while working in the field. I chose to explore these three experiences through the medium of poetry and improvisational music.

**Literature Review**

**Generalized Anxiety Disorder**

According to the American Psychology Association (APA), generalized anxiety disorder (GAD) is defined as “persistent and excessive worry that interferes with daily activities” (Parekh, 2020, para. 7). The individual may find it hard to control the worry in some situations. According to the DSM-5, those who are diagnosed with GAD have three (or more) of the following six symptoms:

1. Restlessness or feeling keyed up or on edge
2. Being easily fatigued
3. Difficulty concentrating or mind going blank

4. Irritability

5. Muscle tension

6. Sleep disturbance (difficulty falling or staying asleep, or restlessness, unsatisfying sleep) (APA, 2013, p. 222)

These symptoms can cause significant distress or impairment in social, occupational, or other important areas of functioning in that individual’s daily life. As this disorder progresses, it could shift from one form of anxiety to another, thus creating a complex scenario for the individual (APA, 2013, p. 222).

In the United States, the prevalence of GAD is 2.9% among adults in the general community. In other countries, the prevalence ranges from 0.4% to 3.6%. The lifetime morbidity risk is 9.0%. Women are twice as likely as men to experience the effects of GAD, and the prevalence of the diagnosis peaks at middle age and declines as one reaches later years in life (APA, 2013, p. 223). While the median onset for the disorder is 30 years of age, symptoms of GAD can wax and wane over a lifespan. While GAD symptoms may be similar across different generations, the source of the worry changes between those generations, for example, individuals in their 20s may worry about beginning their careers, relationships, and the like while those in their 80s may worry about their families futures and what waits for them when they depart this world (APA, 2013, p. 223).

**Social Anxiety Disorder**

Social anxiety disorder, previously known as social phobia, is defined by the APA as “significant anxiety and discomfort about being embarrassed, humiliated, rejected or looked
“down on in social interactions” (Parekh, 2020, para. 11). It is marked by fear or anxiety about social situations which include having a conversation, meeting unfamiliar people, being observed, and performing in front of others. The individual in this case fears that they will show their anxiety symptoms and that they will be negatively evaluated, which thus leads to rejection (APA, 2013, p. 202). Specifically, those with performance-only types of social anxiety have performance fears that can affect their personal lives, for example musicians, dancers, performers, public speakers, or athletes. These individuals do not fear or avoid nonperformance social situations (APA, 2013, p. 203).

As stated previously, individuals who are exposed to social situations fear they might be negatively evaluated. That individual is concerned that they may be viewed as anxious, weak, crazy, stupid, boring, intimidating, dirty, or unlikable, which in turn makes that individual feel that they may reveal those anxiety symptoms to the general public. These symptoms can include blushing, trembling, sweating, stumbling over one’s words, or staring (APA, 2013, p. 203). It is also noted that those with social anxiety disorder may be inadequately assertive or excessively submissive. They may also be, in some cases, highly controlling of the conversation (APA, 2013, p. 204). Individuals with social anxiety may attempt to shut-down, manipulate, or remove themselves from conversations in order to prevent a trigger from happening. Those individuals may present as more controlling and/or meek in these situations.

The prevalence of social anxiety disorder in the United States is approximately 7% throughout the population. In general, higher rates of this disorder are found in females than males in the general population, and this gender prevalence is more common in adolescents and young adults (APA, 2013, p. 204). The median age for social anxiety disorder is 13 years of age, 75% being in individuals between 8 and 15 years old. The onset for this disorder can follow a
stressful or humiliating experience, such as bullying. It is rare for this disorder to onset during adulthood, though it could occur from a humiliating event or life changes that require a new social role (APA, 2013, p. 205). Females that have social anxiety disorder report a larger number of social fears. They also report comorbid depressive, bipolar, and other anxiety disorders. Males are more likely to fear dating, have oppositional defiant disorder (ODD) or conduct disorder and use alcohol or illicit drugs to relieve these symptoms (APA, 2013, p. 206). The behaviors that are associated with this disorder can be alleviated with a number of therapies, medications, and treatments, and there have been studies linked to that of social anxiety and music therapy.

Music Therapy and Social Anxiety

There are a few studies that examined correlations between music therapy and social anxiety disorder. Bodner et al. (2012) found that individuals with social anxiety disorder recognize happiness less accurately than healthy subjects. The researchers also concluded that individuals trained to identify happiness in wordless vocal improvisations showed an improved ability to identify happiness in spoken language. Gaze-contingent music reward therapy was also researched for social anxiety disorder. Lazarov et al. (2017) examined responses of an eye-tracking task using a remote high-speed eye tracker. The authors concluded that a 12-minute music intervention had a significant effect on the reduction of social anxiety disorder symptoms and that it set the stage for larger randomized controlled trials and testing for other emotional disorders (Lazarov et al., 2017, p. 654). Understanding music therapy and social anxiety may be able to help new music therapists who suffer from this diagnosis navigate their way into the profession.
Perspectives of New Therapists

Entering a therapeutic profession can be a challenge for the new and budding therapist in any modality. As a new music therapist, navigating that path between student and professional music therapist can be overwhelming and exciting in many ways. Several challenges have been identified, and complexities that surround new music therapy graduates’ experiences in the field including feeling ambivalent, bracing the self, and shouldering responsibility (Seah & McFerran, 2015, p. 360). This ambivalence can be experienced by many entering into the profession; some may experience imposter syndrome. Imposter syndrome is “a collection of feelings of inadequacy that persist despite evident success” (Corkindale, 2008, para. 3). What this means is while the new music therapy professional may experience successes within their early career, they may still feel inadequate or attribute their success outside of themselves. These new professionals also may feel the need to brace their mental strength and their resources. Some believe that this may help to lessen the blow of delays in job procurement or when dealing with more difficult clients (Seah & McFerran, 2015, p. 362). Some early professionals may feel the need to shoulder responsibility by taking ownership during the experience of transitioning. Some may partake in workshops that increase their professional knowledge, while others take on per-diem jobs and side jobs before finding a fit within a practice or organization (Seah & McFerran, 2015, p. 363).

