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Understanding the Benefits of an Asian Music Therapy Student Peer Group

Yi-Ying Lin

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Abstract

As Asian international music therapy students, we shared many experiences and challenges when adjusting to the United States culture. In order to improve each other’s learning experiences and amplify our coping strategies, six of my Asian peers at Montclair State University and I spontaneously formed a group in 2011. The group seemed to have a positive effect on its members. To understand the benefits of the group from multiple facets and identify its role when addressing members’ needs in academic, clinical, and personal domains, I chose to use narrative inquiry and arts-based research in order to allow the participants to speak their perspectives in personal tones and convey messages that transcend verbal expression. Through systematic analysis of verbal and musical data collected from in-depth interviews, the challenges along with effects of cultural differences such as language barriers, losing control of overwhelming new things, and insufficient social support were identified. By addressing these identified issues, the group was found helpful in providing additional opportunities for practicing music therapy techniques, gathering information from each other, and using secondary language to share thoughts and feelings in a relaxing and secure environment. In addition, the increasing connection with in-depth cultural understanding greatly improved social bonding among members and, therefore, strengthened the social support system by creating a sense of belongingness for the members.

Keywords: Asian international student, music therapy education, peer group, multi-cultural therapy
MONTCLAIR STATE UNIVERSITY

UNDERSTANDING THE BENEFITS OF AN ASIAN MUSIC THERAPY

STUDENT PEER GROUP

by

Yi-Ying Lin

A Master's Thesis Submitted to the Faculty of
Montclair State University
In Partial Fulfillment of the Requirements
For the Degree of Master of Arts
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Department Music Therapy

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UNDERSTANDING THE BENEFITS OF AN ASIAN MUSIC THERAPY

STUDENT PEER GROUP

A THESIS

Submitted in partial fulfillment of the requirements

For the degree of Masters of Arts in Music:

Concentration in Music Therapy

by

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Montclair State University

Montclair, NJ

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Understanding the Benefits of an Asian Music Therapy Student Peer Group

Introduction

I am an international student from Taiwan, enrolled in the Master of Arts program with a concentration in the Music Therapy at Montclair State University (MSU). I started pursuing the music therapy profession in 2008. Before coming to the United States, I had earned my bachelor degree in elementary education and counseling in Taiwan. Although never academically trained as a music major student in college, I had received various musical “inputs” including group and individual music classes, and playing in the harmonica club. Yet, without formal musical training, I was requested to take fundamental music classes in the first three years of my studies at MSU in order to develop my musicianship. Before embarking on my internship in Fall of 2011, I had already earned more than a hundred credits from taking music and therapy related classes as preparation for clinical work. However, the skills learned from those trainings and experience did not seem sufficient or directly applicable for clinical use.

During my course of study, my friend and fellow course mate Naoko – also from Asia – proposed to practice music therapy clinical skills together on a regular basis, as extra preparation for our clinical work. Studying in a music therapy program consisting of a majority of American students who are immersed in the American culture caused us to feel a need to get exposed and familiarized with American-oriented musical repertoires as well as our English verbal abilities. We invited several other Asian music therapy friends to join us, and the duet quickly transformed into an ensemble – the Montclair
State Asian music therapy student peer group.

The group lasted throughout the entire academic year with six regular members, and continued into the following year with an expanded group membership of ten members for fall semester and seven members for spring semester. The group consisted of students from China, Hong Kong, Japan, Korea, Singapore, and Taiwan. Through informal conversations and on-line discussion, the members of the group had collectively agreed to maintain a group consisting of solely members from Asian communities. Some of the most obvious reasons included natural bonding, shared cultural familiarities, similar needs, and facing similar challenges in pursuing the music therapy profession. It was also the group's consensus to keep the group format closed yet unstructured in order to maximize both intimacy and freedom among members.

The group met once a week in the shared home of several members close to the campus. The length of each meeting was approximately an hour and a half and the topics varied according to the members' needs – we usually spent ten to twenty minutes for personal sharing and selecting the week's topic. Music making – improvisation, orchestration, sing-along, song writing – as well as role playing and small group discussions were some of the most common experiences. What we shared ranged from everyday issues academically or clinically to our personal life – sadness and joy, losses and triumphs, as well as our spirituality. Even though the group process did not end up quite the same as we had originally envisioned – practicing musical skills for clinical use – I felt the unpredicted development of the group did not devalue its existence. In fact,
for me, those adjustments touched on even more valuable topics and core issues relevant to our development as music therapists. For example, we once discussed the necessity of owning musicianship as a music therapist. From the discussion, the significance of the plenteous music trainings we received as music therapy students became clearer – it was not only about improving our musical skills and knowledge but rather about establishing our identification as musician and knowing our relationships with music. As we began to explore within ourselves, we were able to gain better insights of our relationship with music.

The group has been an important part of my life since its establishment. At times when I have felt weary or without hope, I have received unexpected encouragement and support from the group members. Even though my problems might not have been resolved right away, being heard by group members provided me with an outlet to express myself freely, thereby releasing me from my own impasses. There were times when I could not find the precise words to express my thoughts and feelings in English and the group members who shared the same language helped me on the spot by suggesting terms or translating for me to the group. This situation eliminated the language barrier in communication within the group in some level, and made me feel that I was better understood by my peers. In addition, as group members have shared among one another, I have gained opportunities to see things from diverse perspectives, re-learn essential foundations, clarify my misconceptions, and gain new insights. More importantly, the friendship and support from the group has provided me with a sense of belongingness.
The group experience has been profoundly helpful for me, and I remain confident about what I have gained from being a member in the group. Yet, I have remained uncertain as to whether the other group members shared this same sense of confidence. Therefore, I became curious about others’ perspectives about the group. From several casual conversations with different members, I learned that they all thought the group was a positive influence for them in many different ways. One of the members felt that the group was a place to relax and to have fun after a week of stressful school work. Another indicated that the opportunities of making music together served as motivation for coming to the meetings and yet another member expressed that the support from the group was essential to deciding whether or not to remain in the group. Each member seemed to perceive the shared process of a group from unique points of view, and with specific foci. I began to realize that group members’ various points of view could serve as a way of understanding the benefits of the group as a unique resource — yet I also realized that I could not access this understanding from casual conversation. I am seeking to identify their challenges faced by Asian international students in the United States by exploring the benefits of the peer group through systematic inquiry, in which the group members would ask to reflect upon how the group has played a beneficial role during their study of music therapy.

**Literature Review**

Students in music therapy programs often face unique difficulties in academic learning, clinical work, and personal life, in large part due to the interdisciplinary nature
of the field (Davis, Gfeller, & Thaut, 2008; Kim, 2011; McClain, 2001). In addition to these difficulties, the higher level of acculturative stress was especially jeopardizing for the Asian international student’s academic achievements and psychological well-being as compared with their European counterparts (Kim, 2011; Swamy, 2011). Through our experience, we found that participation of a peer group is an effective helping modal.

There are a number of theoretical foundations that explain the significance of this spontaneous formed music therapy peer group among Asian international students. Through discussing the human’s natural bonding behaviors from the psychological and sociological perspectives, as well as social integration tendency, the relations between Asian culture and group formation can be connected. It is important to know the meanings of a peer support group in a music therapy program. Therefore the needs of an Asian music therapy international or first-orientation immigrant student and the roles of group will be discussed below.

**Why Groups Form**

Throughout the history of mankind, human beings have always lived in small groups formatted for hunting, gathering, farming, and producing offspring. Groups fulfill human’s needs for affiliation, intimacy, and power. Human communion is still inevitably important in today’s daily interaction from learning and working, to spending leisure time (Forsyth, 2010; Johnson & Johnson, 2003; Yalom & Leszaz, 2005). Aristotle declared that human being’s nature is a social animal (Forsyth, 1999). Yalom and Leszcz (2005) also proposed that “without deep, positive, reciprocal interpersonal
bonds, neither individual nor species survival would have been possible (p.19).”
Therefore, belonging in groups is necessary for human survival. However, the explanations of the necessity are varied according to different standpoints. Psychologists tend to explain the phenomenon from each single person’s characteristics, while the sociologists usually see it from the perspectives of interaction among units within the society (Forsyth, 1999).

**Psychological perspectives.**

Psychologist Freud proposed the *replacement hypothesis* in his book *Group Psychology and the Analysis of Ego* in 1922 (Forsyth, 1999). He believed that humans feel satisfied when they sense belongingness that develops from one’s original family. When an individual enters a group, this kind of belongingness would be unconsciously transferred to the group members – the authorized members are seen as parents and the other as siblings. The regaining of security and emotional ties from the group are regarded as a replacement of the original families. Although replacement hypothesis has not been confirmed, in many long-term, emotionally intense groups such as support groups and therapeutic groups, the members often resemble the affection to the leaders and the other group-mates as if they were their family members (Forsyth, 1999).

Consistent with the replacement hypothesis, the *belongingness hypothesis* was proposed by Baumeister and Leary in 1995. They assumed that human’s need of belongingness is as essential as other physical needs such as hunger and thirst. A lack of belongingness can induce the psychological distress feeling of loneliness, both socially
and emotionally. Social loneliness refers to insufficient opportunities for interaction. Emotional loneliness occurs when meaningful, intimate relationships cannot be established. When interpersonal relationships are too few or unsatisfying for a person, the loneliness could be more disturbing than physical deficits because it creates the feelings of sadness, depression, desperation, shame, and self-pity (Baumeister & Leary, 1995). People who are forced to stay in a prolonged lonely, isolated environment will usually experience negative consequences later, including fear, insomnia, memory loss, depression, fatigue, general confusion, and more seriously, hallucinations and delusions. As a result, humans spontaneously seek inclusion and avoid exclusion from their living environment. Participating in groups is one way to avoid exclusion because group membership can promote productive relationships and effectively prevent people from being isolated (Forsyth, 1999).

Another psychological theory that addresses the importance of human connection is attachment theory. Psychologist John Bowlby first brought up the concepts of attachment theory in 1969. According to Bowlby (1969), attachment is a “lasting psychological connectedness between human beings (p.194).” It is essential to develop secure attachment between infants and their primary caregivers because it ensures the chance of survival during infancy. Although emphasis of relating behaviors and realm varies in different cultures, research in this area has found that the influence of different attachment styles has an impact throughout one’s life span (Brown, Rodgers, & Kapadia, 2008). Attachment styles affect one’s emotional regulation, social competence, and willingness to take on challenges. The stability of these factors play a part in
influencing one’s learning ability. Therefore, secure attachment often leads to better academic performance especially for the younger learner. (Bergin & Bergin, 2009).

**Sociological perspectives.**

In 1950, Leon Festinger established the concept of *social comparison*. He suggested that people often look for affirmation through affiliation with others. When comparing one’s viewpoints with others’, people attempt to reassure that they are “correct,” “valid,” or “proper,” especially when they are in misery. Schachter examined Festinger’s viewpoint in 1959. He found that people do not merely love company when they are in misery, but they tend to affiliate with someone who faced a similar situation because that person can provide the most useful information and offer cognitive clarity. Furthermore, other researchers (Buunk & Gibbons, 2007; Forsyth, 2010, Wills, 1991) have found that people who make either upward social comparison – comparing with better conditions – or downward social comparison – comparing with worse conditions – do benefit from the process. Upward social comparison may make people feel incompetent; however it can allow them to learn coping strategies used by others, thus providing hope. In contrast, downward social comparison can increase confidence by being reminded that there are people facing more severe situations. Overall, social comparison can strengthen self-esteem, boost confidence, and help cope with the difficult conditions faced by people (Buunk & Gibbons, 2007; Forsyth, 2010).

Except for social comparison, people in misery also like to join group for *social support*. Human beings have a tendency of joining or forming groups in order to cope
with challenges and stressful events such as divorce, illness, job changing, layoff, or moving (Baumeister & Leary, 1995; Forsyth, 2010; Helbec, Mrzel, & Kogovsek, 2009; Taylor, 2006). These stressful life events often lead to negative health consequences such as depression, insomnia, and various psychological or physical illnesses. However, people in difficult conditions usually do not seek professional mental-health care immediately. Instead, they tend to seek help from family, relatives, neighbors, and friends, as these informal social bonds can serve as buffers against the negative consequences (Helbec et al., 2009; Yeh et al., 2008). Likewise, participating in groups can enable people to obtain supports from peers, but particularly, group creates a guaranteed space for members. The positive interactions among group members can provide emotional, informative, instrumental, spiritual supports and belongingness for the person who is dealing with challenges in real life (Forsyth, 2010; Nelson et al., 2008; Thoits, 1982; Ye, 2006).

Furthermore, research on buffering effect has found that people who are more integrated to group or social network usually experience less stress, recover better from crises, and suffer less from psychological or physical health problems. Therefore, a group served as a buffering role is regarded as a preventative intervention for coping with stress. It is more feasible to increase social support for the people in crisis than to decrease stressors or change their coping skills and personalities (Thoits, 1982). Although groups usually offer more support than oppression for people who are suffering, it is important to recognize that conflicts within a group and responsibilities of being a group member may function as additional stress to its members (Forsyth, 2010; Taylor,
The Foundations of the Nature of Bonding and Social Integration

Humans bond as groups naturally and do not bond randomly. Some types of human bonding are purposeful, for example clubs formed for particular interests, however some have less intent. Social psychologist Theodore Newcomb had found that natural bonding among certain people is not an unpredictable social process in his acquaintance process studies. He indicated that people seem more likely to be attracted by – and associate with – those who are located nearby, have similar attitudes and values, or respond positively to them (Forsyth, 2010).

First, the concept of people who are physically located in close proximity to one another, experience a stronger association called the proximity principle (Forsyth, 2010; Sue & Sue, 2008). Generally speaking, there is a greater chance in meeting frequently with people who are physically near to us. When individuals within a community meet frequently, they will have greater opportunities to interact with each other. Consequently, increased levels of interaction will lead to people identifying themselves as being part of a group. Likewise the increasing familiarity will bring in the sense of group for this crowd; people around will start to treat them as a group. Therefore, shared location creates opportunities for interaction that may result in the formation of groups. Other than neighboring physical location, proximity principle also applies when the interacting opportunities increase among the unrelated individuals. For example, two people who originally are not acquainted may develop friendship through mutual
friends. Furthermore, it is human tendency to generate positive impressions toward stimuli that are encountered repeatedly. This friendship may gradually develop after frequent collective activities (Forsyth, 2010).

Another theory, similarity principle, refers to the idea that people are more likely to be attracted by, and associate with, others who are similar to themselves. This phenomenon can be seen in many kinds of relationships such as marriage, communities, and groups. Similarities can include attitude, values, beliefs, as well as some demographic characteristics including race, ethnicity, sex, and age. Psychologically, associating with others who are similar creates a sense of connectedness which can be a rewarding experience. People are more likely to be attracted by a group where members share similar characteristics (Forsyth, 2010; Napier & Gershenfeld, 2004).

In addition to proximity and similarity principles, convergent theory also explains the collective dynamics of people. According to the theory, individuals with compatible needs, desires, motivation, and emotions have greater group-seeking tendencies. These people usually have higher expectations toward themselves but are unable to achieve success in the current situation. By joining the group, they earnestly take action to make necessary changes. They also believe that personal involvement can make differences. These individuals would feel relieved and contented with appealing to the same types of mind (Forsyth, 2010).

Formation of Groups and Asian Culture
Different theories, principles, and hypothesis of human being's group formation and their nature of bonding were described in the above sections with several specific implications related to Asian's group formation. First, attachment in infancy and early childhood usually refers to children's attachment to their primary caregivers, mostly parents, in the western culture. However, when raising children in Asian families, grandparents and other extended family members are more likely to be involved as compared to western families (Sue & Sue, 2008). Thus, children raised in Asian families usually develop strong attachment to extended family in addition to their parents (Brown et al, 2008).

Secondly, proximity principle explains the social bonding phenomenon among the Asian population living in the United States. Due to the different living styles – for example eating, shopping, leisure activities, and customs such as celebrating holidays – Asian people have greater opportunities to encounter each other in specific places including an Asian restaurant, supermarket, church, or karaoke bar. It is also common for relatively small communities to have mutual acquaintances between unrelated people. Therefore, there are greater chances for Asian communities to build social bonds with each other rather than with people from different cultures. Although there are dissimilarities between varied Asian cultures, the similarities in values, beliefs, and attitudes are still greater when compared with western cultures. For example, in Asian's views of hierarchical relationships, filial piety is a virtue and obedient attitude towards the older generation and authority figures is appreciated. This is considered somewhat different from western cultures' attitude toward obedience (Sue & Sue, 2008).
According to similarity principle, all these similarities in beliefs, values, customs, and behavior patterns in Asian cultures draw strong connections among Asian people.

Along with the theories mentioned in the previous sections, collectivism seemed to be a common factor which uniquely and strongly influences group formation among Asian community. Collectivism refers to the concept in which people emphasize the unity of all people rather than each person’s individuality. This suggests that Asians my view the world, people, and themselves differently from their western counterparts. Many Asian countries are regarded as culturally collectivistic, including China, Hong Kong, Japan, Korea, Singapore, and Taiwan. In these countries, the traditional cultures stress cooperation, placing more emphasis on family ties and mutual help than on one individual’s achievements. For example, some collectivistic behaviors such as depending on family or group are viewed more positively and encouraged over those who are in individualistic cultures. Therefore, people who grow up in collectivistic culture are more likely to be family and group orientated (Sue & Sue, 2008).

The characteristics of collectivism are fundamentally different from the individualistic culture. Collectivists are likely to seek out groups and become more interconnected with their groups than with individualists. These inter-dependents tend to have less one-on-one interactions and more collective activities. When conflicts happen in a group and members need to accommodate with each other, collectivists tend to emphasize harmony of interpersonal relationship in the negotiating process. They would make compromises in order to accommodate the needs of others in the group
while adhering to “correct” values of their families, groups, or societies. Additionally, emotional control is also expected in public. Self-disclosure and self-expression that might interfere with group harmony is often suppressed, especially when one is communicating with another of higher hierarchical positions – for example parents, teachers, or authority of the group (Brown et al., 2008; Forsyth, 2010; Sue & Sue, 2008).

