An Exploration of Music Therapists' Experience of Simultaneous Trauma During the COVID-19 Pandemic: A Phenomenological Inquiry

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AN EXPLORATION OF MUSIC THERAPISTS’ EXPERIENCE OF SIMULTANEOUS TRAUMA DURING THE COVID-19 PANDEMIC: A PHENOMENOLOGICAL INQUIRY

A THESIS

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For the degree of Master of Science
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by

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Abstract

During the outbreak of the COVID-19 pandemic, many music therapists continued to provide services to those in need. Literature on the COVID-19 pandemic explores themes of loss, grief, lack of structure, and loss of normalcy. However, there is a need for further research in this area of study. Specifically, there is a need to investigate the phenomenon of simultaneous trauma, as both the therapists and their clients have experienced traumatic effects of this pandemic. This qualitative study explored two music therapists’ lived experience of simultaneous trauma during the COVID-19 outbreak through virtual semi-structured interviews focusing on several aspects of their experience serving as an essential worker during the pandemic. After virtual interviews and transcriptions were checked by the participants, both sets of data were thoroughly examined through interpretive phenomenological analysis (IPA). The following themes emerged regarding participants’ experience of simultaneous trauma in their clinical work during the COVID-19 pandemic: 1) acknowledging trauma, 2) loss of normalcy, 3) unsettling uncertainty, 4) loneliness and isolation, and 5) music as a place for simultaneous healing. Simultaneous trauma is supported by the findings of this study, which signifies the importance of music therapy as an essential practice during a global pandemic.

Keywords: music therapy, simultaneous trauma, trauma, COVID-19 pandemic, phenomenology
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In spite of all the devastation, there is always the hope for tomorrow. The sun will always rise.

-Deborah Jacobson

Cover artist and member of the caregiver team of Caring for the Caregiver: The Use of Music and Music Therapy in Grief and Trauma.

Loewy & Hara (2007)

Introduction

Simultaneous trauma can be defined as “the affective, behavioral, cognitive, spiritual, and multimodal responses that mental health professionals experience as a result of primary and secondary exposure to the same collective trauma as their clients” (Tosone, 2012, p. 624). When trauma is experienced simultaneously by a therapist and their client (e.g., natural disaster, global pandemic, mass shooting, war, etc.), the experience of shared trauma in treatment has the potential to alter the therapist’s practice and worldview. The therapist may experience heightened exhaustion, depletion, and identification dilemmas in their work.

The entirety of humanity has confronted trials and tribulations accompanying the COVID-19 pandemic. Although each experience is subjective, common themes of trauma, crisis, loss, grief, and helplessness have surfaced for many within this uniquely harrowing state of the world (Banerjee, 2020; Mastnak, 2020; Miller, 2020; Pfefferbaum, 2020; Sasangohar, 2020). Countless individuals have undergone changes that have altered their everyday lives since the official recognition of COVID-19 as a global pandemic by the World Health Organization (WHO) on March 11, 2020 (Cascellas, 2020). The routines of many have been placed on pause in hopes to facilitate safety amidst unpredictability. This study aims to explore the shared trauma
experienced by music therapists with their clients in order to reveal possible unanticipated feelings of connection during this time of isolation.

As a frontline worker providing music therapy services to individuals at Northwell Health’s Zucker Hillside Hospital, I have experienced many adjustments in my own life during this time of crisis. With regulations newly instituted by the hospital because of COVID-19, I noticed that how I was providing music therapy shifted greatly. Within this shift, several challenges occurred that impacted my everyday work, such as disinfecting every surface personally contacted, remaining 6 feet apart from patients and staff members, forfeiting the use of instruments due to contamination risks and precautions, hesitating to sit in communal areas, and even mourning the loss of a patient to COVID-19.

The words “I felt like I lost an arm” spontaneously emerged from my mouth in describing what it felt like to be a part of this major change. Losing an arm is losing a part of the body used to reach out and embrace; a part of the body that is used to make music. Despite the difficulties that materialized from the pandemic, I reminded myself of the role I was able to play as a music therapist during this time of crisis. This brought me to the deeper question of “How does the therapeutic relationship survive and thrive amidst pervasive tragedy?” When we are stripped down to our raw essence of being human, and when our normal resources are no longer available, what is left to connect with? I found that my strength as a music therapist was to see music at the core of any interaction with others, and this idea allowed for deeper relating and understanding. I felt changed in such a way that I was able to see music in a new light -- in a broader way. It became more than just about playing the instruments, reading the sheet music,
understanding the chord progressions. It became the true essence of safety and “being” during times of crisis.

There is a memory I often recall when thinking of the initial outbreak of the COVID-19 pandemic: driving on the empty highways of Long Island, New York, looking around at the stillness of the world, and occasionally nodding at the other drivers passing by with the undertone that we had a shared experience. We were unified in basic survival.

Through my experiences working on the front lines of service and continuing to redefine my music therapy practice as the world shifted around me, I noticed that the client-therapist relationship remained essential to the therapeutic process. It became clear that, at times, some patients began to present with challenges that were relatable to most of the human population, including myself as a therapist. To me, facing similar challenges and traumas in unison with the client was a new experience which continues to shape the way in which I work and view the world. I have been able to further understand the value of building therapeutic rapport and working together with the client through the therapeutic relationship (Bordin, 1979; Bruscia, 2014; Horvath & Symonds, 1991; Priestley, 1994; Rogers, 1951).

Loewy and Hara (2007) recognize that trauma may be experienced by both the patient and the therapist. Loewy (2007) cites Charcot’s characterization of trauma (1887) as a “parasite of the mind” (p. 23 van der Kolk, Weisaeth, & van der Hart, 1996) and examines the importance of utilizing music therapy in cases of trauma, specifically trauma induced by willful acts of violence such as the tragedies which occurred on September 11, 2001 (9-11).

Bruscia (2014) breaks down the therapeutic relationship in music therapy into four essential components -- intramusical, intermusical, intrapersonal, and interpersonal -- while
highlighting the importance of both the client’s and therapist’s personal relationships to music as they inform the clinical practice of the therapist and the experience of the client. The therapeutic relationship is multifaceted, encompassing empathy, trust, rapport, alliance, and non-judgment (Bordin, 1979; Bruscia, 2014; Priestley, 1994; Rogers, 1951).

**Epistemology**

My experience with human interaction, relationships, and engagement began the moment I was conceived. As a triplet, I was brought into the world with two other people: a sister and a brother. From this moment, we were all beginning to learn how to communicate with one another non-verbally. My mother speaks of her pregnancy with “the triplets” often, and shares anecdotes of feeling us move around within the shared space, “making space for one another to eat and get comfortable.” As there were three of us within this space, it was necessary for our survival to share in ways that were communicative for us. For me, this element of non-verbal relation and communication is an essential part of how I understand and absorb the world around me. I align deeply with findings indicating that a human being cannot endure life fully alone.

I have many early childhood memories of interacting with my triplet siblings without spoken language, but with our language -- a language only we knew. These experiences live so deeply within me that I can recall them from when I was a toddler, communicating with my siblings in these unspoken ways. There are aspects of the client-therapist relationship I experience in music therapy sessions that remind me of my triplet relationships. At times, there is no spoken language. At times, there is purely the music, the silence, the sounds, the facial expressions, the body movements, the eye flutters, etc., all of which equate to communication.
I have always been interested in the ways in which people relate to one another, not only in times of peace and serenity, but also in times of crisis. Understanding these interactions in various contexts informs my work as a clinician as well as my worldview. The COVID-19 pandemic presented new opportunities in further understanding human connection, as I wish to better understand my clients’ experience, but also simultaneously experiencing a similar trauma.

My experiences and understanding of the therapeutic relationship are the inspiration and motivation of this study. In my personal life, the ways in which people interact, engage, relate, and understand one another have always intrigued me. This element of my epistemology and worldview is essential to the way that I practice music therapy, as well as live my life. I am a firm believer that people need people, especially in times of crisis and change. Therefore, I would like to further explore the client-therapist relationship in music therapy during the current COVID-19 global pandemic.

