MULTICULTURAL ENCOUNTERS IN MUSIC THERAPY IN NEW ZEALAND: What particular clinical experiences do NZ music therapists describe when encountering clients who identify closely with a culture different from their own?

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Abstract

This qualitative study investigates how music therapists work within a culturally diverse environment in New Zealand and the researcher's own growing experience as a student clinician. This research endeavoured to answer two research questions. Firstly, what do music therapists in New Zealand perceive from their experience of working with clients from different culture? Secondly, how does my own experience as a second generation Korean MTS affect my clinical work in a multicultural environment in New Zealand?

This study applied aspects of qualitative research. Four qualified New Zealand music therapists and the researcher herself participated in this study. Data was collected from the interviews with the music therapy participants, the music therapy student's reflection on case notes from two clinical cases, and a research journal. Music therapists identified various issues that associated with their experiences of working cross culturally. The main areas of key ideas were categorized under: 1) cultural considerations 2) preconception**s** 3) building a communicative bridge 4) clinical competency 5) different approaches 6) culturally appropriate practice. The ideas under these categories have crystallized to articulate the different voices of participants for the benefit of the knowledge in the existing literatures and for the enhancement of personal tools towards self awareness and culturally appropriate clinical practice. From the overview of all the participants consulted in this study it was concluded that recognition of the importance of self awareness was one of the most significant factors in building culturally appropriate practice in a multicultural environment.

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Chapter 1: Introduction

1.1 Introduction

This qualitative research study arose from experiences I encountered working as a music therapy student in the multidisciplinary team at a school for children with special needs in New Zealand. I am a second generation Korean and I was particularly interested in differences I experienced in working in music therapy with children whose culture I shared, and with those whose culture and language I did not share. The research has been undertaken as part of a two-year Master of Music Therapy clinical training programme. It aims to analyse and bring together the recorded observations and reflections of four experienced New Zealand music therapists with my own clinical and research reflections, noted in a personal research journal. The central focus for this research project is multicultural encounters in music therapy in New-Zealand.

In New Zealand the term biculturalism came to represent the relationship between Māori and others particularly British settlers after the formal agreement that took place in the form of a treaty signed initially at Waitangi in 1840. According to Durie (1998) biculturalism is the co-existence of two distinct cultures and the values and traditions of both cultures are reflected in society's custom, law, practices, and institutional arrangements with shared control over resources and decision making. Durie (1998) believes that biculturalism needs to be considered as a continuum with a range of goals, from understanding Māori health issues on a practice level, through to formal joint ventures between Māori and British Crown. As New Zealand has become an increasingly multi-racial and multicultural society with people from diverse linguistic and social backgrounds, the importance of the acceptance of cultural diversity has been highlighted. (Durie, 1998; King, 2003; Singham, 2006). In the decade after 1991, a total of almost 700,000 people, born in places other than New Zealand, migrated here and started to add their distinctive cultures to New Zealand. Different ethnic groups have been allowed to come together in their own suburbs, especially around Auckland, and to establish their own churches, schools, restaurants and social rituals. For over 160 years, from 1840, New Zealand had opened the door to the other colours and cultures. In the years since then, immigration from new countries has transformed the nation's culture and values (Te Ara- The Encyclopedia

of New Zealand, 2007). This diversity of cultures has started to emerge in the work field of wider professions (Chung, 2001). Delivering quality health care services to all patients regardless of race, ethnicity, culture, and language proficiency, as the population grows increasingly diverse, is a growing challenge for policymakers, health care administrators and practitioners, and consumer representatives. (Resources for Cross Cultural Health Care, 2003, and Betancourt J. R, Weissman J.S, Kim. M.K. et al, 2007). It may be useful for medical practitioners to have basic information about some of the various regions and groups of the world and their different cultural beliefs and practices. The importance of patient-centered care and cross-cultural training, as a means of improving quality across the board, has also been highlighted (Management Sciences for Health, 2007).

Across many countries of the world, music therapists are increasingly working within diverse client settings and many facilities are comprised of wide-ranging cultural populations (Yehuda, 2002). Music can be very powerful to humans when it has significance relating to our own culture. It is important to be aware of the different cultures music therapists encounter and the use of culturally-appropriate music (Blacking, 2000). To date, not much research has yet been done about the personal experiences of music therapists in a situation where they have to conduct and adapt when working in a different culture to their own (Yehuda, 2002). This research aims to contribute to the existing literature, foster understanding and nurture the profession of music therapy when working with in a multicultural society.

1.2 Motivation for research

New Zealand is a country with many immigrants from different cultures and as we are exposed to many cultures other than our own, it is important that we learn to accept and adjust ourselves to respect one another and adapt to the multicultural society. New Zealand has a fairly short history of the professional field of music therapy compared to United Kingdom, Australia or America where music therapy is becoming a well

recognized profession. The field of music therapy is still developing in New Zealand and recently the two year master course for music therapy training was established at New Zealand School of Music and

began to produce graduate music therapists from 2005. Because of this, many working NZ music therapists have trained overseas and a number of music therapists have migrated from other countries. Also as music therapy is gradually increasing in New Zealand the therapists working here often had the opportunity to encounter clients from various ethnic groups. Therefore it is necessary to be aware of cultural differences and to conduct the work in a culturally appropriate manner. The central idea of this research project is multicultural encounters in music therapy in New Zealand. I will be exploring how music therapists in New Zealand are working within a multicultural society and looking closely at their clinical experiences of encountering clients from different cultures than their own. Through this exploration, I intend to have a better understanding of the therapeutic process in a multicultural environment.

1.2.1 Music therapy practice background and professional concerns

This project grew out of clinical music therapy practice where I developed a particular interest in the role of music therapy in a multicultural environment. As a part of a second year placement of the course of music therapy, I was at an educational facility for special needs children for one and a half days a week and the individual sessions were regularly conducted once a week with all of the children. The general population was with children with moderate to severe levels of intellectual delays, non-verbal, and various physical disabilities.

During my initial weeks at the school I realised the diversity of different ethnic groups among the children including children from the same culture to my own. Having children from the same culture raised the question, what is culturally appropriate music therapy? My interest in the subject of multiculturalism, and more specifically interpersonal process and understanding of encountering a different or familiar culture led to reflections on my past experience with clients from other countries. The questions such as ‘How have I have adapted to the different culture to my own?’ and ‘How much ‘culture’ am I bringing in to

the sessions?' started to emerge. As I was beginning to notice my awareness, I also wondered about the reality of workforce in New Zealand and how service providers can reflect on the population of clients for the benefit of improving quality of service.

1.2.2 Stance of the researcher (personal experience)

The phrase "cultural identity" is an idea that stays in my heart unresolved. I moved to New Zealand at the age of nine with both of my parents in 1994. Being a Korean second generation immigrant in NZ, I am left with questions that are all are seeking towards 'finding myself' and wondering where I lie on the cultural border. It has been difficult to come to a solid conclusion due to the diverse cultural exposure I have received from such a young age, but as the time has passed I have managed to accept being on the borderline of the two contrasting cultures and to adjust myself to come flexibly in and out of these 'cultural pockets' I have created.

Settling in a totally new and different environment to our own was a long difficult process for my family but through this experience I came appreciate my culture and accept being different. I have experienced first-hand the importance of preserving the traditions on the strange soil to our own for it can be the only comfort to the homesickness beyond ones imagination. Naturally we have appeased the loneliness by attending Korean Church, and organisations to listen and speak in our mother tongue. As I am one of the first Koreans to study music therapy in New Zealand I have wondered about how my culture can be flexibly used as a tool to serve my people and also realised how especially important it is for all of us who live in a multicultural environment to grow in cultural awareness and have respect for others. However, understanding another culture different from your own is not an easy process. It takes time, effort and willingness to accept one another and as a music therapist it is necessary to keep our ears, eyes and mind wide open. The drive to research multicultural encounters and the therapeutic process of interpersonal experience of other music therapists evolved from these thoughts and my personal experiences.

1.3 Research Questions and Aim

My professional concerns[1] personal experience, and study of the literature led to the development of the following research questions:

- How do music therapists in New Zealand perceive their experience with clients from different culture?

- How does my own experience as a second generation Korean MTS affect my clinical work in multicultural environment in New Zealand?

The research aim was to develop a better understanding of the issues in multi-cultural music therapy practice by exploring closely how other music therapists describe their work with diverse cultural client groups and by reflecting on my own clinical practice as a music therapy student.

[1]From this point on the following terms will be used in this paper to best describe the prevailing role or perspective being discussed.

- MTS – when referring to clinical work
- Researcher- when referring to research processes, such as data collection
- I (first person) – when presenting journal material/personal reflections or when discussing journal processes

Chapter 2. Literature Review

Relevant literature drawn from a range of clinical fields of health care including music therapy, with a central focus on the awareness of working in culturally diverse environment in New Zealand, will now be discussed to enrich the knowledge of cross-cultural practices and further more to enhance understanding of the central inquiry of this project.

2.1 Culture

Taylor (1891) states that culture is a complex totality, which includes knowledge, faith, ethics, art, law, customs and any ability or habit that has been acquired by a person while being a part of the human society. This comprehensive definition of culture highlights the socialization process which reinstates cultural values and traditions.

Culture denotes historically transmitted pattern of meanings embodied in symbols, a system of inherited conceptions expressed by means of which humans communicate, perpetuate and develop their knowledge about and attitudes towards life (Geertz, 1966; Parson, 1949). From this definition it can be drawn that culture provides meaning to the thoughts and actions of the human beings (Joseph, 2001). Culture has been defined as a way of life that differentiates a specific group of people (Schein, 1978). According to Giddens(1997) members of ethnic groups see themselves as culturally distinct from other groups in society. The several factors serve to differentiate between ethnic groups include:

- Language
- History
- Ancestry
- Religion
- Style of dress
- Adornment

(Wepa, 2005)

Ethnicity is one further dimension of identity and it captures the sense of belonging which helps mould an identity for an individual (McLennan at al., 2004). Brislin (1993) states it is also important to note that the concept of culture also can be applied in smaller groups and to nonethnic groups.

2.2 Music and Culture

Music has many functions, some being determined by the demands set by the culture. (Yehuda, 2002) Cross (2001) states that music is perceptions that are grounded in particular social interactions and constructions. According to Blacking (2000) music is able to express social attitudes and cognitive processes, but it is most useful and effective only when it is heard by the prepared and receptive ears of people who have shared the cultural and individual experiences of its creators. By his statement, it is clear to see how powerful music can be to people when it has the cultural significance relating to their own culture. Human communication is based on learning a system of signs, customs and tendencies, which is unique to every culture, and is being assimilated into us and becomes an unseparated part of our being (Yehuda, 2002). When we understand the world and the music, and react to it in terms of structures, terms, and classifications based within a cultural framework, the music becomes more communicative and allows for an emotional attachment (Meyer, 1967).

2.3 Cross Cultural Practice in Health Care.

According to Resources for Cross Cultural Health Care (2003) and Betancourt, Weissman, Kim.et al (2007), as the population grows increasingly diverse, delivering quality health care services to all patients despite of their race, ethnicity, culture, and language proficiency is a growing challenge for policymakers, health care administrators and practitioners, and consumer representatives. It may be useful for medical practitioner to have basic information about some of the various regions and groups of the world and their different cultural beliefs and practices (Management Sciences for Health, 2007). According to a survey, which was limited to seven specialties in which physicians have direct contact with patients (emergency medicine, family practice, internal medicine, obstetrics/gynecology, pediatrics, psychiatry, and general surgery), nearly all (96%) of the participants believed it is moderately or very important to consider the patient's culture when providing care (Weissman J.S, Betancourt J R, Campbell E.G. et al., 2005), but many providers simply are unsure about the value of investing in cultural competence beyond cosmetic actions, perceiving little financial or market benefit in focusing on care for diverse communities and patients. Hospitals, clinics, and others rely on their own

ingenuity to develop effective ways to transform organizations into more beneficial providers for diverse populations and communities (U.S. Department of Health and Human Services Office of Minority Health & The New York Academy of Medicine & Resources for Cross Cultural Health Care, 1998). As the society continues to become culturally diverse, so too, has the demand increased for medical care delivery that is responsive to multicultural populations. Despite significant medical advances made over the past century to improve health outcomes among the overall population, ethnic minority populations have not benefited from such improvements, as evidenced by their dramatically shorter life spans, higher morbidity rates and continued lack of access to quality care (University of Massachusetts Medical School, 2004).

According to the Institute of Medicine (IOM) both "Crossing the Quality Chasm" and "Unequal Treatment" reports highlighted the importance of patient-centered care and cross-cultural training as a means of improving quality across the board. These recommendations were based on the premise that health care professionals need to have the knowledge and skills to provide culturally competent care to a variety of populations. In particular, improvement of provider–patient communication is essential to addressing the quality-of-care differences associated with race, ethnicity, or culture. The patient-centered and equitable care was identified in the report "Crossing the Quality Chasm" as two of the six core dimensions of quality. These two dimensions emphasize providing care that is respectful of, and responsive to, individual patient values/preferences, and does not vary in quality based on ethnicity, socioeconomic status or geographic location. In the Physician Toolkit and Curriculum (2004) the cross-cultural clinical practice guidelines were developed to assist health practitioners in improving the quality of care they deliver to diverse populations as the lack of focus on issues of patient-centeredness and equity on many guidelines was identified.

The guidelines place emphasis on directives designed to influence practitioner's behaviours, and refine the processes for better patient outcomes. The primary aims are to:

- Improve skills for gathering information related to those factors that influence a patient's health values, beliefs, behaviors and expectations for care.
- Develop clinically effective treatment plans that are compatible with a patient's values, preferences and needs.
- Increase awareness of individual and institutional factors influencing clinical decision-making processes that affect outcomes of care.
- Improve communication that promotes a doctor-patient relationship based on mutual respect and trust.

(Physician Toolkit and Curriculum; the cross-cultural clinical practice guidelines, 2004)

2.4 Bicultural New Zealand

The term biculturalism came to represent the relationship between Māori and others particularly British settlers after the formal agreement that took place in 1840 in the form of a treaty signed in New Zealand. Durie (1998) states that the biculturalism is the co-existence of two distinct cultures where the values and traditions of both cultures are reflected in society's custom, law, practices, and institutional arrangements with shared control over resources and decision making.

2.4.1 Māori Health

Within the context of positive Māori development, there have been major advance in approaches to improve Māori health. Three goals have been pursued:

- Gains in health status
- Early intervention and prevention of ill health
- Greater participation in all aspects of health policy and delivery.

(Durie, 1998a)

Māori health was recognized as early as 1900 and the needs for Māori doctors were raised. By 1990, both medical schools in New Zealand, Otago Medical School and Auckland Medical School, recognized the importance of culture to health and Māori health professionals were engaged to bring a Māori perspective to undergraduate teaching. (Durie, 1994) A number of voluntary health agencies also extended their range of activities to include Māori health programmes (Durie, 1998). The National Heart Foundation established a unit known as Te Hotu Manawa and the Plunket Society took a deliberate stand in strengthening their service to Māori families and well being of Māori children (Plunket's first Hui, 1993). In the article "We Know What You Need- and other misconception about Māori learners" by Glynn and Bevan-Brown (2007) in Kairaranga journal, they articulates the occasions where professionals have narrowly assessed children and whanau[2] needs. To avoid these situations and meet the needs of the children and whanau, he suggests one needs to allow more time and effort in establishing and maintaining personal relationship of trust and respect.

[2] **Whānau** is a Māori-language word for extended family. Other meanings, though less commonly used in English, are to give birth, or genus.

Principles to facilitate improvements in Māori health have been identified.

- Empowerment
- Full participation
- Better service specification
- Māori involvement
- Cultural safety
- Personal dignity
- Sensitivity
- Rights of people
- Supportive social environment
- Intersectoral activity

These principles are relevant to personal treatment service as well as to public health programmes and recognized not only in New Zealand but also internationally (Durie, 2001).

2.5. Multi-cultural New Zealand

Cultural diversity is a fact of human life. Cultural habits are shaped by geographical conditions, historic experiences and ongoing social process (Joseph, 2001). Between 1971 and 1991 the number of foreign-born residents had increased by 116,000. In the decade after 1991 this increased to a total of almost 700,000 who were born in places other than New Zealand. By 2001 the proportion of these immigrants in the total population was the highest since 1936. Political crises in North Africa and the Middle East brought in people from Iran, Iraq and Somalia, to add their distinctive cultures to New Zealand's cities. Many came as refugees and by 2006 there were over 16,000 people in New Zealand from North Africa and the Middle East and China and Hong Kong together had contributed over 85,000 to the resident population in New Zealand. Some came for an education or to transfer their skills to a less crowded, cleaner country. Another major area of origin, with almost 40,000 residents, was North-East Asia such as South Korea and Japan. All but a handful arrived from the 1990s onwards.

The 1990s were significant in New Zealand immigration history. Foreigners came in large numbers, and from new places of origin. The Chinese came from different parts of China

than before and apart from some of the refugees, newcomers were not the poor and the struggling, but educated and comparatively wealthy people. As their numbers increased, it became possible to come together in their own suburbs, especially around Auckland, and to create their own churches, schools, restaurants and social rituals (Te Ara- The Encyclopedia of New Zealand, 2007). It has been over 160 years, from 1840 since New Zealand had opened the door to the other cultures and in the years since then, immigration from other countries has transformed the nation's culture and values.

2. 5.1 Korean history of immigration in NZ

New Zealand dispatched troops to fight in the Korean War, and in 1962 Wellington established official diplomatic relations with Seoul. In 1986 Korean emigration to New Zealand began to take off when many Koreans began to really learn about the country (Chung, 2001). In 1991 the New Zealand government introduced a points system for professional and business migrants, and set yearly immigration targets. These changes allowed thousands of South Koreans to emigrate over the following decade (Te Ara- The Encyclopedia of New Zealand, 2007). With the pressures of life in the teeming capital of Seoul and other cities and the Korea's highly competitive educational system, people are being driven from their homeland, and many middle-class people looked overseas for a lifestyle change. The preference to raising their children in an easy-going, environmentally cleaner, less expensive and English speaking educational system was shown in Korea (Collins, 2002). In the decade from 1991 New Zealand's Korean population increased to 19,026. In 2001 almost 70% of New Zealand's Koreans lived in the Auckland area, with 16% in Christchurch and others scattered throughout the country. On arrival most families had settled down in Auckland's North Shore and Korean churches, businesses began to develop and soon held an active community. Korean newspapers and magazines such as the New Korea Herald, Korea Town, and the New Zealand Times have been circulating in Auckland since the 1990s. By 2001, in North Shore City, Korean was the second most common language after English. Having spent more time in the country, the 1990s wave of immigrants started to move into professional jobs. Businesses too began to serve the wider

community and recently the employment rate of the Korean immigrants has risen (Chung, 2001).

2.6. Ethnic Consideration

“Recognize cultural diversity, understand the role that culture and ethnicity play, understand the interaction of culture, gender, and sexual orientation on behaviour and needs" (p.45).

(Guidelines from the American Psychological Association, 1993)

This article regarding the responsibility of practicing psychologists further expand upon the need for culture centered practice that allows to help all professionals. It is also suggested that psychologists should educate themselves on cultural influences and cultural beliefs that may affect differential diagnosis. It empathize the importance of the need to respect the role of community and family in healing, include community healers and be aware of possible language barriers.

In the review of the Canadian Association for Music Therapy Code of Ethics, (1999) under

Principle I: Respect for the Dignity and Rights of Persons, 1.5, states

- "music therapists would not engage publicly in demeaning descriptions of others, including jokes based on culture, nationality, ethnicity, colour, race, religion, gender, sexual orientation, health status, etc., or other remarks which reflect adversely on the dignity of others"(p.6).

Principle II: Responsible Practice, 11.10, states

- "music therapists would evaluate how their experience, attitudes, culture, beliefs, values, social context, individual differences, and stresses influence their interactions with others, and integrate this awareness into all efforts to benefit and not harm others" (p.9-10).

From these two excerpts, it is clear that music therapists have an ethical responsibility to be aware of their own beliefs and values, as well as a responsibility to engage in culturally sensitive manner.

