The Music Therapist’s Experience of Flow During the COVID-19 Pandemic: A Phenomenological Inquiry

Kaitlyn Upshaw
kaitlynupshaw.mtbc@gmail.com

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The Music Therapist’s Experience of Flow During the COVID-19 Pandemic:
A Phenomenological Inquiry

A THESIS

Submitted in partial fulfillment of the requirements
For the degree of Master of Science
In Music Therapy

By

Kaitlyn Upshaw, MT-BC
Molloy College
Rockville Centre, NY
2021
FLOW DURING THE COVID-19 PANDEMIC

MOLLOY COLLEGE

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A Phenomenological Inquiry

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Kaitlyn Upshaw, MT-BC

A Master’s Thesis Submitted to the Faculty of

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For the Degree of

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August 2021

Thesis Committee:

Dr. John Carpentier
Faculty Advisor

Dr. Joseph Fidelibus
Committee Member

Dr. Suzanne Sorel
Director of Graduate Music Therapy

Date

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Dedication

In loving memory of Grandma Barbara
Abstract
This study explored the music therapist’s lived experience of flow during a worldwide pandemic, within an improvisational music therapy approach. There is little to no literature about the concept of flow and how it relates to the music therapist’s lived experience, and none of which includes a worldwide traumatic event. Through a phenomenological investigation, the lived experiences of two music therapists who align with the improvisational music therapy approach were studied. A thematic analysis was conducted on data sources such as qualitative interview transcriptions and audio/video recordings of the interview. The following individual themes emerged from participant one: (a) flow as health, (b) Walker’s lived experience & role in flow, (c) unfulfilled needs, (d) appreciation, and (e) flow as healing. Themes for participant two included: (a) “music is about flow,” (b) Nolan’s lived experience in Flow, (c) interrupted, (d) “living in the musical vessel”, and (e) creating a sense of flow. Collective themes included: (a) mutuality, (b) unfulfilled needs, and (c) appreciation for flow. Flow was found to be prevalent in both lived experiences before and during the pandemic while portraying as a source of health and healing through intermusical connection, support, comfort, and clarity.

Keywords: flow, optimal experience, music therapy, COVID-19, pandemic, improvisation, phenomenology
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**The Music Therapist’s Experience of Flow During the COVID-19 Pandemic**

Throughout my clinical training, I have always been fascinated by the creative and intuitive processes involved in improvisational music therapy. On my first day observing clinical work as an undergraduate music therapy student, I was awestruck by how a music therapist can create spontaneous, authentic, and beautiful music while attuning to their client’s musical and therapeutic needs. Within clinical improvisation, there are moments where the client can engage in spontaneous musicing and connect on a deeper emotional and relational level that may not be achieved without the music experience.

During these experiences, there seems to be a wealth of opportunities available for the client to connect with the therapist, strengthen their ego, connect with their inner music child, gain insight and self-knowledge, and foster opportunities for self-actualization to achieve growth and reach their full potential. In my personal experience, there appears to be a transcendent state of heightened awareness that one can access during an improvised music experience.

**Personal Source**

I had the privilege of working with autistic individuals within improvisational music therapy and the DIRFloortime® framework during my undergraduate dual degree internship at Molloy College. I have experienced moments of deep intermusical connection with my clients, where it seemed as though we entered into a new, concentrated, and collective state together. I felt deeply concentrated on the task at hand while striving to achieve a greater means with another individual. The word *flow* was surfacing in varying aspects of my clinical training such as an adjective to describe the feeling of the music experience itself, the connection between the therapist and client, and even as an overarching clinical goal for my client to achieve health. After some research to explore this new experiential state within clinical improvisation,
psychologist Mihaly Csikszentmihalyi’s (2008) definition of flow seemed to accurately portray my lived experience. There were occasions during my clinical training where the word flow felt appropriate to describe my client’s clinical goals within our music therapy session. I felt that it was appropriate for my client to achieve flow within their music, whether that meant in relation to the therapists, or in their own relationship to music.

The Flow Experience

To understand the phenomenological concept of flow, Csikszentmihalyi (2008) defined it as a state of ordered consciousness where one’s psychic energy or attention is fully engaged in achieving a realistic goal that matches their level of skill. In everyday life, one may have heard or even used the term “flow” or the phrase “in the zone.” This is often referred to when an athlete is in a hyper-focused state of mind in an attempt to perform a task. This phenomenon can also occur outside of athletics and can be experienced in a variety of play-based activities. The pioneer of the concept of flow, Mihaly Csikszentmihalyi, identified an analysis of these experiences of individuals engaged in play. He wrote:

the qualities which make these activities enjoyable are the following: (a) a person can concentrate on a limited stimulus field, (b) in which he or she can use his or her skills to meet clear demands, (c) thereby forgetting his or her problems, and (d) his or her own separate identity, (e) at the same time obtaining a feeling of control over the environment, (f) which may result in the transcendence of ego boundaries and consequent psychic integration with meta personal systems. (Csikszentmihalyi, 2014, p. 135)

Csikszentmihalyi (2014) has conducted a variety of research studies to study this common experiential state. He coined the term flow to address these subjective and holistic sensations of this unique phenomenon. The experience of flow is challenging to articulate
accurately and authentically to an individual’s experience. Csikszentmihalyi described this experience as “flowing from one moment to the next, in which we feel in control of our actions, and in which there is little distinction between self and environment; between stimulus and response; or between past, present, and future” (p. 137).

There are a few identifiable elements of this subjective experience. A possible sign of flow is the experience of merging action and awareness. One’s flow experience can operate separately, meaning, “one is very aware of one’s actions, but not of the awareness itself” (Csikszentmihalyi, 2014). The second element of a flow experience is called the centering of attention, meaning that there is an intense focus on a limited stimulus field during this moment (Csikszentmihalyi, 2014, p. 139). Thirdly, there is a loss of ego or “loss of self-consciousness,” which can also be described as “transcendence of individuality” and “fusion with the world” (p. 141). The loss of self does not equate to the individual losing their awareness of the physical world, when in fact can accentuate one’s awareness of internal processes. Similar to the first element, another component to flow is the simultaneous control of one’s actions and the environment where one is not consumed by anxious thoughts or worries since their technical skills can meet the demand of the moment. This can lead to the development of a positive self-concept. Lastly, the “autotelic nature of flow” contributes to its overall experience where there is intrinsic meaning within the act of one’s individualized flow experience (Csikszentmihalyi, 2014). In addition to this universal definition, it can illustrate “an individual who regularly transforms potential threats into enjoyable flow experiences possesses a personality that readily adapts to stressful conditions. Derived from the Greek word “auto” meaning self and “telos” meaning goal or ends, these autotelic individuals stay engaged in the hardships they experience” (Thomas & Jaque, 2016, p. 346). In summary, the following factors contribute to the flow
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experience: the merging of action and awareness, intense focus, the transcendence of self, and intrinsic motivation.

However, there is little literature that further explores the music therapist’s experience of flow within music therapy. As flow exists as a recurring theme within my clinical practice, I would like to deeply examine the music therapist’s subjective experience of flow while taking into consideration the music therapist’s circumstances and experience of the COVID-19 pandemic.

In mid-February of 2020, the World Health Organization (WHO) announced the arrival of the coronavirus disease 2019, also known as COVID-19, which later was identified as a worldwide pandemic on March 11th, 2020 (Cascella et al., 2020, para. 7). There is no single accepted definition of a pandemic, however, a disease can be classified as a pandemic based on the following factors: wide geographic extension, disease movement, high attacks and explosiveness, minimal population immunity, novelty, infectiousness, contagiousness, and severity (Morens et al., 2009). Due to the rapid increase in COVID-19 cases, the Center for Disease Control (CDC) initiated guidelines to avoid the spread of infection such as limiting close contact with others, increased hygiene and sanitation procedures, and identified individuals are at an increased risk of infection (Cascella et al., 2020, para. 74). Some state and local governments have issued strict lock downs and social distancing measures in place to flatten the curve in locations with high infection rates. Many individuals are forced to isolate themselves due to mandatory self-quarantine or to maintain social distance. The COVID-19 Pandemic has led to a lasting impact in our everyday world and how we function in our everyday lives. The pandemic has led to intensified levels of continual stress and trauma can lead to cardiovascular disease, a decrease in overall health, global distress, anxiety disorders, and depression, burnout, and Post-
Traumatic-Stress-Disorder (Estes & Thompson, 2020; Fiorillo & Gorwood, 2020; Vindegaard & Eriksen-Benros, 2020). Helping professions are at an increased risk of mental health implications due to the COVID-19 pandemic (Aafjes-van Doorm et al., 2020; Ruiz & Gibson, 2020; Vindegaard & Eriksen-Benros, 2020; Wu et al., 2020). Given the current situation of our world today, I find it imperative to consider the impact of the pandemic within my research study. This study aimed to gain a better understanding of the music therapist’s lived experience of flow during a worldwide pandemic, within an improvisational music therapy approach.

**Research Questions**

This study utilized a qualitative method via conducting interviews to collect data and extract major themes through a thematic analysis. Specifically, I explored the following research questions:

1. What is the music therapist’s lived experience of flow within improvisational music therapy prior to the COVID-19 pandemic?
2. What is the music therapist’s lived experience of flow within improvisational music therapy during the COVID-19 pandemic?
3. What are identifiable characteristics or musical elements that contribute to the flow experience of a music therapist during the COVID-19 pandemic?
4. How does the music therapist define flow? How does the music therapist conceptualize flow within their clinical work?
Literature Review

The Relationship of Flow & Creativity

Csikszentmihalyi (1997) connected the phenomenon of creativity and how it impacts the optimal experience of flow. Csikszentmihalyi defined creativity in three components such as a culture with symbolic rules, creation of novelty into the symbolic domain, and possess a scope of experts who recognize and validate innovation (p. 1). When an individual engages in creative action, they are contributing their original and unique ideas that derive from their inner skills and techniques. Creativity and flow experience are synonymous; to increase flow within life, one must enhance their levels of creativity.

As previously stated, the flow experience appears to be rewarding and pleasurable within itself, however, there are further positive benefits from achieving a state of flow. Happiness can derive from our flow experiences that originate from our inner self and creative being, which can lead to positive changes and growth in our self and in our consciousness (Csikszentmihalyi, 1997a, para. 5). Some have described varying advantages such as an effortless action, stand-alone moments, higher states of motivation, efficacy, creativity, and improvement in quality interpersonal relationships (Csikszentmihalyi, 1997a, para. 4; Keeler, 2015).

Flow in Activities

Thomson and Jaque (2016) conducted a research study to measure dispositional flow in three activity-based groups such as actors, singers, musicians, dancers, and athletes. Based on the results of the study, all participants experienced global dispositional flow, however there were significant findings in the athlete subgroup:

they experienced more specific flow dimensions. In competition, they matched their skills with the challenges of the play, their awareness of competing merged with their
physical actions, and they concentrated on the activity with a greater sense of control. The athletes endorsed more experiences of unambiguous feedback between their internal perceptions and the environmental demands of competition, and their ability to concentrate unselfconsciously offered them greater flow experiences. (Thomson & Jaque, 2016, p. 354)

Even though this study focused on how childhood adversity can affect experiences of flow in creative activities, they iterated the positive outcomes of flow to increase self-efficacy and quality of life, similarly stated by Keeler et al. (2015).