As music therapy graduates’ transition into the profession, there are other challenges that arise within their budding careers. There is ambiguity in starting jobs, between meeting new clients, navigating the new client-therapist relationships, and other factors that could contribute to novice stress in therapists (Skovholt & Rønnestand., 2003, p. 45). New professionals can be met with acute performance anxiety, scrutiny by those who are seasoned in the profession,
unstable emotional boundaries, glamorized expectations, learning and relearning concepts, and incomplete knowledge as to who the professional is within their own self (Skovhold et al., 2003, p. 55). Navigating a new profession is met with various challenges, and the more practice and support received within those professions, the better for the new professional.

Vocal Psychotherapy

Vocal psychotherapy is the use of the voice as a primary instrument to build connections to one’s innermost self and to others (Austin, 2020). It uses the breath, natural sounds, vocal improvisation, singing and verbal dialogue with clients in order to create and facilitate a relationship between the client and the therapist in a safe space. Through this connection, the goal of this model of music therapy is to facilitate positive interpersonal and intrapsychic change. According to the founder of this model, Dr. Diane Austin, the voice “is the instrument we are born with, the body’s own voice” (Austin, 2008, p. 19). It is a type of music psychotherapy, in which music is used within a client and therapist relationship to promote the client’s emotional, psychological, physical and spiritual growth, and healing (Austin, 2020).

There are several techniques used in vocal psychotherapy. One of which is the use of breath and breathing, which is the core of singing itself. These techniques can be used to ground the body (Austin, 2008, p. 132). There is also the use of toning using natural sounds which provide an outlet for emotion and spontaneous vocal expression. It also helps to increase the awareness of breath and bodily sensations. These natural sounds can express themselves in groaning, child-like noises, screeches, and other expressed noises (Austin, 2008, p. 133).

Vocal holding is a technique that has been developed and refined over the years by Austin. It is the use of the voice and two chords on the piano to entrain the client into a vocal
improvisation between the therapist and the client. It can often sound like a conversation that involves grounding, harmonizing, mirroring, and unison singing (Austin, 2008, p. 146). It has been described as a technique that facilitates improvisation in a safe environment, especially to those who may not be as used to improvisational techniques. It often starts as the therapist and the client singing in unison in order to establish the relationship (Austin, 2008, p. 149).

Another technique used in vocal psychotherapy is called free associative singing (Austin, 2008, p. 158). This technique is akin to Sigmund Freud’s free association psychoanalytic technique. In this, clients are encouraged to sing whatever comes into their heads and in turn will meet unconscious images, memories, and associated feelings. The therapist also sings during the intervention and contributes to the musical streams of consciousness by making verbal and musical interventions. There is typically a two-chord improvisation on the piano or some type of repetitive riff. In its simplest form, free associative singing involves clients singing a word or phrase and the therapist mirroring them back. As the improvisation continues, it can contain similar aspects to that of vocal holding which include unison, harmonizing and grounding. These aspects attribute to different kinds of support needed as the work between therapist and client continues (Austin, 2008, p. 159). Clients may often sing about parts of themselves and will fit certain Jungian archetypes such as “the child”, “the wounded healer”, or “the witch”, which may reveal different parts of themselves in their subconscious. They will often sing about these parts whether they are aware of them or not, which leads to discussions about the conscious versus the unconscious mind. These realizations can lead to further healing of wounds created by past traumas, thus promoting the healing process (Austin, 2008, p. 176).
COVID-19

The coronavirus disease (COVID-19) first appeared in Wuhan, China in December 2019 (Centers for Disease Control [CDC], 2020, para. 1). This virus has since spread world-wide and has shown devastating effects physically, socially, economically, and other various factors. It was declared as a pandemic in March 2020 (Gumisiriza & Rukundo, 2020). Entire countries went into lockdown following the news, and the actions are showing lasting effects on individuals mental health (Gumisiriza & Rukundo, 2020).

Fahey (2020) noted some of the early psychological and behavioral changes from a small portion of the world’s population, revealing a scope of what could be happening on a global scale. It brings the suggestion of prosocial behavior into question, a practice that has been around since the 1970s (Fahey, 2020, p. 62). It is suggested that at the time being, humans are not able to participate in this prosocial behavior in order to elicit positive responses such as greater happiness and psychological well-being, indices of psychological health, better physical functioning, better interpersonal relationships, decrease morbidity in medical populations, and increased positive mood. Combining both the effects from quarantine and the threat of the virus, these prosocial behaviors may not be able to be focused on as regularly as in the past (Fahey, 2020, p. 63).

The effects of anxiety and COVID-19 have been correlated in some studies. COVID-19 and anxiety could have a positive correlation with one another, as an increase in anxiety symptoms has shown to have a positive relationship with COVID-19 fears (Spada & Nikčević, 2020, p. 5). It is speculated that a COVID-19 anxiety syndrome has begun to appear as the
pandemic continues. The COVID-19 Anxiety Syndrome Scale (C-19ASS) is currently being
developed in order to try and indicate this syndrome in individuals. Studies have shown positive
correlations between lockdowns, fear of dangerous situations pertaining to the illness, and loss of
social interaction with anxiety, concluding that this scale may be helpful in the future in
identifying anxiety during this time (Spada & Nikčević, 2020, p. 5).

With healthcare workers, the physical and mental effects of COVID-19 quickly became
apparent. While working with patients who were diagnosed with the illness, healthcare workers
became susceptible to physical consequences due to lack of personal protective equipment
(PPE), working long hours leading to a lowered immune system, working in a high-risk
environment, and improper hand washing (Shaukat, 2020, p. 6). This in turn leads to symptoms
of COVID-19 which then could lead to other determinants on the body, such as fever, cough,
sore muscles/throat, and other symptoms related to the virus. In terms of mental health,
healthcare workers faced considerable stress which then led to anxiety, depression, somatization,
and obsessive-compulsive tendencies (Shaukat, 2020, p. 6). Because of these factors, COVID-19
has proven to be detrimental across all communities of people globally, either through working
with the illness first-hand, or through lockdowns and the fear of the unknown.