2.7. Multicultural music therapy

In international conferences by clinicians not only from North America and Europe, but also from India, Australia, many South American countries, and the Soviet Union, Africa, and elsewhere music therapy as a profession is being represented and the issue of cross-cultural music communication in music therapy has been considered as an important focus in many world congresses (Moreno, 1988). In the current environment of increasing cultural diversity, it appears that music therapists are trained to understand the issues involved in working with clients from different ethnic and cultural backgrounds (Toppozada, 1995). However as society become more diverse, health care professionals such as music therapists face growing pressure to respond to the needs and values associated with different races and cultures (Toppozada, 1995). Belli (1996) raises the particular challenge that poses to music therapists is to provide music therapy services to the clients in ways that are fully sensitive to their cultural backgrounds. He articulates the implications for the knowledge of appropriate and culturally relevant musical materials and other issues that may affect music therapists working with clients of diverse ethnic backgrounds such as a need for sensitivity to other aspects of health care delivery expectations. These might include such factors as attitudes towards death and dying, religious preferences, attitudes towards coping with physical pain, the expectation for the open expression of feelings versus keeping one's feelings to oneself.
Moreno (1988) states that there is no one music considered as universal language, and that music therapists should have a general familiarity and working knowledge of the music of representative world culture areas. He also emphasized that it is crucial to maintain the awareness that, like music itself, music therapy is also a multicultural phenomenon.

The idea of utilizing music specific to a client's culture within music therapy clinical practice is not a new one to the field of music therapy. Since music is so closely linked with culture, an individual's cultural heritage can potentially play an important role within music therapy clinical practice (Darrow & Molloy, 1998). According to Gaston (1968), in

outlining the influence of music on human beings, stated that each culture has its own music and that if music therapy is to be effective, music that is familiar and specific to one's culture should be considered and made available in order to elicit favorable responses. As Moreno stated in his article "Multicultural Music Therapy"

"…the music may reach the client on the deepest possible level of culture and values and a shared world view."

(Moreno, 1988, p27)

2.7.1 Culturally Appropriate Practice in Music Therapy

Stige (2002) discusses the importance of cultural sensitivity which is beyond an individual level of empathy. He suggests that in order to be aware of cultural sensitivity it is valuable to have a flexible set of tools for communication and for interpretation of interpersonal relationships. This involves emotional and cognitive flexibility at a personal level which could be enhanced and developed through theoretically informed cultures in music therapy literatures and research. Additionally, he emphasizes the concept of culture-centered music therapy and states that the awareness of culture-centered factors can affect therapists' activities in a variety of ways. It can either influence the type or level of intervention that therapists make, thus leading to new and unconventional therapy practices, or it can influence the conceptualized traditional forms of intervention. In other words, while the precepts promoted in culture-centered music therapy can be used as the foundation for extending music therapy practices in new directions, they can also be effectively used as a means for changing how therapists think about practices.

In the discussion on the nature of culture, he notes that a culture-centered music therapy perspective is not just concerned with learning how to work with people from a particular subculture, or with someone who is culturally different from the therapist, but it is more about increasing one's awareness of the cultural components of all aspects of one's practice (procedures, relationships, theories, therapeutic frame, etc.) and critically examining the role and value of these elements of culture. Stige (2002) argued that consideration of

cultural effects upon a situation is essential and it is not possible to go beyond culture because culture mediates how we relate to others and to ourselves. Moreover, Stige supports the notion that "personal development includes internalization of culture" (p. 155). Thus, considering the impact of cultural factors in processes of therapy is as essential as considering the impact of psychological or behavioral factors, regardless of one's particular theoretical orientation. According to Brown (2002) music therapists need to consider and examine their own world view and those of their clients due to the rapidly changing cultural diversity in the work environment. She emphasizes that to be an effective and ethical therapist, music or otherwise, constant vigilance and growth in the area of personal awareness is required and practicing “culturally-centered” music therapy requires a music therapist to take another step towards this awareness. As Blacking (2000) has mentioned above, given the significant relationship between ones own experience and the music, it felt important to be aware of the different cultures music therapists encounter and the use of culturally appropriate music.

Lynch (1992) describes cross-cultural competency as the ability to do the work of one’s profession in a manner which is recognized as appropriate by the cultural group with which one is working. Lynch (1992) emphasize that learning about another culture is only a beginning step in the process and that attitudes of openness, respect, and the valuing of all people are of primary importance. Therefore the awareness of cross-cultural differences allows for more successful intervention by service providers.

An emphasis on utilizing culture-specific music within music therapy clinical practice is evident in the National Association of Music Therapy (1988) -now the American Music Therapy Association- Education Competencies and Standards of Clinical Practice. It specifies that:

- Music therapists must be able to identify the characteristics of non- Western music.
- Requires that music therapists have knowledge of ethnic instruments.
- Music therapists must be equipped to develop and maintain a repertoire of music for age, culture, and stylistic differences.
- All music therapy assessment methods shall be appropriate for client’s chronological age, functioning level, and cultural background.

(National Association of Music Therapy, 1988)

Music therapists need to specialize the music they use with multicultural client groups to be fully responsive to the cultural and musical backgrounds of the ethnic groups represented by their clients. This kind of approach is valuable to enhance their effectiveness in musical communication with clients and may provide the sense of understanding and sharing a common musical and cultural heritage (Moreno, 1988).

Chapter 3. Method

In developing a proposal for this research it was decided to use a qualitative design that would allow a close look at the clinical work of other music therapists and generate layers of meaning (rather than pursing measurable findings that could be generalised). An exploratory qualitative approach was considered the most appropriate method as it allowed the researcher to combine genuine descriptions from the experienced music therapists who have particular experience of cultural matters in their work with the researcher's own growing experience as a student clinician.

3.1. Qualitative Research

This study applied aspects of qualitative research. Forinash and Lee (1998) cited in Ansdell and Pavilcevic (2001) define qualitative research as being more concentrated and in depth application of the findings rather than producing predictive generalisations. This study aspired to explore the research question that was raised with implement of qualitative characteristics. It also utilises many of the characteristics of qualitative research described by Ansdell and Pavilcevic (2001). Such as:

1. Explorative – The project involved open ended interviews of other working music therapists in New Zealand in descriptive way to re-conceptualize what is central to the inquiry.
2. Interpretative - With the implicit of interpretation, the description of interviews were accounted as to demonstrate a valid perspective that will be useful to other's thinking and practice.
3. Reflective - The re-conceptualize ideas from exploring other music therapist's viewpoint of work, which are the findings of this research project, was discussed in comparison with the researcher's ongoing self reflection to give a further layer of richness and trustworthiness to the study.

3.2 Ethical Consideration

This research project conformed to the guidelines of the Massey Code of Ethics for Research with Human Participants, and prior to the commencement of the study ethical approval was sought and gained from the Massey University Human Ethics Committee (MUHEC). Particular issues for this project centred on:

- Giving clear information to all participants and gaining informed consent from participants (including children wherever possible)
- Protecting identity of participants through use of pseudonyms
- Avoiding coercion by employing third parties to approach any clients involved in the study and respecting rights of invited participants to decline involvement in research.
- Consulting participants for verification of interview transcripts
- Consulting with Māori and Pacific Island advisors at the school placement.

Consent for participation was sought, through a third party, from the music therapist participants, and the parents/guardians of the children as all of the children were specified as having very high needs with no capability of verbal language and limited means of communication. An information sheet was provided to all participants and the project was carefully explained. Participants had two weeks to decide whether to partake in this study. Every effort was made to maintain their anonymity throughout the project as the music therapy community is relatively small in New Zealand.

3.3 Participants

The participants for this project were four qualified New Zealand music therapists and the researcher herself. (Two children on the researcher's clinical case load were also indirect participants, in that the researcher reflected on her clinical music therapy notes relating to her practice with these children)

The researcher posted an advertisement[3] to the NZ music therapy community inviting practitioners interested in cross-cultural experiences with their clients to be interview about their views and experience. The first four volunteer music therapists who responded to the advert on NZSMT web site (www.musictherapy.org.nz) were recruited. The small number of music therapists was considered due to the scope of this study being relatively small and to gain rich descriptions of the personal experiences with in-depth analysis of at the interview material and reflective material.

Descriptions made by music therapists who gave consent to be involved in the study were collected through interviews, which were then transcribed, analysed and coded for themes and units of meaning. This data was examined in relation to the researcher's own ongoing experience as student clinician and researcher in the Special Needs School setting.

The researcher was the other main participant for the research, through the writing of a reflexive research journal. In addition, it was considered appropriate to seek consent [4]of the two families of the high needs music therapy clients in order that the researcher could reflect on her music therapy casework, Through a third party, the families of two children on the MTS's caseload in facility were recruited and the reflections on clinical notes from the music therapy sessions with these children were collected.

3.4 Data collection

Data were collected from a variety of sources, (music therapists, therapist and researcher), in order to gain insight from a range of perspectives on the phenomenon studied. The data gatherings and the procedures for each were as follows:

3.4.1 Interviews with the music therapists in New Zealand

Four music therapists were interviewed at a time and place suitable for them. The music therapists interviewed are referred to as MTA, MTB, MTC and MTD in the findings of this study.

[3] The advertisement can be found in appendix 3.
[4] Information sheet and consent form can be found in appendix 1 and appendix 4.

The researcher conducted the interviews, which were based on a loose structure consisting of predominantly open-ended questions relevant to the aims of the research[5]. The interviews were as close to natural conversation as possible. The interviews were recorded through audio, but one participant added further comments after the interview had finished when reviewing the transcript of the interview. All four interviews were around 45minutes and due to the locality of one of the participants, one of the interview was conducted through the phone.

3.4.2 Reflections on the Clinical notes

The children and families in the Special Needs School were invited to participate by the deputy principle of the school and the permission to use reflections on clinical notes from the music therapy sessions with two children was requested. No children were excluded from music therapy because the consents were not given. Criteria for participation were that the children were receiving music therapy, aged between 5 to12, and those who were from a different culture to the researcher's own but there were no prioritised ethic groups. The two children recruited, and gain permission, were both girls and one of pakeha and the other of Samoan ethnicity.

The clinical notes from the sessions the children received were written by the MTS after the session and the reflective thoughts of the process and feelings about the session regarding to the research question. The reflective notes of the session were noted separately in the research journal. The sessions were not video taped due to the possible anxiety it could have provoked in patients and hindrance it may have had on the session.

3.4.3 Research journal

The researcher kept a journal during the research process. Recorded in this journal were her own personal reflective thoughts, feelings, reactions, and concerns about any aspect of the research (sessions, interviews etc). A research journal was kept in order to ensure reflexivity during the research process. Reflexivity refers to the combination of self-

[5] The guidelines for the Interview can be found in appendix 6.

inquiry and disclosure in qualitative research (Rennie, 1995, as cited in Abrams, 2005) and is a procedure for establishing trustworthiness (Bruscia, 1995). Also as the researcher is the primary instrument in qualitative research, it is thought that keeping a journal can help the researcher maintain an awareness of issues related to their involvement and make sure that the research is presented in honest and fair manner. This journal helped the researcher to distinguish between her own reflective thoughts and feelings gained from her experience and the ideas raised within the interviews. Important thoughts/revelations have been communicated in this report in italics.

3.5 Data analysis

To achieve some structure on the body of information so that conclusions could be reached, the data was analysed in the following way.

3.5.1 Interview analysis

1. The interviews were recorded on a voice detector and dictated verbatim. At the beginning of each interview transcript field notes such as the time and place of the interview were written. The researchers own reflective thoughts of the process of the interview were noted in the research journal.
2. Member checking occurred. The transcripts were sent back to the participants for verification and the participants were asked to delete, add to, or change any parts of the transcript as they felt necessary. The member checking process felt needed in order to confirm that participants were happy with what was said and that all statements were correct.
3. The transcript was reviewed to obtain an over view of the interview, to help the researcher become familiar with the content of each interview.
4. The verbal dialogue relevant to the study was organised into key groups and within these groups themes were developed
5. Peer debriefing occurred. This was done with a music therapy student who had not participated in this study. The music therapy student was given the interview

transcripts and a list of the researcher's categorized themes found. She reviewed the transcripts and discussed the researcher's discoveries. Adaptations were made when necessary[6].

3.5.2 Analysis for reflective journal of the clinical notes and research journal

This process was similar to the data analysis for the interviews.

1. The researcher reviewed the journals and highlighted the things that felt relevant to the research questions.
1. 2. The highlighted contents were organised into categories and within each category, themes have developed.
3. The themes found were presented to the music therapist for peer debriefing. This process occurred in the same way as the interviews.

After the interviews and reflective notes were analysed they were compared to see if there were any personal meanings that were overlapping or contrasting across the data sources. The researcher's supervisor also gave assistance during the stages of interview and reflective notes analysis, to help prevent any interpretive bias.

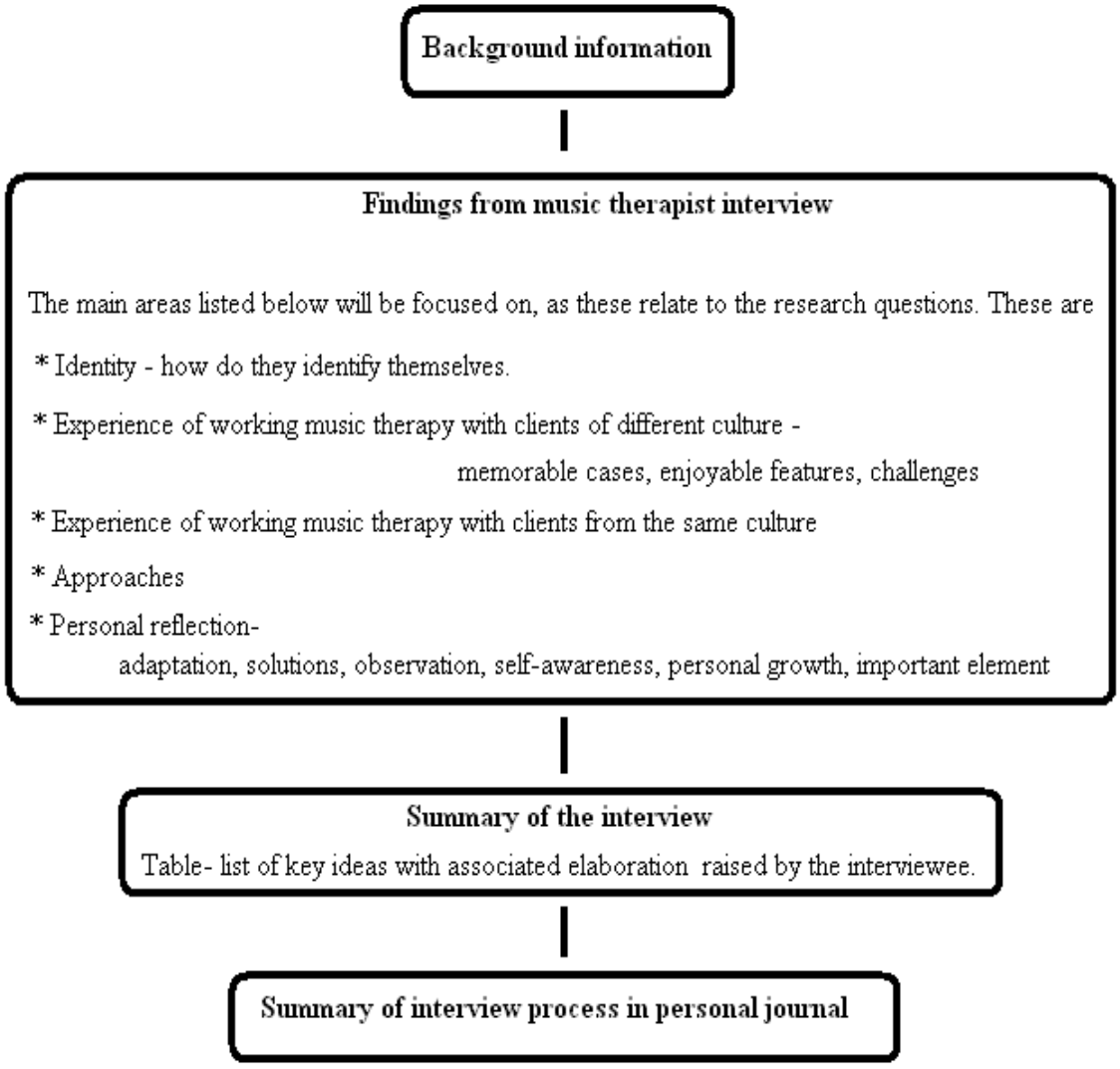
[6] More information about the peer debriefing process and what occurred can be found in appendix 7.

Chapter 4. Findings

The findings are presented as follows:

- Interviews with music therapists
- Reflective notes on clinical cases and personal journals

The findings from each interview are presented separately and will be presented in the order in which they were interviewed. Each interview/personal reflection from the journal will be presented in the following format.



(Table 4.1)

Interview A

15th November 2007 registered music therapist- A

A.1 Background

Music therapist A (MTA) is a music therapist born from a country in the far East and lived there until she decided to start her training in Europe. She worked in Special school for the disabled for many years in her own country after the completion of the Masters degree and came to New Zealand a few years ago. She has been working in a care organization in New Zealand for almost a year at the time of the interview. The general populations of clients she had worked with in her own country were children with wild ranges of disabilities and young adults with intellectual disabilities and physical disabilities. The dominant ethnic groups of clients she worked with were Chinese, Malaysian and Indian. Here in New Zealand she is working with mostly pakeha[7], Māori or Pacific Islanders and some Chinese.

A.2 Findings from the interview with MTA

The interview with MTA occurred on 15 November 2007 and was conducted at a meeting room of a Music Therapy Centre in Auckland. The time of the day it took place was in the late afternoon where MTA had come after finishing her work therefore the interview was conducted in a relaxing manner with flexible time limitation. The duration of the interview was almost an hour. In the quotation of the interviewee, any descriptive words that might lead to the identification have been power phrased by the researcher and indicated in italic style.

[7] **Pakeha-** non-indigenous New Zealanders

A.2.1 Identity

Personal Culture: She took a careful moment to respond to the question and MTA felt that she is on the border line of two or even three cultures. She commented that from the journeys of her life and personal circumstances she **created a third culture of her own** at home. "It's neither Kiwi nor *a person from my own country*." (line 94) She identified herself as Asian in a broad sense as her upbringing took place in a country far east but eventually described herself as Westernized Chinese.

Musical Culture: MTA commented that in terms of music, as herself being classically trained over the past and jazz music being one of her interests, she showed not so much of an attachment to Chinese music even though she described herself as having reasonable proportion of familiarity in Chinese custom. "I don't listen to Chinese music …. I didn't know what he (Vietnamese Client) was singing. It was a sort of vague thing that maybe my parents listened to." (line 234-236) Also MTA questioned her cultural identity in her music work. She identified that her work involves Western style music and frame of the work and wondered about where her Asian culture she identified earlier come into her work. "…. My whole frame work is Western so… where is the Asian? (laughed) You never can quite find the answer for it. (Spoke in very lively manner)."(line 177)

A.2.2 Multicultural Encounters

When encountering clients who identified to a similar culture to MTA:

Challenges: MTA observed some challenges when working with clients from the same ethnic culture, with similar background to her own. She identified some of the **difficulties she often faced dealing with the parents** of the children rather than working with the children themselves. She felt that there were clashes/ differences in understanding each other. Communication was one of the frequent issues that emerged during the responses related to this matter. She has noticed how prejudiced the parents were in her own country of how they perceived the term 'therapy' as a profession and their attitude towards the work. "…perhaps the perception of what therapy is in Asia even in her own country is quite narrow especially music therapy… you know the word 'therapy' is like you know people don't go to therapy. It's like shameful or something." (line 108, line 119)

Another aspect of the possible reason identified for having the above difficulties was the **difference between cultural norms** of Asia to Western countries where music therapy has been developed. The individualism that was brought in with the music therapy intervention felt in a way against the cultural norms of Asia as the sense of being part of a greater whole in most Asian cultures are valued. "… Asian thing you know. You are sort of part of a big whole…encouraging child to be quite individual … kind of goes against some cultural norms." (line117) Therefore some of the approaches were quite foreign and novel to the parents and care givers.

Solution: MTA commented on the ways she manages these situations. She felt that when you are introducing a new/ foreign idea, one must be very careful and think **how it can be recognized in the receiver's context** which in this case is the context of her own country. It must be approached in a culturally sensitive way as it can be misinterpreted so easily. "… when I am importing a Western thing, that often make me think about… how perhaps put it in an Asian context." (line 173)

The ways in which she used to deal with some of the situations was by providing literatures for the parents to read, encouraging parents to observe and take part in the session with their child, having discussions about what had happened, and create opportunities for parents to share their experiences with each other.

