CROSS-CULTURAL MUSIC THERAPY:
REFLECTIONS OF MUSIC THERAPISTS WORKING INTERNATIONALLY

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by
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Abstract

CROSS-CULTURAL MUSIC THERAPY: REFLECTIONS OF MUSIC THERAPISTS WORKING INTERNATIONALLY

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Research on cross-cultural music therapy is limited, yet with the increase of globalization, it is becoming more common for music therapists to work anywhere in the world and with diverse populations. By studying the lived experience of music therapists from the United States working internationally, music therapists interested in working abroad may be able to better prepare for an international career. This phenomenological research asked how culture informs clinical practice, what strategies are helpful in working cross-culturally, and what are the benefits and challenges of working outside of the clinician's culture.

Interviews were conducted with three American music therapists working cross-culturally in Finland, New Zealand, and Singapore. Therapists were board certified professionals with six months to almost six years of experience. Results indicated three global meaning units including: a) In order for music therapy to be effective, the therapist must understand the impact of their individual culture and their client's culture on the therapeutic relationship; b) The culturally competent music therapist needs to be able to listen empathically, communicate effectively, and truly understand the client; and c) No

matter how challenging working internationally may be at times, the therapist will grow, change, and "no matter what, it'll be worth it."

These discoveries point to three key features for the music therapist working internationally to consider. One is the interdependent relationship of music therapy and culture. Demonstrating that even though music therapy can reach across cultures, culture heavily influences the success of music therapy. Secondly, there will be both challenges and benefits of working in another culture. Thirdly, this research reflects the literature that there will be a period of experiencing culture shock and culture acclimation for the therapist. Limitations and recommendations for future research are also discussed.

Keywords: cross-cultural music therapy, music therapy, culture, international, music, therapy, multicultural

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Dedication

This thesis is dedicated to my past and future music therapy clients. Thank you for allowing me to be part of your precious lives through music.

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Chapter 1

Introduction

My desire to research cross-cultural music therapists' experience developed from my experiences traveling as a child and adolescent to Mexico and Nicaragua and from the relationships I developed as an adult with the international community living in the United States. These experiences slowly developed my interest in learning about how culture and music therapy intersect. This chapter will cover a brief overview of cross-cultural music therapy, define important terms, introduce phenomenology, and define the purpose and research questions of this study.

Research Inspiration

Three distinct life experiences have led to my interest in cross-cultural music therapy. Every summer my family would travel down to south Texas where my grandma lived and occasionally my mother would take my siblings and me on a day trip to Mexico. It was exciting to experience all the smells and sights and to be surrounded by Spanish. We did not have much money, but mom would spare us a few dollars so we could buy a souvenir to bring home. When I was 15, I traveled on a mission trip to Nicaragua where I visited churches, played with children in the streets, ate fresh pineapple, and explored nature. Upon my return to the United States, I felt so deflated because of how exciting it had been to be surrounded by Spanish and experiencing new things daily. I was exposed to how privileged our country was and that a middle class was nonexistent in some countries like Nicaragua. While in college, I made friends from all over the world since my violin studio was

comprised mostly of international students. My sister worked at a Chinese church at the time as well, so I was exposed to Chinese culture for the first time. All of these experiences contributed to my interest in cross-cultural exchanges. After becoming a music therapist, I began to wonder how music therapy would differ in other cultures and what it would be like to practice music therapy in another country. I believe that personal knowledge is insightful, and I have always been interested in learning about others' lived experiences.

Overview of International Cross-Cultural Music Therapy

Music therapy is a growing profession around the world with at least 15 countries having their own music therapy associations (American Music Therapy Association, 2015). The World Federation of Music Therapy (WFMT) is an international, nonprofit music therapy association that works to promote international conferences for music therapists all over the world (World Federation of Music Therapy, 2015). With the rise of globalization it is becoming more likely for music therapists to work with clients outside of their own culture. International cross-cultural music therapy is discussed briefly in the literature, yet still undefined. Cross-cultural therapy has been presented more in psychology and counseling literature (Casas, 1984; Jackson, 1995). It is safe to say that cross-cultural music therapy is in its pioneering stage with most documented cross-cultural research being conducted in the therapist's native country (Baker & Jones, 2006; Cominardi, 2014; Ip-Winfield & Grocke, 2011; Ip-Winfield, Wen, & Yuen, 2014; Kim, 2013; Rilinger, 2011; Schwantes, Wigram, McKinney, Lipscomb, & Richards, 2011) and only a few music therapists' international

experiences have been explored. (Bolger, 2012; Gadberry, 2014; Thomas & Sham; 2014; Winters, 2015).

Therapists' Experiences with Cross-Cultural Music Therapy

Several factors influence cross-cultural work such as the therapists' worldview, their ability to assess their personal cultural heritage, their level of cultural sensitivity, the therapeutic connection between client and therapist, and the ability to understand cultural norms and deviation from cultural norms (Humbert, Burket, Deveney, & Kennedy, 2011; Nolte, 2007; Valentino, 2006; Wheeler & Baker, 2010). Ethnic matching and whether or not cultural differences are discussed between the client and therapist can affect the therapeutic relationship in cross-cultural therapy. In order to understand this more thoroughly it can be helpful to learn from successful cross-cultural master therapists (Abreu & Gabarain, 2000; Jennings, Gulden, Oien, D'Rozario, Goh, & Skovholt, 2012; Maxie, Arnold, & Stephenson, 2006; Shin et al., 2005; Speight & Vera, 1997; Vera, Speight, Mildner, & Carlson, 1999). Other influences that affect the therapist working internationally are the acculturation process and whether or not they are bilingual or use of an interpreter (Kissil, Davey, & Davey, 2013; Schwantes, 2015; Verdinelli & Biever, 2013).

Definitions

Several definitions are used throughout this study including: music therapy, culture, cross-cultural music therapy, worldview, and cultural sensitivity. The following definitions each offer just one of several ways of defining these terms that will assist the reader in understanding more clearly the researcher's position.

Music therapy. The American Music Therapy Association (AMTA) defines music therapy as the use of music interventions through a therapeutic relationship to address non-musical goals by a trained professional (American Music Therapy Association, 2015).

Culture. Terminology relating to culture in the mental health professions is varied and used inconsistently throughout the literature. It may include: cultural psychology, indigenous psychology, transcultural psychology, multicultural counseling, multicultural psychology, cross-cultural counseling, cross-cultural psychology, and cross-national counseling (Gerstein, Heppner, Ægisdóttir, Leung, & Norsworthy, 2009). Due to the inconsistency of terminology use, only two of the most current will be defined in this paper.

Cross-national counseling as defined by Gerstein et al. (2009) is the collaboration of mental health professionals living in at least two countries, to develop programs, implement, train, teach or consult on matters concerning mental health needs. *Cross-cultural counseling* is defined as:

> The pursuit and application of universal and indigenous theories, strategies (e.g. direct service, consultation, training, education, prevention), and research paradigms of counseling and mental health help seeking grounded in an in-depth examination, understanding, and appreciation of the cultural and epistemological underpinnings of countries located worldwide (Gerstein et al., p. 6).

Cross-cultural music therapy. Cross-cultural music therapy is not expressly defined in the literature, but it could be defined as the occurrence of music therapy within a therapeutic relationship that involves at least two cultures. Two terms used in the music

therapy literature that relate to cross-cultural music therapy are culture-specific music therapy and culture-centered music therapy. Stige (2002) defined culture-specific music therapy as the recognition that the music therapist and client both come from a culture(s) and therefore culture influences music therapy whether or not the client and therapist share certain aspects of their culture. Culture-centered music therapy is defined as a practice that grows "out of interests of action and knowledge situated in specific cultural and social circumstances" (Stige, 2002, p. 191). In other words, not only is culture-centered music therapy culture-specific, but it is also unique to each individual's needs and may appear differently within different contexts.

For this study, cross-cultural therapy or cross-cultural music therapy will refer to the client and therapist being from different cultural backgrounds. Within the United States it is no longer uncommon for health professionals, including music therapists, to work cross-culturally since 12.9% of the population has been born outside of the U.S. (United States Census Bureau, 2015).

Worldview. A quality that directly affects cross-cultural music therapy is the therapist's worldview. Ivey, D'Andrea, Ivey, and Simek-Morgan (2002) defined an individual's worldview as his/her way of deriving meaning in the world. This "includes the various beliefs, values, and biases an individual develops as a result of cultural conditioning" (p. 4). Another definition of worldview is "a set of basic assumptions that a group of people develop in order to explain reality and their place and purpose in the world" (Duncan, 2004, p. 4).

Cultural sensitivity. Cultural sensitivity also directly affects therapy and can be included in an individual's worldview. Cultural sensitivity can simply refer to an awareness of cultural differences and similarities are present and influence beliefs, attitudes, learning, and actions (Stafford, Bowman, Eking, Hanna, & Lopoes-Defede, 1997).

Summary

My early exposure to diversity has influenced my interest in cross-cultural music therapy and the experiences of music therapists working in a foreign country. While music therapy research has discussed working cross culturally, the body of literature is still quite limited. However, much can be inferred and supplemented from related fields. There have been a few documented international cross-cultural personal experiences of both psychologists and music therapists. However, even with these accounts, only the intervention is discussed, leaving out the therapists' experiences altogether.

Methodology

This study will be rooted in interpretive phenomenology. Phenomenology can be defined simply as the study of human experience (Forinash & Grocke, 2005). Interpretive phenomenology is the study of individual meaning and human experience (Smith & Osborn, 2015). The intention of phenomenology is to thoroughly describe the lived experience of one or more human beings. It is grounded in the belief that only individuals who have experienced a specific phenomenon can express that to those who have not experienced the phenomenon (Roberts, 2013; Todres & Holloway, 2004).

Edmond Husserl, a German philosopher, first developed the phenomenological method of research because of his belief that using only experimental scientific research was inadequate and, in fact, was hindering the understanding of human experience (Crotty, 1996; Koch, 1995). Instead, he pioneered phenomenology, in search of discovering the implications and essences of human experience through richly detailed descriptions of specific life events (Clark, 2000; Moustakas, 1994). Detailed descriptions of individual experiences are typically obtained through individual interviews, which are transcribed and analyzed for commonalities, themes, and deeper meanings (Moustakas, 1994). Interpretive phenomenology stresses that the research experience is a vigorous process with a dynamic researcher role (Smith & Osborn, 2015). The incorporation of epoché or bracketing also aids the researcher in developing a less biased approach to the research. Bracketing requires the researcher to identify and lay aside personal biases, former knowledge, and beliefs concerning the research topic. This prevents a skewed analysis and promotes a fresh understanding of the phenomenon being studied (Forinash & Grocke, 2005).

Purpose of Study and Research Questions

The purpose of this study is to discover what strategies music therapists use to work cross-culturally in another country, what their personal experiences have taught them, and how they integrate themselves into the culture. Music therapists will be interviewed and their interviews will be comparatively analyzed to discover the commonalities among professionals working within an international setting.

My research questions are as follows:

1. What are the experiences of music therapists working internationally in cross-cultural music therapy?
2. How does culture influence the development of therapeutic relationships in the context of music therapy?
3. How does working cross-culturally influence the therapists' worldviews?

Chapter 2

Literature Review

Cross-cultural music therapy is occurring within practitioners' home countries as well as overseas. The review of the literature will consist of cross-cultural music therapy within the clinician's original country, followed by case studies in international music therapy, qualities that influence cross-cultural therapy, then factors that influence the therapeutic relationship, and lastly challenges that cross-cultural therapists encounter.

Cross-Cultural Therapy in the Therapist's Home Country

Research has indicated that cross-cultural music therapy is occurring within diverse countries such as Australia, Canada, Holland, Israel, Italy, and the United States (Ahonen & Desideri, 2014; Cominardi, 2014; Ip-Winfield & Grocke, 2011; Orth & Verburgt, 1998; Rilinger, 2011; Schwantes et al., 2011; Yehuda, 2013). It is no longer uncommon for music therapists to experience cultural exchange with clients in their home countries. With the rise of refugees, immigration (United Nations High Commissioner for Refugees, 2015), and diverse older adult populations (American Society of Aging, 2015), cross-cultural skills in music therapy increasingly are needed.

Refugees. Music therapy has been found to benefit the refugee populations in Australia and Holland. The most recent statistics indicate that as of December 2014, Australia was hosting 35,582 refugees (United Nations High Commissioner for Refugees, 2014). Baker and Jones (2006) conducted music therapy research in Australia with refugee children studying English who were demonstrating disruptive classroom behaviors. The

researchers led a pilot study at an intensive English-language reception center for immigrant and refugee youth from 33 different nationalities whose families had immigrated as refugees to Australia. After 10 weeks of music therapy treatment, they found a significant decrease in negative behaviors such as hyperactivity and aggression.

Orth and Verburgt (1998) discussed their work in Holland with a group of refugees from all over the world in a psychiatric program providing music therapy. They noted that in sessions the language barrier between themselves and members of the group aided group cohesion by causing people to notice others more and even act as interpreters for each other at times. With a client-led atmosphere, group members improvised together or individually on instruments, in song, or in movement, allowing openness for clients to improvise in their native language if they so wished. Each session went from structured experiences and music improvisation to unstructured music improvisation. At the end of sessions, members listened to preferred music of either soft Eastern music or country Western music. Since strong emotions accompany those who have survived traumatic experiences, when music would trigger violence or deep sorrow for members, other individuals in the group would aid in ending the experience by either separating those involved in aggressive acts or by moving to a new experience if a member began getting overly emotional. Although, the language barrier has benefits in bringing the group together to help one another, it also is problematic because things are left unsaid or cannot be processed verbally.

Immigrants. In Italy, Cominardi (2014) worked with 65 five-year olds including 14 immigrant children from various countries. Music therapy interventions used were primarily

forms of creative improvisation such as music improvisation, pictorial or graphic improvisation, and physical improvisation. Music improvisation included the spontaneous creation of music on instruments, pictorial or graphic improvisation included spontaneous artistic expression through drawing, and physical or motor improvisation included the spontaneous movement in space. Her results indicated that music therapy helped to create an increase of relationship integration within the group, expressive autonomy and self-esteem, the decrease of prejudice and increase of appreciation for diversity, and a benefit from integrative language learning.