Research Questions

This study sought to gain a better understanding of simultaneous trauma as experienced by music therapists during the COVID-19 pandemic. I interviewed two music therapists who are considered frontline workers, due to the fact that they have continued to provide in-person services throughout the pandemic. Interpretive phenomenological analysis was utilized to identify themes in their interview responses and help answer the following questions:

1. What is the music therapist’s experience of simultaneous trauma during the COVID-19 pandemic?
   a. What is the music therapist’s experience of individual trauma as it relates to simultaneous trauma during the pandemic?
b. What is the music therapist’s perception and understanding of the client’s experience of individual trauma as it relates to simultaneous trauma during the pandemic?

2. What are the effects of the COVID-19 pandemic on the music therapist’s clinical practice?
   a. What are the effects of the pandemic on the music therapist’s overall approach to music therapy?

**Review of Literature**

Although music therapists’ experience of simultaneous trauma during the COVID-19 pandemic has yet to be researched, several studies have examined the therapeutic relationship and the processing of trauma in music therapy. To gain a better understanding of the phenomenology of the therapeutic relationship during a time of trauma, and specifically during the COVID-19 outbreak, literature pertaining to the following topic areas will be explored: 1) elements of the therapeutic relationship, 2) music therapy and the therapeutic relationship, 3) defining trauma, 4) music therapy and trauma, and 5) the COVID-19 pandemic.

**Elements of the Therapeutic Relationship**

Numerous researchers working from diverse perspectives have recognized the significance of the therapeutic relationship and the positive outcomes of placing importance on the relationship created within the therapeutic process (Bordin, 1979; Bruscia, 2014; Freud, 1959; Horvath & Symonds, 1991; Priestley, 1994; Rogers, 1951). Initial findings in this area gave rise to the theory of transference and countertransference within the therapeutic relationship.
(Freud, 1959). This theory addresses a significant dynamic in the therapeutic relationship within the psychoanalytic paradigm, which may play a notable role in the experience of simultaneous trauma. Transference is defined as the client’s projection of unconscious material onto the therapist (Freud, 1959). Freud believed that transference was an essential component of meaningful therapeutic interaction, as it offered a space for resistance and growth. Through learning about their transference, and becoming aware of their resistances, clients can grow with their therapists towards ultimate non-judgment and acceptance. Priestley (1994) agrees that transference is an important component to be considered within the therapeutic relationship in music therapy.

Countertransference can be defined as:

all of the emotional responses and reactions that a healthcare professional may have toward a patient, shaped by the professional's learned beliefs, lived experience, and schemas as well as the transference materials presented by the patient.

Countertransference may manifest as affective, cognitive, somatic, and/or behavioral responses. (Aasan et al., 2022)

Rogers (1951) offered a conceptualization of the therapeutic relationship that has had enduring influence. He identified three essential elements that allow the relationship in therapy to flourish: empathy and understanding, transparency and trustworthiness, and unconditional positive regard (a place of non-judgment and acceptance). Bordin (1979), Bruscia (2014), and Priestley (1994) have applied these elements within their own work in music therapy, contributing to further understanding of the therapeutic relationship.
Bordin (1979) examined the therapeutic alliance through a psychoanalytic lens, and elaborated the meaning of the therapeutic relationship in psychotherapy and other modalities. He identified goal work, task, and bond within the working alliance as essential to the client-therapist relationship and positive growth in therapy. In Bordin’s view, the therapist collaborated with the client to identify the client’s goals and the tasks required to meet these goals. This collaborative process fostered their bond and thus supported the client’s goal attainment.

**Music Therapy and the Therapeutic Relationship**

Several music therapists have explored the relationship that forms between the therapist and the client via meaningful musical experience. Bruscia (2014) maintained that through creating a therapeutic alliance and rapport with clients, music therapists can offer a place of sharing, non-judgment, transparency, authenticity, and empathy in their sessions. He referred to a relationship characterized by these elements as the authentic relationship in music therapy. In his view, the therapeutic relationship is multifaceted, with four essential dimensions: intramusical, intermusical, intrapersonal, and interpersonal. Moreover, both the client’s and the therapist’s personal relationships to music significantly influence the creation of the client-therapist relationship in music therapy, as they inform the clinical practice of the therapist and the experience of the client.

Priestley elaborated on the therapeutic relationship from an analytical music therapy perspective in her *Essays on Analytical Music Therapy* (1994). She dedicated a section of the book (Unit Two) to “The Therapeutic Relationship,” in which each chapter addressed a component of the therapeutic relationship in music therapy: the therapist-patient relationship,
transference and countertransference, further exploration of countertransference, survival, and lastly music therapy and love. Atkinson (2012) referenced similar components to Priestley, and shared her personal experiences as a music therapist in which music therapy and love, as described by Priestley, were elemental in the treatment process and building of therapeutic rapport. Love, in this therapeutic and professional context, encompassed unconditional support and encouragement. Atkinson (2012) identified this form of love as “agape” (rooted in the Greek language), which is manifested through genuine care and empathy.

**Defining Trauma**

Trauma and other stress-related disorders may develop when an individual experiences exposure to a stress-inducing or traumatic event. The following stress-related disorders have been identified by the American Psychiatric Association (2013) in the *Diagnostic and Statistical Manual of Mental Disorders, 5th edition* (DSM-V): reactive attachment disorder, disinhibited social engagement disorder, post-traumatic stress disorder (PTSD), acute stress disorder, and adjustment disorders. Anxiety disorders, obsessive-compulsive disorders, and dissociative disorders can also be tied to stressful and traumatic experiences. The DSM-V noted that psychological stress can manifest following any exposure to a fear-based, anxiety-based, stressor-related, or traumatic event. To experience trauma, one does not need to be directly involved in a traumatic event. Those witnessing the event, learning that the traumatic event occurred to close friends or family members, or experiencing aversive details of traumatic events can be directly impacted by trauma-induced disorders.
Music Therapy and Trauma

Loewy (2007) shared an example of her music as a means to explore the definitions of trauma and post-traumatic stress, and the ways in which music therapy can be integrated within treatment of those who have been impacted by trauma and stress-related events. Musical techniques such as singing, vocalizing, instrumental play, rhythmic grounding, and group music making can play a vital role in post-traumatic stress recovery. In an example of music being used in Loewy’s work as a means of healing from trauma, Ellen Saracini, wife of Captain Victor J. Saracini (the pilot of United Flight 175), shared her experience in a music therapy group that took place soon after the horrific events of 9-11. She vulnerably shared her experience relating to how music assisted her in her grieving process. Saracini stated that she surprised even herself in her ability to feel what she was experiencing for the first time (Loewy, 2017, p. 32). She shared how music, and specifically the use of song, allowed her to feel empowered, moved, and in touch with her emotions in a new way -- a way in which words had not made her feel.

Turry (2007) wrote about his experience as a music therapist working with individuals experiencing trauma induced by the events of 9-11. He shared his own story of experiencing the brutal events of 9-11 and his process of resuming his work after the tragedy. He used the phrase “reestablish[ing] a sense of normalcy” in connection with reopening music therapy services to the public, suggesting that music can assist in providing a routine and alleviating stressors related to daily life. At first thought, the events of 9-11 and the COVID-19 pandemic seem drastically different; however, both events hold deep unpredictability and trauma. Turry shared his experience of improvising music with clients shortly after the events occurred and feeling that his music had changed. He reported that something in his music sounded “unusual” and
“different,” almost as if he felt constricted in his creativity and playing. It is essential to note that music therapists are human beings who experience emotions in their personal lives which can be manifested in their music. The importance of being connected to the emotional process, and understanding how it may manifest in the music, is emphasized in this chapter. Turry began to make music with other music therapists who felt the same way in their clinical work and personal lives. He explored personal emotional reactions that came out of his improvisational work with clients, such as trust, fear, grief, emotional unpredictability, strength, courage, and more. Turry (2007) noted that improvisation and trusting the creative now propelled his work with those facing the varied traumas brought on by 9-11. He found that by trusting the musical and creative process of clinical improvisation, he was better able to reach his clients through collaborative, meaningful musical experiences. Turry (2007) shared, “I rediscovered that for me, improvising is intrinsically linked to a sense of trust in the unknown” (p.45).