Needs of Asian Music Therapy International or First-Generation Immigrant Students and the Roles of Group

The literature of group formation has suggested that challenges and needs in life can bring about the natural bonding among human beings (Baumeister & Leary, 1995; Bowlby, 1969; Forsyth, 2010; Napier & Gershfenfeld, 2004; Sue & Sue, 2008; Thoits, 1982). In order to understand the meaning of the Asian music therapy group that is the focal point of this thesis study, the challenges that the group members face have to be recognized. Although there are both international and first-generation immigrant Asian students in this group, this section will focus mostly on Asian international students because of the following reasons: 1) the majority – 8 out of 11 members – of the group members are international students and, 2) the first-generation students in this group share many similar experiences as the international students because their situation is a combination of international students and that of Asian American students. That being said, they are not away from their families, but some aspects of their social circle from their home countries are missing. Their social circles in the United States are surrounded by Asians and deeply influenced by Asian practices. 3) Existing literature
rarely defines the first-generation immigrant students’ situations as fitting to the members of this particular group. Therefore, this section will focus on exploring Asian international students’ situation along with related information about students with Asian heritage. Furthermore, the theoretical basis of forming this particular group will be discussed in order to facilitate the understanding of the helpfulness of this group from various perspectives.

**What are the challenges and needs?**

The challenges and needs are discovered in the following areas: (a) the challenges faced by international students, (b) the challenges especially faced by the international students who are with Asian heritage; (c) challenges faced by music therapy students, and (d) the combination of these challenges for an Asian music therapy international student.

**Challenges and international students.** Recent research studies have explored the initial transitional challenges to prolonged issues of ethnic minor international students who study at a college in the United States (Lee & Chang, 2007; McLachlan & Justice, 2009; Paukert et al., 2006; Poyrazli & Grahame, 2007; Shea & Yeh, 2008; Walker et al., 2008; Wiseman, 1997). Findings reveal that international students immediately begin to encounter “culture shock” that comes for a wide range of changes and adjustments in their life upon entering a foreign country. This transition not only brings about changes in academic life, social life, and psychological experiences but also the differences in attitudes, values, behaviors, cognitions, and beliefs, both at the individual
and group levels. (Paukert et al., 2006; Walker et al., 2008). Some changes may be subtle, yet essential for daily living such as weather, food, health care, transportation, documents to legitimize the stay in a foreign country, etc. (McLachlam & Justice, 2009; Poyrazli & Grahame, 2007). These changes can cause discomforts and uncertainties, impacting one’s well-being greatly (Poyrazli & Grahame, 2007).

The process of exposure and adjustment to a new environment and cultures is called acculturation (Kim, 2008; Swamy, 2011), and it is often a challenging process for international students who are of ethnic minorities in the United States. Academically, they may have to use relatively unskilled secondary language for learning, yet the resources and the classroom culture are not as familiar for them, especially in the beginning transitional stage. Socially, they are physically away from their original social circle and obligated to immerse in new cultural norms. This situation can cause a sense of isolation and loneliness. It is difficult to build quality interpersonal relationships, mostly because of language barriers, different interacting styles, and cultural differences. Time management, financial issues, loneliness, lack of social support in addition to the acculturative stress could possibly lead to academic failure, psychological distress, and sociocultural adjustment difficulties (Kim, 2010; McLachlam & Justice, 2009; Paukert et al, 2006; Poyrazli & Grahame, 2007; Walker et al., 2008; Yeh et al., 2008).

Challenges and Asian international students. Among most international students in the United States, students who come from collectivistic culture such as many
Asian countries, may feel more distant from an individualistic culture and have to put in more efforts to adapt accordingly (Poyrazli & Grahame, 2007; Ye, 2006). Comparing with the international students from European countries, the greater cultural differences often cause many Asian international students to experience higher acculturative stress (Kim, 2011). In the classroom, Asian international students are usually quieter and give fewer opinions or ask fewer questions either because there is a lack of English proficiency or a different classroom culture. Hence sometimes their learning experiences and interactions with professors and peers are limited (Cuseo, 1992).

Despite such disadvantaged circumstances, it is not unusual for them to have high expectations for their academic achievements (Poyrazli & Grahame, 2007; Ye, 2006). The expectations may come from family, individual, or the requirements of maintaining a scholarship. In order to achieve academic success, they often invest huge amounts of time on schoolwork, thus reducing time spent on social activities with others and potentially worsening their isolation (Poyrazli & Grahame, 2007). In addition, academic stress may be magnified beyond social and emotional conditions and cause both physical and psychological health issues such as depression (Dao et al., 2007; McLachlam & Justice, 2009; Poyrazli & Grahame, 2007). Moreover, similar to the other non-European students, Asian students may experience discrimination in the school or society that leads to low self-esteem, depression, and other mental health problems (Paukert, Perez, & Walker, 2006). This vicious cycle shows that academic, social, and emotional challenges often interweave to or build on each other for these Asian international students. The more they experience overwhelming adjustment issues in
addition to homesickness, loneliness and isolation, the greater the chance of them developing psychological consequences (Poyrazli & Grahame, 2007; Wiseman, 1997).

Challenges and music therapy program. Music therapy as a profession is considered as a crossover of music and health care fields. Music therapists are involved in therapeutic relationships by using music as a medium or tool with patients. Its nature integrates components of art, music, and science into healthcare. Reflecting upon these characteristics of music therapy, the music therapy curriculums in the United States is designed to include music, therapy, psychology, and general education for developing professionals (AMTA, 2009; Davis, Gfeller, & Thaut, 2008; Kim, 2010). To fulfill the requirements, music therapy students have to devote plenty of time on musical training, academic studying, and clinical work. The process of pursuing music therapy as a profession is time consuming and stressful and human service workers usually experience the issues of physical, emotional and mental exhaustion (Brammer & MacDonald, 2003). In addition to the academic stress, musical training such as live performances can also give students high levels of pressure. The combination of studying the health care profession while developing musicianship makes the challenges for students enrolled in a music therapy program unique (Kim, 2010).

Challenges and Asian music therapy international students. As Asian international students pursue the profession of music therapy in the United States, there are several situations that are especially challenging for them to overcome. Firstly, the language barriers increase the difficulties of heavy academic working loads. It also
affects interpersonal communication, cultural understanding, one’s self-esteem, and may increase racial tensions, especially in clinical works (Poyrazli & Grahame, 2007). Secondly, being an ethnic minority in the music therapy community in the United States often brings about the feeling of being isolated due to the cultural differences and the lacking of sufficient academic, emotional, and social support. The lack of understanding of mainstream cultures and the differences in communication styles often leads to poor communication in many layers of relationship such as the supervisory relationship (Kim, 2010; Swamy, 2011). The obstacles described above, and the other difficulties that are generally faced by international students and music therapy students, depict an overview of the challenges faced by Asian music therapy international students.

**Why they form a group?**

Since studying in the music therapy program is a challenging and stressful experience especially for Asian international students, there is a greater need for them to seek out help. However, students from Asian countries tend to underutilize formal mental health services, prematurely terminate from psychotherapy, and endorse less favorable help-seeking attitudes (McLachlam & Justice, 2009; Shea & Yeh, 2008; Sue & Sue, 2008). The lower rate of help seeking behaviors may be caused by the combination of institutional and sociocultural barriers. Institutional barriers include the lack of culturally knowledgeable staff and services, as well as contradictions between values held by Asian clients and the western model of counseling. Sociocultural barriers are historical and cultural influences on coping with personal problems. Some of the
common issues among Asian communities include high levels of social stigma attached
to seeking psychological treatment for mental health issues, linguistic issues, and limited
knowledge about available services (Poyrazli & Grahame, 2007; Shea & Yeh, 2008; Sue
& Sue, 2008).

Some studies suggest that since these students cannot obtain immediate social
support through the traditional way from their families and friends in their home
countries, it is more helpful for them to gain information and consult with friends who
have experienced similar difficulties on adjustment problems (Carr et al., 2003;
McLachlam & Justice, 2009; Ye, 2006; Yeh at al., 2008). Due to the cultural differences
and possible discrimination, international students in the United States who come from a
collectivistic culture may feel more comfortable forming relationships with other
international groups rather than with the host culture group (Poyrazli & Grahame, 2007).
For the ethnic minority people who had experienced similar stress and difficulties within
the new culture, the in-depth understanding of each other's cultural values and beliefs
make them feel less isolated when encountering co-ethnic populations (Carr et al., 2003;
Wiseman, 1997).

**What purpose does the group serve?**

Many studies have found that groups can serve as a helping modality for
international students. Even momentary groups that create connections in occasional
circumstances are found to be able to comfort emotional loneliness. Groups that have
met over a long period of time have been found to be more effective on easing isolation
by providing belonging, intimacy, and support (Forsyth, 1999). For example, by engaging in extracurricular activities, the international students’ adjustment can be improved, thus resulting in lower levels of acculturative stress. Social support groups were also recommended to help international students deal with cultural stress as well as related academic issues (Carr et al., 2003; Poyrazli & Grahame, 2007; Wiseman, 1997). According to Ye (2006), a social support group can provide participants with both informational and social support.

Besides social support, educational orientated groups can also provide informative academic resources. For example, a collective learning group is a small-group learning model that can promote students’ positive interdependence, individual accountability, appropriate grouping, student-student interaction, and attention to social skills. This is especially important because student-student interaction has a strong influence on one’s leadership development, overall academic achievement and self-reported growth in problem-solving skills, critical thinking skills, and cultural awareness. This learning model effectively increases students’ involvement in their educational process. Students devote more time and energy on the group works. They also contribute to each other’s learning while taking responsibility of their own learning process. In order to accomplish tasks, the students participate and listen actively while also respecting group members’ opinions in the process (Astin, 2009; Cooper, 2009).

Cooperative learning groups also show strong evidence of improving students’ learning for some specific populations such as the commuters, females, and international
students (Cuseo, 2009). The commuter students tend to be less involved in co-curricular activities and more likely to perceive college as unfriendly. Cooperative learning allows commuters to become actively involved in school activities while bonding with their peers. For female students, their preferred learning experiences are participatory and collaborative which fulfill the requirements of cooperative learning approach. International students can also benefit from cooperative learning group. Asian students, for example, are usually ESL – English as a Secondary Language – students and experience many limitations in large classes. The small group is intimate and less threatening which provides more opportunities for Asian students to share and speak up, thus allowing them to practice their English-speaking skills more comfortably (Cuseo, 2009).

In the field of music therapy, self-help peer groups can serve the functions of social support, education, and peer supervision. In a peer group, each member plays multiple roles such as supporter, supervisor, and supervisee at the same time; the group as a whole is a teacher for everyone. The group process provides opportunities for group music making, emotional release, and musical self-expression. It also provides music therapy trainees with opportunities to reflect upon their previous group experiences as well as their “here and now” experience. The communication in the group is being noticed verbally and non-verbally, and the reflections are fed back to the group. For each individual, the boundaries are reviewed and the personal experiences are extended through the group process. Most importantly, the trusting, connected, and confidential setting of peer group allows members to discuss their responses and share their personal
issues safely and comfortably (Austin & Dvorkin, 2001; Streeter, 2002).

**Statement of Purpose**

Recent literature has addressed the challenges and high levels of acculturative stress experienced by international music therapy students (Kim, 2011; Swamy, 2011). The literature also indicates that international or new immigrant college students with Asian heritage experience particularly high levels of acculturative stress, in turn often leading to greater-than-usual risks of developing certain psychological conditions such as anxiety, depression, low self-esteem, eating disorders, and suicidal ideation (Greenland & Brown, 2005; Kim, 2010; Walker et al., 2008). Although the literature includes some general suggestions on how to provide assistance for them, an investigation on the benefits of a culturally congenial, self-regulated peer group for this demographic remains unexplored. Therefore, the main purpose of this qualitative research study is to gain insights into the helpfulness of a spontaneously formed, self-regulated Asian peer group in music therapy program at Montclair State University. The research questions specifically addressed are as follows:

- What are the challenges "the group members" have experienced in academic, clinical, and personal domains, and

- How can the group members benefit in their academic, clinical, and personal domains, from having joined the group?
Method

Design

I employed a study design that combined elements of narrative inquiry and arts-based research (Austin & Forinash, 2005; Daykin, 2009; Kenny, 2005; Harvey, 2000; Leavy, 2009; Lieblich et al., 1998). In narrative inquiry, narrative components such as interview transcripts, field notes, and logs are used to tell a story from the participant’s perspectives. It allows the personal stories to be understood within a broader cultural context. (Poyrazli & Grahame, 2007). Narrative research can be used for comparison among groups. Disciplines such as literature, history, psychology, and anthropology often apply this approach for comparing different groups, studying social phenomenon or historical periods, and exploring personalities (Daykin, 2009; Lieblich et al., 1998). I have decided to employ narrative inquiry in this research because the main purpose of this study was to understand different experiences and perspectives about how the group helps its members overcome the challenges of studying in the music therapy program in the United States. Using narrative research enables readers to understand participants’ stories, as they unfold in context and in time (Nelson et al., 2008).

I have also employed arts-based inquiry in this research study. In arts-based research, art components are essential in every stage of the research (Austin & Forinash, 2005). According to Harvey (2000), artistic inquiry should include artistic components in gathering, analyzing, and presenting data. The creativity and aesthetic values are acknowledged through the process. Music as an arts-based modality has proven that it
can bring in new features and aspects to the research (Daykin, 2009). When utilizing interviews for the knowledge-building process, hearing is essential. Music enables communication by articulating the dimensions that are hard to capture by other textual or visual forms. It involves rhythm, dynamics, pattern, timbre, melody, polyphony, harmony, as well as tone, pace, inflection, and texture (Bresler, 2005; Leavy, 2009). At the same time, music leaves space for creativity and establishes ownership in participants' expressions (Daykin, 2009). Arts-based research was used in this research study for the following reasons. First, the nature of the group’s affiliation was based upon shared identities as music therapy students, and as musicians. Music as an arts-based modality can play an important part in helping members of the group convey their experiences. Second, arts-based communication allows non-verbal expression of experiences and feelings that may not translate into or across languages. This was particularly important because group participants shared a common characteristic of speaking a primary language other than English. Music, as a transitional modality, can provide expressive freedom for participants beyond words.

As in the case of many qualitative studies, I have employed some of the aspects of emergent design. Emergent design is a method in which the process is not predetermined and may evolve as the study progresses. Revision was made depending on context and findings of significant response for the research questions (Suter, 2012).

Participants

Recruitment process.
Following approval for the study from the IRB (Appendix A) at Montclair State University, I selected four prospective participants through purposive and convenience sampling from the total eleven members of the Asian peer group. I decided to include myself, the principal investigator, as one of the participants. The theoretical foundation for researcher studies self and participants in first-person research methods had been described in the literature of heuristic research by Clark Moustakas (1990). The emphasis of this type of research is “on the investigator’s internal frame of reference, self-searching, intuition, and indwelling lies at the heart of heuristic inquiry (Moustakas, 2003, p. 12)” In the music therapy profession, Bruscia had also adapted Moustakas approach to analyze the classical musical program for Guided Imagery and Music in 1999 (Bruscia, 2005).

My decision of including myself as a participant in this research study was based on the following reasons. Firstly, it was for instructional purposes. In order to conduct a better interview, I needed to learn the interview process from the point of view of participant, so I could understand what the experience was like for the other participants. My interview could therefore be regarded as part of the educational exercise. The second key reason to include myself was because I represented an important perspective in answering my research questions. It was reflexivity that guided the process of this study. I was actively involved in the relationships among the people I studied. Therefore, including myself as a participant provides the reader with insights into how I understood others, further adding credibility to the study. My perspectives offer useful and meaningful information and were part of the reasons that had driven my research
questions.

Other than myself, I selected three other prospective participants purposively according to the principles of maximum variation sampling for the most diverse, information-rich case material (Patton, 2002). The relevant characteristics for selection according to diversity were national heritage, age, gender, years in the United States, years in music therapy program, academic types – graduate or undergraduate – and years in the group (Kim, 2010).

After selection, I planned individual meetings with the prospective participants during which I explained the specific aims of this study, reviewed the possible risks and benefits, and discussed their concerns. I also informed them that if they chose to participate in the study, they were agreeing to the following criteria:

(a) Participate in an hour-long, in-depth live interview where they would be invited to share their personal information about their cultural and educational backgrounds; challenges of studying in the music therapy program in academic, clinical and personal domains; and their experiences of how the group addressed those challenges.

(b) Make music to represent their thoughts and feelings based upon the contents of the interview.

(c) Agree to the audio-recording of all sessions. The recorded data would be transcribed and analyzed by the primary investigator accordingly.
(d) Attend a maximum of two follow-up meetings via phone or other media in order to confirm the accuracy of the organized data.

After explaining the details above, I provided consent forms (Appendix B) which also included other important information for participants to take home in order to be reviewed to signing.

Two out of the three prospective participants agreed to participate. Considering the amount of data collected, I decided to stop recruiting new participants. Consent forms were collected from the participants individually and the study contained a total of three participants (N=3); two of the group members and myself.

**Demographic information of the participants.**

The demographic information of all three participants was organized in the following table, including national heritage, immigration status, age, gender, years in the United States, years in music therapy program, stage of clinical training, academic types—graduate or undergraduate—and years in the group. With the exception of myself, pseudonyms were used for protecting the other two participants' identity.

Three different national heritages and two types of immigration status were included. The first-generation immigrant here refers to Mark's foreign-born status, and he had received education in foreign countries for about half of the time. The range of age was between twenty one and thirty one. Both females and males were involved. The length of staying in the United States is varied from less than one year to ten years.
The length of studying in the music therapy program ranged from less than one year to five years which also reflected on the stage of clinical training. Academic types included undergraduate and graduate students.