Older adults. Music therapy with older adults has become increasingly cross-cultural. Ip-Winfield and Grocke (2011) conducted a survey for Australian and American music therapists to find out which music therapy methods were used the most and least in cross-cultural treatment with older adults. They found that both receptive and active music therapy methods were used with older adults from diverse cultural backgrounds. The most common intervention used was singing with reminiscence followed by listening to music either performed by the therapist or recorded. The least used intervention was songwriting or the incorporation of folk dance because these were noted to be difficult to use either due to dementia or considered culturally inappropriate. When survey respondents were asked about the challenges of working with older adults cross-culturally, 92% felt they believed they were culturally competent. Participants wrote comments such as, "They seem to enjoy joining the group and listening/playing music, even if they don't understand the conversation," "music is

so varied you can always find lines of communication," and "music is a universal language" (Ip-Winfield & Grocke, 2011, p. 74).

One case study explored challenges and strategies of working with older adults in a cross-cultural context (Chan, 2014). Chan worked with older adults from culturally and linguistically diverse backgrounds in Australia and presented a case study of individual music therapy treatment for a 92-year old Austrian woman. One strategy used by Chan was to work with the client to find preferred music. Chan prepared pieces in German though their only shared language was English. By bringing culturally appropriate music, though challenging to the music therapist, the therapeutic relationship grew as the client shared more deeply about her history, beliefs, and cultural experiences.

Chan (2014) discussed several cross-cultural approaches and challenges in this case study. One challenge was since the therapist and client were from different cultures; lack of awareness led to slower development of empathic understanding. Also, therapeutic appropriateness must be considered when working cross-culturally, since people from different backgrounds may respond differently to specific interventions. The researcher shared the difficulty learning German songs and the challenge of singing in German. Though difficult, Chan argued that German music was essential to the client's music therapy treatment, since it was her preferred music.

Even though some cross-cultural music therapy research has been conducted in music therapists' home countries (Baker & Jones, 2006; Chan, 2014; Cominardi, 2014; Ip-Winfield & Grocke, 2011), apart from Chan (2014) there has been little, if any, mention of the

researcher's cultural background or personal process throughout their work. It is clear that cross-cultural music therapy is occurring, but there is a gap concerning how music therapists strategize prior to and during treatment and what additional preparation is needed for working with cultural diversity.

Case Studies in Cross-Cultural Music Therapy

A few case studies that discuss music therapists' personal reflections have been documented by music therapists working internationally in cross-cultural music therapy. From working with children in Gulu, Uganda surrounded by political conflict (Wagner, 2015), to working in rural Bangladesh with refugee women (Bolger, 2012), to providing music therapy services deep in the heart of Ecuador (Gadberry, 2014), reported personal experiences in cross-cultural music therapy have encompassed feelings of elation, moments of enlightenment, and the reality of language barriers. Living and working as a music therapist in another culture undoubtedly impacted these individuals' lives.

Music therapy in Gulu, Uganda. Although, a few studies have been conducted on music interventions, culture specific considerations, and strategies for working with diversity, few have focused on the personal experiences of the music therapists during the process of learning to work cross-culturally (Ip-Winfield, & Grocke, 2011; Jones, Baker, & Day, 2004; Rilinger, 2011). One article that discussed the therapist's personal reflections in cross-cultural work involved a European music therapist who volunteered for two months at "Music for Peaceful Minds," a community organization that provides music therapy with elementary school children in Gulu, Uganda (Wagner, 2015). Wagner discussed the

challenges of keeping scheduled session times and maintaining privacy in sessions. She shared how children would often show up late to sessions and spend what felt like too much time greeting each other. Another challenge was maintaining privacy within the session, because often other individuals would peer into the group and want to join. However, once Wagner (2015) had time to reflect on her experience, she realized that she had been operating within a Western cultural framework rather than within the African cultural framework.

Music therapy in Bangladesh. Bolger (2012) shared her cross-cultural music therapy encounters of weekly music therapy sessions over the course of 10 months with a group of refugee women in Bangladesh. As an Australian, she was hired as part of an international development program and documented both her own and her client's progress and experiences in cross-cultural music therapy. Bolger wanted to see how the women's group would impact the needs of women, prepare them for reintegration, and provide them with enough knowledge to continue music therapy techniques independently.

Bolger (2012) wrote of her experiences as the facilitator and provided written accounts of women within the group. She shared both challenges and benefits of working cross-culturally. One positive impact of cross-cultural work was that due to her limited knowledge of Bengali and Bangladeshi culture, the group was able to interact with more freedom and independence. An example provided in this article is how Bangladeshi society is patriarchal and deference is generally given to males or the superior in the group. As a staff member and a foreigner, Bolger was considered a superior. However, due to her cultural ignorance and the progressive attitude of the interpreter, the music therapy participants ended

up demonstrating more independence and leadership. This is one example of how being an outsider can occasionally benefit therapy.

Bolger (2012) explained her role as a foreigner in the music therapy group. She took a supportive role instead of a directive one with the group partly by design and partly out of necessity due to her lack of linguistic and cultural skills. To promote independence Bolger gradually moved from passive facilitator to receptive, allowing the members to start and end the sessions independently. She also mentioned that by having a co-facilitator to work as a language and cultural interpreter she had a perspective of music therapy events that were very different from her own observations. Lastly, Bolger spoke of the power dynamics within the group. She recognized that as a foreigner and group facilitator she would be viewed as an authority, and therefore she was careful not to take advantage of her position, but to promote independence within the group.

Music therapy in Ecuador. Another cross-cultural study was conducted by Gadberry (2014) who interviewed an American music therapist about her experiences working in Ecuador. She reviewed daily journal entries written by the music therapist concerning feelings and experiences. The participating music therapist was not fluent in Spanish and therefore relied on interpreters for her work in Ecuador.

The music therapist noted several challenges and benefits in her cross-cultural music therapy experiences. One was the challenge of speaking a different language from her clients. The participant commented that she relied heavily on music and nonverbal communication to interact with the students. She shared feelings of isolation when her clients would speak to

other staff members, and not her because of the language barrier. The music therapist expressed feeling as though she were disrupting the session when she needed to clarify communication, although the staff did not appear to consider the need to clarify communication as interruptive. She expressed feeling "disconnected" and "lost" (Gadberry, 2014; p. 75) during moments of interpretation. Though the participant expressed that working cross-culturally was difficult at moments, she recognized that the experience provided her with a deeper appreciation of how music can surpass cultural and linguistic barriers.

Few case studies have been documented concerning music therapists working internationally in cross-cultural music therapy. Some personal experiences have been documented such as those of music therapists working in rural Bangladesh, Uganda, and Ecuador. Personal experiences in cross-cultural music therapy encompassed feelings of elation, moments of enlightenment, learning to adapt to the needs of the cultural community, and the reality of language barriers. Living and working as a music therapist in another culture undoubtedly impacted these individual's lives (Bolger, 2012; Gadberry, 2014; Wagner, 2015). While there are a few case studies, there still is limited research available on music therapists working internationally. However, some studies indicate that working in another country may cause the therapist to consider cultural implications far more than if they were in their home country (Thomas & Sham, 2014). Apart from keeping culture at the forefront of the mind during treatment, working in another country has changed students' perspectives of their own lives and the world (McDowell, Goessling, & Melendez, 2012).

Duo-Ethnographical Discussion on Culture. When working in another country and culture, clinicians may experience viewing daily therapeutic encounters through a cultural lens. This lens can help the therapist make clinical decisions and impact their perceptions of individual client needs. Thomas and Sham (2014) documented a duo-ethnographical discussion of working with clients in Australia. Thomas was the senior clinician at a sub-acute hospital setting and a native Australian, while Sham was the supervisee clinician who identified herself as Chinese from Hong Kong. Their documented discussions talked about culture and how much it played a role in their treatment process. From defining culture to how much it dominated the thoughts of the clinician, the role of culture varied greatly between the two practitioners. The Chinese practitioner discussed that culture always plays a part in her work in Australia. She discussed adapting to what the client needed in the moment and that her response varied if the client was an Australian or if they were from another country. The senior practitioner on the other hand mentioned that although she assessed the cultural background of clients, she did not consider it to be as multifaceted as the Chinese practitioner in considering cultural nuances; rather she expected that since her clients were in Australia, they would accept an Australian cultural approach.

Transformative learning. It is evident that international clinical experiences greatly impact the lives of both the practicing clinicians and the clients, even if services provided are only short-term. McDowell et al. (2012) conducted in-depth interviews with psychology and counseling graduate students who had taken an international course that included prior study of the host country and culture, as well as a 12—17 days stay in a country in the Middle East

or Asia. During their time in their host country the students participated in formal and informal learning opportunities with the host country university partners such as attending lectures, visiting marriage and school counselors, visiting women's rights activist groups and addiction recovery facilities, as well as participating in tourist activities. McDowell et al. found several themes from the interview analyses including increased social awareness, changes in worldviews, awareness of societal structures, global awareness, personal transformation, an increased sense of social responsibility, recognition of own privilege, clarification of own culture, professional development, clarification of professional goals, enhanced contextual/systemic thinking, and the ability to work cross-culturally.

Some studies have indicated that working in another culture can affect every therapeutic encounter, even causing the therapist to repeatedly consider cultural implications possibly more than their colleagues who work within their native country (Thomas & Sham, 2014). Apart from keeping culture at the forefront of the mind during treatment, working in another country has changed student's perspectives of their own lives and the world (McDowell et al., 2012). Unfortunately, there is only one research study documenting music therapy experiences of student music therapists working internationally for short-term disaster intervention (Gao et al., 2013).

Qualities of Cross-Cultural Therapy

There are several qualities and circumstances that contribute to and impact cross-cultural therapy work. Influences include the therapist's worldview (Wheeler & Baker, 2010), being culturally sensitive (Sue & Zane, 2009), finding a sense of connection even

without sharing a common language (Humbert et al., 2011; Lee, 2011; Sparks & Duncan, 2010), understanding one's own cultural heritage (Nolte, 2007), and treating each person as unique (Chase, 2003).

Worldview. A music therapist's worldview can greatly impact cross-cultural work. Wheeler and Baker (2010) conducted interviews with 12 music therapy educators who had lived and worked in 16 different countries. These participants had 12—40 years experience as a clinician or music therapy educator. They noted that being exposed to diversity created a need to learn about different cultures and norms. Some even reported specifically seeking out such experiences to widen their awareness of the world. Other participants shared the challenge of being understood in the cross-cultural relationship and the concern of being underprepared. Lastly, participants disclosed that their worldview greatly changed depending on what culture they were working in. The researchers noted that clinicians who had worked in both Eastern and Western countries in particular provided rich detail in how thinking and therapeutic processes differed in these two regions.

Cultural sensitivity. Being culturally sensitive is essential for cross-cultural work. In fact, providing culturally appropriate music therapy services is part of the American Music Therapy Association (AMTA) competencies (9.5, 11.1: AMTA, 2015). Valentino (2006) conducted a survey of Australian and American music therapists to determine cross-cultural empathy and found consistently high scores, with therapists who were trained in cross-cultural music therapy providing the highest marks. However, the researcher noted caution should be taken in interpreting this find since some questions may have been misinterpreted.

Valentino found that 82% of participants agreed that any song in the client's primary language is appropriate for music therapy. However, contraindications in treatment do exist and should be taken into account within the context of culture as well (Bonny, 1989; Bruscia, 1987; Edwards, 1998). Additionally, these scores were collected via survey and therefore are self-reported.

Connection. Connection was another quality found to be important in cross-cultural therapeutic relationships, especially when there is no shared language between client and therapist. In a study with occupational therapists from the United States who had worked or were currently working in Asia, Africa, the Caribbean, Central America, Southeastern Europe, or the United Kingdom connectedness was found to be important while actively being engaged in treatment. Participants noted that having a shared language was not essential to feeling connected to the client. Many participants shared of therapeutic encounters in which no spoken language was used. Nonverbal communication contributed to these connected therapeutic moments such as body position, physical contact, and the effort of trying to speak a few words in the native language of the client (Humbert et al., 2011). Connectedness such as the therapist's warmth, empathy, ability to facilitate therapy, cultural sensitivity, and therapist-/client-shared values have been found to be more essential than differing social circumstances (Lee, 2011; Sparks & Duncan, 2010).

Understanding one's own culture. It is also important for clinicians working cross-culturally to understand their own cultural background. Nolte (2007) discussed that even White cultures are diverse and there is a need for therapists to explore their own cultures,

even if they consider themselves White. She proposed a step-by-step process of exploring White culture such as acknowledging White privilege and what it means to be in a majority group. Nolte further recommended that therapists take on a balanced perspective of their culture, also noting family traditions and positive childhood experiences as well. Although, therapists may leave training with an awareness about multicultural challenges, Nolte argued that it is not enough and recommended that therapists become involved in a diverse group of people where they can ask questions openly about their own culture and others and allow trust to be developed. Being involved with a diverse group of individuals will aid the therapist in understanding how their own culture and beliefs affect their clinical work.

Individuality and cultural norms. Lastly, although it is important to be aware of cultural norms of clientele, it is equally essential to never forget that every individual is unique. The therapist must have a balanced view of culture and client norms (Chase, 2003). Unfortunately, experts in cross-culture work have researched and found that merely advising clinical professionals to be culturally sensitive and study culture-specific norms is ineffective (Sue & Zane, 2009). When 65 experimental and quasi-experimental studies were meta-analyzed, only a moderate effect size was found for culturally adapted therapy for minority clients in cross-cultural therapy (Smith, Rodriguez, & Bernal, 2011). Understanding cultural norms is critical. For example, in many cross-cultural situations, it may be necessary to address the social unacceptability of seeking professional help (Asnaani & Hoffman, 2012). However, if the clinician is unaware of this cultural stigma, treatment may be impeded.