Pre-perception(pre-conception) from the clients:

There were several case examples where pre conception from the clients towards MTA was demonstrated. She mentioned about one Vietnamese client who kept singing pre-war Chinese songs when MTA was working with him and also the three Chinese children at the facility where she is currently working at who always spoke in their mother tongue when MTA was present. She carefully suggested the possibility of this incident resulting from having the similarities in appearance. "When they (Chinese children) see me, they immediately speak in mandarin/Cantonese...they don't actually talk to me in English even though they can. So when they see me they identify strongly with the Asian thing." (line 229)

When encountering clients who identified strongly to a different culture to MTA:

Challenges: MTA describes several cases with clients who were Bulgarian, and pakeha. Some challenges identified from these case examples were first, the language barrier between client had herself and second, the difficulties in learning songs from a different culture or genre. When MTA was working with a Bulgarian client with autism who understood very little English she attempted to learn the basic words of his language and songs that might provide an opportunity to connect him and build positive relationship. But in spite of her effort, the client withdrew from music therapy programme after a few weeks. As MTA reflected on this case she identified the **language barrier being one of the key factors which led her to feel there was lack of communication**. And from that the uncertainties were created and it was anxiety provoking. "There were a lot of unanswered questions because I couldn't really communicate with the person and that was the frustration. Again back to the language barriers." (line 359) She also showed disappointments of not having enough time with the client to explore how music could overcome the difficulties identified. When she was exposed to the unfamiliar style of music when working with a pakeha client, she attempted to explore and learn the style of rock and roll, and the hard rock which was the kind of style the client preferred. She commented how it was difficult for one to fully emerge into the way your clients do. She was challenging herself to provide and be with the client at the best level she could be. "It's (like) sort of having to look at those things and see how you can put your self in there. You can just play but it's hard to immerse yourself into it the way your client (does)…" (line 375)

Solution: MTA commented on the ways she manages the challenges described above. She suggested to be **familiarized with the style of the music that might feel foreign** to her and make further effort to learn the basic words of the language of your client and discuss issues with the family members and staff who knew about the client. She also stated the importance of being open minded when approaching the clients and **meeting them from where they are.**

Reflection: An important factor to remember is to never make assumption from where they have come from and **not to have pre-conceived ideas** "try to see it as blank sheet so that I

wouldn't have some ideas already set in my mind about how things might be." (line 345) The positive attitude was highly empathized in her description of the experiences. She described herself as someone who enjoys finding out new things and learning different music and culture. She faced the challenges in front of her and expressed courage to explore and enjoy the moment to overcome the anxiety from the uncertainties. "I actually find as much as it is challenging it is very rewarding and enriching as a therapeutic experience for me." (line 382)

A.2.3 Music therapy in New Zealand

Adaptation: As she had come to New Zealand to live, she was able to identify **two almost opposing feelings** that emerged within her. "On the one hand I am very aware of my own culture a lot more and suddenly I am trying to preserve it… On the other hand there is... **wanting to fit in**." (line 420-422) This **awareness of who she is and the desire to not lose that** is highlighted. Also from the case example with the pakeha client, she emphasized how she wanted to be herself at the same time as she was dealing with the limitation of musical style and challenging herself to adapt in an unfamiliar genre of music. "…still have your integrity… you have to be real too." (line 378) In order to adapt herself in New Zealand, she had to make a few changes. One of the changes she had to go through was to adapt the way she spoke to be understood easily by people. She emphasized her frustration of the difficulties in communication because of how she pronounced and spoke English. She had to learn the slang and accents in order to make herself understood.

Majority of staff: In New Zealand where she is currently working, she had contact with clients with various backgrounds. Some of the clients were from China who spoke the same language as MTA. She commented that proportionally the number of mandarin / Cantonese speaking clients is a big percentage compared with the English speaking clients. But in spite the fact MTA described she is the only person who could understand what these clients were saying at the facility. Because of this fact she mentioned some of the examples of **miscommunications that had happened over the past because of the language barrier between the staff and the clients**. "…I have to tell the staff 'yes, he is actually trying to tell you something and it's making sense, he's making a comment, and it's not gibberish.' Which they thought before it was." (line 246) MTA commented how

unfortunate it is for other staff to miss something that could have been meaningful to the clients. "… unfortunately the other staff wouldn't be able to understand and they wouldn't see it as meaningful." (line 268)

A.2.4 Highlighted moments

From the description of her experience of working as a music therapist, she expressed her passion towards the work and how rewarded she felt while facing the challenges which have been described earlier. She delightedly explained her work in China where she was given an opportunity to work at the children's home for children with disabilities. MTA introduced the new idea of individualistic ways of approaching and the other ways of communicating with children. This produced an eye opening experience for the staff and an opportunity to take what was already there to the further extend of understanding. MTA showed excitement over how much they were thrilled and positive about learning.

Music beyond verbal language: When working with a non verbal South American client, she felt the language difference was not the barrier which interfered with the therapeutic process. The client was responsive to a variety of musical styles which may or may not have had cultural significance to him and MTA felt that they were able to **connect through the music without too much input of verbal language**. "I wouldn't say there were major issues in connecting in music… Language isn't a big barrier sometimes." (line 415)
"I find actually overall people with disabilities probably the most embracing. They don't care who you are or what ever. So it depends on where I am." (line 441, line 444)

A.3 Summary

From the analysis of the interview A, these are the key ideas which spoke strongly to my attention. The table below elaborates the summary of the things I have learnt and the issues that felt were important to be recognized from the experience of the other music therapist.

A.3.1 Key Ideas	**Elaboration**
1. A third culture created	There were two strong sense of cultural identities coexist within her, Asian and Western as she was exposed to both. Eventually described herself as Westernized Chinese
2. Two almost opposing feelings identified. 1) Preservation of her own culture. 2) desire to fit in.	Attempts to minimize the differences and adapt to the environment by learning about the culture and music with a balance awareness of being herself.
3. difficulties occurred when dealing with the parents from East Asia country she worked in.	The social recognition of the perception of the term 'therapy' as a profession was not very positive
4. recognizing the difference between cultural norms	The individualism that was introduced through music therapy intervention was different to the sense of being part of a greater whole as the most Asian cultures hold valuable.
5. thinking about communicating in the receiver's context	Needs to be modulated when introducing a new idea that might feel foreign to other cultural traditions so that it is respectful, non threatening and culturally sensitive
6. feeling lack of communication because of the language barrier	From the uncertainties created it was anxiety provoking
7. miscommunications that may occur between the staff and the clients from the language barrier	Demonstration of some of the miscommunication between other staff and the client and in need for consideration of staff to reflect the client population.
8. Avoid pre-conceived idea	never make assumption from where they have come from
9. familiarized with the style of the music that might feel foreign to the Music Therapist.	Effort to learn and enhance her personal tool for clinical practice to gain cultural competency.
10. Meeting them from where they are.	An emphasis on 'in the moment' approach. Importance of letting things happen and responds to the possible initiation.
11. Music connecting people despite the differences	The music is a non threatening medium that connects people and communicative tool beyond verbal language.

A.4 Summary of Interview Process notes from the Personal Journal

The impression of sharing MTA's experience, as a music therapist working within a diverse cultural environment, was a very pleasant and interesting process. I was able to be sympathetic towards her experience as I have noticed some common thoughts in similar situations. Also it was affirming to hear how she had dealt with the circumstances. This process gave an opportunity for me to widen my view of culturally appropriate work and reflect on my experiences. I admit that there was anxiety present in the room in the beginning, as we were meeting each other for the first time, and I was cautious with the desire to conduct the interview in an appropriate manner as possible. It was interesting to observe myself becoming very comfortable listening to what MTA had to say as time went on and as I began to relate to her experiences.

Interview B

16th November 2007 registered music therapist- B

B.1 Background

Music therapist B (MTB) is a music therapist who was born in an English speaking country and trained in Europe. She completed the Masters by dissertation based on the work that she was doing after she had done the music therapy training. She practiced in her home country until she decided to come to New Zealand. MTB works with children with special needs in New Zealand. The general populations of clients she had worked with in her own country were exclusively with children with learning disabilities and multiple disabilities and often with their parents. MTB also worked with the adolescent with emotional and behavioural difficulties in mental health setting before coming to New Zealand. The clients she had worked with Eastern European refugee families such as from Croatia, and Serbia. She was a lecturer and a registered supervisor in her own country. Here in New Zealand, She is working with children who are mostly pakeha, Māori and Pacific Islanders.

B.2 Findings from the interview with MTB

The interview with MTB occurred on 16 November 2007 and was conducted at a meeting room at a Music Therapy Centre in Auckland. The time of day it took place was in the lunch break at her work place. The interview was conducted in a relaxing manner and the duration of the interview was around 35 minutes. In the quotation of the interviewee, any descriptive words that might lead to the identification have been power phrased by the researcher and indicated in italic style.

B.2.1 Identity

Personal Culture: She showed her interest over this question and carefully put her thoughts into words. She mentioned the town she was brought up in her own country and described as "one of the most culturally diverse cities in *my country*."(line 59) and her experience in her country as "more multicultural than here in Auckland." (line 70) As a result she felt her **cultural identity is "diluted"** (line 256) and commented that one's culture can vary and be so different within the same society. She suggested that the differences are more specific to her immediate family and her upbringing and showed very strong sense of "just being somebody within that whole multicultural sort of society." (line 116)

Musical Culture: MTB commented that in terms of music, which associates with her culture, she showed attachment to her country's folk music and dancing, and the songs she use to sing at school. "music… that we use to do at school that I love to hold on to…"(line 98)

B.2.2 Multicultural Encounters

When encountering clients who identified to a similar culture to MTB:

MTB expressed the awareness of observing herself making connection with the clients from the same town as her who she had worked with at the mental health service. She was able to address comparable factors between clients and herself such as similar background, and issues or thoughts that preoccupied her in her teenage years. Also from the nature of her work, while working with the families, she recognized the representation of her that paralleled to the parents in terms of the decisions they make for their children and the values they hold as parents.

Reflection: From the reflection of the family therapy training she had completed, she recognized that there were **differences present everywhere** and it is important not to make assumption and have pre-conceived idea about the client. "… you know you sort of have grown up in the same way as me and yet they interpret things completely differently to us." (line 272-273) She discussed the value of learning to ensure the appropriateness of the approach by talking and **checking with people and not hesitating to ask**. "I think it's

really important that we do that checking out and that we are not afraid to ask because we think it might be culturally inappropriate." (line 279-280) The importance of the willingness to learn and accept with an open mind and positive attitude towards the differences or similarities that are present with clients was strongly empathized in the process of the interview. "Whatever they are, regardless of where they've come from…we all come from different places, we all have a different journey and different histories and stories to tell and they all have a place." (line 323)

When encountering clients who identified strongly to a different culture to MTB:

Challenges: When MTB was working along side a psychologist with a Croatian refugee child who was referred to the mental health service because of his behavioural disturbance, both psychologist and music therapist identified that one of the challenging aspects of the therapeutic process was the language barrier. There was **an input of an interpreter** to help their communication, but still itself was a difficult process. "…Of course, there was a language barrier immediately." (line 133) They have extended the work with this client with the inclusion of his mother and sister in the session. MTB identified that one of her roles was to **build the communicative bridge** between the child and his mother and sister and musically support them when there were no other ways to communicate. "…in terms of communicating, I suppose my skills as a musician and music therapist came in." (line 170) Therefore there was less verbal language used in the session and a lot of playing with the instruments such as drums, was involved.

From her experiences working with a number of refugee families through the mental health service, one of the other challenges was to deal with such a traumatic situation. MTB also expressed having some sense of being deskilled when supporting a client from Zimbabwe who presented very strong rhythms that were innate to her. "They were what she was brought up with. They were **so different to what I had brought up with**." (line 202)

Solutions: MTB commented on the ways she managed the challenges described above. There was the interpreter's input, and further effort to find out about the culture that felt unfamiliar to her by talking to the staff member who lived in the same country as her clients. The ongoing supervision and an access to a multidisciplinary team were identified

as some of the other ways to ease the challenges. "…we used to talk regularly and she was a psychiatric nurse." (line 228) She also stated the importance of having constant evaluation and reflection toward the work and awareness of the appropriateness of the music.

Approaches: As a music therapist she described that there are no specific or different ways of being with the clients depending on their ethnicity and it is the client's or the family's needs and the values they hold that are foremost in her consideration when approaching. "I suppose the children that I see here, **it's their disability or their need that I see first**." (line 317)

Being in the moment with the client was strongly empathized in her description of the experiences. When working with the Croatian client she felt it was necessary to let the things unfold themselves. "I suppose to try and support what she was doing." (line 211) She worked with empathy and with acceptance towards the initiation from the clients and with the patience to let the things fall into places. "I wanted to be able to accept what she was giving me in the here and now…, Wanting the therapy to be very much in the present." (line 235- 240)

Pre-perception(pre-conception) from the clients:

There was one case example where MTB described the consultation process with a Māori family. She expressed that there was a strong sense of Māori culture present in the room and she felt that their spiritual understanding and where they put themselves within Māori spirituality was made explicit in the room. In the process of consultation, she noticed the sense of them holding preconceived ideas that she would not be able to understand because she is not 'one' of them. "I felt like a complete outsider…I felt quite uncomfortable because I felt a sense of … 'you can't understand, you don't understand. You won't be able to understand.'" (line 286-187)

B.2.3 Music being a universal language(communicative bridge)

There were a few case examples which really demonstrated how **music connected people despite the differences** they had. As part of the consultation process with a Māori family, the clinical exploratory music therapy session was conducted while the parents were observing the session. MTB expressed being very alert and sensitive towards the whole process of the session. “My brain had been working overtime trying to think how to address what it felt was going on in the room.” (line 297) As described in the theme of Multicultural Encounter section, there was a strong sense of being Māori present in the room from the family. MTB expressed her effort to be as culturally sensitive as possible in the process. She took an opportunity to discuss what the parents have addressed as important to them such as their spirituality, beliefs and values. Also asked whether they felt it was culturally appropriate in terms of how she conducted the session with their child. The father of the child surprised her by commenting on his recognition of music being the medium bridging the two different cultures. “…I asked…how important did they feel it was important to have someone who shared those beliefs in understanding or did they feel their daughter could work with someone like me… The father said ‘well… the music says it all.’” (line 297)

In the case with the Croatian child, she felt not so much verbal language was needed. “But also that some of the things he had experienced… even that in itself, finding the words to try and express and describe what he had experienced was going to be difficult.” (line 140-141) In spite of the language barriers that had been discussed in the Multicultural Encounter section, they were able to build a connection through music making which helped him to express and communicate further in music with his sister and the mother. It was described as a very valuable experience for the mother and a positive way to be with her children. “…it was very very difficult. Huge sense of non permanence (for the refugee families) … important for her (mother) to be able to be with them (children) and do something fun and could take them out of a really difficult situation that they were in.” (line 158- 162)

MTB also emphasized how **music helped people move away from the difficulties** and who have experienced traumatic events. Some of the difficulties identified for the clients and their families were a sense of non permanence, uncertainty of the future, lack of confidence and feeling in control, depression, and memories of traumatic events. In the

description of the work with a Zimbabwe client, who presented with a strong sense of self isolation from the society resulting from a traumatic experience in her past. “She wouldn’t talk… we would start the session with general checking how things are and there would be nothing from her.” (line 185) But as soon as the instrument such as drum was presented, she was able to engage in playing and produced amazing rhythms that were innate to her. MTB emphasised on how extremely depressed her client was and through the musical interaction, her client was able to move away from the situation she was in. “She said (Zimbabwe client) it (drum playing) reminded her sometimes of the happy times in Zimbabwe… singing in church and making music for celebrations.” (line 192-193)

Adaptation: MTB articulated how she felt comfortable supporting and natural when adapting to what her clients were presenting which often was unfamiliar. She carefully reflected on the way her clients presented with their music which she felt made it easier for her to support. “They were intuitive… because the way that she (Zimbabwe client) was, she was actually really confident when she was making music.” (line 201-204) She showed a positive attitude towards learning and accepting what was presented. “it was a process of ‘do you know that song’, ‘can we find out together?’” (line 238)

The natural process of adapting her music to the surroundings in the therapeutic process of music making with her client emerges in the description of working with the Croatian client. “I found myself playing, improvising on the piano then I thought ‘where did that come from?’ I would be playing in a particular style that sort of felt Croatian, like gypsy, folk types of music.” (line 150)

B.3 Summary

From the analysis of the interview B, these are the key ideas which spoke strongly to my attention.

B.3.1 Key Ideas	**Elaboration**
1. Cultural identity is "diluted"	Resulting from being brought up in a multicultural town of her home country, there was a strong sense of just being somebody within a whole
2. Communicative bridge	There was recognition of the role as a music therapist to use music as a communicative medium to support the clients.
3. Differences being present everywhere	It's not just the cultural difference but highlights some sense that there's always differences
4. Different upbringing to how she had been brought up	An emphasis on how it is difficult to make sense of everything from our own experience.
5. Music connecting people despite the differences	In spite of the spirituality, beliefs and values of the client that are addressed, music is the non threatening medium that bridges over the means of the different values
6. Avoiding preconceived ideas	A willingness to learn and accept with an open mind and positive attitude towards the differences or similarities that are present
7. Not hesitating to ask	Instead of making assumption make effort to find out about the culture
8. Being in the moment	Working with empathy and with acceptance towards the initiation from the clients
9. Client's disability or needs that come first	it is the client's or the family's needs and the values they hold that are foremost in the consideration rather than having different ways of being with the clients depending on their ethnicity
10. Music helping people to move away from the difficulties	Music may provoke pleasant memories and escape from the sense of time and place

B.4 Summary of Interview Process in the personal journal

The impression of MTB's interview was very interesting and caught my attention as her personal experience and impressionistic description of living in English speaking country was an unfamiliar world for me. It required an intensive concentration to absorb what she was describing. I have to admit that it was not an easy task to imagine in my head as I do not have pre-reference of what she was describing and it was all very new. This process gave me an opportunity to wonder of one's response to the exposure of an unfamiliar music. I admit that the unfamiliarity was anxiety provoking but at the same time prepared me to be alert and excited to what was coming ahead and in a way stimulating as well. There's research, uncertainties, exploration, observation, and imagination which I felt are the common responses that emerge with unfamiliarity of an experience. The interview with MTB was a thought-provoking experience and an opportunity to widen my view to reflect the aspects that associate with unfamiliarity.

Interview C

3rd December 2007 registered music therapist- C

C.1 Background

Music therapist C (MTC) is a music therapist who was born in an English speaking country and lived there until she decided to come to New Zealand in 90's. She began her training at a University for music therapy based in Wellington, and completed a Masters Research degree. It has been several years since MTC has been working as a music therapist in New Zealand and prior to that she worked as a teacher. The general populations of clients she had worked with were exclusively children with special needs either in the mainstream school or special school and also she had worked in a Children's hospital and rest home and hospital for dementia as part of her practicum of music therapy training. She described her work as multicultural for not only the local populations of the clients but also a number of children are taxied from varies parts of close by towns. She is mainly working with European New Zealanders, Māori, Pacific Islanders, and Indians.

C.2 Findings from the interview with MTC

The interview with MTC occurred on 3 December 2007 and was conducted at a meeting room at a Music Therapy Centre in Auckland. It took place in the early morning before MTC started her work at the Special Needs School. Therefore the interview was conducted with a time limitation. The duration of the interview was almost thirty minutes and additional comments were obtained through e-mails in the process of confirming transcription. In the quotation of the interviewee, any descriptive words that might lead to the identification have been power phrased by the researcher and indicated in italic style.