Table 1. Demographic information of Participants

<table>
<thead>
<tr>
<th></th>
<th>Yi-Ying</th>
<th>Mark</th>
<th>Vivian</th>
</tr>
</thead>
<tbody>
<tr>
<td>National heritage</td>
<td>Taiwan</td>
<td>Japan</td>
<td>China</td>
</tr>
<tr>
<td>Immigration status</td>
<td>International student</td>
<td>1st generation immigrant</td>
<td>International student</td>
</tr>
<tr>
<td>Age</td>
<td>31</td>
<td>21</td>
<td>24</td>
</tr>
<tr>
<td>Gender</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Years in the United States</td>
<td>5</td>
<td>10 (in total)</td>
<td>6 months</td>
</tr>
<tr>
<td>Years in the MT program</td>
<td>5th</td>
<td>3rd</td>
<td>1st</td>
</tr>
<tr>
<td>Stage of clinical training</td>
<td>Post-internship, MT-BC</td>
<td>2nd practicum</td>
<td>1st practicum</td>
</tr>
<tr>
<td>Academic type</td>
<td>graduate</td>
<td>undergraduate</td>
<td>graduate</td>
</tr>
<tr>
<td>Years in the group</td>
<td>1st &amp; 2nd</td>
<td>1st &amp; 2nd</td>
<td>2nd</td>
</tr>
</tbody>
</table>

Materials

In order to ensure privacy and provide musical instruments for collecting music data, the interview was conducted in the room 245 of Chapin Hall at Montclair State University. Both melodic and percussive instruments were prepared. The melodic instruments included an upright piano, acoustic guitars, ukuleles, and xylophones. Percussive instruments involved various types of drums, cymbals, chimes, maracas, tambourines, cow bells, and other small percussive instruments. Participants were informed beforehand to bring any instruments that they might want to use for improvisation.
I used a Tascam DR-07 MKII linear PAM digital recorder in order to audio-record each interview, which was recorded as one complete file. I then used Windows Movie Maker to intercept the music sections in the interview. After the three participants' music sections were captured, I transferred all the music components to a CD-ROM.

Data Collection

After participants signed the consent form, I scheduled an in-depth individual interview that lasted approximately 60 minutes. The interview took place in Room #245 of Chapin Hall in the John J. Cali School of Music at Montclair State University. The space was suitable for small group meetings and offered privacy. For educational purposes, my thesis sponsor first conducted my interview following the step-by-step description of the protocol described in IRB, so that I had firsthand experience of being a participant. Furthermore, the interviewing experience provided me with the perceptions of undertaking the role as a researcher. I then proceeded to conduct the two interviews with the remaining participants following the same protocol.

Interview process.

Before officially starting the interview, I orientated the participant to the environment, the materials, the duration of interview, and the interview process. I reminded the participant about all of her/his rights as a participant, reviewing what was articulated on the consent form. The interview process included two components,
verbal and musical.

**Collection of verbal data.** I began each interview by inviting participants to answer several questions about their personal backgrounds, including biographical information, such as national heritage, age, years in the United States, years of study in the music therapy program, academic type, and years in the group; reasons for studying in an American music therapy program; and motivations for joining and/or remaining in the group. By answering factual questions, the participants obtained familiarity and comfort with the conversational pattern of the interview.

After gathering the participant’s background information, I then asked questions about the challenges of studying in the music therapy program as well as ways in which the group experience was helpful. The questions were divided into three major domains: (a) the academic to include information related to being a student, (b) the clinical to include information related to being a clinical field work trainee or clinical intern, and (c) the personal to include information related to being a person, generally, including emotional, social, and other areas. With each question, I encouraged the participants to include specific examples and events that might help illustrate their experiences.

Sometimes the participants were clear about the challenges that they experienced, and had examples to illustrate the helps from the group. Occasionally, their ideas needed further clarification. My role as a researcher was to assist the participant to describe their stories clearly while being non-judgmental, respectful, and sensitive to his or her feelings and descriptions. I sometimes asked for clarification of the participants’
statements, or expanded upon an idea that was described by asking "Is there anything more you want to address on the point?" or "Do you have an example to explain what you said about...?" I sometimes would redirect participants back to their initial descriptions in order to help recount any further details about the experience. The process of clarification and gentle probing was designed to help participants tell their stories within context.

Upon the conclusion of the interview and after the musical data had been collected, I asked the participant if there was anything else he or she wished to share verbally or musically before ending the interview. I also provided an opportunity for the participant to express any questions or concerns about the interview process that had just taken place.

**Collection of musical data.** After the participant answered each question from the three major domains — academic, clinical, and personal — I invited the participant to express extemporaneously in music. The participants spontaneously chose the combination of instruments or voice, with any kind of musical forms in any style that represents or reflects their thoughts and feelings of challenging conditions and group experiences. The music could be with or without lyrics. The improvisation could also be evolved from a pre-composed song. The participants were free to comment on any aspects of the music making.

**Interview recording and transcribing process.** After each interview was completed, I listened to the recording and transcribed verbatim the verbal sections into
Word document, modifying the contents to help disguise the participant’s identity by using pseudonyms and removing the names of indicated facilities or individuals in the interview. Each de-identified interview transcription was about 9-12 single spaced pages (Appendix D). Based on the de-identified transcription, I culled out the comments from the interviewer and sent the documents to the participants to examine the accuracy of their stories. The maximum of two follow-up meetings were scheduled to make sure the participants agreed with the representation of their information and the results. Each follow-up meeting was approximately 30 minutes in length.

For the music components, as described in the material section, I used Windows Movie Maker to intercept the music sections from the interview recording, transferring all the music components to a CD-ROM. Next, I listened to the music according to each identified issues; refer to the data analysis section below for the process of identifying primary issues. The music was seen as a form of expression for each single issue in this research study. I then described the sounds of music issue-by-issue through metaphor forms and musical languages in order to identify connections between the music and the issues.

Data Analysis

Generally, data analysis will focus on looking for themes in words and music. For some of the analyzing process, I referred to the grounded theory and arts-based research method which includes coding, saturation, and presentation of the results (Amir, 2005; Austin & Forinash, 2005). For other steps, I held a debriefing session with my
thesis sponsor and customized the specific steps in order to inquire the answers for my research questions. Following the de-identifying interview transcriptions of each participant, I employed the same sequence of data analysis for each participant as follows:

Analysis of verbal data.

1. **Divide**: I reviewed the de-identified transcriptions and divided the materials into four parts according to the interview structure – Background labeled as B, Academic domain labeled as A, Clinical domain labeled as C, and Personal domain labeled as P. This division was to help obtain better focus on answering the research question, what are the challenges and how does the group help in academic, clinical, and personal domain?

2. **Group, label, and comments**: According to the context in a conversational form, I grouped the sentences that seemed to present one idea together by adding a new comment to these sentences. I labeled each group with a code. The coding system was based upon the division presented in #1 of the analysis of verbal data. Each group is labeled with a letter followed with a digital number to show the sequence in the original transcription. For example, the first group of sentences in academic domain was labeled A1; the next group of sentences would be A2, and so on. Then, I added description of the main idea about each group in the comment columns.
3. **Cull:** I saved the step of culling after the step of systematic grouping to ensure that the participants' ideas were not culled out only by my subjective judgment. I reviewed each group of sentences, and culled out interviewer's comments and the modal particles such as “yeah” “like” or “hmmm.”

4. **Transformation to meaning units:** To establish meaning units, I transformed each culled group of dialogue to a non-conversational descriptive paragraph. Some words were added to meaning units in order to make the individual unit easier to understand. The parentheses were added to the filling words in order to distinguish from the participants' original words. However, most of the grammatical errors were left uncorrected in order to present the contents of interview as authentic as possible, unless it would seriously impact the understanding of the sentence. The length of meaning units for each participant was about 5-7 single-spaced pages. The quantity of meaning units for each participant varied from 28 to 44.

5. **First member checking:** After finishing the previous steps, I sent a copy of the participants' culled meaning units to their school e-mails. I then followed-up to confirm the accuracy of the contents by meeting with the participants individually.

6. **Identify issues:** Using culled meaning units as database, I defined the issues or rather the emerged challenges or needs that were classified as academic,
clinical, and personal domains.

7. **Framing:** After listing all issues, I then discovered the related meaning units from the data, displaying the code and full contents underneath the identified issue. Next, I listed the corresponding solutions — helps from the group — and related background contexts. It is important to note that one meaning unit may contain more than one issue, and the solutions or contexts may not exist for some issues. I added commentary in order to help identify the connections between challenges, solutions, and context by explaining the situation or adding personal point of view as investigator. The code for commentary is followed with the issue number. Different points are labeled separately. For example, if there are three comments for issue one; they are labeled as I.1, I.2, and I.3.

8. **Organize summary table:** I made a summary table that only contained identified issues and the codes of meaning units. This table helped to present the identified issues clearly. Next, I discussed the identified issues thoroughly with my thesis sponsor to make sure they were clear, distinctive and presented with the same level of issues. After which, I re-organized the meaning units for each issue.

9. **Peer debriefing and examine the identified issues (Saturation):** In order to examine the saturation of data and defined issues, I printed and cut out each meaningful unit on small pieces of paper. I would then randomly pick
one piece of paper and consider if there were still issues emerged from the meaning units. I repeated the same step for each participant until there were no new issues emerging out of the data.

10. **Re-organize framing and summary table**: Next I re-organized the framing and summary table according to the result of step 9.

11. **Reconstruct narrative and second member checking**: Then I reconstructed the meaning units to the form of prose before presenting the data in the results section. I re-organized the sequence of meaning units in order to put the similar contents together and did minimal editing to help the sentences and paragraph fluency. The completed reconstructed narrative was sent to the participants through e-mail for a second member checking. All contents were confirmed and no changes were made by the participants.

**Analysis of musical data.**

After identifying the issues from the verbal data, I started to pair these issues with music in ways that conveyed feelings and meanings beyond the verbal content. I chose not to reduce the music to verbal terms right away because it was important for the analysis to remain music-centered rather than focusing on a verbal-to-verbal comparison. I analyzed the music issue by issue. In other words, for every participant, each domain contained more than one issue, but there was only one piece of music presented for one domain. Therefore, I listened to the piece of music from various angles and described
multiple times according to different issues.

When analyzing the musical data, I started reading through the meaning units that linked to the issue. Next, I listened to the music carefully and found the relevance between the music piece and the issue. The music was listened to as a whole expression of participants rather than segments of notes. I described the musical piece in a way that enabled me to connect to the issue directly by describing its characteristic, quality, and sensation. For this step I used metaphors to interpret, and musical terms to describe the musical data. Key selections of the music were highlighted via conventional musical notation. Each description of music was labeled by the domain and the number of issue. For example, music analysis for first issue in academic domain is labeled as AI, and second issue as AII, and so on.

I chose not use member checking for examining the result of musical data because the main point of member checking helps the participants ensure that what they meant to share has been understood by the researcher. In this case, member checking did not extend to verify the legitimacy of my creative interpretation of the data. Therefore, I chose to examine the result of analysis by debriefing with the thesis sponsor for triangulating peer process.

**Ethical Considerations**

The protocol of the present research study had been reviewed and approved by the Montclair State University Institutional Review Board (Appendix A). I took great
care of all the collected data – audio-recordings and transcriptions – by keeping them in a locked storage, and ensuring that all the data were kept strictly confidential. All the results were communicated anonymously. Although the research was conducted in the small community and the participants could be identified, I made efforts to edit the personal backgrounds offered by participants in ways that might help protect them from being identified. Names of the other individuals and facilities, and the group events mentioned in the interview were removed or disguised in transcription. Moments of music were presented as part of the research findings, but in a way that would not identify the participants. In addition, participants will not be linked to any presentations, and their identities will not be revealed in any publication of the study and its results.

Furthermore, the participants might benefit from this study by gaining insights of personal growth while studying in the music therapy program. They might also be able to gain insights about how the peer group experience had been helpful for them, academically, clinically, and personally. They might also become more aware of the resources that can help them utilize the group more actively.

Results

The results consist of outcomes from analyzed data as described in the method section – refer to data analysis for an explanation of coding system. Results from the participants are displayed individually under each name. The outcomes are ordered as follows: the participants’ statements are presented first, and then the different layers of analysis are illustrated consecutively.
1. **Reconstructed narrative with labeled code of meaning units**

2. **Table of framing summary:** the summary tables include identified issues and the code numbers of following components – (a) challenges, (b) solutions, (c) context related to the issue, (d) music analysis, and (e) commentary. Among them the resource of database for challenges, solutions, context related to the issue, and the subjective description of music are from the culled meaning units as presented in the reconstructed narrative. The principal investigator’s music analysis and commentary are listed below the summary table.

3. **Descriptive analysis of musical data and excerpts of music notation.**

4. **Commentary**

Yi-Ying

**Reconstructed narrative.**

*B1* I’m from Taiwan, and I got all my education from kindergarten to college in Taiwan. (I lived there continually for) 26 years, before I came to the U.S. It was 5 years ago. (Now, I am) 31 years old.  

*B4* I studied counseling and elementary education in Taiwan. I did both practicum and students teaching. I mean I tried both, but I always want to be a therapist more than a teacher, so after my one-year student teaching in Taiwan, I thought of what should I do for future.  

*B5* It’s weird that we start to think of that (what to do for future) after graduation. Usually when people get into the teaching college, they expect you to be a teacher. But by the time I graduated, the position was really hard to get into. So I don’t want to struggle with all these... looking for positions, to demonstrate to everyone. I thought it was too tiresome and I don’t have ambition on that, too.  

*B6* So I start to think “what should I do?” Then,
my mom just reminded me that “You always love music, you studied music for such a long time. What about combine your profession and your habits?” I’ve studied play therapy and art therapy before, but I just didn’t take music therapy class before. I didn’t think of that. But when she brought up this idea, I just felt, “right, that’s it!”

[B7] But one thing is that, in Taiwan, there is no music therapy graduate program at all. There was an undergraduate program, but not for now. They’re already gone -- maybe not enough professor, not enough money, and students. [B8] Then I started to look for all the information, and then I found there is a professor in my alma school. She studied music therapy in Immaculata University, but she switch to special education for doctoral degree, so now she is the professor in special education. I talked to her and I had been her adjunct research assistant for two years. Then I applied for this school. [B2] I’m here for graduate program. I applied for graduate program directly. So when I came here I’m already a graduate student. I just finish internship last year. (I did my internship in) a large general hospital (disguised) in New York City. When I was there, there was not anyone from Taiwan, but the year before, there is another Taiwanese. But I’ve never met her. [B9] (As I described about my education background), I did not start from nothing. I’ve been doing some counseling training as student, but the music part is new. (I had) run groups, and do individual (sessions), but it’s more like practicum. I had more experience in play therapy because we did a special training in play therapy for 18 sessions, individual session.

[B3] This is my second year (in the Asian group). I’m one of the founders of this group, so definitely I was there since the first year. But I didn’t drop out or anything. (We meet) every week, maybe 90 minutes. No meeting during the break, summer or winter. [B10] It (the Asian group) started because we (my friends and I) wanted to practice guitar and piano skills in a clinical way. So it’s not like practice a classical piece -- non-stop, no mistakes. We want to use it, and we want to think in the way of how to use it in our clinical setting with different populations. In the class, there is always time limit, and lots of Asian students -- maybe not me, because I am very outgoing, but lots of Asian students are afraid of showing themselves in front of the class. So when my friend thought of that, I thought that’s a really good idea to get extra opportunities to practices all these things. Maybe it’s like rehearse the session in our mind or in our songs, and then we can build up more tools for us to use. We know that even though in the session it’s not going to happen like how you rehearse it. But we thought it’s helpful for us to feel prepared. I think it’s better to do it regularly. We found several friends to do it together, so we can get more feedbacks. [B11]
thought maybe they (the other group members) are thinking that I am (helping others)......because other people in the group for the first year are either younger, or they are in the different academic level. I was doing internship by that time, others are just doing practicum, so they thought that maybe I am more experiential. But I also thought I am not that well prepared, either. I think we can benefit each other.

[A1] (When thinking of challenges in academic), the very first thing and the biggest thing that jump into my mind is language. Since I have been here, it’s always there, it’s never gone, and I think if I want to stay longer, it’s going to be there for a longer while. [A2] Not saying that I am not adjusting myself, but maybe because of my expectation (was high). When I was in Taiwan, language is my strength. I am outgoing, I like to talk. I’ve been talking in the class in Taiwan. It’s unusual (laugh), but I did. I have no problem with academic writing. I read very fast in Mandarin.

[A3] When I came here, everything just changed. I cannot understand what people said, I don’t understand lecture...to be honest. In your (the thesis sponsor) first lecture, I forgot what’s that class, but I took very first class with you, I cannot get what you said. I don’t understand people, I mean classmates. What are they talking about? It’s even more difficult than lecture. ‘Cause lecture, even I cannot catch hundred percent, but maybe fifty percent, I can follow the power point, if there is not, then text book. We know what the topic for this class is, but classmates’ discussion can go everywhere.

[A4] Then practicum class, the different generations...I didn’t live in that generation, I didn’t live here, so I didn’t know about them. We learned American history from our history book, but it’s a totally different story. I don’t understand their joke; I don’t understand their humor, I don’t understand anything. It’s really stressful situation. [A5] Everything I have to observe, use my eyes, use my...intuition, and just follow whatever people do. I tried not to make stupid mistakes. I mean make people laugh...or sometimes I did... and it makes me feel like I am a fool. It’s very challenging. [A6] All the assigned study, I could not finish. All assigned papers, I couldn’t finish them by the due date. What else? You know, all these. It’s very stressful and frustrated.

[A7] In addition, I didn’t know that I am a perfectionist until I came here. Because of the atmosphere in Asian countries, we tend to have high expectation on academic achievement. So I didn’t notice my personal perfectionist inside of me until I came here. My writing professor just told me that because she saw me write so slowly. That doesn’t mean I cannot bring up good ideas, but (I was) just so slow. So she asked
me, “Are you perfectionist?” Later on, many people told me the same thing so I recognized it. I want to be perfect, but I couldn’t. The expectation and my real performance, there’s a huge gap there. So that’s the academic challenge, mostly from language.