Several factors influence cross-cultural therapy such as the therapist's worldview, their ability to be culturally sensitive, the presence of connection in the therapeutic relationship, the therapist's understanding of their own culture, and the recognition of cultural norms and a client's deviation from those norms (Chase, 2003; Humbert et al., 2011; Lee, 2011; Nolte, 2007; Sparks & Duncan, 2010; Sue & Zane, 2009; Wheeler & Baker, 2010). It is necessary for the therapist to assess all of these prior to working cross-culturally in order to better serve their diverse clientele.

The Therapeutic Relationship

The cross-cultural therapeutic relationship is impacted by several components such as whether or not the therapist and client come from the same ethnicity and whether differences between the therapist and client are discussed or avoided (Abreu & Gabarain, 2000; Coleman, Wampold, & Casali, 1995; Gaztambide, 2012; Maxie et al., 2006; Speight & Vera, 1997). Master or experienced therapists offer valuable lessons in working successfully with diverse clientele such as asking about cultural norms and working within the individual's belief system (Jennings et al., 2012). Ethnic matching is one component that has yet to be agreed upon during the course of therapy.

Ethnic matching. Several obstacles can affect the cross-cultural therapeutic encounter. One major obstacle upon which researchers do not agree is whether or not ethnic matching, or whether or not the therapist is from the same ethnicity as the client, influences the therapeutic relationship in a positive or negative way. Some studies specifically point to the desire for clients to have counselors that are ethnically and racially similar (Abreu &

Gabarain, 2000; Coleman et al., 1995), but other research finds that there is no preference in race or ethnicity among clients (Speight & Vera, 1997; Vera et al., 1999). Furthermore, some studies report no significant associations between similar or different backgrounds and the quality of therapeutic relationships or results (Gaztambide, 2012; Zane et al., 2004). Even though Karlsson (2005) found that cross-cultural dyads affect early therapy termination, health betterment, and usage of therapy services; it is arguable that these results are far from conclusive. Shin et al. (2005) conducted a meta-analysis of 10 studies to determine the effects of ethnic matching and found no significant differences in functionality between matched and unmatched therapeutic dyads of African American and Caucasian American clients.

Discussing differences. One particular aspect of ethnic matching that is agreed upon in the literature is the need for both clients and therapists to discuss cultural and ethnic differences. Maxie et al. (2006) surveyed 808 psychologists to determine the extent to which therapists in cross-ethnic dyads discuss the differences between themselves and clients. They found that clients may view discussions about ethnic differences as crucial to their betterment and may feel empowered to bring up differences in race, ethnicity, and culture themselves. Talking about race and ethnic differences is important because of the power imbalance. Some facilities even require that clinicians offer their clients the opportunity to work with a clinician who is of the same ethnicity, especially if the client has experienced racism from the therapist's racial group (Jones, 2002).

Differences between therapist and client can be both a challenge and an asset to therapy. Nino, Kissil, and Davey (2015) interviewed 13 foreign-born marriage and family therapists in the United States and found that cultural differences could be a challenge until the therapeutic relationship was firmly established and rapport was built. Sometimes immigrant therapists were viewed less favorably than their U.S. born counterparts. Clients occasionally asked to be referred to another therapist after one session, or canceled their session after hearing the therapist's accent. However, foreignness seemed to become secondary after rapport had been established. If fact, emotional attunement and validation were both found to be much more important to the therapeutic relationship.

Master cross-cultural therapist traits. Despite the concerns of ethnic matching and discussing differences, there are qualities and strategies that make a therapist successful in working cross-culturally. Jennings et al. (2012) conducted research with Singaporean *master therapists* who practice multicultural counseling. Singapore has an ethnically diverse population consisting of 75% Chinese, 14% Malay, 9% Indian, and 2% other (Tan, 2009). Jennings et al. (2012) interviewed nine master therapists who matched the following criteria: the individual was considered a master counselor, was frequently recommended when referring a family member or friend as being the very best of the best, and one would have full assurance in seeing the individual for personal treatment. Eight common themes emerged including (a) self-awareness; (b) culture integration; (c) cultural awareness; (d) awareness of general and historic oppression; (e) respect; (f) cultural misunderstandings create

unpretentiousness and growth; (g) ask, don't assume; (h) don't judge or impose personal value systems on the client (pp. 138—140).

The first theme of self-awareness included the identification of countertransference in the therapist and the will to address it. Culture integration referred to the desire to engage in cross-cultural experiences with every opportunity, whether visiting a soup kitchen or a Buddhist temple. Cultural awareness was also noted as being extremely important. One therapist noted that demonstrating even a little cultural knowledge benefits the therapeutic relationship. For example, the therapist asked an Indian couple he was seeing for counseling if their marriage was a love marriage or arranged. His question immediately was meaningful to the couple and helped rapport develop quickly. Awareness of general and historic oppression of other cultures was found important because what may not be an issue for one culture may be difficult for others. The fifth theme of respect addressed the position of authority that some cultures may attribute to the therapist's position. For example, the therapist may be viewed as an authority figure to be deferred and considered always right. The sixth theme of cultural misunderstandings noted that therapists reported learning through mistakes. One therapist found that the patriarchal role was very strong with one of his families and that they needed to allow the father to do most of the talking in therapy in order to keep within the family construct. The last theme of averting the imposition of values on clients was demonstrated through the encouragement to discuss differences as well as encourage clients to problem solve within their cultural or religious norms. For example, one

master therapist asked their client, "What does your religion tell you about how to solve this problem?" (p. 140).

Several factors contribute to successful cross-cultural therapeutic relationships. Discussing difficult topics that often get overlooked or avoided such as whether or not ethnic matching effects therapy and the need to discuss cultural differences are critical for successful cross-cultural work (Abreu & Gabarain, 2000; Coleman et al., 1995; Gaztambide, 2012; Jennings et al., 2012; Karlsson, 2005; Maxie et al., 2006; Nino et al., 2015; Shin et al., 2005; Speight & Vera, 1997; Vera et al., 1999; Zane et al., 2004). By observing experienced and effective therapist strategies, valuable strategies can be gleaned for the novice therapist conducting cross-cultural work.

Challenges of Working in Another Country as a Clinician

Working as a therapist in another country can be rewarding as well as challenging. Therapists may experience difficulty in acculturation. Even if bilingual, the therapist still may experience occasional language barriers or need to learn how to navigate working with interpreters (Barreto, 2013; Becher & Weiling, 2015; Humbert et al., 2011; Kissil et al., 2013; Verdinelli & Biever, 2013). Moving to another country requires a period of acculturation.

Acculturation. Migration is a dramatic separation and personal process so complex that it can even be viewed as another stage of the life process (McGoldrick, Giordano, & Pierce, 1982). Acculturation is part of the migration process and was originally defined through an anthropological lens as being changes that happen with result to intercultural

connection (Castro, 2003). However, with the rise of globalization, some have redefined it as the process of individual change over time in connecting with another culture (Berry, 1980). What has been considered to be the desired goal of acculturation is multiculturalism. One example of multiculturalism removes the boundaries between two or more cultures and creates a reconstitution of ethnic individuality (Carlier & Salom, 2012; Castro, 2003). The challenge of living in another country over an extended time is that although some may identify themselves as multicultural and feel integrated in that manner, others may always feel displaced as not being from their native-born country nor truly from the country they currently reside in (Dokter, 1998).

Music therapy research has limited literature concerning the acculturation process of music therapists working internationally; therefore, it was necessary to research related fields. One study that discussed the challenge of acculturation involved students studying music therapy in the United States. Ying (2014) conducted a study on the benefits of an Asian music therapy student peer group and found that the following themes emerged: working through the challenge of language barrier within coursework, feeling out of control in situations, needing more time to prepare for coursework, experiencing lack of social sustainment, and experiencing conflict between one's cultural norms and the culture of the host country. Additionally, Barreto (2013) studied immigrant therapists in the United States and found that moving to a new country was experienced as a *multilevel trauma* constituting several losses, such as the loss of professional recognition and the loss of the commonality of one's first language. Therapists working in another country also experience culture shock.

Perceptions of illness, the cause of illness, views on disability, health care provision, and social and economic circumstances can all contribute to culture shock when working in a foreign country. Positive cultural views have included the will to overcome such nefarious circumstances as listed above (Humbert et al., 2011).

Kissil et al. (2013) conducted a cross-sectional survey with immigrant mental health professionals and counselors that had come to the United States to practice by examining associations between acculturation, language proficiency, and clinical self-efficacy. Their findings suggested that self-efficacy was directly related to the clinician's perception of social prejudice and their level of acceptance of the host culture. Lastly, acculturation is more successful when the therapist already speaks the language of their new home.

Bilingual therapists. When working as a therapist cross-culturally, it is advantageous to speak the language of one's client. In fact, with the steady growth of Latinos in the United States, the availability of bilingual therapists is increasingly needed. Verdinelli and Biever (2013) surveyed 14 bilingual therapists serving Latina/o clients. The therapists were all from a different ethnic background than their Latina/o clients. Verdinelli and Biever's research revealed that participants were dedicated to working with Latinos, even though the therapists expressed feeling greatly challenged by providing treatment in their second language. Though the participants were concerned about being effective in Spanish, they had demonstrated a determination to providing the best treatment possible by having immersed themselves in the Latin American culture. Even though these clinicians expressed concern in working cross-culturally, their concerns paralleled those of Latina/o practitioners.

This suggests that whether the client is speaking one's first or second language, self-reflection and the desire to provide the highest treatment is always present in the minds of clinicians (Biever et al., 2011; Castano et al., 2007). For therapists working cross-culturally and who do not speak their client's first language it is necessary to employ an interpreter or cultural broker.

Interpreters. Merriam-Webster (2015) defines interpreter as an individual that translates verbally from one person to another. It is not uncommon for music therapists to work with interpreters, though few studies have been published. Schwantes (2015) discussed her experiences working with interpreters in both the United States and the Czech Republic. She provided five guidelines to assist music therapists in working with interpreters. The first recommendation was to become well acquainted with the interpreter, from knowing their background to knowing whether they possess musical skills. The music therapist needs to develop rapport with their interpreter as well as their client, in order to build a strong alliance. The second recommendation was to be sure the interpreter understands the confidentiality of all sessions and information involving the client. Thirdly, Schwantes recommended the musical involvement of the interpreter, if at all possible, in order to increase group cohesion. The fourth recommendation is to evaluate the interpreter's language skills. Even though all interpreters must pass certain examinations for their profession, it is best to evaluate or ask for assistance in evaluating their ability to accurately interpret language. Lastly, establish clear boundaries so that the music therapist is truly leading the group and that strong communication is being upheld.

Cultural brokerage. In addition to interpreters, a relatively new role being used in relation to cross-language therapy is cultural broker. Cultural broker is defined as a person who provides appropriate cultural information to assist in communication and works to enhance understanding between two parties (Weidman, 1975). Brokering also includes the communication of subtleties and body language of a culture; it includes the ability to represent both the culture/language that is being communicated by the client and a full understanding of the local or host culture (Burck, 2004; Owen & English, 2005). For individual therapists who work through interpreters it is advisable for them to involve their interpreters within the therapeutic relationship and for interpreters to serve as cultural brokers. Becher and Weiling (2015) conducted semistructured ethnographically-informed interviews with 17 participants, seven clinicians, and 10 interpreters, about their experience of power, privilege, and collaboration when working in cross-language mental health treatment. Interpreters and clinicians offered conflicting experiences and expectations for the interpreter's role in therapy. While some clinicians expected interpreters to act as cultural brokers, others felt left out of cultural exchange at times in therapy.

The interpreters expressed feeling the need to provide cultural brokerage or assistance when something was going wrong in therapy and felt silenced at times by the clinician. The power differential between clinician and interpreter was directly linked to the quality of their relationship. Despite the variety of different clinician and interpreter experiences, some negative, some positive, this study suggested that the relationship between clinicians and interpreters affected the success of therapy concerning the mediation of power and privilege.

In a case study interviewing cultural brokers, Owen and English (2005) found that the cultural broker assisted the client in understanding counseling concepts such as informed consent and confidentiality. When brokers were interviewed about their experiences, they confided that they questioned whether the therapist would welcome their interpretation of clinical sessions. It was recommended that clinicians ask for their cultural broker's interpretation of session events and meet prior to the session to discuss their expectations, and that a time be arranged for assisting the broker to process their emotional responses to the session.

Therapists working in another country may experience difficulty in acculturation themselves. Being bilingual is beneficial, but there will always be concern for continual growth and reflection when working in a second language or second culture. Working with interpreters has many benefits and when carefully selected, they can assist the music therapist to understand nuances and cultural implications more deeply through cultural brokerage (Barreto, 2013; Becher & Weiling, 2015; Humbert et al., 2011; Kissil et al., 2013; Verdinelli & Biever, 2013).

Summary and Rationale for International Cross-Cultural Music Therapy Research

Cross-cultural music therapy is occurring both within countries and internationally. Music therapists are working cross-culturally with immigrants, refugees, diverse older adults, and many more populations which both require cultural sensitivity and awareness (Baker & Jones, 2006; Chan, 2014; Cominardi, 2014; Ip-Winfield & Grocke, 2011). Working as a therapist overseas alters your perceptions, requires cultural knowledge daily, and can be a

transformative experience (McDowell et al., 2012; Thomas & Sham, 2014). Several elements influence cross-cultural work such as the therapist's worldview, their cultural sensitivity, their sense of connection to their clients, their understanding of their personal culture, and their awareness of cultural norms and deviations (Chase, 2003; Humbert et al., 2011; Lee, 2011; Nolte, 2007; Sparks & Duncan, 2010; Sue & Zane, 2009; Wheeler & Baker, 2010). The therapeutic relationship can benefit in cross-cultural work regardless of ethnic matching, but discussing differences between the therapist and client is crucial (Abreu & Gabarain, 2000; Coleman et al., 1995; Gaztambide, 2012; Maxie et al., 2006; Speight & Vera, 1997).

