REPORT

Windows of student music therapy experience during COVID-19

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ABSTRACT

The COVID-19 pandemic has had adverse effects on many individuals. This report aims to explore the impact this pandemic has had on the lives of five music therapy students. Three students from South Africa, one from Scotland, and one from New Zealand came together to write about their experiences of studying music therapy during this global outbreak. Each student shared their responses to three broad questions through writing essays and offering non-verbal creative responses. The report ends with a reflection which ties the individual contributions together and includes a synopsis of the concerns they share as music therapy students entering into the profession during the COVID-19 pandemic.

AUTHOR BIOGRAPHIES

Liana Nuse is a songwriter, improviser, dancer, and devotee to play in all its forms. She graduated from Queen Margaret University in Scotland with an MSc in Music Therapy in 2020 and earned her MT-BC in spring 2021. Liana is the music therapist for Franklin County Paediatric Palliative Care in northern Vermont and has recently opened a part-time private practice. She grew up on the homelands of the Nulhegan Abenaki tribe. [liananuse@gmail.com] **Karin Meyer** is a classically trained pianist and music teacher. She has recently completed her master's degree in Music Therapy at the University of Pretoria. She also holds a master's degree in classical piano from the University of Stellenbosch. She currently lives in Stellenbosch, South Africa. [karin@pugnpiano.com] **Nethaniëlle Mattison** is an HPCSA certified Music Therapist and the founding member of Frontline Support, an arts therapies response to the COVID-19 mental health crisis in South Africa. She is interested in matters of access and social justice. She currently lives in Randburgh, South Africa. [onevoicemusictherapy@gmail.com] **Cara Smith** is a singer, songwriter and Board-Certified Music Therapist currently in her final year of studying a master's degree in Music Therapy at University of Pretoria. Cara aims to allow this next step in her education to better inform her work with intercultural communities and the building of her own non-profit and music therapy advocacy program Umoja Global Community Music Therapy. [cara@umojaglobal.org] **Holly McPhee** is a music therapy student in her final year of the Master's of Music Therapy programme at Victoria University of Wellington, New Zealand. Her love of singing developed in community music groups, school choirs and at folk music clubs during her undergraduate study in Dunedin. [hollyjmmcphee@gmail.com]

INTRODUCTION

When COVID-19 became a global pandemic in the early months of 2020, music therapy students worldwide found themselves in the midst of an extraordinary shared experience. With clinical placements and thesis-writing well underway, student clinicians were suddenly forced to end their face-to-face contact with clients and classmates and isolate alongside the rest of the world. Suddenly, the requirements of training and education, expectations for learning, access to valuable social resources, and the overall sense of purpose that accompanies the work of a music therapist was enormously challenged. The global pandemic brought with it experiences of isolation and sequestering, but also a greater context of togetherness, connection, and collective being. We are five music therapy students from different courses across the world – Nethaniëlle, Cara, and Karin in South Africa; Liana in Scotland; and Holly in New Zealand. Each of us have contributed individual responses to this article, while Cara and Holly volunteered to write the introduction and Liana volunteered to write the final reflection and conclusion.

Encouraged by our lecturers, in July 2020, we came together to describe our experiences of COVID-19 for *Approaches*, from the perspective of music therapy students and recent graduates (Liana and Holly graduated during the writing of this report). This report is a curation of descriptions of our individual experiences, where we recount our unique circumstances and situations with the aim of making sense of them within the greater context of a moment in time we all experienced. After many Zoom meetings of sharing our stories with each other, we decided on a structure of three questions for group members to answer individually.

The three questions we answered were:

1. What has felt unique to us about our individual experiences as music therapy students in this time of a global pandemic?
2. What do we each perceive as being collective experiences we have had/are having during this pandemic?
3. What has been left unsaid about our experiences as students right now from the words written thus far that might be expressed through our individual creative practices? What does this creative response provide for each of us which words cannot fulfil?

Although the first shock of lockdown and the abrupt change to everyday life had lessened to some extent by the time we came to write, we all faced challenges as we translated our experiences into words. Many different emotions came to the surface: a sense of re-living the stress of the initial lockdown as we re-visited our feelings and experiences; feeling unable to capture the enormity of the experience; wondering whether those who studied during this time will be seen as equally competent as graduates from previous years; where to go from here for those of us who have graduated. Every response in this report is entirely unique; there are accounts of grief, loss, and lethargy. There are descriptions of new-found energy and opportunities. There are responses that focus on individual experiences and others on broader views of greater issues that followed in the pandemic's wake, such as mental health issues, social justice movements, and the changes in behaviour that helped citizens of the world cope with the unprecedented alterations to everyday life.

In light of these broader and complex issues that swept across the world, we acknowledge that we write from positions of privilege. Nethaniëlle, Karin, Cara and Liana have also included some theoretical underpinning from their own research and empirical understanding of the content discussed. Each of us also included a creative response to the COVID-19 pandemic, in the media of crafts and music.

We hope our stories provide a shared framework of the experiences of music therapy students in the aftermath of extraordinary global circumstances. Perhaps this framework may offer insight for music therapy educators and support systems of music therapy students on how similar occurrences may be perceived and experienced in the future and what parameters of support may be needed. We hope our narratives contribute to understandings of connection, relatedness, and collective being and that you may find yourself in one of our stories.

Nethaniëlle's response

When we started talking about how the five of us would approach this report, we came up with three questions. The first question being "what felt unique to us about our individual experiences as music therapy students in this time of a global pandemic?". This question initially seemed quite straight forward to answer, until I started thinking about it more deeply. How does one even begin to think about the concept of uniqueness in experience in the midst of a worldwide pandemic? How can I focus on my unique experience when this is such a collective disaster that has impacted others far worse than myself? That brings into question to what degree our experiences are actually unique or similar.