COVID-19 Pandemic

Although the ongoing COVID-19 pandemic began only recently, and continues to involve many unknowns, research on various aspects of the pandemic has been steadily increasing. Several researchers have reported findings of mental and physical health-related stressors linked to the novel coronavirus’s arrival (Banerjee, 2020; Brooks et al., 2020; Mastnak, 2020; Miller, 2020; Pfefferbaum, 2020; Sasangohar, 2020).

Brooks et al. (2020) reviewed pre-existing literature regarding the negative impacts of quarantine on mental health and possible ways to reduce them. Over 3,000 articles were surveyed for possible inclusion in their review; however, only 24 articles met the strict inclusion criteria for the study. The results demonstrated that quarantine could have a negative impact on
one’s psychological well-being, with long-term effects such as post-traumatic stress disorder (PTSD), confusion, anger, etc. These are exacerbated by the duration/lengthening of quarantine or isolation, fears of infection, frustration, boredom, financial loss, stigma, and inadequate materials to stay engaged while at home, accompanied by lack of education and preparedness.

Banerjee et al. (2020) have similarly been pioneers of research on the mental health effects of COVID-19. They focused on the elderly population and the effects on their overall mental health and well-being, finding that the elderly are at the highest risk of disease severity, mortality, and mental health challenges related to the COVID-19 pandemic.

Miller (2020) highlighted events related to the COVID-19 outbreak from mid-March to mid-April 2020, aiming to characterize and describe the early stages of the global pandemic. Miller’s study employed thematic analysis to discover and explore key themes. The themes that emerged were related to concepts of loss, mental health, prosocial and destructive social behavior, and social, economic, and political issues.

Mastnak et al. (2020) studied psychopathological problems related to the COVID-19 pandemic and the possible prevention of these problems through music therapy interventions such as singing, songwriting, and music composition, which create a space for free expression, leading to an inner calm and rebalancing. The authors characterized music therapy as a preventive measure to reduce stress responses caused by the COVID-19 pandemic. Their study found that music therapy assisted in regulation of emotions, promoted experience of beauty, and enhanced mindfulness practice. They addressed both psychological and medical benefits of singing demonstrated by previous research; for example, singing in music therapy had been found to improve respiratory functioning in conditions such as asthma. Given the effects of
COVID-19 on the respiratory system, the authors proposed that music therapy could be instrumental in providing comfort and relief to those infected by COVID-19.

Mastnak et al. (2020) broke down the COVID-19 pandemic into four stages of response from a psychiatric perspective. First, the acute phase includes becoming aware of the disease, stress reactions triggered by lockdown laws, paranoid traits, insomnia, and disruptive behavior (especially in children). Second, the subacute phase involves pathological habituation, ongoing anxiety, and delusional ideas. Third, the post-traumatic phase can exacerbate pre-existing post-traumatic stress; cause ongoing anxiety and delusional ideas; and evoke avoidant personality traits, self-protective attitudes and personality features, and other mental health issues. Last, in the effect phase, the traumatic stress of the COVID-19 pandemic comes back to revisit the individual after an extensive period of being symptom-free. The effect phase mostly pertains to adult psychiatric and psychogeriatric populations.

Sasangohar et al. (2020) took a different approach in studying psychosocial effects of the COVID-19 pandemic by examining burnout in healthcare providers. These providers displayed heightened challenges related to stress, depression, anxiety, and aggravation of existing mental health issues. The authors placed emphasis on the distinct emotional, mental, and physical fatigue and toll that COVID-19 has taken on healthcare workers and those within the medical field. Their findings that healthcare workers experienced heightened stress and burnout during the COVID-19 outbreak, however, did not examine the experience of their patient populations. Thus, there remains a need to explore how therapists have experienced simultaneous trauma with their clients during the pandemic.
Method

Design

This study employed qualitative research methods to generate insight into the experience of simultaneous trauma during the COVID-19 pandemic. Music therapists who worked through the global pandemic on the front lines were invited to participate. Through virtual interviews with each participant, I explored their experience of simultaneous trauma from an on-site clinical perspective. Content was analyzed using interpretive phenomenological analysis (IPA) to extract themes of the participants’ lived experiences. The study thus contributes to a general understanding of the phenomena of simultaneous trauma, including the thought processes and abstractions of those experiencing it.

Human connection and relationship are a significant motivator for this research study. They also provide context for both the research design and method, as the study utilized interviews to connect with and understand the viewpoints of each participant. Through the interview process, I listened openly to each music therapist’s unique perspective, gaining insight into their perception and experience of simultaneous trauma. In-depth discussion with each participant allowed for deeper understanding, empathy, and even related experience.

Participants

Upon receiving approval for the study from the Institutional Review Board (IRB) at Molloy College, I invited possible candidates for participation via email. The email was sent to music therapists who had continued to provide in-person services throughout the outbreak of the pandemic and remained actively employed. Candidates were located via word-of-mouth
recommendations within the music therapy community and email listserv documents. Those who were interested in being part of the study were asked to contact me directly via email.

Many prospective participants were invited to partake in this pioneering study, and many desired involvement. Due to limited time for the completion of the study, however, only two participants could be selected. I selected the first two individuals who responded to the invitation and met the following inclusion criteria: 1) Participants had obtained music therapy board certification, 2) Participants had at least 3 years of clinical experience, 3) Participants continued to provide music therapy services throughout the COVID-19 pandemic, 4) Participants worked primarily in direct patient contact within a medical setting during the pandemic, 5) Participants were open to sharing their experiences via virtual interviews, and 6) Participants spoke English.

Prospective participants received a cover letter providing an overview of the study, along with an informed consent form containing detailed information about the purpose and methods of the study, its potential risks and benefits, and the measures taken to protect participants’ privacy and confidentiality. If they chose to participate, they were asked to sign and return the form.

**Data Collection**

The study was conducted through individual interviews via the video conference platform Zoom. This virtual meeting format was chosen out of respect for the participants' safety amid the ongoing pandemic. With participants’ consent, the interviews were video recorded. They were semi-structured; however, participants were allowed to guide the conversation, keeping the discussion open. The interviews were set to range from 45 to 60 minutes in length; however, both participants expressed a desire to share their thoughts more fully and continue the
discussion beyond the 1-hour mark, which resulted in a 120-minute interview with one
participant and an 80-minute interview with the other. Each interview took place at the
convenience of the participant, at a time that allowed both the participant and myself to be
situated in a private, quiet location conducive to confidentiality. Both the participants and I chose
to conduct the interview in the comfort of our homes. During the interview, participants were
asked questions inviting them to elaborate on their experiences related to simultaneous trauma
during the COVID-19 pandemic, such as:

- What was your experience of being a music therapist working on the front lines during
  the outbreak of the COVID-19 pandemic?
- Did you experience simultaneous trauma (as defined earlier) within your work during the
  outbreak of the pandemic? If so, in what ways?
- Did you face any challenges in finding a new rhythm within your practice, considering
  COVID-19 protocols and policies?
- Did you notice any significant changes in your music-making? In your clients’
  music-making?

During the interview process, participants articulated ways in which the pandemic affected their
work as music therapists, as well as their well-being. Participants readily shared in-depth
thoughts, associations, raw emotions, and experiences.

Data Analysis

Using the video/audio recordings, I transcribed each interview. Once the transcription
process was complete, each participant was sent the transcript of their interview and asked to
review it for accuracy and completeness. Both participants agreed that the transcription was
accurate. The transcripts were then manually coded through IPA. Video recordings were intensively studied to document non-verbal expressions and reactions evoked from each participant, such as facial expressions, body affect, and hand movements. These additional nuances of human expression were significant in the coding and indexing of each interview. Interviews were reviewed multiple times before and after transcription took place to highlight significant details and themes. Emergent themes related to participants’ experiences of simultaneous trauma were examined.

The findings are presented through narrative reports creating a snapshot of each interview. Each narrative includes direct quotes from participants’ responses. A discussion section follows, which connects the findings to the study’s research questions and explores areas for further research.

**Protection of Data**

The study followed ethical standards of practice to ensure that participants’ information remained confidential and secure. Email correspondence with participants was conducted through a private email account to which I have sole access. The virtual interviews were conducted through Zoom, a secure video conferencing platform. Each participant was given a unique link and password to attend their interview. I reviewed the video recordings of interviews in a private location. All materials generated through data collection and analysis, including interview recordings, transcripts, and analytic notes, were temporarily stored on a password-protected personal computer within a secure, encrypted drive to which I have sole access. Additionally, participant anonymity was maintained by using pseudonyms in place of
participants’ names throughout the transcription of interviews, analysis of data, and compilation of findings.