Experienced and successful therapists provide valuable information in becoming prepared to work cross-culturally (Jennings et al., 2012). It is not uncommon to experience acculturation when working overseas and there are advantages in being bilingual or working through interpreters (Barreto, 2013; Becher & Weiling, 2015; Humbert et al., 2011; Kissil et al., 2013; Verdinelli & Biever, 2013). Although, few international cross-cultural music therapy experiences are documented, individuals are paving the way for future research (Bolger, 2012; Gadberry, 2014; Wagner, 2015).

More research on the personal experiences of international cross-cultural music therapists is needed. Basic data such as the number of music therapists working internationally and the definition of cross-cultural music therapy has yet to be reported. With the rise of immigration, globalization, and the refugee community, cross-cultural music therapy even for use within the native country of music therapists is desperately needed. By researching music therapists' personal experiences that are paving the way in international

cross-cultural music therapy work, we will be able to better understand the challenges and benefits of this field. It also will aid in the preparation of future music therapists who plan to work internationally as well as aid in preparing music therapists to work cross-culturally within their own communities.

Chapter 3

The Method

This section discusses the phenomenological methodology used to conduct this study. The research setting, researcher background, participants, recruitment, procedure, data collection, and data analysis are included. I also incorporated my epoché in hopes that a more accurate depiction of the lived experience of clients will be presented in this research by exposing any personal biases.

Researcher

I am a board certified music therapist (MT-BC). I completed a Bachelor of Music Education degree with an emphasis in violin from Pittsburg State University. After student teaching for one semester, I completed two years of music therapy equivalency work at Appalachian State University followed by an approved 7-month music therapy internship. I interned at a facility in the U.S. that is both a day school and a residential treatment center for students with developmental, psychiatric, and severe behavioral needs. I currently provide both group and individual music therapy services for English Language Learners at an elementary school for an advanced practicum requirement of the Master of Music Therapy degree.

Participants

Potential participant names and email addresses were collected through the Certification Board for Music Therapists (CBMT) and through professional recommendations. Participants involved in this study were credentialed music therapists from

the United States who were currently working in another country other than the United States. Participants who had not worked in another country within the last 10 years were eliminated from this study. The participants consisted of three individuals who had served at least 6 months in international cross-cultural music therapy. Preference was given to clinicians with longer international experience. Individuals who had worked for less than one month were eliminated. Music therapists representing different regions of the world were sought out though not required for my research. The three music therapists from the United States that participated in this study were working in New Zealand, Finland, and Singapore. Pseudonyms were used to protect their identities.

Natalie, the music therapist from New Zealand, was a board certified 43-year old White woman with a master's degree in music therapy, who had been working as a clinician and clinical supervisor for 6 months in New Zealand prior to participating in this study. She indicated that she had taken one course during her graduate studies about gender and cultural issues in music therapy and spoke only English. She worked in New Zealand as an administrator, supervisor, and served primarily children with developmental and health needs.

The second music therapist, Georgia, was working in Finland and was a board certified 28-year old White woman who was finishing a master's degree in music therapy and advanced practicum work in Finland when participating in this study. She indicated that she had not taken any courses or workshops about multiculturalism and spoke English, limited Spanish, and limited Finnish. She had worked for 1.5 years in Finland with children and

adolescents from Finland and all over the world. She had served primarily children and adolescents with behavioral and emotional needs who had migrated from other countries.

The third music therapist, Amelia, was a board certified 29-year old White woman with a bachelor's degree in music therapy, who had been working for 5.5 years in Singapore prior to participating in this study. She indicated that she had attended conference sessions about cultural issues in music therapy, spoke English, and had studied conversational Italian, German, and Mandarin. She worked in Singapore as a clinical music therapist at an acute medical setting for pediatric and women patients.

Research Setting

Live Skype interviews were conducted in a quiet, private office and audio recording devices were checked for accuracy prior to each interview. Times and dates for interviews were determined at the convenience of participants. Interviews lasted an average of 66 minutes, with the shortest interview being 59 minutes and the longest 74 minutes.

Ethics and Consent

The Institution Review Board at Appalachian State University approved this study. Participants were informed of potential risks of participation such as the possibility of emotional moments during the interview process. All names and private information were changed to protect confidentiality. No other known risks were associated with this study. Audio recorded consent from all participants were collected prior to the commencement of interviews and participants were made aware of their right to withdraw from the study or not answer a question.

Validity

Several measures were taken in order to ensure validity in this research process based upon Shenton's (2004) recommendations and guidelines. Strategies used to ensure validity were: iterative questioning, frequent debriefing, examination of previous research findings, and member checking. Iterative questioning involved the bringing back of previous subjects in order to ensure accuracy of the interviewee responses. There were several moments when subjects were brought back into the interview by the researcher in the form of iterative questioning. Frequent debriefing was also implemented to clarify interview responses and correct any miscommunications. An in-depth study of previous research findings was conducted to inform the validity of this study's findings. Lastly, individual analyses were sent to interviewees for member checking and only one interviewee recommended only grammatical changes.

Transferability

Since qualitative research involves in-depth study of a small number of participants it is argued by some that it is impossible for findings to transfer to a larger population (Shenton, 2004). However, Firestone (1993) noted that it is the responsibility of the researcher to provide sufficient background information concerning the research and participants to empower the readers to form a transfer themselves. Firestone further noted that because the researcher is aware of only the research context, they cannot make transferability extrapolations.

Procedure

After participants indicated their interest in participating in the study, they were provided with consent forms and an initial background questionnaire. Participants then chose when they wanted the interview and provided audio-recorded verbal consent prior to interview commencement. All interviews were recorded on the computer and iPad using free software and iPad applications. There was no monetary compensation. The researcher transcribed the interviews verbatim.

Epoché

In order for research to be more effective, it is beneficial for the researcher to do his or her best in setting aside expectations and former knowledge about the research topic. Viewing the research topic with a fresh mind, or a beginner's mind, allows new knowledge and insight to be gained (Forinash & Grocke, 2005). Although, it is arguable that bias and expectation will always persist, it is still the unattainable goal of research to set aside these qualities in hope of discovering with an open mind new heights and depths of the human experience (Moustakas, 1994).

Some factors that may have influenced my research were my experiences with diverse individuals and my keen interest in international music therapy work. These interests may make it easier to see the positives and overlook the negatives in this study, which is why the concept of epoché has been implemented. Even though it is nearly impossible to view information without bias, I attempted to view all data with an epoché approach in order to preserve to the highest degree authentic representation of the participant's experiences.

Data Collection Methods

Questions used in the interviews were both general and specific (see Appendix A). Some questions were adapted from an informative study on cross-cultural psychology in Singapore (Jennings et al., 2012). The researcher included other relevant questions and incorporated a process of summarizing and clarification throughout the interview process to ensure accurate understanding between the participant and researcher as recommended by McFerran and Grocke (2007).

During the interview, questions were modified or withdrawn as was needed. As suggested by Glesne (2006), the researcher worked to

> "Keep an account for every interviewee that includes the following: old questions requiring elaboration; questions already covered; where to begin next time; special circumstances that you feel affected the quality of the interview; reminders about anything that might prepare you for subsequent interviews...(p. 90)."

Data Analysis

Once interviews were recorded and transcribed then data were organized and analysis was conducted according to McFerran and Grocke's (2007) six-step procedure. The first step, following transcription, was to analyze interviews individually by identifying what McFerran and Grocke called interviewee "key statements" (p. 277). Key statements for this study were any information that was directly related to the research questions. Once key statements were

identified in each interview, they were written on a separate document and the other information including unnecessary information by the researcher or interviewee was removed.

After key statements were identified then each statement was organized into categories or structural units. McFerran and Grocke (2007) defined structural units as concrete and literal subjects discussed by the interviewee. The titles used for categories were directly taken verbatim from interviews to ensure that no interpretation occurred during this step of analysis.

Following categorization of key statements is the "experienced meaning unit" (McFerran & Grocke, 2007, p. 278) classification step. During this phase of analysis the researcher saturated herself with the data to uncover deeper meanings. For this level of understanding to occur, the researcher had to review thoroughly each statement made by individual interviewees to try to uncover the true meaning behind each statement and statement groupings. Although the experienced meaning units were derived partly from interpretation by the researcher, they were labeled with the exact language of the participants as recommended by McFerran and Grocke to preserve a more accurate search for understanding.

Once the experienced meaning units were formed, then the researcher sought to create what McFerran and Grocke (2007) labeled as each interviewee's individual "distilled essence" (p. 280). The distilled essence was derived from the experiential units and was intended to reveal the deepest meaning of each interviewee's experience. This process

required a deeper level of data digestion to ensure the illumination of the most important components forming the distilled essence of each interviewee. The original quotes of each participant were used in order to prevent researcher bias as much as possible.

Member checking. After each individual's distilled essence was formed then it was returned to her to check for accuracy. Once members agreed to the accuracy of the analysis of their statements, then all individual data were brought together to determine collective themes. One member was concerned about the grammatical structure of her statements and the fluidity. However, after being informed that her statements had not been reworded to prevent researcher bias, she approved her analysis.

Themes. Collective themes were formed from participants' experienced meaning units and broken down into the three categories of common themes, significant themes, and individual themes. Common themes were themes noted by all participants. Significant themes were themes identified by two or more participants and individual themes were themes identified by only one participant. Each theme was no longer written in one participant's exact words, but in the researcher's words since they were comprised of more than one participant's statements. Each individual's experienced meaning units were separated into common, significant, or individual themes and coded to assist the researcher in tracking where each interviewee's experienced meaning units were placed. McFerran and Grocke (2007) stressed the importance of choosing a suitable title for each theme to truly capture the meaning of every individual's experienced meaning units. Therefore, the

researcher checked and rechecked the categorization of theme labels to ensure better representation of participant's experienced meaning units.

The last stage of analysis was the formation of McFerran and Grocke's (2007) "global meaning units" (p. 281). Global meaning units were created through the broader categorization of common, significant, and individual themes. Then, the newly derived global meaning units were written in narrative form to create a "final distilled essence" (p. 282) representing a culmination of all interviewee data.

Chapter 4

Results

This chapter discusses the common, significant, and individual themes that comprise the global meaning units (GMU) that form the global essence of the participant's experiences of working cross-culturally. These themes were derived in accord with McFerran and Grocke's (2007) phenomenological interview microanalysis. Demographic information about each participant can be found in Chapter Three. As a reminder, Amelia had worked five and a half years in Singapore, Georgia had worked one and a half years in Finland, and Natalie had worked six months in New Zealand when the interviews were conducted. Common themes consisted of shared experiences between all three participants, significant themes were those shared by two participants, and individual themes were noted by only one participant. See Figures 1-3 on pages 44-46.

Three global meaning units, seven common themes, four significant themes, and eight individual themes were formed after in-depth individual analysis and group analysis. Each global meaning unit had common, significant, and individual classified beneath them. The first global meaning unit was *In order for music therapy to be effective, the therapist must understand the impact of their individual culture and their client's culture on the therapeutic relationship.* Common themes in this global meaning unit included