Music therapy is still a very unknown and ever evolving profession in South Africa. Our master's training course is the only one of its kind in Africa. Luckily due to the nature of our distance learning, we were able to continue our weekly online classes as we normally would; however, our face-to-face contact with each other during blocks (i.e. in-person intensive learning opportunities), which took place three times a year, had to be cancelled. It was during these blocks that we really had the opportunity to connect with each other on a very deep level through experiential learning. However, the biggest loss experienced by our group would be the cancellation of in-person therapy sessions with clients. Since March of 2020, most of us have not seen a single in-person client. The one thing that was most students' core reason for studying again – working with clients – was taken away. More so, I believe that in the midst of a pandemic governed by social distancing and isolation, being supported in the same physical space is what most people need. All we can do is settle for the second-best option, taking therapy to the realm of the online world. This has however emphasised the big gap in access that already existed in our country. Not only for clients, but for students across the board. Many students outside of our music therapy course have been unable to access online teaching. The university has tried its best to narrow this gap by providing students with laptops and data to create opportunities for students to attend online classes. This however is an unattainable goal when it comes to access to therapy for people in impoverished areas. If access to therapy was already so limited, how much more is it now because of the governance of the pandemic through social distancing and isolation?

Various reports have shone a light on the mental health "pandemic" that is accompanying the COVID-19 pandemic (Dubey et al., 2020; Pfefferbaum & North, 2020; Rajkumar, 2020). Many of these mental health repercussions have been due to higher levels of anxiety and fear, but what if you do not have access to information regarding the coronavirus? What if you have much greater fears than being infected with COVID-19? Holmes et al. (2020) explain that there are various socioeconomic effects of the strategies used to manage the spread of COVID-19. Unemployment, increased anxiety and increased feelings of loneliness are but a few of these effects. As outlined in an article by Steward (2020), the management of the COVID-19 pandemic is so reliant on risk and the unknown that it is almost impossible to anticipate every outcome of the precautions put in place by governments to manage the spread. In South Africa, the COVID-19 pandemic coincides with a massive increase in gender-based violence (Stiegler & Bouchard, 2020). This highlights how, even though there is some sense of a collective experience, the experience of the consequences of the pandemic are very context specific. This leads to the next question: "what do we each perceive as being collective experiences we have had/are having during this pandemic?".

Collective versus unique experiences, I believe, do not stand in opposition to each other but are intertwined in the small nuances of our experiences. The collective unconscious (Weinberg, 2016) is something we often refer to in therapy, but what has the impact of the collective unconscious been during this worldwide pandemic? How is it that, during one of the greatest devastations to hit the entire world since the world wars, protests have increased, there have been more publicised social justice movements across the world, and the massive gap between privileged and underprivileged has never been so magnified? Is there possibly a relationship between the vast ramifications of the pandemic and the social justice movements we bear witness of?

As I am writing my contribution for this report, I am struck by my privilege to discuss my experience as a music therapy student during COVID-19 while there are so many people who are faced with great difficulty across the world. How is it that once again the articles being published are written by, read by, and perceived by the privileged? I am struck by the timing of our writing this report during a period of great emphasis on social justice and equality. Where is the balance and integration of those with access and those without? There is a saying that I have heard a few times stating that it is better to cry in a Ferrari than on the street. Is this true? How did these kinds of statements come to exist? I am not trying to dismiss the discomforts and struggles experienced by those living in the world of privilege, as I am aware that I am extremely privileged. Here I am sitting in-front of my computer accessing my coursework online, being able to continue my academic journey and easily finding references on our online library. This is not the case for many other students within the South African context. I therefore believe the collective experience is not collective. A lot of pictures on Facebook and Instagram have tried to explain that in the midst of this storm that is upon us all, the 'boats' we are in differ vastly. This lockdown and pandemic have caused me to greatly reflect on what it means to really look at my privilege but to do so with soft eyes; recognising how I benefit from my privilege and owning up to how this impacts others, but not living in a constant state of guilt and shame. I want to keep reflecting on my life and my purpose. In a time where loss, pain and grief are experienced on such a big scale, I feel the need to slow down and notice. Notice the pain; notice the heartache and loss; notice the frustration, the anger and the injustice that is magnified at the moment. In this noticing

I think it is also important to also notice how in a time where the world has been turned upside down, we have stepped up to re-evaluate how we do things. To notice how the collective has answered the call to think outside the box and be creative.

> **Nethaniëlle's creative response**
> I haven't spent much time actively making music. One day during lockdown after a particularly challenging case that I was holding I felt the urge to go sit in front of the piano and this improvisation is what emerged. I just remember feeling relieved allowing the music to hold the complexities that I was experiencing in my body.
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> *[Nethaniëlle's recording is available online on the report's webpage]*

As I conclude this section, I am left with a sense of deep reflection on the diversity of the "collective" experience and how it is not that collective after all. It is truly difficult to integrate my experiences of the past 16 months as we are still in the midst of the South African COVID-19 storm, and I know the repercussions of this pandemic will sound for years to come. There is a quotation by Maya Angelou that reads, "I did then what I knew how to do. Now that I know better, I do better." That is all I can hope for myself and for those reading this, may we do the best we can, but always seek to learn and do better with the knowledge we have gained. May we enter each day with new eyes and insight as we strive to be better.

