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**EXPERIENCES IN VOCAL PSYCHOTHERAPY OF A MUSIC THERAPY INTERN
WITH POST-COVID SYMPTOMS**

A Thesis Submitted to Molloy University
Music Department, Rockville Centre, NY

In Partial Fulfillment
of the Requirements for the
Degree

Master of Science
in
Music Therapy

by

Kyungwon Matilda Choi

May 2024

Molloy University

A thesis committee has examined the thesis titled

**EXPERIENCES IN VOCAL PSYCHOTHERAPY OF A MUSIC THERAPY INTERN
WITH POST-COVID SYMPTOMS**

Presented by Kyungwon Matilda Choi

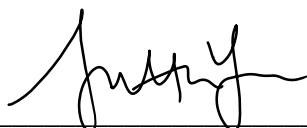
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2024

ABSTRACT

The purpose of this study was to explore my experiences in vocal psychotherapy as a music therapy intern with Long COVID symptoms. This study employed a first-person qualitative research design by assessing two personal therapy sessions with heuristic inquiry. I analyzed my experience as a client receiving 60-minute individual vocal psychotherapy sessions. The music therapist was a trained (certified) vocal psychotherapist with at least five years of clinical practice. Data were collected from recorded session audio/video and personal journals. The recorded session audio/video were transcribed so the data could be analyzed. I asked and answered the research questions as this study employed a first-person research design focusing on my experience. During the data analysis process, five themes were identified: Outer Strength, Inner Strength, Embrace What I Have, Inhale the Good, Exhale the Bad, and Thankful to Be Alive. By participating in the vocal psychotherapy sessions and experiencing the vocal psychotherapy techniques and methods, I was able to not only begin healing from past traumas experienced during my hospitalization for COVID-19 but cope with my Long COVID symptoms and live my life more fully. Although my experience and reflection were subjective, I aimed to achieve the goal of this study, in line with the heuristic inquiry that values uniqueness. Further research may be conducted involving quantitative research using a survey-based method to address the insight into the struggles of long haulers with primary Long COVID symptoms and examining clinical outcomes during or after participating in vocal psychotherapy.

Keywords: vocal psychotherapy, post-COVID symptoms, Long COVID, long haulers, music therapy intern

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CHAPTER 1: INTRODUCTION

I experienced that music could be therapeutic when I touched the gate of heaven. In April 2020, I was afflicted by COVID-19 and hospitalized for eleven days. I needed a ventilator for the first few days and then was able to breathe with an oxygen concentrator. I suffered from a severe high fever, ear pain, headache, body aches, and chest pain for two weeks before I was hospitalized. Tylenol was the only medication I depended on; however, it was not effective. At the beginning of the pandemic, people confirmed with COVID-19 may not have been hospitalized due to the shortage of hospital beds (Zhou et al., 2020). My husband was a registered nurse at that time. He knew about the situation at the hospital, and they would not take me since I was able to breathe by myself. However, he immediately took me to the emergency room when my oxygen level dropped to 79-82. That was when I was separated from my family and admitted to the hospital. We did not even get to say goodbye to each other. We did not know that we were going to be apart for so long. I was alone. I felt miserable and hopeless. I had no strength. I could not eat by myself, and I could not walk. I was bedbound. I could not sleep. I intentionally opened my eyes so I would not fall asleep. I was scared to die. I saw many dead bodies wrapped in blue bags passing by in front of my room through the small glass on the door. I was afraid that I would be one of them. I left my will with my parents in Korea. I told them to tell my second oldest brother to adopt my son. He was seven and needed a mother.

One day, I heard music from the other side of my room, the bed next to mine. I could not see because there was a curtain between us. The old lady was in a coma and her daughter came to visit. I knew it was their last moment together. She played several songs for her mother and shared stories related to the songs. She cried and so did I. However, the music and the stories were not only beautiful but also therapeutic, allowing me to relax and fall asleep. That night, I

asked the nurse to play music from my cell phone; the songs from my playlist. I became very emotional and cried a lot. However, the music comforted me, and I became calmer and more relaxed. I could sleep better. I could eat. I was getting better. I had physical therapy. I could use the toilet by myself with the walker support and the portable oxygen tank. I could breathe better. The medical team happily prepared to discharge me. They prepared a portable oxygen generator with a long tube and a tablet to check my vital signs daily. I also used the tablet to participate in telehealth with my doctor when needed, usually once a week or biweekly. I had a visitor nurse once a week. I had to face a different life that I had never experienced before.

Prior to catching COVID-19, I lived the typical life of a vocalist, as I am a classically trained soprano with much stage experience performing operas. My life and daily schedule revolved around keeping my body healthy because my body and vocal cords are my instruments. I had a humidifier on all year in my room and a water sprayer in my bag to moisturize the air I breathed in, and I slept every night with my neck wrapped in a 100% cotton scarf. I started my days by checking my voice and vocal cords in my bed, doing lip trills, and massaging the muscles around my neck and jaw. Then, I stretched my body and washed my mouth with extra virgin olive oil. I drank warm, non-caffeinated tea, usually honey with ginger and lemon, and watched what I was eating and drinking, especially during the performance month. I concentrated on breathing exercises before I did vocal warm-ups, and I would lean against the wall and try to push the wall with my back, the same as if I was lying on the bed or floor. I unconsciously functioned this way because it was my routine since my life revolved around my voice and performance.

Even though I no longer live an opera singer's life and my everyday routine has changed, I am thankful I am alive and gained knowledge about music therapy. As one of the long haulers

of COVID-19, I have been fortunate enough to experience the benefits of music when no medications worked while I was fighting to live. Since the doctors could not figure out the cause of my lingering symptoms, they could not diagnose me. Chest pain was the most severe symptom I had, along with ear pressure pain, shortness of breath, and brain fog. I am afraid of the possibility of getting COVID-19 again. My anxiety of death is that I might die if I get it again. With the chest pain that I still suffer from, I still sometimes cannot sleep because I am worried my heart might stop while I fall asleep. However, I found that music helped me release my anxiety and sleep when nothing else worked in the hospital. Music is still the only remedy that works for me to regulate my breathing and fight the lingering effects of COVID-19.

My own experience of music's therapeutic effects sparked my interest in music therapy, which led me to this profession and to the topic of my thesis. After I joined the Molloy University Music Therapy graduate program, I participated in clinical practice as an intern while taking academic courses. During sessions with clients, I vicariously experienced the benefits of music therapy while observing their mental, psychological, physical, and emotional progress. Therefore, I noticed that music therapy can be beneficial for those who have COVID-19 and Long COVID symptoms after I observed improvement in clients' anxiety, respiration, and more. Music has helped me cope with this journey, especially as a post-opera singer, this journey inspired me to study how vocal psychotherapy could benefit me.

Epistemology

First-person research (FPR) can be labeled in many ways, such as self-inquiry, self-observation, heuristic research, and reflexive phenomenology. As Hunt (2016) stated, "The primary research focus and question emerges from the first-person perspective, with the primary aim of the research to comprehend the first-person experience with the phenomenon in question"

(p. 907). The purpose of this study was to explore my experiences in vocal psychotherapy as a music therapy intern with Long COVID symptoms, employing a first-person perspective. As a researcher, I was drawn to the interpretive paradigm, which focuses on the reality of the individual researcher based on their subjective beliefs and experiences, as reality is multi-layered and has multiple interpretations (Levers, 2013). Therefore, this study involved qualitative methods that focused on personal, internal, and subjective experiences. Specifically, this study used a heuristic approach, which states that “the researcher studies his or her own individual encounters with the phenomenon of interest, while participants study their own individual encounters with the phenomenon of interest” (Hunt, 2016, p.914). In this study, I provided my perspective as a client experiencing an advanced model of music therapy practice: vocal psychotherapy.