1. Music therapy reaches across cultures;
2. Culture impacts music therapy;

Figure 1: Cross-Cultural Music Therapy Interview Analysis Results

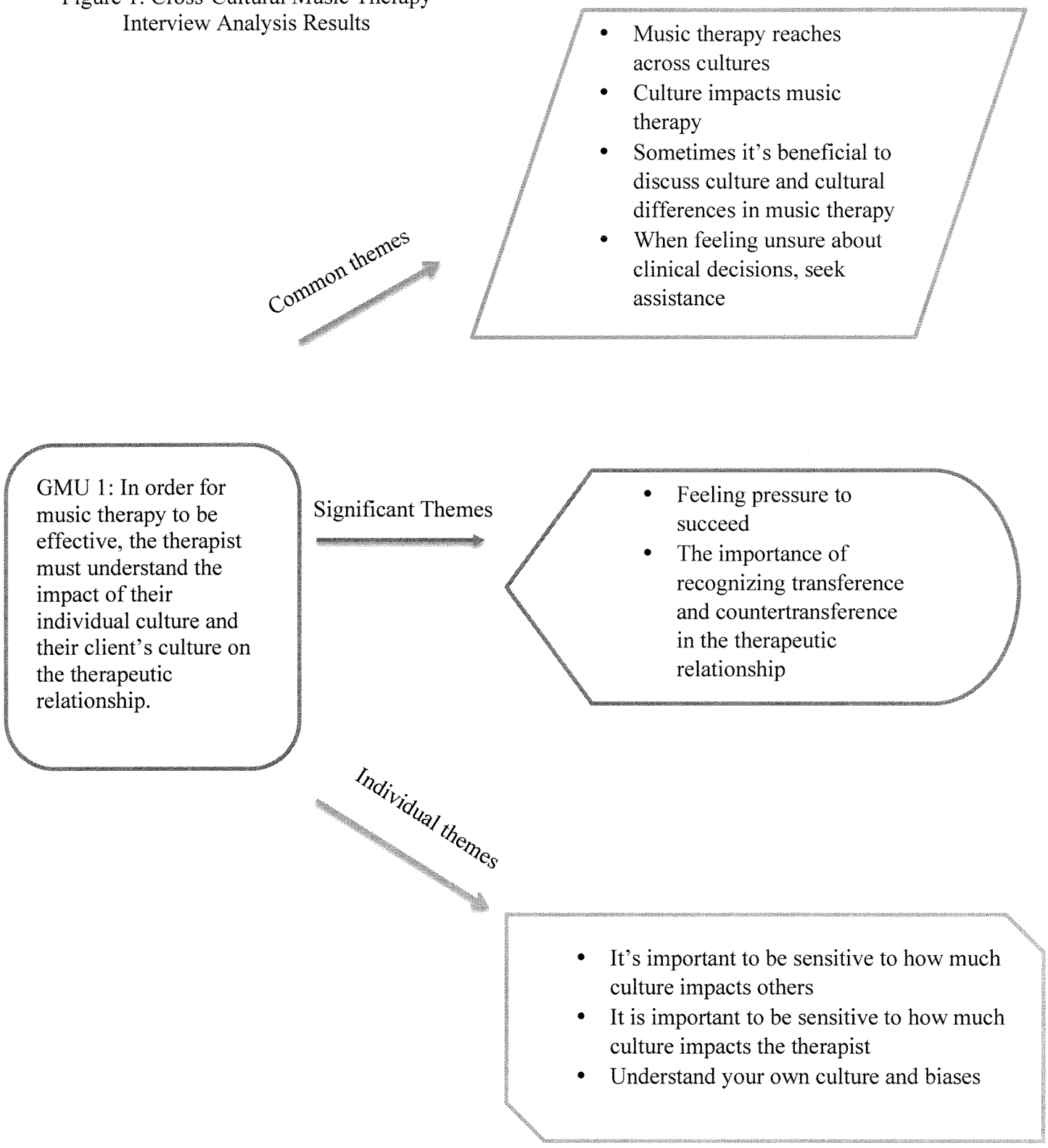


Figure 2: Cross-Cultural Music Therapy Interview Analysis Results

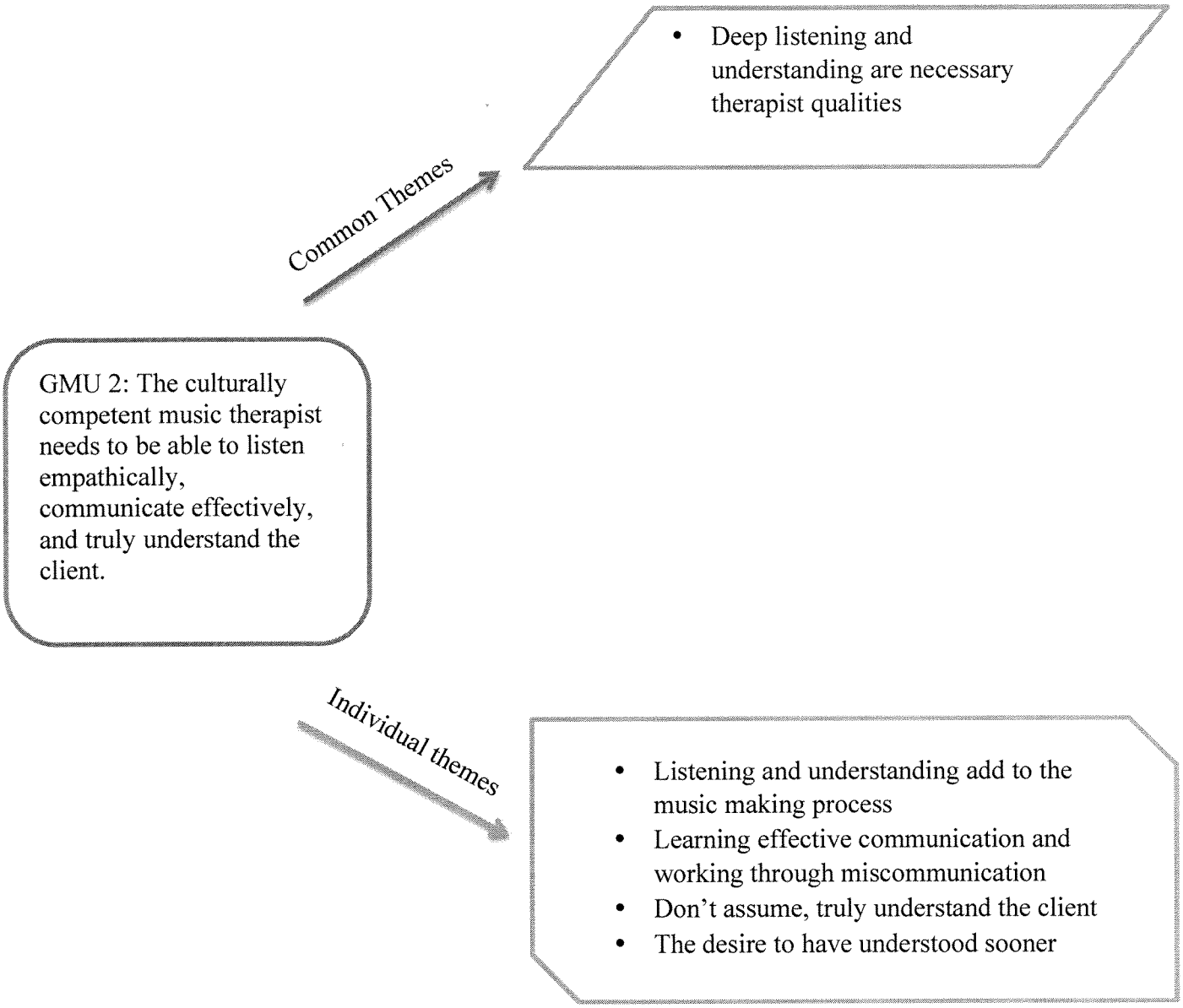
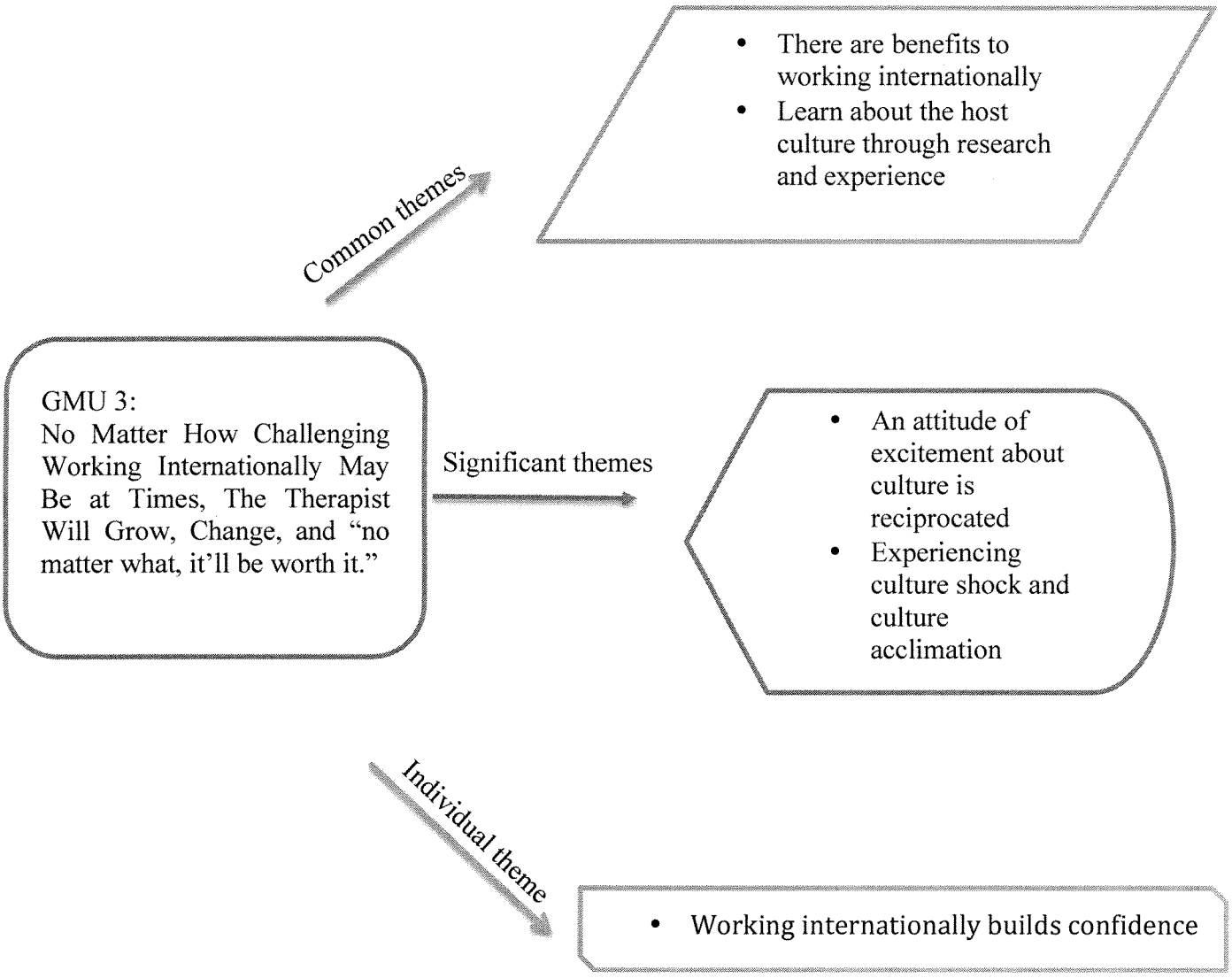


Figure 3: Cross-Cultural Music Therapy
Interview Analysis Results



3. Sometimes it is beneficial to discuss culture and cultural differences in music therapy; and
4. When feeling unsure about clinical decisions, seek assistance.

Two significant themes in this global meaning unit included *Feeling pressure to succeed* and *The importance of recognizing transference and countertransference in the therapeutic relationship*. Three individual themes were noted in this global meaning unit. They were

1. It is important to be sensitive to how much culture impacts others;
2. It is important to be sensitive to how much culture impacts the therapist; And
3. Understand your own culture and biases.

The second global meaning unit was, *The culturally competent music therapist needs to be able to listen empathically, communicate effectively, and truly understand the client.* One common theme was categorized with this global meaning unit, which was *Deep listening and understanding are necessary therapist qualities.* No significant themes were categorized with this global meaning unit. The four individual themes categorized under this global meaning unit were as follows:

1. Listening and understanding add to the music making process;
2. Learning effective communication and working through miscommunication;
3. Don't assume, truly understand the client; and
4. The desire to have understood sooner.

The third global meaning unit was *No matter how challenging working internationally may be at times, the therapist will grow, change, and "No matter what, it'll be worth it."* Two common themes were classified in the third global meaning unit, which

were *There are benefits to working internationally*; and *Learning about the host culture through research and experience*. Two significant themes found were *An attitude of excitement about the host culture is reciprocated by the locals;* and b) *Experiencing culture shock and culture acclimation.* One individual theme was noted in this global meaning unit, which was *Working internationally builds confidence.*

GMU 1: In order for music therapy to be effective, the therapist must understand the impact of their individual culture and their client's culture on the therapeutic relationship.

The first global meaning unit was derived from information dealing with culture and music therapy. Any common, significant, and individual themes that directly discussed or dealt with culture and therapy was included in this section and comprised the largest portion of data received. Several examples that follow indicate that culture and music therapy are interdependent. Although, music therapy was argued to be effective no matter the location or background of the client, culture was still found to impact every therapeutic encounter.

Research participants shared clinical and nonclinical examples of how culture influenced their clients and their collegial relationships. They encouraged cultural sensitivity with oneself and others as well as being aware of their own personal cultural backgrounds and biases. All therapists shared how they discuss cultural differences differently from the other participants, and some stressed the importance of recognizing transference and countertransference in the therapeutic relationship. Lastly, all participants discussed the importance of seeking assistance when unsure about clinical decisions. Some participants found cultural and clinical supervision to be helpful while working internationally and others encouraged bringing in family members to better understand their client needs. However the

participants sought outside help, they each agreed in the benefit of seeking assistance during moments of feeling uncertain.

Music therapy reaches across cultures. The first common theme under this global meaning unit was that music therapy reaches across cultures. All three participants stated that they had seen how music therapy could create a connection between themselves and their clients surpassing cultural differences. They each stated in their own words how music therapy impacted their clients, whether they were in their home or host country.

Amelia: "And I just really thought that music is a universal language and it is."
"I think it's getting to know people and how even though we all come from different backgrounds and different upbringings, cultures, family dynamics, everybody still wants a good life, a healthy life. And it's those values even though everybody is different in what they deem as a good life."

Natalie: "It's just really satisfying to see that what we already know is powerful for people with disabilities, or whatever type of impairment, it (music therapy) reaches people in the same way no matter where you are. That the music makes the same connection no matter where you are."
"It's just working within some different parameters and with a different culture."
"I think music therapy and the therapeutic relationship really translates from one culture to another."

Georgia: "It's like I've really learned to see the beauty of working with humans with music, no matter where you are."
"Like we are two human beings that are different and we care and we're relating to each other and maybe that's somehow a part of it, in a good way."
"…but essentially we are the same. You know we all have the same, we can all relate in like basic human emotions and using music to work with that across the world, that's our work."

Culture impacts music therapy. The second common theme under this global meaning unit was that culture impacts music therapy. Case descriptions were provided to illustrate how culture helped the therapist recognize client potential and how culture helped to shape session planning and evaluation. The following quotes and case descriptions demonstrate how different cultures such as Chinese, Finnish, and Maori culture directly affected music therapy. These were concrete experiences that led to therapist insight

concerning client responses and strengths that may have not been gleaned if they had not taken the client's cultural background into the therapeutic context.

Amelia: "The power of music isn't within itself. I find that it's fascinating how it changes so quickly based upon somebody's background and how they have known music and I think that it's really exciting to show that music in a different way of how they can use it for themselves."

Natalie: "…probably just my second week or so, I was working with one of the kids. And this incredibly soft spoken, shy boy, you know where I could barely hear him in sessions…I went to get him from his classroom and they said, "Oh we're about to practice our powhiri, because we have guests coming tomorrow and…can you come down and just watch and then you can take him to music therapy?' They do a haka and the whole thing…And just watching him, I mean his posture changed and he was doing the gestures really big and broad and you could tell, you know was just really using his voice and really dynamically. It was just a great moment for me to see the power that he felt in that participating in this kind of group music making situation. He was supposed to take on the personification of a warrior and that's really what that is…and watching him really take on that personification and really embody it…so that was especially powerful I think. It showed me his potential in terms of how he presented himself, but it also gave me some sensory ideas about him."

Georgia: "For example…one of the little boys in the group is from China. We do a group that's not as structured as other groups are, but he's from a country where things…His mom told us…that in China, even if you're seven or eight…education standards are like really high and expectations are pretty clear, and it's a little more pressure…to do really well. And this boy was overwhelmed by the free improvisation way of working and wouldn't come because he didn't really know what he was supposed to do. Something that just totally related to being Chinese and I didn't even, I wouldn't have even thought about that had I not met with his mom. We planned the group…and there was room for improvisation within the structure, but we made sure that it was very clear and that he got positive reinforcement…and he did well, we did it 100% based on his experiences as a student in China.