As a new music therapist in 2020 working with COVID-19 patients, I personally
experienced many of the issues noted in this literature review. I am a new music therapist just
entering the field. I had also been diagnosed with generalized anxiety disorder and social anxiety
disorder and working with COVID-19 patients had exacerbated my symptoms. I felt an increase
in anxiety while also feeling some depressive episodes; it felt as if my experience with COVID-
19 would never end. Through the support of my vocal psychotherapy training and my personal
therapy, I was able to work through what I was experiencing and learn from it.
Focus of Study

This study is an arts-informed, reflexive phenomenological approach. This approach allowed me to examine my own psyche in a positive, healing way. When I was first beginning this study, I was quite nervous to return to the feelings I had felt before my personal journeys over the last year, whether they were voluntary or involuntary. Specifically, I was very anxious to explore my feelings surrounding COVID-19 and the trials I had faced during the height of the pandemic early on. I felt that if I could compare all my experiences together and find a commonality, I could discover strengths and weaknesses in myself that may correlate into other aspects of my life.

In music therapy, there are some professionals who are working in the field during COVID-19, others are doing telehealth, and unfortunately some may have lost their positions because of this debilitating crisis. I felt that I offered a unique perspective as a music therapist working in the front lines of the pandemic, working with COVID-19 patients directly, and navigating the profession as a new professional. This study examined the questions:

- How did the combined experiences of personal therapy and training in vocal psychotherapy inform my identity as a new music therapist?
- How did starting my career in health care during a global pandemic influence these experiences?

Method

Design

This study employed an arts-informed design in a first-person, phenomenological approach through self-observation (Hunt, 2016, p. 827). According to Viega and Forinash
(2016), “arts-based research is defined as the systematic use of the artistic process, the actual making of artistic expressions in all of the different forms of the arts, as a primary way of understanding and examining experience by both researchers and the people that they involve in their studies” (p. 898). This experience is taken from those participating in the art itself in order to understand the person’s experiences on an artistic, intrinsic level (Viega & Forinash, 2016, p. 898).

I chose to use an arts-informed design because of the flexibility it provided me in a first-person research perspective to explore the ebbs and flows of my anxiety through my experiences in therapy, as a vocal psychotherapy student, and as a new music therapist working in a healthcare setting during the COVID-19 crisis. The flexibility of this method of research allowed me to improvise on my main instrument (voice) freely in order to capture the feelings that arose when mentally putting myself in the headspace of those three experiences. Singing has always been a healthy way for me to express my emotions and to release tension that has been building up in my body. Using singing for me seemed like the natural, comfortable option for self-exploration, and later I incorporated some percussive instruments in order to enhance my soundscape. I felt comfortable enough to freely explore my memories from these experiences and how they had correlated with my anxiety.

In order to have a more solid understanding of my feelings within these events, I decided to create confessional poetry. A confessional poem reveals the “relationship between a poem’s speaker and the self” (Poetry Foundation, 2021, para 2.). This type of poetry has been used by the writers in order to explore the self. Utilizing this way of writing as a creative medium, I wrote down words on a page freely. This freeform way of writing allowed for a more noninvasive expression of those experiences and my mental state during various events within
those experiences. To keep my thoughts organized, I also utilized journal entries that I had written throughout the year as instructed by my personal therapist by rereading them and using them as inspiration for myself to begin my poetry writing. By allowing myself to freely write what I was feeling towards those experiences in the past, I was able to have a jumping-off point to begin my improvisations without it being too abstract; the confessional poems allowed me to have some form of structure within my study.

The improvisational art being used in my research process would be considered art as an adjunctive method, for I used it to find meaning in recent past experiences (Viega & Forinash, 2016, p. 901). Because of this, the philosophical assumptions are:

- Particularizing: I interacted with the poetry and the improvisational music
- Proliferative: there is some ambiguity in the samples that I produced, and it is up to the observer to compare their interpretations with my own.
- Performative: I implemented the improvisational techniques in order to expand my own research tools used. (Viega & Forinash, 2016, p. 902)

The purpose of this research was to gain knowledge of my experience as a healthcare worker working during a world public health crisis, in engaging in professional training in vocal psychotherapy, and as a therapist in personal therapy. I examined the arts experiences and came to conclusions as to how they have shaped me into the person I currently am and how I will hopefully grow in the future. According to Hunt (2016), this first-person narrative helps to gain knowledge by focusing on the researcher’s own first-hand experiences. This can help the researcher focus in on a subject and focus on the questions needing to be answered in the study. I wanted to focus on my own personal experiences, discover the emotions and anxiety fueled behind them, and explore how those experiences shaped me in the present day.
Researcher as Participant

I am the researcher who is the participant, reflecting the conventions of a first-person research study. I am a 26-year-old White female who is a board-certified music therapist (MT-BC). I have earned a dual bachelor’s degree in Contemporary Music – Pre-Music Therapy track and Vocal Performance from The State University of New York at New Paltz. I have approximately one and a half years of clinical experience working with a variety of populations and I currently work for a private music therapy company. This study was conducted as a final requirement for my master’s degree in Music Therapy from The State University of New York at New Paltz.

Materials

The data was poems and musical improvisations. To write the poems, I utilized journal entries from this past year, a pencil, and a notebook. In order to capture the musical improvisations, I used a USB microphone and recording software, my own voice, an ocean drum and a small djembe drum.

Procedure

Data. Data is arts-based. I created three different improvisations that were inspired by a confessional poem written about my experiences.

Step 1: Writing poems about my experiences. I first wrote poems that were based upon my experiences. In order to do this, I re-read my personal journal entries from the past year for inspiration. These poems were written in a confessional poetry format in which I freely expressed the emotions that came to the surface when thinking back on my experiences as a
healthcare worker during the COVID-19 crisis, as a vocal psychotherapy student, and as a professional in my own personal therapy.

**Step 2: Creating the musical improvisations.** I then created improvisations based on the emotions that I experienced when writing the poems before I began to play. I utilized my voice, djembe drum, and ocean drum to create the musical soundscapes heard in the improvisations.