Rationale

The World Health Organization (WHO, 2024) reported that globally, as of April 28, 2024, there had been “775,379,864 confirmed cases of COVID-19” (Case section), including “7,047,396 reported deaths” (Death section). It was common in the early days of COVID that many patients diagnosed with COVID-19 had to be treated in isolation, but this was much less prevalent in 2023 (Mayo Clinic, 2023). Often patients, as well as relatives and families, developed psychological stresses, such as anxiety, depression, and sleep disorders during and after isolation treatment (Mayo Clinic, 2023). Furthermore, Brooks et al. (2020) stated that isolation treatment may contribute to trauma causing self-harm behaviors including suicide, which can still affect the patient three years after release from quarantine. Psychological symptoms such as anxiety, depression, and fear seriously affect the recovery of the disease (Qian et al., 2021). According to Rogers et al. (2020), while the medical doctors and nurses mainly

aimed to treat the disease, the patient did not receive enough attention and support for the physical and mental impacts of COVID-19.

Currently, there is a lack of evidence-based data on how music therapy can be implemented for COVID-19 patients experiencing anxiety, depression, and diminished quality of life. However, there are numerous evidence-based music therapy studies related to anxiety, depression, and quality of life (Eseadi & Ngwu, 2023). This study explored the experiences in vocal psychotherapy of a music therapy intern with post-COVID symptoms. The study included subjective opinions of my personal experiences.

Research Questions

The purpose of this study was to explore my experiences in vocal psychotherapy as a music therapy intern with Long COVID symptoms. This study sought to explore my own experiences as a music therapist intern living with COVID-19. This study was guided by the following questions:

1. What was my experience in vocal psychotherapy?
2. What was my experience in vocal psychotherapy related to Long COVID symptoms?

CHAPTER 2: LITERATURE REVIEW

The COVID-19 Pandemic

COVID-19 is an infectious disease caused by the SARS-C-V-2 virus which causes a mild to moderate respiratory illness that can be recovered from without special treatment, but it can also cause severe illness that requires medical attention (WHO, n.d.). The virus transfers between individuals when one's coughing, sneezing, or talking and easily in crowded or poorly ventilated indoor settings (Centers for Disease Control and Prevention [CDC], 2022). In March 2020, the World Health Organization (WHO) declared COVID-19 a worldwide pandemic (Cucinotta & Vanelli, 2020).

A pandemic is “an outbreak of a disease that occurs over a wide geographic area and affects an exceptionally high proportion of the population” (Merriam-Webster, n.d., p.1). Due to the rise in COVID-19 cases, the Centers for Disease Control and Prevention (CDC) announced guidelines encouraging individuals to limit close contact with others and thus prevent the spread of infection. Some countries, states, and local governments issued strict measures, such as lockdowns and social distancing, to decrease the high infection rates on the global daily graphs (CDC, 2020). The pandemic led to the experiences of stress, trauma, depression, burnout, and anxiety for patients with COVID-19, for the many individuals who were forced to quarantine, and those who experienced the loss of loved ones (CDC, 2023).

COVID-19 Symptoms

The symptoms of COVID-19 may appear two to fourteen days after exposure (CDC 2020). Common symptoms are fever, cough, tiredness, a loss of taste/smell, shortness of breath, muscle aches, chills, sore throat, runny nose, headache, chest pain, pink eye, nausea, vomiting, diarrhea, and rash (Mayo Clinic, 2023). However, this list is not complete, and there might be

unrecognized symptoms (Mayo Clinic, 2023). The beginning of the COVID-19 pandemic was elusive since it was undiscovered and quickly spread world-wide (Liu et al., 2020). In addition to individuals becoming scared and uncertain by the new deadly virus, scientists and physicians lacked enough information to predict mutation and promote vaccines (Liu et al., 2020). Therefore, some people with lingering effects experienced unexplained symptoms and unexpected results of the tests or clinical evaluations. Patients may have been misunderstood and mistreated by their healthcare providers, which resulted in delays in getting a diagnosis and receiving appropriate care or treatment (CDC, 2023).

Lingering Effect Symptoms

Fernández-de-Las-Peña et al. (2021) stated that the pandemic of COVID-19 has provoked a second pandemic, the long haulers, with post-COVID symptoms. “Long haulers” refers to patients with long-term symptoms following COVID-19 (Mitrani et al., 2021). Some people who have been infected with COVID-19 can experience lingering effects from their previous infection known as Long COVID or Post-COVID condition (CDC, 2023). The lingering effect symptoms can last weeks, months, or even years after the infection and may result in disability. The common lingering effect symptoms can be varied and similar to general symptoms of COVID-19 including respiratory and heart symptoms, neurological symptoms, digestive symptoms, and other symptoms such as joint/muscle pain, rash, and changes in menstrual cycles (CDC, 2023).

Admon et al. (2023) stated that about half of adults treated at hospitals in the United States for COVID-19 between August 2020 and July 2021 experienced lingering symptoms or physical limitations for months after leaving the hospital. Six months after hospitalization, 75% of patients experienced cardiopulmonary issue, including coughing or chest issues; 51% felt

fatigued; and 47% of patients felt limited during daily activities, such as eating, cooking, showering, or walking around (Admon et al., 2023).

However, long haulers have received little to no guidance from physicians for their lingering COVID-19 symptoms with limited treatment options available (National Institutes of Health, 2023). Many long haulers experience not only shortness of breath, dizziness, pressured ear pain, chest pain, brain fog, tiredness, and joint pain but also unspecified pain (Aiyegbusi et al., 2021). Aiyegbusi et al. (2021) stated that the variety of symptoms patients may experience demonstrates a need for integrated care models to support patients with Long COVID.

Vocal Psychotherapy

Vocal psychotherapy stems from the larger model of music psychotherapy (Austin, 2009). The American Music Therapy Association (AMTA) defines music therapy as “the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program” (2013, para. 1). The original practice of psychotherapy is traditionally based on verbal experience. The therapists and clients primarily communicate with verbal dialogue to develop a relationship, and achieve their goals (Bruscia, 1998). On the other hand, music psychotherapy focuses on music experiences compared to the traditional ways of communication through dialogue. Therapists and clients create and listen to music to comfortably communicate, build relationships, and meet their goals. The overall goal of music psychotherapy is to gain insight into the client’s deeper thoughts and emotions (Clements-Cortes, 2013).

Bruscia (1998) specified the common characteristic goals of music psychotherapy, which include:

Greater self-awareness, resolution of inner conflicts, emotional release, self-expression, changes in emotions and attitudes, improve interpersonal skills, resolution of interpersonal problem, development of healthy relationships, healing of emotional trauma, deeper insight, reality orientation, cognitive restructuring behavior change, greater meaning and fulfillment in life, or spiritual development. (p. 18)

Diane Austin is the creator of vocal psychotherapy, which is an advanced model in music therapy. It focuses on "the use of breath, sounds, vocal improvisation, songs and dialogue within a client-therapist relationship to promote intrapsychic and interpersonal growth and change" (Austin, 2009, p. 13). Vocal psychotherapy is based on several psychological theories including Freud's psychodynamic theory, Jungian psychology, object relations theory, and trauma theory (Austin, 2009). Vocal psychotherapy facilitates a safe, comfortable space for clients where they can "reconnect with their various selves and unite them into a current, present sense of identity" (Clements-Cortes, 2013, p. 40).

Clients can increase their awareness and improve their personal struggles by using vocal holding and free associative singing techniques (Austin, 2009). Vocal holding techniques are variously implemented in vocal psychotherapy sessions, with the following reasons for using them as interventions in the clinical process:

- to build trust and create a positive mother transference
- to soothe and comfort clients
- to offer an experience of being seen and deeply listened to
- to encourage vocal play and spontaneity
- to work through resistance to feelings

- to create an opportunity for the client to undergo a therapeutic regression in order to re-experience and repair early developmental injuries
- to access unconscious feelings, images and associations
- to release feelings
- to lead into and out of free associative singing (vocal holding with words; Austin, 2004, p.219).