C.2.1 Identity

Personal Culture: MTC described without any hesitation that she feels very British in a broad sense. “I feel *I identify myself to my ethnicity* which is kind of composite.” (line 33) She identified some of the factors that took a large proportion of who she is by possibly the influences of her family when forming her cultural identity. The background of her parents and families as well as the town she grew up in was described. “My mother is from *one part of Euroupe* and I grew up in a place which is very distinctive Celtic part of *the country*. And my father is *from another part of Europe*.” (line 34)

She also emphasized a few times on her recognition and notification of differences between two cultures despite the first impression of New Zealand being similar to her homeland. which she felt very similar to where she had come from. “There’s a lot of similarities between pakeha New Zealand and *people from my country* still but there are a lot of subtle differences too so sometimes I think the longer I’ve been here the more I’ve realized it’s different.” (line 127-129) She carefully identified some of the subtle differences she had found such as accents, the different ways of doing things at schools, and the general impressionistic characteristics of people form her homeland and Kiwis. “We (*people from her country*) take a while to get to know people and maybe younger generations are a bit more outgoing… there’s a level of reserve amoung kiwis but I think they are very very willing to help other people.” (line 146 - 152)

Musical Culture: MTC commented that in terms of music, she had been brought up in a musical family where her father was an organist and a music teacher and being involved in school choirs and orchestra herself, this childhood had influenced her musical identity greatly. as herself being brought up in a musical family where her father was a music teacher and an organist and her involvement in school choirs and orchestra from an early age influenced her musical identity greatly. “I feel classical music in general is also a huge part of my culture and background.” (line 46) And she showed a strong attachment especially over folk songs, dances and compositions and described her involvement with folk dancing in the past. “*My country’s* music really moves me at orchestra when we are playing *pieces by the composers from my country*.” (line 36-37) MTC mentioned how she was seeking musical nourishment to fulfill her musical identity and solace the emptiness of homesickness. “It (visiting folk clubs, concerts, festivals, listening and participating in folk

choirs) seems to be **partly a love of music, and partly nostalgia now that I am living far away**." (line 44 - 45)

C.2.2 Multicultural Encounters

When encountering clients who identified to a similar culture to MTC:

Reflection: During her practicum at a rest home where the general population originally had come from European countries, she described how she used folk music from their home countries and songs that might have had significance in their childhood life. In the reflection of this work she expressed the **satisfaction over the experience of sharing the similar musical culture** with the clients and how it felt innate to her as it was part of who she was. "It was lovely for me to do it because it feels much more natural and it's not repertoire that I had to learn or I'm not improvising in a particular style." (line 163-164) She described this experience as a natural way of communicating with people which allowed her to be herself rather than consciously trying to play in a certain style. "It just seemed to be the way that I naturally think… I feel it's like a mother tongue… (it's a) special way of being able to just be my self with people." (line 165, 167, 170)

When encountering clients who identified strongly to a different culture to MTC:

Challenges: MTC highlighted the most challenging aspects of encountering culturally unfamiliar clients, is **dealing with the anxiety**. The anxiety includes her desire to be 'right'. "… the anxiety of getting it right… it's quite a challenge… anxiety is probably worse than anything… any mistake that you might actually make." (line 114, 119) Other challenges identified were learning the basic words of an unfamiliar language, pronunciation of the words, and learning new songs from a different culture. These challenges were all leading to the provocation of anxiety. "My pronunciation was corrected every 5 minute when I tried. I was put off for a while. (*laughed)*" (line 83), "…you need to know it inside out before you start using." (line97) Another challenging interference in the therapeutic process was the **language barrier** when working with a German client from the rest home. There was help from one of the staff who knew some German. MTC felt the **limitation in ability to understand or catch the potentially meaningful moments** when

the client started to chat to her in German. “I didn't have enough German to understand her... or to know when she was not making sense!” (line 320)

Solution: MTC commented on the ways she managed the anxiety described above. A positive attitude was emphasized to overcome the fear of making mistakes. She prompted herself to move forward to keep away from feeling trapped in the cycle of concerns. “You have to get over that and just get on with it really.”(line 120) Other ways identified to manage the challenges, were by **regular discussion with the staff** members, constant practice and use of the words and songs that are from an unfamiliar culture, and **approach with respectful manner and music**. “If you use the music respectfully, then I think those people will be fine with it (mispronunciation, mistakes).” (line 85) Also to ease the feeling of limitation when facing the language barriers, MTC often included some German songs for the client as the client loved it when German was spoken or sung to her. Music was an alternative bridge to connect in something that was culturally significant to the client. “I often included a German song or two for this lady, and she would smile, listen attentively and sometimes sing along.” (line 321-322) “we sometimes spoke to her in German. She often brightened up.” (line 319)

C.2.3 Culturally appropriate practice

Pre conception from the therapist:

MTC emphasized the importance of **avoiding making assumptions and developing pre-conceived ideas** about the clients from their ethical background. One of the ways described to be sensitive around this matter is to make further efforts to find out about each individual client by talking to the staff and family members. “She (the mother) told her teacher that her (Taiwanese) daughter doesn’t like it when she plays Taiwanese or Chinese music.” (line 270) Also there are subcultures that have to be taken into consideration when encountering clients. In spite of their ethical traditions and cultures, there are many **sub cultures, generation gaps, and personal preference** of music. “They are also 21st century kids… and listen to all sorts of things so they are exposed to all sorts of music.”(line 76-77)

Musical consideration;

MTC wondered about the use of **unfamiliar music and how it might be effective** and attention grabbing. “Sometimes it awakens them more if you use something that’s a bit unfamiliar.” (line 103) She articulated the importance of having an open mind open minded when approaching the clients and patience to wait for their response to meet them from where they are. “See how the child is responding.” (line 99)

Musical adaptation:

MTC was **influenced by the observation of the musical interaction between the child and the mother.** She gave one example of working with a Māori child where the child’s mother was invited to join the session. “That’s influenced me in the way that I sing with her since.” (line 195) It was a very useful knowledge of preference and she demonstrated her awareness and recognition of what the needs were for the child with an ability to flexibly adapting herself to suit the needs. “It’s quite a good way to settle her if she’s not quite herself because it’s something that I know that’s very familiar.” (line 197)

Consultation:

The importance of having a regular supervision with other teachers and staff was articulated and MTC expressed how fortunate she feels to have multicultural staff for the opportunities to discuss and find out about other cultures and grow cultural awareness at the school where she is currently working. “It’s good having a really multicultural staff at school. There are teachers and teacher aides who came from all sorts of places so there’s usually someone you can talk things over with if you are not sure about how to do something.”(line 86-89) And from the consultation with a Māori whanau at a different Special Needs School regarding the research project, she was very satisfied with their involvement, support and positive attitude and expressed the enjoyment of working with them. “I had the most wonderful meeting and support and follow up from them (Māori whanau). I think people are quite open minded usually especially as far as children with special needs go.”(line 90-92)

Personal tools:

MTC emphasized the need for music therapists to continuously seek and **experience a wide variety of music** as a primary way to enrich one's personal tools for clinical improvisation. She commented on the importance of paying attention to the different tone colours, rhythms, scales, and textures and "challenge ourselves to really listen!" (line 291) And in addition, also she expressed how it is necessary for a music therapist to be **confident with the materials used in the clinical practice**. "You need to know it inside out before you start using it with children so it's kind of part of you not just a song that you found from somewhere else." (line 97-98)

C.3 Summary

From the analysis of the interview C, these are the key ideas which spoke strongly to my attention.

C.3.1 Key Ideas	Elaboration
1. The satisfaction of sharing the similar musical culture	Recognition of music innate to her, which represented who she was in terms of her musical identity. The bond that can be created from sharing and acknowledging something in common.
2. "partly a love of music, and partly nostalgia now that I am living far away" (p1,44-45)	Seeking for musical nourishment to fulfill her musical identity and solace the emptiness of homesickness.
3. Dealing with the anxiety	The anxiety includes her desire to be 'right.' Positive attitude such as prompting self to move forward was emphasized to overcome the fear of making mistakes.
4. language barrier – limitation in ability to understand the potentially meaningful moments	Potential difficulties when working within culturally diverse environment and it is not possible to fulfill all the demands and it is natural to fill deskilled sometimes. It is important to find the alternative bridge to connect in something that was culturally significant to the client.
5. Regular discussion with the staff	The importance of having regular supervision with other teachers and staff for opportunities find out about other cultures and grow cultural awareness.
6. approach and use the music in	Be cautious and alert to the sensitivity of

respectful manner	one's culture. (Religion, beliefs, values, traditions…etc)
7. Avoiding pre-conceived ideas	Not making assumption from what you know and from the client's ethnicity. Always be willing to ask and accept how they present.
8. Consideration of sub cultures	social groups, economical group, gender, age group, locational background, personal preference of music, style, genre, instrument…etc
9. Effective use of unfamiliar music	Appropriate use of familiar and unfamiliar music as sometimes unfamiliarity can be stimulating and attention grabbing.
10. Potential influences from observation	Ability to accept and flexibly apply when necessary from observing something that might be important or useful when interacting with client.
11. The need to experience wide variety of music	Wide range of music includes genres, styles, different eras, different tone colours, timbre, rhythms, scales…etc
12. Clinical competency with the materials used	Need for music therapists to really familiarize oneself with the materials used in clinical practice and constant effort to polish the musical skills to equip personal tool for clinical improvisation.

C.4 Summary of interview process in personal journal

The impression of sharing MTC's experience, as a music therapist working within a diverse cultural environment, was very fascinating in terms of her thought process and issues that were raised. From her personal experience of living in New Zealand as a British immigrant which led to the journey of discovering her own identity in terms of culture and music, it was very convincing and closely related to the issues I have identified and to my own experience of finding out my journey as an immigrant in New Zealand. MTC clearly demonstrated her experience in relation to my questions and it was stimulating to listen to the sharing of her work. I have really enjoyed the opportunity to reflect, examine, and compare to my work experience how I have worked and further enhance my awareness to deal with of the issues that potentially lie on my career as a music therapist.

Interview D

4th December 2007 registered music therapist- D

D.1 Background

Music therapist D (MTD) is a pakeha music therapist who has trained and completed a postgraduate course in music therapy in Europe. After the completion of the training she came to New Zealand and worked as a music therapist for over 25 years. She had worked in a wide range of sectors of client populations but the most consistent work has been with children and young adults with intellectual disabilities and adolescents with high level of autism. The clients she had worked with over the past were generally Middle East refugees, Caribbean, and Portuguese people. In New Zealand, she has worked with people from various parts in Asia, pakeha, and especially with Māori and Pacific Islanders such as Samoans and Tongans. As one of the pioneers of the music therapy profession in New Zealand, her work had been more of a consultant than a practitioner. She was involved in running workshops with occupational therapists, diversional therapists, and people who were in the health or education sector who were interested in the effective use of music in their field.

D.2 Findings from the interview with MTD

The interview with MTD occurred on 4th December 2007 and was conducted via a phone call as we were unable to meet in person due to the geographical difference. The time of the day it took place was in the afternoon and audio was recorded through speaker phone. The duration of the interview was around 35 minutes and as it was done over the phone there were minor technical challenges which were eventually resolved.

D.2.1 Identity

Personal Culture: Without any hesitation she described herself as someone who was comfortable in whatever grouping she was in and feels the only differences in terms of her identity was more specific to her immediate family. “Only in societal terms. That’s the family grouping I am in.” (line 59)

Pre conception of culture in terms of Identity: MTD articulated that when working in a public sector it is equally important for one to consider sub cultures such as socioeconomic background, historical background, diagnostic background, environmental difference, gender difference, sexuality difference, and personal upbringings as well as their ethnic background. She described her personal experience of meeting people whose appearance were not colonial New Zealand Europeans. Resulting from historical background of having their ancestors settling in New Zealand from 1880s they had no connection with their homeland which their great grandparents had come from. Through this example she demonstrated her concerns for making general assumptions from the client’s ethical background, and the **vulnerability of misled pre conception of one’s cultural identity, from the different appearance**. “You can make mistake of assuming a cultural background that isn’t there.” (line 69)

D.2.2 New Zealand Context

Sub cultural consideration: “New Zealand is becoming a very interesting country because of its multicultural background…immigration is restrictive in numbers but it’s not restrictive in terms of race.”(line 282-285) As briefly mentioned above in section D.2.1, There was a strong emphasis on the consideration of sub cultures within the broad umbrella of the term culture when working in a culturally diverse society like New Zealand. She based her knowledge on her experiences of an extensive range of work and described her understanding of some of the particular **sub cultures in relation with the historical influences and the trend.**

To elaborate, she illustrated how in elder generation they have a strong affiliation with England, Ireland, Scotland or Wales because in general their ancestors were colonist settling in New Zealand. “About 90% of immigrants came from Great Britain.” (line 231) She also noticed how the ancestral link connected people in times of wars and that people

tended to go back to their roots. “Sometimes it’s tied up with patriotism. When this country went to war…Great Britain was called Home.” (line 228-229) With the historical influences, she often found the significance in patriotic songs in elder generation veterans. In the world of pop music, she described the movement in trend of pop music its influences from American and British pop music. In New Zealand context, MTD expressed the strong co- relationship between New Zealand and Australia in terms of the symbiotic approach. “It’s not very different musically.” (line 249)

D.2.3 Multicultural Encounters

Consultation: MTD emphasized the importance of making **efforts to find out about the culture that felt unfamiliar** by talking to the staff. In one of the case example of working with a Chinese child with a high level of autism where the child’s mother was invited to observe the session, MTD described the discussion that took place with the mother. MTD was able to obtain very useful knowledge of preference in music of the child. “She had several recording of music from her part of China and that her son enjoyed those as well, so that he would quite often choose those particular recordings.” (line 117-118) Also in New Zealand context, when in contact with a Māori client, it was noted to find out about which tribe they belong to. She took very cautious steps in finding out about their culture in terms of the values and beliefs they hold by meeting with a tribal elder to reflect on the therapeutic process of the intervention. “And in Māori of course, you had to be even more careful, because there are different tribes in different parts of the country…. and finding out what is acceptable, in terms of the traditional songs particularly.” (line 197, 201)

Application of knowledge: From the background and the personalized knowledge about individual clients, MTD demonstrated her awareness and recognition of their needs and ability to flexibly adapt and **apply the knowledge of preference for the benefit of the intervention**. The knowledge of preference provided cues that directed her in terms of the timbre, style, and genre of the music to work with. “I then used recorder, because a lot of the recordings (that the client enjoyed) had pipe sounds in them and also a lot of them were quite melodic and quite strongly rhythmic. So that gave me a direction to use, not always

with a pentatonic scale, but it gave me a direction to use in choice of instrument, in type of them…" (line 121-124)

In addition, MTD described her experience of working in several different fields of work involving Māori. From these valuable experiences she became familiar in terms of cultural sensitivities and traditions of their culture and applied the gained knowledge flexibly when and where she felt it appropriate. "Māori people listen and wait a good deal more than non Māori so you allow a lot more space." (line 140)

Implication of traditional music: MTD emphasized the importance of **finding out the significance of the traditional music** she used when working with various ethnic groups. She described of being cautious with the repertoire and careful when presuming about one's culture. The religious values in the songs were discussed as a very sensitive matter to approach and the importance of being neutral. "You are very careful with repertoire… I would be very careful if I was working with somebody from India to use a raga that was… it didn't have any particular religious significance. It might have had something to do with what time of the day." (line 204 - 207)

Approaches: As a music therapist she described that there are no specific or different ways of being with the clients depending on their ethnicity. It was the **client's or the family's needs and the values they hold that are foremost in her consideration** when approaching. "I don't really notice much difference in approach because you always are alert to differences…" (line 258) In the description of the case work with the Chinese client with autism she identified the challenges being focused on extending the client's attention who presented with many challenging behaviours. "Those sorts of things are no different than from any other client that present with the same degree of difficulty in the autistic spectrum." (line 175-176)

D.2.4 Culturally appropriate practice

Avoiding Pre conception: MTD emphasized on the importance of **avoiding making assumptions and pre-conceived ideas** about the clients from their ethical background and one of the ways to be sensitive regarding this matter is to make further efforts to find out about each individual client by talking to the staff and family members. “One of the most important rules in working with people from another culture is never to presume that you know that culture.” (line 184-185) She took tentative steps and accepted with an open mind what was presented to her. “I never really tried to impose anything or expect anything.” (line 187)

Appropriate Materials: One of the ways towards the culturally appropriate practice was to **equip oneself with resources**. The resources included nourishment of historic knowledge about various cultures, enhancement of personal skills through workshops and concerts, and a wide range of instruments and music. “I’ve always collected instruments… I’ve always collected music and been interested in world music and I’ve read a lot about them.” (line 181, 183)

Musical Adaptation: MTD expressed how she felt natural and comfortable supporting when adapting to unfamiliarity presented by clients. She showed a **positive attitude towards learning and accepting** what is presented and articulated **the importance of keeping things simple when adapting something that feels foreign**. “I just had to make sure that I kept things reasonably simple.” (line 181) She demonstrated her awareness of a different style of music in the various cultures that one’s working in.

D.3 Summary

From the analysis of the interview D, these are the key ideas which spoke strongly to my attention.

D.3.1 Key Ideas	**Elaboration**
1. vulnerability of misleading one's cultural identity (potential to be misled by ethnicity)	The potential of making general assumptions from the client's ethical background from the different appearance.
2. Sub cultural consideration in relation with the historical influences and the trend.	Sub cultures include socioeconomic background, historical background, diagnostic background, environmental difference, gender difference, sexuality difference, and personal upbringings as well as their ethnic background.
3. Efforts to find out about the culture that felt unfamiliar	Not hesitating to ask and talk to the staff and family members about the client. In the aspects of consulting Māori culture, take cautious steps in finding out about their culture and tribe in terms of the beliefs and values they hold
4. The significance of the traditional music	Recognizing the significant meaning that is potentially implicated in traditional music related with the particular event in history or religious beliefs
5. Application of the knowledge of preferences	Ability to adapt and apply what is felt necessary from the knowledge of the preference for the benefit of the intervention
6. Client's disability or needs that comes first	It is the client's or the family's needs and the values they hold that are foremost in the consideration rather than having different ways of being with the clients depending on their ethnicity
7. Positive attitude towards learning and accepting differences	To grow awareness in recognizing the sensitivity of one's culture. (Religion, beliefs, values, traditions…etc)
8. Equip with resources.	The resources included nourishment of historic knowledge about various cultures,

	enhancement of personal skills through workshops and concerts, and wide range of collection of instruments and music
9. Avoiding preconceived ideas	A willingness to learn and accept with an open mind and positive attitude towards the differences or similarities that are present
10. Maintaining simplicity when adapting something that feels foreign	When musically adapting to unfamiliarity initiated from clients, one of the ways to ease the challenges is to keep everything simple and clear.

D.4 Summary of Interview Process in the personal journal

The impression from MTD's personal experience was very fascinating as it was very unique and extensive. I was excited, curious, and anxious at the same time to hear from her perspective of the work regarding multiculturalism as she was in the reflective capacity as a senior member of this profession. Her description was clear and very resourceful and unique in terms of the responses she gave as she was the only New Zealand born music therapist participant in this research working in her home country. Her extensive knowledge on historical aspects of New Zealand culture and the influences from those events in society was attractive to hear. I have really enjoyed the opportunity to reflect, examine, and compare to my understanding of the therapeutic process of the work which enhance my awareness to deal with the issues and challenges that potentially lie on my career as a music therapist.

Self Reflection of MTS- E

14th June- 31 December 2007 Music therapy student- Hee Chan Choi (MTS)

E.1 Background

I am a Korean music therapy student who came to New Zealand in 1994 with both of my parents. I completed all my schooling in New Zealand and am currently conducting a research dissertation in partial fulfilment of the requirements for the degree of Master of Music Therapy at The New Zealand School of Music, based in Wellington. The general population of clients I have worked with on placement this year were children with special needs both in the special school and at a respite and rehabilitation centre. Previous placements last year were with adolescents with intellectual disabilities and emotional disturbance and at a rest home and hospital for dementia and cancer patients. Most of the placement settings were culturally diverse as well as the population of colleagues in the music therapy training course. I came across working with clients who were mostly pakeha, Pacific Islander, and Korean.

E.2 Findings

The reflective research journal was kept from 17/ Sep/ 2007 to 31/ Dec/ 2007. As outlined in chapter 3, I kept regular clinical notes on the case work. Two parents gave permission for therapist (myself) to use these notes in the research process. The reflective notes of the session were noted separately in the research journal. The reflective research journal included reflections of my response to the research process as I undertook the study. All the journal entrees were carefully sorted into themes and the context has been summarized and regrouped into small categories for clarity. I have chosen to report this section in the third person using MTS (music therapy student) to represent myself. The process of sorting the data into themes and categories required a wide and clear overview. Therefore such substitution was considered to provide clarity.

E.2.1 Identity

Personal culture: The MTS described how it was always challenging to identify her cultural identity. “The word ‘cultural identity’ is one of the words that stays in my heart unresolved.”(research journal p4, line l2-14) As a second generation Korean immigrant in New Zealand, the MTS constantly struggled to find herself in between two contrasting cultures. She had a very strong sense of being on the border line of two or even three cultures and from the journeys of her life she expressed having **the existence of a third culture present for her**. “I am Korean-Kiwi. Not Kiwi-Korean. And it’s a culture of its own.” (research journal, p1, line10-11) MTS identified herself as Korean in a broad sense as her ancestral root was based in Korea but eventually described herself as a Korean Kiwi as her upbringing took place in New Zealand. Also she described as having a reasonable proportion of familiarity in Korean custom.