Nelson and Rawlings (2007) conducted a phenomenological research study on the process of artistic creativity within musicians, creative artists, writers, and a theater/playwright-director. They discovered elements of flow such as clearly articulated goals, prompt feedback, merging of action and awareness, no distractions or fear of failure or self-consciousness, distortion of time, and intrinsic motivation (p. 249). Nelson and Rawlings later reported the prevalent relationship between the creative experience, the concept of flow, and peak experience (p. 249).

Some research studies have explored the empirical data related to flow experiences in professional pianists. In recent studies, data from medical tests such as electromyography (EMG), cardiovascular, and respiratory measures are greatly associated with self-reported moments of flow. De Manzano et al. (2010) suggested that during a physically and cognitively demanding task, and increased activation of the sympathetic branch of the autonomic nervous system in combination with deep breathing and activation of the ZM might potentially be used as an indicator of effortless attention and flow” (p. 306). They described how the experience of flow can affect the emotional and attention systems within the human body. De Manzano et al.
concluded that flow is apparent during task performance due to the interaction between the emotional, attentional, cognitive, and physiological systems concomitant with the level of expertise and concentration and autotelic qualities.

**The Relationship of Flow & Peak Experiences**

The similarities of the flow experience and Maslow’s concept of *peak experiences* appear to overlap as stated earlier by Nelson and Rawlings (2007). The phenomenon of *peak experience* is defined as “a moment of awe, ecstasy, happiness, rapture, or sudden insight into life that is powerful and stands out from your life experience…” (Kaufman, 2020, para. 5). Perhaps there is a connection between *flow* and transcendental experiences. Nelson and Rawlings (2007) highlighted the alteration in the sense of self during the flow experience: “there is unity to sense of self and the sense of contact with a deeper, more universal self” (p. 250).

Maslow (1968) established the correlation between music education and peak experiences that education aims to achieve your highest potential while music and the arts contribute towards the discovery of identity. In summation, educational music experiences can afford a higher sense of self, self-discovery, and identity, ultimately relating to *self-actualization*. Similarly, music therapists can utilize the medium of the music experience to aid in achieving one’s highest potential or to become fully human. One of the main tenets of *flow* as the optimal experience is intrinsic or “core” motivation. Silverman and Baker (2018) consider Maslow’s concept of self-actualization as foundational to flow theory due to Maslow’s belief that, “an individual’s healthiest moment manifests during full use of their abilities and skills” (p. 44).

Furthermore, Nelson and Rawlings (2007) also reported findings related to spiritual or transpersonal aspects of the flow experience. One can experience transpersonal aspects of flow, which is defined as a universal connection beyond the self. Jazz musicians have reported feelings
of “oneness” when engaging in singing (Keeler et al., 2015). Flow and music experiences are related to moments of a deepened sense of self, oneness, and self-discovery.

**Flow in Music Therapy**

Fidelibus (2004) wrote about how Csikszentmihalyi’s concept of flow is mentioned both explicitly and implicitly within music therapy literature. Flow is often written and associated with the perspective of the therapist (Aigen 2005a; Soshensky, 2018). In application to the creation of the music experience and the personal process, Aigen (2005a) wrote:

> When we invest ourselves in pursuits that are not based on exclusively on our purposeful drives for biological and social satisfaction, ‘we open up consciousness to experience new opportunities for being that lead to emergent structures of the self.’ Our motivation is not any material reward. Our motivation is the enjoyment or ‘flow’ that arises when we apply our conscious powers and knowings effectively in goal-directed action. *Enjoyment, then, is the affective concomitant for self-growth.* (p. 106)

When the music therapist can pair their creative powers and clinical challenges of the session into a focused experience with no external motivators, they can participate in a self-growth process where multiple aspects of the self-emerge and collaborate into one experience.

The term *flow* is used frequently in music-centered music therapy literature to describe the creative and improvisational music experience. *Music for Life*, authored by Gary Ansdell (1995), used flow to describe the phenomena of the music experience and music in the present moment. He used the phrase “*flow of music*” to describe the physicality, motivation, creative fluidity, and sensation during the improvisational music therapy experience (p. 140).

Ansdell quoted Zuckerkandl, an Austrian musicologist, to explain how music remains in the present moment: “... To hear music is to be flowing with time, is to know the past and the
future only as characteristics of the flowing present, as its two directions, away from and toward” (1995, p. 140). This signifies that music is multi-directional, as one is in the present musical moment, one is aware of both the present and future. In this sense, flow is used to articulate one’s lived experience in the music. Within Farr’s (2018) discussion on clinical intuition in music therapy, analytical music therapist, der Heyde, ambiguously describes flow based on her subjectivity to the power of the musical interaction, “when you are ‘in the flow,’ there is the sense that the music is playing you rather than that you are playing it”

Within recent years, there have been music therapy research studies conducted to determine the role of flow within the music therapy song-writing intervention process (Baker & MacDonald, 2013; Silverman et al., 2016; Silverman & Baker, 2016). These separate studies inquired about flow amongst other therapeutic themes that affects the process of therapeutic song-writing with varying populations such as adults in a psychiatric facility and university music students and retirees (Baker, 2013; Silverman, 2016).

Silverman and Baker (2018) collaborated to discuss flow in the context of music therapy clinical practice. Silverman and Baker maintained that music therapy is considered to be conducive for flow experiences and may have added health benefits for clients. Flow can communicate and describe the meaningfulness of music therapy experiences and can contribute towards health and action in music therapy (p. 46). In a doctoral dissertation by Fidelibus (2004), explored the concept of flow with clinical improvisation. This study relates to flow theory and its application to the music therapist perspective during a worldwide traumatic event.

A Timeline of Worldwide Pandemics to Current Day

Although there is no one single definition, the term pandemic can be defined as based on the following factors: wide geographic extension, disease movement, high attacks and
explosiveness, minimal population immunity, novelty, infectiousness, contagiousness, and severity (Morens et al., 2009). Throughout the history of the United States, there have been several documented pandemic outbreaks as early as 1918.

The first largely documented pandemic in the United States of America was the 1918 Influenza (H1N1) pandemic, also known as the “Spanish flu” (Hoppe, 2018). Despite its nickname the “Spanish flu,” the origin of this virus is unknown due to the censorship of World War I (Ashton, 2020). This disease was considered to be “exceptionally severe” and was responsible for 50 million deaths worldwide and infected over a third of the worldwide population (500 million people) (Taubenber & Morens, 2006, p. 15). The Spanish flu infected different age groups and displayed a “W” like trend, (Martini et al., 2019), meaning that there were multiple waves of infection. The first pandemic struck in March of 1918 and preceded by two more critical waves in the fall and winter of 1918 (Taubenberger & Morens, 2006). As specified by Martini et al. (2019), the first wave of the Spanish flu was not considered to be a pandemic due to its mild symptoms and low mortality rate, similar to the flu. However, the second and third waves were considered to be fatal due to a possible mutated strain of the virus and followed the movement of military forces during the first World War (Martini et al., 2019).

To mitigate the spread of the Spanish flu, street cleaning, sanitation of public places, and limitations on public gatherings were implemented (Martini et al., 2019).

The knowledge of the disease and its widespread impact on the world was censored in the media in order “to avoid alarming the public who were suffering from the privations caused by the First World War” (Martini et al., 2019, p. 65). This led to inaccurate rates of infections and death. Due to Spain’s neutrality in World War I, the media was allowed to publish news
regarding the influenza pandemic in their country, which led to the incorrect name of the Spanish flu as it was perceived to originate from Spain (Martini et al., 2019).

The 1918 Influenza pandemic was one of the first large outbreaks within the United States that quickly spread to the rest of the world. According to a timeline from the Council on Foreign Relations (CFR; 2020), there have been several United States disease outbreaks spanning from the late 1950s to the early 1980s. These disease outbreaks were identified as the following: the Asian flu pandemic (H2N2), that advanced in 1957; the newly developed strain of the Asian flu (H3N2), also known as the “Hong Kong Flu,” which developed in 1968; and the 1980’s HIV/AIDS pandemic (CFR, 2020).

On June 5th, 1981 in Los Angeles, California, five cases of rare pneumonia were reported which later in 1983 was determined as acquired immunodeficiency syndrome (AIDS; CFR, 2020; Merson, 2006). Originally, this disease only affected homosexual men but expanded to ethnic/minority groups, and women due to heterosexual transmission (Centers for Disease Control, 2001). AIDS escalated from five cases to becoming the leading cause of death in males ranging from ages 25 to 44 by the early 1990s (CFR, 2020). With the preventative treatment of antiretroviral therapy, the number of AIDS-related deaths decreased. However, the pandemic still occurs to the present day with over 40 million individuals living with HIV/AIDS (CFR, 2020).

The next major disease outbreak that heavily impacted the United States was the H1N1 Influenza virus known as the swine flu. According to Wang and Palese (2009), the CDC announced two cases of the swine flu on April 21st, 2009. It was announced as “the first global pandemic in forty years” and later on developed into a pandemic in June 2009 by spreading to over 70 countries worldwide (CFR, 2020, para. 12). The swine flu was responsible for over 12,500 deaths within the United States alone and mainly impacted populations under the age of
65 years old (CFR, 2020). To prevent the spread of the disease, governments issued mandatory lockdowns and quarantines of infected individuals (CFR, 2020; Wang & Palese, 2009). At the end of August 2010, the World Health Organization (WHO) declared the end of the swine flu pandemic (CFR, 2020). Other global pandemics occurred after the 2009 Influenza H1N1 outbreak, however, they minimally affected the United States population. The most recent and current pandemic outbreak is the novel coronavirus (SARS-CoV-2), also known as COVID-19.

**COVID-19**

According to Cascella et al. (2020), the novel coronavirus originated in December 2019 in Wuhan, China when individuals became infected with “pneumonia of an unknown etiology” (para. 2). On February 11th, 2020, the WHO publicized the new disease along with its title, “COVID-19,” which signifies the 2019 novel coronavirus (Cascella et al., 2020, para. 3). In late January 2020, the WHO announced COVID-19 as a “Public Health Emergency of International Concern” due to its spread to 18 different countries and transmission through human contact (Cascella et al., 2020, para. 4). The “highly contagious” disease eventually spread to the United States where the first case was reported on February 26th, 2020, and eventually led to the WHO declaring COVID-19 a pandemic on March 11th, 2020 (Cascella et al., 2020).