Austin (2009) described the free associative singing technique as the moments when words come during the vocal holding process. This is similar to Freud's Free Association technique, which encourages clients to verbalize whatever comes to their mind that is connected to their unconscious feelings (Austin, 2009). Instead of speaking, both the therapist and the client are singing. This intervention is especially useful for "clients working to integrate thinking and feeling or mind-body split," which serves to build bridges to unconscious materials as clients work to integrate different parts of themselves, as well as work through traumatic experiences in a safe space naturally created by themselves (Austin, 2009, p. 160).

Since vocal psychotherapy promotes deep breathing exercises (Austin, 2009), the most common symptoms of Long COVID, shortness of breath and chest pain, can be addressed (CDC, 2023). According to the Centers for Disease Control and Prevention (CDC, 2023), 1 in 13 adults in the U.S. (7.5%) have post-Covid symptoms such as shortness of breath and chest pain. Breath is the life force not only to live, but also to connect the mind, body, and spirit. Singing facilitates deep breathing which engages the whole respiratory system (Austin, 2009). Austin (2009) stated that "the ability or inability to deeply inhale and exhale reflects our personality traits and psychological issues" (p. 25). This means that the way we breathe will directly influence how

they feel. The deep breath that flows naturally throughout our body provides life energy. Deep breathing “slows the heart rate and calms and nurtures the nervous system” (Austin, 2009, p. 26).

Singing can also provide an opportunity for clients to express their emotions. Singing meaningful songs can produce “a catharsis, an emotional release, due to the effect of the music, the lyrics, and the memories and associations connected with the song” (Austin, 2009, p. 20). The voice can be the primary instrument. Austin (2009) believes that the voice holds many memories and experiences since the voice is activated at our birth. According to Austin (2009), the human voice connects us to our emotions and to others, and the voice has the power to help us express our internal feelings and connect with others externally. Vocal psychotherapy encourages the natural sounds our bodies make, including laughing, yawning, and sneezing, as these can contribute to healing connections (Austin, 2009). It also allows for verbal interaction and dialogue between clients and therapists, as well as musical sounds during music-making, which provide natural and comfortable therapy environments. It also allows for verbal interaction and dialogue between clients and therapists, as well as musical sounds during music-making, which provide natural and comfortable therapy environments.

CHAPTER 3: METHOD

The study employed a first-person research design focusing on the researcher's experience of a vocal psychotherapy session. The purpose of this study was to explore the experience of vocal psychotherapy for Long COVID as a music therapy intern. I, the researcher, was the subject of this study to explore my process of experiencing vocal psychotherapy in one-on-one in-person music therapy sessions. The following were the research questions that I had explored:

1. What was my experience in vocal psychotherapy?
2. What was my experience in vocal psychotherapy related to Long COVID symptoms?

Recruitment Procedures

Following IRB approval, I identified vocal psychotherapists by contacting Molloy University Music Therapy Department professors or colleagues. An email or phone invitation was sent to the therapist including information about the purpose of this study with an explanation of the methodology and confidentiality. The therapists were requested to reply to the researcher if they were interested in participating in this study. Before the study began, the researcher again provided information about confidentiality and obtained permission from the therapist to record audio/video of each therapy session. The audio/video recording permission form (Appendix B) was signed by the therapist prior to the session.

The sessions were done in person rather than virtually to provide more meaningful interaction between therapist and client without the limitations and latency of technology. I provided the therapist with newly updated guidelines and safety practices from Molloy University, New York State, and the CDC, including onsite policies or the Institutional COVID-19 Policy as applicable.

Participants

The researcher was the subject and only participant. The vocal psychotherapist was not a participant in this study but rather a therapy provider. The vocal psychotherapist provided in-person 1:1 60-minute therapy sessions. The therapist was a board-certified music therapist and held a minimum of a master's degree in music therapy. The therapist was also a trained (certified) vocal psychotherapist with at least five years of clinical practice in vocal psychotherapy. COVID-19-related or clinical experience was not necessarily required but was preferred to meet the vocal psychotherapist's criteria.

Design

This study employed a heuristic inquiry design by analyzing two 60-minute individual vocal psychotherapy sessions. Heuristic research recognizes participants in the study “as whole persons and not as separate objects, which connects the research with a more person-centered humanistic philosophical framework that aims to retain the essence of the person in the experience” (Douglass & Moustakas, 1985, p. 43). Heuristic inquiry aims to discover “the nature and meaning of the phenomenon in question using the direct first-person account of the researcher and individuals who have directly encountered the phenomenon in experience” (McGuigan, 2020, p. 8). This method was chosen because it provided an involved process into self-inquiry that studied the personal experience. To better cope with this method, I considered applying Kleining and Witt's (2000) qualitative heuristic framework. The four that lead to more discovery of the heuristic design are as follows:

1. The researcher should be open to accept to “change preconceptions if data are not in agreement with them” (p. 2).
2. The research topic is preliminary and can be subject to change during the process.

3. The data collection should be “under the paradigm of maximum structural variation of perspective” (p. 3).
4. The direction of analysis should move toward the “discovery of similarities” resulting in concrete themes (p. 3).

Data-Collection Procedures & Protection

The researcher participated in two 60-minute individual sessions with a vocal psychotherapist that took place a week apart from each other. The sessions were held in the therapist’s clinic.

Heuristic data collection could be executed by many different sources such as interviews, observation, and media sources (Sultan, 2018). The typical methods for collecting data are interviews, co-researcher artifacts, and researcher journal entries/reflection (Moustakas, 2015). Sultan (2018) described that data collection is about “immersing yourself within your topic through self-dialogue” in heuristic inquiry (p. 122). According to Sultan (2018), journaling is a key process for the primary researcher in heuristic inquiry, which involves both “reflective (deep thought) and reflexive (self and other) processing of experience” (p. 136). Therefore, for this study, I collected data from audio and video recordings from the sessions, and from personal journals. The journal was written after each session to organize and document my reflections in therapy.

Audio/video recordings are valuable tools of data collection that help to understand the “clinical significance and meaning of various phenomena in the therapeutic process” (Eyre, 2016, p. 565). The permission forms to record audio/video were agreed and signed upon with the therapist in advance (Appendices A & B). All the sessions were audio/video recorded with additional devices as a backup, one IOS iPad, and one Android Samsung Tap equipment. The

data was securely saved in the researcher's PC with a password and face-scanned access. Only the researcher and thesis committee were allowed to have access to de-identified data. The data was stored indefinitely per an agreement with the therapist. The existence of the data collected will remain until I choose to terminate the data because it is my personal experience in therapy. No other subjects were involved.

Data Analysis

Hunt (2016) described that first-person research is "really a research perspective and does not require a particular analysis method" (p. 925). However, I followed Moustakas's six phases of investigation to analyze the verbal transcription, the musical transcription, and the personal journals. Moustakas's six phases of the research process are as follows:

1. Initial engagement: Framing the personally significant research topic and then forming research questions.
2. Immersion: Researching extensively by reading about related topics and drawing upon personal and professional experiences that could enrich the research process.
3. Incubation: Researcher is removed from the topic in order to step back and process the experiences and information and gain new perspectives.
4. Illumination: Reaching a greater understanding of the research questions.
5. Explication: Deconstructing the topic and creating a more detailed analysis.
6. Creative Synthesis: Merging every phase of reflection based on beliefs, feelings, ideas, insights, and understandings in order to create a well-rounded description of the meaning of the experience. (Moustakas, 1990)

The initial engagement phase began as I wrote my epistemology and created research questions. The second phase, immersion, began with the vocal psychotherapy sessions and had

two parts. The goal of the immersion phase was to organize and get familiar with the data. The first part of this phase started with writing a personal journal based on my experience in the vocal psychotherapy sessions with my reactions and feelings. The journal was written on the same day as the session, right after each session. After completing two sessions of vocal psychotherapy, I spent ten days doing the second part of the immersion phase. During the second part, the session-recorded audio/videos were transcribed, including musical and verbal interactions. The music interaction part was transcribed in musical notations. The verbal interactions were transcribed in a narrative form. I also read my personal journal that I had written during the first part of the immersion phase.