Karin's response

Being a music therapy student in South Africa comes with many questions from friends and family regarding what music therapy is. There is still much uncertainty under the general South African populace over what a music therapist does. With the advent of the pandemic and South Africa's lockdown in full effect, we have had to conduct music therapy sessions online. This has proven to be quite a feat, with new clients who have never experienced music therapy and who might also sit with the questions above but now can only receive feedback to their questions remotely. I have become very uncertain about my work during our lockdown period, often feeling anxious before online sessions with clients. On top of working hard at learning to become a therapist and showing up to sessions despite the heaviness of uncertainty in my own skill set, the online platform to music therapy has added anxieties over internet reception and containment for myself and my client.

The question of accessibility to music therapy services in South Africa during this pandemic has posed significant challenges to both music therapy students, registered music therapists and clients. We were acutely aware of the need for our services as our society's mental health and well-being needed urgent attention during this pandemic (Naidu, 2020). Some answered this "call to action" through creating a tele-therapy service called Frontline, in which clients are assigned therapists for sessions through an online platform. The trend of moving to online sessions in order to continue service delivery to clients during the time of the current pandemic seems fairly common internationally (Gaddy et al., 2020). Whilst this has increased clients' accessibility to music therapy services, it has changed the nature of music therapy sessions: for example, our clients do not have access to the

range of instruments we would have brought to sessions, which minimises the instrumental range of possibilities within musicking together or alone. As a music therapy student, I felt uncertain about my skill set, an uncertainty that was compounded by my now having to use an online platform with which I was unfamiliar. It seems inevitable that future courses in music therapy, then, would address methods of working online with clients in order to increase the student therapist's ability and confidence in this area. Telehealth services has been a blessing, especially in South Africa, helping to address the issue of accessibility to mental health services in the country. This has addressed the issue of accessibility significantly.

Online music therapy service delivery still comes with various complications. The unemployment level in South Africa has risen significantly since our lockdown, increasing the amount of individuals living in poverty and the burden on the mental health field. Many individuals therefore cannot afford phones, laptops, and/or data to use in order to attend online sessions. Because of many people living in one house in impoverished areas, privacy during sessions has also become a hurdle. Access to online mental health services which can promise a space of privacy and confidentiality to the client still remains a challenge.

Our music therapy course in South Africa is run through distance learning, with intensive practical and theoretical learning taking place during "block sessions" at the University of Pretoria. During these sessions, we had a chance to bond with one another as students and to gain valuable in-person training in a number of skills needed to become a music therapist. Since South Africa's lockdown, these block sessions have had to be cancelled. We thus went from expecting two more block sessions this year, to accepting that we will be finishing our degrees without any further block sessions. Our disappointment at the necessary cancellation of these block sessions were two-fold: our chances of becoming closer as a group in person and of receiving valuable in-person training were suddenly taken away.

In my opinion, there has been a "lockdown fever" taking place. Most people are not allowed to leave their homes during lockdown, except to buy essential groceries. I noticed a trend amongst my friends and family, and with myself, to engage less in self-care during the lockdown - wearing pyjamas all day, doing less exercise, changing mealtimes and going to bed at strange hours. Our routines were completely disrupted, and it was difficult to establish a personal routine without the help of a work/study routine that was set for us. Once my friends and family started leaving home for their workplaces, this trend decreased and personal care increased again. The trend seems linked to our sense of time passing during lockdown, something made evident by a change in our routine sleep patterns. As Cellini et al. (2020, p.1) state, "during home confinement, sleep timing markedly changed, with people going to bed and waking up later, and spending more time in bed, but, paradoxically, also reporting a lower sleep quality." An aspect that assisted in my sense of routine, structuring my day, and passing of time, was the online lectures that we continued receiving. I found myself hoping for more work and deadlines which would both serve to distract me from the ongoing pandemic and assist in creating a structured academic routine for each day.

As a frequent user of various social media platforms, I noticed and was influenced by various trends sparked by the pandemic and time of lockdown in various countries (Chun-Ying et al., 2020; Huddart et al., 2020; Nabity-Grover et al., 2020). Some trends seemed to have good intentions, but ultimately left many users (like me) feeling inadequate in not achieving its ideals. For example, in one

trend that would consistently pop up on my social media platforms, users were encouraged (even pressured) to use the time of lockdown constructively in terms of self-improvement through daily tasks such as exercising more, learning a new hobby or language, or even re-inventing oneself. My focus on social media has thus become one of balancing the reporting or posting of uplifting contents and the support of statements or posts indicating suffering or hardship. I believe it would be beneficial to music therapy students to receive training in how to support others informally through their own social media accounts as a part of their training.

I support the view that our collective mental health has suffered during this time of uncertainty and constant news updates about the virus (KwaZulu-Natal Department of Health, 2020). Within my circle of friends and family (including friends of friends), I know five people who committed suicide within the past month. Before this, I have only once met someone who later in their life died by suicide. This is an alarming rise which to me speaks of the helplessness and hopelessness many people feel because of COVID-19, lockdown restrictions, and everything related to this. In an article titled "Corona-associated suicide - Observations made in the autopsy room", Buschmann and Tsokos (2020) state that there has been an increase in suicides in the United States since the restrictions related to the pandemic. They suggested that special attention must be paid not only to those individuals susceptible to COVID-19, but those individuals susceptible to mental health struggles during such a time of crisis. Furthermore, they suggested the term "Corona-associated Suicide" be used in cases where an individual has committed suicide due to Corona lockdown effects (Buschmann & Tsokos, 2020). I can thus state that my life has been affected by five cases of Corona-associated Suicide, where before this pandemic I have only once been affected by a victim of suicide. I feel convinced that recent events have triggered the emotional vulnerabilities of many individuals to such an extent that a pandemic of mental illness might now be upon us. It seems important to me to advocate for accessibility to mental health services and to educate one another on how to support those amongst us who are struggling with their emotional well-being.