[A8] It (the group) gave me one more place to practice language, in a more comfortable, more relaxed setting. [A9] One thing I felt is really helpful is to know what people in the group are learning. For example, they were taking method and material class, they brought their questions and what they wanted to practice in to the group, and I practice with them again. So I kind of re-learn all these things that I felt I didn’t learn very well. That’s one thing. I’m not sure if that’s the term – metacognition. I thought the group sort of gives me the chance to do all these after-learning. To think of my own learning experience, and also re-organize all these information in my mind. They remind me all these academic learning that I have been through. [A10] That’s less stress circumstance for me to speak in English and to express myself, definitely. (The greater academic success) had not been proven, (but) if not judge by the grade, yeah. Cause when I was in the group, there is no lecture class I was taking except for abnormal psychology, so I cannot tell from grades that this really helps me. But I feel like I re-learn all these things.

[Yi-Ying improvised on a piano] (CD track 1)

[A11] (In the music, I tried to represent that I) was overwhelming by all the not-understanding. So it’s sometimes here, sometimes there, you can hear everything, but you cannot catch it, so it’s very blur and eventually goes down. (It’s) very heavy inside of my mind. [A12] Sometimes someone said something and the other one can sympathy that in very deep level. We can take our time communicate, even though not very efficiently but it doesn’t matter. So it’s kind of the feeling of harmony inside of the group.

[C1] (Clinically), the first academic year and my internship are the two most challenging experiences for my clinical training. The first year is definitely still because of language, but the language can overlap with culture. I don’t understand joke, that’s one thing, so everyone is laughing in the group. I know they are not trying to exclude me, but I just felt so isolated, because I just don’t get it. (It happened) in the client group, and of course with supervisor and partners. They are all laughing, only me. I was fake laughing, but I don’t know why I’m laughing. [C5] The first semester we also
have to write something like patients’...we have to review their charts, I don’t understand those medical terms. Even though they are not medical terms, there are too many words that I don’t understand. So it’s like everything. I felt like I was in the mist for the whole semester or whole academic year.

[C2] When I have to lead the group, wow, it’s so frustrated. I can’t do whatever was in my mind. Even though I practiced three or four more times than my partner, I could not do whatever she did. It’s just in my mind in Mandarin; I don’t know how to translate it. I don’t know what’s the appropriate language to say. I don’t understand what they (the clients) are saying. Especially in the beginning of the second semester, it was very overwhelming. [C3] (That year of practicum, I worked with) geriatric population in a specialized hospital (disguised). It’s not a super big group. The group I led was about six people. Sometimes more, sometimes fewer, but it’s not extreme size. My supervisor was very nice, really patient, and gave me lots of support, and my patients are very patient, too (laugh). They are very nice to me. But still, that kind of isolated and loneliness inside cannot replace by anything. They sometimes said, “Oh, your smile is so beautiful” and that’s really encouraging. So, I have to say, everything except for me losing confidence is very positive. But just that part, it’s like a huge, core, central issue.

[C4] Then I sort of overcome that situation. Every time when I don’t know how to say, I practice or rehearse at home in my mind. I tried to think if the next time I meet this situation, what should I say? So, it’s getting better. By the end of that semester, it was getting better and better, but in the beginning, it’s really, really frustrated. [C6] Then I started to see a little more lights here and there, but still I don’t know where or when I can overcome all these challenges. [C7] Second year I did my practicum in a pediatric center with children population. This time it was only me with supervisor, and I think I know how to ask questions better than first year. So I just ask whenever I got a chance. That helps me a lot, too. My supervisors were also very patient. They knew I’m from different country and they knew that I want to learn, so they told me as much details as they can, and that really helps. Year by year, I felt I am getting better on my own and with my peer and supervisors.

[C8] Internship, it’s totally a new thing. I didn’t even expect it’s going to be so hard because I have been overloading my credits every semester, and I was always busy and doing thousands of things at once. So I didn’t expect the pressure from internship is totally different. It’s continuous every day. They treat me as a co-worker, but I didn’t expect myself as a co-worker. I expect myself as a student. The expectation
is different in the beginning. I have to adjust myself very fast because it’s also a very fast pace working place. So, there was a few month I felt miserable. Every day I was thinking when is this going to be end?

[C9] Different challenges come from marketing myself. It’s not always about what you do, it’s also about how you can present what you did, and how well you can present. I felt it was my weakness compare to other interns, and compare to my supervisor, of course. So I felt I was incompetence. I felt inadequate. I don’t know which word is better described. I felt I was isolated again. [C10] Actually that year when I did my internship there, our peers are really harmony, good dynamics between interns and the supervisors. But still, I felt I couldn’t show whatever I have, or I felt I don’t know how to sell myself and I don’t want to. Maybe this is an Asian thing. We don’t talk so much about ourselves.

[C11] (The other challenge was) the hierarchical relationship with the supervisor, in that specific setting, we have to put ourselves in the same level with our supervisors, but it’s really hard for me to get into that step, especially when I co-work, or co-lead session with my supervisor. It supposed to be horizontal, but I felt I was in the lower level. But they expect us to be in the same level.

[C12] At the time, I didn’t take that much lecture classes, and I didn’t in touch with the old acquaintances. So I think, in that period of time, it (the significance) is really the social support from that group. I made friends in this group. I meet them regularly. They are grounding of me. I know that every week I’m going to see these people who can bring me safety. [C13] I can talk about my struggles and my issues even though they probably cannot resolve it. So it’s kind of giving me a way...except for my own supervision time...another time that I can just free express. I talked a lot about my issues but didn’t really get an answer, but it certainly just made me feel better.

[C14] (Compare to supervision), It (the group) is more like a friend group. It’s like talking about your issues with your friends. Sometimes when you talk to your friends, you don’t expect to get an answer, and you can complain in very inappropriate language (laugh), and there is no direction that you have to follow. You don’t have to concern, and yet, because this is a group, it’s guarantee. I mean the time and space are guarantee. That made me feel safe, and I can express totally free.

[Yi-Ying improvised on a bongo and a djembe] (CD track 2)
[C15] (To present the situation in the music), this is me (smaller part of the bongo), this is my supervisor (bigger part of the bongo), and this is the group (Djembe). That’s how I felt about myself in that setting, especially in the first few months. I tried to keep my pace, like this (play the steady beat), but sometimes supervisors just accidentally add something into this regular pace. Sometimes it’s really disturbing, sometimes it’s really stressful. [C16] I tried to relax myself or express myself freely in the group every week. This week I felt this and that, and I go to group. Second week I probably felt the same thing. It’s like a pattern. But the last time I played on the bongo, I raised the volume of me. That means I felt inside of me was growing, so I’m more competence to the same level as my supervisors.

[P1] (Finally, talking about the personal helps from the group), it’s kind of guarantee of belongingness, belong to a group, which was lack in my life in the US, because I left my family and my friends in Taiwan, so it’s very important to know that you belong to something, belong to some group, a team. [P2] We can share our common feelings, like an in-depth understanding. Because our culture is closer, so we can understand “why does she think that way?” If I talk to other people, they probably will think “you think too much! It’s just simple, and (you should) just go ahead.” So that empathy from group is really helpful.

[P3] Besides, I felt making music together and keep myself in touch with social communities (are important). Especially when I’m not taking regular lecture class, this group still connected me to the society. Because of the friendship that we made in this group, it made me know my friends deeper, and we bonds to each other in deeper level. [P5] Because we are getting closer, we spend some leisure time together, too. We went to gym together, we went out for restaurant or shopping together. It’s some extra benefits. The social bonding is really, really helpful, and really important. [P4] I really appreciate that friendship. I think lots of international students don’t know if they’re going to stay here permanently. So when we’re making friends, we are thinking of “when we go back, how can we continue this friendship?” But I felt in this group, we really bond in the way that we can continue our friendship. It’s really something valuable for me. When we’re thinking of future, there are a lot of uncertainty, but this part, friendship, we know it’s going to last longer than just in the U.S. It’s another guarantee...I felt like.

[Yi-Ying improvised on an electronic piano] (CD track 3)
Framing Summary.

Table 2: Yi-Ying’s Framing Summary

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<tr>
<th>Primary Issues</th>
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<tr>
<td>Emerged Challenges or needs</td>
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<tr>
<td>(a) challenge(s) or need(s)</td>
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<td>(b) Solution(s) Helps from the group</td>
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<tr>
<td>(c) Context Relate to background</td>
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<td>(d) Music</td>
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<tr>
<td>(d1) Subject Description</td>
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<td>(d2) PI’s analysis</td>
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<td>(e) Commentary</td>
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### Academic Domain

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<tr>
<th>I.</th>
<th>Pervasive language barriers in academics</th>
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<td>A1, A2, A3, A4, A6, A11</td>
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<td>A8, A9, A10</td>
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<td>AI</td>
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<td>I.1, I.2, I.3</td>
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<th>II.</th>
<th>Adjusting to different academic cultures</th>
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<td>A2, A3, A4, A5</td>
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<td>AII</td>
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<th>III.</th>
<th>Discrepancy in self-expectation and actual performance in academics</th>
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<td>AIII</td>
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<td>III.1, III.2</td>
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### Clinical Domain

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<tr>
<th>IV.</th>
<th>Pervasive language barriers in clinical work</th>
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<td>C1, C2, C5</td>
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<th>V.</th>
<th>Feeling isolated in clinical work</th>
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<td>C12, C13, C14</td>
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<th>VI.</th>
<th>Losing control of overwhelming new things in clinical work</th>
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<th>VII.</th>
<th>Culturally based needs to spend additional preparation time</th>
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<td>CVIII</td>
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Analysis of musical data.

**Issue I: Pervasive language barriers in academics. (CD track 1)**

**AI:** In the beginning, the music seemed to sound like an attempt on listening to the conversation and communicating to others. However, the communication does not sound ordered. There was no clear pulse or key in the first half of the music, the tempo was off and the meter was not clear. Many notes were played at once, making the sound blurred and the notes unable to be differentiated (notation 1). It seemed to show that the information from outside world was a mess and how English sounded like in my ear at first. Communicate in English involved overwhelming message that was not being understood and difficult to trace the details.
After a long pause, the sound that appeared in the second half seemed to be much more organized. The tempo slow down and the conversation in the music became clear when the melody was played on both higher and lower part of the keyboard back and forth. The meter got clear in this section, too. The music was played on pentatonic scale which represented an impression of “Asian flavor,” and it could be directly referred to the Asian group. The harmonies also began to appear later in the second half. The organized sound eased the anxiousness that was brought up from the first section. It reflected to what was described in solution, “It (the group) just gave me one more place to practice language, in a more comfortable, more relaxed setting.” The “communication” in this section seemed flow naturally and gradually developed a pattern (Notation 2).

**Issue II: Adjusting to different academic cultures. (CD track 1)**

**AII:** In the music, the contrast in culture was presented. The “non-organized” impression of class discussion from my perspective was presented in the first half. The clusters of unpredictable music notes seemed to show the scenario that everyone around me was talking and the musical phrases were clueless for me to joining the conversation. Therefore, the intensity increased tremendously in the first half. My attempt on responding was short and was not consistent. Therefore, there was no obvious “subjective sound” in the first half. It seemed like “self” was not obvious in this section.
On the contrary, the second half of music that reflected the scenario in the group was what I was familiar with – the pentatonic scale, the smoothing call and response phrases, and the balanced harmony. The music felt in control; the tempo was stable and the key was decided, which seemed to be within my comfort zone. Therefore, the feeling brought up in the second half of music was relaxing and soothing.

**Issue III: Discrepancy in self-expectation and actual performance in academics. (CD track 1)**

**AIII:** The discrepancy was showed in the two different sections of music. In the first half, the chaotic musical phrases seemed to show that the conditions were out of control, such as the overwhelming new things and the delayed homework. On the other hand, the music presented in second half was organized with clear melody and identifiable key, tempo, meter, and harmony, seeming to represent the “ideal me” in the music.

**Issue IV: Pervasive language barriers in clinical work. (CD track 2)**

**CIV:** The cycle of drumming started from soft playing on the small drum and was suddenly interrupted by the loud, irregular, demanding beatings from the big drum (Notation 3). This sound sometimes disturbed the regularity of beating on the small drum because the small drum attempted to follow the big drum. My plight to keep my pattern while also joining the conversation was heard. However, the language barriers made it hard for me, breaking the balance between staying back and going forth.

**Notation 3**

![Notation 3]

**Issue V: Feeling isolated in clinical work. (CD track 2)**

**CV:** The soft drumming on the small drum of the bongo in the beginning showed the feeling of loneliness. Although intermittently accompanying the drumming on the large one, the small drum seemed to have its own pattern that was hard to break, making it more difficult to be involved with the drumming from the big drum. Yet, the volume was much smaller than the drumming on the big one. This represented the isolated feelings in the clinical setting, even with supervisor and partners’ accompaniment; I still
felt that it was difficult to integrate myself into the environment. It was not until the third round when I played on the bongo, that the drumming on the small one started to become comparable with the drumming on the big one.

On the other hand, the drumming played on the djembe sounded more integrating. There were different rhythmic patterns presented, but these patterns did not sound like playing two different lines. It just naturally incorporated the different elements which reflected the feelings to the group (Notation 4).

\[ \text{Notation 4} \]

\[ \text{Issue VI: Losing control of overwhelming new things in clinical work. (CD track 2)} \]

\[ \text{CVI:} \] The attempt on keeping a stable beat on the small drum could be heard. The small drum always started steadily and continued for a while (Notation 3). However, once the big drum joined, more and more interruption from the big drum could be heard. It turned out that the ending of phrase was a series of rolling on the big drum, which represented the overwhelming things from the environment. On the contrary, the sound on the djembe was just naturally relaxed without forcing to keep the beat. The steady pulse with rhythmic variations showed freedom, and yet was grounding for the music (Notation 4). It showed that the function of group in this issue was also grounding and giving free space for expression.

\[ \text{Issue VII: Culturally based needs to spend additional preparation time. (CD track 2)} \]

\[ \text{CVII:} \] The beating on the small drum seemed to keep the sound grounding and repetitive. However, the big drum intruded and played in a much faster and louder pattern (Notation 3). It sounded like the small drum (me) was doing the mental preparation and trying to organize the entire environment. The big drum showed that pressure from the environment and from the supervisors that they try to push the progress when I was not ready to move on. Therefore, I spent longer time on staying on my own pace instead of
following the changes brought by the outside.

**Issue VIII: Divergent perspectives on the attitudes toward authority roles. (CD track 2)**

**CVIII:** The uneven relationship was presented when the instrument, bongo was chosen. The beating on both drums seemed to show great division on dynamic and rhythmic pattern. Beating on the small drum was quiet and relatively slow. It showed the characters of carefulness. On the other hand, beating on the large drum sounded intrusive by breaking the steady beat with fast rolling sound and using loud volume. It was not until the third round when I played on the bongo, that the small drum started to become competitive enough in terms of its dynamic and tempo. In between the three times of bongo drumming, there was playing on the djembe. The drumming on djembe was lively. The rhythmic pattern changed liberal, yet the pulse was steady (Notation 4). It seemed to reflect that the group was a supporting and grounding place that provided freedom for expression.

**Issue IX: Hold divergent views of showing oneself to the others. (CD track 2)**

**CIX:** When I played on the bongo in the beginning, the volume of beating on the small drum was obviously much weaker than the beating on the large one. Considering the choice of presenting myself on the small drum and using the weaker sound, it seemed to point out that I was presenting myself as small and soft. This drumming pattern continued until the third time I played on the bongo; I started to raise the volume of beating on the small drum (Notation 5). It presented that the longer I stayed in the United States, the more I adjusted and integrated into the culture.

**Notation 5**

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**Issue X: Lack of belongingness. (CD track 3)**

**PX:** The four single notes (B flat) played in the beginning seemed to sound like a monologue. The first series of chords that appeared after the single notes were G, F, E flat, and D. B flat was non-chord tone of F and D, and it made G sound minor (Notation 6).
Before fully resolved it, the same motive continued for another phrase. In other words, the single note B flat sounded like drifting from one place to the other in order to find a place of belongingness. Therefore, the feelings of loneliness and lack of belongingness was salient in the beginning of the music. There was sadness and lonesomeness pervading the atmosphere through the entire music. The tempo was slow, and the minor chords often hid in the major tune. The volume of the music was generally soft.

**Notation 6**

With the progress of the music, the melody moves on to major key and this showed brighter atmosphere in general (Notation 7). The feelings of drifting reduced as the melody and chord became more likely resolved in the predictable progression. The brighter music began to show the belongingness provided by the group. Even in the strongly sadness, there was someone accompanying with that situation (Notation 8).

**Notation 7**

**Notation 8**

*Issue XI: Fear of being criticized due to cultural differences. (CD track 3)*

**PXi:** There were moments of pause during the progress of musical phrases. It gave a
sense of hesitation that I was selecting the right note to play in order to fit the music. Reflecting the responses to the culture-based situation, I was hesitant because there were lots of considerations before I could say a word, and I tried to behave on the way that this culture expected, so that I would not be criticized. The music overall presented the similar sense of tardiness even in the strong section. The phrases were usually belated or ending with a slightly intentional ritardando.

In the last part of this music, I sampled the melody from “Child,” selected from the original sound track of movie The Legend of 1900, composed by Ennio Morricone (Notation 9). The non-chord tone and the peaceful and cheerful music followed always gave me a strange feeling of harmony. They (the non-chord tone and the chord) were different from each other, yet it sounded beautiful together. The non-chord tone gave the music a touch of special color. This conveyed the feelings and thoughts of my expectation on how I wanted to be seen in this culture.

Notation 9

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**Issue XII: Insufficient social network and support in the United States.** (CD track 3)

**PXII:** When the single notes drifting from one chord to the other without finding its place, a conveyed sense of lacking social support in the real life was heard (Notation 6). The chords and the accompaniment that appeared in the beginning of the music were in lack of correlation and appeared frail. When the melody shifted to the major key, the sound became richer and more diverse (Notation 7). This reflected the changing of my social network with the passage of time. It became bigger and stronger, and a large part of that change was brought from the group.