During the incubation phase, I spent two days taking a break from analyzing the data. During these two days, I applied the vocal psychotherapy techniques that were utilized in the sessions while I was practicing vocalization. This phase allowed me to explore what new levels of awareness are brought to light with the new information I learned in the sessions.

During the illumination phase, I spent two days gaining a better understanding of the research questions. The goal for this phase was to gain a deeper understanding of the phenomenon of vocal psychotherapy. After having spent two days away from the data in the incubation phase, I reviewed my transcribed data and personal journal with a new perspective. I searched for information related to the research questions, highlighted these parts in the transcribed data, and took active notes about them.

The steps I took in the illumination phase naturally led me to the next phase, explication. During the explication phase, I spent three days deconstructing the topic and creating a more detailed analysis. I went back to the highlighted part and the active notes I took to

search for repetitive words and musical elements. I then organized them into patterns and compared and contrasted the related information based on the research question.

Creative Synthesis was the last phase. I spent about five days merging every phase of reflection from the experiences I had. The goal for this phase was to connect my gathered data to my topic. I answered my research questions from the data that I had merged from every phase to create a detailed and meaningful description. The duration for each phase was adjusted, and I went back to any phase if I found it necessary during the process of data analysis. My experience and reflection were subjective, but the heuristic inquiry values uniqueness, and I aimed to achieve the goal of this study. I hope that my experience of participating in vocal psychotherapy as a long hauler will provide a chance to gain a deeper understanding of how music can be beneficial and/or challenging for those currently suffering from post-COVID symptoms. Also, by sharing my experience from a music therapy intern perspective, I hope the readers will understand how music can be utilized with various vocal psychotherapy techniques in the sessions. I also would be honored if readers have a chance to gain a better understanding of this phenomenon by reading about my own experience. My final write-up contains five themes based on the research questions with examples of my experience during the sessions. To illustrate my significant musical experience, I use musical notations presented in figure form. I provide a narrative description of my experiences to convey them vividly and authentically.

Trustworthiness

Trustworthiness establishes the accuracy and reliability of data, thus decreasing the risk of bias and increasing the validity of the results (Johnson et al., 2020). Because first-person research does not require a particular analysis method, I experienced challenges with this phenomenon. Therefore, the data analysis process was guided by following Moustakas's six

phases of investigation. To increase the trustworthiness of my study, I engaged in a practice of triangulation: journaling, verification, and grounding.

Journaling

I made a considerable effort to document my experiences during vocal psychotherapy sessions by writing journals after each session with an awareness of my knowledge and openness and how they could impact my perception throughout the process. I consistently reviewed my journals to reflect in relation to my topic and wrote active journals while analyzing the data.

Verification

To gain additional insights and perspectives on the musical data, I verified the description of the improvisations for accuracy. Clifton (1983) created a procedure for the listeners to hear the implicit meaning of the music which involves five steps:

1. Listen to the improvisation.
2. Read the final narrative created for that improvisation.
3. Re-listen to the improvisation.
4. Note the level of precision of the description of the musical elements, such as rhythmic grounds, rhythmic patterns, volume, instrumentation, melodic figures, and texture.
5. Select the level of accuracy of the description and the level of agreement from the four categories of 'yes, absolutely,' 'pretty well,' a little bit,' and 'not at all.' (p.38)

Grounding

Glaser and Strauss (1967) stated the significance of grounding, which validates the research results by ensuring that the process of analysis does not affect the original material. I returned to the original data to ensure all the data were gathered and analyzed. I thoroughly

reviewed whether the identified themes were developed appropriately throughout the stages of data processing and analysis.

CHAPTER 4: RESULTS

The purpose of this study was to explore my experiences in vocal psychotherapy as a music therapy intern with Long COVID symptoms. This study aimed to explore vocal psychotherapy techniques from a client's perspective to understand the benefits and/or challenges related to Long COVID symptoms. The research question for this heuristic inquiry was:

1. What was my experience in vocal psychotherapy?
2. What was my-experience in vocal psychotherapy related to Long COVID symptoms?

Five themes arose during data analysis when meaningful words and phrases were repeated while participating in the vocal psychotherapy techniques. These held deep meaning and allowed me to fully connect in the moment. Table 1 lists the themes, the vocal psychotherapy (VP) techniques used by the therapist, and the personal outcomes I have experienced. Excerpts from my reflective journals, transcribed narrative script, and examples of musical interventions with music notations are incorporated to illustrate the results.

Table 1

Five Themes, VP Techniques, and Personal Outcomes

Theme	VP Technique	Personal Outcome
1. Outer strength	Vocal holding	Accessing unconscious feeling Emotional release
2. Inner strength	Free associative singing	Healing of trauma Releasing anxiety
3. Embrace what I have	Vocal holding Free associative singing Deep breathing exercises	Self-awareness Self-acceptance
4. Inhale the good, exhale the bad	Deep breathing exercises	Positive energy Confidence
5. Thankful to be alive	Vocal holding Free associative singing Deep breathing exercises	Greater meaning and fulfillment in life

Theme 1: Outer Strength

To facilitate my exploration of outer resources and emotional strengths during my past hospitalization, the vocal psychotherapist implemented the vocal holding technique. This intervention is a vocal improvisation that involves the “intentional use of two chords in combination with the therapist’s voice” (Austin, 2009, p. 146). It creates not only a client-therapist relationship but also a safe and trusting environment where the client can access, process, and connect with their inner feelings and with others. The vocal psychotherapist inquired:

What was your emotional strength that helped you to get through that time in the hospital, kept you fighting? Was there hope or family? I am wondering what part of you really helped you to survive from that time, a really horrible time.

I immediately replied:

My son! It was my son, the reason I had to survive COVID-19. He needs a mother. I left my will to my parents in Korea through a video call requesting to promise me that my second oldest brother would adopt my son.

I was considering my son’s life as a priority over my own, even though I knew I might pass away in the hospital. I had to plan for the worst-case scenario, but I knew that no one could replace me. Therefore, I had to fight and survive for my son. The vocal psychotherapist asked if I had ideas for two chords that could help represent my survival for my son. I said, third or fifth. The vocal psychotherapist began playing two chords. One was a C major seventh chord, which contains the notes C (Do), E (Mi), G (Sol), and B (Ti). The other chord was a G major seventh which contains the notes G (Sol), B (Ti), D (Re), and F# (Fa-sharp), in the 4/4-time signature. Then, the vocal psychotherapist asked if I liked the music so we could begin the vocal holding

technique. I nodded and said yes but became emotional and could not hold back my tears. The vocal psychotherapist said,

This is all about the sound, any vocal sound. It could be like singing to him, singing for him, or about him. If it gets too much, then just look at me. I don't want to push you too much. I will be singing with you in unison or harmony or something called ground or mirroring like I might read what you sing. If it is too much about your son, would it be easier to sing about your family, make it broader?

I agreed with her suggestion. She said, "The idea is not to think too much...floating up to the sky...not needing the brain for this." I had experienced difficulty beginning to sing. I called my son's name twice in a melody, using the notes E (Mi), F# (Fa Sharp), and D (Re; see Figure 1).