**Trustworthiness**

In preparation to minimize bias and ensure trustworthiness in this study, I implemented the steps identified as “validation strategies” by Creswell & Creswell (2017). These strategies included member checking, triangulation, and peer debriefing. To establish credibility of the data, member checking was incorporated. Prior to data analysis, participants were asked to check the transcripts of their respective interviews for accuracy and completeness. Participants were invited to add any necessary revisions and share feedback. They were given a copy of their respective transcripts which had been examined for veracity. Both participants agreed that the transcripts were an appropriate depiction of what they had shared, and expressed that they had found the interview process enjoyable. Additionally, I shared with participants my own perspective as a frontline worker during the pandemic to demonstrate alliance. I offered my own experiences and perceptions via reflective sharing, reminiscing, as well as personal and clinical examples as a means to self-reflect and provide more insight into this research question (Morrow, 2019).

At the outset of the study, participants were informed that participation was entirely voluntary and that they could choose to withdraw at any time, for any reason, without penalty. Because participants were asked to recall and reflect upon experiences of simultaneous trauma during the pandemic, they could have experienced unpleasant emotions, feelings, thoughts, or physical sensations during the study. I reminded them of their option to end the interview at any
time or request that it be rescheduled, and informed them that they could omit any questions they did not feel comfortable answering.

**Epoché**

I acknowledge that my music therapy philosophies are strongly rooted in a humanistic, existential, person-centered, and music-centered ideology. I practice with the intent to shed light on each individual and their unique experiences and perspectives, ultimately bringing us together. I believe that individuals can grow, process, and “be” in music. Music therapy is a safe space for non-judgement, connection, building relationships, and better understanding the world. I agree with the notion that through music, one is better able to communicate, engage, and relate to others as well as oneself. The therapeutic relationship holds the utmost importance and priority in my work. There is deep meaning to what takes place in music. It is a place for reprieve, expression, process, fun, fulfillment, insight, inspiration, and so much more.

This study was inspired by my work on the front lines during the outbreak of the COVID-19 pandemic in an inpatient psychiatric facility. While going through one of the toughest times of my career, I knew that this could not end with me. A powerful strength permeated through all my experiences of loss, identity challenges, confusion, fear, isolation, and uncertainty. It was imperative for me to address this topic on a larger scale and explore the experiences of other music therapists who faced this pandemic as essential workers. Thus, this study was born.

Specific moments come to mind when reflecting on my time during the upsurge of the COVID-19 pandemic, including memories of early group sessions with clients as we awaited the official news. Many of us surrounded TVs listening to updates of the world as they came in,
often in disbelief. There was much confusion as to how to continue holding music therapy groups, which ultimately led to groups coming to a complete pause. I then began conducting smaller, socially distanced groups without instruments to try to minimize risk of viral transmission. Within these groups, songwriting and spoken word became a large focus of the work.

I recognize that along with the participants interviewed for this research study, I also worked through the initial harshness of the COVID-19 pandemic as a frontline healthcare worker. As I work in a large healthcare facility, I was able to relate to many stories and realizations that the participants shared.

Results

Results are based on the participants' experience of simultaneous trauma with their clients, as well as their own experience of the pandemic as an essential worker. Data collected through the interviews were analyzed via IPA. Direct quotations are utilized throughout to substantiate each emergent theme. Participants explored simultaneous trauma in their own unique, nuanced ways through lived experiences during the COVID-19 pandemic.

The music therapists in this study focused on the feelings brought on by the outbreak of the COVID-19 pandemic, and their experiences of working as a music therapist on the front lines. While exploring the definition of simultaneous trauma, the therapists raised the issue of countertransference. The distinction between countertransference and simultaneous trauma was examined. As a global crisis, the pandemic has inflicted widespread trauma, affecting therapists and clients alike. Nonetheless, because simultaneous trauma is not a phenomenon with which therapists are typically faced in their work, they may perceive its effects as arising from
countertransference. Upon further exploration, the participants in this study came to realize that many of the experiences they had initially attributed to countertransference during the outbreak of the pandemic could be defined as simultaneous traumas.

Participants

Participant A, who has been assigned the pseudonym April, is a board-certified music therapist in a fast-paced, public pediatric hospital in a metropolitan area. Participant B, who has been assigned the pseudonym Marc, is a board-certified music therapist practicing in the mid-Atlantic region. Marc shared a variety of experiences, as he changed jobs during the COVID-19 pandemic and drew upon his lived experience from both places of employment. He was working at a pediatric residential facility at the outset of the pandemic, and later moved to a pediatric hospital.

Both music therapists faced challenges and changes in the workplace due to infection control policies and administrative restrictions. During this time, April and Marc were prohibited from conducting group music therapy sessions. Therefore, the following results are based on their individual interactions working with patients, their families, and other care providers within the workplace.

Thematic Results

Through IPA, five themes emerged from the perspectives shared by participants, reflecting nuances of convergence and divergence between their perspectives. These themes include: 1) Acknowledging Trauma, 2) Loss of Normalcy, 3) Unsettling Uncertainty, 4) Loneliness and Isolation, and 5) Music as a Place for Simultaneous Healing. Quotations presented throughout the data are directly taken from the interviews to support the findings.
Theme 1: Acknowledging Trauma

Throughout both interviews, participants shed light on the traumas associated with the outbreak of the COVID-19 pandemic. Acknowledging trauma is an important initial step of recognizing and eventually processing the simultaneous trauma. Based upon therapists’ narratives of trauma and reports of a rise in mental health cases at their various places of practice, it may be observed that this pandemic has caused many to suffer from mental health complications.

Marc noted that in the hospital where he worked, there was a rapid increase in mental health admissions. About half of the beds on a given unit were filled with adolescents who were in the hospital due to overdosing on medications and other suicide attempts. Further, through treating patients within the psychiatric population, Marc’s department noticed that beds in psychiatric facilities were inaccessible to these individuals once medically cleared. Spaces for care in psychiatric settings were no longer available, similarly because of the increase in mental health cases.

April also recognized that on one of the adolescent units at her place of work, they saw “a lot of behavioral health cases.” She shared a sense of simultaneous trauma when reflecting on the dramatic increase in the number of mental health cases: “It’s a lot. Especially now I am starting to really experience almost that parallel process with them, and I am really feeling the heaviness of it all because I know what that’s like.”

This is evidence that the music therapists experienced trauma during the same time frame in which patients were experiencing trauma. When April was asked how she felt when working through the outbreak of the pandemic, she shared, “It was literally PTSD, you know? I was
trying to hold it together.” Similarly, when reflecting upon this time, Marc shared, “It felt like trauma from the start of the pandemic.” As April and Marc shared their feelings of trauma, a classic example of simultaneous trauma emerged in the data. Given the global reach of the pandemic, simultaneous stressors, feelings, and emotions emerged in the participants and their patients. This was understood by participants as simultaneous trauma, because clients and therapists were faced with the same challenges.

**Theme 2: Loss of Normalcy**

Loss of normalcy was a recurring, defining characteristic of the pandemic as explored during the interviews. Along with loss of normalcy, it was clear that loss of structure and routine affected both therapists and their patients. Along with this loss came feelings of discomfort and disbelief. Both therapists shared that seeing the loss of normalcy experienced by their patient population evoked experiences of a similar nature for them. “Loss of Normalcy” was comprised of loss of connection, structure, control, and identity.

The most apparent example of the deviation from normal practice was the infection control restrictions imposed by the hospital administration. With the sudden ambush of the COVID-19 pandemic, as participants described, many rapid changes occurred within healthcare systems to ensure safety. This included abrupt cessation of music therapy groups, limitation of instruments that could be brought to sessions, and schedule changes to mitigate the high risk of transmission.

April presented with a perplexed facial affect as she discussed the ways in which her role shifted as a result of hospital-wide protocols and regulations intended to reduce the vast spread
of the virus. She described the ambiguity in her routine due to sudden, unpredictable schedule changes:

[Every single day was different. I could be scheduled to work on site Monday, Tuesday, Wednesday, and then doing work from home Thursday and Friday. Then that next week, it would look totally different, so it was like every week you didn't know when you would come in.]