Musical: The MTS commented on her musical history; she was classically trained in the past and had been involved in school choirs and orchestras, and this childhood had influenced her musical identity greatly. “For me classical music is a big part of my life.” (research journal, p8, line20-21) The MTS expressed her love of classical music as well as a strong attachment especially towards Korean pop music, traditional dances, and traditional percussion compositions. She described her involvement with Korean traditional dancing and a traditional percussion ensemble in her childhood. “A group of friends who loved Korean drums and I met up every Saturday… we researched and taught ourselves and others who were interested. We would practice and practice for ages. I loved it. I remember being so comfortable in the rhythms and in the beats. It reminded me of Korea.” (research journal, p11, line8-15) MTS mentioned how she was seeking for musical nourishment to fulfill her musical identity and solace the sadness she felt at not being in her country of birth. “I would never miss going to performances of Korean artists touring. It often makes me forget where I am.” (research journal, p9, line29)

E.2.2 Multicultural Encounter

Language barrier: MTS identified that one of the challenges in the therapeutic process was the language barrier. When working with an autistic boy who would often verbalize in Mandarin as it was spoken at home, she attempted to learn the basic words of the client's language and songs to provide familiarity as English was a second language for the client. Also the mother of the client was invited to observe the session for any possible meaningful words that MTS might have missed. "I would try to remember the words that were mentioned and ask the mother after the session. The mother wasn't so fluent with English either." (research journal, p1, line28) As MTS reflected on this case she identified the **language barrier being one of the key factors that led her to feel a lack of communication and being deskilled.** "I remember feeling very insecure. I wanted to respond in the moment. I felt like I was driving with a blind spot." (research journal, p2, line6) The uncertainties and desire to respond in the moment created anxiety. The MTS felt the need to accept the limitation and search for ways to overcome the anxiety. "I just had to believe in my self and believe in music. Nobody is perfect and be ready for everything. It is necessary to let go sometimes." (clinical reflection, p5, line 4)

Majority of staff: In New Zealand where MTS had worked as part of her practicum, she contacted clients with various backgrounds. Some of the clients were from Korea who spoke the same language as MTS. She commented that despite the number of Korean speaking clients in one of the facilities MTS was the only Korean speaking person who could understand what these clients were saying. Because of this fact she mentioned some of the examples of **miscommunications that had happened over the past because of the language barrier between the staff and the clients.** "The staff were very surprised when I told them that the child was trying to tell them something… I had to tell them that what they thought was just sounds were actually words and meaningful in the correct context." (research journal, p12, line18) MTS commented how unfortunate it is for other staff to miss something that could have been meaningful to the clients. MTS wondered about the reality of the workforce in New Zealand and how service providers can reflect on the population of clients for the benefit of improving the quality of service.

Adaptation: MTS mentioned about her life experience of constant adaptation towards an unfamiliar culture, such as the learning process of the new language, history, life style, and custom…etc. From this experience, the **awareness of who she is and the desire to not lose that** was recognized. As MTS identified having a strong connection with her homeland, she was able to identify **two almost opposing feelings** that emerged within her. "It's really difficult sometimes because there are two opposite sides of me. I want to preserve my Korean-ness but at the same time… I want to fit in as well." (research journal, p14, line 11-13)

In clinical reflection, she identified her adaptation in style and genre of music for appropriate client population. It was necessary to learn about **the common materials that might be potentially familiar with various client groups**. "I had to learn many songs… like when I was working at a rest home, I had to search for the songs from their time… It depends on the individual but in general it would make me feel secure to have some well known pieces to get things started." (research journal, p17, line 5-7)

Consultation: The importance of having a **regular supervision with other staff** was articulated. MTS recognized how useful the process of consultation was in terms of gaining knowledge about the client as well as how other professions work which overall eased some of the uncertainties and minimized the level of anxiety. "I asked the teachers about the child even though I didn't really have particular concerns. But at the end of the conversation there's always something I found that I didn't know about the child or I didn't question about before." (clinical reflection, p3, line14)

Musical interaction: MTS described the ways to **respond musically to client's initiations without understanding the meaning of verbal language**. She demonstrated taking the key elements from the client's contributions and how it was applied in the clinical improvisation. From the clinical reflection of working with an emotionally disturbed child, she broke down the repetitive phrase of words that was initiated by the client in the sessions into a rhythmic motif, which was often applied within the vocal or instrumental improvisation. "I didn't understand what she meant but she would randomly say that phrase. It was so frustrating… sometimes she would be stuck in her own world and repetitively say that phrase over and over… I took the intonation, accents, rhythms and

copied her in varied ways …" (research journal, p19, line18-19) Further, the intonation between each syllable was recognized and applied in the improvisation to add variety of melodic colour as well as adding the sense of mirroring to reinforce playful interaction between the two. "She enjoyed having me copying her. She found it very amusing. She would giggle and seemed interested and this interactive game helped when she was feeling grumpy." (research journal, p19, line27-29)

When working with similar culture:

Communication: MTS realized that as her relationship developed with clients who spoke the same language as her, the use of Korean was not only for clients to feel familiar and related toward the therapist but also **a bridge for herself to relate to the client.** "Just knowing that it is a familiar articulation for him allowed me to feel safe and confident and be empathetic towards him (client)." (research journal, p12, line 28-29) In addition MTS commented that having an ability to speak another language was simply another linguistic tool to provide something that possibly enhanced the connection between client and the therapist. "I felt confident and able knowing that at least one of the uncertainties I can minimize." (research journal, p13, line 6-7)

Dealing with parents- MTS observed some challenges when working with Korean clients. She identified some of the **difficulties when dealing with the parents** of the children rather than working with the children themselves. As music therapy in Korea is relatively a new in terms of a profession, the unfamiliarity of what music therapy is about to the parents often put MTS in the position to explain about the work. "Some of them had never heard of music therapy." (research journal, p20, line21) From the process of introducing a new/ foreign idea, she recognized the need to be very careful and think **how it can be recognized in the receiver's context.** MTS expressed feeling deskilled while translating or explaining in Korean to help the parents to have a better understanding of the work "Sometimes I feel so stuck with words in Korean… I guess my language skill lies on the same place as how I feel about my identity. Stuck between two cultures." (research journal, p20, line 3-4) MTS recognized the limitation of Korean professional language skills and noted the importance to familiarize with theoretical terms both in English and her mother

tongue to enrich the personal tool to enhance communication between the Korean parents and MTS.

E.2.3 Music Therapy Student

Self-awareness: From the description of the placements in her practicum years she demonstrated self-consciousness about her ability to adapt to surroundings, and how she would be conceived by various groups of people. "Worries about how I might fit in, will they feel comfortable to accept me and relate to me as a therapist as I am from another culture, maybe they have preconceived idea that I won't understand because I look different." (research journal, p24, line5-7)

Level of experiences: MTS highlighted the most challenging aspects of all during her placement encountering clients from various sub cultural populations, was **dealing with the anxiety**. She reflected on her anxiety level and identified her expectation level of performance towards appropriate practice and doubts in her abilities. MTS wondered about the possible link between level of confidence with level of experience.

Another challenge recognized from having limited experience as a student on placement, was **finding her place at work**. She commented on **her roles as a student,** being placed to practice and learn about working with other professions and with different client groups as well as promoting a fairly new profession of music therapy in the field of health care. "As I was a student and learning was a big part of my existence as well as providing the service and there to promote music therapy so I needed to speak out and find the place in it/multidisciplinary team to work in harmony with other professions…" (clinical reflection, p1, line3) MTS emphasized the importance of being open minded and having a positive attitude towards suggestions and feed back from staff and parents. Also having discussions on concerns or questions to minimize misunderstandings was articulated. "… Learn from other professions on their ways of working with clients... the positive attitude and ready to take criticism and learn from it." (clinical reflection, p4, line5)

E.3 Summary

E.3.1 Key Ideas	**Elaboration**
1. A third culture created	There were two strong cultural identities coexisted within her, Asian and Western as she was exposed to both. Eventually described herself as a 'Korean Kiwi'
2. Feeling lack of communication because of the language barrier	The language barrier, one of the challenging interferences in the therapeutic process, led MTS to feel a lack of communication and deskilled. This challenge provoked anxiety of having uncertainties and desires to respond in the moment and it is important to find the alternative bridge to connect in something that was culturally significant to the client.
3. Miscommunications that may occur between the staff and the clients from the language barrier	Demonstration of some of the miscommunication between other staff and the client and in need for consideration of staff to reflect the client population.
4. Two almost opposing feelings identified. 1) Preservation of her own culture. 2) desire to fit in.	Attempts to minimize the differences and adapt to the environment by learning about the culture and music with a balance awareness of being herself.
5. Difficulties occurred when dealing with the parents	The social recognition of music therapy as a profession was relatively new in Korea Such unfamiliarity presented opportunities for explanation in Korean to the parent to have better understanding of the work. The importance of familiarizing with theoretical terms both in English and in Korean was recognized.
6. Thinking about communicating in the receiver's context	Needs to be modulated when introducing a new idea that might feel foreign to other cultural traditions so that it is respectful, non threatening and culturally sensitive.
7. A bridge for MTS to relate to the client.	The recognition of having an ability to speak another language as another linguistic tool to provide something that possibly enhanced the connection between client and the therapist
8. Being with client in music despite the verbal communicative	Responding musically to client's initiations without understanding the meaning of

difficulties	verbal language.
9. Regular supervision with other staff	The importance of having regular supervision with other teachers and staff for opportunities find out about other cultures and grow cultural awareness.
10. The common materials associated with various client groups	Well known children songs and nursery rhymes for children, Irish, Welsh, English, New Zealand folk songs for elderly, pop music and contemporary songs for youngsters…etc
11. Dealing with the anxiety	The need to accept the limitation and search for ways to overcome the anxiety was articulated. The expected level of performance towards appropriate practice and doubts in her abilities were identified which associated with her anxiety. MTS wondered about the possible link between level of confidence with level of experience.
12. The roles as a student	1) To practice and learn about working with different client groups as well as working with other professions. 2) To promote a fairly new profession of music therapy in the field of health care.
13. Finding her place at work	Importance of being open minded and positive attitude towards suggestions and feed backs from staff and parents.

E.4 Summary of Reflective Process

In the process of reflection, I was able to observe myself in terms of identifying my cultural identity, cultural awareness, my beliefs, and other influential aspects in my life such as environmental changes, upbringings, immediate family and ancestral roots as well as how I work as a music therapy student in various health care settings. It was an interesting journey as I reflected on how I perceived the surroundings and where I have placed myself within different populations. This process provided opportunities to vigorously analyze and identify what I have observed and crystallize ideas that could have not been able to shine without such realization as it was something that might have seemed innate to myself. These ideas gave me a new insight towards who I am and where I lie in terms of my own thoughts and unique place of being a second generation of Korean music therapy student in New Zealand.

Chapter 5. Discussion

This section will discuss the findings relevant to the research question and appropriate literature.

5.1 What particular clinical experiences do music therapists in New Zealand describe when working with clients who identify closely with a culture different from their own?

The findings suggested a myriad of ideas of how music therapists perceive their work in multicultural environment which lead to answer the two research questions described earlier in the chapter 1. The questions were firstly, what do music therapists in New Zealand perceive from their experience with clients from different culture? And secondly, how does my own experience as a second generation Korean MTS affect my clinical work in multicultural environment in New Zealand?
The key ideas that emerged can be categorized under six main areas such as:

- Cultural considerations
- Preconceptions
- Building a communicative bridge
- Clinical competency
- Different approaches
- Culturally appropriate practice

5.1.1 Cultural considerations

Ethnicity is one further dimension of identity and it captures the sense of belonging which helps mould an identity for an individual (McLennan at al., 2004). The findings from the interviews and research journal suggest the importance of considering cultural differences in terms of cultural identity both in ethnical and non ethical concepts. As Brislin (1993) states, the concept of culture being applicable in smaller groups and in non-ethnic groups, it

was articulated in interview B, C and D, that it is equally important for one to consider sub cultures such as socioeconomic background, historical background, diagnostic background, environmental difference, gender difference, sexuality difference, and personal upbringings as well as their ethnic background. The interviewee D voiced the vulnerability of misled pre conception of one's cultural identity from appearance and demonstrated her concerns for making general assumptions from the client's ethical background.

5.1.2 Preconceptions

Pedersen (1987) described how frequently culturally-biased assumptions are made in the therapeutic process of counselling. These bias assumptions can easily be reflected in other therapeutic process of intervention. It raises the importance of cultural awareness for the benefit of all professionals towards culturally appropriate practice. From the findings, avoiding preconception of one's cultural identity in terms of beliefs, traditions, and values was emphasized by all of the four interviewees. This was the most prominent idea that was highlighted across the data source. As Brown (2002) states, the importance of noting the differences between groups and people within the same culture, in the case example, the sense of 'differences being present everywhere' was expressed in interview B. She articulated the importance of acceptance with an open mind towards the differences or similarities that are present to avoid making misleading assumptions. In addition, the interviewee A described her state of mind as a blank sheet of paper when encountering clients to avoid preconceived idea on their cultural identities as well as on how things will place in the therapeutic process.

The findings also suggest the possible preconception that the clients hold towards their therapists which involved the different appearance, ethnicity, religions, cultural background, and further more, the social/personal recognition of the perception of the term 'therapy' as a profession. For example, the interviewees A and B described the case examples of how the clients/ families held preconceived ideas towards their therapists. In interview A the client automatically spoke in his mother tongue (one of Asian language) when the therapist was present. The possibilities of this incident being because of the familiar appearance (Asian appearance) of the therapist were discussed.

5.1.3 Building a communicative bridge

The improvement of provider–patient communication is essential to addressing the quality-of-care with differences associated with race, ethnicity, or culture. (Shine K, 2002, Smedley B D, Stith A Y, Nelson A R, ed, 2003) As addressed in the literature, the importance of communication was highlighted in the findings. But due to the disabilities of the clients, it challenged the therapists for verbal communicate. Language barrier was identified as one of the most difficult challenges for communication in three of the interviews A, B, and C. From this challenge the sense of feeling limited in ability and lack of communication occurred and concerns on miscommunication between staff and clients, as well as missing the potentially meaningful moments, were raised.

There was recognition of the role as a music therapist to use music as a communicative medium to support the clients in interview B. Interviewee B also suggested a number of ways to enhance such difficulties. The consideration of using interpreters and the alternative use of music was discussed. She described music being a non-threatening and expressive tool that bridges over the means of the different values such as beliefs, traditions, and language. The findings of how music therapy can promote communicative bridge through the use of appropriate music as a communicative medium are supported by preceding music therapy literature. This literature provides descriptive information on how music can enhance communication. (Meyer, 1967)

I reflected about this finding further as *I thought about on an incident where miscommunications occurred because of the language barrier between the staff and the clients. One day after the session I mentioned about the things the child said and that the child was trying to communicate, and the staff were very surprised at the fact that non of the them realized the communication attempts the child made as no one spoke the same language as the child.* This demonstrates the possible challenges that many care-providers face due to the language barrier as the primary communicative tool is through verbal language. Gfeller, (2000) states that it is important for music therapists to discuss with the child's special education staff and family to determine the mode of communication used by Deaf and hearing impaired children. She articulates that it is essential to consider the use of an interpreter, if necessary in music as well, in order to ensure that the child readily understands verbal instructions and discussions. *As a Korean music therapy student, there were several instances where I had to take the role as an ‘ interpreter’ I wondered about*

the reality of workforce in New Zealand and how service providers can reflect on the population of clients for the benefit of improving the quality of service. Other than a communicative medium such as music, the alternative way to manage the language barrier would be the use of a translator. The translator's input would enhance the communication between therapist and the client and it would definitely allow me to feel much more secure and less anxious about what I do, in terms of not being able to respond or understand when the client attempts to communicate or express verbally, when facing the communicative difficulties due to a difference in language.

In the article discussing work with hearing impaired children, Gfeller. K (2000) quotes;

"Successful participation in music education or music therapy requires not only good musical sound, but also clear verbal and/or manual communication between the child and the adult." (Gfeller, 2000, pp 127)

5.1.4 Clinical competency

Brown (2001) states that music therapists need to consider and examine their own world view due to the rapidly changing cultural diversity in the work environment. The findings from all of the interviews suggest the importance of self awareness in work with culturally diverse populations. Interviewee C strongly voiced what she observed through self-reflection. From the self reflection several issues were highlighted. Firstly, she identified satisfaction from sharing a similar musical culture. There was recognition of music that was innate to her. It represented who she was in terms of her own musical identity and by acknowledging and sharing something in common with the clients, it created bonds which contributed towards building positive relationships between therapist and clients. Secondly, there was the provocation of anxiety. The anxiety includes her desire to be 'right.' Challenges identified like learning the basic words of an unfamiliar language, pronunciation of the words, and learning new songs from a different culture lead to the provocation of anxiety. Positive attitudes such as prompting self to move forward were emphasized to overcome the fear of making mistakes. Also in the self reflection, the

researcher introduced other aspects of clinical competency from being a role of a student clinician. The two roles as a student were identified.

1) To practice and learn about working with different client groups as well as working with other professions.
2) To promote a fairly new profession of music therapy in the field of health care.

These two roles of a student practicing at practicum facilities had effected how the researcher worked with various populations of professions in terms of self awareness and the level of confidence as a clinician.

5.1.5 Different approaches

A number of key ideas that were raised by the interviewees about which approaches they use when encountering clients with diverse cultural backgrounds. An emphasis on 'in the moment' approach, to meet the clients from where they are, was noted from interview A and B. For example, Interviewee A described the importance of letting things happen and responds to the possible initiation. In order to achieve such an approach Interviewee B discussed one's attitude to work with empathy and with acceptance towards the initiation from the clients. She voiced that it was the client's or the family's needs and the values they hold that were foremost in the consideration rather than having different ways of being with the clients depending on their ethnicity.

I reflected about this finding further *when I was asked how did I worked with other population of clients by my supervisor when I raised my concerns about working with a Korean client for the first time. I asked what would be a culturally appropriate way to approach knowing that both of us (client and myself) are from the same country. My supervisor commented "just see how things unfold."*

Such an experience offered the researcher the chance to realise the meaning of 'being in the moment' from careful self-observation. This opportunity allowed the researcher to broaden her mind and to learn about some of the issues that the other experienced music therapists have identified in their interviews.

5.1.6 Culturally appropriate practice

A number of approaches towards culturally appropriate practice have been suggested in the findings. These suggestions can be categorized under two main areas, firstly the culture-centered music therapy and secondly culturally appropriate music.

A) Culture-centered music therapy

Culture-centered music therapy is about increasing one's awareness of the cultural components of all aspects of one's practice. (Stige, 2002) Some of these aspects have been identified in the findings from the interviews and research journal. They include procedures, relationships and an attitude towards the practice. In the process of one's intervention, interviewee D articulated the value of regular supervision with other staff and professions and being cautious and alert to the sensitivity of one's culture such as religion, beliefs, values, and tradition. She emphasized the need for Māori consultation for discussion of cultural sensitivity as New Zealand is a bicultural country since the treaty of Waitangi. In addition, approaching in a respectful manner with open minds was suggested to build towards a positive relationship with the clients. Supporting music therapy literature provides descriptive information on how music therapist should note that attitudes of openness, respect, and the valuing of all people are of primary importance. (Lynch, 1992)

B) Culturally appropriate music

As Blacking (2000) has mentioned, the need to consider the relevant of the music we introduce to individuals or groups and taking into account the various cultural influences that influence people's way of being has also been highlighted in the findings. In order to provide such music it was articulated across all the interviews that the need for music therapists to experience a wide variety of music and to practice and familiarize oneself with unfamiliar styles and genres. Supporting music therapy literature on utilizing culture-specific music within music therapy clinical practice is evident in the American Music Therapy Association (1988). It specifies in Education Competencies and Standards of Clinical Practice that the importance for music therapists to be able to identify the

characteristics of non- Western music and the need for music therapists to develop and maintain a repertoire of music for age, culture, and stylistic differences.
Also the findings suggest the application of the knowledge of preference of the client. Ability to adapt and apply what was felt necessary from the knowledge of the preference for the benefit of the intervention was highlighted in the findings of interview D. For example, interviewee D demonstrated her awareness and recognition of the client's needs and the knowledge of preference provided cues that directed her in terms of the timbre, style, and genre of the music to work with.

5.2 Summary chart of findings

This chart includes all the key ideas that have been highlighted across the interviews in the finding section. The interviews that are relevant to the ideas are marked with Y.