**Step 3: Analysis of the improvisations.** Analysis using vocal psychotherapy techniques were utilized to help inform what I had analyzed. When I finished my improvisations, I re-listened to the recordings multiple times. While I was listening, I focused my attention on the timbre of my voice, dynamics, tempo, congruence between instrumentation and vocals, where the peak was in each recording, and the emotions that were portrayed. I wrote my thoughts down in a table format in order to keep myself organized. These will be presented in the results section.

**Step 4: Analysis of the poems.** I analyzed my poems in order to get a feel for how I could have been feeling throughout the year. While reading the poems I asked myself the following questions:

- Did the words in the poetry portray the thoughts and emotions I wanted to present?
- How are the poems and the improvisations similar? How are they different?
- Did this medium of arts-informed data answer my research question?

**Data Analysis**

To answer the question “How did the combined experiences of personal therapy and training in vocal psychotherapy inform my identity as a new music therapist?”, I began by
listening to the two improvisation recordings that corresponded with those experiences. I listened to each recording three times. While listening the first time, I determined the peak in each recording, analyzed my timbre, dynamics, and tempo. During my second listening, I focused on the emotional expressions of the vocalizations (i.e., crying, laughing, self-soothing). The third listening, served to note salient factors that were not noted in my first and second listenings. After I listened through each improvisation, I began to identify themes within the musical expressions that related to the themes in their corresponding poems.

For my sub-question, “How did starting my career in health care during a global pandemic influence these experiences?” I listened to the corresponding recorded improvisation three times. I followed the same procedure as with the first two recordings. I felt that this improvisation needed to be analyzed separately, for it was vastly different from the other two improvisations.

**Expressions and Analysis**

The results will be presented in three sections, divided by research question and my subquestion. The results will consist of (a) an analysis of each vocal improvisation; (b) an analysis of the poems; and (c) the themes that emerged from each one. Each section of the results expresses the three areas of growth in my personal life over the past year.

**Expressions Focused on My Vocal Psychotherapy Training**

**Poem**

*Excitement*

*All I feel is excitement*

*Though I’m frightened*
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Nervous, even

I feel trapped between peers
Afraid of what I may say
With so many words
Burning my throat

Too much going on
Too much anguish, fear
But I’m still here
I’m still here

I’ll try my best
To put my stakes out
And hear my emotion
Through my fears

I’ll learn and grow
And maybe for once
Learn how to hear
My peers

I feel grounded now
So quiet, yet loud
I feel comfort within
The wisdom

Now it is but a blip
To show myself
How to heal someone
with my condition

Everything blurs
 Within my mind
 But it is focused
 When I feel my light

I feel joy, I feel comfort
 I feel free in myself
 As I explore a new plane
  Of knowledge

I feel seen at times
 And heard at others
 Though it took me a while
  To come here

I will take my knowledge
 With grace and honor
 And deliver it with me
  thus far

For I have found
 A simple shroud
 Of peace within
 My madness
The poem preceding my improvisation indicated feelings of apprehension, fear, reflection, growth, and joy. My feelings of apprehension and fear can be found in the beginning of the poem, *I’m frightened, nervous even*. This is related to my tendency to experience social anxiety and fear when faced with new groups of people. This is also indicated by *I feel trapped between peers, afraid of what I may say*.

As the poem continues, I overcome this fear through the knowledge I gained throughout my training process. This is reflected in the phrase, *I’ll learn and grow, and maybe for once, learn how to hear, my peers*. I switched my focus from my fearfulness of being heard, to hearing the thoughts and feelings of my peers within my training group. From this moment in the poem, the tone of it changes, revealing feelings of lightness, knowledge, power, and growth. This is especially indicated in the phrase, *I feel grounded now, so quiet, yet loud, I feel comfort within, the wisdom*. I especially felt the line *so quiet, yet loud* exemplified a quiet form of power in my own way; my own quiet form of power being able to maintain a steady ground for myself even in times of great adversity. Finally, the feeling of joy is indicated in the end, *I will take my knowledge, with grace and honor, and deliver it with me, thus far, for I have found, a simple shroud, of peace within, my madness*. My “madness” is indicative of how I feel when I am anxious, thus showing I may have finally found peace within my social anxiety.

By utilizing a poem before recording my improvisation, it made it much easier for me to solidly hone in on my emotions, thus making it an easier time for me to develop themes within my art forms. I had to relax my body with minimal background noise in order to focus, but I believe it created a more fruitful body of work through this noninvasive form of artwork. I was able to feel comfortable and focused through this method, especially when focusing on how I felt and evolved through working in a group dynamic.
In the process of creating the improvisation for my experience in vocal psychotherapy, I was smiling most of the time while singing, which indicates a feeling of joy or completion for me. While re-listening to the recording and reviewing the poem from my experience in vocal psychotherapy, themes of reflection, growth, strength, and joy were revealed.

The music begins with myself playing steady, slow beats on the djembe. The rhythm is steady with a bit of ornamentation in it. At 0’23”, I began to sing in the lower register of my voice. Then, at 0’40” minutes, I sang, *I am woman, can you see me?*, which I repeated twice. I added to the second repetition of that phrase *dancing in the moonlight*. I continued by singing, *With your hands outstretched towards the sun, how do you turn your back to the moon right behind? When the sun and the moon are sisters in life, embrace it in time.* This indicates the theme of reflection to me, thus spring boarding me into my growth. I then continue to vocalize before singing, *Feel the magic in the air... It’s not so scary there*. As that phrase comes to a close, I can hear the timbre of my voice take on a reserved emotional quality as I sang, *Hear me, feel me*. While this timbre was vastly different from the beginning, I could also hear traces of joy as indicated in the brightness of the vowels being sung (i.e., ‘-ea- in the word “hear” is brighter sung than spoken regularly for me). From there, my voice became more powerful, returning to a theme I had touched on before in the music, but with an added phrase: *I am woman, I am beautiful as I am... So what if your hands are outstretched towards the sun and the moon, with the sun in your eyes?* At this point, I began to reach what I consider to be the peak; I sang, *I am woman, hear me roar*, right before I began playing the djembe drum louder than I had before. Towards the end of the song, I began to sing, *Hear me roar, hear me roar, hear me roar as I*
sleep, indicating to me that I could be powerful even in my silence. Throughout the vocal improvisation, themes of strength can be indicated throughout it with my declaration of the *I am woman* phrase.