According to Cascella et al. (2020), the World Health Organization recommends the following protocols to prevent the spread of the disease:

- Avoid close contact with subjects suffering from acute respiratory infections;
- Wash your hands frequently, especially after contact with infected people or their environment;
- Avoid unprotected contact with wild and farm animals;
- People with symptoms of acute airway infections should keep their distance, cover coughs or sneezes with disposable tissues or clothes and wash their hands;
- Strengthen hygiene measures for the prevention and control of infections;
- Individuals that are immunocompromised should avoid public gatherings. (para. 74)

The CDC (2020a) states, “the best way to prevent illness is to avoid being exposed to this virus…” as the novel coronavirus 2019 is spread through person to person contact such as respiratory droplets” (para. 1). To prevent exposure to the virus, the CDC recommends practicing “social distancing” (2020b). Social distancing is defined as “the limitation of physical distance from others outside your home” (CDC, 2020b). Additionally, the CDC also recommends covering one’s nose and mouth with a cloth mask when in public and to consistently wash/sanitize one’s hands and any other frequently touched surfaces areas (2020a, paras. 1-6).

Within the United States, it has been observed that local governments have been enforcing stay-at-home orders and implementing mandatory quarantine/ self-isolation if one has tested positive for COVID-19 or is awaiting test results. This has resulted in the temporary closure of schools, workplaces, local businesses, a ban on large social gatherings, and record high unemployment rates. Moreover, due to the aforementioned implications of COVID-19, there is also an increasing concern for mental health effects associated with the COVID-19 pandemic.

**Mental Health Implications & COVID-19**

Estes and Thompson (2020) bring awareness of the mental health consequences of the COVID-19 pandemic and advocate for funding and resources for frontline and essential workers. Magnified levels of continual stress and trauma can lead to cardiovascular disease, a decrease in
overall health, global distress, anxiety disorders, and depression, burnout, and Post-Traumatic-Stress-Disorder (Estes & Thompson, 2020; Fiorillo & Gorwood, 2020; Vindegaard & Eriksen-Benros, 2020). In a United Kingdom journal article by Lopes and Jaspal (2020), there is a general concern that social distancing guidelines can lead to depression, stress, and anxiety in more vulnerable individuals such as young adults, students, or individuals with previous mental illness history. According to their research, there is a connection between social isolation and poor social networks with paranoia and hallucinations due to the COVID-19 pandemic (Lopes & Jaspal, 2020). Uncommon symptoms of psychosis, such as paranoia and hallucinations, are associated with stress and fear-inducing events (Lopes & Jaspal, 2020). Disadvantaged individuals such as ethnic minority groups and low-income groups are more likely to develop psychosis due to social disadvantage and discrimination (Lopes & Jaspal, 2020, p. 2).

Public mental health concerns that can negatively impact health, safety, and well-being due to COVID-19 and quarantine restrictions include insecurity, confusion, anger, stigma, irritability, insomnia, emotional isolation, suicidal ideation, economic losses, lack of medical response, and lack in the distribution of necessities, and an increase in unhealthy behaviors and coping mechanisms such as excessive substance abuse (Pfefferbaum & North, 2020). In a systematic review of mental health consequences during the COVID-19 pandemic (2020), Vinegaard and Eriksen-Benros inquired about possible psychiatric symptoms and morbidities related to individuals infected with COVID-19 and non-infected individuals such as psychiatric patients, healthcare workers, and non-healthcare workers. Results demonstrated high levels of post-traumatic stress disorder, depression, and increased psychiatric symptoms (when applicable) within patients diagnosed with COVID-19 as well as lowered psychological well-being and
higher levels of anxious and depressive symptoms within the general public (Vinegaard & Eriksen-Benros, 2020).

**Loss & Trauma**

Supplemental to the aforementioned mental health implications for the general public and individuals diagnosed with COVID-19, there is an additional prevalence of loss and trauma related to the global pandemic. The COVID-19 pandemic is considered to be a new form of stressor and trauma and has been compared with other natural disasters (Fiorillo & Gorwood, 2020). Due to the rising numbers of COVID-19 related deaths throughout the world, this pandemic has resulted in the loss of loved ones and high levels of grief (Fiorillo & Gorwood, 2020). As a consequence of strict hospital visitation policies and limitation of extra medical personnel present in hospitals, many families could not be present for their dying loved ones in the hospital. Many families and individuals were not able to give their final goodbyes to their loved ones or hold a funeral/memorial service after their death. However, some were fortunate to have electronic visits via phone calls or video chat in their loved one’s final moments (Miller, 2020). These extraordinary circumstances of a family member’s death can impact the bereavement process of family members and can contribute to the rise in post-traumatic stress disorder (Miller, 2020). Equally, frontline and essential workers are at higher risk of experiencing secondary or vicarious trauma due to the constant exposure of stress and persistent media coverage (Miller, 2020, p. 5).

Furthermore, as the COVID-19 pandemic is experienced throughout the globe, it can be classified as collective trauma. Watson et al. (2020) determine collective trauma as, “an entire group’s psychological reaction to a traumatic event… It emotionally connects people around the world through experiences of helplessness, uncertainty, loss, and grief. It can have lasting...
impacts on future generations and time” (p. 840). As this collective trauma is experienced by all either first or secondhand, it is important to take into consideration the mental health implications of helping professions as their well-being is at stake as well.

**Mental Health Impact in Helping Professions**

Helping professions such as healthcare workers (e.g., nurses, doctors, first responders, medical personnel, therapists) are considered to be frontline and or essential workers during the COVID-19 pandemic as they are working to battle against the rise of infection within the hospital and general medical system. In Toronto and Hong Kong, previous studies were completed during the SARS-COV2 outbreak, healthcare professionals providing care of infected patients experienced increased rates of stress-related trauma, occupational burn-out, and emotional distress within a year or longer after the start of the outbreak (Ruiz & Gibson, 2020). A research study conducted in Hubie, China at the beginning of the COVID-19 pandemic revealed significant mental health symptoms in healthcare workers such as trauma-related distress, moderate to severe depression, anxiety, and insomnia (poor sleep quality) were prevalent (Ruiz & Gibson, 2020, p. 2; Vinegaard & Eriksen-Benros, 2020).

Ruiz and Gibson (2020) emphasize that healthcare workers are separated from their loved ones for extended periods and may experience feelings of helplessness and self-blame during times of utmost physical and emotional stress (p. 2). In addition to their job-related duties, healthcare workers are also probable to psychological stress due to social distancing measures and the possibility of infection spread to family members thus leading to self-quarantine (Wu et al., 2020). In addition to increased levels of anxiety and depression, quality of self and self-efficacy is consequently impacted (Wu et al., 2020). Healthcare providers who are not directly...
treating COVID-19 patients are at risk for developing vicarious trauma from the general public and are preoccupied with their at-risk co-workers and family members (Wu et al., 2020).

Similarly, helping professionals such as therapists are at high risk for mental health implications related to the COVID-19 pandemic. Psychotherapists are exposed to their client’s traumatic experiences and are expected to face vicarious trauma, “a cumulative and deleterious effect on therapists who empathetically engage with traumatized clients” (Aafjes-van Doorn et al., 2020, p. 1). The cumulative effect of “social isolation, vicarious trauma, difficulty in casual relationships resulted in fatigue, decreased emotional connection, and weakened therapeutic relationship” within psychotherapists (Aafjes-van Doorn et al., 2020, p. 2). Pfefferbaum and North (2020) suggest that mental health professionals engage in self-care activities such as, “being informed about the illness and risks, monitoring one’s stress reactions, and seeking personal and professional assistance” (p. 2).

Based on the presented literature, there appears to be a correlation of developing psychological symptoms due to the COVID-19 pandemic amongst healthcare professionals. A major theme developed amongst helping professionals such as therapists (Aafjes-van Doorn et al., 2020 is stress and trauma, specifically vicarious traumatization. As music therapists are considered to be essential as a healthcare profession (AMTA, 2020), they can be working with clients who are directly or indirectly impacted by the novel coronavirus. Thus, music therapists are at risk for the same mental health implications for healthcare workers and the general public.

**Trauma Experiences & Music Therapists**

Based on the presented literature, there appears to be a correlation of developing psychological symptoms due to the COVID-19 pandemic amongst healthcare professionals. A major theme developed amongst helping professionals such as therapists (Aafjes-van Doorn et
al., 2020 is stress and trauma, specifically vicarious traumatization. As music therapists are considered to be essential in the healthcare profession, they can be working with clients who are directly or indirectly impacted by the novel coronavirus. Thus, music therapists are at risk for the same mental health implications for healthcare workers and the general public.

Dalton (2020) defined trauma as:

from an event, series of events or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse consequences on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being. (para. 2).

When an individual experiences trauma, they are unable to utilize either internal or external resources to cope with the event that is threatening their physical, emotional, or psychological safety (Dalton, 2020). A traumatic memory or experience can cause dissociations that circumvent the conscious mind and limit emotional flexibility and freedom (Lowey, 2007, p. 23).

Concerning Erik Erickson’s mistrust phases, Lowey (2007) connected inner certainty and outer predictability to stress responses and a “compromised relationship” that can cause regression within the individual. Lowey (2007) noted, “the lack of assurance that occurs when one’s life is purposely threatened can revert a person experiencing terror back to a “mistrust” phase (p. 28). This can result in heightened anxiety, anger, hypervigilance, emotional numbing, regression, lost sense of self, and self-identity (Lowey, 2007). When there is a threat to one’s safety, such as physical health during the COVID-19 pandemic, an individual can experience the aforementioned traumatic symptoms of lack of emotional expression and freedom, lack of self-identity and sense of self.

The Music Therapist’s Experience During a Worldwide Traumatic Event
According to Turry (2007), creative and emotional freedom are essential to clinical improvisation. Relating to his experience of the events on September 11, 2001, he wrote about his musical restrictions as a clinician such as lack of musical expression. Turry (2007) related clinical improvisation to “a sense of trust in the unknown,” (p. 45) where he must engage intuitively to be present in the here-and-now. However, Turry (2007) noted “I was avoiding feelings of vulnerability and sensitivity that creativity inherently demands… it was difficult to transcend my need for control” (p. 45). Turry related his experience to the loss of basic security within Maslow’s hierarchy of needs, stating that he “lost his foundational sense of security that is necessary to engage in the creative process of music and questioned his ability to reach creative expression and self-actualization” (2007, p. 46). According to Maslow, to live an optimal life full of creativity, competence, success, and flexibility, one must have their basic need for physical and security needs fulfilled (Turry, 2007). Similar to the optimal experience of flow, one must be utilizing their skills to their fullest potential to reach self-actualization.