5.2.1 Key ideas	**Interview A**	**B**	**C**	**D**	**MTS**
a. A third culture created	Y				Y
b. Cultural identity is "diluted"		Y			
c. vulnerability of misleading one's cultural identity				Y	
d. The satisfaction of sharing the similar musical culture			Y		
e. Different upbringing to how she had brought up		Y			
f. Two almost opposing feelings identified. 1) Preservation of her own culture. 2) desire to fit in.	Y				Y
g. difficulties occurred when dealing with the parents rather than the clients/children	Y				Y
h. recognizing the difference between cultural norms	Y				
i. thinking about communicating in the receiver's context	Y				Y
j. feeling lack of communication because of the language barrier	Y				Y
k. Communicative bridge		Y			Y
l. miscommunications that may occur between the staff and the clients from the language barrier	Y				Y
m. language barrier - limitation in ability to understand the potentially meaningful moments			Y		
n. Avoid pre-conceived idea	Y	Y	Y	Y	
o. Practice and familiarize the unfamiliar style of the music	Y				
p. Clinical competency with the materials used			Y		
q. The need of experiencing wide variety of music			Y	Y	
r. Meeting them from where they are.	Y				

s. Music connecting people despite the differences	Y	Y			
t. Differences being present everywhere		Y			
u. Not hesitating to ask		Y		Y	
v. Being in the moment		Y			Y
w. Client's disability or needs that comes first		Y		Y	
x. Music helping people to move away from the difficulties		Y			
y. "partly a love of music, and partly nostalgia"			Y		
z. Dealing with the anxiety			Y		Y
aa. Regular discussion with the staff			Y		Y
bb. Approach and use the music in respectful manner			Y		
cc. Consideration of sub cultures			Y	Y	
dd. Effective use of unfamiliar music			Y		
ee. Potential influences from observation			Y		
ff. The significance of the traditional music				Y	
gg. Application of the knowledge of preference				Y	
hh. Positive attitude towards learning and accepting differences				Y	
ii. Maintaining simplicity when adapting something that feels foreign				Y	
jj. The common materials associate with various client groups					Y
kk. The roles as a student					Y
ll. Finding her place at work					Y

As demonstrated on the chart above, the ideas related to identity and communicative challenges were shared between the researcher and the interview A and a few ideas related to anxiety level were shared between the researcher and interview C. From this result it was un-avoidable for the researcher to wonder about the links across such interviews. The common factors between the interviewees and the researcher were reviewed as the possible contributions towards the links illustrated above. Firstly, the similarities in two Asian cultures were emerged as both of the researcher and the interviewee A have ancestral roots based in Asian countries. In spite the differences that lie in each individual, there were similarities in terms of appearance, familiar accents, customs, and values such as being part of a whole rather than individualism. Secondly, the level of experience of working as a music therapist was surfaced. Both of the researcher and the interviewee C were trained at the same training course but two years apart. Such similarities presented the possibility in terms of identifying similar challenges and issues, and further on, the relationship between self competency and level of experience.

Each participant is unique and each experience is valuable in many ways. In this respect, it is important to not generalize from what was highlighted but to crystallize the discovered ideas for the benefit of one's own knowledge and for the enhancement of personal tools towards self awareness and culturally appropriate clinical practice.

5.3 Limitations

There were some issues affecting the interview procedure, which may have limited the value of the study. These were:

- *Time factor*- Due to the time limitation for one of the participants as the interview was scheduled before the start of her daily work. This possible time pressure did not allow enough time for participant C to process her thoughts.
- *Location factor*- Due to the locality of one of the participants, the interview was conducted on the telephone. This factor affected the interview process in number of ways but the most challenging of all was not being able to observe the facial expression for both of interviewee and the researcher.
- *Technical factor*- Due to the locality one of the interviews was conducted over the phone. A delay in arrival of voices occurred due to poor transmission. In addition, as all of the interviews were recorded with a digital audio recorder, it was difficult to identify some of the words when the voices were recorded over the speaker phone. However, the transcription was verified and edited.
- *Pre-existing relationship factors*- The researcher conducting the interviews also had other relationships with some of the participants prior to the study. This may have affected the process of the interview in terms of the researcher's attitude towards the participants as she reflected on her ability to be flexible with different roles.
- *Other factors*- The scoop of this qualitative study undertaken by the MTS as part of her Masters course; is relatively small and time limited study. It focused on the in-depth view of small number of participants who were interested in this topic and

volunteered to take part. The personal motivations of participants are also taken into consideration as another possible limitative factor.

Despite these limitations, this study offers considerable strength. The data was collected from several sources, which provided multiple perspectives on the phenomenon. Some rich data highlighting the ideas based on the clinical experiences of participants and researcher herself was interesting and enriching. Member checking and peer debriefing were employed during analysis to help enhance the credibility/trustworthiness of this research. A research journal was employed enabling reflexivity, which Abrams (2005) described as “a core element by which qualitative research may be evaluated” (p. 247).

5.4 Further Research

It would be valuable to continue researching on multicultural practice in music therapy. From exploration of the pre-existing literature, it was noted that little research had been done about personal experience of music therapists in a situation where they have to conduct and adapt themselves in a different culture to their own. Due to the paucity of music therapy research regarding inter-personal exploration for music therapists working in a culturally diverse environment, more research needs to be conducted to contribute towards the existing literature and foster understanding and nurture the profession of music therapy when working with in a multicultural society.

This is a small study with a small number of participants. It does not represent the views and experiences of music therapists who are practicing in multicultural environments in general. Therefore consideration of increased number of participants may allow a better overview of how music therapists perceive their work when encountering clients with culturally diverse backgrounds.

Though music therapy has been gradually growing in the last few years, it is fair to say that music therapy is still a small society in New Zealand. Such limitation allowed the research to consider the practicality of designing the research to suit reality. With regard to inter-personal exploration, this research can be adapted to explore other parts of the world. Different environmental contribution will allow other possibilities in terms of designing process of the research such as consideration of wider range/number of participants with more specific criteria for inclusion.

Chapter 6. Conclusion

This qualitative research has shown the perspective of the music therapist participants who work within culturally diverse environment in New Zealand and the researcher's own growing experience as a student clinician for the benefit of the enrichment of my own therapeutic repertoire of self awareness and to gain insights of culturally appropriate clinical practices. In this study, music therapists identified various issues that are associated with their experiences of working cross culturally. The main areas of key ideas were categorized under: 1) cultural considerations 2) preconceptions 3) building a communicative bridge 4) clinical competency 5) different approaches 6) culturally appropriate practice. The ideas under these categories have crystallized the different voices of participants to add to the existing body of knowledge in this area of study.

This research also involved self reflection, such as the personal thoughts and perceptions about the experience of being a music therapy student clinician. The reflective work definitely had an impact on the process of the research. This self-reflection, through the process of journal writing, helped the researcher to become more aware of the researcher's own therapeutic understanding which helped the researcher to be more sensitive towards data analysis from the findings. Self-reflection in both research and practice is a vital and valuable undertaking.

In conclusion, this study demonstrated several ideas towards culturally appropriate practice through the participants' reflections on how they perceived their work in a multicultural environment. The recognition of the importance of self awareness and being observant of others was one of the most significant factors in building culturally appropriate practice in a multicultural environment. The overview of how the researcher perceived from her work in comparison with the ideas arisen from the experiences of music therapists in New Zealand illustrated the shared issues that empathised on the importance of inter-personal awareness and recognition of self identity in order to provide and conduct quality practice. It is hoped the discoveries from this research will encourage

further research on inter-personal exploration and support the development of the music therapy practice in multicultural society.

Reference

Abrams, B. (2005). Evaluating qualitative music therapy research. In B. Wheeler (Ed.), *Music therapy research: Second edition*, Gilsum NH: Barcelona Publishers.

American Council on Education (1988). *Minorities in higher education; Seventh annual status report*. Washington, DC.

American Psychological Association. (1993). Guidelines for providers of psychological services to ethnic, linguistic, and culturally diverse populations. Retrieved, May 2007 from http://www.apa.org/pi/oema/guide.html

Ansdell. G. & Pavilcevic. M (2001) Section A Qualitative Methodology, *Beginning Research in Art Therapies.* Philadelphia, Jessica Kingdom Publishers.

Belich. J. (1996). *Making Peoples*. Auckland: Penguin Press, pg178.

Belli. R (1996) A View from the Music industry: Music Therapists as Partners, *Perspectives*, Vol 14, Issue 1.

Betancourt J. R, Weissman J.S, Kim. M.K. et al. (2007) Resident Physicians' Preparedness to Provide Cross-Cultural Care: Implications for Clinical Care and Medical Education Policy, The Commonwealth Fund. Retrieved, May 2007 from http://www.commonwealthfund.org/

Blacking. J. (2000) *How Musical is Man*. London: University of Washington Press.

Bradt, J (1997). Ethical issues in multicultural counseling: Implications for the field of music therapy. *The Arts in Psychotherapy, 24,(2),* 137-143.

Brislin. R. (1993) *Understanding Culture's Influence on Behavior*. Fort Worth, Harcourt Brace College Publishers.

Brown. J. (2002) Towards a Culturally Centered Music Therapy Practice (online). *Voice: A World Forum for Music Therapy.* Retrieved April 22, 2007 from http://www.voices.no/mainissues/Voices2(1)brown.html

Bruscia, K. (1995). The process of doing qualitative research: Part three: The human side. In B. Wheeler (Ed.), *Music therapy research: Quantitative and qualitative perspectives* (pp. 429-446). Phoenixville: Barcelona Publishers.

Canadian Association for Music Therapy. (1999, May). *Code of Ethics.* Waterloo.

Chung. H. (2001). Asian Culture Flourishes in New Zealand. *Korea Foundation Newsletter*. Vol. 10. No.1

Clark, R (1994). Moriori and Māori: The Linguistic Evidence. In Sutton, Douglas G. (Ed.) (1994), *The Origins of the First New Zealanders*. Auckland: Auckland University Press, pp. 123–135.

Collins. S (2002) 'Koreans embrace lifestyle change.' *Weekend Herald*, 26–27 October 2002, p. B7.

Cultural Clinical Practice Guidelines For Medicaid Practitioners. *Physician Toolkit and Curriculum.* Office of Minority Health.

Dane (1990) Goals of Research. *Research Methods.* California. Brooks/Cole Publishing Company. Pp. 5-7

Darrow. A. A & Molloy. D (1998) Multicultural Perspectives in Music Therapy: An Examination of the Literature, Educational Curricula, and Clinical Practices in Culturally Diverse Cities of the United States. *Music Therapy Perspectives*, Vol. 16, Issue 1.

Deliege, I & Melen (1997). Cue Abstraction in the Representation of Musical Form. In: Deliege, I. & Sloboda, J. (Eds.) (1997). *Perception And Cognition Of Music.* NY: Taylor and Francis

Durie. M. (1994) Biculturalism and Māori Health, *Whaiora: Māori Health Development*, Auckland, Oxford University Press

Durie. M. (1998) *Whaiora; Māori health development*, 2nd ed. Auckland, Oxford University Press.

Durie. M. (1998a) A Māori development Model for Adressing Alcohol Misuse, *Journal of Alcohol Beverage Medical Research Foundation*, vol.8, no.3, pp.51

Durie. M. (2001) *Mauri Ora: The dynamics of Maori Health*, Auckland, Oxford University Press.

Gaston, E.T. (1968).Man and Music, *Music in Therapy*. New York: Macmillan.

Geertz. C (1966) *Religion as a cultural system: Anthropological approaches to the study of Religion.* London: Tavistock publications.

Gfeller. K (2000) Accommodating children who use cochlear implants in music therapy or education settings, *Music therapy Perspective*, Vol. 18, Issue. 2.

Giddens. A. (1997) *Sociology*, 3rd ed, Oxford: Polity Press.

Glynn,T. & Bevan-Brown, J (2007) "We Know What You Need." And Other Misconception About Māori Learners. *Kairaranga journal*, Vol. 8, Issue 2.

Howe. K. R. (2003). *The Quest for Origins: Who First Discovered and Settled New Zealand and the Pacific Islands?* Auckland:Penguin Press.

Institute of Medicine. *Crossing the Quality Chasm. A New Health System for the 21st Century*. Committee on Healthcare in America; 2001; Washington, DC: National Academy Press.
Institute of Medicine. *Unequal Treatment. Confronting Racial and Ethnic Disparities in healthcare*. Committee on understanding and eliminating racial and ethnic disparities in health care. Washington, DC: National Academy Press.

Joseph, B (2001). The Influence of Culture, Ideologies, Religion and Political Boundary Determines Universal Bioethics. *Eubios Journal of Asian and International Bioethics.* 11 (2001), 152-156.

King. M. (2003). *The Penguin History of New Zealand,* Auckland; Penguin Press.

Lomax, A. (1968). F*olk Song Style and Culture.* New Brunswick, NJ: Transction Books.

Lynch, E. W., & Hanson, M. J. (Ed.) (1992). Developing cross-cultural competencies A guide for working with young children and their families. Baltimore: Paul H. Brookes Publishing Co. 377 pages. ISBN 1-55766-086-7.

Management Sciences for Health. (2007) The Cultural Characteristics of Some Peoples of the World. *Quality and Culture,* retrieved October 11, 2007 from http://erc.msh.org/mainpage.cfm?file=5.1.0.htm&module=provider&language=English

McLennan. G., Ryan. A.,Spoonley. P. (2004) *Exploring Society: Sociology for New Zealand students*, 2nd ed, Auckland: Pearson Education New Zealand

Meyer, B. L. (1967). *Music, The Arts and Ideas.* Chicago, IL: The University of Chicago Press.

Moreno. J. (1988) Multicultural Music Therapy:The World Music Connection. *Journal of Music Therapy*. Vol. 25(1)

National Association for Music Therapy (1988). Education Competencies and Standards of Clinical Practice. Silver Spring.

Parson, T. (1949). *Essays in Sociological Theory.* Glencoe, IL.

Pavlicevic, M.. (1995). Music and Emotion: Aspects of Music Therapy Research. In: Gilory, A., and Lee, C. (Eds.), *Art and Music Therapy and Research.* London: Routledge.

Pedersen, P. (1987). Ten frequent assumptions of cultural bias in counseling, *Journal of Multicultural Counseling and Development*, No.15

Physician Toolkit and Curriculum (2004) *Resourced to Implement Cross-Cultural Clinical Practice Guidelines for Medicaid Practitioners,* Physician Toolkit and Curriculum, University of Massachusetts Medical School, March 2004.

Plunket's first Hui (1993) *G.P.Weekly*, 20th October

Resources for Cross Cultural Health Care (2003) Retrieved November. 26, 2007 from http://www.diversityrx.org/HTML/DIVRX.htm

Schein, J. D. (1978). The deaf community. In H. Davis & S. R. Silverman, *Hearing and deafness.* New York: Holt, Rinehart, & Winston.

Singham. M. (2006) Multiculturalism in New Zealand – the need for a new paradigm. *Aotearoa Ethnic Network Journal.* Vol. 1 pg, 33-37

Stige. B. (2002) *Culture-Centered Music Therapy*. Gilsum NH: Bacelona Publishers.

Taylor, E.B. (1891) *Anthropology: An introduction to the study of man and civilization.* London: Watts

Te Ara-the Encyclopedia of New Zealand (2007) New Zealand People.retrieved. *the Encyclopedia of New Zealand* July 21, 2007 http://www.teara.govt.nz/NewZealanders/NewZealandPeoples/HistoryOfImmigration/17/en

Te Ara- the Encyclopedia of New Zealand. (2007) Koreans. *the Encyclopedia of New Zealand* retrieved July 21, 2007 http://www.teara.govt.nz/NewZealanders/NewZealandPeoples/Koreans/1/en

Toppozada. M.R. (1995) Multicultural Training for Music Therapists: An Examination of Current Issues Based on a National Survey of Professional Music Therapists. *Journal of Music Therapy.* Vol. 32(2)

University of Massachusetts Medical School (2004) Resources to Implement Cross -

U.S. Department of Health and Human Services Office of Minority Health, The New York Academy of Medicine, Resources for Cross Cultural Health Care (1998, October 1-4) *Cultural Competence in the Health Care Setting: Emerging Importance, Uncertain DirectionQuality.* Paper presented at the National Conference 1998 on Health Care for Culturally Diverse Populations: Provider and Community Collaboration in a Competitive Marketplace, NY

Weissman J.S, Betancourt J R, Campbell E.G. et al. (2005) Resident Physicians' Preparedness to Provide Cross-Cultural Care. *Journal of the American Medical Association*, September 7, 2005, 294 (9): 1058–67

Wepa. D. (2005) Culture and Ethnicity: what is the question?, *Cultural Safety in Aotearoa New Zealand*, Auckland, Pearson Education New Zealand

Yehuda .N. (2002) Multicultural Encounters in Music Therapy – A Qualitative Research (online). *Voice: A World Forum for Music Therapy.* Retrieved April 22,2007 from http://www.voices.no/mainissues/Voices2(3)yehuda.html

APPENDIX 1.

Title of Study:

"What particular clinical experiences do NZ music therapists describe when encountering clients who identify closely with a culture different from their own?**"**

Information Sheet (Parents/Guardians)

Researcher's introduction

Music therapy is gradually increasing in New Zealand and the therapists working here often have the opportunity to encounter clients from various ethnic groups due to the multicultural population of New Zealand. Therefore it is necessary to be aware of cultural differences and to conduct the work in a culturally appropriate manner.

This project is being undertaken by Hee Chan Choi, as part of the Master of Music Therapy qualification under the supervision of Sarah Hoskyns, Director of Music Therapy at the New Zealand School of Music in Wellington.

Hee Chan Choi Music Therapy student heechanchoi@hotmail.com c/o Wilson School	Sarah Hoskyns Associate Professor Director of Master of Music Therapy Programme New Zealand School of Music, T: 00 64 4 801 5799 x 6410 Sarah.Hoskyns@nzsm.ac.nz

Procedures

This project will use an exploratory qualitative approach, and the first stage will involve interviews of 30-40 minutes with qualified music therapists who have particular experience of cultural matters in their work in the past and who have given consent to be participants in this study. In the second stage of the project I will compare themes from the interview data with my own data collected through taking clinical notes on students seen at a New Zealand special school (who give consent for involvement in the study) and through

reflection on my experiences of clinical practice and research in an ongoing research journal.

Participation in this study

Your child is invited to take part in this project and your are invited to give permission for the researcher to use her written clinical notes and reports on music therapy with your child. The sessions will not be video/audio taped and there would be no difference in the music therapy treatment the research participants will receive. Only the clinical notes will be referred in the project and no children will be precluded from music therapy if their parents do not give consent to be involved. You can take two weeks from the date of receipt of this letter to decide about taking part.

Criteria for inclusion as a participant

Criteria for participation will be that children receive music therapy and that they are between school ages of 5-12. Though it is a cultural study it may involve any ethnic group or race as this study is designed to explore music therapists' personal experience of multicultural encounters.

Terms and conditions

No material, which could personally identify your child or you, will be used in any reports on this study. The records will be stored in a secure room at the New Zealand School of Music for a period of five years. Only the researcher and her supervisor will have access to the data. Privacy and confidentiality of individuals, institutions, ethnic groups and other minorities will be respected and no participant can be identified without the consent of that participant. Participation in this project is entirely voluntary, and you
will be able to withdraw your child from the project at any time up to the completion of the placement at XXX School.

The families of participants will be informed of the completion of the project through email. If you would like a summary of the research findings, copies of these will be provided to the school and you have a right to have a copy through XXXX, (contact details supplied below). Please note that the results may not be ready for publication until midway through 2008. A completed copy of the dissertation will be left at the School, and lodged in Massey University and Victoria University libraries.The researcher will be willing to discuss outcomes relevant to your child or you after the study has been completed..

You are under no obligation to accept this invitation. If you decide you would like your child to participate, you have the right to:

- withdraw your child from the study (up to the end of the music therapy placement November 2007)
- ask any questions about the study at any time during participation;

- provide information on the understanding that your child's name will not be used unless you give permission to the researcher;
- be given access to a summary of the project findings when it is concluded.

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern A, Application _07/42. If you have any concerns about the conduct of this research, please contact Professor John O'Neill, Chair, Massey University Human Ethics Committee: Southern A, telephone 06 350 5799 x 8771, email humanethicsoutha@massey.ac.nz.

If you are interested to take part or require more information regarding the above project, please contactXXXXX. Please can you return the consent form to XXX in the stamped addressed envelope provided by (date two weeks after receipt of letter)

APPENDIX 2.

Title of Study:

"What particular clinical experiences do NZ music therapists describe when encountering clients who identify closely with a culture different from their own?**"**

Information Sheet (music therapists)

Researcher's introduction

Music therapy is gradually increasing in New Zealand and the therapists working here often have the opportunity to encounter clients from various ethnic groups due to the multicultural population of New Zealand. Therefore it is necessary to be aware of cultural differences and to conduct the work in a culturally appropriate manner.

This project is being undertaken by Hee Chan Choi, as part of the Master in Music Therapy qualification under the supervision of Sarah Hoskyns, Director of Music Therapy at the New Zealand School of Music in Wellington.