From personal to professional, normalcy seemed to be minimal. April shared the difficulty her schedule brought upon her as it accompanied the challenges already present from the pandemic.

Marc faced similar challenges in his place of work, including rapid schedule changes, confusion, and newly enforced policies. Notwithstanding these challenges, Marc decided to change workplaces from a pediatric setting to a hospital-based setting mid-pandemic due to feeling he needed “something fresh.” He viewed the pandemic as a once-in-a-lifetime opportunity to grow. In the midst of new regulations and restrictions in his former role, Marc chose to have a change of setting for continued growth in the field.

Structure is an essential part of being. With the outbreak of the pandemic, many people had to redefine their ideas of structure to persist through pain, loss, and uncertainty. Marc observed that structure is pertinent to children’s development and that schools supplement children’s daily routines. Marc provided music therapy services to many underserved children living in metropolitan areas, highlighting that:

[for] families with children who don't have a structured home life, school might be their saving grace. A place where they can go talk to that guidance counselor, see their friends, and know that they’re going to get their lunch there.
From this perspective, patients who might already have lacked a structured home life have also lost a considerable aspect of their social life. Simply having peace in understanding that one will receive consistent meals and access to a guiding professional was stripped from many students. The pandemic forced classes to become virtual, causing deprivation of developmentally vital in-person interaction. Marc shook his head in dismay as he reiterated this point by stating that his clients are “not receiving that same support structure” they once were.

April similarly recognized the particular challenge, during the pandemic, of meeting children’s need to be social, interact meaningfully with one another, and ultimately, feel that they have a sense of control. This underscored the deviation from normal social structures that patients faced. April expressed a simultaneous feeling of loss of normalcy:

We are all going through a similar thing, and even sometimes, I've used some of my personal experiences – not too in depth – but being like, “Yes, I understand what it's like to feel like you're not in control.” Or, “I totally understand what it's like when you feel like everything is changing and you can't keep up.” Because I worked here and this happened every day, and I used those examples to connect. I wish I could have a sense of control over when I get to see people or when to take a break.

As the pandemic unfolded, April continued to share simultaneous emotions with her patients regarding loss of normalcy -- specifically, loss of control.

**Theme 3: Unsettling Uncertainty**

For both participants, “uncertainty” was a concept that resurfaced in different ways. Several examples of uncertainty were explored in the interviews. A prominent cause of uncertainty was transmission of COVID-19. During the outbreak of the pandemic, as many were
familiarizing themselves with this disease and its progression, there was not much to know or understand regarding symptoms, duration, and transmission; hence, therapists and patients simultaneously endured concern, anxiety, and unsettled feelings.

Participants shared and related their feelings of uncertainty to their patients. In the interviews, they emphasized that these feelings of uncertainty have continued from the outbreak of the pandemic to the present day in their clinical and personal lives. Both participants expressed doubts pertaining to their new role as a music therapist during a global pandemic. For example, April shared her feelings of hesitancy to enter units deemed as “COVID units.”

COVID-19 paradoxically has a myriad of presentations for various individuals, ranging from a 50-year-old diabetic individual in the ICU to a 19-year-old healthy individual with common cold symptoms to a 35-year-old asymptomatic carrier. April experienced simultaneous trauma with her patients, in that the uncertainty about disease transmission and disease presentation was significantly unsettling to both. April’s reflections on this shared, pervasive uncertainty during the early days of the pandemic directly addressed the research questions of this study:

1. What is the music therapist’s experience of simultaneous trauma during the COVID-19 pandemic?

2. What are the effects of the COVID-19 pandemic on the music therapist’s clinical practice?

Unknowingly, April herself contracted COVID-19, and did not realize it until further information about diagnosis and symptoms was disseminated to the public. This serves as a fragment of simultaneous trauma not only because April treated many individuals who tested
positive for COVID-19, but also because her immunocompromised patients were fearful of contracting the disease, as was she.

In realizing that she had contracted COVID-19 long after the progression of the disease took place, April began to be more mindful in her practice. She began seeing patients in a certain order to ensure that patients on units such as the cancer unit were not exposed to COVID-19 because of her traveling between unit assignments. This called for a new way of practicing, and certainly took much thought and mindfulness to employ. April mentioned that it became stressful at times to remember all the “new protocols.”

As the participants recognized the potential severity of the unpredictable disease process, their patients were simultaneously affected. April shared a patient’s story which was representative of the turbulent conditions that many patients experienced, as will further be addressed in the discussion section below. Salient features of this story include a young woman battling cancer and COVID simultaneously, and the ways in which April continued to support the client musically through her strenuous battle. In this example, simultaneous trauma presents itself in the level of uncertainty shared by therapist and patient, as neither of them knew when apparent improvement in one’s condition was truly convalescence or if it was actually part of the disease sequelae. The uncertainty applied not only to the disease progression and transmissibility, but also to what might be revealed in spontaneous encounters. As Marc shared:

A lot of the time, you would hear through the grapevine like, “There’s a nurse on your unit who tested positive.” Or, “A doctor on your unit is symptomatic.” And it's like, “Well, we were in that room and we never knew that...” Or, “We were just in a meeting with that person.”
With these thoughts came immense feelings of unsettling uncertainty regarding who would be exposed to COVID-19 or even potentially contract the disease.

Marc stated that at the outbreak of the pandemic, “there was a lot of uncertainty.” He went on to address departmental and hospital-wide challenges causing this level of uncertainty. In describing this experience, Marc shared that there were few people to whom one could turn to express needs, concerns, or questions. He described the uncertainty present in his department as a “microcosm” of the uncertainty in the world at that time.

**Theme 4: Loneliness & Isolation**

During the outbreak of the pandemic, the world faced lockdown and quarantine. Many questioned when they would be able to embrace loved ones, or even see them again. Although the pandemic has been isolating throughout its course, participants explored the most isolating parts of their experience during the initial outbreak and shutdown. Marc noted that “there is not an emotion that I have not experienced during the pandemic.”

Participants were presented with the definition of simultaneous trauma by Tosone (2012) utilized in this study:

[Simultaneous trauma can be defined as] the affective, behavioral, cognitive, spiritual, and multimodal responses that mental health professionals experience as a result of primary and secondary exposure to the same collective trauma as their clients. When trauma is experienced simultaneously by a therapist and their client (e.g., natural disaster, global pandemic, mass shooting, war, etc.), the experience of shared trauma in treatment has the potential to alter the therapist’s practice and worldview. The therapist may
experience heightened exhaustion, depletion, and identification dilemmas in their work.

(p. 624)

Participants shared their individual responses to this definition of simultaneous trauma. Marc indicated that when hearing this definition, his first ideas were related to the impact of the pandemic upon emotional state, mental health, and wellness. Isolation and loneliness were prevalent topics of discussion:

A huge thing I've noticed is that there’s a sense of being isolated and alone. I think that's the biggest effect from this pandemic… It was very sad. And with this idea of being alone, the kids could no longer have visits from their families, so they were also alone in that sense. I mean, they did have the staff there who are wonderful staff members. They had the creative arts staff, recreation staff, and all that. However, they're not going to school, they're not really seeing their friends, there is no support from school, so the same sense of isolation. So then for me, coming home and being like, “I guess I'll just sit in my room alone now.”

Parallels with patients were apparent for both therapists. April delved into the isolation she underwent in the workplace, as she and her partner had been separated for months. She addressed hardships that she faced while working on COVID-positive units by herself. Workplace isolation was at an all-time high. In April’s place of work, she stated, nurses, doctors, and other frontline workers were removed from their home units and relocated where they were needed. Marc reported feeling isolated within his place of work, as well, but emphasized how alone he felt in his personal life. Domiciled at home with family, Marc made a noble decision to completely isolate from other members of the household to keep them safe. During the inception
of the pandemic, there was little knowledge about the details of viral transmission; thus, strict precautions were taken. Both participants expressed that the strict isolation from others was a harrowing yet essential part of their experience. The therapists addressed ways in which they employed self-care and coping skills to combat the resulting loneliness and stress and continue with their daily lives.