Although it is not explicitly stated within Turry’s (2007) experience, there seems to be a correlation between security and fulfilled human needs to achieve flow. There is a lack of literature and research within the music therapy profession regarding Csikszentmihalyi’s (1990) concept of flow and how it can possibly be impacted during a collective traumatic event such as the COVID-19 pandemic. This proposed study aims to bridge the gap within the literature on the music therapist’s lived experience of flow during a collective traumatic event.
Method

Epistemology

I believe that every individual is entitled to their own unique and subjective experience. I trust in the power of music and how it can promote health, therapeutic change, and actualization in individuals across the lifespan. However, I recognize that each client attains this by undergoing their individualized therapeutic process that caters to their strengths and challenges in life. Their music therapy journey is not identical to other clients; it encounters different obstacles, avenues, and final destinations. Within the context of my philosophy, I wholeheartedly believe in the Socratic paradox: “I know that I know nothing.” I acknowledge that I do not know the absolute truth and do not believe in the application of generalized objective statements for all individuals. I subscribe to an interpretivist epistemology and a constructivist ontology (Hiller, 2016). As we are a collection of our own life experiences, we do not live every experience in the same way. We can only understand an individual’s collective versus isolated experience due to the external influences of their personality, being, life experiences, events, and worldview. One cannot separate or isolate an experience due to the accumulation of our lived experiences and the possibility of external influence. It is important to closely gain one’s perception of their lived experience while considering their individuality and to authentically capture their reality in its truest essence. On account of my epistemological location, I have chosen to conduct my study through interpretive phenomenological analysis.

Research Design

This study explored the music therapist’s lived experience of flow during a worldwide pandemic, within an improvisational music therapy approach. A phenomenological inquiry was employed due to exploration of a lived experience within a phenomenon. A phenomenological
inquiry aims to unearth the structure and meaning of a phenomenon (Jackson, 2016). Additionally, it examines the meaning and significance of a particular lived experience, event, or state of the participant without creating generalized and objective statements (Smith & Osborn, 2012). This study was facilitated by conducting open-ended interviews with participants in a semi-structured format.

Participants

Two experienced music therapists from varying workplace settings volunteered to participate in this study. The participants are board-certified by the Certification Board of Music Therapists (CBMT), have been working in the field for at least five years, hold a minimum of a master’s degree in music therapy, practice within an improvisational music therapy framework, and have had a music therapy caseload of either in-person or telehealth clients prior to the COVID-19 Pandemic (Before March 11th, 2020) and during the COVID-19 Pandemic (after March 11th, 2020).

Upon receiving approval from the Molloy College Institutional Review Board (See Appendix A), the recruitment process started. Purposeful sampling was implemented in order to select participants who would bring value to the study (Wheeler, 2016). I utilized contacts within the music therapy field to recruit potential participants for the study. I contacted potential candidates via email inviting participants to join the study and include a description of the research study, protocol, methodology, and inclusion criteria (See Appendix B). The selection process of participants was conducted based upon their availability, response time to invitation, and meeting the inclusion criteria. Once the selected participants agreed to the study, the participants were required to review and electronically sign the informed consent form (See Appendix C). The informed consent required the participant to confirm their willingness to
participate in the research study, to understand their role and expectations within the research study, and to understand their right to withdraw from the study at any given time for any reason. I provided a copy of the consent to the participant via email prior to the scheduled interview. At the time of the interview, I provided the opportunity to review the informed consent form with the participant if needed.

In order to protect their identities, both participants were given pseudonyms: Walker and Nolan. Walker and Nolan are male music therapists who have been working in the field for at least five years. Walker is a certified Nordoff-Robbins Music Therapist (NRMT) and is undergoing the Analytical Music Therapy training. He has been working as a music therapist for eight years and has experience working with the neurodivergent population and in the medical setting. In addition to utilizing an improvisational music therapy framework, he also aligns with the humanistic approach. His clinical work is also informed by psychodynamic concepts, resource-oriented music therapy, and trauma-informed work. During the pandemic, he was working as an essential worker in an acute psychiatric medical setting and conducting music therapy sessions in-person. Nolan is a certified Nordoff-Robbins Music Therapist (NRMT) and primarily works with a variety of neurodiverse individuals across the lifespan. He has 40 years of experience working as a music therapist and has worked in a variety of settings such as medical, psychiatric, and forensic. He has both a master’s degree and doctorate in the field of the music therapy. During the pandemic, his workplace transitioned into a telehealth services, working with clients through the online platform, Zoom.

Data Collection

The two participants engaged in a 45-minute interview and a follow-up via email with an option to meet if necessary. If available, participants were encouraged to provide a written
journal entry, reflection, or music notation based on a specific clinical experience that related to the participant’s idea of flow but was not analyzed separately. Nolan shared a brief five-minute excerpt of his clinical work during the pandemic, however, it was only used as an impetus for conversation and to deepen interview dialogue. As there was a considerable amount of ideas to talk about within the interview, both interviews lasted approximately 60 minutes with permission from the participants.

The qualitative interviews were conducted in a semi-structured manner that used an interview guide as a reference. I asked open-ended questions (see Appendix D) and used gentle prompts to gain the best understanding of the participant’s experience. Interviews were conducted remotely and recorded via the Zoom video-conferencing platform. Each interview took place at a time that was best for the participant to provide a sense of comfort and safety during the interview. During the interview, I wrote down keywords, ideas, or phrases in a notebook to be used as a reference during the analytic process. Each interview was video-recorded through the Zoom software and saved in a HIPPA compliant cloud server and transcribed in a password-protected Microsoft Word document. I conducted member-checking with each participant by sending them a copy of the transcription by email to ensure accuracy of their lived experiences. Once given permission, I proceeded with the data analysis process.

**Data Analysis**

This study explored the music therapist’s lived experience of flow during a worldwide pandemic, within an improvisational music therapy approach. An interpretative phenomenological analysis (IPA) was employed for this study as it explores the participant’s lifeworld and their personal experience while considering their personal perception of the phenomenon (Smith & Osborn, 2009). This form of analysis “gives voice” by capturing and
reflecting upon the participant’s main ideas while offering an interpretation of the data set (Smith & Osborn, 2009). The initial focus is on the significance and meaning of an experience and acknowledges its individual meaning for that participant.

After each interview was transcribed and given consent to move forward with data analysis, I conducted an interpretative phenomenological analysis (IPA) on the data. As stated in the literature, there is no prescriptive method on how to conduct an IPA (Larkin & Thompson, 2012; Smith & Osborn, 2009; Smith et al., 1999). I utilized a combined approach based off of the recommendations of Larkin and Thompson (2012) and Smith and Osborn (2009). The analytic process contained the following steps:

1. Familiarize yourself with the data
2. ‘Free’ or ‘open’ coding of the data
3. Close line by line analysis (coding) of the experiential claims, concerns, and understandings of each participant.
4. Identification of emergent themes.
5. Connecting the themes
6. Produce a structure or a table that illustrates the relationships between themes.
8. Development of a narrative
9. Reflection on one’s own perceptions, conceptions, and processes.

After familiarizing myself with the transcription and interview audio recordings, I conducted a “free” or “open” coding by reflecting upon my own preconceptions of the data (Larkin & Thompson, 2012; Smith & Osborn, 2009). This initial step of free coding of the data
allowed me to identify my own emotional responses to the data, locate potential themes, and identify any influences of my own bias and preconceptions of the research topic. I conducted a line by line analysis by identifying any significant experiential claims, understandings, events, values and assigning a ‘code’ to it (Larkin & Thompson, 2012), a succinct phrase that embodies the “essential quality of what was found in the data” (Smith & Osborn, 2009, p. 68). Once the coding process was completed, I identified any emergent themes by clustering any codes with similar meanings or “objects of concern” (Larkin & Thompson, 2012, p. 106) and searched for connections between themes (Smith & Osborn, 2009). A structured table was created in order to organize the superordinate and subordinate themes and were named based upon what they represent (Smith & Osborn, 2009). I engaged in a constant “dialogue” with the data in order to develop an interpretative and psychological perspective about the data and reported the study findings in a narrative format (Larkin & Thompson, 2012; Smith & Osborn, 2009). Throughout the analytic process, I reflected on my own perceptions, knowledge, and conceptions about the research and maintained a reflective journal when needed. I frequently returned to the participant’s words to ensure accurate portrayal of their lived experience.

Results

This study explored the music therapist’s lived experience of flow during a worldwide pandemic, within an improvisational music therapy approach. The IPA captured the essence of the therapist’s lived experience of flow during the COVID-19 pandemic. The analysis revealed each participant’s own individualized set of themes based upon their lived experiences and are presented in an individual manner. Convergences and divergences between the therapist’s experiences will be presented in the discussion section.
Walker’s Lived Experience

The IPA revealed two categories of themes for Walker that is divided by his lived experience before the COVID-19 pandemic and during the COVID-19 pandemic.

Figure 1

Walker’s Themes

**Flow as Health**

The superordinate theme of *flow as health* is composed of three subthemes such as “human healthiness;” realizing one’s own potential and overcoming limitations; and, achieving flow.

“**Human Healthiness**”

Throughout the interview, Walker described the experience of flow as a “human healthiness” for both himself and for his clients. When asked to describe his definition of flow, qualities such as self-expression, creativity, connectedness, groundedness, safety, engagement,
focus, presence, freedom, unfiltered state, reaching an endpoint or goal, feeling confident and competent in one’s own abilities were present. In response to the question, “what does the word flow mean to you?” Walker said the following:

The idea of flow that I agreed with is that we are in some type of sense of safety, sense of tapping into… just being engaged in a task, being creative and being present in the moment, being kind of free of larger anxiety… to me, that feels like healthy, I think of it as health.

**Realizing One’s Own Potentials & Overcoming Limitations**

After Walker described his personal definition of flow, he mentioned the idea of how an individual can “achieve and overcome limitations that they have whether they’re physical, emotional, or cognitive” during a flow experience. He described how feeling censored, anxiety, judgement, and overthinking can lead to this idea of “feeling stuck.” When asked to clarify this idea, he mentioned a specific clinical experience with a client:

After that, it seemed that some aspect of that stayed with him, in the sense of feeling confidence and competent, that he can express himself in this creative way rather than aggressing towards people. There is a piece of learning about your own capabilities when you’re in a state of flow. That you tap into that, that’s a resource.

Based upon Walker’s experience, this idea that “learning about your own capabilities” during a flow experience can be considered a resource, a strength that the client can rely on and use in life. The flow experience brings opportunity for the client to realize their own potential and overcoming their limitations.

**Achieving Flow**

Lastly, Walker spoke about how before the pandemic, flow was considered a goal within his clinical work – something that he wants to achieve within the session. He stated the following
in regard to group sessions, “Let’s try to achieve some sense of that, of flow, and that feeling that we can really connect.” It seemed as though the experience of flow was a goal, endpoint, an achievement that he strived to attain with his clients.

**Walker’s Lived Experience & Role in Flow**

The second superordinate theme of Walker’s lived experience & role in flow is divided into five subthemes: *pride, honor, & excitement; “being fellow artists;” “internal spaces to hold;” supporting the client; and, creating the music experience.* Throughout the interview, Walker often spoke about his lived experience in flow and what it felt like as a person and as the therapist.