> ### Karin's creative response
> My creative response was in the form of a musical improvisation in which I accompany my singing on the piano. As I have lost loved ones during this pandemic, my improvisation focuses on the experience of Corona-related loss in its many forms. There is a sense of inertia, emptiness, and powerlessness in the largo music – all feelings that I have experienced in relation to the pandemic; yet there are also moments of breaking free and gaining momentum, symbolising my search for love and connection during a time where we were physically removed from one another, at accepting what humanity is now facing, and at envisioning my life forward with the potential "new normal" this pandemic brings. You might also hear a reference to "The 2nd Law: Isolated System" by Muse.
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> *[Karin's recording is available online on the report's webpage]*

Cara's response

I arrived in Cape Town on 28th January 2020 with one suitcase, a guitar, and a neatly written agenda of goals and objectives for the months ahead. I was temporarily moving to South Africa from the US to complete the final year of my master's degree at the University of Pretoria. A classmate of mine very graciously offered to host me in a small attic room at the very top of her Cape Town home. I was thrilled to take this next step in my education as a music therapist.

I had every step of this trip planned with fastidious precision. My student visa was due to expire on April 1st, giving me a narrow window of time to accomplish all the things I needed to do. My day planner and agenda consisted of densely written lists like a ship's logbook as I attempted to map out the six months that lay ahead.

Shortly after my arrival, coronavirus spun its web across the globe, and suddenly my meticulously planned itinerary disintegrated. Lockdown struck the city of Cape Town in March and working face-to-face with South African communities became a bygone idea. Border closures brought my research study to a grinding halt. The World Congress of Music Therapy was quickly cancelled as an in-person event. To say the carpet was ripped from under my feet does not quite articulate what this collapse of order, expectation, and certainty felt like. With the expiration of my visa looming, and the world shutting down door-by-door, I was confronted with a pivotal choice: should I stay, or should I go?

You may notice how each story you read in this report contains its own uniqueness and extraordinary circumstances, however each of our stories shares a common ground. My colleagues and I are aiming to make sense of our individual experiences within the greater context of this moment in time we all experienced. The circumstances of my being in South Africa, as a student from abroad with a soon-to-expire visa, makes my experience with the pandemic rather unique. However, I also felt this sense of participating in something greater and collective, and I knew I was not alone. From my tiny attic room, on the other side of the planet, far from home, I closed up the spiral notebook that contained my fastidiously written and color-coded agenda. April 1st was approaching – I watched it form like a wave on the horizon. Cape Town's surfing culture is quite similar to that of the Jersey Shore, where I grew up. You learn from a young age that to cooperate with the surf you cannot control or fight against the waves – you must lean into them, submerge yourself, and only then can you arrive on the other side. Not knowing how big of a swell this would be, or how far it would carry me, I chose to let go, take a deep breath, and dive in.

I believe everyone experienced a great exhale when the world shut down. Suddenly, all of our time-sensitive deadlines and extensive obligations disappeared, and we were all confronted with an unfamiliar but most welcome stillness. I imagine it was an exhale heard around the world on the precipice of the global lockdown. In recent years I have been reading more about how my generation, the Millennials, are considered the "burnout" generation (Petersen, 2019). In painting the greater context of the world at this very transformative point in time, I think understanding the burnout generation is extremely important. The context of what the world was doing before lockdown, and how many of us were going at an unsustainable, freight-train speed (myself included) helps me make sense of my individual experience. I am entirely guilty of participating in the burn-out culture. I have always over-extended myself work-wise, professionally, and socially, playing a part in the collective discourse

of how we all need to hustle ourselves to the brink of exhaustion and work ourselves to the bone in order to survive financially in today's world, find professional fulfilment, and adhere to the expectations of our families, peers, and society.

A reprieve came with lockdown – it was a global "snow-day" so to speak, where school was cancelled, and it was acceptable for everyone to stay at home in their pyjamas. I cannot be the only one who was grateful for it at the very beginning and seeing how the pausing and dismantling of the world's "fixed" and "strict" systems changed things forever.

The countereffect of this, of course is another kind of burnout: lockdown burnout (Shayak & Rand, 2020). The parameters of lockdown had complex psychological effects for everyone. Everyone experienced a disruption of routine (Sibley et al., 2020), changes in sleep (Leone et al., 2020), changes in basic day-to-day life, hygiene patterns, habits, and a feeling of connectedness with others. Not to mention, everyone's connection to the world, their work, and education became entirely computer based. Relentlessly staring at screens all day and interacting with people electronically, hearing voices through speakers, is not conducive to what we need as human beings, what our brains are designed to take on for long periods of time, and what our spirits need for peace, connection, and centredness (Sharma et al., 2020).

While in some ways I was able to keep lockdown burnout at bay, I also felt the heaviness on my psyche at the loss of personal contact and an oversaturated day-to-day technological life. I attended the World Congress of Music Therapy on my laptop, and while the fanfare, excitement, and pride of the first World Congress being hosted by an African institution was rightfully preserved, I still could not shake this overwhelming feeling of grief.

This monumental shift in my life offered new opportunities and directions. I enrolled in an acting course via Zoom, and began a new journey in film acting, something I had wanted to pursue for many years, where I probably would otherwise not have had the courage to do in any other circumstance. I grew closer to my housemates and participated in "family dinners," game nights and DIY projects around our house. I became less of a temporary tenant in the attic and more of an established member in the household (although I still cherish my endearing nickname of "the attic house elf"). I developed the healthy habit of doing yoga every day, mostly on our rooftop with Table Mountain in view.