Figure 1

Calling My Son's Name

The musical notation in Figure 1 is for a piece titled "Calling My Son's Name". It is written in 4/4 time with a tempo marking of ♩ = 60. The score is divided into two parts: Voice and Piano. The Voice part is on a single staff in treble clef, showing two phrases of the melody: "Geon-heui ya" and "Geon-heui ya". The notes are E4, F#4, and D4. The Piano part consists of two staves (treble and bass clefs) grouped together. The right hand plays a series of chords, and the left hand plays a simple rhythmic pattern of eighth notes.

The musical notation in Figure 1 displays the improvisation that I sang freely without thinking while participating in the vocal holding technique. I was crying and my voice was shaky. The vocal psychotherapist echoed my line. As I worked through the vocal holding intervention, I was reminded of the time I spent isolated in the hospital. The music helped me to connect with my inner strength on a deep level.

I felt significant support from my therapist when she sang a beautiful harmony, singing the note G (Sol) for four to five beats in measures two and four. We both sang on the monosyllable “La.” Voice 1 represents my voice, and Voice 2 is the vocal psychotherapist’s (see Figure 2).

Figure 2

Musical Support from the Vocal Psychotherapist

The musical score is written in 4/4 time with a tempo of quarter note = 60. It features three staves: Voice 1, Voice 2, and Piano. Voice 1 and Voice 2 both sing the note G (Sol) in measures 2 and 4. Voice 2 has dynamic markings: *fff* (fortissimo) and *sfz* (sforzando). The piano accompaniment consists of chords in the right hand and a rhythmic pattern in the left hand.

I was still crying, but it was more like a cry of release. I felt grounded and centered when I sang the note G. However, I felt even stronger and more grounded when the vocal psychotherapist mirrored the same note G. Her singing voice with a crescendo, gradually increasing volume, made me empathized with, cared for, and supported. These moments of connection and harmony in vocal holding were therapeutic and helped tremendously on my journey towards healing by allowing me to explore what was my outer strength during my hospitalization for COVID-19.

Eventually, I became calmer, and my singing voice settled down. Instead of calling my son's name, I started singing the melody of E (Mi), F# (Fa Sharp), and D (Re), which was representing him. I imagined a future where my son and I could spend time together after I

recovered from COVID-19. As my tone of voice, melody, and rhythms got brighter and faster, not only the therapist's piano accompaniment but also her voice tone changed to match my mood. I had never thought about a reason, resource, or strength that helped me to fight through COVID-19 until the sessions. I realized that my son was the outer strength that made me stronger to fight to survive COVID-19. I felt thankful to be alive. I did not realize I unconsciously spoke Korean until the therapist asked me about it during the conversation after the musical intervention. I had asked a question to my son, "You were waiting for me, right?" in Korean.

Theme 2: Inner Strength

The vocal psychotherapist utilized the free associative singing technique to facilitate my exploration of inner strength. It is a technique similar to Freud's Free Association method, but instead of speaking, the free associative singing technique involves singing (Austin, 2009). The free association method, which was developed by Freud (2014), encourages patients to speak freely about their thoughts, feelings, dreams, and memories that come to mind. This helps them to explore their unconscious mind with complete freedom to express their thoughts verbally. The free associative singing method builds on the vocal holding intervention, but with the addition of words while singing.

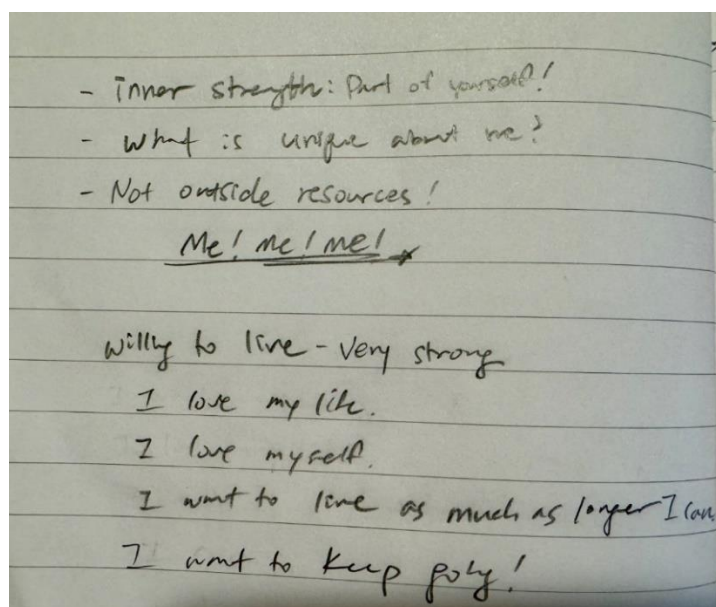
The vocal psychotherapist provided an opportunity to discuss anything that was still on my mind from the first session. This helped to transition into the focus of my current session smoothly. The therapist inquired about any ongoing trauma from the past and asked about any recent post-COVID symptoms. I initially mentioned experiencing physical symptoms including chest pain, ear pain, dizziness, and shortness of breath. Then I shared about my anxiety of dying while sleeping due to chest pain based on my trauma of COVID-19. I am still exposed to COVID-19, and I worry about getting it again.

The vocal psychotherapist inquired about any part of myself I had relied on to get through that time, the inner strengths that held me up. After a few minutes of silence, I realized that I had never considered or asked the question before, so I needed to think deeply about it. I began by sharing one word: responsibility. Then, I shared things I have planned but have not completed yet, goals I want to achieve, and tendencies towards perfectionism. I was deeply connected to myself, identifying and finding characteristics, traits, or uniqueness about me. Suddenly, it led me to a conversation I had with my parents back in my 20s. While watching a medical documentary about CPR, my father shared that he did not want to receive CPR if he were ever in a coma. My mother agreed with him. However, I expressed to them that if I were in that situation, I would want them to do everything they could to keep me alive. The therapist said, “Will to live!”

Figure 3 below shows a detailed handwritten reflective journal expressing my willingness to live after experiencing the vocal psychotherapy intervention of free associative singing.

Figure 3

Reflective Journal, “Will to Live”



The free associative singing intervention began with a few deep breaths in and out, focusing on the inner strength that I shared. When the therapist asked if I had any chord or key preferences, I was feeling quite excited and in a good mood. I told her that anything would be good. She then provided me with two options, and I chose the second one, which was faster and brighter than the first choice. My choice featured a 4/4-time signature. The chord's melody structure was ascending, making me feel hopeful. The chord progression in C major was $V^6_3 - IV^6_4 - V^6_4 - IV^5_3$, with sustained G notes in the left-hand accompaniment providing a grounding atmosphere that made me feel cared for, heard, and supported (see Figure 4).

Figure 4

Ascending Chord Progression



This intervention led me to sing and speak the words and sentences, whatever came to my mind, and feelings. The words and feelings were strong, positive, and meaningful messages to me from myself. I felt a significant therapeutic healing process, gaining confidence from the words I sang and the sentences I said, not only with the support of the ascending hopeful feeling of the chord progression but also with the therapist's voice (see Table 2). I unconsciously expressed my feelings in Korean using three different verb tenses: future, present progressive, and past. "Everything will be good, it is going well, and you did well."

I felt comforted and rewarded by complimenting myself while singing. A set of reflective words and sentences were transformed into lyrics during a free associative singing technique.

Table 2 illustrates the lyrical outcome.