**Issue XIII: Feeling uncertain about the future of life and relationships.** (CD track 3)
**PXIII:** The uncertainty showed in many different ways in the music – the repeated non-chord tones in the beginning, the hesitated moments, and the intentional ritardando in the end of many phrases (Notation 6). If the music was seen to develop following the timeline, the beginning reflected the loneliness and these characteristics reflected the uncertainty in my daily life. Although this kind of feelings were relieved gradually when the music moved on. However, towards the end of the music, the lonely single tune B flat appeared again which echoed the single notes in the beginning (Notation 9). But this time it was resolved quickly with the supports from the coming notes and chords and that reflected the support and the sense of grounding and safety brought in from the group.

**Commentary.**

**I.1:** Pervasive language barriers included listening, speaking, reading, and writing. It also strongly related to the feeling of frustration, and brought about high level of stress.  
**I.2:** The context referred to the situation that English is not a necessary language in my growing Environment.  
**I.3:** From group meetings, I got opportunities to re-learn the knowledge and methods that I felt I did not learn solid enough due to language barriers in the past. The group process offered opportunities for after-learning which helped re-organize the thoughts and therefore raise the academic achievement.  
**II.1:** This might be overlapping with language barriers. However, the emphasis here was the historical-cultural factors. In other words, this issue pointed out that sometimes the "not understanding" situation was not because one did not understand the terms but rather because the person did not understand the culture, leading to difficulty of understanding the contents of conversation or reading. The situation often led to feelings of loneliness.  
**III.1:** The relative education background in counseling and experience as research assistant brought higher self-expectation in academic performance.  
**III.2:** The discrepancy often leads to the sense of losing control of one’s life – such as not being able to understand the surrounding or finishing the assignments (overlapped with language barrier). This would bring about high level stress and feelings of frustration.  
**IV.1:** Understanding the language has different layers. Except for understanding the words, language barrier also associated with culture understanding. Therefore, it related to personal growing background. The difficulties of understanding language brought about the sense of inadequacy in clinical work and therefore led to negative feelings of
being overwhelmed and frustrated. 

V.1: The feeling of exclusion and isolation from mainstream culture often caused by cultural differences and language barriers. One could feel isolated and frustrated despite the fact that the environment is supportive, friendly, and the personal growth is continuing. The group helped in the personal domain by strengthening the social network and enhancing the social support for an individual. The group provided emotional support when the individual faced clinical challenges by creating a safe, stable, friendly, non-judgmental, and non-pressure space for catharsis.

VII.1: Time consuming included the preparing for the material as well as mental preparedness. Therefore, the repetitive pattern that appeared in the music could show the need for giving more time to ground the self. The solutions were not identified in the data because the group had not been established when I experienced the challenge.

VIII.1: Culture differences include many issues, such as language barrier, sub-culture in specific clinical settings, marketing oneself, hierarchical relationship between supervisor and supervisee, or even between supervisees. Challenges come from unfamiliar environment and the different cultures. The new situation broke the balance and needs of re-adjustment, and that brings the sense of losing control. The situation induced the negative feeling of inadequacy, incompetence, and isolation, which could be described as “miserable.”

Mark

Reconstructed Narrative.

[B1] My name is Mark (pseudonym), I’m Japanese. I’m right now 21 years old. I am undergrad. It’s my third year in the music therapy program, and it’s my second year in the Asian music therapy group. In total, it’s my tenth year in the U.S. I first came to the U.S. when I was 6 years old. I lived in Japan until six, and moved to the U.S., and lived here for 3 years. I went to the public elementary school. Then I moved to England for 2 years, and to Thailand for 1 year, and move back to Japan for a year and a half, and came back to the U.S. when I was 15 years old, just about to start high school. [B2] (When I lived) in England, I went to private school which uses English, and in Thailand, I went to international school, they also used English. (I have been using English for school education) for most of the time except for the years when I was in Japan. I was only there until 6, and later on a year and a half, so it’s not very long for
Japanese education. Studying-wise, English might be better for me. But speaking-wise, I think (my first language) Japanese is more comfortable for me. For writing essays and papers, I am more comfortable with English.

[B3] When I was in the senior of high school, I started applying for college as a music Ed major. I wanted to be a music teacher back then. I applied for a couple of college and went to different school for a year as a music Ed (student) in a school in New Jersey before I transferred to Montclair. But right before I started the spring semester at the old school, I was thinking if I want to be a teacher or not. By then I knew about music therapy, but I wasn’t serious about it, and it wasn’t interesting me back then. Since I started thinking about it, I started looking for information, and found out that Montclair had a good music therapy program, so I came to speak to one of the professor here. And the professor recommended me to transfer the next semester. So, I did audition again. I passed and started in Montclair from 2010.  

[B4] In my heart, I really want to do a job for helping someone else. I found out music therapy is using music provide someone helps and improve the person’s life. I thought that was pretty interesting to me and it fits my goal. That’s why (I chose to study music therapy) -- because I personally like music, playing instruments, and singing, so that also fit my needs, I think.

[B5] When I first heard about the group was when the group member invited me to join, and I thought it was a good idea. Because as an Asian student and as a music therapy student, I think there are a lot of things we experience in common, either Japanese, Korean, or Taiwanese, whatever. I think we experience the similar way that maybe the American people or European people doesn’t have experienced in their courses of study or in the practicum site. And I thought that it would be good to share that with everyone, and try to support each other, help each other. That’s the reason why I joined and am still in the group.  

[B6] Since most of our group members are therapy major students who are either studying abroad or coming in as an international student, I think that at first they will experience the change in environment, and they obviously moved the country they lived. So I think we experienced a lot of stress higher than the American students. As I mentioned, the environment change, language, change of the life styles, and study in the new language that is not your first language. I think it requires more work and more effort compare to study in their home language. (For me), maybe (I experience) some but not much as compare to the other students.

[A1] (About academic challenges) I can say this, all of my classes I take long
time to read my text books. That’s one of the...it’s not an issue, but I need long time to understand. When I read Japanese, I can mostly understand in one shot, I can quickly understand. But in English, maybe I need to reread several times so I can understand. It’s getting better, but still (more difficult compare to Japanese). [A2] Academically, especially music therapy, there are so many stuff we studied is new for me. I think I need to keep up with the readings and all the information. I think I have to process.

[A3] I think it (the group) definitely helps (in academic domain). One of the benefits of the group was we have both undergraduate and graduate students. Obviously the graduate students take higher level of course, so they have more knowledge regarding music therapy stuff. I think that by bringing academic issues in the group, maybe the graduate students can help, or even undergraduate students. They might have better understanding about the subject. They will be able to provide me the answer. [A4] For example, last year, I was doing a presentation of one of the music therapy classes, and it was about the different interventions that we use in the music therapy sessions. I forgot what intervention it was, but I wasn’t sure what to do with that specific intervention. So I brought it up in the meeting, and few of the members suggested me examples, and I used that and modified it a little bit, and use in the presentation.

[Mark improvised on a drum] (CD track 4)

[A5] When I started (to play music), I think I started a steady tempo, not using too many notes. Because I’m trying to describe the study I had so far in music therapy program. The first year I came, I took only one music therapy class, and I wasn’t really study a lot music therapy. It was kind of slow and it wasn’t too much for music therapy. I was still taking music classes and other classes, but I think (it was less challenging) in some way.

[A6] As I started play faster and more notes, I imagined of lots of things, lots of things to do, so I played faster and a lot more notes. From second year of my study, I started my practicum and music therapy courses, so there are a lot of new things and new information. So there are a lot coming at me, and that’s why I played (the music this way). [A7] I think it’s mix of excitement and worries. Maybe (the worries are) from the practicum site experience. There are lots of...it was my first time doing music therapy stuff on site. So I was nervous if I can do it, or will clients like me? So I think the worries are mostly from there, and excitement obviously. That’s why I move
forward. [A8] Then I went back to the state because that part I tried to express the group dynamic of the Asian group. 'Cause every week we share our story and then we bring up any troubles or difficulties relate to our studies, it's not like tense, so that's why I play like slow and less notes.

[C1] Clinically, the most challenging thing is learning the repertoire, I think. This might be common for international students, especially for the folk songs and some of the older tunes because we didn't hear that when we grew up, maybe most of the American students knew from top of their head. Like me, sometimes I don't recognize, so learning the tunes and building the repertoire are challenging experiences. [C2] I wasn't really interested in American music when I was young, and even in my home, we don't really listen to American music, only my brother does sometimes. So I didn't have many chances to be exposed to the American music. (I expose to) more Japanese popular music.

[C3] Another challenge is leading the group in the practicum. In the second semester we led the session, I did the geriatric (population). It was challenging for me in the first couple sessions because I never led the music therapy sessions before. [C5] The clients are varied about 10 to 15 people. The age range was from 50 to highest was 100, I think. They have some obvious gross motor needs. One or two clients are on the wheel chair, so the movement was one need. And communication was another need because some of them have the verbal needs for expression. Some of them have aphasia, so they can't talk. [C4] I have many clients have the hearing problems. Some are geriatric, and some of the clients have hearing problems, so I have to really sing out which I don't used to. I'm more like a calm person, and I don't speak loud. It was hard for me, but as I started doing it, I started to overcome these challenges, so I think it was good for me to face that challenge early in my practicum experience.

[C6] While leading, observing the clients are one of the challenges I am facing right now and last year. Because when I play my instruments, I also sing and look at clients. I do lots of things at the same time. So when I was doing my session log, I couldn't remember what exactly happened. I take notes after session, but it's hard to recite the clients' reaction to the music and what they did. One thing that I'm working on right now is the observing skills while leading the group. And I think that's the skill every music therapy needs, so I'm working on that.

[C7] In building the repertoire wise, I think it (the group) helps because every week we sing different hello song, goodbye song, and many songs besides hello song
and goodbye song. Most song I hear it for the first time. From there we can learn it together, and we can play it on our site, so it helps me build the repertoire.

[C8] Sometimes we do leading, leading a song or leading a session. By getting more practice in front of the people, it arise our confidence level, and be more comfortable playing instruments and singing. So I think that will help us a lot when we actually leading the session on our sites.

[Mark improvised on a piano] (CD track 5)

[C9] In my practicum experience, even though I faced a lot of challenges, compare to the earlier music I played on the drums, which represent my troubles in academic parts, I think the challenges that I faced in the clinical are less stressing for me. So mostly I played slowly throughout my piano music, and not too many notes. I played some chords and eighth notes, not too many notes were used compare to the drumming. (The tempo) was mostly steady because I think I feel less stress in the clinical challenges compare to the academic challenges I faced.

[P1] (One of the social challenges came from) the language, I think. As I said, I am more comfortable in Japanese, so talking in English to the other and going up to the others’ front...I would say...if there is a person I don’t know, and we meet for the first time. It’s a little bit hard in English for me going to them and starting a conversation. I think doing that, I’m more comfortable in Japanese.  

[P2] Socially, I think I’m more comfortable speaking in the group compare to speaking in the class. I know it’s a safer environment, and everyone knows about me, familiar about me, so I think I can be more open in the group compare to the class.

[P3] Personally, if something happen to me, I think I’m more comfortable sharing it in the group. Although I never had it, but maybe in the future (something happen), I think they would more accept me. Maybe that’s the better word than understand. If something happen to me and if I share it, mostly people in the group won’t deny me or judge me or reject me. I think they will accept me about who I am. I think because we’re all Asians.

[Mark improvised on a djembe] (CD track 6)

[P4] (About the music), in the first part, in the social experience, it’s like I might get nervous talking to others, my beats go up to express that.  

[P5] The other
parts are pretty much in the same tempo with couple notes because I think I was calm. It described when I was in the group. I'm pretty calm, emotional wise, that's why I played more relax tempo.

Framing Summary.

Table 3: Mark’s Framing Summary

<table>
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<th>Primary Issues</th>
<th>(a) challenge(s) or need(s)</th>
<th>(b) Solution(s) Helps from the group</th>
<th>(c) Context: Relate to background</th>
<th>(d) Music: (d1) Subject Description (d2) PI’s analysis</th>
<th>(e) Commentary</th>
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<td>A3, A4, A8</td>
<td>B2, B6</td>
<td>A6, A8</td>
<td>AI</td>
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<tr>
<td>II. Culturally-based needs to spend additional preparation time</td>
<td>A2, A6, A7</td>
<td>A4, A8</td>
<td>A6, A7, A8</td>
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<td>Clinical Domain</td>
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<td>III. Learning diverse repertoire for various populations in the United States</td>
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<td>C7</td>
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<td>C5, B1, B5, B6</td>
<td>CV</td>
<td></td>
</tr>
</tbody>
</table>

Subject Description

PI's analysis
Analysis of musical data.

**Issue I: Language barriers in reading. (CD track 4)**

**AI:** Mark started with a fairly stable rhythmic pattern (Notation 10), but started to speed up, adding much more notes and complex rhythms in the first third of the music (Notation 11). The stability was shaken by the changes. It sounded like Mark had received much stimulation that interrupted his own pace which echoed his description about large number of new information and reading tasks. The intensity was released in the latter half of the music when the tempo slow down and the beating was stable (Notation 12). The dynamic was softer compared to the previous section. These characters represented his feelings about group – a place where he can follow his own pace and feel relaxed when learning from the other members.

**Notation 10**

![Notation 10 image]
Issue II: Culturally-based needs to spend additional preparation time. (CD track 4)

AII: Both in the beginning and the end of Mark’s playing, there are many repetitive patterns that showed stability (Notation 10), yet it seemed to sound like he was grounding himself through the repeating and slow tempo of the drumming. When the drumming started to get faster, he seemed to lose a little bit of balance in the music. The tempo was off and the meter became unclear. Then he shifted to the slow section again which, according to himself, represented the group dynamics. He repeated the rhythmic pattern several times (Notation 12). It seemed like he could take his time practicing or absorbing new things in the group.

Issue III: Learning diverse repertoire for various populations in the United States. (CD track 5)

CIII: Mark started the music by playing F major chord, and he continued played the first (F major), third (A minor), fourth (B flat major) chord around the key of F. He repeated each chord for several times before moving to the next one, and mostly stayed around the F major chord (Notation 13).
Then he gradually stepped out to the other chords and other accompaniment styles (Notation 14). It felt like he had his own comfort zone in the field of music. Although he was mentally and physically prepared to play and to try the new things, it took some time for him to get ready to really take the step. Reflecting the music on the helpfulness of the group, it seemed like the group offered some new stimulation (such as new repertoire), but it also gave him space to prepare and to learn in a controllable pace.

**Issue IV: Worries of being overwhelmed by new things in clinical work. (CD track 5)**

**CIV:** From Mark’s continuous trying on the repeating notes and limited chords, there was
a sense of hesitation and consideration in the music (Notation 13). It was not until half way through the music that Mark started to change the accompanying style (Notation 14) although still staying around those chords. It seemed to show Mark’s style of responding to the outside world. When sensing the atmosphere of his whole playing, he was careful, cautious, but not intense. The tempo was slow, and the dynamic was in the middle range. He used the peddle a lot to sustain the sound. That seemed to help him get more space to think and to prepare for the next chord. Although he seemed not so skillful on playing piano, he showed calmness, and the progression of the music was under his control. That reflected his description about feeling less stress in clinical work and the practicing in the group.

**Issue V: Discrepancy in mainstream social norms and one’s original culture.**

(CD track 5)

**CV:** Mark indicated that he is a calm person, and he showed it in the music as the flow of the music was relatively slow, and the melody and chord progression was not abrupt. However, he also adjusted himself in the music by raising volume in the middle, and he expanded his playing on the keyboard to higher range (Notation 13). With all these new trying in the music, he remained calm and the overall dynamic was still in the intermediate soft. Therefore, the entire music seemed to reflect his nature personality and showed how he adjusted himself to match the needs of the outside world.

**Issue VI: Socially inactive due to language barrier. (CD track 6)**

**PVI:** There was a long preparation time before Mark started to play the drum, and that might reflect his mentality of reaching people by using his secondary language. He took a long, deep breath before playing. When he started to play, the beatings were steady but slow (Notation 15). It seemed like he had been through careful consideration before taking the first and each step thereafter. Then the tempo was getting faster which increased the intensity of the music (Notation 16). That seemed to show his nervousness of encountering people who were not familiar. Then the music eased from that nervousness by gradually slowing down and turning back to his grounding pattern (Notation 17). That showed that his status in the group was relaxed and was able to follow his own pace to interact with the group members.
**Issue VII: Worries about being criticized due to cultural differences. (CD track 6)**

**PVII:** The music showed a lot of characteristics of consideration. At first, he took a long break before started. Then he played the first few beats with a cautiousness that he did not try to change the pattern at once (Notation 15). It sounded like he was testing the environment and seeing if the environment would accept his style. The grounding pattern from the beginning was also shown in the last section after the speeding up section and seemed to show that he was able to be himself in the group.

**Commentary.**

**I.I:** The large amount of information combined with Mark’s language barriers in reading caused the situation of time consuming when studying and a high level of stress.

**III.I:** Considering Mark’s culturally diverse growing environment, he was still culturally rooted in Japanese culture and did not have many opportunities to immerse in the United States culture.

**VI.I:** Although the emphasis on Mark’s statements about social inactivity was due to the language barrier, his familiarities with social norm and culture understanding should also be considered in his responding to the social occasions.
Vivian

Reconstructed narrative.

[B1] I’m from China. My hometown is Henan province, Kaifeng city. I studied in Tongji University in Shanghai. I stayed in Shanghai for 5 years. I was violin performance major. (I am) 24. (I have been in the U.S. and study in the music therapy program for) just less than 7 months, from last August till now. [B4] (I decided to study in music therapy because) I’m interested in psychology, and I felt music therapy will combine these factors of what I like. We’re going to use guitar, piano, and singing, and that’s what I like to learn, and I want to learn them better. And also I felt performance major is not suitable for me. I don’t want to be a violinist in the orchestra because I don’t know...just playing for whole life your life! Also, it’s too many violinists and it’s hard to find a job. Music therapy let me feel that I can really use music to really help other people and music have the power to change something, or improve something.