In the end, my decision to stay in South Africa and sit in the stillness resulted in the greatest and most profound shifts and change in my life. I feel my career, health, and spirituality shifted and evolved because of the pandemic. As of September 2021, I write this not from my attic room, but from my own apartment that has a view of Cape Town harbour and the city's central business district. South Africa has phased out of lockdown, where now music therapy students are able to obtain in-person clinical hours in the community. I currently facilitate music therapy groups with my classmate at three different community sites, working with a diverse range of ages and ethnic backgrounds. South Africa's Department of Home Affairs has pardoned all expired visas and allowed for extra time for renewal applications to be made. I have an acting agent in Cape Town and continue to grow creatively and emotionally with each audition and self-tape. My housemates and I still have family dinners and they have become my central locus of love, holding, support and family. It has been an incredibly dynamic and incalculable journey here, but I am so happy with my decision to dive into the unknown with a held breath of hope and courage. Technically, my visa is still expired, but my life here has only just begun.

Cara's creative response

Before moving to Cape Town, I sang and wrote songs for a metal/goth rock band! The lockdown period not only allowed me more time to focus on writing and creating for our next album, but goth/metal aesthetic in music and artwork was always a means of escape for me. When my imagination needed a change of scenery, and I needed an alternative world to escape to, I dove into writing this genre of music. This "metal ballad" is an acoustic version of one of our soon-to-be released songs. It captures feelings of isolation and emptiness I am sure was felt collectively across the world.

[Cara's recording is available online on the report's webpage]

Holly's response

When a month-long nationwide lockdown was announced in New Zealand on 23rd March 2020, to start in two days' time, it only took me seconds to decide to hunker down at my childhood home with my parents. The sparsely populated and bush-covered Catlins area at the bottom of New Zealand's South Island where I grew up is a world away from the exposed and busy capital, where I rented a room and made polite small talk with my housemates. I whisked an email off to my parents confirming my plan, bought a ticket, and began to pack. Apart from new domestic travel regulations that required a change of flight, my decision to leave the city was an easy one and was easily carried out. I proceeded to spend the next two and a half months with my parents and although I could not continue the placements relevant to my research, I felt incredibly lucky to spend the time in a calm rural setting, relishing the sense of isolation and change from everyday life.

As a student still finding her feet in the music therapy world, the two and a half months that I spent outside of Wellington and removed from my placements served me well – it eased the pressure of placements while allowing me to reflect on my experiences so far and consolidate techniques and approaches that I felt worked best for me. I was able to continue with aspects of my placements through video calling, in the form of group music sessions with children and professional development meetings. Contact with my classmates and lecturers moved exclusively to video calls, but this was not a great change for me as I would sometimes utilise that option before the pandemic, when necessary. Thinking back to our first year of the course when our classes were held four days per week and when we would study together for various assignments, I imagine that the lack of face-to-face contact would have been much more disruptive for the first-year cohort who would still have been getting to know each other and coming to grips with the coursework. Our lecturers also worked fast to contact other support services in New Zealand who moved online, giving me and my classmates the chance to support children and families through musical interactions. However, there was and still is to a degree, a sense of guilt attached to those months when I was released from many responsibilities – the speed with which I left Wellington and the sense of release that I experienced during those months made me wonder and sent me back into a whirlwind of questioning my current path and my future options. I am sure that others around the world will have had a similar experience to mine during the early stages of the COVID-19 lockdown – quietly enjoying the novelty of the situation and the departure from their routine, at least for a time. However, I can now look back on that period as

providing me with necessary time and space for self-care, reflection, and reconnection with my motivation for the course.

Although our experience in New Zealand at the beginning of the pandemic was relatively unique, in that our geography allowed us to have the ability to eliminate COVID-19 from our population completely, this was a collective experience achieved by the efforts of the whole population.

Although some people in New Zealand were badly affected by the economic impact of the initial lockdown, on the whole we were able to return to life as normal from the end of May to the second week of August 2020. Since the second half of August 2020, the situation here has changed. There has been an outbreak of a different strain of COVID-19 in Auckland, the origin of which has still not been identified. This has meant reimplementing the lockdown levels - Auckland at level 3 and the rest of New Zealand at level 2, with care homes nationwide going into level 4 lockdown, independent of the government, to protect the most vulnerable to the virus.

There is no doubt that concerns about our own health, that of our friends and family, how we can support ourselves financially and how long we will be in this predicament are global concerns during this pandemic. In terms of the global student population, I am sure that both secondary and tertiary students are experiencing a lot of uncertainty around their futures as well. The delay in completing the necessary practical aspects of qualifications like music therapy and many others, may have ripple effects that cause more anxiety and stress for students who are soon to graduate.

Many courses and professions, including music therapy, require many practical hours to complete, and although some aspects of practicum work can be continued through video calling, it is very different from one-on-one interaction. In terms of therapeutic training, so much of relating to another person and building a therapeutic relationship is through observation of their body language, their facial expressions, etc., which may not always be easily seen through a camera and requires a reliable internet connection. Being physically present also allows music therapists to assist the people they work with, helping them to engage in therapy in different ways, such as holding and playing instruments, dancing to music, or simply actively listening. However, one collective benefit of this pandemic has been that we have been able to see what music therapy looks like without physical presence of the therapist. Although this also brings the definition of music therapy into question, we now know what is possible through screens alone – we are able to continue providing therapy through connection, through reflecting on music together, and through supporting families and children with music resourcing, for instance. Being forced to test these ideas by the COVID-19 lockdown is likely to have been beneficial to the profession in New Zealand (where music therapy is still relatively new compared to the United Kingdom and the United States), in terms of increased exposure of the therapy and by creating opportunities for remote work.