Table 2

Reflective Lyrics

My Lyrics	Vocal Psychotherapist's Lyrics
Survive! I am going to survive!	
No matter what, I will survive! I love my life.	Whatever life throws at me, I will survive.
My precious life. I love my life. I love myself.	I love my life, my precious life.
Sigh (deep breathing exercise technique)	I love myself...I love myself...I love myself
Yes, I did it! I am proud of myself.	I survived a lot of things in my life.
Don't be afraid.	Because you love your life
Nothing to be afraid of	Nothing to be afraid of
Nothing	Seeing some scary things
It was past and everything will be okay now.	It's past; it's okay now. If I could get through COVID, I can get through anything.
Sigh...even though it was scary, I survived...I am out of it.	I am out of it. How does that feel?
I am strong now. Happy...released	Happy, happy
I might have lost something because of COVID but the important thing is I am alive!	I am alive.
I am thankful to be alive.	I am still intact pretty much.
I am still intact pretty much...hahaha	About my personality and my laugh
	(table continues)

Table 2 *Reflective Lyrics* (continued)

My Lyrics	Vocal Psychotherapist's Lyrics
No problem, I can laugh now. Before when I was thinking about COVID...NO laugh	No laugh
Nothing can stop me	Nothing! Nothing! Enjoying my life...got another chance.
Another change...I always feel that way. My life, my precious life. It's ruled by me.	It is ruled by me. All the things I can do.
All the things I can do.	Fun I can have.
Fun, fun, fun	Fun, fun, fun
I became stronger. I am becoming very positive. Keep going! Everything will be good, it is going well, and you did well (in Korean).	Gives me more energy to be positive.
Good job, Matilda!	Good job. You are doing so well.
I made it through.	It wasn't easy.
I made it.	Almost there.
One day, I might be helpful for someone who is struggling with Post COVID symptoms like I have.	Almost there. Other people with COVID symptoms. You know what it's like. Some of my energy...survival energy.
Positive energy too! Life is so precious.	So precious. It's really, really precious.

After singing, I closed my eyes and did several deep breathing exercises. We remained silent for about five minutes. While I was analyzing the data following Moustaka's third phase,

incubation, at home, I improvised singing with words and the support of two chords, reflecting the associative singing technique and the deep breathing exercises I learned during the sessions with the vocal psychotherapist. Through continuing to practice this self-love and self-appreciation outside of sessions, I have been able to gradually improve my self-esteem. I was able to explore my inner strength and connect with myself on a deeper level, especially during my vocal psychotherapy sessions. This free associative singing intervention not only helped me to release my anxiety but also enabled me to heal from the trauma that I had experienced in the hospital, such as being isolated from my family, seeing many dead bodies wrapped in blue bags passing by in front of my room, and worrying I could be one of them. Vocal psychotherapy reduced my anxiety related to thinking my heart would stop while sleeping and thus improved my sleep quality.

Theme 3: Embrace What I Have

My understanding of self-awareness and self-acceptance deepened through the process of reflecting on my therapy experience for this study. I shared with the vocal psychotherapist how COVID-19 has impacted my life in both positive and negative ways and continues to affect me. However, it was the key question from the vocal psychotherapist that allowed me to develop self-awareness and self-acceptance during our ten-minute conversation before the music intervention. The question was whether I was currently experiencing any other health issues. I answered I had knee pain, but I did not have knee pain before COVID-19, even though I weighed the same. I used to be active and diligent, but now I get exhausted even after standing for just ten minutes. I tended to blame my health issues on COVID-19 in negative ways. However, a positive aspect of COVID-19 was that it motivated me to think about my weight. One of my Long COVID symptoms, shortness of breath, might be improved if I lose weight.

Even though I have been living with my Long COVID symptoms for about four years, my health condition may be at its strongest despite the lingering symptoms. While it may sound like I had given up and had no hope of recovering from the Long COVID symptoms, I am pleased to be aware of my symptoms and have accepted them as part of my daily health. I shared with my vocal psychotherapist that instead of worrying and being passive, I have decided to accept my situation and move forward. I had this realization after participating in vocal holding, free associative singing, and deep breathing exercises, which helped me become more self-aware, accepting, and confident. Bouzioti (2023) stated that “the transformation of this negative complex allows the self to become more complete” (p. 216).

Accepting and embracing my symptoms have brought me peace and a better sense of control. The following quotation is a narrative script from the vocal psychotherapy session sharing my reflection of self-awareness and self-acceptance, the words of which were meaningful and allowed me to embrace what I have:

Accept them as part of my ordinary life...might be giving up hope to get better but try not to get worse from here...move on from what I have. Accepting what we have is a big step of realization. Let it go! Appreciate what you have now. Embrace what I have.

Theme 4: Inhale the Good, Exhale the Bad

During the process of vocal holding and free associative singing, I noticed the incorporation of deep breathing exercises. The deep breathing exercises were very helpful for me in managing my breathing, especially with the primary Long COVID symptoms of shortness of breath and chest pain. As Austin (2009) pointed out, this deep breathing technique can slow down the heart rate and soothe the nervous system. I had an experience where I felt deeply connected with my mind, body, and spirit while engaging in the process. After engaging in a few

therapeutic breathing exercises, the first words that came out of my mouth were, "Let it out." I then proceeded to engage in free associative singing and sang the phrase, "All the bad things, let it out. The therapist sang, "All the post-COVID symptoms." I kept going back and forth between the deep breathing and free associative singing during the session with the vocal psychotherapist. I experienced that the way I breathed directly influenced my emotions. The words were expressing my feelings and influencing my psychological strengths, providing positive energy. The following list contains the reflective words and sentences that demonstrate moments when I was deeply engaged in deep breathing exercises:

- **Inhaling:** filling me up with all the good things.
- **Exhaling:** bad things go out.
- **Inhaling:** good things come in.
- **Exhaling:** COVID symptoms go out.
- **Inhaling:** good health comes in.
- **Exhaling:** all my worries go away.
- **Inhaling:** positive thinking comes in.

Theme 5: Thankful to Be Alive

During my analysis of the data, I noticed that I repeatedly said, "Thankful to be alive," in every vocal psychotherapy session. I experienced that singing expressed my deepest emotions, and my voice connected me to my mind and body, often unconsciously. I felt reborn after surviving COVID-19. I feel I was given a second chance in life, with greater meaning and fulfillment. The following is a list of the appreciation for life theme after experiencing different vocal psychotherapy techniques:

1. I am thankful to be alive by knowing my outer strengths, who love me and care about me.

2. I am thankful to be alive, as I have an inner strength that holds and leads me.
3. I am thankful to be alive, although I am still struggling with Long COVID symptoms.
4. I am thankful to be alive by breathing independently without medical assistance such as a ventilator or an oxygen generator.
5. I am thankful to be alive by hoping to one day help others going through the same difficulties I have faced.

I experienced that I was musically connected to my emotions during the vocal psychotherapy sessions. I experienced that my singing improvisation with the therapist's voice support allowed me to express my deepest emotions and led me to connect with my mind and body. I noticed that my emotional states changed as I was music-making. At first, I felt confused and afraid due to past traumas during hospitalization. However, as I continued music-making, I became more aware and accepting of my emotions, leading to increased self-confidence.

CHAPTER 5: DISCUSSION

The purpose of this study was to explore my experiences in vocal psychotherapy as a music therapy intern with Long COVID symptoms. This study employed a first-person qualitative research design by assessing one-on-one in-person vocal psychotherapy sessions with heuristic inquiry. Therefore, I, the subject and researcher, aimed to explore vocal psychotherapy techniques from a client's perspective to understand the benefits and challenges related to Long COVID symptoms that I have been experiencing since 2020. I analyzed data, my experiences, by following Moustakas's six phases and found five themes. I asked and answered the research questions as this study employed a first-person research design focusing on my experience. The research questions for this heuristic inquiry were:

1. What was my experience in vocal psychotherapy?
2. What was my experience in vocal psychotherapy related to Long COVID symptoms?