**Expressions Focused on My Experiences in Personal Therapy**

**Poem**

I came to you in my precious hour  
With thoughts that fester and flower  
Up on a pedestal of my thoughts  
Lie deep seeded apathy and rot  

I do not wish to speak of frills  
Or words that often leave a chill  
For what I seek is solace and silence  
Upon this wretched creature  

Though from where I sit  
I see trace and fit  
Upon this seated house  
I dare not name  

Though it is you who came  
To draw me back again  
From the filth that  
I find myself ingrained  

Through wisdom and doubt  
I can see you now
Where my tunnel leads my gaze
  Through tripe and strife

Though it may appear bleak
  I’m choosing to seek
  That which previously
  Sought no end

In teachings and talkings
  I feel comfort now
  In the dark corners
  Of my conscious

  though it may appear
  That things may be clear
  In exploring that
  Which is untouched

  Trauma, you say?
  I never saw a day
Where someone could see me
And not combat with disdain

  For you see the black pit
  That has ingrained in my slit
  Of my heart now
  Can beat once again

As we work like little bees
Buzzing through the trees
This leaves honey in my scars
That were once caverns of hate

So while there’s work to do
I simply must not rue
All the strength found
In all of my strife.

The poem preceding my improvisation exemplified the themes of hatred, apprehension, belonging, reflection, growth, and strength. The start of this poem indicates the theme of hatred throughout the first half of the poem. It is most prominent in the beginning, with the phrase Lie deep seeded apathy and rot. I do not wish to speak of frills, or words that often leave a chill, for what I seek is solace and silence, upon this wretched creature. The wretched creature is in reference to myself and how I viewed my individuality at the beginning of therapy. This evolves to the theme of apprehension, Though it may appear bleak, I’m choosing to seek, that which previously, sought no end. This expresses the feelings that I had when beginning to explore the roots of my anxiety, specifically my social anxiety, in my personal journey through therapy. As this theme further evolves, I find the poem leading into the theme of belonging, especially in the phrase, Trauma, you say? I never saw a day, where someone could see me, and not combat with disdain. This theme further continues through the phrase, For you see the black pit, That has ingrained in my slit, of my heart now, can beat once again. I believe the theme of growth can also be seen here, through work in therapy and understanding sews the seeds of growth. Finally, the theme of strength could be seen in the final words of the poem, So while there’s work to do, I simply must not rue, all the strength found, in all of my strife. There is something powerful to be
said about finding strength within my hardship, which is something that I believe I have found through my personal growth in therapy.

Utilizing the medium of poetry before aided in putting my emotions and feelings down on paper. In order to understand my journey through therapy more closely, I reread journal entries that were written during the course of my year with my therapist. This also was able to help me organize my thoughts in a way that made creating my improvisation easier. I also believe that it aided in releasing some of my more negative thoughts, thus creating a more positive-sounding vocal improvisation that may not reflect all that was written within the poem.

Audio:

https://soundcloud.com/jillian-gawricki/personal-therapy-improvisation-1/s-wksjq701iES

For my personal therapy improvisation, I utilized my voice and the ocean drum. Themes of apprehension, reflection, longing, belonging, growth, and acceptance appeared in my improvisation. I began the improvisation with only the ocean drum, and then my voice in a higher range. I can recall feeling slightly apprehensive about beginning to sing, so I played the ocean drum for a longer period of time in the beginning. The start of the vocal melody sounds smooth and glass-like in its texture, which to me indicates reflection as if one were to look at a piece of glass. The tone of the improvisation itself takes on a middle-eastern flare as indicated by the Phrygian scale structure that emerged. My voice tended to stay within my higher range, singing above the timbre of the ocean drum. The dynamics are mainly piano, giving a soft, reflective feeling throughout the piece.

There are a lot of elements that could be heard throughout the improvisation. At 2’12”, I began to sing the phrases “see me,” “heal me,” and “understand me.” These words indicate a
longing for someone to hear the experiences I was going through and to see that maybe they are not all based upon a strong emotional response. I also felt that the peak of the piece was at 2’38” - 3’06” minutes, where I added the words “I think” before each of the aforementioned phrases. I remained in the higher range of my vocals, adding the phrase Oh spirit, lift me up. Can’t you feel me? At 3’43”, I sang, I think you might understand my pain, oh wandering one. Thank you for seeing me as I am. This indicates the relationship that I had formed between myself and my therapist and exemplifies the theme of belonging. Finally, at 4’49”, I continued to play the ocean drum with me audibly breathing in the background. I end with the word “finally” which indicates the theme of both growth and acceptance for me. During the improvisation, I felt that I had finally achieved the peace and solace within myself that I was seeking within personal therapy.

**Expressions Focused on My Experiences During COVID-19 Pandemic**

*Poem*

At first I was apprehensive;
I wasn’t afraid
Of the torment I’d see
And endure
First came the cloth
That would choke me of my innocence
Why could this be a cure?

As time rode on
I would keep my mind still
Of thoughts from a simpler time
though when a voice says
“Help me, I’m not fine”
You can’t find neither reason
   Nor rhyme.

When you take off that cloak
   Which dawns to your body
that has changed faces since its conception
   Once for rain now replaced as pain
   And then pain replaced with shame
   For how could a poncho keep you safe
   From fire?

   Each day you tredge home
   Every night you lie awake
Dreaming of a more outstanding tomorrow
   But that hole in your chest
   Keeps growing towards your limbs
   And hope comes leaking from your eyes

   For you fear nothing can cease
   No cure can be conceived
   For all the torture you endure
   In the helpless faces longing for peace
   From the breathless heaving
   Of days forlorn

Faces you’ve known for years
   Some for months
Though all the same care rests in their eyes.
   But you can’t only focus on them
What of your family, coworkers, friends
You can’t bring the demon home to them

For your mom is not well
And your dad tries his best
And your grandfather is 85.
But you feel torn and sick
And scared and alone
And you wish to be a kid again

So I go in each day
Put my armor on to play
As the dark thoughts fizzle in my brain
Like static from a TV screen
I close my eyes and dream
Of a nightmare that never ends

I don’t wish this hell
On my worst enemies nor do I
Wish it on my best
For nothing is like the looming monster
That takes home inside your chest.