For Marc, self-care involved taking daily walks, being in nature, going to parks, and listening to his favorite musical artists as they approached their audiences differently and creatively through quarantine. April described her self-care and coping initiatives while emphasizing the importance of supervision, advanced clinical training, and a clear sense of purpose as a music therapist:

I always was able to come back to that and know that there was a purpose for me going into a patient's room, and even if they declined a music therapy session or if I didn't do any music with them, showing up and showing my face was enough. Especially in a period of time that is so incredibly isolating. It gave me a lot, and it helped me cope through it a lot.

**Theme 5: Music as a Place for Simultaneous Healing**

This final theme was extracted from participants’ narratives describing the overall progression of the music therapy sessions. Both participants recognized a new sense of resolve not only in their patients, but also within themselves. The music therapists’ experience in a global pandemic has suggested that even as they faced simultaneous trauma with patients, music therapy served as a place for simultaneous healing. Music therapy provided patients, and in some cases loved ones and other hospital staff, with relief, reprieve, normalcy, and health,
demonstrating the intrinsically uplifting and unifying nature of music. Interventions such as improvisational music therapy, receptive music listening, songwriting, environmental music therapy, fight songs, clinical composition, and even gifting precomposed music to others were utilized.

There are some patients that are alone at bedside, but there are also some patients that have a parent or guardian with them and other family members. It’s really important to treat the whole entire person and everything that encompasses who they are. This includes the people that they surround themselves with, and even the culture that they come with. (April)

Through music-making, patients were validated, encouraged, supported, and understood. Simultaneously, participants were able to connect back to themselves and support themselves. The interview participants recognized the endeavor of beginning the healing process alongside their patients. Creating a safe space for patients to heal seemed necessary, and in turn, participants were also able to feel a sense of “normalcy and purpose.”

Both participants recognized that by showing up to work each day, there was a hint of normalcy that connected them back to their purpose. In situations of simultaneous trauma, the music therapist would feel stressed and exhausted. Both participants acknowledged the immense stress that they were under and still found purpose and meaning through persevering in their work. April commented that there was a purpose for her showing up and coming back to the patient's room; even if some clients declined a music therapy session or if she did not engage in any instrumental music, she nonetheless felt essential. She noted that “simply being there is enough,” words that were originally shared during an Analytical Music Therapy course under the
instruction of Brian Abrams. (B. Abrams, personal communication, March 2019). These words resonated with April and served as a mantra for her amidst the pandemic. Although music did not always seem to be the focal point of the work, April recognized that she was still providing emotional support, an opportunity for the patient to express themselves, and an opportunity to normalize their environment.

Also, in exploring music as a place for healing, Marc noted: “Just going into the session rooms and sort of just going for it has been my saving grace throughout this whole thing. When I’m frustrated it’s like, “I’m gonna go do a session -- I’m gonna go make some music now.” He shared that music was the only place he actually knew what to do or how to go about things during such a jarring time. Whenever things became overwhelming, he turned to the music, his intuition, and the patients who were ready to receive his care. This was a significant step for Marc’s healing process, convalescing along with his patient.

When viewing music as a place for simultaneous healing, the therapist also must accept the ostensible concession of simply being present with the patient in situations of simultaneous trauma, due to the magnitude of the event occurring. This lessens the burden and expectations of having to perpetually create a novel musical experience. It also illuminates the notion that music is omnipresent in all situations, from heart rates, to breathing patterns, to locomotion, to conversations, environmental sounds, and more.

**Discussion**

Simultaneous trauma occurred as a result of collective experience of the pandemic’s outbreak in March of 2020 (Cascellas, 2020). A thorough examination of the data from this interview study reveals a spectrum of emotions and reactions expressed by the participants. The
presence of music as a grounding, normalizing, and tranquilizing force is significant in the experiences they shared, deriving from their musical and clinical background.

As mentioned under “Music as a Place for Simultaneous Healing,” April shared a memorable interaction with one of her patients with cancer, when asked to reflect on an experience of simultaneous trauma. In this case, the patient contracted COVID-19 during her confinement to the hospital. April reflected on her time with this patient, whom she had been seeing for over a year. Once the patient contracted COVID-19, the patient stated, “It's like I don't feel like I'm living, I feel like I'm just surviving.” This resonated with April as she recalled that anxiety had been high throughout the world during the pandemic’s outbreak. Now out of the intensity of the outbreak, she was able to process and understand emotions that were present then. April recognized that she herself had also been merely trying to “survive through it.” The similarities in shared trauma between therapist and patient led to the use of precisely the same word: survive.

Entering in her role as a music therapist, April was able to muster enough courage to persist in her work and utilize music as the sustaining factor. A unique nuance in this case was the fact that the patient’s mother was unable to leave the hospital due to quarantine measures put in place by the state. Thus, during this time, April provided music therapy services not only to the patient, but also to her mother:

The music was something that sometimes was a source of reconnection to the outside world. Uplifting themes of songs utilizing entertainment, and trying to match heart rate, respiratory rate, and the environment of the room into the music – just to create a relaxing threshold. Not just for the patient, but also for the patient's mother, who was stuck with
the patient all throughout and was unable to leave the room for over nine months and more.

April provided music therapy to the patient before, during, and after her illness with COVID-19, even when the patient was sedated and ventilated. In those crucial moments, the therapists utilized varied methods of music therapy (improvisational, receptive, re-creative, etc.) to reflect and preserve their ineffable relationship. Ultimately, the most fascinating aspect of this experience is the impact that the musical moments had on April herself. In an uncanny manner, the therapeutic efforts that she utilized for the patient were equally therapeutic and beneficial for herself, epitomizing the complexities, nuances, and silver linings provided by a situation of simultaneous trauma.

When Marc responded to the same question regarding a case where simultaneous trauma was shared and ever present, he reflected on his time with a patient from his second place of employment during the pandemic. This patient was someone to whom Marc related in many ways, especially when the patient spoke about his love for his high school band. His patient presented with a great love for music, especially making music together with others. Marc related to his patient in this way because he shared the same primary instrument with the patient, and he had learned about music therapy in his high school band class. This was a full circle moment for Marc as he shared his love for music and marching band, and of course related with the patient as they mourned the loss of this form of music-making during the pandemic.

Marc commented that this patient benefited from music therapy by gaining a sense of self-worth and finding meaning in day-to-day mundane activities:
I think he really seemed to benefit from the sessions a lot. We talked a lot about self-esteem and about all these things he wants to learn, and different music. We talked a bit about how he was very interested in learning different chords on the little xylophone we have…so, you know, these sort of things in order to give him his own sense of self-worth, and yeah these little, meaningful things he could accomplish. Things that could be beneficial for him.

These experiences shared by the participants reflect ways in which the COVID-19 pandemic impacted the therapeutic relationship.

When reflecting on a case where simultaneous trauma was present, both participants chose a patient of the same identified gender as themselves. Perhaps this is part of the phenomenon of simultaneous experience and relating directly to another human being. To my knowledge, this topic has not been researched and presents an opportunity for further exploration.

Many additional themes emerged during the initial data collection, such as role confusion, identity crisis, emotional heaviness, and even celebration. However, through in-depth coding and analysis, I found that there were strong relationships between the five themes and the finalized data presented above (Smith, 2009).

**Implications for Music Therapy Practice**

Currently, there is minimal knowledge pertaining to music therapy during the COVID-19 pandemic. In particular, there is a need to examine traumatic experiences shared between therapist and client. The results of this study provide a richer understanding of simultaneous trauma and a foundation for future research.
Music therapy was recognized as an essential service at both April’s and Marc’s places of work, fulfilling a significant need and desire of patients, families, and staff. In providing an essential service during a time of public crisis, it is important that the music therapist understands the noble role that they must step into. Supporting others through generous, collaborative sharing of one’s presence and musical gifts is the quintessential role of the music therapist (Kradin, 2002; Salas, 1990), requiring great courage, perseverance, resilience, strength, and determination. Both participants worked diligently to bring normalcy, reprieve, and enjoyment to many during unprecedented times. This resulted in a changed culture within their medical settings. It is evident, thus, that both participants served as essential workers to patients and the broader community.