My Experience in Vocal Psychotherapy

During my first vocal psychotherapy session, I was both excited and nervous since it was my first time in a therapy setting. As I realized my outer strength, my son, and recalled memories of being isolated in the hospital, I became emotional and started crying uncontrollably. I was unsure about how to respond when the vocal psychotherapist asked about the two chords before the musical intervention. Although I had a background in classical music, I did not feel comfortable answering the question. I wondered why she was asking me this question first instead of playing something. Eventually, I answered C major and G major. I was feeling embarrassed about sharing those two chords, even though I knew the vocal psychotherapist would not judge me. I could have shared C# major 7th, dominant, diminished, or minor, but I

still felt self-conscious. I may have wanted to prove my knowledge of chords or meet personal expectations.

I became curious when my therapist asked me to share two chords every time before starting the music intervention. She would sometimes offer a few music choices when I said anything could be good or struggled to share two chords. During the session and while analyzing the data at home, I asked myself some questions. Was she asking me this because I have a music performance degree? Or was it part of the vocal psychotherapy technique? I wondered what would happen if a client had no musical background, so I decided to ask my therapist about it. According to her, the vocal holding techniques involve using two chords along with the therapist's voice.

Austin (2009) mentioned the therapist and client can create a stable musical environment for improvisation by consistently using two chords and the therapist's voice. This provides “a reliable and safe structure for the client, especially if they are afraid or inexperienced in improvising” (p. 146). The vocal psychotherapist mentioned that allowing clients to choose their own two chords could reduce the feeling of power imbalance in the therapeutic relationship. However, I felt more comfortable when the music psychotherapist offered me a few options to choose from for her improvisations. This way, I felt the therapist provided me with appropriate music to match my moods and scenarios, and I did not feel a power imbalance from her. Bruscia (1998) advocates for the active participation of both the client and the therapist in self-experiences within music psychotherapy.

I was also unsure how to begin the vocal holding intervention during my first vocal psychotherapy session. I might have still thought about the two chords I shared and regret sharing C major and G major chords. Somehow it began as I spontaneously said my son's name

and spoke in Korean. However, I became comfortable and calmer within the music when the vocal psychotherapist supported me by singing in harmony or in unison, mirroring (repeating my melody back), and grounding (singing the tone or root of the chords based on the client's vocalization). Bruscia (1998) stated that therapists should consider which music therapy techniques would be most suitable for the self-inquiry they are pursuing. I felt safer and did not feel alone with the therapist's voice support. According to Austin (2009), personal experience in music psychotherapy can help establish a therapeutic relationship.

Austin (2009) stated that the therapist's voice support, along with mirroring and grounding methods, provides the client with a feeling of safety and security. I received significant support from the therapist when she repeated my words or sentences, especially during my experience related to Theme 2: Inner Strength. This technique is called "doubling." According to Austin (2009), this technique involves the therapist repeating the client's thoughts and feelings in the first person and speaking the client's inner voice. By doing so, the client can hear their own thoughts and feelings more clearly. I was able to delve deeper into my emotions and thoughts as I felt cared for, heard, and empathized with as shown in Table 2.

Psychotherapy, and more specifically vocal psychotherapy, aims to integrate trauma rather than eliminate it (Austin, 2009). I never considered my outer and inner strengths and how they helped me cope with my COVID-19 trauma. No one had ever asked me about that before. I may have wanted to conceal the trauma and avoid recollecting it. Perhaps others refrained from inquiring, fearing it could cause me distress. I felt relieved after deeply exploring and realizing the reasons, outer and inner strengths, that I could fight COVID-19. I might have needed to talk to someone, someone I can trust. I needed to cry and let it out. Austin (2009) explained that the

therapist encourages clients to explore their trauma narrative, leading to emotional catharsis facilitated by the music and lyrics. After crying in the sessions, I felt gratitude.

Austin (2009) described how music can help clients who are repressed and not used to feeling by opening the boundaries and avoiding the “defenses that keep the unconscious at a distance” (p. 206). I sang, hummed, sighed, spoke, cried, and laughed during the session. I shared a lot about myself, from my childhood until my life currently. I was surprised that I could access my traumatic memories and feelings through vocal psychotherapy techniques by using my voice and therapist’s vocal support within the music during the session. Then, those unconscious matters became conscious for me to process current issues related to COVID-19. I was amazed that the voice within the music could bridge the unconscious to the conscious and how they are connected. This phenomenon is shown as Table 1 in Personal Outcome: starting from “Accessing unconscious feeling” to “Emotional release” moving towards to “Healing of trauma” working through the profound feelings of fear and isolation during my hospitalization for COVID-19 and “Releasing anxiety” then understanding “Self-awareness” and accessing “Self-acceptance,” which created “Positive energy” and “Confidence,” then finally integrating “Greater meaning and fulfillment in life.”

Austin (1991) mentioned the benefits to help a client to gain awareness of their feelings and recognize and accept those feelings, integrating all aspects of their consciousness and improving their confidence. I was not comfortable using the word “trauma” while sharing my experience of dealing with COVID-19 until I experienced vocal psychotherapy. I felt uneasy uttering that word. I might have denied thinking that the worst part of my life was called trauma. However, as Bouzioti (2023) stated, reconstructing a trauma story can be transformative as it becomes a more real and healing ritual. I was able to overcome the negative effects of the trauma

such as anxiety of death by accepting the reality of my past and current situation through my own voice.

After accepting the trauma, I experienced due to COVID-19 and participating in vocal psychotherapy techniques, I felt a sense of relief and healing which led me to progress forward with my life. I no longer hesitate to say the word “trauma” and also am unafraid to share the traumatic story of my own COVID journey. This self-awareness and self-acceptance have empowered me to become stronger and to face challenges with a positive perspective.

My Experience in Vocal Psychotherapy Related to Long COVID Symptoms

Due to the term "psychotherapy," I believed that vocal psychotherapy would not be beneficial for my physical symptoms associated with Long COVID, such as shortness of breath and chest pain. Due to those lingering symptoms, I was unable to sustain long notes or phrases while singing. I had to take a breath after every measure. I couldn't sing a note higher than octave E above middle C. However, I noticed that I was singing longer notes during my sessions. I even noticed that I did not hesitate to sing in a high note range on the piano.

Austin (2009) described that the way we breathe can reveal a lot about our psychological well-being and personality. We are the instrument, as our voice and body forms sound. Our voice resonates outside to communicate with others and resonates inside to help us to connect to our body so we can express emotions outward. Particularly, the deep breathing exercise, the vocal psychotherapy technique, led to outcomes related to my Long COVID symptoms such as shortness of breath. I noticed an improvement in my breath support while singing. I felt more comfortable singing not just in my speaking voice range or lower notes, but also in the higher notes I used to sing as a soprano before I contracted COVID-19.

Additionally, I was able to sing longer phrases during the session without feeling short of breath. Austin (1991) stated that deep breathing sustains tones, slows heart rate, and calms nervous systems. While participating in deep breathing exercises, I incorporated a free associative singing technique, which resulted in gaining positive energy and confidence. When I was aware of my breathing, the act of inhaling and exhaling was connected to the brain through body movements, and then my emotions were expressed spontaneously through my voice.

Limitations

This interpretive first-person study was based on my personal experiences in vocal psychotherapy. Exploring one of the advanced models of music therapy, vocal psychotherapy, was a great experience for me. Learning about this approach helped me gain a new appreciation of the power of music therapy and its potential to help individuals in profound ways. However, my experiences are unique and may not apply to others. The themes and results I have identified may not be applicable to other individuals or situations. As part of my master's degree program, I conducted the study within a designated academic time frame. I faced difficulties searching for a vocal psychotherapist who met my specific requirements. Even after finding one, I struggled to attend the clinically recommended number of sessions within my time frame. As a result, I had to delay gathering and analyzing data by a few months. The vocal psychotherapist recommended five to eight sessions to fully experience the vocal psychotherapy approach. However, due to the time limitation, I was able to collect and analyze data from only two out of five vocal psychotherapy sessions. Including more sessions in this study could have provided me with more experience, which could have supported the study's data results.