Too many have died,
Too many tears shed
This demon has too much power
But not even God can help us now
For no God or angel would dare touch this curse
Of the demon known as COVID.
Themes of confusion, fear, immaturity, chaos, and hopelessness could be seen in my poem surrounding my experiences working in a skilled nursing facility during the COVID-19 pandemic. Confusion could be seen in the very beginning of the poem with the phrase, *First came the cloth, that would choke me of my innocence, why could this be a cure?* I can recall first receiving a mask to wear at my place of employment and feeling a bit baffled by why we needed to wear it; no one at that point had explained to us what was happening before the mask mandate was put into place in the state of New York. The theme of fear can be seen throughout the poem, though the phrase in particular that stood out to me was, *But you can’t only focus on them, what of your family, coworkers, friends, you can’t bring the demon home to them.* The fear of infecting others while still having to do my job is still fresh within my mind; I feel that this is best exemplified through this phrase. While the theme of immaturity may not be seen as often throughout the poem, I believe it presents itself in, *For your mom is not well, and your dad tries his best, and your grandfather is 85. But you feel torn and sick, and scared and alone, and you wish to be a kid again.* My feeling of wanting to be small and innocent is resonant here; there were many times during my time working in healthcare that I wished to be younger, possibly to go back to a simpler time when I had fewer responsibilities. The theme of chaos is seen throughout the poem, and especially exemplified in the phrase, *So I go in each day, put my armor on to play, as the dark thoughts fizzles in my brain. Like static from a TV screen, I close my eyes and dream, of a nightmare that never ends.* Finally, the theme of hopelessness can be seen in the final phrase of the poem, *Too many have died, too many tears shed, this demon has too much power. But not even God can help us now, for no God or angel would dare touch this*
curse, of the demon known as COVID. There were times while writing that line when I froze; I felt that it was a very powerful statement, and it felt vital to write.

The poem helped me to create the improvisation that followed it. Without the poem, I do not believe that I would have been able to get through the improvisation. Putting the words down on paper was able to help me organize my thoughts and give me a focal point on which to create my improvisation.

Audio:

https://soundcloud.com/jillian-gawricki/covid-19-improvisation/s-9IT2fP4uvI0

For my improvisation focusing on my experiences working in a skilled nursing facility during the COVID-19 pandemic, I only utilized my voice. The improvisation felt very naked and raw. Themes of fear, confusion, chaos, pleading, and acceptance were heard throughout the vocalization. The beginning starts very slow, with a low humming in my lower vocal range. It then evolves into singing on the vowel “ah,” then moves to “ee.” These vowels in conjunction with my timbre sound very apprehensive to me, as if I am being cautious.

The musical theme that arose from the improvisation sounds church-like, though eventually evolves into a chaotic mess of notes around 1’42” minutes. From here, my vocalization continued into a siren-like “ee” from the middle to the lower part of my vocal range before returning to the church-like theme. I began to cry at 2’39” minutes, which could be heard through the breaking in my voice. My vocal cords sound like they were being squeezed, as if I could not get the sound out; I sound like I needed to breathe. This led into the peak between 2’53” - 3’07”. This indicates a theme of pleading for me, as it sounds as if I am gasping for breath through my tears. I ended the improvisation with a slide from my middle range to my
lower, as if to try and soothe myself from crying, followed by what sounds as if a child is cooing. I concluded with a strained slide from my upper to my middle range, thus concluding the improvisation, thus indicating acceptance to me.

The poems and the improvisations contained similar and unique themes. With my experience during vocal psychotherapy training, the themes that were shared in both mediums are reflection, growth, and joy. Both the vocal improvisation and the poem reflected these themes. In the vocal improvisation, themes of strength and feminism were indicated, while in the poem themes of apprehension and fear came to light. Both forms of art explored different areas within myself in order to come to these conclusions in themes, which led me to conclude that the main themes that came from both media were the themes of reflection, growth, and joy as shown in Table 1.

Within my own experience of personal therapy, the shared themes of apprehension, reflection, belonging, and growth appeared from both the vocal improvisation and the poem. The unique themes that appeared were longing and acceptance from the vocal improvisation and hatred and strength from the poem. Both forms of art explored different areas within the psyche to come to these conclusions in themes. These themes were then concluded through analysis from myself as the subject. The main themes that came from both mediums were the themes of apprehension, reflection, belonging, and growth as shown in Table 1.

During the vocal improvisation and the poetry writing of my experience as a healthcare worker during COVID-19, the shared themes of fear, confusion, and chaos were present in both creative expressions. In the vocal improvisation, the themes of pleading and acceptance were indicated. In the poem, the themes of immaturity and hopelessness were indicated. Through the
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analysis of both the vocal improvisation and the poem, it could be concluded that the main themes that came from both mediums were themes of fear, confusion, and chaos as shown in Table 1.

**Table 1**

*Themes in Artistic Expressions*

<table>
<thead>
<tr>
<th>Experience</th>
<th>Poem</th>
<th>Musical Improvisation</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Vocal Psychotherapy</em></td>
<td>Apprehension, <em>reflection</em>, <em>growth</em>, strength, joy</td>
<td><em>Reflection</em>, <em>growth</em>, strength, joy</td>
</tr>
</tbody>
</table>

*Bold text denotes common themes between poem and musical improvisation*

Between both vocal psychotherapy and my own personal therapy, the shared themes between the two were reflection and growth, which makes sense given the type of training and knowledge I had gained in both as shown in Table 2. There were no similarities in main themes between my experience as a healthcare worker during COVID-19 and my experiences in vocal psychotherapy and my own personal therapy as shown in Table 2, though the conclusions from both could help to aid me in exploring my emotions about COVID-19.
Table 2