Lockdown gave me permission to immerse myself in creative projects (see Image 1). Having something to do with my hands changed how I viewed the lockdown months with my parents. Working on these projects stopped me becoming overwhelmed by worries about the future and served as a reminder that I am capable of finishing what I start as long as I give myself the space I need to do it - I will finish this course despite COVID-19!

I finished carving a bone pendant with a single twist/figure of eight shape (pikoura), and learned how to harvest, prepare and weave harakeke (flax) into small baskets and eventually a large bag. It is Māori custom to give your first of your creations away, and these were the first of both carving and

weaving that I had successfully finished. The bag went to my mum, and the pendant to a new cousin in Great Britain, born just before the UK lockdown.

Image 1: Holly's creative projects

Liana's response

Reflecting on my experience as a music therapy student at Queen Margaret University during the COVID-19 pandemic, I am struck by the timing of lockdown in relation to my studies. Dissertations and other remaining coursework were due by the end of April 2020 and graduation was planned for mid-July. However, as COVID-19 travelled to Scotland our course leader and lecturers had to adapt incredibly swiftly to the new circumstances. One of the most significant changes, therefore, was how our ending took place: after two years of full-time study together we would be saying goodbye online, rather than in person.

When lockdown took effect in Scotland it was mid-March. Placements were nearly finished and some of my peers were unable to complete their final sessions with clients. I was in the midst of finishing my dissertation in March and April and the emotional impact of the pandemic felt largely suppressed (Cramer, 2006). This defense strategy aided my concentration for writing, however, repeated tension headaches at the time reminded me that something was not being processed. My headaches became a source of anxiety in their own right, and coincided with an old lower back pain which worsened from increased sitting.

Upon reflection, it seems apparent that there was a connection between my physical symptoms and my psychological state. Physical pain can awaken psychic pain within "that needs to be suffered to be endured" (Byrne et al., 2019, p.7). The current grief I hold over the many losses experienced during

COVID-19, including finishing my studies online and qualifying at a time of such uncertainty, feels like the psychic pain which I have needed to *consciously* suffer in order to come to terms with my experience of this past year.

The onset of this grief (though I would not have recognised it as such at the time) began in late April when final goodbyes with lecturers and peers took place virtually. I was struck by the paradox of our physical separation when being "together" and felt dissatisfied with the course ending online. I missed being able to share final hugs with peers whom I had journeyed with for two years, particularly as some were returning to their home countries. There was an inevitable difference as well in the timing of our goodbyes: rather than a train journey home providing time for reflection and "metabolizing" (Bauer, 2020), my student experience was abruptly finished as soon as I clicked out of Zoom. Our lecturers had created closure as best they could, however, I found the online format made it far too easy to mindlessly begin a new activity (such as checking my email) without pausing from what came before. As Zinkin (1994, p.18) notes, "there is a great difference between bringing something to an end and just stopping," and this left me wondering: was I able to bring my student experience to an end, or did it just stop?

As I shifted from being a busy student to being newly qualified and unemployed, Scotland's lockdown dictated that most of my time was spent in the flat I shared with my partner in Edinburgh. I felt grateful and guilty over the unlimited time I had each day to spend as I wished but also longed for the social and creative activities I usually took part in in my Edinburgh community. I became increasingly homesick to a degree I had not experienced in years. The coinciding expiration of my US passport (I am a dual citizen) made my yearning for the comfort of the familiar – family, friends, and landscape of Vermont, even more evident. Having intermittently lived abroad from a young age, home was never found in one place, and yet, during this time my love for Vermont's flora and fauna (including its people) expanded and deepened. It was clear to me that my well-being depended upon eventually leaving the city and returning to the wilderness which I love so deeply. COVID-19 was reminding me of my roots.

While questions of identity and place were living within me, I was also struggling to make sense of my complete withdrawal from my usual music, movement and art practices. I noticed that the *urge* to create felt completely inaccessible and my first response was to feel incredibly guilty. Being a newly qualified music therapist I expected myself to use this time to expand my musicianship. The internal pressure left me further paralysed however, and I felt unable to even touch my cello. I was consumed by fear: what had happened to my desire to create?

Winnicott (2005) believed that play (in its broadest sense) was a prerequisite for access to creativity in the individual. During this time of personal transition and the global COVID-19 pandemic I was not in a state of play and perhaps that is why being creative felt so difficult for me. A recent study (Du et al., 2021) on the psychological impact of the COVID-19 pandemic on mood and ensuing creativity in Chinese university students provides further insight: an increase in low mood due to the COVID-19 pandemic was found to inhibit students' cognitive creativity (the ability to problem solve and think creatively) while increasing their emotional creativity (self-reflective and adaptive capacities).

Both Winnicott's (2005) understanding of creativity and Du et al.'s (2021) research findings have felt relevant to my experience, however I am unsure how emotionally creative I have been, as rumination may have replaced self-reflection. I do know, however, that I found immense comfort in the

reading of good literature and time spent in nature. Additionally, reading music therapist Martin Lawes (2001) moving account of his own journey towards health through musicking and psychotherapy has deeply inspired me as I continue to excavate my own complex relationship with creativity and music making.