From this research, I was able to extrapolate the importance of maintaining boundaries. In a situation where there is simultaneous trauma, there are concomitant stressors on both the therapist and patient. The therapist must rise to the challenge of suffering through their own hardships caused by shared stressors while also making themselves fully present and available for the patient. Findings of this study reflect the need for therapists to be aware of this very delicate matter in order to provide honest, value-driven music therapy to patients. Music therapists must cultivate discernment in distinguishing between patients’ needs and their own needs. Many feelings may arise when a music therapist is working with patients. However, it is vital that the music therapist does not impose their emotions on the patient (Bruscia, 1998).

Amidst the pandemic, essential aspects of the field of music therapy and its vital role in promoting healing and resilience have been illuminated. The fact that both participants were providing direct in-person service through a harrowing pandemic while administrators and other
hospital personnel were working remotely is testimony to the immeasurable, indispensable value that music therapy provides. Patients, caregivers, and staff alike benefited through both classic music therapy sessions and environmental music therapy (EMT) as a means of support and healing for the staff.

Along with the shift in April’s role, the unit’s daily schedule changed, and resources became limited. However, this did not halt the music therapist, as music therapy regards human beings as musical beings with an inborn, innate musicality (Nordoff et al., 2007). April found that her voice and guitar were all she needed to connect with others during the harshest moments at the outbreak of the pandemic. April reflected on her experience as she began to incorporate EMT into her daily therapeutic repertoire:

[I]t stemmed from, in the height of the pandemic, providing environmental music therapy, walking around the units with just our guitar and playing either improvisations, or you know, if the nurse came up to us and said, “Hey, can you please play Let It Be?” and then everyone would kind of stop what they were doing, and they would sing, and they would cry, and they would take a deep breath, and they would like… It was just like so needed for them because they were just working nonstop and seeing so much devastation and death.

The music therapist is given a rare opportunity to facilitate such cathartic experience and must thus recognize the responsibility of their profession to both patients and staff.

Another example of EMT, implemented by April and the creative arts therapy team, was referred to as “Positivity Parades.” Here, many hospital employees gathered in the atrium and engaged in a therapeutic, calming, healing experience through community singing each month.
This supported and validated the staff, and allowed them a moment of self-care alongside their caring for all.

The reflections of participants in this study underscored the need for therapeutic services, music therapy supervision, and self-care (musical and non-musical) for music therapists. Although informal peer and workplace support are beneficial, one may wish to seek deeper treatment while experiencing global crises. Often, caregivers are so intensely focused on their patients that they lose themselves in the process (Maslach & Jackson, 1986). It is incumbent upon the music therapist to make sure that they have a strong support system which involves a medium for them to release their stress in a constructive and cathartic manner. Self-care in situations like this is self-preservation.

**Limitations**

A small racially homogeneous sample was employed due to time restrictions upon this thesis study. Ideally, a larger and more diverse participant group would have been interviewed in order to attain a fuller view of music therapists’ experiences and perceptions of simultaneous trauma during the pandemic. Importance lies in further representing a myriad of race, gender, ethnicity, and culture. It is recommended that phenomenological research studies include three to ten individuals (Creswell & Creswell, 2017). Since it was not possible to include additional participants in this study, I conducted comprehensive inquiries, extensive analysis, and a substantial literature review to support the richness of the findings. Having fewer participants allowed for more time spent with transcripts and texts to substantiate and contextualize the emergent themes.
When devising this study, I was unaware whether the pandemic would still be ongoing at the time of the interviews. In fact, the participants shared that they were still processing the effects of the pandemic simply because “we are still in it.” There is potential for the effects of the pandemic to become yet more damaging, due to an increase in number of cases, an increase in severity of presentations and complications, and the proliferation of variants of the virus. Further research is warranted to understand comprehensively the ongoing effects of the pandemic. Throughout the interviews, participants in this study reflected upon emotional stressors brought by the pandemic, such as isolation, frustration, apprehension, and uncertainty. This gave rise to discussion of self-care, coping strategies, workplace supervision, and therapy.

**Recommendations for Future Research**

It is recommended that future research employ a larger sample size across a wider range of age and a variety of music therapy sites. Different themes might be extracted, for example, through research in an outpatient setting, or with older patients. The need for exploration of simultaneous trauma as it relates to the COVID-19 pandemic will not be satiated for at least as long as the pandemic continues. Future research may also address different causes of simultaneous trauma, such natural disasters, war, or political turmoil.

The rise of social media usage has significantly magnified the experience of simultaneous trauma. Information about a mass shooting or a natural disaster is rapidly disseminated worldwide, expanding the reach of simultaneous trauma. Images and stories circulating on social media increase an individual's stress and anxiety through emotional contagion (Turnbull et al., 2020). As long as there are grand-scheme traumatic events inflicting entire populations,
simultaneous trauma will be an omnipresent phenomenon, calling for comprehensive, multifaceted research.

Further studies should more clearly distinguish between two ostensibly similar concepts: countertransference and simultaneous trauma. Many researchers have begun this groundwork; however, much remains to be explored (Neumann & Gamble, 1995; Tosone, 2012; Wilson & Lindy, 1994). Both participants in the present study described experiences of simultaneous trauma in tandem with experiences of countertransference. However, it must be kept in mind that simultaneous trauma may be taken for countertransference because countertransference is far more common in treatment. Although there tend to be elements of countertransference in the experience of simultaneous trauma, the distinguishing factor is that the music therapist and client are experiencing trauma(s) at precisely the same moment.

**Conclusion**

This study illuminated themes related to simultaneous trauma experienced by music therapists who worked through the outbreak of the COVID-19 pandemic. Data collected in this study contribute to literature examining the ways in which simultaneous trauma is assessed, understood, and worked through in music therapy. In this study, music therapists partook in in-depth analysis of the self as they reflected on themes of trauma, loss of normalcy, fear, frustration, isolation, uncertainty, struggle, passion, strength, healing, and unity. The themes ultimately extracted from the data are: 1) acknowledging trauma, 2) loss of normalcy, 3) unsettling uncertainty, 4) loneliness & isolation, and 5) music as a place for simultaneous healing.
Findings of the study generated valuable information about the steadfast persistence of music therapy as an essential service to many during the COVID-19 pandemic, the ways in which music therapy was viewed as an essential service, effects of the pandemic’s outbreak on the overall wellbeing of therapists, and the progression from simultaneous trauma to simultaneous healing within music therapy. The study provides insight into the nature of the therapeutic relationship through this harrowing period, and presents implications for future research into music therapy as an essential service.
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https://doi.org/10.1213/ANE.0000000000004866


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Appendix A: IRB Approval Letter

DATE: December 21, 2020
TO: Nadia Flutie, BS
FROM: Molloy College IRB
PROJECT TITLE: [1696204-1] An Exploration of Music Therapists’ Experience of Simultaneous Trauma During the COVID-19 Pandemic: A Phenomenological Inquiry
REFERENCE #: SUBMISSION TYPE: New Project
ACTION: DETERMINATION OF EXEMPT STATUS
DECISION DATE: December 21, 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
Appendix B: Letter to Prospective Participants

Letter to Prospective Participants

Title of the Study: “An Exploration of Music Therapists’ Experience of Simultaneous Trauma During the COVID-19 Pandemic: A Phenomenological Inquiry”

Student Researcher:
Nadia Flutie
Graduate Student, Music Therapy
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Faculty Advisor:
Maria C. “Nina” Guerrero, PhD, MT-BC
Adjunct Instructor, Graduate Music Therapy
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mguerrero@molloy.edu

Chairperson of the Institutional Review Board
Patricia Eckardt, PhD, RN, FAAN
Professor, The Barbara H. Hagan School of Nursing and Health Sciences
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1000 Hempstead Avenue
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Dear ______________,,

My name is Nadia Flutie, and I am a student in the Graduate Music Therapy Program at Molloy College. I am writing to invite you to participate in my thesis study entitled “An Exploration of Music Therapists’ Experience of Simultaneous Trauma During the COVID-19 Pandemic: A
Phenomenological Inquiry.” The purpose of this study is to provide a deeper understanding of music therapists’ experiences working in direct patient contact during the COVID-19 pandemic, including music therapists’ experiences of the therapeutic relationship in connection with simultaneous trauma. The study will be conducted with the hopes that music therapy literature will continue to be augmented through research opportunities.