**Pride, Honor, & Excitement**

When Walker spoke about his lived experience in flow in music therapy, he described feelings of pride, honor, excitement, and amazement. For example, when I asked Walker, “What was your client’s experience of flow like for you?” he said the following:

I was amazed as a music therapist but also like as an artist and creative person to be a part of somebody else’s [flow]... You know really achieving that… just being fellow artists and encouraging a fellow artist to make art for the value of that. But it also felt like an honor, that he can do that in our space together. I feel proud of him, and proud of myself to be able to hold that space and facilitate it. I was really excited about what came from that.

He felt pride in himself, for facilitating the flow experience, and in his client, for achieving that state of flow. He felt honored to be a part of this client’s experience and excitement because of it. This theme also ties into the next subtheme, “being fellow artists.”
“Being Fellow Artists”

In the direct quote mentioned above, Walker spoke about his idea of “being fellow artists.” It seems as though Walker perceived the therapeutic relationship as equals versus hierarchal. Where the client and therapist were considered to be mutual in their relationship, fellows, or partners encouraging each other to create together. There is a feeling that there is equality between musicians in order to make art for its intrinsic value.

“Internal Spaces to Hold”

During the interview, Walker spoke about the idea of “internal spaces to hold” in different aspects of the flow experience such as maintaining multiple levels of awareness and balancing between altered states of consciousness. During a flow experience with a client, Walker mentioned this notion of having feelings (such as excitement) but to “stay in the moment and not get caught up in it…. Keeping the focus on the client and the emotional state they’re in that moment… letting the experience be meaningful for them.” He has experienced these multiple levels of awareness where he can have an emotional response in the experience, however he has to check in with it, and not allow it to overtake the client’s therapeutic experience. This suggests a balance of outward and inward presence; one is living in the moment to moment experience while simultaneously aware of one’s own intrapersonal process and emotions.

Walker later refers to an example where a fellow creative arts therapist said to him, “you cannot be in a state of flow, you have to be present with the client.” Walker introduced the concept of balancing between altered states of consciousness in the following quote:

You have to occupy—you have to kind of have that one foot in one foot out type of thinking… it’s a very difficult thing to do sometimes… That’s not as difficult as some
people might think. I guess it’s kind of—you know—just playing with your own sense of altered consciousness in a sense. That’s kind of another state to be in. But then again, it’s that artistic but therapeutic space to live in.

Based on Walker’s lived experience, it seems that there is balancing act between being the moment (in the therapeutic space) with the client while also allowing one’s self to experience the artistic or aesthetic aspects of the flow experience. Walker later mentioned that it was imperative to “not take over” as the therapist, but to listen and contribute to the music.

**Walker’s Role in Flow**

In addition to Walker’s lived experience in flow, the data revealed that Walker’s role in flow was an integral aspect of his lived experience in the phenomenon. The following two subthemes were identified within the data: **supporting the client** and **creating the music experience**.

**Supporting the Client.** Throughout the interview, there was an overwhelming theme of supporting the client during a flow experience. Walker often mentioned this idea of supporting the client by supporting their music, emotional expression, and by listening. For example, Walker said the following:

I think that’s a big part of music therapy—flow in music therapy—is to help them feel [clients] like ‘Oh I see you and I hear you, but I accept you but that this should feel good… that you can feel safe to be in this with me… and I respect you and I’m going to support this rather than that is an uncomfortable feelings or harmful feeling…’ so I think that something I consider a lot, how much support to give and how to create that feeling that they feel safe to be in the interactive aspect of musical flow.
The therapist can also support the client during a flow experience by facilitating an accepting, respectful, and safe environment in order for interactive flow to occur. Being present with the client and witnessing their flow is also another aspect of Walker’s role in flow.

**Creating the Music Experience.** Lastly, the final aspect that contributes to the therapist’s role in flow is creating or facilitating the music (flow) experience. Walker expressed that creating a grounding experience, attuning to the client’s emotional state and music, creating music that connects with the clients affect and intensity, pacing and mirroring the client’s emotions within the music, and balancing engagement and organization in the music experience contributes to creating an ideal environment for flow to occur for the client.

**Unfulfilled Needs (During COVID-19)**

When Walker was prompted to speak about his experience during the COVID-19 pandemic, the theme of unfulfilled needs surfaced through significant subthemes of uncertainty, lack of safety, disruption & unfulfilled emotional needs, and lack of support & organization. When Walker described his lived experience during COVID-19, uncertainty emerged as the most prevalent theme. Walker expressed that he was often unsure of what to do and how to support patients, and felt confused both in his personal and professional life. He experienced a lack of safety, as he expressed in a variety of ways that he often felt unsafe and insecure in his life during the pandemic and communicated that he felt disrupted in his ability to achieve flow. Unfulfilled emotional needs developed as a theme as he often described feelings of stress, unhappiness, disconnect, worry, and a lack of creativity during the pandemic. And lastly, there was a lack of support & organization in the workplace; Walker voiced that he felt a lack of support, guidance, information, and communication at his workplace. The following quote from the interview supports this theme of unfulfilled needs:
I didn’t feel secure or like I was in life, had a really good flow going in my day to day. I was very confused a lot of the time in terms of what I should be doing both professionally (at my job) and in life in some ways. I was unorganized, and I guess unhappy in some sense. My department wasn’t getting a lot of guidance and support in how to deal with things. We were getting pressured into doing things that didn’t make sense during that time. We didn’t feel safe in some senses, we didn’t feel like we knew what was going on. And then I was reading things that ‘music therapists shouldn’t be… like you can’t sing with people.’ And I was like, ‘I don’t know what I’m supposed to do!’

**Appreciation**

During the interview, Walker voiced his experience about finding a deeper *appreciation* for flow during the COVID-19 pandemic. Walker expressed how flow can present itself in different ways as compared to before the pandemic. Walker described this concept in the following quote:

Previously I used to think that flow and groove, and absorption—that was like these intense moments, where it seemed like he came above his disability—that those are really powerful moments of flow but also to appreciate the more stable and comfort aspect of flow. The “we are okay in this together” flow. It doesn’t have to be this jolt of creativity from scratch. It can be very focused on like “we’re gonna do this together” and we are very focused on each other, that we are dedicated to supporting each other. I think that’s something that I gained from it, is appreciating that there’s more of a range even with that stuff than I had previously appreciated…
In this example, Walker acknowledged this new aspect of flow during the pandemic. He emphasized the idea that flow can appear in an alternative manner as compared to his previous definition of intensity, groove, and absorption. Flow can present itself in a new light by providing stability, comfort, focus, and support. Lastly, he stated, “I think for me, learning to just appreciate the more range of art that can be a part of flow and not put judgement on it. But I think just more openness to what ‘flow’ can be.” In order for one to be accepting of this new aspect of flow, one has to be open to the realm of possibilities of what “flow” can offer.

Flow as Healing

Within the last theme of flow as healing, Walker indicates how flow has brought wellness and healing to individuals during the pandemic. When reflecting on an example of flow in group work during the pandemic, Walker portrayed aspects of connection, community, support, structure, engagement, presence, comfort, powerful and meaningful experiences, emotional wellness, and increased self-worth. During a tumultuous and stressful period, a flow experience brought moments of healing through connection, community, support, comfort, emotional wellness, and increased self-worth. Furthermore, Walker described this specific flow experience as “spiritual” on a larger scale that is beyond the individual. Walker stated,

But it still felt like it to me, that aspect of connectedness and engagement, and being present in the moment, and an aspect of – I want to use the word spirituality, but I mean it in the sense of this larger thing that is music in the air above us. When you feel it, that everybody kind of in this place, rather than just as people, you know what I mean?

Walker illustrated a transpersonal encounter through a group flow experience during the pandemic, therefore addressing higher-level human needs. Furthermore, Walker indicated fulfillment of higher-level needs in the following quote, “the importance of taking time to
connect with people and take care of yourself in ways beyond just basic survival, that’s like flow, that human need to do those higher-level things.”

Walker explicitly addressed flow in its relation to higher-level needs and how it’s imperative to focus on more advanced human needs such as spirituality, transcendence, self-actualization by engaging in a flow experience beyond basic needs. In Walker’s lived experience of flow during COVID-19, flow brought moments of healing for himself and for others around him.

Nolan’s Lived Experience

The IPA revealed two categories of themes for Nolan that is divided by his lived experience before the COVID-19 pandemic and during the COVID-19 pandemic.

Figure 2

Nolan’s Themes
“Music is About Flow”

The theme “music is about flow” acts to embody Nolan’s meaning of flow, which is composed of subthemes movement, possibility, and time. When asked to describe his personal definition of flow, Nolan stated:

The first thing that comes to my mind is that music is about flow. When you’re playing music, and you’re not playing a single moment, although you are playing in the moment, you’re creating the possibility for things to emerge and develop. You’re creating a past, you’re in the present, but you’re also going into the future. You can return back to where you came from, you can go back. Music has a natural flow because you are creating ideas that then are emerged, just as our feelings expand and develop and move and change, music does as well. What music does is that it allows us to feel a sense of motion and emotion in time.

Within this excerpt, Nolan uses language such as “expand, develop, move, and change” to describe how music is constantly evolving and moving forward. In addition, Nolan used imagery such as water to illustrate movement:

…something about the river of time and seeing the flow, river, water, movement. I think that often times that’s a sense that music is, even when you end, music it’s still going on somewhere. I just feel a big part of my loving music is that I can feel a sense of flow in music.

Within this quote, he also indicated that the music or flow is endless; it continues even though it ends in the present moment. Flow has the ability to move, change, anticipate and evolve over time while remaining continuous and ongoing. He also expressed how important it is
to have freedom in his movement and emotional expression in order for him to feel a sense of flow between himself and the music or himself and the client.

Possibility refers to the limitless quality that is described in Nolan’s definition of flow, “When you’re playing music, and you’re not playing a single moment, although you are playing in the moment, you’re creating the possibility for things to emerge and develop.” When creating flow in music, one is creating endless opportunity due to music’s ability to be boundless and infinite. There is also a sense of anticipation that music and flow provide, he states, “music gives us so many opportunities to feel like something is about to happen.”

Time is a significant and recurring concept within Nolan’s lived experience of flow. When I asked Nolan, “what does it feel like for you to experience flow as yourself as the music therapist? Can you possibly describe it in one or two words?” Nolan was reminded of the concept of “The Time Paradigm” (Robbins & Forinash, 1991). This concept acknowledges different levels of time in improvisational music therapy as experienced by music therapists such as physical time, growth time, emotional time, and creative time. Nolan described a sudden feeling and realization that time is moving quickly, where one is moving through musical time, and there is an ease in the music experience and how it unfolds:

I think there are moments/session where there’s this sense that time is flying by and there’s ease is in engagement. We’re all of the sudden, the session is almost at the end and you don’t know how the time went so quickly. I think those are times when there’s really a sense of flow, there’s a sense of ease in how things unfold.