In closing, I believe that the impact of COVID-19 on me as a newly qualified music therapist has been to feel trapped in liminality as the holding environment (Winnicott, 1984) of my trainee community, with its clear expectations and assignments has given way to a jobless, unsure future. I have left my student identity behind, but have not yet found my emerging professional identity either.

In February of 2021 I was able to return to my family home in Vermont to become a caregiver for my grandmother and the need to express myself through songwriting has re-emerged. Its arrival has felt delicate and related to my more hopeful state of mind since returning home. Of the two songs I have written, the most recent one (as of yet untitled) has felt like an expressive outpouring of my experience of the past year. It seems that the creative framework helped me explore my emotional experience in a very visceral way and has reminded me of how powerful the songwriting process can be as a tool for self-reflection (Baker & Wigram, 2005). For this reason (and though it feels incredibly vulnerable to do so) I have chosen to include this new song here as I believe there is no better way to convey my affective experience of the past year to the reader. There are many points of connection between what I have written here and what my lyrics reveal, and so, I hope that together the written and the sung will convey a richer picture of my life this year as a student, young professional, and situated person living within the time of the global COVID-19 pandemic.

Liana's creative response

Broken open, drawn to the raw/ Fingers dip in deep dark mud/ I pull them up, I take a look and see

How a tear speaks louder than any word/ How my singing's stopped but my voice is heard/ How strong the feelings of love and hate can be

So when women were birds[1] well where was I?/ Exquisite tenderness was by my side/ I'd like to love you down to my core, just tell me how

When days become dark, I just wanna run away from me/ Your love is too strong, I blame you for this intimacy/ You look, I want to be seen, and you look, I don't want to be seen/ Today, I'm afraid

Unemployed, overqualified/ I guess it's time to admit my pride/ And make amends with this old friend, and be

A woman in grief who's learning how to love/ How to sing and how to rise above/ Neverending doubt and needless suffering

It's time to join the birds, and watch the sun go down/ Instead of fearing dark, looking forward to dawn/ And tenderness will guide me on my way

[Liana's recording is available online on the report's webpage]

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[1] *When Women Were Birds* (2012) is a book by Terry Tempest Williams.

REFLECTION

The individual contributions shared here provide a rich account of the differing and overlapping experiences each of us has had since the onset of the global COVID-19 pandemic. While our initial convergence was initiated by our lecturers, all five of us share further intersecting identities as well: being women of European ancestry, being citizens of colonised countries (spread across three continents) and being well-educated and middle class. These shared identities highlight the continued presence of our shared colonial ancestry, which hovers as a silent thread between each of our stories as we grapple with the inequity of the world and how this reflects upon music therapy as a profession, and on us, as practitioners.

We name these most obvious shared identities for two reasons: 1) to make visible what often remains invisible, i.e., the 'white' perspective as 'neutral' (Isajiw, 1993); and 2) to link these identities with themes which have explicitly or implicitly arisen in our individual contributions including, isolation, loss and grief, identity, geographical place, belonging and home, the role of artistic practice in our lives, and equity and access for our clients. Last but not least, we are each music therapy students or recent graduates and thus our thinking has been shaped by our musical and therapeutic training – though how similar each of our music therapy "world views" are, would require further inquiry.

While Liana's master's programme in Scotland was full time and in-person, Cara, Karin, and Nethaniëlle's master's programme in South Africa was part-time and low residency, and Holly's master's programme in New Zealand was a combination of both. Within the parameters of this report, the variation in voice, writing style and theoretical orientation is also noticeable, as is the level each of us chose to emphasise – from the sociological to the inter- and intrapersonal. These differences are interesting to consider, and may be a reflection of the influence of each of our training programmes on our thinking.

In this report each of us offer glimpses into our overall experience since the onset of the COVID-19 pandemic in spring 2020. For some of us, a deep sense of isolation and/or anxiety permeated our lockdown experience, where mounting self-pressure and worry went hand in hand with stilted creativity and difficulty maintaining self-care and structure in daily life. For others, lockdown became an opportunity for positive lifestyle changes including slowing down, thinking critically and deeply, devoting more time to creative pursuits, and deepening connections with those in one's immediate vicinity. None of these experiences were mutually exclusive however, and each of us experienced our own unique combination of positive and difficult outcomes. Importantly, we each wrote about moments, activities, or places of comfort that aided in combating the uncertainty of the COVID-19 pandemic. Many of us felt both grateful and guilty over our personal circumstances regardless of our overall experience of 2020 and 2021. Our geographical and cultural situatedness was also important, though for those of us studying abroad, this situatedness was ever evolving, as the practical and emotional difficulties of being a foreign student during the COVID-19 pandemic raised questions of place and belonging.

Lastly, the very real mental health crisis which has accompanied the COVID-19 pandemic was raised as a deep concern for many of us, particularly as it pertained to the growing disparity in service users' access to mental health services based on income and race. These concerns were also deeply personal, as Karin's contribution poignantly illustrated.

The artistic contributions that are included offer further insight into the ways art making was part of each of our lives this past year. For some, the change of state of COVID-19 allowed for more time to follow artistic interests, for others, however, creative output seemed to lessen. Artistic contributions were in multiple media and musical forms, including craft, song, and improvisation. Some of us explored a specific theme or culturally rooted practice while others kept an open-ended focus. The contributions seemed to serve multiple purposes for all of us, including as a means of self-expression, processing, reflection, and as a creative rendering of the overall experience of the year. For some, the artistic process seemed to be symbolic as well: of the relationship between the creator and the product or as an example of finishing something definitively despite the uncertainty of the times. As a collection, the artistic contributions felt strikingly tender and emotionally honest, and gave a strong sense of what we each might have been feeling or thinking about at the time of creation.