Recommendations for Further Research

This heuristic study endeavored to provide a preliminary understanding of the self-reflective work involved in exploring vocal psychotherapy for specific symptoms of Long COVID. Possible future studies could involve conducting quantitative research using a survey-based method to address the insight into the struggles of long haulers with primary Long COVID symptoms. The study can focus on symptoms such as shortness of breath, chest pain, intense fatigue, and brain fog and examine clinical outcomes during or after participating in vocal psychotherapy.

According to Amir et al. (2016), the quantitative approach used in this study provides a comprehensive analysis of the data. This, in turn, allows for precise conclusions to be drawn based on the experiences of multiple participants. Moreover, future research could apply either heuristic self-inquiry qualitative design or survey-based quantitative designs to other populations of patients in vocal psychotherapy to gain insight into their struggles.

Personal Reflections

Through conducting a first-person qualitative research method, also known as heuristic inquiry, the collection of my insights was valuable, meaningful, and unique. I gained valuable insights from this research by participating in vocal psychotherapy as a music therapy intern to explore vocal psychotherapy, its different techniques, and how music and voice can be utilized as tools. Furthermore, Austin (2009) stated that music and singing can aid in developing a trusting relationship between the therapist and client, allowing the client for deeper exploration in therapy. It helped me to gain a deeper understanding of myself not only as a long hauler, but also as a human being. This study provided me with tools and opportunities to cope with and improve my Long COVID symptoms.

CHAPTER 6: CONCLUSION

The purpose of this study was to explore my experiences in vocal psychotherapy as a music therapy intern with Long COVID symptoms. After my vocal psychotherapy sessions, I identified five themes while analyzing the data: Outer Strength, Inner Strength, Enhance What I Have, Inhale the Good, Exhale the Bad, and Gratitude for Life. These themes illustrated personal outcomes of how vocal psychotherapy helped me to access and explore my unconscious feelings, leading to self-discovery. It also helped me to regulate my emotions, release negative emotions, and heal from past traumas. Through this process, I gained self-awareness and self-acceptance. This, in turn, gave me more positive energy and confidence, and helped me find greater meaning and fulfillment in life. Through my voice, I was able to access past traumatic memories that I had previously avoided facing and accepting. This process allowed me to confront the worst and saddest moments of my past enabling me to better understand and overcome the challenges I had struggled with.

During my vocal psychotherapy sessions, I found expressing different emotions through my voice, such as singing, humming, sighing, speaking, crying, and laughing, helped me to accept not only my past traumas but also my current health symptoms due to Long COVID. This process has resulted in the building of my self-esteem. My perspective on struggling with Long COVID changed when I began to approach it more positively. After the disruption caused by COVID-19 in my life, I hesitated and was afraid to sing operatic arias and perform on stage due to my low self-esteem and my respiratory health condition. I am still recovering from Long COVID but have seen improvement in breathing support with improvement in shortness of breath while singing. I finally accepted myself and felt ready to begin singing on stage again. Participating in vocal psychotherapy has been helpful in reducing the negative effects of trauma

and fostering a positive perspective through which to see my life. This music-based vocal psychotherapy in a therapeutic setting has helped me explore my emotions through authentic self-reflection within a safe and therapeutic environment.

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Appendix A: Letter of Permission Form (Vocal Psychotherapist)

A Letter of Permission Form



Title: EXPERIENCES IN VOCAL PSYCHOTHERAPY OF A MUSIC THERAPY INTERN WITH POST-COVID SYMPTOMS

Student Researcher: Kyungwon Matilda Choi, Master's Degree Student
Molloy University, 1000 Hempstead Avenue,
Rockville Center, NY 11571
kchoi@lions.molloy.edu

Advisor: Brigette K. Schneible, Ph.D., LCAT, MT-BC
Adjunct Professor of Music Therapy, Molloy University
1000 Hempstead Avenue,
Rockville Center, NY 11571
bschneible@molloy.edu

The following research project is part of the Molloy University Graduate Music Therapy Program: MUS 5520 04 (Thesis Research: Music Therapy). My research involves understanding the unique experience of Vocal Psychotherapy in Music Therapy. The session protocol will be with Vocal Psychotherapist, _____. These sessions will be analyzed and corroborated to explore Vocal Psychotherapy from a client's perspective about the researcher's experience. This project will be conducted at the private practice of _____. This course is a requirement for graduation. Approval is contingent upon _____ in accordance with the Molloy University Review Board procedures.

Vocal Psychotherapy Clinician _____ Date: _____

Researcher Signature _____ Date: _____

Appendix B: Letter of Permission Form

Audio and Video Record



Title: EXPERIENCES IN VOCAL PSYCHOTHERAPY OF A MUSIC THERAPY INTERN WITH POST-COVID SYMPTOMS

Student Researcher: Kyungwon Matilda Choi, Master's Degree Student
Molloy University, 1000 Hempstead Avenue,
Rockville Center, NY 11571
kchoi@lions.molloy.edu

Advisor: Brigette K. Schneible, Ph.D., LCAT, MT-BC
Adjunct Professor of Music Therapy, Molloy University
1000 Hempstead Avenue,
Rockville Center, NY 11571
bschneible@molloy.edu

I, _____, herein authorize Kyungwon Matilda Choi to audio and video record her Vocal Psychotherapy sessions. I agree that the recordings will be used for research purposes only. I understand my name, personal information, or contact information will not be used.

I agree that I will be audio and video recorded during my scheduled 60-minute sessions of Vocal Psychotherapy sessions with the researcher.

I understand that I can withdraw my permission for this process at any time. I understand that my signature below indicates my voluntary consent to be audio and videotaped. I understand that I will be given a copy of this signed form.

Please send this form to the researcher be _____ at the following e-mail address:
kchoi@lions.molloy.edu

Thank you.

Vocal Psychotherapist's Signature

Date

Appendix C: IRB Approval



**MOLLOY
UNIVERSITY**

1000 Hempstead Ave., PO Box 5002, Rockville Center, NY 11571-5002
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Patricia A. Eckardt, PhD, RN, FAAN
Chair, Molloy University Institutional Review Board
Professor, Barbara H. Hagan School of Nursing and Health Sciences
E: peckardt@molloy.edu
T: 516.323.3711

DATE: March 7, 2024

TO: Kyungwon Matilda Choi, MS
FROM: Molloy University IRB

PROJECT TITLE: [2071786-3] EXPERIENCES IN VOCAL PSYCHOTHERAPY OF A MUSIC THERAPY INTERN WITH POST-COVID SYMPTOMS AND RELATED IDENTITY TRANSITION

REFERENCE #: Exempt 12/14/2023
SUBMISSION TYPE: Amendment/Modification

ACTION: ACKNOWLEDGED
EFFECTIVE DATE: March 7, 2024
EXPIRATION DATE: December 11, 2026

Thank you for submitting the Amendment/Modification materials for this project. The Molloy University IRB has ACKNOWLEDGED your submission. No further action on submission 2071786-3 is required at this time.

You may continue with your project.

The following items are acknowledged in this submission:

- Amendment/Modification - February IRB highlighted Matilda.docx (UPDATED: 02/28/2024)
- Amendment/Modification - Matilda's Second Amendment_Revision_Application.pdf (UPDATED: 02/28/2024)

Please refer to Molloy University IRB Policies and Procedures for required submission process if any changes to this project.

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 University Institutional Review Board

This letter has been issued in accordance with all applicable regulations, and a copy is retained within Molloy University IRB's records.