*Bold text denotes common themes*

<table>
<thead>
<tr>
<th>Experience</th>
<th>Shared Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vocal Psychotherapy</td>
<td>Reflection, growth, joy</td>
</tr>
<tr>
<td>Personal Therapy</td>
<td>Apprehension, reflection, belonging, growth</td>
</tr>
<tr>
<td>COVID-19</td>
<td>Confusion, fear, chaos</td>
</tr>
</tbody>
</table>

**Discussion**

The analysis of my vocal improvisations and poems revealed several themes within each experience. Through this, I was able to find similarities in two out of three of my experiences throughout this past year. In the analysis of my artistic mediums for my vocal psychotherapy training, common themes of reflection, growth, and joy could be seen as indicated by the words I sang during my vocal improvisation and various phrases throughout my poem. While analyzing my artistic mediums for my personal therapy experience, themes of apprehension, reflection, belonging, and growth were revealed as indicated by the soft timbre of my voice, the words improvised within the musical experience, and the words that were written within the poem itself. In my experience as a healthcare worker during the COVID-19 crisis, shared themes of fear, confusion, and chaos can be heard between both the vocal improvisation and the poem. The themes from the COVID-19 art-based experientials are different from the other two depicted, which is evident in the themes that arose during my analysis. The themes of vocal improvisation and my poem inspired by COVID-19 did not match any of the themes from those of my vocal psychotherapy and personal therapy inspired pieces.
Personal Interpretation

Vocal Psychotherapy

My work as a vocal psychotherapy trainee has brought to my attention different parts of myself. Due to my social anxiety, I felt very vulnerable expressing myself in front of a group of women. As time went on, I began to realize that these women were more like myself than I had previously believed. After the first year of training concluded, I felt very anxious and uneasy; I had just worked through the first part of the COVID-19 crisis within a nursing home setting and I felt a lot of anguish, confusion, and anxiety. Through the work with my training group, I was able to find an anchor to help hold my emotions together. Now in my second year of training, I have begun to find joy, the ability to reflect without fear of the past, and growth in myself as an individual. I believe my ability to grow could be in direct correlation with the support I receive from my classmates and my mentors, for through their guidance I have been able to safely explore these parts of myself that I had before found to be daunting. I truly believe that this training has assisted me to grow in the face of adversity.

In starting my arts-informed data on my vocal psychotherapy training, I felt relaxed. This was probably the easiest poem for me to write, for being a trainee of vocal psychotherapy is something that I had wanted to do for a while. As I wrote, I realized that I gained much more than knowledge from my experience, but I also gained a new sense of self and introspection that I would have not had otherwise. Going into the vocal improvisation was easier for me because of the poem. As I sang I felt excitement, happiness, and warmth. I was able to really reflect on what I had learned during my time as a trainee and I felt a hopefulness of what I would learn as I continued my training.
Personal Therapy

I had begun seeing my personal therapist at the recommendation of my vocal psychotherapy mentor. At the time, I was going through hardship in my personal life, including the loss of my grandmother, with whom I had lived my entire life. Because of the combination of this and the deep psychotherapy work I was doing in my supplemental training, I believed it to be best to accept the recommendation from Dr. Austin and to begin my own individual journey through my own therapy work. At first, I was not comfortable sharing personal information with my new therapist. This is understandable because she was a new person in my life; I was very guarded and often spoke about my family members’ and friends’ problems before my own. Our relationship began to change when we first entered into the beginning of the COVID-19 crisis. I could not focus on anything but my own survival and the safety of my family. Through this strife, I was able to discover more about myself than before with the help of my therapist. Through our work, I found a kinship between myself and my therapist, hence belonging, another positive way to reflect back on my past without fear of it, and growth into myself as the woman I am today.

When creating the data for my personal therapy piece, I felt a sense of apprehension. I could almost feel like I was about to poke at a metaphorical wound that I had been neglecting. I had to remind myself that this wound is something I had been working on during my personal therapy, and that it was alright to explore it because I had begun to learn how to. As I began to write, I felt my tension melting away; it felt good to explain the relationship I developed with my therapist and that I was learning from her. As I moved into the vocal improvisation, I felt very warm and comfortable; I was able to sing without a hitch. It felt good to release my emotions out
in that manner and to create a solid piece of musical soundscape that accurately described my feelings towards personal therapy.

**COVID-19**

The COVID-19 crisis is hard for me to write about. It was, and still is, one of the hardest experiences in my lifetime. At the start of the crisis in March 2020, I felt very apprehensive, maybe a bit naive to what was beginning to unfold. When I first witnessed the COVID-19 units being set-up at the nursing home where I was employed, I felt a sensation akin to that of the floor falling beneath my feet. I entered into a dark place, one that I could not see the light. I witnessed so much heartache, worry, and death than I would have ever wanted to in my lifetime. Working closely with dementia patients during this time was not an easy task. I was faced with constant questions throughout the day such as, “What’s going on?” “What’s going to happen to me?” “Why are they moving me when I feel fine?” or asking where families and loved ones were. Many of those on the dementia units felt that they were abandoned by their family members, some unable to grasp the reality of what was happening through no fault of their own.

The welfare of my patients was one aspect that I grappled with during this time, and I also juggled worry and panic of bringing the virus home to my loved ones. I live in a home with my 65-year-old father, 62-year-old mother who has diabetes, my partner who has chronic bronchitis, my 85-year-old grandfather, and my 60-year-old uncle who has COPD and blood clots in his legs. Every day, I had a routine in which I would come home through my garage and sanitize my keys, bag, shoes, and anything I was holding. I would then shower in the basement, throw the clothes I was wearing into my washing machine, sanitize any surface I had touched, then put on a mask, walk up to my room, and stay there until it was time for me to go to work
again. My mother would leave my meals out for me on a tray in front of my door. My partner was also an essential worker at the time, so we would quarantine ourselves together in our bedroom. Every day I would panic, checking and double-checking in my head if I had done all the necessary steps to protect my family. Even though we lived in the same household, I did not see my grandfather or uncle for three months face-to-face. For my grandfather who was a recent widower, this was especially hard on him.