A significant theme overall was of individual isolation, loss, and for some, grief. All of us experienced the loss of in-person interaction with colleagues and lecturers. Those who were active clinicians were unable to continue working with clients in-person, and some were unable to continue working with specific clients at all, due to barriers in client access. Related to these losses, each of us also experienced an increased reliance on technology. Providing music therapy online raised many questions including concern over clients' ability to access online services, reflection about the client experience of online therapy, worry over the quality of the therapeutic experience and concern over what might be lost when moving to the virtual realm. Self-doubt over personal skill-sets and ability to adapt to online work was felt, as was mixed feelings about lectures and endings taking place online.

Lastly, it seems that all of us have been on our own journeys of exploring what it means to be an active citizen in the world and a music therapist of integrity. This has come to the fore during discussions in our online group meetings and is found within many of our written contributions. The amplification of global social justice movements such as Black Lives Matters were a specific influence for all of us. While some of us primarily focused on the racialised structural and systemic barriers facing service users, others focused on excavating the intrapsychic frameworks which uphold cultural constructs such as whiteness, race, and otherness (Dalal, 2015) where the process of integrating the shame which accompanies the recognition that one will forever be an "involuntary beneficiary" of ones' whiteness, even when it "contradicts one's fundamental values" (Suchet, 2007, p.874) remains deeply disturbing in its inabsolution.

When put together each level of focus appears valuable and necessary in our collective quest to be engaged citizens and reflexive music therapists. Questioning the structural systems in place and exploring our interior ideologies, particularly as they pertain to our colonial heritage are necessary things to grapple with, as these issues cannot be separated from our work as music therapists. As Suchet (2007, p.884) writes, "The paradox in creating this internal receptive state is that to unravel whiteness, to surrender, is to live more deeply in race." As emerging music therapists we wish to remain keenly aware of this, and to remember how it is interwoven with the power dynamics inherent in the therapeutic relationship. As Dalal (2015, p.192) states, "some people have the power to name, whilst others find themselves named."

CONCLUSION AND RECOMMENDATIONS

By sharing our individual experiences of this year as music therapy students and recent graduates, we have each offered a unique contribution to this report as a whole. The experiences shared were situated within our individual circumstances and therefore we cannot claim to have encapsulated the experience of other music therapy students during this time. However, this does not dismiss the profound feeling of togetherness and connectivity which many of us experienced during the global COVID-19 pandemic.

In conclusion, this collaboration has given rise to a number of thoughts and concerns which we wish to leave with the reader. As recent and soon to be graduates, we are concerned over our future as music therapists. We wonder what the impact of changes in our training programmes due to the COVID-19 pandemic will be regarding our ability to be "good enough" therapists. We wonder how the economic fallout will impact our chances of finding work in the future. For those of us (Liana and Holly), who have graduated since the writing of this report, difficulty in accessing reference material for this report due to student access to online resources being cut off is a further concern. With this in mind, we applaud open access journals like *Approaches* that provide access to all who cannot pay for costly journal subscriptions. Lastly, we ask programme directors and lecturers to be aware of the potential isolation and demoralisation students may experience as they transition from being trainees to graduates during this time of COVID-19 and into the future.

It has at times been a challenging process to write this report together due to constraints imposed by multiple time zones and our differing availability. For those who were students, deadlines and clinical work were in the balance, whereas for others, the writing of this report became a meaningful way to continue engaging as music therapists while being unemployed. Though Cara, Karin and Nethaniëlle knew one another before the writing of this report, the five of us together were relative strangers collaborating for the first time. While coordinating was not always easy, collaborating with students from around the world felt uniquely special and was an invaluable experience during this year of COVID-19. We hope this report will resonate with our fellow trainees and recently graduated colleagues, and if nothing else, has added to the questions already being raised in our global music therapy community.

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Ελληνική περίληψη | Greek abstract

Παράθυρα εμπειρίας φοιτητριών μουσικοθεραπείας κατά τη διάρκεια του COVID-19

Liana Nuse | Karin Meyer | Nethaniëlle Mattison | Cara Smith | Holly McPhee

ΠΕΡΙΛΗΨΗ

Η πανδημία του COVID-19 έχει δυσμενείς επιπτώσεις σε πολλά άτομα. Αυτή η αναφορά επιδιώκει να διερευνήσει τον αντίκτυπο της πανδημίας στις ζωές πέντε φοιτητριών μουσικοθεραπείας. Τρεις φοιτήτριες από τη Νότια Αφρική, μία από την Σκωτία και μία από τη Νέα Ζηλανδία συναντήθηκαν για να γράψουν για τις εμπειρίες τους από τις σπουδές μουσικοθεραπείας κατά τη διάρκεια αυτής της παγκόσμιας επιδημίας. Κάθε φοιτήτρια μοιράστηκε τις απαντήσεις της σε τρία γενικά ερωτήματα, γράφοντας εκθέσεις, αλλά και με μη-λεκτικές δημιουργικές αποκρίσεις. Το άρθρο καταλήγει με έναν αναστοχασμό που συνδέει όλες τις επιμέρους συνεισφορές και συμπεριλαμβάνει μία σύνοψη των προβληματισμών που μοιράζονται ως φοιτήτριες μουσικοθεραπείας οι οποίες εισέρχονται στο επάγγελμα εν μέσω της πανδημίας του COVID-19.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

φοιτητική οπτική, φοιτητική εμπειρία, COVID-19, ψυχική υγεία, κοινωνική δικαιοσύνη, μουσικοθεραπεία