Concurrently, Nolan frequently presented the concept of looking forward within his lived experience of flow. He expressed that there is an eagerness involved in moving through time with the client and a sense of anticipation of what’s to come next for the client.
Nolan’s Lived Experience in Flow – Intrapersonal vs. Interpersonal

The second superordinate theme of Nolan’s lived experience in flow is divided into two aspects, the intrapersonal and the interpersonal experience. Throughout the interview, Nolan often spoke about his lived experience in flow and what it was like for himself and as a shared experience with the client.

Intrapersonal

Intrapersonal refers to Nolan’s lived experience in flow within in relation to himself. When asked to describe any qualities or characteristics that contribute to his flow experience, the subtheme release of self emerged as he began to describe a change in boundaries, where he could not hold onto his observational self in order to reflect on what was happening in the music or flow experience. He introduced Arieti’s (1976) concept of creativity and expressed that creativity and flow are closely related:

His whole premise was that you have to allow the frontal lobes/critique part, the part of you that is observing, to let go in order to be creative. And I think that relates to flow and that feeling of being creative and that ideas are flowing. I think creativity and flow are closely connected.

In this example, Nolan needed to release his observational self in order to access his creativity and engage in a flow experience. This example also describes his belief that flow and creativity are connected; when creative ideas are flowing, flow is present.

Furthermore, the subtheme of ready to receive & open was prevalent in Nolan’s lived experience in flow. Nolan referenced the Nordoff-Robbins concept of poised in the creative now (Aigen, 1996) to illustrate how one must be willing, ready, and open to receiving in order to
engage in a flow experience, especially with a client. Nolan described how the concept of “poised in the creative now” related to the concept of *ready to receive*:

Clive will call it, ‘poised and the creative now.’ That you have the sense that—if you’re fully present, you are going to create opportunities for something to emerge. You are doing that by being ready to receive, not by knowing what’s going to happen. Like, ‘Okay, this is what I’m going to do. I’m going to do this and that…’ and having a sense that in every moment, you want to move through time with the client. Interpret the kinds of communications that may not have anything to do with music on their end but interpret that as music in terms of intensity and timing, and bring that into a musical flow, a musical unfolding.

Additionally, Nolan also described his intrapersonal experience in flow as effortless, precious and meaningful, and engaging.

**Interpersonal**

The *interpersonal* refers to the shared experience between the client and therapist in flow, as perceived through Nolan’s point of view. Nolan frequently mentioned the social aspects of flow as he often referred to as a “shared” characteristic of the flow experience. Nolan experienced this as *mutuality & partnership* – to perceive the client-therapist relationship as a *partnership* and create a sense of *mutuality* in order to achieve a flow, interpersonally. Nolan articulated how *mutuality & partnership* contribute to a flow between himself and the client:

If you’re starting where you are receiving, and you have a sense of you’re going to create a partnership, and you’re going to create a sense of mutuality between you and the client, you are kind of reaching out to create flow between you and the client. There’s a flow in how you are receiving what the client is offering.
In the above example, Nolan described how there is a give-and-take relationship between the therapist and the client that allows for flow. Where the therapist is reaching out, offering opportunity to the client, the client receives and offers back to the therapist. Furthermore, Nolan articulates how the *interpersonal* relationship should come from a place of shared understanding; the client and therapist mutually agree upon based in the present moment.

I think that’s a kind of natural way of approaching a session that is based on this mutual partnership and the music is not prescribed as activity (this is what we’re going to do, this is what we’re going to do, this is what we’re going to do) but having ideas about what you think is the next step for the client, but allowing it to come from the moment to moment engagement. If you approach a session that way, you’re affording yourself to be in flow, you’re creating the environment to be in a flow, because you’re not self-contained, and you are looking to be present and move forward with what’s going to happen next.

Similarly, Nolan experienced moments of *simultaneous action* with the client during a flow experience. *Simultaneous action* describes the shared experience between Nolan and his client where they engage in a joint action together such as engagement, exchange, communication and time, and synchrony.

Nolan expressed moments of *shared emotional resonance & connection* with the client during flow experiences. Nolan described a specific clinical scenario where he was not feeling physically well and experienced flow with his client:

I think that something about my emotions that resonated with the kind of sadness in him. Because I wasn’t feeling well. I think I stopped trying to engage him—stopped trying really hard to get a response—I was playing in the sense for him. I think there were some sense of resonance in a very deep way. Even though I couldn’t point to something and say, ‘look
he’s doing this now or we are communicating now,’ but there was something on some very
deep level that felt that we were simpatico, that we were really sharing in something
together.

Nolan expressed a deep emotional connection and resonance with his client. Instead of
trying to engage him to get a response, he created music for the client, which in return allowed
for a deep emotional connection.

**Interrupted** (*During COVID-19*)

When I prompted Nolan to speak about his experience of flow during COVID-19, he
immediately spoke about how his flow was *interrupted* because he was feeling “stuck.” Nolan
stated, “right, that’s a big question just emotionally to feel a sense of flow when you’re stuck…
Talk about not being in the flow, just being out of your natural way of being in the world, that
was not fun.” There was an interruption in Nolan’s ability to have flow in his daily life due to the
COVID-19 pandemic and he felt stuck within his daily routine. Nolan was *interrupted* in his
ability to engage, maintain relationships, and feel connected with others. Nolan voiced a lack of
knowledge in technology, energy, and enthusiasm and felt that he went into “survivor mode”
during the pandemic.

Furthermore, there was also an *interruption* of Nolan’s sense of time during COVID-19.
He described his experience of time as “different” and how the pandemic felt like a “burden.” He
continued:

I think my experience of time is different, like what month am I in? That kind of stuff.
Just kind of going turning out the days and they all look the same. I think that for me, had
an effect on me. In some ways it’s like, ‘I’m just letting time go and it’s gonna be over
soon. Another day, another day, another day…it’s gonna be over soon… Another day,
another day, another day’ and then it’s still going. I think it feels like a burden, it feels like a weight sometimes. But I also feel that it’s a crisis and I’m used to looking for opportunities in a crisis. It feels like that’s something that I do. And I feel a kind of responsibility to keep the momentum, and to create opportunity for clients and students.

Based on Nolan’s statement, there appeared to be an affected experience of time where time flew by very quickly due the monotony of each day that passed during the pandemic. Nolan’s affected experience of time presented as a lack of awareness or desensitization towards the passing of time. He described this feeling as “I’m just letting time go,” where he allowed time to escape quickly as the days progressed. Nevertheless, Nolan continued to look for opportunities during this unprecedented time and to move forward. Nolan advised to keep moving and looking forward into the future, to engage in a variety of environments, to move in order to stimulate creativity, to nurture himself, and to find connection through music.

“Living in the Musical Vessel”

The quote and theme “living in the musical vessel” demonstrates Nolan’s lived experience of flow during the COVID-19 pandemic. When I inquired about Nolan’s experience during COVID-19, there appeared to be similar qualities that described his experience in flow in music therapy. Nolan experienced engagement, exchange, clarity, an expanse of musical development, and a sense of movement in a natural manner. Comparable to his lived experience of flow before COVID-19, Nolan expressed aspects of intermusical connection in flow during the pandemic, as well. Nolan reflected on a specific clinical excerpt he shared from a telehealth session:

The other idea that just came to my mind about flow is that, I think I’m playing notes that if she could play she would play. So, kind of basing it off the way she’s moving,
breathing, phrasing, and putting intensity in certain notes. It’s kind of leading me to move the music, even though she can’t really do it, she doesn’t know how or what she’s playing. She’s just kind of doing what she’s doing. But I think that to me is something about flow when there’s a clear indication of where the music can develop. From what the client is doing, and then you do it, and it works. That to me as a moment of flow.

In this instance, Nolan is describing how he experienced an intermusical connection with his client, where there was a mutual understanding or “clarity” between them that contributes to the flow of the music experience.

Lastly, appreciation & searching for flow was a significant aspect to Nolan’s lived experience of flow during the pandemic. He expressed that flow feels “more precious,” was taken for granted, and had to be searched for in different ways by looking towards other elements to create it. Nolan described the following:

Maybe there is more of a searching for it in different ways. Trying to experience it in a way that I might not have found if it wasn’t for the pandemic. Maybe even taking it for granted when I was in a room with somebody. So now the feeling of flow is maybe more precious… I think it’s also finding other ways, other elements, to kind of create it.

Creating a Sense of Flow

As mentioned in the previous theme, Nolan found himself searching for flow and looking to recreate it by “expanding upon what music offers.” Nolan found himself relying on other musical elements to create flow in his telehealth sessions. He described exploring with different harmonics and resonance in his sound, relying on modal scales, tones, and harmonic accompaniment pattern to create a sense of flow within his sessions. Additionally, Nolan also
spoke about *enhancing sound through technology* in order to create a sense of flow. Nolan stated,

> One of the things that I’ve done would trying as much as I can to create a sense of being able to improvise and feel a sense of flow with the client, that I got this whole set up here. Where my keyboard is going directly into the computer and my microphone is going directly in and I’m doing all these things with the Zoom settings to try to make it as possible as I can. Putting on the original sound so that the suppression is not stopping the flow of the music. Because it does that naturally with the voice, so we want to take those things off.

In addition to creating the best sound possible over our digital platforms, Nolan also mentioned the idea of changing the instrument sound or adding supplementary instruments to the accompaniment to create a bigger acoustic sound. He articulated how bigger or more sustained sound can create a lasting flow experience:

> It’s kind of giving a bigger sound because there’s more instruments. I think there’s also something about the way I can feel, even though I have to stop, there is something that still lasting in the flow of the music that I can experience in a more sustained way because of the sounds. I don’t use it all the time, but there is something about the sound that helps me not have to rely on the usual ways of feeling pulse and feeling continuity in the music.

As well as expanding upon what music offers and enhancing the sound experience, the music therapist also plays a role in *creating a sense of flow*. *Listening* is an integral part of creating the flow experience via remote sessions. When I inquired about Nolan’s flow experience during his clinical excerpt, he frequently mentioned *listening* to the client’s music with great
intent, *listening* beyond the shared pulse and time of the music experience, and to anticipate what one is hearing in the music.

*Musical responsiveness* refers to Nolan’s account of being responsive to the client and their music by creating a bed of sound so that he and the client can feel in time together, creating a reflective looping cycle within the music, and creating musical movement via body affect. Lastly, Nolan also articulated using improvisational techniques such as reflecting, incorporating, intensifying, and phrasing to foster flow with his client. The following example illustrates Nolan’s combined use of *listening* and *musical responsiveness* to achieve flow in his session:

Picking up on her phrasing, playing the phrase back, and the shape of her phrase when she plays more intensely. I’m not doing it with timing but I’m doing it with the other elements of music and I think we’re both feeling a sense of flow. Even in the way that she’s moving her body, it’s kind of circular and the co-therapist is moving that way too. I’m trying to create that movement in the music itself. And I think that’s creating a sense of flowing through time.