"And then I was working with a boy who's mostly blind, who's Finnish…he's 17, and we were working in more of an improvisational way and he had…a harder time opening up then maybe what I'm used to working with. I had to think about, 'Okay, he's Finnish, Finnish people are much more closed.' And once I knew it's just who he is and age and whatever…"

Sometimes it's beneficial to discuss culture and cultural differences in music therapy. Another common theme noted by all three participants was that sometimes it is beneficial to discuss culture and cultural differences within the music therapy setting. Discussing cultural differences can build rapport. Amelia noticed that sharing about her

culture or being able to demonstrate that she could sing in the client's language enabled her to begin therapy with initially resistant clients. Georgia found that although sharing about cultural differences was sometimes useful, she did not find it beneficial for every client. Natalie noticed that sharing about culture, whether it was about her culture or her client's culture, that it built common interest and facilitated clinical experiences.

Amelia: "People are fascinated to know more about where you came from and to share more about their culture and that's how you learn more and you're able to get in."
"They think it's fascinating that I sing in other languages and it's like, my colleague and I use it sometimes as like the window in…when a patient is like, 'No, no, no,' to music. My colleague will say, '(the word for white person in Cantonese), can sing in Cantonese.' And they're like, 'Really?' And that's a gateway…that's how we can actually start to build that relationship."

Georgia: "Like with the teenager that's not why he was in therapy. But with the kids, part of why they're in music therapy is because they're losing, moving to a new country. So, we talk about it sometimes because we need to talk about it."
"For the kids, I found it helpful to point out the differences…because like with them, leaving from their country was causing their need to be in therapy. So, in that way, it is kind of the center of how we worked."
"With the teenager here, he and I never talked about that also because our relationship was very delicate and he was a very self-conscious young man so I worked more on like a metaphorical level…and talk abstractly about things."
"I think it depends on if it can be helpful for them then I do it."

Natalie: "So the kids will ask me about it a lot (culture) especially if they know that I've been back in the States. So we certainly chat about it and I use it when we're using songwriting and stuff, we'll talk about it. I actually try to use it as much as I can to build interest and to build common interest…and that's just a nice way to connect. It's that idea of letting the client that you're working with be the 'expert'…it's really strength building."

When feeling unsure about clinical decisions, seek assistance. The last common theme within this global meaning unit was that even with the varying levels of clinical experience prior to and during cross-cultural music therapy, all participants agreed that it was important to seek assistance. Amelia recommended supervision from both someone inside and outside of the culture. Natalie recognized that it can be hard to seek assistance, but that it

is necessary. Georgia found that family members can provide information about client culture and helped her to understand her client's reaction of avoiding treatment.

Amelia: "But really it's the experience (of a new culture) and getting supervision. It's really important to process what's going on and I think that there's benefits to receiving supervision from someone that is from the culture and then someone who's not from the culture."
"I think there is benefits to different types of supervision and receiving that feedback or even having peer talks as afar as like other colleagues that are in the area and seeing how you can reflect with them of what's worked with them and some of their challenges and how to overcome that together."

Natalie: "It was harder for me to ask for the help, but it was very comfortable for them and it was definitely the right thing to do."
"Also, I think certainly an openness to the value that your client's cultures can bring to you and an awareness of the fact that there's a great deal of strength and power when we allow our clients to be the 'expert' in those cultures in their music which that we aren't so that there can be a lot of strength in that, in that we don't always, we shouldn't try to pretend to be the expert in those cultures because that's something that certainly I've learned here. It's not a quick process. You need to give it time and you need to have the humility to just say, 'I know nothing about this and I want to learn and I understand that it's just as complex as the 35 years that I put into learning to be a classical pianist.' It's hard because you can certainly feel like you're supposed to be the one who is leading things. But I think being open to being a learner is really important."

Georgia: "Resolving that was just being more curious about it. Getting more information from his mom, teachers, or asking him. Sometimes, I forget to just ask people (clients).
"Feeling insecure about choices I made and because if I think of when things aren't working…it isn't because of anything I did wrong, it's just because of like the boy from China, it wasn't that I'd planned the session poorly, it's just I didn't know that about him, I hadn't discovered and had to investigate it more."

Feeling pressure to succeed. A significant theme found by two participants was the feeling of experiencing pressure to be successful in music therapy and demonstrated their internal struggle with feeling inadequate. One participant noted the pressure of being placed in a supervisory role and feeling ineffective in sessions. Both participants recognized feelings of inadequacy and then realizing that sometimes challenges result from cultural misunderstandings rather than therapist incompetence.

Georgia: "And then he was maybe having a hard time opening up, I felt like maybe I was

doing something wrong. But it was fine, mostly cultural."
"the same thing with the little boy who didn't want to come, and it had a lot to do with the level of structure he was used to and the fear and kind of the relationship to culture, I also felt like, 'what am I doing wrong?'
"So maybe it's, it can bring up insecurity, I think for the therapist, if there's some resistance or fear from the client because of cultural differences."

Natalie: "If we just give ourselves the time to do that and know that we don't have to be the 'expert' in what we do, it will make things a lot more seamless, it took me awhile but I think that really is the thing to bring to the work."
"So, I was certainly struggling for the first couple weeks. I think when in situations…where we just aren't sure of how well things are going…we think, 'well, it's because of me.' You know cause, 'I'm in the way of doing something wrong and I'm the wrong therapist for the child and they just brought me all the way here to be the head of clinical services and I can't even do this session.'"

The importance of recognizing transference and countertransference in the therapeutic relationship. Another significant theme within the global meaning was the need to recognize transference and countertransference when working with clients. The participants stressed the importance of knowing whether issues arising were due to the client's needs or the therapist's personal needs. Amelia specifically mentioned her process of finding her therapist role within the new culture.

Amelia: "Other things that would be important is the ability to self-reflect, to understand how much your presence influences the situation and in what way. So talking about countertransference and transference, so being aware of that."
"Because a lot of times you have our own issues of trying to decide of where you're coming from and defining yourself as a therapist within a new culture, or working cross-culturally, as well as trying to understand where that person is coming from culturally."

Georgia: "So to be in the countertransference…to be super aware of that, like is this me or them, or what's this coming from?"

It's important to be sensitive to how much culture impacts others. One individual theme that fit into the first global meaning unit was the importance of being sensitive to how much culture impacts an individual and the therapeutic process.

Georgia: "It's (culture) 100% all the time is part of choice making with interventions especially with the kids. So it's like a super big part of what we focus on with all the choices of music."

> "And when I work with clients, their problems haven't really come from leaving and being here, it (culture) still just totally colors the work all the time. It's like working with female or working with a piano player. It's totally a part of everything."
> "Especially, with the fragility of the relationship, it's like there's so much happening, emotionally based on you and them, and your past and their past, and it's so much a part of them, of who they are and who we are."
> "A culturally competent person would, just like consider the fact, be sensitive to it because we have reactions that could come from cultural differences."

It is important to be sensitive to how much culture impacts the therapist. Another individual theme was that not only is it essential for the therapist to be sensitive with her client's needs, but that she needed to be sensitive with her individual process of adaptation. She stressed that the more inadequate a therapist feels the more gentle they need to be with themselves.

Georgia: "So just being curious and having that kind of curious mindset, where you're trying to be considerate of where everyone's coming from and sensitive with myself."
"If you're already insecure…you just have to be more and more sensitive with yourself. And it's that sensitivity that I'm taking with other people and yourself."

Understand your own culture and biases. The last individual theme in this global meaning unit was about the necessity for therapists to examine their own culture and biases. She stressed the need to recognize the role of her individual culture in the world and to work through those challenges.

Natalie: "I think that culturally competent music therapists need to have dealt with the cultural issues of their own culture and ethnicity and feel and understand how those play out in the world. Recognizing that there is very much this hierarchy of cultures and how cultures are perceived in the world with White men being right up at the top and that sense of privilege based on I think your culture and ethnicity and understanding the privilege that that brings and not feeling guilty about it, but being aware of not taking it for granted and not using it to your benefit or believing just because there does seem to be this hierarchy in place in the world that it makes any sense at all or that there is any superiority within cultures. I think you have to understand where you come from and make some peace with that. Certainly, before you can acknowledge your own whether they be biases or perceptions of other cultures. So I think having an awareness of where you come from and your own biases I think is really important."

GMU 2: The culturally competent music therapist needs to be able to listen empathically, communicate effectively, and truly understand the client.

The second global meaning unit was comprised of data concerning listening, understanding, and developing effective communication skills within the cross-cultural therapeutic relationship. Any common, significant, and individual themes that directly discussed effective listening and communication skills were included in this section. Several examples below indicate that deep and attentive listening directly influence the effectiveness of music therapy.

Research participants shared experiences of how communication influenced their therapeutic relationships. They encouraged truly understanding what the client is communicating rather than making assumptions as well as the needs for strong listening skills within music improvisation. All therapists shared how listening can affect the relationships with colleagues and clients. Some even expressed the desire to have understood the people and the culture they work in sooner.

Deep listening and understanding are necessary therapist qualities. Only one common theme fit within this global meaning unit and it was the need for deep listening and understanding within cross-cultural relationships. The participants expressed the need for understanding and listening in both clinical and collegial relationships. All three participants recognized the need to view things from their clients' and colleagues perspectives in order to really listen and understand what is being communicated. One participant mentioned that by understanding and implementing the culture's norm of asking whether or not a person had eaten food that day built rapport between her and other staff members. A deep level of

observation was noted to be necessary at all times to fully understand the culture the therapists were working and living in.

Amelia: "So in therapy a lot of times, as the therapist you're trying to address the patient's needs and so it's really important to understand what they value and to understand where they're coming from and those thought processes behind it."
"Even when I first got here, going back to the phrase, 'have you eaten?' I didn't understand why everyone was asking me all the time had I eat?' I was like, 'No, it's not time yet.' I didn't understand that it was actually out of concern. So as I became familiar, I now ask people, 'Oh, have you eaten?', 'Aunty, have you eaten?' And it's a great way to build rapport with the people around you and your colleagues and it's really important to meet everybody where they come from."

Natalie: "Dialogue is very important and I think things like that you just don't…you don't learn unless you just take the opportunity to be a listener a lot of the time when you first are arriving, probably just not first, probably for years."
"I think about those people who can just sort of go. In terms of being able to acclimate to a new culture or those people that can just sort of go and be anywhere kind of big. I think it does sort of come back to that ability to take that opportunity to listen and just to be very, very observant while you're listening. Our understanding of what's going on musically, what's going on emotionally, what's going on physically, what's going on relationship wise, I mean it's just constant."

Georgia: "I feel like the basics of the therapeutic relationship is just being present, and showing that you are listening, and that you care, and reflecting back…whatever it is."
"Listening with a culturally sensitive kind of radar."
"Maybe try and figure out a way of working that works for you, like we talked about using sensitivity and really listening."
"I think it comes down to just being like, just very sensitive and just, you always want to listen really well."

Listening and understanding add to the music making process. One participant expressed how deep listening and understanding contributes to cultural competency in the music making process. She stressed the benefit of being able to get quickly into the client's music and reflect how they are playing.

Natalie: "I think probably those people that are just great at working that way are those ultimate observers where they're humble and they take the opportunity to listen and they take the opportunity to learn, but it's very active listening and learning because they're just getting, observing so much that that allows them to really get almost immediately into that music making in a way that it is meaningful to the people that they're working with."

> "I think the other piece of it is they are people who are extraordinary musicians. For those who can just have that ear sense of what's going on. You know one of those people who can just pick up and play anything…you could probably put him absolutely anywhere and he could just tune into what was going on musically and get right into it."

Learning effective communication and working through miscommunication.

Another individual theme within this global meaning unit was about a participant's experiences of learning to effectively communicate and work through miscommunications with colleagues and clients.

Amelia: "In Singapore, they use more broken English, they call it 'Singlish,' kind of like slang. And so when I go to the wards, and I'm talking to family members and staff, I really had to learn how to simplify what I was saying. So I think miscommunications are an everyday thing."
"So, if you bring in the happy drum and you're like, 'You can hit anywhere.' They're like, 'No, no, no, I don't know how to play.' So right away I've told them you can hit anywhere, there's no right, no wrong. But they don't understand or perceive it because it's what their upbringing is."
"Again it goes back to perception and how you view different words and how we say things."
"As well as understanding how the way that you say things and frame things have to be spoken in a way that meet the needs of your population."

Don't assume, truly understand the client. Amelia took the need for deep listening and understanding further and suggested that the music therapist double check rather than assume the intentions of the client when necessary.

Amelia: "I'm sure there's other miscommunications that happen, even when asking for a song, if they have an odd accent or they say something, a lot of times it's repeating that word back to make sure that you understood. Or asking a follow up question to make sure it is what you actually were understanding. Again, it's that being aware of everything and not just taking it as, 'oh, they said this.'"
"Because without that connection, if you're addressing something that you think is their need, or the doctor thinks is their need, because it's the reason they're referred, it's really not working on what they need at that time."

The desire to have understood sooner. Lastly, within this global meaning unit, one participant expressed the desire for someone to have given her advice, or that she would have been able to understand the cultural norms sooner.

Natalie: "It comes back again, to that need in this culture for things to be almost communally decided or at least dialogued. That really is across the culture, and nobody told me stuff like that, but they just have to, we have to figure it out, and I wish, it probably took me a month longer to figure out that I wished it had, but we're getting there."

GMU 3: No Matter How Challenging Working Internationally May Be at Times, The Therapist Will Grow, Change, and "no matter what, it'll be worth it."

The third and final global meaning unit included experiences about the benefits and challenges of working internationally. Any common, significant, and individual themes that directly discussed working internationally, experiencing culture shock, culture acclimation, researching the culture, and integrating within the host culture were included in this section. Several examples below indicate that there are benefits and challenges when working in another country.

Research participants shared experiences of how working internationally built confidence and positively impacted their lives. They provided ways to adapt within the new culture such as developing coping skills and researching the host culture prior to beginning music therapy services. All therapists shared that they believed working internationally was a positive experience while some mentioned their personal struggle to acclimate when first moving to their new country.