[B2] Before I was here, I took some training (in music therapy) and listen to some courses in Central Conservatory of Music in Beijing. (There are) two programs. One is ten-day and one is twelve-day workshops, and (training classes were) whole day every day. (I) study there with Prof. G. (The contents of the workshops are about) introduction to music therapy and receptive method and material of music therapy, observation skill, recreation, and psycho-foundation.

[B3] (I decided to study in the U.S.) because in China, we don’t have the program for graduate student except for one school, Central Conservatory of Music in Beijing. It’s Professor G. teach there. They only accept less than 4 to 5 students per year, and a lot of students want to go in to the school, so it’s hard. Also, the teacher there is not too many, just Prof. G. He is the only one who has the master degree of music therapy. So, I want to study abroad. I don’t want to go Europe cause I know that America is more famous for music therapy. It’s more advantage, more advance and variety, so I choose here. Also, Prof. G said that America is better.

[B5] I have been in the group for about half year. (I joined the Asian group) cause Asian students have lots in common. For me, as a new student here, I don’t know anything compare with other people, so I want to learn from other people, to communicate. I think (joining the group) is a good chance to help me and let me study from other people. Also, I live in the house (where we have the group). I felt familiar
ASIAN MUSIC THERAPY STUDENT PEER GROUP

I think that (one challenge) is the language. Language is really, really an obstacle for me. I can’t communicate with people frequently, I can’t express what I thought exactly, and I can’t find the exactly words I want to say. (That made me feel) “Oh, my god!” Actually, I felt I am (the person who) likes to talk to other people. I like to chat, but I don’t know how to say in English with my classmates. So, I don’t know, sometimes I just don’t say anything. When I’m talking with them, I felt it’s a little hard for me to express myself frequently and very influence (PI: Vivian was trying to say fluently), so I don’t feel good. (That’s why) I sometimes don’t want to say. But sometimes I remind myself, I have to say more, so I will do it. But when I’m lazy, (I just) keep silent, (and think) “let me take rest.” [A3] Besides, I can’t understand the class. Especially in the class, I can’t understand, it’s really bad, so I just keep catch the words that I didn’t understand, and like, “question, question” (motion of put question marks), and just kept words. When I felt I can’t understand, sometimes I’m out of class, (but I tried to) put myself back, keep listening. [A4] Reading, I can’t really understand. (It’s not because of the contents) It’s just because of language. (If it’s in Mandarin) I can (understand). I want to read it in my language.

[Al] (Another academic challenge is) piano, my piano is not good. It’s really not good. And guitar, I think it’s okay, I can learn, I don’t feel that much pressure from guitar. But from piano, yeah! Maybe guitar also, but...I don’t know. Maybe guitar class gives me less pressure. And then accompany for a song both on piano and guitar (are challenging).

[A5] (One more challenge is) the time, too much work. Like before, I used to be not too busy, cause I don’t have so many homework in China as a performance major. I don’t have so many paper to write, and exam. We only have exam at the end of semester. We don’t have midterm, half-term, or tri-term. For here, there is more homework, more paper, more exam, so it’s like...I want to have 36 or 48 hours a day, 24 hours is not enough. But I don’t have time. And I had to change my way I used to be, and schedule the time more efficiently.

[A6] (In the group), when I have some difficulties in study, I can bring that question or problem to the group. We talk about the questions, talk about the problems. (For example), sometimes I didn’t read the book, I don’t know how to deal with that, I felt “oh my god, I can’t understand the class!” Then other people will said “okay, you can just read the title of it, and just quickly see what’s that mean in this
sometimes I need to do some presentation in class, like method and material class. (In the group), we really pick a song and do some analysis, do some activities to the song, to practice, I think it’s really helpful. We need a chance to practice or lead the group, really lead the group with some people. Because sometimes we imagine how to lead, it’s really different from you really lead, or you really do. Sometimes I see other people sing a song, or lead a song, I felt, “it’s not bad, it’s not so hard.” But when I really do that, I felt, “oh, it’s really hard.” It’s different. The group is just like one more class every week, but this class is really relaxed, without homework; help you to solve the homework (by) giving you thoughts and ideas about it.

[Vivian improvised on a drum and a tambourine] (CD track 7)

(In the music), the first one I was like “crazy, crazy” about the difficulty I faced. I was like “crazy, frustrated, crazy, frustrated”, and “oh my god!” (talk with motions of scratch down). And then I felt “okay...okay...let it be.” Then I change to other (instrument), cause (it’s) brighter. The bell is happy, like people who gave me support, and then come more fighting. Then I felt inspiring, and my life and my study feel brighter, happier, and I felt “it’s okay...it’s okay.”

(Clinically), I felt language is the problem, because my supervisor speaks very fast. But my supervisor is very good, I can ask her. But I still feel like I’m frustrated because I don’t understand. If I can understand what she said, and I can speak what I thought to her, we can have discussion. I can ask some questions I really don’t know, or maybe I can know more, and we can have more discussion. I felt like I can’t communicate with her equally. Because more time I’m just listening. I can’t understand, so I don’t know what she is talking about, so sometimes I just pretend that I understand. That let me feel like it’s not equally. I can’t talk to her like a real dialogue. It is not real dialogue to my heart. Sometimes I can understand (in English), but I usually forgot. For me, it’s easier to forget. (The population I worked with this year is mostly) adults with Alzheimer’s. For the clients, because they are older adults, so their pronunciation is not so clearly. It’s even more difficulty for me to understand. I really tried my best to hear but I can’t understand, so I don’t
know what I’m going to say, and they may feel frustrated they can’t understand me. And I also feel sorry, I didn’t catch the words.

[C7] Actually, I didn’t really lead the session yet. I only do some individual, so it’s not a group. For individual, it’s not so many problems and questions because individual sessions are very short, like 5 minutes or 10 minutes for everyone. Every time we visit 5 to 6 (clients). [C8] (Imagine leading the group, I am worried that) maybe someone wants to leave the group and said “oh, I don’t want to stay in the group. I want to leave, I want to go.” My supervisor knows how to comfort them, let them stay, but I’m not sure I can do that. I would say to them, “okay, you’re fine, can you try to stay here, okay? It’s really fun.” I think I tried before in the group, but they don’t listen to me. Maybe just one person listen to me, but the other don’t listen to me. When my supervisor went there, talked to them, comfort them, and they would stay. For me, I’m really not sure.

[C9] Guitar and piano are problems for me, too. But I’m going to use my violin more, so that really helps me a lot, I felt less pressure about this. Based on the several experiment this semester, I used violin to lead them sing with me or do something else. I have some ideas about how to use violin in my session. So I felt like...maybe in my session, the group session, I can use piano for maybe only one or two songs, and use violin to play more songs, and that would be easier for me.

[C10] It (the group) gave me a chance to really have a group, being the group member. And I can lead the activity or lead the song, I can really lead the group. (It) gave me the chance to practice, to face some people, to be the leader, to have that feeling, to get used to be a leader of the group, to do something for my clinic.

[Vivian improvised on soprano xylophone] (CD track 8)

[C11] The first one (music was showing) I don’t know what they’re talking about. The different notes are like some people talking this way, and it’s kind of mess. Because I don’t know what are they talking about – in different notes, in different key. They are a mess. [C12] I felt when I think about the challenges of the clinical site, the happiness will come out. I felt I can accept the challenge of the language and other challenges. For me, it’s hard to find the...the challenges, the difficulties or the frustrated thing in my clinical site. I feel happier for my clinical site. Even though everything is in...maybe I’m not remembering clearly, but in a word, I like it. So I feel very happy to being with them, play music to them. When they said “oh, thank you, I
really appreciate your playing" and they smiled and very happy to hear my play, I felt very happy. So I forgot the frustrated thing or can’t remember because bad memory or something, it’s really hard for me to find other thing that’s obstacles now. Maybe I still have, but I don’t remember. And I feel like I can overcome them. I can try, it’s like...I can just do it, lead the group. I am not afraid of lead the group. I want to do it. I felt it’s okay.  

[C13] (The music) for our group (sounds like) I keep asking different people (for) answer, keep asking...answer...it’s very stable. Stable beat. I feel very happy to be together, talk, discussion to the high notes, and then I felt... “oh, okay, I understand, I know what I’m not going to do, what I’m going to do. Oh I have thoughts about it, now I have ideas about this question. Okay, great, happy!”

[P1] (One of the Personal) challenges is to take care of myself, like regular life, eating, and the life. Take care of myself physically and emotionally. [P5] For me, I don’t have too many homesick, maybe I am already away from home for a long time because my university is not in my home town, too. I have to face the difficulties by myself. But I know whatever, I have to face the difficulty by myself all the time, I can’t rely to other people. So I think it’s not because I go to America. (It’s about) to take care of my physical conditions. My knees hurt, I can’t walk too much, and I need exercise, and my stomach...that kind of thing.

[P2] Emotionally means sometimes I have to know how many things I can do, and I can handle. What was my maximum level, the maximum things I can do, and to change the way I study or schedule the time doing things to be more...efficiency. I know that before, I’m a really lazy person so I can do one thing use a long time. But now, I can’t. I have to change myself in some level. [P3] My old habit is not only lazy, it’s...for example, when I study, I sometimes can’t focus on the study for a really long time. Sometimes I study 15 minutes, and go to facebook, go to my phone, or do something else. But no, now I can’t do that. That’s one of the challenges. To change the way I used to be. [P4] Moreover, I felt I am less social activity here. In China, I like to go out to meet a lot of people, go to art museum, go to gallery, or to act in the drama. I don’t have the chance to do it now. Nowhere, so my life of study is kind of simple, just study. So emotionally... it’s boring. Even I know I have a lot of things to do, but I’m kind of the person who likes to do variety of things.

[P6] They (the group members) gave me support. I made a lot of friends, and they are all very nice friends. I love them, I can’t imagine...I mean, I’m so lucky that when I come here, I met so many friends, that let me feel like I’m in a family, and I’m so happy. [P7] Whenever you have problem or question, they answer the question, or
help you to solve the problems, or give you the idea for how to resolve the problem, and we have fun together, and help each other. It gives me a lot of power.

[Vivian played and sang “My Bonnie” on piano with improvised lyrics on second verse] (CD track 9)

[P8] (The music I played, My Bonnie), even though the lyrics is not exactly, this is the song I can play immediately. I like the melody very much, and I love singing. That is what I like, and I want to express my emotion, so I want to use more colorful, more musical things to express my emotion, because that emotion is really full of love, and I am very happy, so I want to use some more colorful, more musical, beautiful melody to express that about group.

[P9] I felt for my first semester, it’s the group helps me more emotionally, more than what I really need to...like “oh, I don’t know how to do the homework. Can you help me solve the homework?” It’s not that important than the emotional. What really important is emotional support. I know there are difficulties in reading, the difficulty in homework, and writing paper; that is my responsibility to do that. I can’t rely on other people. I have to do this and face the problems by myself. But the support from the group, emotionally, I think that really helps.

### Framing Summary.

#### Table 4: Vivian’s Framing Summary

<table>
<thead>
<tr>
<th>Primary Issues</th>
<th>(a) challenge(s) or need(s)</th>
<th>(b) Solution(s)</th>
<th>(c) Context</th>
<th>(d) Music</th>
<th>(e) Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Helps from the group</td>
<td>Relate to background</td>
<td>Subject Description</td>
<td>PI’s analysis</td>
</tr>
<tr>
<td>Academic Domain</td>
<td></td>
<td></td>
<td></td>
<td>(d1)</td>
<td>(d2)</td>
</tr>
<tr>
<td>I. Pervasive language barriers in academics</td>
<td>A2, A3, A4, A9</td>
<td>A6, A7, A10</td>
<td>B1</td>
<td>A9</td>
<td>A1</td>
</tr>
<tr>
<td>II. Feeling overwhelmed by transitional shock and learning new</td>
<td>A1, A5, A9</td>
<td>A6, A8, A10</td>
<td>B1, B2, B4, B5</td>
<td>A9, A10</td>
<td>AII</td>
</tr>
</tbody>
</table>
### Analysis of musical data.

**Issue I: Pervasive language barriers in academics. (CD track 7)**

**AI:** Vivian started her improvisation by scratching the drum head, and she scratched a lot in the first half of the music. When she beat the drum in between the scratching, there was no obvious pattern or tempo to follow, therefore creating the feelings of uncertainty (Notation 18). The sound of scratching was not articulated and remained blurred which seemed to represent the way she heard people speaking in English or the incomprehensible reading contents.
On the contrary, when she added tambourine to the latter half of the music, there was a much clearer pattern in her playing. The tempo was steady with the tambourine and drums playing back and forth (Notation 19). It sounded like she represented the interaction in the group. The conversation between her and the group was able to be articulated clearly.

**Notation 18**

![Notation 18]

**Notation 19**

![Notation 19]

**Issue II: Feeling overwhelmed by transitional shock and learning new things.**

(CD track 7)

AII: the scratch sound was irregular and rapid in the beginning which showed the sensation of anxiety. In addition to the scratching, she also used her finger tips to play the drum and created a sound similar to tip-toing on the drum (Notation 18). The playing did not have a fixed pattern, which made the music sound like she was probing and exploring the unfamiliar things. Then she scratched down to showed how she felt upset and overwhelmed. On the other hand, her playing on the tambourine and the drum was much more predictable for it had a repetitive pattern and the beating was steady (Notation 19). She may have felt that it was “easy to get along with people who are familiar.”

**Issue III: Time management with multiple tasks. (CD track 7)**

AIII: The first half sounded like disorganized playing. It was hard to find a pattern in the
scratching and the tip-toing drumming (Notation 18). Lack of grounding beat gave a sense of wandering in the music that Vivian was not sure what to do next, to scratch or to beat. When she slowed down on her scratching, that seemed to show either her hesitation of moving forward or feeling down of the situation. In the second half of the music which represented the group, the pattern of the music was much more organized. It sounded like the group was able to help her frame her life by giving ideas or advice. In other words, the existence of the group seemed to play a role as a consistent grounding for Vivian.

**Issue IV: Pervasive language barriers in clinical work. (CD track 8)**

**CIV:** The expression of music was divided to two sections by Vivian. The first half of her playing was hard to find a tonal center. Although the tempo was not chaotic, she played variety notes all over the keyboard without an identifiable meter or key (Notation 20). She also glided on the keyboard up and down which seemed to represent the sound of listening to other people speak in foreign language. It was not easy to indicate each single note in the gliding sound. However, the quality of the sound was still bright even with the unclear direction. That seemed to reflect Vivian’s feeling of her enjoying the clinical work.

**Notation 20**

![Notation 20](image)

In the second half, the notes were clearer with the predictable directions and stable beat (Notation 21). It sounded like the communication in the group was comprehensible for Vivian. Based on the steady tempo, she started to added new jumpy rhythmic variations to the music. The airy music with the sound quality of soprano xylophone created a sensation of happiness.
Issue V: Uneven communication with clinical supervisor. (CD track 8)

CV: The first half of music lacked characters of interactive communication. The notes Vivian played were all over the keyboard. Therefore, it was not clear that the phrases were constructed relatively. There were certainly some notes that could be heard clearly, but it was hard to define the responding notes to those distinctive notes. It seemed to reflect Vivian’s mostly one-way communication with her supervisor.

Issue VI: Lack of confidence in dealing with unexpected clinical situation. (CD track 8)

CVI: The character of Vivian’s playing in the first half was not affirmative compare to the second half. The mallet’s touch was soft, and the notes she played seemed to be chosen randomly. The music lacked direction, and that gave audience a feeling of not knowing what to expect next. Representing this feeling in Vivian’s clinical work, she was worried about the unexpected incidents happening in the session, and she did not have confidence to deal with the situation. On the other hand, the music that reflected her in the group was very responsive, and the quality of the sound was more affirmative. The volumes were higher, the touch of mallets were more solid. There was a pattern repeating in the beginning that she played two notes on F and played another two notes on the other key (Notation 21). It sounded like the group members kept responding to her questions. Through the repetitive pattern, she also got a chance to prepare herself in a predictable environment.

Issue VII: Clinical application of musical instruments. (CD track 8)

CVII: Vivian tried many different ways of playing xylophone when she played music to
represent both her situation in clinical work and in the group, including repeated single note, rotating two notes, gliding on the keyboard, and playing different intervals and rhythmic patterns (Notation 20). Sometimes she would repeat the same way of playing several times before moving on to the next pattern. It sounded like she was trying different ways of using instruments. Repeating the same pattern helped her master the skills, especially in the music that represented the group. The variation increased but it sounded organized (Notation 21) and seemed to reflect Vivian’s learning process in the group. The group members threw out some new ideas, and then Vivian learned these ideas with repetitive practicing in the group or by herself. Then those new ideas became her new music skills.

**Issue VIII: Adjusting to the new lifestyle. (CD track 9)**

**PVIII:** When Vivian decided to sing the song and accompany on piano, she took some time to settle herself in front of the piano. As she said in the interview, playing piano was a new territory that she was not familiar with. Therefore, she needed time to be mentally and physically prepared to get comfortable to play. Reflecting the situation to her challenges in personal life, studying abroad in music therapy and staying away from her family and friends were also new for her. There are plenty of new things that she had to take care of on her own, including her physical and emotional needs while managing her studying in the United States with heavy work load. It was a lot to carry on, but she seemed to be able to move on quickly.

**Issue IX: Insufficient social network and support in the United States. (CD track 9)**

**PIX:** The lyrics “over the ocean” point out her status of staying overseas from her friends and family. When she substituted the lyrics from “My Bonnie lies over the ocean” to “My friends lie over the ocean,” it seemed to provide two different angles to understand her condition through the lyrics. From one angle, her friends and family in China are all over the ocean, and she is in the United States by herself. Therefore, her social network and support is insufficient. From the other angle, as she mentioned about the group members are her important friends in the United States, her new friends are on this side of the ocean with her to offer her social support. The highly structured presenting of the music with the rich musical elements seemed to represent that she has grasped some resources in the United States.
Commentary.

I.1: Pervasive language barriers included listening, speaking, reading, and writing. It also strongly related to the feeling of frustration, and brought about high level of stress.

I.2: Language barrier also associated with culture understanding. Sometimes the “not understanding” situation was due to not understanding the culture and led to difficulty of understanding the contents of conversation or reading. Therefore, the culture impact should be considered in understanding the issue of language barrier.