**Discussion**

This phenomenological study explored the music therapist’s lived experience of flow during a worldwide pandemic within an improvisational music therapy approach. The participants included two experienced music therapists, Walker and Nolan. After the semi-structured interviews were conducted, I transcribed the interviews and conducted an interpretative phenomenological analysis on the data. The analytic process revealed individual themes with some convergences within the lived experiences of Walker and Nolan. The collective themes between the two participants included: *mutuality, unfulfilled needs*, and *appreciation for flow.*
The collective theme of *mutuality* is derived from Nolan’s lived account in flow before the pandemic where he referred to the therapeutic relationship as mutual partnership, the importance of shared understanding, and how it contributes to flow. Similarly, Walker reflected on the therapeutic relationship during flow as equals or a partnership that encourages one another to create art. The theme of *mutuality* relates to Ansdell’s (1995) concept of a “musical meeting” (p. 67) where individuals can experience shared thought, feeling, and intention within a music experience. Based upon Walker and Nolan’s accounts, they described a shared intention between themselves and their client. Walker expressed a shared intention to create art for its intrinsic value with his client within a music experience. Correspondingly, Nolan highlighted the importance of a shared understanding between himself and his client in order to achieve a sense of flow.

The theme of *unfulfilled needs* originated from Walker and Nolan’s collective lived experience of flow during the pandemic. The data revealed unmet psychological needs, however,
the severity levels of unfulfilled needs varied between the two music therapists. Walker’s expressed themes of extreme uncertainty, a lack of safety, support, and organization, disruption, and unsatisfied emotional needs align with Maslow’s (1943) theory of human needs, specifically, the deficiency needs such as safety and love and belongingness. Based on Maslow’s (1943) theory, unsatisfied needs of safety and security will limit an individual from fulfilling higher and sophisticated needs such as relationship needs, esteem needs, and self-actualization, which includes creative activities (McLeod, 2018). It is possible for one to fulfill higher level needs even though one’s lower level need (i.e., safety) is not completely satisfied (Maslow, 1987), however, the unfulfilled need will become a priority. Similarly, Nolan voiced concerns of feeling “stuck” and not able to achieve flow in his daily life. He experienced a lack in social connection via inability to engage, maintain relationships, and to feel connected with others, thus resulting in a deficiency in the psychological need of love and belongingness (relationships).

The COVID-19 pandemic can be considered as a “psychological threat” due to its negative impact on Walker and Nolan’s basic and psychological needs (Maslow, 1943, p. 395). In accordance with Maslow’s (1943) hierarchy of needs, the COVID-19 pandemic can have a potential impact on one’s ability to address higher level needs and achieve self-actualization. Self-actualization and flow are closely related due to flow’s dimensions of intrinsic motivation and ability to utilize one’s abilities and skills (Silverman & Baker, 2018). The pandemic can potentially impact one’s ability to achieve self-actualization. Subsequently, this theory validates Walker and Nolan’s lived experience of flow, as they were able to attain flow even though they experienced a deficiency in basic and psychological needs due to the pandemic.

Lastly, the collective theme of appreciation of flow refers to Walker and Nolan’s newly developed gratitude and deeper appreciation towards flow during the pandemic. Due to the
pandemic, Walker expressed appreciation for how flow can present itself in a range of experiences from intense and powerful, to comfort, stability, and support. Equally, Nolan described flow as “more precious” because of the pandemic, and how previously it was taken for granted.

Divergences between Walker and Nolan presented throughout the study due to their individualized experiences and roles during the pandemic. Walker was working as a frontline worker in a hospital setting while Nolan was conducting telehealth sessions from home. It is important to note that Walker could have experienced a more direct impact of the pandemic due to his position in a psychiatric hospital at the time of the outbreak. Walker was conducting in-person sessions with his patients while attempting to maintain safety and protective protocols. An additional factor that could have contributed to Walker’s lived experience was the lack of knowledge of the novel coronavirus at the time of the outbreak. The themes that Walker presented with could be related to the hospital’s lack of knowledge in the coronavirus, ambiguity, and constant change in protocols. On the other hand, Nolan experienced isolation and quarantine orders during the pandemic that could have played a role in unfulfilled needs such as a deficiency in relationships and human connection. Nolan also had the additional obstacle of navigating a new platform to deliver therapeutic services to his clients.

Walker and Nolan’s depictions directly correlate with the core tenets of flow as an optimal experience as defined by Silverman and Baker (2018, p. 44). The following table compares the lived experiences of Walker and Nolan that are congruent with the defining aspects of flow.

**Figure 4**

*Flow and Participant Themes Comparison*
## Limitations

There were several factors that presented themselves as limitations throughout the research study. There were a multitude of emergent themes extracted from the data, however I had to consolidate and cull the data (Wheeler, 2016) in order to meet the timeline of the research project, which was submitted as a fulfillment of a master’s thesis. The research question

<table>
<thead>
<tr>
<th>Defining Aspects of Flow</th>
<th>Related Participant Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Challenge-skill balance</td>
<td>Realizing One’s Own Potential &amp; Overcoming Limitations</td>
</tr>
<tr>
<td>Action-Awareness Merging</td>
<td>&quot;Internal spaces to hold&quot; Pleasure</td>
</tr>
<tr>
<td>Clear Goals</td>
<td>Intermusical connection Clarity</td>
</tr>
<tr>
<td>Feedback</td>
<td>Pride, Honor, &amp; Excitement Mutuality &amp; Partnership Simultaneous Action Shared Emotional Resonance &amp; Connection</td>
</tr>
<tr>
<td>Concentration on Task</td>
<td>Engagement Focus Being Present</td>
</tr>
<tr>
<td>Sense of Control</td>
<td>Therapist Supporting the Client Organization Mutuality &amp; Partnership</td>
</tr>
<tr>
<td>Loss of self-consciousness</td>
<td>“Internal Spaces to Hold” &quot;Release of Self&quot;</td>
</tr>
<tr>
<td>Time transformation</td>
<td>&quot;Music is about Flow&quot;—Time</td>
</tr>
<tr>
<td>Autotelic experience</td>
<td>Pride, Honor, &amp; Excitement Flow as a Healing Experience</td>
</tr>
</tbody>
</table>
naturally posed itself in a two-fold question—what was the music therapist’s lived experience of flow before and during the COVID-19 pandemic? Therefore, there was an abundance of data to be sorted through and collected and could have been conducted in two separate research studies.

The results of this study are only subject to the two music therapists who agreed to participate in the study. Their individualized experiences with the COVID-19 pandemic and flow cannot be generalized to the music therapy field. The two music therapists were also conducting music therapy sessions in the New York Metropolitan Area, which suffered a great impact from the pandemic. Lastly, this study narrowed down the participants to those who only subscribe to the improvisational approach. If the research study was open to music therapists from different philosophical backgrounds and approaches, the data would have been more varied and richer.

Implications

A music therapist’s ability to identify, experience, and achieve flow can greatly impact their clinicianship and ability to engage with their clients on a deeper interpersonal and intermusical level. Improvisational music therapy can afford opportunities for flow to occur through the balance of challenge and skill and intrinsic motivation. Flow can be a therapeutic agent, or a source of healing for both music therapists and clients alike. Flow can offer moments of comfort, safety, security, and connection with others during an unprecedented time such as a pandemic. As the COVID-19 pandemic can be considered as a psychological threat to the fulfillment of human needs, it can equally impact both the client and therapist. One should engage in acts of self-care and continue to nurture one’s self as the stress and trauma of pandemic life continues. Finally, it can be beneficial for a music therapist to reflect and understand their flow experience and how it relates to their clinical work.
Recommendations

As this study only examined the lived experience of two music therapists, it’s imperative to conduct further research to gaining a better understanding of the music therapist’s experience of flow. It is recommended to include a larger sample size to examine multiple participants with a variety of backgrounds, approaches, and workplace settings in order to build a comprehensive representation of their experience of flow.

Prior to the start of this study, my initial intention was to solely inquire about the music therapist’s lived experience in flow in improvisational music therapy. However, I found the COVID-19 pandemic to be an apparent external factor that could not be overlooked within my research. Nevertheless, it is recommended to only investigate the music therapist’s lived experience in flow, without interferences from the pandemic, in order to explore the phenomenon in greater depth.

Although it was not a requirement for this research study, it is recommended to include data that exhibits or describe the participant’s flow experience in an alternative medium. This could include clinical excerpts (audio/video recording), musical notation, and or journal reflection that would be incorporated into the data analysis. This form of data would provide depth and richness to the study and further support the participant’s experience. Additionally, including the client as a participant would provide a supplemental perspective of the lived experience of flow within music therapy.

Conclusion

Many individuals experience flow on an everyday basis where time is transformed, and they are focused on the task at hand. This phenomenon can often occur during creative acts such as musicing, where one is expressing their aesthetic energy in the act of making music (Abrams,
2015) and consequently within music therapy. The music therapist is tasked with creating a supportive musical environment for their client to thrive in, all while focused on the task at hand and the clinical moment, balancing challenge and skill, and intrinsically motivated by the experience itself. This phenomenological inquiry provided qualitative evidence about the music therapist’s lived experience of flow during a worldwide pandemic. This study exemplified how two music therapists experienced and defined flow and how it was perceived during the COVID-19 pandemic. Additionally, this study provided a safe place for the music therapists to process and express their lived experience during a stressful period of time. The results generated from this study suggest that flow can be a healing source for music therapists and clients alike and describe intricate nuances of the music therapist’s lived experience in flow. The participants provided rich insight on the meaning of flow, the intrapersonal, interpersonal, and musical relationships that it influences. Flow in music therapy can offer moments of health, comfort, and safety during a worldwide pandemic.
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Appendix A

Molloy College IRB Approval Letter

DATE: December 1, 2020
TO: Kaitlyn Upshaw, BS
FROM: Molloy College IRB
REFERENCE #: SUBMISSION TYPE: New Project
ACTION: DETERMINATION OF EXEMPT STATUS
DECISION DATE: December 1, 2020
REVIEW CATEGORY: Exemption category # (2)

Thank you for your submission of New Project materials for this project. The Molloy College IRB has determined this project is EXEMPT FROM IRB REVIEW according to federal regulations. However, exempt research activities are subject to the same human subject protections and ethical standards as outlined in the Belmont Report.

This acknowledgement expires within three years- unless there is a change to the protocol.

Though this protocol does not require annual IRB review, the IRB requires an annual report of your exempt protocol (Expedited and Exempt Research Protocol Annual Report Form) which is available on the IRB webpage.

If there is a proposed change to the protocol, it is the responsibility of the Principal Investigator to inform the Molloy College IRB of any requested changes before implementation. A change in the research may change the project from EXEMPT status and requires prior communication with the IRB.

We will retain a copy of this correspondence within our records.

If you have any questions, please contact Patricia Eckardt at 516-323-3711 or peckardt@molloy.edu. Please include your project title and reference number in all correspondence with this committee.