There are benefits to working internationally. A common theme within this global meaning unit mentioned was benefit of working internationally and though each participant had different comments for why it was rewarding. Amelia found the challenge of continually learning new songs in other languages to be rewarding. Georgia noted how much working

abroad had helped her to grow in confidence. Natalie found the novelty of trying things in a new place to be exciting.

Amelia: "I like the fact that it's challenging. I constantly have to learn new songs or think of new creative ways to do different things for different patients to meet their needs."
Natalie: "I think having that curiosity and being willing to see if you can go and try things in another place, would just be so great."
Georgia: "You really have to truly be in tune with and compassionate towards the things you're experiencing and being abroad you naturally have to do that."
"That has been the way I've grown the most, is be developing confidence through having gone through situations that are a little bit scary."
"It's probably good if you have experience being in a place where you're not from there to kind of…relate to clients where we can experience maybe a little bit of what they're going through…and think what it could be like to be in their shoes, all the time."

Learn about the host culture through research and experience. The last common theme in this global meaning unit was how continual learning is important to becoming a strong cross-cultural music therapist. Although research articles are informative and a key source for the therapist, Amelia found the lived experience to be even more valuable. Natalie used the word "curious" to describe how successful cross-cultural music therapists are life-long learners.

Amelia: "I actually didn't know anything about Singapore when I came over, and I didn't do any research. I think that maybe that did add to the steep learning curve when I came, but a lot of things at the same time you can read about, but until you experience it, or talk to people from that place, it's very different."
"I think it's important to know what religions are in the area and maybe how music is used in the locals religions as well as what are some of the values of that religion."
Natalie: "The other thing I see about those therapists who are here who work so well across cultures is they just never stop learning about the culture, they're just so curious to develop more skills and more knowledge."
Georgia: "Definitely do some research…there's so many resources, there's so much Information that people have learned already from making mistakes and figuring it out."

An attitude of excitement about culture is reciprocated. A significant theme within this global meaning unit was noted by two participants. Georgia and Natalie found

that when they were excited about learning about the host culture, the people of that culture were just as excited to share about their culture. Georgia, specifically mentioned that Finns were excited to share about their country with her.

Georgia: "I think anytime you move somewhere new there's a lot of things that are going to be hard and you'll see a negative, but if you can turn your attention to things that are beautiful about the life here, Finns want to tell you, they're like we love this and that."

Natalie: "I think if you're excited about their country and their culture, they're gonna approach it the same way."

Experiencing culture shock and culture acclimation. Another significant theme noted in two participants was the experience of culture shock and the acclimation process. One participant shared about the adjustment phase of adjusting to the weather and finding herself within the new culture. Another participant mentioned the importance of staying connected through social networking and the need to prevent isolation.

Georgia: "I would say you have to be really on top of self-care because it's dramatic, it's hard to be somewhere especially, if like here the weather's crazy and if you don't know anybody."

"A guy…once told me…'Well you kind of embrace the cold, you kind of relax into it.' And then once it got warm, I kind of understood what he meant, that it's challenging and it kind of sucks, but there's like another side that's so beautiful."

"Just that no matter what it'll be worth it. Like if it sucks and you hate the job, whether it's just like ridiculous, you'll grow and you'll learn and see something…that's such a beautiful thing especially for music therapy."

"I had to figure out again who I am, because you don't have anyone around you like a friend reflecting back, or like you're mom, or someone you know. You're scrambling to see who you are."

Amelia: "Expanding your social network is really important and making sure that you don't become isolated in a new place and that would be the same if you were moving to a new state or a new city."

"…to have those connections at that social sort of network is really important to develop."

Working internationally builds confidence. An individual theme found within this global meaning unit was suggested by the music therapist working in Finland. She noted that

working internationally helped her build confidence because she was challenged in things that seemed intimidating.

Georgia: "That has been kind of the way I've grown the most, is by developing confidence through having gone through situations that are a little bit scary."
"You really have to truly be in tune with and compassionate towards the things you're experiencing and being abroad you naturally have to do that."

The Global Essence

After ruminating over the common, significant, and individual themes, three global meaning units were derived from examining the themes and experiential meaning units as a collective. The global meaning units were placed into narrative form that comprises the global essence according to the McFerrin and Grocke (2007) microanalysis method. It is worth mentioning here that the global meaning units and essence could have been created in several different ways, and had another individual analyzed the data, it may have looked very different. This global essence is just one perspective of the participants' experiences that the researcher formed.

Cross-Cultural Music Therapy Essence

In order for cross-cultural music therapy to be effective, the therapist must understand the impact of their individual culture and their client's culture on the therapeutic relationship. The culturally competent music therapist needs to be able to listen and communicate effectively to truly understand the client. No matter how challenging working internationally may be at times, the therapist will grow, change, and "no matter what, it'll be worth it."

Chapter 5

Discussion

This section includes a brief summary of the results, answers the three research questions, discusses study limitations, and provides recommendations for future research. The analysis was conducted with the McFerran and Grocke (2007) microanalysis of phenomenological interview method. Common, significant, and individual themes were identified that fit into global meaning units comprising a global essence.

Results of Analysis

After in depth analysis of interview responses, results indicated a global essence which are the three global meaning units:

1. In order for cross-cultural music therapy to be effective, the therapist must understand the impact of their individual culture and their client's culture on the therapeutic relationship;
2. The culturally competent music therapist needs to be able to listen and communicate effectively to truly understand the client; and
3. No matter how challenging working internationally may be at times, the therapist will grow, change, and "no matter what, it'll be worth it."

Common, significant, and individual themes formulate the global meaning units and provide answers to the three research questions of this study.

Research Question 1

The first research question of this study was *What are the experiences of music therapists working internationally in cross-cultural music therapy?* All three of the global meaning units and their components related to this question. However, two common themes and two significant themes particularly stood out in the experiences of the research participants and they include experiencing culture shock and acclimation, there are benefits unique to each individual working internationally, research is a good teacher, but experience is the best, and personal excitement about another culture will be reciprocated by people in that culture.

There are benefits unique to each individual in working internationally. The participants all agreed that their experiences of working internationally were beneficial and each named a different reason their experience was rewarding. This suggests that while international work is worthwhile, what makes the experience meaningful will be unique to each individual depending on his or her values. Amelia liked the challenge that working internationally provided her, since she was continuously learning new music in other languages. Natalie found the newness of the experience to be rewarding, and Georgia appreciated the confidence, she developed while working internationally.

The experiences of these three music therapists of cross-cultural music therapy being rewarding was similar to other studies with psychology students who found their international experiences though much briefer than this study to be a meaningful experience (McDowell et al., 2012). Gadberry (2014) also found working internationally and cross-culturally though challenging was overall a rewarding experience. Her case study participant

framed it this way: "The challenges of adapting to a new environment, meeting new people…all of those experiences made me uncomfortable but greatly benefitted me" (p. 76).

Experiencing culture shock and culture acclimation. Two participants addressed their experiences of culture shock and acclimation. They noted the challenges of living in a different climate and provided strategies for settling into a new culture. It was important for these individuals to provide self-care for themselves and make social connections in order to avoid isolation. Experiencing culture shock and culture acclimation is a common phenomenon for individuals in the helping professions who move to another country. The music therapists in this study each migrated to a new country and faced various challenges that come with migration. As stated earlier in the literature that migration is a dramatic event that could be considered a stage of life in itself (McGoldrick, Giordano, & Pierce, 1982). Music therapists can learn from this study that culture shock is inevitable and constitutes part the experience of moving to another country. However, with self-care strategies and maintaining healthy social relationships, perhaps, culture shock can be manageable.

Georgia spoke more strongly than Amelia about the culture shock phenomenon. This may be due to Georgia having lived a shorter time than Amelia in her host country, since Georgia had only been in Finland for a year and a half and Amelia was in the middle of her fifth year in Singapore. According to Isaacson (2002), immigrant therapists working in the United States, for less than a year articulated more feelings of difficulties than therapists who had been living for 5–10 years in the U.S. Therefore, it could be that the longer a music therapist works internationally, the more acclimated they will become.

Research is a good teacher, but experience is the best. A common theme of the participants was that their research into their host culture was helpful and necessary. All three

participants recommended learning about the host country before and while living there. One participant mentioned that although a foundation of research is beneficial prior to living abroad, experience became her best teacher. This was expected since experience can have such a life changing impact on individuals after working internationally. A marriage and family therapy supervisor who participated in a cross-cultural supervision study made this statement, "I seriously could not imagine trying to train people who had not lived in another culture to be a family therapist. It seemed to me that for anybody who wanted to do this kind of work, it was crucial that they have the experience of knowing what a mindset or paradigm was, and having to break out of one mindset and experience another" (Killian, 2001, p. 71).

Personal excitement about another culture will be reciprocated by people in that culture. Another significant experience was that whenever participants were excited about their host culture and shared that excitement with the local population, it was reciprocated. It seemed that no matter where the participants were in the world, people wanted to share with them about their culture and environment. Sometimes the locals provided the participants with tourist attraction ideas and other times they provided ways to adjust to extreme weather conditions by empathizing about the weather adjustment. This is important because the literature suggests that the more immigrant therapists experience a sense of connection to their host culture, the more they feel clinically effective in therapy (Kissil, Davey, & Davey, 2015). Therefore, by having even these small seemingly insignificant encounters with people from the host culture, can help music therapists adapt and feel more effective in their new environment.

Research Question 2

The second research question of this study was *How does culture influence the development of therapeutic relationships in the context of music therapy?* The first two global meaning units related to this question and several themes answered this question:

1. Culture influences the structure of the therapy session and reflects client potential;
2. Working in another culture requires deep listening and understanding; and
3. Cultural differences can cause therapist insecurity.

Culture influences the structure of the therapy session and reflects client potential. All participants noted how the culture of their clients informed their sessions, whether referring to simply the structure of a session or how a traditional ceremony revealed to the therapist their client's deeper sense of self. This finding was unexpected and powerful because it reiterates how the client's culture should not be overlooked or undermined, but rather plays a significant role in the client's life. Amelia found how quickly her sessions would change based upon the client's culture and how they interact with music through their culture. Georgia found that her sessions with a client from China required her to completely change the session structure to meet his needs based upon what he was culturally accustomed to. Natalie recognized the potential self within one of her clients as she observed him perform in the Powhiri, representing a warrior.

The participants in this study are not the only therapists to have had these experiences while working abroad. Recognizing the continuous impact of culture on therapy was noted in several studies concerning music therapy and psychotherapy (Bolger, 2012; Gadberry, 2014; Jennings et al., 2012; Maxie, Arnold, & Stephenson, 2006). The participant's

acknowledgement of how music therapy and culture were interdependent was also demonstrated in other music therapy case studies (Bolger, 2012; Gadberry, 2014).

Each of participant's experiences directly points to the importance of a client's culture, going beyond just being informed about their culture to recognizing how their culture can be integrated within music therapy. These experiences would suggest that music therapists working cross-culturally should learn and integrate key cultural features into their sessions. The integration of a client's musical culture was demonstrated in a previous study with a music therapist in Australia who worked with a woman from Austria. Chan (2014) used her client's preferred German music to meet her client within her culture.

Working in another culture requires deep listening and understanding. Another point that answered the research question of how culture influences the therapeutic relationship is the importance of deeply listening to clients. This sense of listening goes beyond the basic definition to a deep level of understanding that comes through empathic sensitization. The participants described an empathic listening in different ways. Georgia called it a "culture radar," Natalie used the phrase, "being very, very observant" and described observing physical, emotional, musical, and interactive responses in clients. Natalie stressed the importance of listening and meeting the client musically with specific regards to music improvisation. Amelia described the need to identify motives and values of the client. This kind of empathic listening enabled the participants to meet their clients therapeutically despite various communication barriers.

Humbert et al. (2011) found that occupational therapists working cross-culturally had a similar experience of the need for empathic listening and communicating even though their communication challenges were reflective of not speaking the native language. One

participant said it this way, "It's smiling, touching, having an upbeat voice, getting close to them, looking in their eyes…It didn't matter what the words were but the whole communication was clearly happening" (p. 304).

These types of experiences recommend that music therapists working with a client from another culture highly sensitize themselves and practice empathic listening with clients. Although this is a necessary quality in any therapeutic relationship with any client, when the client is from a distinctly different culture, then it becomes even more important for the music therapist to be constantly observing and meeting the client needs. Demonstrating respect and a sensitivity to oneself and the client's culture was supported particularly in the Jennings et al. (2012) study when one participant summed up the definition of being a good counselor as, "just being human to another human being" (p. 139).

The participants also recognized the importance of recognizing transference and countertransference in the therapeutic relationship. Therefore, it is not enough for music therapists working cross-culturally to merely empathically listen, but they also need to identify whether the information they are receiving is coming from their own cultural background or the client's cultural background. Amelia stated it this way,

> Because a lot of times you have your own issues of trying to decide of where you're coming from and defining yourself as a therapist within a new culture…as well as trying to understand where that person is coming from culturally.

So it becomes important for the music therapist working cross-culturally to recognize how their culture or their client's culture is influencing the situation.

Culture and language can influence transference and countertransference in several different ways and if not identified can cause the therapist to misunderstand the client's actions and responses in treatment. Though it is disagreed upon whether cultural dynamics are considered "genuine" transference and countertransference, cultural dynamics do present as under-identified in therapy (Nagai, 2009, p. 17). Nagai provided several examples of how client responses from an Asian cultural heritage can cause transference and countertransference, if the therapist is ignorant of the cultural dynamics within the therapeutic relationship. Two different examples are provided to illustrate the influence of culture on transference and countertransference.