Hee Chan Choi Music Therapy student heechanchoi@hotmail.com 021 046 7471 c/o Wilson School 09 489 5648	Sarah Hoskyns Associate Professor Director of Master of Music Therapy Programme New Zealand School of Music, T: 00 64 4 801 5799 x 6410 Sarah.Hoskyns@nzsm.ac.nz

Procedures

This project will use an exploratory qualitative approach, and the first stage will involve interviews of 30-40 minutes with qualified music therapists who have particular experience of cultural matters in their work in the past and who have given consent to be participants in this study. In the second stage of the project I will compare themes from the interview data with my own data collected through taking clinical notes on students seen at a New Zealand special school (who give consent for involvement in the study) and through

reflection on my experiences of clinical practice and research in an ongoing research journal.

Criteria for inclusion as a participant

You are qualified as a music therapy practitioner in New Zealand or abroad (or you are a student at least the 2nd year of training as a music therapist) and you are currently living and or practising as a music therapist here in New Zealand.

Participation in this study

As a qualified or student music therapist, you have responded to an advertisement to be a participant in this study. If you consent to be involved, you will be invited to take part in an interview of 30-40 minutes at a time and place convenient to you. If you live in the Auckland or Wellington region, I will arrange to interview you in person and I intend to interview 4-5 music therapists. Music therapists outside these areas may be interviewed by telephone. Interviews will be recorded and the data transcribed by the researcher. I will send you a transcript of the interview for any corrections or clarification. The information collected will then be studied carefully and analysed and coded for themes and units of meaning. I will be looking to collate the rich and varied experiences of music therapists working across cultures in NZ and to compare this with my own growing experiences as a clinician in training.

Terms and conditions

No material, which could personally identify you, will be used in any reports on this study. The records will be stored in a secure room at the New Zealand School of Music for a period of five years. Only the researcher and her supervisor will have access to the data. Privacy and confidentiality of individuals, institutions, ethnic groups and other minorities will be respected and no participant can be identified without the consent of that participant. Participation in this project is entirely voluntary, and you will be able to withdraw from the project at any time up to the completion of the interview.

The participants have the right to have a copy and will be informed of the completion of the project through the e mails. A summary of the research findings will be available on request. Please note that the results may not be ready for publication until midway through 2008. A copy of the results will be available from the researcher at the research site and in the Massey University library. If you prefer, a summary of the results can be mailed to an address supplied. The researcher will be willing to discuss outcomes relevant to you after the study.

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- decline to answer any particular question;
- withdraw from the study (up to the end of the interview);
- ask any questions about the study at any time during participation;

- provide information on the understanding that your name will not be used unless you give permission to the researcher;
- Be given access to a summary of the project findings when it is concluded.
- Ask for the audio tape to be turned off at any time during the interview.

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern A, Application 07/42. If you have any concerns about the conduct of this research, please contact Professor John O'Neill, Chair, Massey University Human Ethics Committee: Southern A, telephone 06 350 5799 x 8771, email humanethicsoutha@massey.ac.nz.

If you require more information regarding the above project, please contact Hee Chan Choi at the above phone number.

APPENDIX 3.

Invitation to Take Part in Research Project!!

Title of Study:

"What particular clinical experiences do NZ music therapists describe when encountering clients who identify closely with a culture different from their own?"

This project is being undertaken by Hee Chan Choi, as part of the Master in Music Therapy qualification under the supervision of Sarah Hoskyns, Director of Music Therapy at the New Zealand School of Music in Wellington.

Hee Chan Choi Music Therapy student heechanchoi@hotmail.com 021 046 7471 c/o Wilson School 09 489 5648	Sarah Hoskyns Associate Professor Director of Master of Music Therapy Programme New Zealand School of Music, T: 00 64 4 801 5799 x 6410 Sarah.Hoskyns@nzsm.ac.nz

Researcher's introduction

I would like to invite music therapy practitioners in New Zealand to take part in this exploratory qualitative project which is designed to explore personal experience of music therapists working/have worked in multicultural environment. . I would like to explore how music therapists in New-Zealand are working within a multicultural society and look closely at the clinical experiences of encountering clients from different cultures than your own. Through this exploration, I intend to have a better understanding of the therapeutic process in a multicultural environment.

Criteria for inclusion as a participant

- You are qualified as a music therapy practitioner in New Zealand or abroad (or you are a student at least the 2nd year of training as a music therapist)
- You are currently living and or practising as a music therapist here in New Zealand.

I would like to recruit first four responders and if there are more than four who responds, priority is given to more experienced participants.

Participation in this study

If you consent to be involved, you will be invited to take part in an interview of 30-40 minutes at a time and place convenient to you. If you live in the Auckland or Wellington region, I will arrange to interview you in person. Music therapists outside these areas may be interviewed by telephone. Interviews will be recorded and the data transcribed by the researcher. I will send you a transcript of the interview for any corrections or clarification. The information collected will then be studied carefully and analysed and coded for themes and units of meaning. I will be looking to collate the rich and varied experiences of music therapists working across cultures in NZ and to compare this with my own growing experiences as a clinician in training.

If you would like to take part and further information regarding the above project, please contact Hee Chan Choi at the above phone number.

Thank you

APPENDIX 4.

PARTICIPANT CONSENT FORM
Parents/Guardian

Research Project Title:

What particular clinical experiences do NZ music therapists describe when encountering clients who identify closely with a culture different from their own?

This consent form will be held for a period of five (5) years

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I wish/ do not wish to give permission to use the clinical materials of my child in this study.

I agree to give permission to use the clinical materials of my child in this study under the conditions set out in the Information Sheet.

Signature: ..... **Date:** .....

Full Name - printed .....

APPENDIX 5.

PARTICIPANT CONSENT FORM
Music Therapists

Research Project Title:

What particular clinical experiences do NZ music therapists describe when encountering clients who identify closely with a culture different from their own?

This consent form will be held for a period of five (5) years

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree/do not agree to the interview being audio taped.

I wish/do not wish to have my tapes returned to me.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature: ..... **Date:** .....

Full Name – printed .....

APPENDIX 6.

Interview question guideline

These are the guideline questions and it is possible to flexibly adapt and vary around the interview context.

General Background questions

1. How did you become music therapist? (When, where have you completed your training?)
2. How long have you worked as a music therapist?
3. With what populations of clients have you worked in the past?
4. Did your work place have a multicultural environment?
5. Are you working with a multicultural client group?
6. Can you tell me what kind of cultures you have encountered?
7. What is your nationality?
8. Do you identify yourselves strongly with a particular culture?
9. If you are not originally from NZ, how long have you been here?

Interview Questions

I. Can you tell me something about your experience as a music therapist working with clients of a different culture? (Ex> memorable case example, enjoyable features, or challenges**)**

- Can you identify any challenges/issues you might have faced while working with clients from different culture?

II. How did you find solution to the challenges you have identified?

III. Have you worked with clients from the same culture?

- Can you tell me about your experience?

IV. What sort of approach do you use when encountering clients from a culture different from your own? What sort of approach do you use when encountering clients from the same culture?

- How do you feel about that?

(Ex> adapting yourself/ the ways you present yourself to clients when encountering with multicultural client groups?)

V. What do you feel is the most important element we should keep in our minds (ways to approach, need to be aware of) when encountering clients from other culture?

VI. Is there anything you would like to include regarding of this matter?

(Note: This was the general structure consisting of mainly open-ended questions from which the interviewer diverged or adapted, when it was important to do so.)

APPENDIX 7.

Peer debriefing process

With a second year music therapy student

3rd Feb.08: The transcript and the analysis of the interview C were sent through e mail to the one of researcher's colleague for a peer debriefing procedure.

4th Feb.08: The brief meeting took place at a café to talk her through what the peer debriefing procedure involved and what was expected.

6th Feb.08: Another meeting took place at her home and she suggested several points on what she thought of the work. The points she made are listed below.

- Grammar check
- The use of quotations
- Paraphrase necessary sentences
- Reorganizing the summary chart -Grouping the key ideas into themes
- Thinking about identifying my own thoughts to place stronger personal voice in the summary of process section. (possible links and comparisons of my own experiences with the experience of the interviewee.)

General comment:

Overall, she thought what the researcher gathered from the interview was very well organized into themes and highlights. She expressed that the contents were interesting and relevant to the research questions and felt it was analyzed in an objective manner.

APPENDIX 8.

Transcription of the interview A -15th Nov. 2007

H: Alright! So… shall we talk about where you did your training?
A: Ok. Um… I did my training at a…
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX. [8]
H: ok~
A: And then I went on to do my Masters in Research then I got my MA in 1999.
H: ok~ was it a music therapy course that you have started with?
A: yes. It was MA in music therapy course and it was with XXXXXX and XXXXXX. I think they are still running it in XXXXXX.
H: After you have graduated, did you practiced in XXXXXX?
A: Very little. Not very much. Um I did a little bit of therapeutic music teaching, cos' I was teaching piano before I did my course so I was doing a bit of that. Um but…a… most of the time I was actually working on a research cos' it turned out little longer than expected. *(laughed)*
H: I can see. *(nodding with smile)*
A: I think it was due around late 1998 but it took a while
H: Right Right~
A: so in 1999 I got the MA
H: Sure~ did you come back to XXXXXX after that?
A: Yeah, I went back to XXXXXX and I worked in special school there for five years. I was on contract to work for five years with them.
H: Ok~ so when did you come to New Zealand?
A: So I came here at the end of five year 2004, I came over.
H: Oh~ok~ any special reason why you came over?
A: Oh~ well my husband is a Kiwi so ~
H: oh~~
A: so that's why I came over and um…but I took a break from music therapy after I finished that contract and then um…so that's time when we were engaged so… and then I got married so I took a break for about 18months and then after that I um…started this work that I am doing now in XXXXXX.
H: How long have you worked in XXXXX for?
A: Um…probably about …. I started in April/May 06 so it would be almost one and a half years now.
H: Oh~ ok.
A: yeah time flies!
H: Yeah~~~ (*nodded)*
A: *(laughed)*
H: So~ um…What kind of population have you worked with?
A: Hmm….well in XXXXXX all my clients were children and young adults. And they were all attending the special school. The school had three different programmes. So basically it was whole range of disabilities. They had early intervention programme, and then they had programme for kids autism up to twelve, one for children with multiple handicaps and that was up to 18~20 years old. I was one of the music therapist there so between us we saw sort of the whole range of kids from three programmes. And then

[8] The information that has the potential to lead interviewee's identification is substituted with XXXXX

now I am working with adults with intellectual disabilities. Some of them have multiple disabilities, physical as well.
H: Right~ was your work place had multicultural environment?
A: Um in XXXXXX, the most of the population would be Chinese. It is quite multicultural in XXXXXX but mainly Chinese, Malaysian and Indian. Those are the main Asian ethnic groups. So the staff also reflected that. But we had a few foreigners working with us. We had people from America, US, South Africa, and India…
H: Wow, multicultural staff!
A: Yeah~ it was very interesting. It was a multicultural therapy staff group. We called that we were 'UN' *(Laughed)*
H: *(Laughed*)
A: It was quite good because you know you have different ways of approaching things.
H: Sure~
A: It's just not one way of doing things and they have been trained from all over the world so~
H: Yeah~ interesting. How about in New Zealand?
A: Well here, most of the clients I work here are…probably 2/3 of them would be New Zealanders or born here. Pakiha, Maori, or Pacific Islanders. Interestingly enough I actually see a number of Asians *(smiled*).
H: Oh~ really?
A: Yeah. Probably 3 or 4 of my clients are Asian.
H: That's quite a big number isn't it?
A: Yeah, cos' I see average about 20. So that's quite a big percentage. Most of them speak the language that I can speak or understand which makes it quite interesting as well. *(laughed)*
H: Yeah. What languages do you speak?
A: I am Chinese so I know. They either speak mandarin and/or Cantonese
H: Oh~ ok. Have you come across Koreans in your group?
A: No, I haven't actually. I think there is Japanese at the center but not involved in music therapy. It was quite interesting how it sort of happened. *(smiled)*
H: (*nodding*) and it would be fortunate for them to have you who understand.
A: Yes yes. So it has been quite interesting at different levels. For the staff as well. Sometimes they ask me what did that person say.
H: oh~ yes. So your nationality is XXXXXX?
A: Yes.
H: So you were born in XXXXXX?
A: Yes
H: And XXXXXX speaks English, isn't it?
A: Yes. English is the main language. But because of the different ethnicity most people would study their mother tongue as their second language
H: Do you identify yourself strongly to a particular culture?
A: Um…. I suppose in some ways to the Chinese culture. I wouldn't say I am 'very' Chinese. (*smiled*) Westernized Chinese perhaps.
H: Yes. Probably…(*nodding)*
A: Yeah~ I mean if I had to choose I probably say it was the Chinese culture (*smiled)* or um… it's been interesting you know coming here… and also marrying a Kiwi you know, you kinda fort your own culture at home.(*Laughed*) You develop…
H: A second culture?

A: Yeah~ or a third. It's neither Kiwi nor XXXXXX
H: (*nodded and Laughed)* it's in between culture~
A: I would say having growing up in XXXXXX; it would be XXXXXX culture.
H: So when you went to XXXXXX to study, did you find about MT over there? Or did you know about it from XXXXXX?
A: I knew about the course already. So I applied from XXXXXX.
H: Thank you and we will probably go on to more work experiences.
A: Ok~
H: Can you tell me something about your experience of working as a music therapist with clients from different culture?
A: Um…..maybe I will start with some things in XXXXX. Even though everybody were XXXXXX, well most of them anyway, there were some times when you do have some cultural clashes. Perhaps just um…as a therapist being in an Asian culture, I think that…well not to generalize too much but I feel that there is a kind of um…perhaps the perception of what therapy is in Asia even in XXXXX that's quite narrow in some ways especially music therapy. I had to really explain it quite well to make sure people really understood what was going on. And also in terms of just what that was some people couldn't really grasp it. I don't know what it was but some people just couldn't understand what I was trying to do in music therapy with their child. *(laughed)*
H: Uh hur
A: I don't know whether that's entirely cultural thing. I feel it is partly. Just their way of thinking you know and also encouraging the child to be quite individual. But I think that kinda goes against some cultural norms. Asian thing you know. You are sort of part of a big whole and a giving the child choice (*raised the end of phrase*.) There was whole lot of attitudes towards… firstly say therapy. You know the word therapy is like you know people don't go to therapy. It's like shameful or something. And then um…disable, people with disabilities it's like they are the one that need help and looking after and everything so a lot of the parents tend to do things for the child. A LOT. (*smiled)* Because that the perceive way of caring as well I think.
H: Yes.
A: So sometimes there's some sort of tension there.
H: True.
A: But I wouldn't say so much cultural differences in music. There wasn't any major thing there I felt like using particular styles. I think because most of the children have brought up with Western diatonic music.
H: In XXXXXX?
A: Yes. So in terms of music I wouldn't say there were any issues there. There were some children with autism and they referred some music of their own ethnic language so sometimes you know I had to borrow a tape and try to learn the song…at least the tune to make some connection. (*smiled*)
H: Was it an advantage for you being a XXXXXX to understand why the parents have reacted that way or where they are coming from?
A: Yes. Definitely (*nodded)* you know…I was one of them too I guess. I could see to a certain extent their point of view and try and walk them through the whole thing. So I guess it wasn't too surprising… their attitude. It didn't strike me. You know? (*smiled looking at me with eye bows raised)* It was more like frustration of how to sort of…bring them into what was happening.

H: That part seems to be interesting to me too because I often be in similar position like you and I have to deal with Korean parents at the XXXXX School.
A: (*Smiled and nodded)* Yes~
H: Can you tell me more about how you dealt with that situation?
A: Some of the ways…well one of the main ways ….cos' usually when I work with parents I try to get them to be involved in the session I find that it's like you know the whole experience speaks louder than the words, than try to explain verbally and that often has the impact of some sort.
H: Sure
A: Generally with music therapy, when you experience it you certainly have greater understanding of what's happening. So being quite experimental with parents like 'why don't you sit in and let's see what happens today and we can talk about it afterwards.' And often that's sort of an eye opener for them. Some other ways are like giving them literatures to read or show videos or something. I guess that's the information part. Education. Or getting other parents to talk to them about what they have experienced. Perhaps there could be some connection because I suppose in the one level I am thinking like oh yeah you know I am the therapist telling these parents and they might like you know you are the therapist, and you don't understand and that sort of things. *(raised the phrase)* So it's nice to get another parent to share...things...it helps. These are some of the ways. I think sometimes there are some parents who still couldn't quite fully accept or take on board what was really happening or you know they sort of see it as fun rather than something quite deep going on…but because I still really wanted to work with the parent and the child together so kind of had to sort of go at that level. *(raised the phrase)* Rather than sort of jeopardize that bonding you know because you could see that something was happening but perhaps a parent being a bit resistant to the things that are happening in the session or …yeah… It's quite varied I guess… it depended a lot on the parent as well perhaps how open they were also*(raised the phrase and laughed)*That was in XXXXXX and was quite interesting you know…somewhere where it's the same culture so to speak there were still a lot of tension and conflict.
H: I guess we are trying to introduce what we have learnt from outside of our country.
A: Yes. That's right
H: Makes it quite difficult.
A: Yes. That's right. Which sometimes you know when I am importing Western thing that often make me think about that and how to perhaps put it in an Asia context. (*smiled)*
H: Yes
A: It was really strange because I am already sort of using Western songs and everything and my whole frame work is Western. (*laughed)* So… where is the Asian? (laughed) You never can quite find the answer for it. (*laughed, very lively*)
H: True. I guess thinking about it would be the first step.
A: Yes. I guess. Just your awareness. There is no answer you know? Cos' there's lot of it is just who I am and everything as well that comes in with it. I had another interesting experience when I went to China in April this year. My husband and I went to visit this children's home for kids with disabilities. We were there for about two weeks and we did some exploratory music therapy with these children. They never heard of music therapy there. It was a suburb of a big city Tianjin near Beijing. So it was all very new and everything the concepts. They used a lot of singing and songs-very structured things. But using it more freely and again the individualistic way was quite a new novel (s*miling and alive*) idea and even sort of very basic ideas of giving choice to a child with disability or

waiting for them to communicate and things like that just blew their mind (*laughed)* which actually blew my mind (*laughed out loud)* and it was very exciting!
H: oh~ really?
A: You know the idea of waiting for this person to raise their eyebrows or communication is more that verbal and that was the novel concept to some of them. Again I guess it's probably a cultural thing like you know disabled person equals certain things like they cannot do things for themselves and need help and all that. So it's quite a stuck reaction
H: Yes. Probably in Asian countries have their own way of disciplining…
A: Yes. As well. That's right.
H: …being polite and the way of they do things.
A: Yes That's right. And in the perception of like misbehaviour in a very broad level behaviour is a communication. Like if someone chucks something aside or bangs the wall it's like I don't want this but to them it is just naughty or… you know that sort of things. Which I guess is fairly universal too but especially in Asian (countries) you have to sort of fall in line otherwise *(laughed*)
H: And the perception of being in the group is…
A: That's right.
H: …quite strong.
A: Strong sense of community and um…so they would actually line the children up in a straight line.
H: Really?
A: It was really interesting. I said "what about say for the session, let's have them in a circle so that they can communicate with each other and look at each other" It was funny because like they hadn't really thought about it (*laughed out loud*). It was a new strategy and like students are on one side and teacher on the other and you know that demarcation… (*laughed*) um… it was very interesting. What was really nice about … sorry this might be a digression but um…was how they used the music. First they would all be in a group and then one by one the children would be asked to sing. It was all familiar songs and highly structured. They would have their few minutes and everyone would listen to them sing and then they sit down and the next one…yeah
H: oh that's nice.
A: So some ways they already have that sense of individualism although they may not sort of call it that or whatever. So that was quite nice and you know that could be taken into the next step like improvising or whatever because they do use music a lot.
H: Yes. That's very nice.
A: Do you want some experiences of working here with those few clients?
H: Sure
A: The ones that um I've worked with here, I have actually found that their sense of identity is probably much more strongly rooted in their own Asian culture. Well for one thing when they see me they immediately start to speak in mandarin or Cantonese to me.
H: That's interesting
A: So they don't actually talk to me in English even though they can. So when they see me they identify quite strongly with the Asian thing which I found quite interesting. One of the client who is Vietnamese I had to source some songs like pre-war Chinese songs but I don't listen to Chinese music and there again the cross cultural thing between us (*laughed*) and I didn't know what he was singing. It was sort of vague thing that my parents listened to those music you know.