The inclusion criteria for participation in the study are as follows: 1) Participants must be board certified music therapists, 2) Participants must have at least 3-5 years of clinical experience, 3) Participants have continued to provide music therapy services throughout the COVID-19 pandemic, 4) Participants have worked primarily in direct patient contact during the pandemic, 5) Participants work within a relationship-based, humanistic music therapy framework, 6) Participants are open to sharing their experiences through a virtual interview, and 7) Participants must speak English.

If you agree to participate in the study, you will be asked to take part in an individual, semi-structured virtual interview with me, 45-60 minutes in duration, via a secure, encrypted video conferencing platform such as Zoom. In the interview, I will ask open-ended questions exploring your experiences of engaging with clients as an essential worker and music therapist during the outbreak of the COVID-19 pandemic.

With participants’ consent, the virtual interviews will be video recorded. Using the recordings, I will transcribe and thematically analyze the interviews. I will ask each participant to review the transcript of their interview to check for accuracy and completeness. Interviews will be conducted during the spring semester of 2021, and transcripts will be available for participant checking within two weeks of each interview. Participants will also have the right to review the video recording of their interview if they choose.

Participants’ identity and privacy will be protected through the use of pseudonyms throughout the transcription of interviews, analysis of data, and presentation of findings. All interview recordings and transcripts, as well as notes generated during data analysis, will be securely stored on a password-protected personal computer to which I alone have access. This study is being overseen by my faculty advisor, Dr. Maria “Nina” Guerrero, and monitored by the Institutional Review Board (IRB) at Molloy College, which works to protect your rights and welfare.

Participation in the study is entirely voluntary, and participants may choose to withdraw at any time, for any reason, without penalty. Because the interview will address participants’ lived experiences of simultaneous trauma during the COVID-19 pandemic, significant emotional reactions may be evoked. Although I do not anticipate that in-depth traumatic material will emerge during the interview, should the need arise I will advise participants to seek support from a licensed mental health professional, and will offer a list of possible resources. Although the study is not designed to provide specific direct benefits to participants, findings of the study may lead to deeper understanding of music therapists’ professional and personal experiences as essential workers during the COVID-19 pandemic, especially in connection with the therapeutic relationship and simultaneous trauma.
If you would like to learn more about the study, please carefully review the attached Informed Consent Form. If you choose to participate, please print out and sign the form, scan the completed form, and return the scan to me via email. If you have any questions or concerns about the study, please feel free to contact me directly. You may also contact my faculty advisor, Dr. Guerrero, or the Molloy College IRB. All of our contact information is provided above.

I look forward to hearing from you. Thank you for your time and consideration.

Sincerely,

Nadia M. Flutie

[Signature]

[Image]
Appendix C: Informed Consent

Music Department – Graduate Music Therapy Program
Molloy College
1000 Hempstead Avenue
Rockville Centre, NY 11570
516-323-3320

Informed Consent Form
Title of Study: An Exploration of Music Therapists’ Experience of Simultaneous Trauma During the COVID-19 Pandemic: A Phenomenological Inquiry

This study is being conducted by:

Nadia Flutie
Graduate Student, Music Therapy
nflutie@lions.molloy.edu
386-748-9426

Maria C. “Nina” Guerrero, PhD, MT-BC
Faculty Advisor
mguerrero@molloy.edu

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

This thesis study will explore music therapists’ experience of simultaneous trauma during the COVID-19 pandemic. Subjects will include two music therapists who have worked in direct patient contact during the outbreak of the COVID-19 pandemic. The participants must be board certified music therapists with 3-5 years of clinical experience, and must work within a relationship-based, humanistic music therapy framework. Each participant will attend a virtual semi-structured interview with the researcher. The interview will include open-ended questions exploring the participant’s subjective experience and perceptions of their music therapy work.
with clients during the COVID-19 pandemic, including their experience of simultaneous trauma. Interviews will be approximately 45-60 minutes in length. With participants’ consent, the interviews will be recorded. The researcher will transcribe the interview recordings, and will ask each participant to review the transcript of their interview to check for accuracy and completeness. The researcher will then analyze the interview transcripts for emergent themes.

**Why am I being asked to take part in this study?**
You are being asked to participate in this study because the study aims to include participants meeting the following criteria: 1) Participants must be board certified music therapists, 2) Participants must have at least 3-5 years of clinical experience, 3) Participants have continued to provide music therapy services throughout the COVID-19 pandemic, 4) Participants have worked primarily in direct patient contact during the pandemic, 5) Participants work within a relationship-based, humanistic framework, 6) Participants are open to sharing their experiences via a virtual interview, and 7) Participants must speak English.

**What will I be asked to do?**
If you choose to participate in the study, you will be asked to take part in a virtual individual interview with the researcher via the video conferencing platform Zoom. The interview will include open-ended questions related to your experiences of your music therapy work with clients during the COVID-19 pandemic, including experiences of simultaneous trauma. Interviews will be approximately 45-60 minutes in duration.

With participants’ consent, the virtual interviews will be video recorded. Using the recordings, the researcher will transcribe and thematically analyze the interviews. The researcher will ask each participant to review the transcript of their interview to check for accuracy and completeness. Participants will also have the right to review the video recording of their interview if they choose.

**Where is the study going to take place, and how long will it take?**
Each participant’s interview with the researcher will take place online via a private virtual meeting room on the Zoom teleconferencing platform. Each participant will be given a unique link and password to attend the interview. It will take approximately 45-60 minutes to conduct the interview. Interviews will be held during the spring semester of 2021, and transcripts will be available for participant checking within two weeks of each interview. Reviewing the transcript will take approximately 45 minutes.

**What are the risks and discomforts?**
Because the interview will address participants’ lived experiences of simultaneous trauma during the COVID-19 pandemic, significant emotional reactions may be evoked. Although the researcher does not anticipate that in-depth traumatic material will emerge during the interview, should the need arise, the researcher will advise participants to seek support from a licensed mental health professional, and will offer a list of possible resources. Although it is not possible to identify all potential risks in research, the safety and comfort of the participants is a priority of utmost importance in this study.

**What are the expected benefits of this research?**
Although the study is not designed to provide specific direct benefits to participants, findings of the study may lead to deeper understanding of music therapists’ professional and personal experiences as essential workers during the COVID-19 pandemic, especially in connection with the therapeutic relationship and simultaneous trauma. The music therapy research literature in the subject areas of trauma, the therapeutic relationship, and COVID-19 will be augmented by the anticipated publication of this study.

Do I have to take part in this study?
Your participation in this research is your choice. If you decide to participate in this 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?
Instead of being in this research, you may choose not to participate.

Who will have access to my information?
Access to the information will be limited to the researcher and co-researcher (faculty advisor). Participants’ identity and privacy will be protected through the use of pseudonyms throughout the transcription of interviews, analysis of data, and presentation of findings. Interview recordings, transcripts, analytic notes, and completed consent forms will all be securely stored on the researcher’s password-protected personal computer, to which the researcher alone has access.

How will my [information/biospecimens] be used?
Interview transcripts will be analyzed for themes related to the experience of simultaneous trauma in music therapy work during the COVID-19 pandemic. Pseudonyms will be used to maintain the anonymity of participants in the analysis of data and presentation of findings. Information collected as part of this research, even with identifiers removed, 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?
You may choose to withdraw from the study at any time, for any reason, without penalty.

Will I receive any compensation for participating in the study?
There is no compensation for participating in this study.

What happens if I am injured because of the study?
The procedures of this study would not be reasonably expected to put participants at risk of physical or emotional injury. However, if you become injured during the study, you will be advised to seek timely medical or mental health treatment from your primary provider or another licensed provider. As stated above, the researcher will be prepared to share a list of possible mental health resources, should the need arise. You will be financially responsible for such
medical or mental health treatment. This does not mean that you are releasing or waiving any legal right you might have against the researcher or Molloy College as a result of your participation in this 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 the researcher, Nadia Flutie, at n Slutie@lions.molloy.edu or 386-748-9426; or the co-researcher (faculty advisor), Dr. Maria “Nina” Guerrero, at mguerrero@molloy.edu or 646-262-7711.

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 or 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
Participant additionally consents to the audio/video recording of interview sessions for data collection:

Your printed name

Date

Your signature

Date

Your printed name

Date

Signature of researcher explaining study

Date

Printed name of researcher explaining study

Date