II.1: The context was connected in this category because, despite of related educational background and mental preparedness, Vivian still felt overwhelmed with these new challenges.

III.1: This issue was related with her performance major background in undergraduate since she mentioned that the academic cultures were very different majoring in performance and therapy.

IV.1: Similar to commentary I.2, culture differences can impact the understanding in communication and should be taken into account when considering language barrier.

VI.1: Vivian’s Inherent cultural background might deeply impact her ways of responding to the condition, as well as how she interpreted others’ responses.

IX.1: Living style includes the daily care of oneself mentally and physically, the use of leisure time, and the way to manage life in a new environment. The group provides a feeling of belongingness and emotional support which was essential for Vivian’s daily living.

Discussion

The purpose of this qualitative study was to understand the benefits of an Asian music therapy student peer group through examining following research questions:

- What are the challenges “the group members” have experienced in academic, clinical, and personal domains, and
- How can the group members benefit in the academic, clinical and personal domains, from having joined the group?
In order to understand the diverse perspectives from the group members, I conducted the research study by using narrative inquiry and arts based research. Therefore, the experiences of each individual can be stated from each participant's point of view and the messages that transcend the language can also be found through musical data.

**Summary and Significance for Individual Results**

**Yi-Ying.**

For the outcomes of data analysis, 41 meaning units and 13 issues were defined from the verbal data (refer to appendix for full de-identified transcription). The 3 issues that emerged from academic domain were pervasive language barriers in academics, adjusting to different academic cultures, and discrepancy in self-expectation and actual performance in academics. The 6 issues that emerged from the clinical domain were pervasive language barriers in clinical work, feeling isolated in clinical work, losing control of overwhelming new things in clinical work, culturally based needs to spend additional preparation time, divergent perspectives on the attitudes toward authority roles, and hold divergent views of showing oneself to the others. In the personal domain, there were 4 issues that emerged, lack of belongingness, fear of being criticized due to cultural differences, insufficient social network and social support in the United States, and feeling uncertain about the future of life and relationships. Among all issues, the 2 issues that have not found solutions from the data were culturally based needs to spend additional preparation time and hold divergent views of showing oneself to the others in
clinical domain. For the former issue, the solutions (helps from the group) were not identified because the group had not been established when the challenge was experienced.

Among all issues, language barriers seemed to be salient across domains which involved the factors of cultural comprehension and often led to feelings of stress, frustration, and being overwhelmed. The discrepancy between mainstream culture in the United States and the inherent values from my original culture also created some internal conflicts in every domain. These conflicts included high expectations on academic performance, attitudes toward authorities, showing oneself in front of others, and fears of being criticized.

When discussing the benefit of joining the group, the results reported that the group was especially prominent in helping personal issues by receiving social support and in-depth empathy. It was Maslow's proposition in his hierarchy of need theory that stated that the basic needs of love and belonging should be met before one can achieve self-actualization (Saeednia, 2009). Therefore, the friendship, mental and emotional support, and sense of belongingness that was provided by the group satisfied these basic needs. Likewise, the group also benefited me significantly in addressing language challenges by providing a relaxed, non-threatening environment for expressing myself. Since the group started in the late stage of my studying in music therapy program, the helpfulness in academic domain was especially salient on facilitating metacognitive learning such as integrating previously learned knowledge as well as gaining insights.
from diverse perspectives.

Mark.

For the outcomes of Mark's data analysis, 27 meaning units and 7 issues have been defined from the verbal data. The 2 issues that emerged from academic domain were *language barriers in reading* and *culturally-based needs to spend additional preparation time*. The 3 issues that emerged from the clinical domain were *learning diverse repertoire for various populations in the United States*, *worries of being overwhelmed by new things in clinical work*, and *discrepancy in mainstream social norms and one's original culture*. In the personal domain, there were 2 issues that emerged; they were *socially inactive due to language barrier* and *worries about being criticized due to cultural differences*. There were solutions identified for all issues.

Language barrier was the first issue brought up by Mark, but he narrowed down the focus to readings in academics and speaking in the social context. Another salient situation was that many issues were highly related to comprehension of the mainstream cultures of the United States and the clinical setting. The affected facets included time consuming tasks of preparation, learning repertoire, expected social norms, and worrying about being criticized.

In Mark's case, help from the group seemed to be equally important in each domain. Academically, he utilized the group as an informative resource; clinically, he gained knowledge and insights from the other members sharing, and he also obtained
extra opportunity for clinical preparation such as role playing or leading songs and activities. In personal domain, the group was a safe place for him to be free from being criticized and to be understood in-depth.

**Vivian.**

For the outcomes of Vivian’s data analysis, 37 meaning units and 10 issues were defined from the verbal data. The 3 issues that emerged from academic domain were pervasive language barriers in academics, Feeling overwhelmed by transitional shock and learning new things, and Time management with multiple tasks. The 4 issues that emerged from the clinical domain were pervasive language barriers in clinical work, uneven communication with clinical supervisor, lack of confidence in dealing with unexpected clinical situation, and clinical application of musical instruments. In the personal domain, there were 2 issues that emerged; they were adjusting to the new lifestyle, and insufficient social network and social support in the United States. The solutions were not identified for the issue of uneven communication with clinical supervisor in clinical domain.

Many challenges that Vivian experienced seemed to interweave with each other in a specific domain or cross domains. Language barrier was the first proposed and the most salient issue among all. It pervasively impacted the other issues across domains, such as uneven communication, and it especially brought about strong feelings of being stressed, frustrated, and overwhelmed. It also led to the consequence of time consuming tasks in academic learning and clinical preparation. While Vivian was challenged by the
time management issues, the multidisciplinary nature of music therapy added a layer of challenge on multi-tasking, and that made the adjustment to the new lifestyle become even more difficult.

The emphasis of help from the group was first put on the personal domain. Vivian considered that the help from the group in academic and clinical domains were valuable; the group served as a rich resource to address all kinds of questions she brought up and solved her problems efficiently. However, the friendship and the support system she gained from the group were irreplaceable, and that gave her courage and power to face her own challenges in general.

Summary and Significance of Results across Participants

Generally speaking, results of all three participants’ data analysis have shown that the language barrier was the most significant challenge despite the various conditions and educational backgrounds among participants. This issue was salient because it crossed domains and had always been mentioned first and emphasized multiple times in each interview. When analyzing the results, I found that cultural comprehension often deeply related to the language barriers especially in the following two circumstances. Firstly, it caused the not understanding or misunderstanding situation directly. For example, sometimes we could not understand our American peers’ casual conversation about a hot topic in magazines or newspapers, a gossip of a celebrity, or a TV show – especially of which was popular when they grew up – because our living styles and ways of spending leisure time were different. Except for casual conversation, joke and
humors were also hard to perceive because they usually related to a context that we were not familiar with. Secondly, lack of cultural comprehension could deepen the impact of language barriers on academic learning, clinical work, and personal life. For example, difficulties in verbal expression often cause stress and anxiety for us to talk in the classroom, and feeling unfamiliar with the classroom culture made it more difficult for us to integrate into classroom discussion. The similar situation could be applied to feeling unfamiliar with cultures in a clinical setting, uncertain about social norms, and unacquainted with the musical repertoire, all of which could lead to the sense of losing control, and thus bringing about high levels of stress and frustration.

Under the category of multi-cultural issues, the distinctive differences of communication styles between Asian and Western cultures were specifically mentioned in the interviews. The emerged challenges related to this issue included uneven communication, divergent attitudes toward authority roles, and discrepancies in social norms. In most collectivistic cultures, it was common to see a group put more emphasis on harmony than expressing individual opinions in communication. Especially when communicating with people who were on the higher hierarchical positions, respectful attitude was expected and stressed, which was different from the mainly individualistic culture in the United States (Brown et al, 2008; Forsyth, 2010; Sue & Sue, 2008). In addition to verbal communication, the different styles between collectivistic and individualistic cultures were especially distinctive on non-verbal communication. Sue & Sue (2008) had explained that cultural differences can cause the misunderstandings of implicit communication, including proxemics (interpersonal space), kinesics (bodily
movements), paralanguage (vocal cues), and high-low context communication (degree of reliance on nonverbal cues). Due to the large discrepancies in communication styles, all three participants had experienced some level of difficulties with adjustment, especially when the objects of conversation were clinical supervisors or older clients. The challenging conditions included feeling insufficient when communicating with the supervisor, having problems in cooperating with the supervisor equally in the session, or requiring to adjust the social matter (e.g. speak up in the group) in order to cope with the clinical situation.

According to the participants’ reports, the group was able to address language issue directly by providing a relaxed, less stressed, and judgment-free environment for the members to express thoughts in our secondary language. This outcome echoes the related literature about international students’ learning experiences in cooperative learning group. That is, in the intimate small group, the less threatening environment was able to provide greater opportunity for them to practice English skills (Cuseo, 2009). On the other hand, feelings of being understood culturally brought about the sense of security immensely for the participants. This could relate to the similarity principle that the shared characteristics of race, attitudes, values, and beliefs by the group members often brought about the sense of connectedness which was a rewarding experience (Forsyth, 2010; Napier & Gershenfeld, 2004).

Another common issue among participants was experiencing overwhelming new things in academic and clinical domains in addition to the language barriers. The
participants reported that it was challenging to manage multi-task, including music and clinical training as well as academic studying in limited time. This was directly related to the multidisciplinary nature of music therapy which integrates components of art, music, and science into healthcare, and also in some layers related to cultural factors (Davis et al, 2008; Kim, 2011; McClain, 2001). Each of these disciplines has its own cultural basis. For students who came from different cultural backgrounds attempting to comprehend the music therapy profession, it felt like double the challenges than those students who grew up in the United States. We had to first learn the new cultures and then understand and incorporate them from our own culture positions to the music therapy profession. In addition to this, the common physical, emotional, and mental exhaustion that is experienced by human service workers seemed to deteriorate the participants' self-adjustment upon culturally overwhelming conditions (Brammer & MacDonald, 2003).

By addressing the challenges of experiencing overwhelming new things, the group provided a function as a resource system for its members. The participants were able to utilize the group meeting time for gaining resources from the other group members or enhancing clinical preparation. Among all preparatory actions, leading activities, songs, and role playing in the group had been mentioned by the participants multiple times and seemed to be very useful for clinical preparation technically and mentally. Gaining ideas and insights from each other were also helpful for academic learning. It was important to mention that the problem-solving process in the group usually came from the prompt interaction among members instead of planning ahead.
In other words, it was usually unexpected and was not the result of preparation. When relating those group experiences to the concepts of social comparison, some situations showed the participants experiencing upward social comparison because the group was used as an informative resource to learn coping strategies. Members can see the hope from witnessing the achievements of others who had been through the similar stages. From the other perspective, the group members who provided resources to the others experienced downward social comparison in which group members gained confidence and were able to see their own progress (Buunk & Gibbons, 2007; Forsyth, 2010).

Except for the common experiences of some challenges, there were also dissimilarities among participants. The first difference reported was on the issue of insufficient social network and social support in the United States. This challenge was emphasized by Vivian and me—the two female participants who were international graduate students. The derivative issues that related to this topic included feelings of isolation, lack of belongingness, and feelings of uncertainty about future and relationships. In the contrary, Mark as the only male, undergraduate student, and first-generation immigrant participant, did not report the similar needs or challenges.

The discrepancy might be explained from two perspectives: the different conditions between the two populations—international students and first-generation immigrants, and different ways of responding to stress by different genders. Although experience of acculturative stress might be similar to both international and first-generation immigrant students, international students might have to face additional
stress from maintaining visa status, lack of family support, and possible economic pressure (Poyeazli & Grahame, 2007). In order to fulfill the requirements of student visa, international graduate students had to enroll to 9-credit classes each semester (except for the very last semester) to maintain full-time student status. Some international students might have high economic stress so that they had to either work or keep high academic standard to maintain their scholarship. In this study, lack of family support might be the best explanation since Vivian and I did not have family members living in the United States while Mark had stronger support system from his family and community.

From the other perspective, gender differences could possibly explain the significance of group as social support for the two female participants as females have stronger tendency with seeking support from group as well as learning in a group format (Cuseo, 2009). Besides, expectations on different gender roles might also affect the male’s help-seeking behaviors. Compared to egalitarian oriented western culture, Asian cultures tend to be patriarchal and traditional orientation. Asians are known as underutilizing mental health services especially among males because they usually are seen as the authority in a family. Therefore, in order to “save face” and maintain strong figure of authoritative roles, it is more likely for Asian males to underreport their social and emotional needs or describe in a non-directive way such as emphasizing the physical pain rather than emotional needs (Sue & Sue, 2008). In this case, the perspective of gender differences might not able to apply fully in explaining the discrepant result between both genders because Mark had stronger support system than Vivian and I had.
However, this point of view should be taken into account for the future application.

For both female participants, the group has been saliently served by the functions as social support system. Through the group process, the friendship was built firmer with increasing trust and understanding with each other. The social connection among group members also enhanced tremendously followed by the developing relationship. "Feel like a family" and "Feeling of belong to a group" were reported by both participants. Comparing to the studies about buffering effect and social support, findings have shown that people with sufficient social support experience less psychological distress and recover from the crises better (Helbec et al, 2009; Thoits, 1982; Yeh et al, 2008).

Except for the findings above, it was interesting to find that longer time of studying in the music therapy program (up to 5 years) did not seem to resolve the issues automatically when comparing three participants’ results. In this case, I had been in the program the longest (five years); however, my personal issues did not seem to be easier to resolve or less significant than the others. On the contrary, some issues were developed during the later stage of studying. This phenomenon had reflected Kim’s finding in 2011. She stated that the first 5 to 7 year was a turning point of experiencing acculturative stress for international music therapy students, and my current status was right on the spot. From comparing the reports across participants, levels of experiencing difficulties might change, and the major concerns might shift from one to another or develop on different levels. However, the challenges would not go away if they had
never been addressed or treated.

Overall, each participant might perceive the challenges in different ways and in different levels even under the same topic such as language barriers. Remarkably, despite challenges that the participants faced, all three participants expressed a positive self-adjustment process in our studying. Mark mentioned that his reading was getting better and stated that it was delightful working with the clients. Vivian also enjoyed the clinical work despite the fact that the language, technical, and cultural barriers were huge. I experienced different stages of adjustment from practicum to internship, and eventually found my own pace under high stress in order to really enjoy the work. These examples showed our resilience in the process of recovering from the frustration and stress, and further illustrate our original motivation of forming this group – to help each other with the adjusting process. In the related literature of exploring human grouping behaviors, sociologists have found that humans have the tendency to join groups in order to cope with challenges and stressful events (Baumeister & Leary, 1995; Forsyth, 2010; Helbec et al., 2009; Taylor, 2006). Similarly, convergent theory also claims that people who have compatible needs, desires, and motivation usually have greater group-seeking tendencies (Forsyth, 2010). Both theories suitably state our position – by joining the group, we take action to make necessary changes enthusiastically, and that motivation made the major differences in our experiences as international music therapy students. In the future, these challenging experiences may transform to a positive impact that helps us develop deeper empathy to our clients who have suffered and struggled in their life.
Implications and Applications of the Study

In the highly globalized society in the United States, I believe the joining of students with diverse cultural backgrounds is beneficial for the music therapy profession (Tabor & Maniam, 2010). Our multi-culture inputs may help our peers, educators, and clinical trainers gain global views and be better prepared to face diverse cultures of clinical settings and clients. For educators, the value of including students with multi-cultural backgrounds in the music therapy program is to bring differing perspectives to each discussion. Through prolonged engagement with these students; educators are able to learn more about the nature of diverse cultures. The experience of actual contacts extends educators’ consciousness and knowledge, and these experiences cannot be replaced by verbal explanation or reading books. It also helps educators become more culturally sensitive and therefore increases the quality of education.

Likewise, for clinical trainers, our presence can increase their understanding of how to help people whose lives have rooted in different cultures. Their sensitizing of trainees’ differences may evolve the ideas of what it means to help in therapy. On the other hand, while we hold different culture identities entering to the clinical works, we can provide new stimulation to our clients, and that can help them gain different perspectives as well.

It is important to note that many educators already know that Asian international students have experienced struggles with language barriers on different levels. From the findings of this research, strong connections with the cultural basis as relate to
language barriers was found to be overwhelming from the daily life to academic achieving and clinical work. The obstacles from a cultural basis could not be fully resolved by simply taking English classes or language tutoring. Specifically in the music therapy field, the related disciplines including arts, music, science, and healthcare all had their own cultural context, therefore increasing the difficulty for acculturation. Although most of the challenges stated by the participants might have been shown in the related literature, this study has added depth to the known. These personal perspectives honestly presented a part of the real picture about how it feels to live with these obstacles in everyday life. Under this circumstance, it was important for the international students to have sufficient social support. However, many Asian students often underutilize the resources and mental health services due to lack of information and feeling afraid of stigma (McLachlam & Justice, 2009; Shea & Yeh, 2008; Sue & Sue, 2008). Therefore, music therapy educators’ in-depth empathy and ability to actively intervene by introducing resources to the students accordingly are very helpful and important.

For the music therapy clinical trainers, the supportive and understanding attitudes were very important and meaningful for us, especially during the beginning stage of training. Due to a greater discrepancy between Asian and Western culture, it usually took longer time for us to be mentally prepared for the clinical setting as compared to European trainees (Kim, 2011). The discrepancy might especially influence the communication in supervision. It is important to remain aware of the nonverbal communication and misunderstandings due to different communication styles between Western and Asian cultures. For most of the Asian trainees, starting the
supervision with clearer structure and instructional advices might have been more comfortable (Sue & Sue, 2008). Yet, in order to adapt to the American culture, we might need more encouragement on showing autonomy. Leaving space for passive Asian trainees to speak up might be a helpful way in allowing that trainee to feel safe sharing his or her thoughts.

For music therapy students, it is important to understand how this Asian music therapy student peer group was found to be significantly helpful for me as well as the other participants on coping with our challenges. Therefore, I would like to share some information here as references to people who want to replicate our experience – either for coping with challenges and issues that are similar to ours, or for seeking a way to improve achievements on the journey of studying in a music therapy program. Below are some conditions that I considered essential and special for us to constitute and maintain the group.