H: Right
A: But I had to go and look for these music and learn it so that I could do something with him with it cos' he really really enjoyed singing all these songs. He is actually a war trauma refugee and almost non verbal. He sings and mumbles in Chinese or Vietnamese or mixture.
H: Does he do that to other staff?
A: Unfortunately he doesn't have any Asian staff. All the staff that work with him don't speak any Chinese or Vietnamese so they are always asking me what did he say, does it make sense. Actually that's the same with all the three that I work with and I have to tell the staff yes he's actually trying to tell you something and it's actually making sense, making a comment, and it's not just gibberish. Which they thought before it was. So that was quite amazing.
H: So the three clients you see do speak in their mother tongue to the other staff?
A: Sometimes. Yes. Because they (staff) will answer them back in English then they (clients) will revert. Well one of them has quite severe Autism so she'll decide what she wants to say in what language. (*laughed*) Sometime I wonder if… I mean there's definitely greater connection and affinity with these clients just because of how I look and sometimes I think even if I don't really understand them they still trying and interact with me.
H: Do you think the way they are interacting is different towards you to other staff?
A: That's what some of the staff have commented. They noticed that the person would actually talk perhaps more frequent or the amount that they say is a lot more to me so there seems to be something there.
H: Familiarity?
A: Yeah. That's right. The Vietnamese client that I was talking about before sometimes he would start drawing or writing. What the staff thought was scribble was actually mandarin characters. That's been quite interesting….sometimes he would choose to do that. Just draw and listen to music and that's fine. So that's been quite interesting just being able to acknowledge what he's written there.
H: Yes
A: That's sort of another connection I think that's been made which unfortunately the other staff wouldn't be able to understand you know and they wouldn't see it as something meaningful.
H: It's a value to the team isn't it. Knowing what is going on is very important.
A: Yes. Yes. That's right
H: I had similar experience too. I had to work with a little Chinese boy and he would mumble things and I assumed it was Chinese but I wouldn't be able to pick it up straight away and that often put me in a position where I had to remember what just happened and try to find out afterwards and ..it was difficult…
A: Uh Huh~ I bet it was…
H: Have you ever had any experience working with another client from different culture who had a strong identity of their own culture?
A: There is one client that I work with who is pakeha who likes particular style of music. Western music I suppose you could say it's like that would be his you know his identity. Because he has mental health issues he would tend to perseverate sometimes play in certain style so it's Western style that he identifies with. It was sort of cross between rock and roll, jazz, or blues or something like that. So that would probably be one of the… I would say the only client I have that identifies strongly and quite definite in his style. If

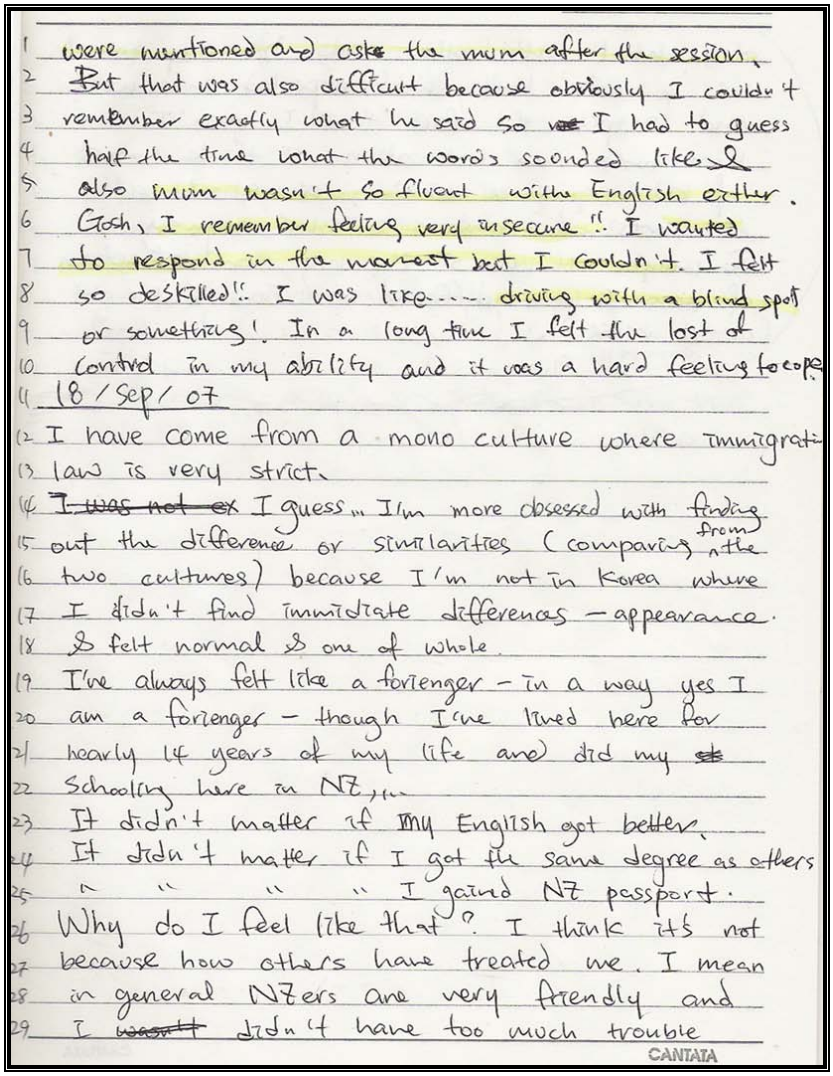
you try to introduce something quite different in style he really identifies very strongly to that so quite ridged about it.
H: when you come across a client whose cultural identity is quite different to you, was there any ways you approached them?
A: Well… I would initially go with what they bring to the session. Just with the openness and acceptance and empathy. With this client that I am thinking of, I have worked with him for 18 month now and it's been slow slow progression. Most of the time we've actually just play what he had requested. I would say that initially because we are building up the relationship the client's preferences and their styles, their cultural preferences of music or whatever even their attitude I guess, I feel I need to really be quite wholly accepting and open towards that otherwise I feel that you can't really establish any relationship there. Sometimes I feel like I am stepping into their culture you know?
H: Yes
A: I mean I can't say I have experienced something that's completely shocking but I felt that I had to really decide to go with this *(smiled*) and fully just jump in with the person. Because I guess at the same time the client too is trying to figure out where I am coming from. I often wonder if …well not to sound un-peace(? dischord) but some pakeha people who have been brought up quite mono culturally that having an Asian person working with them could negative impact as well or some kind of impact.
H: Sure
A: There's been that part but I have to say it hasn't been a great issue for me with these people that I work with. Probably because the environment is quite multicultural so… yeah. But that's always been a sort of thought because that's the sort of feed back that people tend to keep to themselves. Even staff you know?
H: Yes I see
A: That's interesting thought about you know their perception of an Asian person.
H: Yes. You are the immigrant so…
A: Yes. That's right (*louder voice*) so it's whatever they heard or brought up with. But that aspect hasn't come up strongly with me that people say "oh I don't want to work with her" or things like that haven't happened with me although it could potentially. Oh and about just jumping in with the person, I found that actually it's me having to be quite open and flexible and learning about the client. I found that it's usually what I have to do. Like say with this Vietnamese who loved the songs I didn't know I had to do my back ground homework and find out what those songs were about. I just remembered…I only took this client for a few sessions cos' he decided not to have music therapy. He was Bulgarian so he understood very little English so I had to learn basic words so that I could connect with him. Actually now I wonder if it was the colour of my skin that put him off…I don't know (*laughed)* because like he was quite resistant but haven't really found out why. He had autism he sort of quite cared about it the day he pushed the keyboard down. It was like 'no thank you' (*laughed)*
But I decided to learn some of his language and to connect with the person so we did the hello song in his language. Also in China I had to improvise in Mandarin. (*laughed*)
H: Oh really?
A: That stretched me quite a bit although I guess it's because it's all insight…it did sort of start to flow eventually. That was interesting exercise for me. (*laughed*)
H: Yes the language barriers
A: Yes that's right.

H: I guess you can't ignore them.
A: No you can't. Sometimes you know that could be the one thing that captures the client and just connects them to you. 'Hey she's speaking something, singing something I know.' So I found that that's been an important thing here just finding the things that I need as the tools like the songs, language or the style of music to connect with the person. So that's some of the important thing for me. And maybe even the attitude maybe in some cultures where women aren't so dominant, so having women therapists might be an issue…which might have been for that person that decided not to have me… I will never know. (s*miled*) He was very resistant towards me so I will never know whether that was a cultural issue or not.
H: How did it feel for you to know that his culture was very unfamiliar to you?
A: If I know if this person doesn't speak the same language I try as much as possible not to have certain pre-conceived idea but trying to see it as blank sheet so that I wouldn't have some ideas already set in my mind about how things might be. So I try to be quite neutral. I wouldn't say I feel daunted or afraid. I don't think I have ever felt those…I probably felt more daunted or afraid by some of the challenging behaviours than from a different culture. I probably feel the sense of curiosity as well. In terms of… like I wonder what their music is going to be like.
H: Sure
A: I find it interesting for me I welcome it (*laughed)* I find it good. Taking time to find out about the language or learning about their background. I like that. It's not a negative thing.
H: It's very interesting. Did you have any challenges or challenging experience because of the cultural issues you might face faced?
A: Like with the man that didn't want the sessions, it was hard because I wasn't sure why. There were a lot of questions about what the reasons were. There were a lot of unanswered questions because I couldn't really communicate with the person and that was the frustration. Again back to the language barriers. The music… well because we couldn't get very far and he was very resistant and didn't want to be engaged so I would have loved to explore how music could have overcome those barriers but it's one of those well I could have been great but...(*laughed)* I think with the other pakeha man who had a real strong stylistic preferences it's been quite an interesting journey for him. I wouldn't say that style of the music changed very much. It was just the little things say instead of playing in four four time playing in triple time and that has been a big deal because waltz was out for this person. Just exploring within that style and sort of help to push the boundaries. It has been challenging for me musically trying to work in that ridged frame work. (l*aughed*). It's been rewarding just exploring that together and I am sort of pushed as well… like what sort of style is acceptable for him…so musically it's been challenging working with ridged and narrow preference.
H: Sure. Was the style familiar style of music for you?
A: I would say some of it was. I do play in those styles but I needed to explore a bit more for myself. Having being classically trained… I actually like jazz a lot but not so much rock and roll and hard rock so… it's been sort of having to look at those things and see how I can put myself in there. You can just play but it's hard to immerse yourself into it the way your client is to support that you know and still have your integrity… you've got to be real too. (l*aughed*) So it's been quite interesting and just coming up with I guess to the reasonably a new thing sometimes that's how the improvisation goes….it starts with something ridged and ends up with quite free and unstructured. It's nice to see that he's

been able to cope with that and me too! We both survived. So I actually find as much as it is challenging it is very rewarding and enriching as a therapeutic experience for me.
H: Also just going back to that Bulgarian client the challenging issues you have identified were you able to find the way to find out why he was so resistant? Maybe…by talking to his relatives…or…
A: I have mad no contact with the relatives. Only the staff and support worker. They haven't really said very much. I mean hey just said well if he doesn't want to then he doesn't want to and that's fine and I accept his choice as well. So that's the sort of question, unanswered question. He still comes to the day center I am in so maybe one day he might decide he would like to start.
H: Sure
A: he might be in a group when it's less threatening perhaps. It's one of those lost potential but well unrealized yet. I don't know *(laughed*)
H: Have you had any challenges working with the similar culture to you let's say like your Chinese clients?
A: I have shared some of that like in XXXXXX where I guess that's the most similar background you could have with another person being a same nationality and still just broad spectrum of mind set and understanding of the work and the attitude to the client. As I have shared before about how to work through that. Yeah mostly it was the parent. I guess it's just within the culture how the variation of differences in thought. Language isn't an issue there but more of attitude and mind set.
H: were there any non verbal you came across during your work in XXXXX also in NZ?
A: Do you mean like when language wasn't an issue so they are non verbal clients. It's funny because those a few Asian ones they called them largely non verbal. But they tend to be very verbal. (*laughed)* That was quite interesting or rather they would vocalize things but they have classify them non verbal. Because they don't understand what that person is saying. So they vocalize something which is not meaningful to staff so they say oh he is non verbal which is actually not true. So true non verbal clients I wouldn't say that I have had many cultural issues. I wouldn't say there were major issues in connecting in music. It's interesting cos' they seem to be quite responsive to whatever happenes…
H: Music is a language for them..?
A: That's right (*affirming voice*) I have one South African client. He does have vocalization he just doesn't speak. I wouldn't say he only enjoys South African music. He does respond to different music. Language isn't a big barrier sometimes.
H: Yes. It's always different
A: It is always different.
H: How do you feel about, you know because we are in multicultural environment and you obviously worked in different places, adapting yourself into a different environment?
A: Well there are two things. They are sort of opposite. On the one hand I am very aware of my own culture a lot more suddenly and I am trying to preserve it. Some preservation. That awareness is heightened of who I am, wanting not to loose that. On the other hand there is… wanting to fit in.
H: Yes
A: So it's almost opposing. (*laughed*) One of the things which I found quite annoying at first was some people couldn't understand what I was saying because I spoke quite quickly.
H: Oh no~

I think a lot of Asian tends to speak quite quickly because our languages are quite fast. so I had to change how I spoke and even the way I spoke my name. They couldn't catch my name. (*laughed*) That was my major frustration. They kept hearing my name as Mee.
H: Oh no really?
A: That was the major frustration when people couldn't even understand my name. it's who I am you know. So even trying to adapt how I spoke and you kinda pick up the slang or accent or little bits but I thing for me it's just trying to be understood and make it easier for the other person. Maybe I am a very accommodating person. So I find that two apposing things. I have lived here for 3 and a half years… I am starting to integrate the two somehow. I think it's like being comfortable with who I am and not feeling I need to explain myself. I am finding my way around it. It also depends on what context I am in. Some circles I can be myself more not necessary in Asian community or anything. It's just the people and their attitude. I find actually overall people with disabilities probably the most embracing. (*smiled*)
H: Yes
A: You know they don't care who you are or whatever. They probably more embracing than what we call able people. So it depends where I am. I do admit I am different when I am with different people and sort of slide into a different mode. I am sure talking to you because we are both Asian there's an affinity there so it's different again.
H: One last thing. Anything you would like to add to this matter?
A: I think I have said most of the things that are important to me. I hope it was helpful.
H: Yes it was! it was very interesting.

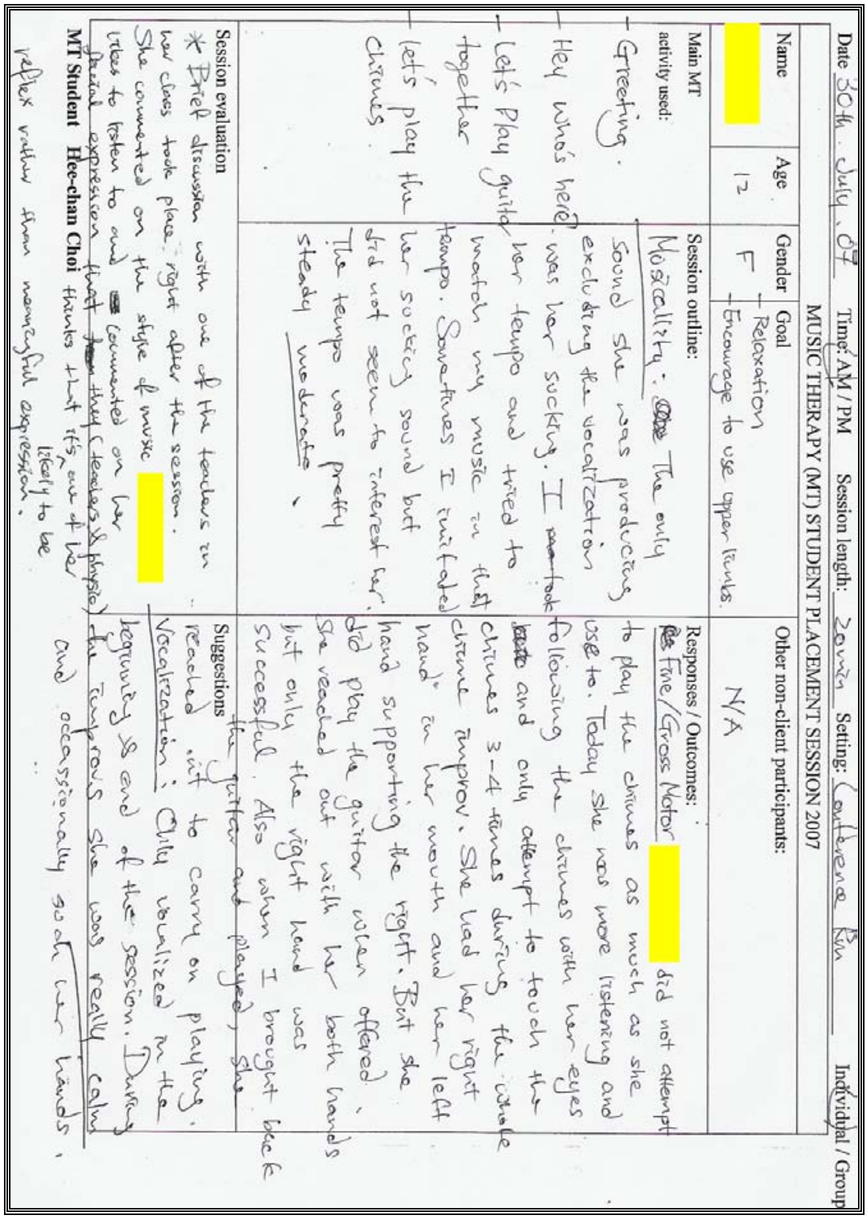
APPENDIX 9.



were mentioned and asked the mum after the session.
But that was also difficult because obviously I couldn't
remember exactly what he said so ~~we~~ I had to guess
half the time what the words sounded like. &
also mum wasn't so fluent with English either.
Gosh, I remember feeling very insecure !! I wanted
to respond in the nearest best I couldn't. I felt
so deskilled!! I was like..... driving with a blind spot
or something! In a long time I felt the lost of
control in my ability and it was a hard feeling to cope.
18/Sep/07
I have come from a mono culture where Immigrati
law is very strict.
~~I was not ex~~ I guess, I'm more obsessed with finding
out the difference or similarities (comparing from the
two cultures) because I'm not in Korea where
I didn't find immidiate differences - appearance.
& felt normal & one of whole.
I've always felt like a forienger - in a way yes I
am a forienger - though I've lived here for
nearly 14 years of my life and did my ~~sch~~
schooling here in NZ,...
It didn't matter if my English got better.
It didn't matter if I got the same degree as others
" " " I gained NZ passport.
Why do I feel like that? I think it's not
because how others have treated me. I mean
in general NZers are very frendly and
I ~~wasn't~~ didn't have too much trouble

CANTATA

APPENDIX 10.



Date 30th. July. 07 Time: AM / PM Session length: 20min Setting: Conference Rm Individual / Group

MUSIC THERAPY (MT) STUDENT PLACEMENT SESSION 2007

Name	Age	Gender	Goal	Other non-client participants:
[redacted]	12	F	- Relaxation - Encourage to use upper limbs.	N/A

Main MT activity used:
- Greeting.
- Hey who's here.
- Let's Play guitar together
- let's play the chimes.

Session outline:
Musicality : The only sound she was producing excluding the vocalization was her sucking. I took her tempo and tried to match my music in that tempo. Sometimes I imitated her sucking sound but did not seem to interest her. The tempo was pretty steady moderato.

Responses / Outcomes:
Fine/Gross Motor [redacted] did not attempt to play the chimes as much as she use to. Today she was more listening and following the chimes with her eyes and only attempt to touch the chimes 3-4 times during the whole chime improv. She had her right hand in her mouth and her left hand supporting the right. But she did play the guitar when offered. She reached out with her both hands but only the right hand was successful. Also when I brought back the guitar and played, she

Session evaluation
* Brief discussion with one of the teachers in her class took place right after the session. She commented on the style of music [redacted] likes to listen to and commented on her facial expression that they (teachers & physio) MT Student Hee-chan Choi thinks that it's one of her likely to be reflex rather than meaningful expression.

Suggestions
reached out to carry on playing.
Vocalization : Only vocalized in the beginning & end of the session. During the improvs she was really calm and occassionally suck her hands.

The name of the child is blocked with yellow boxes to protect privacy.

pg 3

5th. Aug. 07.

Reflection on the session that took place on 30/7/08.

Child-A

It was noted that the discussion that took place after the session that day. The teacher told me that Child A likes listening to soft music rather than loud/lively music and that they often use soft ~~un~~gentle music to calm her down. Interestingly they also told me something really unexpected as well. After some time of observation, they + physio therapist think that her facial expression (smiles) are just part of ~~a~~ a reflex rather than a communicative expression.

I asked the teachers about the children even though I didn't really have particular concerns. But at the end of the conversation, there's always something I found that I didn't know about the child or