During the arts-informed interventions, I felt very anxious to rethink the time I spent as a healthcare worker in a nursing home this past year. As I was writing my poem, my hand would occasionally begin to shake, and I would often have to get up and walk around the room in order to be able to sit down and continue my writing. When I finished the poem, I felt a lump in my throat, as if I was about to scream or cry. This then led to me crying during the vocal improvisation; I attempted to hold back my tears in order to sing, but towards the middle of the improvisation I could not contain them anymore. Once the improvisation ended, I found myself sobbing and hugging my knees. After a few deep breaths, I was able to calm myself down, waiting approximately a half an hour before listening to what I had just recorded.

Through this study, I was able to understand what I was feeling during this time, which manifested in the themes of fear, confusion, and chaos. This makes sense to me because this felt like such a stressful, scary, and chaotic time, both in my mind and in my physical world. I was able to work through this with the help of my vocal psychotherapy training group and my personal therapy. I feel that even this experience helped me to grow into the person I am today, and I feel as if I have developed a new identity of myself as a survivor in the face of adversity.
Questions Answered

What I can conclude from the data I have collected is that there are different facets of myself that have been revealed to me throughout the experiences of this past year. To answer the question, “How did the combined experiences of personal therapy and training in vocal psychotherapy inform my identity as a new music therapist?” I can say that part of my identity now is to reflect and grow upon what I am learning day by day. I believe that the key to my success in this field going forward is to continue to learn from each experience that I encounter, because through that can I only grow as a professional and as a person. I also believe that the two are symbiotic with each other; without reflection, there is no growth. Through these practices, I believe I can develop more positive identities as I continue to navigate myself through the world as a new music therapist.

To answer my sub-question, “How did starting my career in healthcare during a global pandemic influence these experiences?” I can say that the themes of confusion, fear, and chaos possibly lead me to be able to reflect and find positive ways to grow. I had never believed that I would be contributing to the direct help during a global pandemic, through the knowledge I gained during my time as a healthcare worker in direct care with COVID-19 patients, I feel that I am now able to reflect and grow from those experiences as well. I feel that I would not have been able to do that without the assistance from my own therapist and the support from my peers in my vocal psychotherapy training. Both support systems were able to push me mentally and emotionally in ways I may have never attempted, thus leading to reflection and growth from the negative aspects of working during COVID-19.
**Personal Thoughts**

When beginning this research, I wanted to focus on something that would be beneficial to me as a new music therapist in this field. As the research went on, it quickly became a solidification of the different parts of myself and through that came the realization of how much I have changed as an individual over the course of a single year. I have realized that I am much more capable than I previously believed myself to be, and that I can find the strength to continue in my work not just through the support of those around me, but also within myself.

Working through my past year in my vocal psychotherapy training and my own personal therapy were a delight. I enjoyed reviewing my growth through my experiences within both art mediums within the research. While it was challenging to delve deep into myself at times, the difficult parts of both the poem and the improvisation were replaced with understanding and positive reflection. What was more difficult for me to work through in this study was my time as a new healthcare worker during the COVID-19 crisis. When writing my poem, I found myself shaking and choking back tears. I finally began to cry during my vocal improvisation. I now can see that it was necessary to cry. I was releasing all of the tension that had come with bringing up my experiences, which in turn helped me to recover myself within that moment. In the end, I feel all of the research was necessary to reveal in myself what I may not have noticed until this point: strength within myself.

I finally wanted to embark on this project because there is little research in this area yet. The COVID-19 crisis is still unfolding and I believe that it is making a crucial impact on mental health. I believe there is a need to be well-informed of not just objective research into the matter, but also on subjective research of accounts from the individuals themselves. I also felt that I offered a different perspective as a new mental health professional who was working directly
with COVID-19 patients with her own mental health issues. This perspective can help others within the field of music therapy who may have endured similar experiences.

**Benefits of Knowledge**

Through compiling my research through an arts-informed lens, I feel that I am now more knowledgeable of myself not just as a person, but as a professional. What I have learned about myself can be carried on throughout my career as a music therapist and that knowledge could be passed on to others, whether it be colleagues or supervising students. Learning to reflect back on past experiences, no matter how positively or negatively they affect you, can help someone to grow through those experiences and take knowledge from them. The realization of my own reflection and growth could also be explored through myself in my work with clients, though this will come with practice and time. This is something that I am looking forward to achieving as I continue my journey as a career music therapist.

**Future of Early Music Therapy Professionals**

This study demonstrated how I as a new music therapist have developed over the course of the past year through vocal psychotherapy training, personal therapy, and providing clinical services during the COVID-19 crisis, and how I have developed through these events. Using a first-person perspective within reflexive phenomenology allowed me to explore my personal experiences. This contributes to a base of knowledge for others, especially those at the beginning of a career. In sharing my story, I hope to inspire more colleagues to engage in similar exploration so share more information about the challenges and growth of new music therapists.
Limitations of the Study

While there are several studies that use arts-informed/arts-based research, little has been published on new professionals entering the music therapy field. There are not as many studies of this nature on the researcher as the participant in the music therapy field, as well. Also, because the COVID-19 crisis is still a newer phenomenon, there is little research on the long-term effects on mental health. Because of this, there is limited research to provide support for my own experiences.

Conclusion

From my past experiences, I have felt that as a therapist, I exist to support others. There are times, however, that I have wondered who will be there to support me in turn? I have never felt this more deeply than during my time working with COVID-19 patients. This time has truly developed who I am as a professional music therapist currently, charging it with a lot of anxiety, frustration, and anguish. The support of my trainee colleagues and my therapist helped me to reframe this experience as one of growth and self-development. As someone with generalized anxiety disorder and social anxiety, it can be difficult to find these positive perspectives on my own.

I believe that everyone needs support at times in their lives, no matter who that person is or what their role is. This is something that I have learned to accept over the past year, for without the support I received, I feel that I would not be the professional I am today. This time has been hard for many individuals in varying degrees and with each new experience comes knowledge that should be taken into consideration for the future. I may never live to see another
crisis like COVID-19 in my lifetime, though if I ever do, at least I will have the tools that came from the growth through my adversities to get through it.
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