> **Example 1.** Mr. T., a man of Japanese heritage, in his late 40s, referred himself to a Japanese therapist…Mr. T. disclosed that he discontinued his previous therapy after a half year of work with his "older Euro American therapist." Despite request to be identified as "Japanese American," Mr. T.'s previous therapist had repeatedly identified him as "American Japanese." Mr. T. felt offended by this and left unannounced without exploring his uncomfortable feelings further with his therapist. He felt guilty for punishing his therapist, since he understood that the action of his therapist was unintentional. However, he also felt empowered about leaving the therapist who failed to consider adequately the significant meanings of "American Japanese." Mr. T. felt that this therapist would be unable to understand him, as the therapist disregarded the significance of his ethnic identify. Mr. T. felt that the therapist identified him more as 'Asian,' than 'American,' implying 'outsider' rather than a historically 'legitimate citizen.' Mr. T. perceived that this ethno-cultural transference was unrecognized by the therapist. The consequent emotional disturbance experienced by Mr. T. was a result of culturally influenced mutual resistance. (pp. 17–18)

> **Example 2**. Shortly after the terrorist attack on 9/11, a therapist who had immigrated to the United States from Cambodia after the war in Southeast Asia, facilitated and debriefed participants in a support group, who, like him, were immigrants from Cambodia. Although the participants sympathized with the 9/11 victims and their family members, some group members reported they also felt a sense of relief. They felt relief because they felt validated; people in the United States could finally understand their pain. The therapist, who had experienced the pain of loss during the time of 'killing fields' in Cambodia and the difficulties of the immigration process, alerted other clinicians that the participants' feelings of relief should not be misinterpreted as a regressive childhood need to be understood, but as a sign of needing to process past traumatic experiences and acculturation stressors. He advised

> the clinicians that when separation from the culture of original is expected as a mature process of adaptation, it is likely that feelings attached to the country of origin are misinterpreted as regressive needs. (p. 19)

Cultural differences can cause therapist insecurity. Working within another culture can cause music therapists to feel insecure, feel pressure, or question their ability to meet client needs. Participants in this study expressed feelings of initial insecurity until they recognized that the problems they were facing in music therapy had to do with cultural differences rather than their own failure as a therapist. Participants also expressed a sense of pressure and urgency to have understood cultural norms sooner and all participants agreed that it is good to seek outside help whether from the client themselves, the client's family, or through supervision. Due to the limited studies of the phenomenological experience of music therapists working internationally, very little research is known about the internal experiences that music therapists face when working overseas. However, this study would suggest that music therapists working cross-culturally should anticipate and expect moments of self-doubt and that after reflection may benefit from seeking additional information either from the client, the client's family, or through supervision. Amelia recommended two types of supervision. She recommended supervision with someone from the host culture and with someone outside of the host culture in order to better determine interventions and cultural discrepancies.

Research Question 3

The third and final research question of this study was *How does working cross-culturally influence the therapists' worldview?* The second global meaning unit related to this question and several themes answered this question:

1. Music transcends culture reaching the essence or intrinsic nature of humanity;

2. Culture influences every aspect of an individual; and

3. When and how to discuss cultural differences.

Music transcends culture reaching the essence or intrinsic nature of humanity. Participants agreed that music therapy was able to transcend cultural barriers and that the intrinsic nature of individuals such as having hopes, dreams, and emotions were the same across cultures. Georgia stated it simply like this, "…but essentially we are the same. You know we all have the same, we can all relate in like basic human emotions and using music to work with that across the world, that's our work." Amelia put it this way, "I think it's getting to know people and how even though we all come from different backgrounds and different upbringings, cultures, family dynamics, everybody still wants a good life, a healthy life." These two examples demonstrate that the participant's cross-cultural experiences impacted their worldview enabling them to see how music therapy was effective within different cultural parameters. This worldview does not downplay the importance of an individual's cultural impact on the therapeutic process, rather these therapists have developed what other researchers have called a "meta-perspective" (Kissil, Nino, & Davey, 2013, p. 139). A "meta-perspective" is the ability to view cultures from the outside and understand their relativeness and flexibility as societal constructs.

Culture influences every aspect of an individual. It is easy to stop short after recognizing that music therapy can transcend culture and forget that the reason music therapy can transcend culture is because the music therapist recognizes that culture influences the therapeutic process and interventions. Participants in this study found that culture impacted choices made in therapy, interactions with clients, and required a deepened sensitivity to the needs of their client's culture and their own culture. Participants pointed out that culturally

competent individuals consider the reactions of clients and their own reactions as potentially being influenced by cultural differences.

One participant recognized the need for music therapists to explore their own biases and how their culture is viewed in the host culture and in the broader context of the world. She stressed the importance of accepting concepts such as white privilege and the fact that they will never make sense, but still exist in most societies. She found it important to not feel guilty about this pervasive unbalanced worldview, but rather to combat it by increasing awareness and avoiding the abuse that inequality can cause. It is important for music therapists to remember that racism is still very real and that people of color experience these effects on a daily basis. Positive changes in laws and social expectations in the U.S. have developed, however, things such as micro-aggressions, which are subtle and many times unconscious acts of racism, still occur in everyday encounters which effect every part of an individual's life (Miller & Garran, 2007; Sue et al., 2009).

When to discuss cultural differences. Participants within this study approached discussing cultural differences differently. Some participants found that it helped to build rapport when they discussed their culture and the client's culture in sessions no matter the goals of the client. However, one participant shared that when the reason for music therapy services was directly related to culture, then she discussed it and if not, she worked with cultural differences with a less direct approach. For example, this music therapist found that discussing her and her client's cultural differences in a group of children who were multinational to build the therapeutic relationship. However, when working with an adolescent who was Finnish and highly self-conscious, she believed that talking about cultural differences was not necessary.

According to the literature, recognizing cultural differences can assist the music therapy process. Bolger (2012) noted how cultural differences between the client and therapist could work in favor of the therapeutic process by allowing more women in her music therapy group to operate outside of their cultural norms of submitting to authority and express individuality in safe ways. Another example of how culture impacted the therapeutic process similar to those found in this study was how discussing differences built rapport between the therapist and client. Similarly, Jennings (2012) found that asking informed questions that demonstrated awareness about the client's cultural beliefs built rapport between psychotherapists and their clients.

One reason why music therapists may or may not discuss cultural differences with their clients may be due to their worldview concerning emic (culture-specific) or etic (transcending culture) constructs. These two constructs are strongly debated in psychology as well as worldviews concerning universal laws and cultural relativism (Ægisdóttir et al., 2009). There is a third view after emic and etic constructs that argues in the existence of duality between the two (Eckensberger, 2015). Or more simply stated, the three theoretical orientations that exist in cross-cultural psychology are concerned with absolutism, relativism, and universalism. Absolutism is the belief that people are basically the same and that mental health is not influenced by culture. Relativism is the belief that all human behavior is molded by culture and that human behavior cannot be fully understood without delving into the cultural framework. Universalism is the third perspective that there are basic psychological elements common to all human beings, but that the way they are expressed varies depending on culture (Krumov & Larson, 2013). For music therapists who consider themselves as coming from an absolutism orientation, they may not consider discussing cultural differences

to be important. On the other side, music therapists with a relativism theoretical standpoint may think culture should always be discussed. The actual reason behind why or why not cultural differences were addressed in this research was not fully explored with the participants.

Limitations

Despite the knowledge gleaned from this study, there were limitations such as the lack of triangulation. This study would have been stronger if it would have included mixed methods such as observation of therapy groups or the inclusion of focus groups. A second limitation within this study was the lack of familiarity with the participants. Validity can be greatly improved when the researcher is able to make contact early with participants (Shelton, 2004).

Recommendations

Recommendations for future research include conducting a survey to find out how many music therapists from the United States have or intend to work internationally within their field compared with music therapists from other countries. This research would be helpful since finding participants for this study from Europe was easier than finding music therapists from the United States. It also might be helpful to look at what motivates music therapists to seek out international or cross-cultural music therapy experience.

Another recommendation for music therapy research would be to discover how long music therapists work internationally, whether most international work is short-term or long-term. This research could include pre-professional or professional music therapy work and also examine university programs that include an international educational experience component.

The last study recommendation, and perhaps the most important, would be to conduct a second phenomenological study that examined both client and therapist experiences within the cross-cultural music therapy relationship. A study that included the lived experiences of the music therapists and their clients could potentially reveal more about how music therapy is effected by culture and further illuminate the cross-cultural music therapy encounter.

Conclusion

The purpose of this study was to discover the lived experience of three music therapists working internationally. Their knowledge and insights gleaned through working in their host cultures provide the music therapist interested in working internationally three perspectives of how music therapy is reflected in the cross-cultural context going beyond just clinical examples to reveal part of the internal world of these music therapists. This study pointed to the important recognition of the interdependence of culture and music therapy as well as demonstrating the transcendent nature of music therapy to work across different cultures. Future research needs to be conducted to assess more phenomenological experiences of music therapists working internationally including both their clinical and personal experiences.

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Appendix A: Interview Guide

Participant Background Information

1. What is your name and birth-place?
2. What is your first language and what other languages do you speak?
3. What is your age and how do you identify your gender?
4. How do you identify your ethnicity?
5. How long did you live in your home country?
6. What is the highest level of education you've received?
7. What training/workshops/classes have you taken on multiculturalism or cross-culturalism?
8. What is the cost of music therapy sessions in the country in which you work?
9. In what country do you currently work as a music therapist?
10. When did you first start working cross-culturally in music therapy?

Context of the participants practice:

1. When did you come to (their current workplace) and how long have you worked there?
2. How many clients do you see within a typical week?
3. Do you see clients individually, in groups, or both?
4. What is the population you currently work with (individuals with psychiatric needs? children with developmental diagnoses? etc.)?
5. Within your clientele what different countries and ethnicities are represented?
6. What do you do when you don't speak the language of your client?

7. How would you describe the work an interpreter does and their role in the session?
8. Are you familiar with the term 'cultural broker'? How would you describe the difference between an interpreter and a cultural broker?
9. How has your clinical work been influenced by cultural brokers and/or interpreters?

Experiences in Cross-Cultural Music Therapy:

1. How do you typically prepare for a session with an incoming client from the same ethnicity as you?
    a. What is an example of how you prepare for a session?
    b. Are there some preparation measures that occur for one client, but are not needed for another? Give an example please.
2. How do you typically prepare for a session with an incoming client from a different ethnicity from your own?
    a. What is an example of how you prepare for a session?
    b. What cultural factors might require more preparation than others?
3. In your clinical work, have you ever had a misunderstanding in therapy with a client from a different ethnic background than your own?
    a. If not, what do you think promotes understanding in cross-cultural therapeutic encounters?
    b. If so, what was the misunderstanding? Was it resolved, if so, how was it resolved? If not, why not?
4. How do you develop rapport with a client?

a. How do you develop rapport with clients? Is there a difference in how you develop rapport from one person to another? Give an example.

5. Tell me about a positive therapeutic session or therapeutic moment that was impacted by your cultural sensitivity.
    a. What made that moment positive?
    b. How did it impact you as a therapist?

What Have You Learned from Working Cross-Culturally:

1. Why did you choose to work cross-culturally?
2. How did you integrate into the culture?
3. How did your period of integration affect your clinical work?
4. Was there ever a challenging or rewarding time in your work with this population? Please give an example.
5. Is there anything you wish you would have learned in college regarding cross-cultural music therapy prior to working with this population?

a. If so, what do you wish you would have learned? Why?

6. What are some things that your experience has taught you about working cross-culturally?
7. What prepared you the most for working cross-culturally?
8. Cultural empathy or cultural competence is the ability to understand the feelings of individuals that are ethnically or culturally different from one's own. What has contributed to the development of your own cultural empathy?
    a. Was there a time when you didn't feel culturally empathic? If so, when did that change? If not, why not?

9. How can music therapists become more culturally empathic?
10. What would you recommend a novice music therapist do prior to working with cross-cultural clients?
11. What might make a music therapist qualified or unqualified to work cross-culturally?

Appendix B: Consent

International Cross-Cultural Music Therapy
Principal Investigator: Miranda Grimmer
Department: Hayes School of Music
Contact Information: Miranda Grimmer
grimmerm@appstate.edu

Consent to Participate in Research
Information to Consider About this Research

I agree to participate as an interviewee in this research project. The purpose of this research is to discover what strategies music therapists use to work cross-culturally in another country, to learn what their personal experiences have taught them, and to find out how they integrate themselves into the culture. The interview will take place in person or via video call once for 45 minutes to 1.5 hours. I understand the interview will be about my work in international cross-cultural music therapy. I understand that there are no foreseen risks associated with my participation.
I understand that the interview(s) will be audio recorded, transcribed, and may be published. I understand that the audio and/or video recordings of my interview may be published.
I give Miranda Grimmer ownership of the tapes, transcripts, and recordings from the interview she conducts with me and understand that tapes and transcripts will be kept in researcher's possession. I understand I will not receive compensation for the interview.
I understand that the interview is voluntary and there are no consequences if I choose not to participate. I also understand that I do not have to answer any questions and can end the interview at any time with no consequences. I am at least 18 years of age. My name will not be used in connection with tapes, transcripts, or publications resulting from this interview.
If I have questions about this research project, I can email Miranda Grimmer, MT-BC at grimmerm@appstate.edu or contact the Appalachian Institutional Review Board Administrator at 828-262-2692(days), through email at irb@appstate.edu or at Appalachian State University, Office of Research Protections, IRB Administrator, Boone, NC 28608.
This research project has been approved on December 12, 2015 by the Institutional Review Board (IRB) at Appalachian State University. This approval will expire on [Expiration Date] unless the IRB renews the approval of this research.
By proceeding with the activities described above, I acknowledge that I have read and understand the research procedures outlined in this consent form, and voluntarily agree to participate in this research.

VITA

Miranda Suzanne Grimmer was born in the United States of America. She graduated from Pittsburg State University with a bachelor's degree in Music Education with emphasis in violin in 2012. She accepted a graduate assistantship with the Hayes String Quartet in August of 2012 and a research graduate assistantship with Appalachian State University's Office of Research in January of 2016.

Ms. Grimmer is a board certified music therapist and completed her master's of music therapy degree at Appalachian State University in 2016. She has been a semifinalist for the Fulbright Teaching Assistantship and was awarded several scholarships including the Waddill String Scholarship, the Southeastern Region Music Therapy Association scholarship, and the Appalachian State University Music Therapy Internship Scholarship.