Sincerely,

Patricia Eckardt, Ph.D., RN, FAAN
Chair, Molloy College Institutional Review Board
Title of Study: The Music Therapist’s Experience of Flow During the COVID-19 Pandemic: A Phenomenological Inquiry

Kaitlyn Upshaw, MT-BC
1000 Hempstead Avenue
Rockville Centre, NY 11571
kupshaw@lions.molloy.edu

The following would be the email invitation template utilized to recruit potential research participants in my research study.

Dear (XXX),

I hope this email finds you well.

My name is Kaitlyn Upshaw, and I am a master’s music therapy student at Molloy College. As a part of my master’s thesis, I am conducting an interpretive phenomenological analysis related to flow in music therapy (Title: The Music Therapist’s Experience of Flow During the COVID-19 Pandemic: A Phenomenological Inquiry).

The purpose of this study is to gain a better understanding of the music therapist’s lived experience of flow during a worldwide pandemic, within an improvisational music therapy approach. The research questions for this study include inquiries about your experience and personal definition of flow in music therapy, your experience as a music therapist during the COVID-19 pandemic, and characteristics of flow within your clinical work. I will be conducting open-ended interviews via Zoom with research participants to inquire about their individualized experiences.

I am emailing you today to invite you to participate as a research participant in my study. Your participation in this study will require a total of one hour and 15 minutes. Prior to accepting the invitation to participate in this study, you should meet the following criteria:

1. Be a board-certified music therapist/maintain an MT-BC credential from the Certification Board of Music Therapists.
2. Have at least five years of professional experience working as a music therapist.
3. Hold a minimum of a master’s degree in music therapy.
4. Practice your clinical work primarily within an improvisational music therapy framework which is defined as relying upon clinical improvisation as a primary method of the music therapy process.
5. And have had a music therapy caseload prior to the COVID-19 Pandemic (Before March 11th, 2020) and during the COVID-19 Pandemic (after March 11th, 2020).

If you are interested, please reply back to this email in a timely manner at kupshaw@lions.molloy.edu. If you have any questions or concerns, please feel free to contact me.

Thank you for your time and consideration.

All the best,
Kaitlyn Upshaw, MT-BC
Principle Investigator
Molloy College Music Therapy Department
Appendix C
Informed Consent Form

Title of Study: The Music Therapist’s Experience of Flow During the COVID-19 Pandemic: A Phenomenological Inquiry

This study is being conducted by:
Principle Investigator
Kaitlyn Upshaw, MT-BC
Email: kupshaw@lions.molloy.edu
Thesis/Faculty Advisor
John Carpente, Ph.D, LCAT, MT-BC
Email: jcarpente@molloy.edu

Key Information about this study:
This consent form is designed to inform you about the study you are being asked to participate in. Here you will find a brief summary about the study; however you can find more detailed information later on in the form.

The purpose of this research study is to explore how the idea of flow relates to a music therapist’s experience of clinical work during a worldwide pandemic. The researcher will conduct remote interviews via Zoom with two music therapists to explore their meaning of flow and its relationship to their clinical work during a pandemic. The researcher will collect data via video recording of the interview and convert acquired information into a transcription that will be then extracted into a thematic analysis.

The Key Information regarding participant criteria, risks/benefits of study, and time/compensation of study are as follows:

- Inclusion Criteria:
  - Be a board-certified music therapist/maintain an MT-BC credential from the Certification Board of Music Therapists.
  - Have at least five years of professional experience working as a music therapist.
  - Hold a minimum of a master’s degree in music therapy.
  - Practice your clinical work primarily within an improvisational music therapy framework which is defined as relying upon clinical improvisation as a primary method of the music therapy process.
  - And have had a music therapy caseload prior to the COVID-19 Pandemic (Before March 11th, 2020) and during the COVID-19 Pandemic (after March 11th, 2020).

- Risks/Benefits
There is risk of breach in privacy of personal information such as name, email, and place of work. However, there will be a data protection plan put in place at the start of the research study to protect you as the participant.

**Possible benefits of the research study may be:** increased insight, self-knowledge, awareness, and understanding within your personal reflection as a music therapist.

- **Time/Compensation**
  - 1 hour and 15 minutes will be required of your time to participate in this study.
  - Compensation will not be available for this study.
  - All information obtained within the research study will be encoded and stored in a password-protected cloud storage server. Proper data protection plans are put in place to protect your identity and information that you provide in this study.

**Why am I being asked to take part in this study?**

The purpose of this study is to explore how the idea of flow relates to a music therapist’s experience of clinical work during a worldwide pandemic. The researcher will conduct remote interviews via Zoom with two music therapists to explore their meaning of flow and its relationship to their clinical work during a pandemic.

**What will I be asked to do?**

You will be asked to do the following:

- Agree and participate in an initial 45-minute interview via Zoom (To conduct the research).
- Provide your honest experience and opinion about the researcher’s questions.
- Agree and participate in a second 30-minute interview to review the answers collected and to double-check for accuracy.
- If available, participants can provide a written journal entry, reflection, or music notation based on a specific clinical experience that relates to the participant’s idea of flow.

The following information will be collected during the study:

- Setting of clinical work
- Your music therapy philosophy and approach
- Your experience working during the COVID-19 pandemic
- Your perception and idea of flow within your clinical work

**Where is the study going to take place, and how long will it take?**

This study will be taken place online/remotely due to the current health crisis. This research study will take place over the course of three months and will require you to meet for two meetings (one initial 45-minute interview and a 30-minute follow-up interview). Your total time commitment for participation in this study will be a 1 hour and 15 minutes.

**What are the risks and discomforts?**

There are no known major anticipated risks such as financial situation, employability, educational advancement, reputation, credibility, criminal liability, medical, personal, and or demographic information associated with this research study. Some anticipated risks may include...
breach in privacy of personal information such as name, email, and place of work. However, there will be a data protection plan put in place at the start of the research study to protect you as the participant. It is not possible to identify all potential risks in research; however, reasonable safeguards have been taken to minimize known risks. If new findings develop during the course of the research which may change your willingness to participate, we will tell you about these findings.

What are the expected benefits of this research?

Individual Benefits: Possible benefits of the research study may be: increased insight, self-knowledge, awareness, and understanding within your personal reflection as a music therapist.

Do I have to take part in this study?

Your participation in this research is your choice. If you decide to participate in the study, you may change your mind and stop participating at any time without penalty or loss of benefits to which you are already entitled.

What are the alternatives to being in this study?

There are no known alternatives to this research study. Instead of being in this research, you may choose not to participate.

Who will have access to my information?

Your answers from the open-ended interviews and low risk information such as name, email, place of work, clinical training/background will be collected during either the recruitment phase or research phase of this study. The only individuals who will have access to this information will be the principle investigator, Kaitlyn Upshaw, MT-BC, and the Thesis Advisor/Faculty Member, Dr. John Carpente, LCAT, MT-BC.

Your information will be protected by assignment of pseudonyms (replacement of real name with a fake name) to protect your identity, place of work, and clients whom you may have worked with. Your information and all data and files related to the research study and participants’ such as email threads/exchanges, forms, intellectual property, journal reflections/entries, interview video recordings, data transcriptions, and thematic analysis documents will be stored in a password-protected online server called Google Workspace.

The interview will be taken place online via Zoom, where all meeting video, audio, and screen-sharing content to ensure privacy and security from third-parties. To prevent unwanted users from accessing the Zoom meeting, I will create a new meeting for each of the participant’s interviews with an automatically generated ID and password. For both video-conference meetings, I will have the waiting room option enabled to control who enters the meeting. Once the participant enters the Zoom meeting, I will lock the meeting to ensure privacy and confidentiality. The principal investigator, thesis advisor, and thesis committee member will be the only individuals to have access to the data. Following the completion of the research study, all research data will be destroyed through the deletion of all video recordings, verbal and musical transcriptions, and data analysis documents. The research results will be presented as a thematic analysis which will not contain any private or identifiable information.

How will my [information/biospecimens] be used?
Your information will be collected as a part of this research study; however, all identifiers will be removed prior to publishing of the research study. Your information will not be used or distributed for future research studies.

To ensure that this research activity is being conducted properly, Molloy College’s Institutional Review Board (IRB), whose members are responsible for the protection of human subjects’ rights for all Molloy-approved research protocols, have the right to review study records, but confidentiality will be maintained as allowed by law.

Can my participation in the study end early?
The only instance where a participant may be removed from the study if he or she no longer meet the requirements for participant criteria. A participant can choose to end their participation from the study at any given time.

Will I receive any compensation for participating in the study?
No. As the research participant, you will not receive any compensation in exchange for participation in the research study.

What if I have questions?
Before you decide whether you’d like to participate in this study, please ask any questions that come to mind now. Later, if you have questions about the study, you can contact Kaitlyn Upshaw [Principal Investigator] at (631)-335-3610 or kupshaw@lions.molloy.edu.

What are my rights as a research participant?
You have rights as a research participant. All research with human participants is reviewed by a committee called the Institutional Review Board (IRB) which works to protect your rights and welfare.
If you have questions about your rights, an unresolved question, a concern or complaint about this research you may contact the IRB contact the Molloy IRB office at irb@molloy.edu or call 516 323 3000.

Documentation of Informed Consent*:

You are freely making a decision whether to be in this research study. Signing this form means that
1. You have read and understood this consent form
2. You have had your questions answered, and
3. After sufficient time to make your choice, you have decided to be in the study.

You will be given a copy of this consent form to keep.

______________________________________________    ________________
Your signature                                      Date
You are consenting to audio and video recording during the interview process.

Your printed name

Your signature

Your printed name

Signature of researcher explaining study

Printed name of researcher explaining study
Appendix D

Interview Guide

Clinical Background/Experience

*Please tell me about yourself as a music therapist.* (Education, background, place of clinical work, years of experience, advanced trainings...)
  - How do you utilize clinical improvisation within your work?
  - Did you work before/during the COVID pandemic? How were you providing MT services?

Flow

- What does the word ‘flow’ mean to you? What does it bring to mind?
- What does it feel like to experience flow? Can you describe what it’s like in one or two words?
- Can you identify any qualities that contribute to your flow experience?
- What influences your flow? What do you believe gets in the way of it?
- How do you experience flow in clinical music therapy experiences?
- Can you describe a time where you experienced “flow” within your clinical work? What did it look or sound like?
  - *Can you describe its musical qualities/characteristics?*
- What is it like the moments leading up to the ‘flow’ starts? What is it like for you after the ‘flow’ ends?
- Is your experience of flow connected to your client and or their music? and how so?
- Are there any indicators that may lead you to believe that a client is experiencing flow and if so how does that enhance your experience of it?

Flow (During COVID)

- What is your experience of “flow” like during the COVID-19 pandemic? What does it look like?
- Has the pandemic influenced your meaning/definition of flow? How so?
- How has the pandemic influenced your ability to have ‘flow’? Or has it changed how you perceive and experience it?
- Has your everyday life been impacted by COVID? If so, how does that impact your experience of flow within the clinical context?
- Can you describe a time where ‘flow’ was present in a clinical experience during the pandemic?
- Do you have any final/concluding thoughts before we end today?