Firstly, this is a spontaneous formed friend group. Most of the original group members were friends with each other before the group was founded. Therefore, we were mostly in the same social network or at least part of our social circles overlapped with each other’s. With the foundation of the first year, we invited new members to join us on the second year but kept the same members for the entire academic year. Although some members had to drop out for personal reasons, the close-structure seemed to bring intimacy and stability to the group. Meanwhile, it was the consensus among the members to attend the group regularly even without any limits or rules. I believed that
the stable attendance rate had a positive impact on group dynamics.

Secondly, there were several members who happened to reside at the same place, sharing one apartment in short walking distance (about 5 minutes) from the campus. Therefore, the group meetings had a guaranteed space to use with some basic musical instruments to utilize such as keyboard, guitar, and some percussive instruments. Therefore, the extra burden was minimized since the preparation workload for each meeting almost did not exist. All we had to do was to go and enjoy!

Thirdly, we also rotated the leadership of each meeting. The rotation and the group format started with a little structure, but eventually evolved to a form that provided greater freedom for us to deal with main issues. In other words, there was no set function for this group; we explored learning, supervising, supporting, and sometimes just purely had fun together. Fortunately, with assistance of modern technology and social network on internet, we were able to utilize internet community to throw ideas about themes for the coming meetings, easily share and obtain resources (e.g. songs, lyrics, information, etc.), and efficiently make group decisions. On some occasions, we still needed volunteers to manage things for the group however that did not become an issue since the decisions were made upon everyone’s free will.

Of course, groups may take different forms in different situations. There are many other approaches to facilitate groups in addition to our way. I hope that the format of our peer group can inspire some ideas for the people who have been in similar situations to find additional ways to cope with the challenges. The truth is, not everyone
was as lucky as I was to own such a rich resource. I have overheard stories about international students who started the journey with confidence but ended up feeling doubt and insecurity during their time of pursuing music therapy profession abroad. I believe that with more tools, strategies, and resources available, it would become possible for them to keep enthusiasm through the obstacles and eventually reach the destination.

In the future, I hope to transit this group experience for further application after starting career back in my hometown. Although the situation and the challenges might be different, it is important to consider the motivation of forming this Asian student peer group. The group members had resembling needs and founded the group in order to help each other cope with the challenges; the approach can still be applied for the same purpose in different scenarios. Some ideas include starting a preparing program for the future international students and building peer supervision groups for new therapists. Nowadays, the phenomenon of globalization and convenience of internet already help reduce the transitional shock for the international students by gaining large amount of information about customs and professions. Through establishing a preparation program, the future students can be psychologically better prepared for the acculturation before arriving in the new country by learning from predecessors’ experiences and building stronger social network as their resources. On the other hand, for international students who complete the academic training and return to the home countries, acculturation will become a challenge again upon moments of transition back to the original culture. Some issues such as shifting from the ideal world to the real world, role changes, confronting challenges in work and reality, and achieving personal growth
and self-transformation was mentioned in Hsiao's (2011) study about music therapy student sojourners' reentry adaption, further showing our needs for support from the professions. However, music therapy as a new profession in many countries seems unable to provide sound and sufficient support systems. Through establishing peer groups, one might gain support and supervision by exchanging visions in relative health care professions.

**Reflections on Method: Virtues and Limitation**

In this research study, I played multiple roles as researcher, participant, interviewer, group member, as well as friend of other participants. There were pros and cons of having multiple roles in this research, but generally speaking, the benefits outweighed the disadvantages. This research study has been written in an emic tone. My decision to participate in this study increased the authenticity by allowing me to describe the group as a group member, providing an insider's perspective as well as the voice of a researcher. As a friend of the other participants, the trusting relationship between me (the researcher) and the participants had been built over time, further helping to increase the participants' openness during the interview. In the meantime, the familiar communication style among us helped transmit the implicit message during the interview. This qualitative research required creative and critical thinking and insights to excavate the issues on deeper level rather than analyze the data superficially. Therefore, the built friendship was especially helpful for me during the data analysis process for it gave me in-depth understandings with empathy. Moreover, through a
systematic way of analyzing the data, the validity of the results increased. All the conditions stated above contribute to the authenticity for this research study. On the one hand, as the participant, it was challenging to see my own issues objectively. As a group member and friend of the other two participants, I had to pay close attention not to over-interpret the collected data, yet remain unrestricted to the spoken words when identifying the main issues.

The research design of this study was based upon the desire to understand the individuals' perspectives from the members of this particular group. Therefore, the results should not be generalized to other situations. Yet, the transferability of the findings could be considered when the conditions are similar to this research study. The transferability is not so much about the sameness or external validity, but it is about being able to transfer the meaning from one context to another. For example, the idea of needing social support has its unique meaning for the participants in this context, but it can also teach people the importance of social support for someone who is not in their home culture and language. The situation may look very different from one context to the other, yet the principle is still meaningful. In this case, participants' age, gender, nationality, educational backgrounds, motivation of group formation, group format, and composition of group members are some factors that can be considered when transposing the results to different contexts.

Furthermore, in the research design of this study, I decided to include participants who identify as both international students and first-generation immigration
since both populations seemed to face resembling problems. By recruiting both genres, I expected to gain perspectives with greater variety. The sample size was appropriate for the object of gaining unique perspectives from the group members in different genres. When seeing the results individually, each participant provided a rich and resourceful story to answer the research questions. However, it would be interesting to ask even more people from each of the categories in order to further compare similarities and differences.

**Ethical concerns.**

The greatest challenges in this research study were maintaining the boundaries between different roles and keeping confidentiality in this small community. As stated in the method section, the confidentiality was strictly followed during and after the research was done. It is worth noting that even though there are no stakes in between the researcher and participants, as a senior member and in the music therapy program I may have become an unspoken authority figure in the group. Especially in Asian hierarchical relationships, participants may experience that they were co-urgent to participate or share sensitive things in this research because of my authoritative figure. Therefore, I have to be highly aware and conscious to this possible situation. Fortunately, these ethical concerns did not emerge from the process in this research study.

**Suggestions for Future Study**

Based upon the purposes of constructivist qualitative research, the additional
research to increase understanding the topic of this study might include some other methods. One way is conducting focus group discussions. It would be interesting to hear different perspectives about the group experiences in a group format. The group dynamics and unspoken hierarchical relationships in the group might play a more important role in this type of study. Another way is to study the group process directly. By using group itself as a research material, the focus of the study would be to explore the group experience. The researchers can design an open-ended questionnaire for gathering the group members perceived conceptions about the group, or by observing and recording the group meetings directly.

For understanding specific variables, correlations, and possible cause-effect relationships, quantitative research can be facilitated. The findings of this research study can be used to design survey studies. A large scale of quantitative research can be conducted by simulating quasi-experimental groups deliberately with simulation to this group. By examining group participants' satisfaction through questionnaire and analyzing the statistical data, the findings of this study could be corroborated.

**Personal Reflections**

This research had made me think through my five years of study in the United States. Through the reflecting process, I became clearer about my own issues and limitations, and then realized how much I have achieved. It was not until the late stage of analyzing the results that I started to consider how some challenges actually had very positive impacts on my journey of developing my profession. For example, during the
interview process, I recalled the memories of communication with different population I had worked with. Because of my strong desires to connecting with my clients while lacking English proficiency, I learned to be fully present at every moment in the sessions using all my sensations as resources. Once I got used to an environment, language barriers seemed easier to overcome. Then I found that the root of problem was possibly actually coming from the overwhelming fears of the unknown. In modern society, people like me might rely on verbal communication too much when gaining information. However, spoken words are just part of communication; there are always implicit messages delivered through non-verbal expressions. When I think of our possible clients, many of them are non-verbal, yet they are not non-communicable. Even for the clients with verbal ability, they may transmit important non-verbal messages while communicating with the therapist. Thus, we ought to develop diverse sensations in order to fully communicate with our clients. From my period of "language disability," I think I re-learned how to use other sensations as my resources to develop my clinical intuition.

In the process of the study, difficulties always appeared with accomplishments. This feeling was particularly obvious when I attempted to organize issues from raw data in order to analyze the musical data. I needed to jump outside the box and see through the core of the issues, but once I found the point of problems, all analyses became reasonable. It was also difficult to see my own issues from a distance, but it helped me understand myself on a deeper level. There was no "correct answer" in the entire analyzing process yet every step seemed to have a better way to present my thoughts. I
could try different combinations in order to find the most satisfying answer, and through inter-subjective process, was able to additionally examine the coherence of each thought. The process of pursuing “good enough” results resembled a piece of art.

By all means, there is still much more I wanted to do with the data. One was to record the after thoughts that emerged during the research process. I found it hard to comprehensively mention the feelings and challenges at once in the interview – usually the most salient event would be mentioned first. However, some hidden issues and feelings started to emerge when I thought back to the interview process. Later on, in the process of analyzing both verbal and musical data, I would find the hidden message underneath the spoken words. For example, when I analyzed my own music in personal domain, I heard a voice of loneliness throughout the entire piece even though it ended on major key. A strong intuition reminded me of the feeling of loneliness caused by abandonment, either being abandoned or abandoning someone else. The feelings of sadness and loss were buried so deeply that they did not get a chance to emerge from the interview, becoming clear only when I was on the late stage of analysis. This insight interests me a lot, and I hope to have more opportunities to excavate my after-thoughts as well as the other participants’ in a humane ways.

Conclusion

This research study has drawn special attention to Asian music therapy students’ well-being in multi-cultural context. Through the study, our cultural-based challenges had been emphasized and the benefits of utilizing a peer group on coping with these
challenges had been found substantial. This thesis project has been a part of my life consistently for 18 months. Especially during the late stage of writing it, I breathe with it every moment, from day to night, from reality to dreamland. For me, this research means more than a study. It represents a conclusion of my five-year-study in music therapy program in the United States. There are “sunny days with rain together” in this whole journey. By telling this story, I see the courage and creativity along the way of pursuing a music therapy profession and adjusting to a different culture. This story has been proved to me that if I want something to be changed, I am strong enough to take the necessary actions.

I hope this study can arouse the readers’ attention on the related issues, gain insights of understanding the Asian international student population, and use it as reference when actions are needed in order for change. I want this study to serve as encouragement for others in similar situations. Keep your dreams on the road and you will arrive at your destination with hope and inspiration.
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December 14, 2012
Ms. Yi-Ying Lin
861 Valley Rd.
Montclair, NJ 07043

Re: IRB Number: 001307
Project Title: Understanding the Benefits of an Asian Music Therapy Student Peer Group

Dear Ms. Lin:

After an expedited 6 review, Montclair State University’s Institutional Review Board (IRB) approved this protocol on December 10, 2012. The study is valid for one year and will expire on December 10, 2013.

This IRB approval is conditional based upon your receipt of approval from Newark Schools Research & Evaluation Review Panel; you must submit their approval to MSU’s IRB Office once you receive it.

Before requesting amendments, extensions, or project closure, please reference MSU’s IRB website and download the current forms.

Should you wish to make changes to the IRB-approved procedures, prior to the expiration of your approval, submit your requests using the Amendment form.

For Continuing Review, it is advised that you submit your form 60 days before the month of the expiration date above. If you have not received MSU’s IRB approval by your study’s expiration date, ALL research activities must STOP, including data analysis. If your research continues without MSU’s IRB approval, you will be in violation of Federal and other regulations.

After your study is completed, submit your Project Completion form.

If you have any questions regarding the IRB requirements, please contact me at 973-655-4327, reviewboard@mail.montclair.edu, or the Institutional Review Board.

Sincerely yours,

Dr. Debra Zellner
IRB Chair

cc: Dr. Brian Abrams, Faculty Sponsor
    Ms. Amy Aiello, Graduate School

montclair.edu

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Appendix B

Yi-Ying Lin  
John J. Cali School of Music  
College of the Arts  
Department of Music Therapy

In person Plea

I would like to invite you to participate in my research study. The title of the study is Understanding the Benefits of an Asian Music Therapy Student Peer Group, and it is about understanding what is helpful about our Asian music therapy student peer group, from different members' point of views. To participate in this research, you will first receive an hour-long, audio recorded interview conducted by me, involving talking and music making. I will transcribe the verbal content, and then meet or talk with you again (in a 30-minute meeting) to make sure that you agree with the representation of your information. I will process all of the information from the interview, and meet with you one last time (again, for 30 minutes) to make sure that you agree with the findings. Details on the study, as well as its potential risks and benefits, are on the consent form I will share with you if you are interested in serving as a participant. You can review and sign at your leisure—I will contact you to schedule a time to pick up the form once you have signed it. If you have any further questions, feel free to contact me.
Appendix C

MONTCLAIR STATE UNIVERSITY

CONSENT FORM FOR ADULTS

Please read below with care. You can ask questions at any time, now or later. You can talk to other people before you sign this form.

Study’s Title: Understanding the Benefits of an Asian Music Therapy Student Peer Group.

Why is this study being done? This study is being done to understand what is helpful about an Asian Music Therapy Student Peer Group.

What will happen while you are in the study? After you agree to participate in this study, you will arrange a day and time with the researcher for an in-person interview. The interview will take place Room 245, Chapin Hall (John J. Cali School of Music) at Montclair State University. The interview will last about 60 minutes, and will include talking and music making. Instruments will be available, but you may also bring one or more of your own. The entire session will be audio recorded. You may stop the recording at any point during the interview. After the interview, the researcher will transcribe the verbal parts of the recording, and transfer the music to a CD-ROM. All digital recordings and transcriptions will be kept in a lock-box, accessible only to the researcher. After working with your information, the researcher will contact you to schedule up to two, additional 30-minute meetings (taking place in person or by telephone) to make sure that you agree with the representation of your information, and with the findings.

Time: The first interview will take about 60 minutes and each follow-up interview (up to two, total) will take about 30 minutes.

Risks: The risks are no greater than those in ordinary life. You may experience upsetting emotional reactions to the questions, and you may experience distress while answering the interview questions or while playing music. If this happens, you will be directed to MSU’s Counseling and Psychological Services in campus (CAPS). All CAPS counseling services are free, voluntary and confidential. Please call (973) 655-5211 or stop by Russ Hall for an appointment. Their hours are Monday - Friday, 9 am - 5 pm.

Benefits: You may benefit from this study by gaining insights about your personal growth while studying in music therapy program. You may also be able to gain insights about how the peer group experience has been helpful to you in different ways. Others may benefit from this study by better understanding the value of culture-specific, student peer groups as part of music therapy and other human services training programs.

Who will know that you are in this study? All data (recordings and transcriptions) will be kept strictly confidential. All results will be shared in anonymous form. When transcribing the recordings, any group members’ names or any other identifiable characteristics revealed during the interview will be disguised. Any moments of music from the interview the researcher may present as part of the findings will be excerpted in a way that will protect your identity. You will not be linked to any presentations and your identity will not be revealed in any publication of the study and its results. There is a risk of your words or music in the findings being recognized by other peer group members, by other students at MSU, or by certain members of the music therapy student or professional community. You are free to refuse to reveal any personal information in this study.

Revised 11/2012
Do you have to be in the study? You do not have to be in this study. You are a volunteer! It is okay if you want to stop at any time and not be in the study. You do not have to answer any questions you do not want to answer. Nothing will happen to you.

Do you have any questions about this study? Phone or e-mail the Researcher:

Researcher: Yi-Ying Lin
861 Valley Rd.
Montclair, NJ 07043
Phone: (862) 220-8480
E-mail: liny3@email.montclair.edu

Researcher's Advisor: Brian Abrams, Ph.D.
Associate Professor of Music/Coordinator of Music Therapy
Phone: (973) 655-3458
E-mail: abramsb@mail.montclair.edu

Do you have any questions about your rights as a research participant? Phone or email the IRB Chair, Dr. Katrina Bulkley at 973-655-5189 or reviewboard@mail.montclair.edu.

I would like to get a summary of this study:
Please initial:       Yes       No

It is okay to audiotape me while I am in this study:
Please initial:       Yes       No

One copy of this consent form is for you to keep.

Statement of Consent
I have read this form and decided that I will participate in the project described above. Its general purposes, the particulars of involvement, and possible risks and inconveniences have been explained to my satisfaction. I understand that I can withdraw at any time. My signature also indicates that I am 18 years of age or older and have received a copy of this consent form.

Print your name here
Yi-Ying Lin
Name of Researcher

Sign your name here
Signature
Date

Name of Faculty Sponsor
Brian Abrams

Signature
Date
Appendix D

(1) YI-YING's De-identified Interview Transcript

[Basic Information]
Date: 2013/1/29
Time: 12:00 pm to 12:45 pm
Place: David Ott Laboratory (MSU Chapin Hall room # 245)
Interviewer: Thesis sponsor (TS)

[Transcript]
TS: Hi, good to see you.
YI-YING: yeah, good to see you, too.
TS: thanks for coming and doing this interview. Why don’t we start from just quick
questions about your personal background? So can you tell me about yourself, about
what country are you from. What’s your national heritage?
YI-YING: I’m from Taiwan, and I got all my education from kindergarten to college in
Taiwan.
TS: Okay, so you lived there continually for how many years?
YI-YING: 26 years, before I came to the U.S.
TS: Okay, and then you came to U.S. to do this program.
YI-YING: It was 5 years ago by the way.
TS: And you are how old?
YI-YING: 31
TS: Which means you have been here for five years.
YI-YING: That’s true.
TS: The academic type?
YI-YING: Oh, I’m here for graduate program.
TS: Okay, that explains why you are here.
YI-YING: Yes, I applied for graduate program directly. So when I’m here I’m already
graduate student. I just finish internship last year.
TS: Where did you do your internship?
YI-YING: a large general hospital (disguised) in New York City.
TS: Is there anyone else from Taiwan when you were there?
YI-YING: When I was there, no, but the year before, there is another Taiwanese. But I’ve
never met her.
TS: In this group - Asian music therapy students group...how long have you been in this
group? How many years?
YI-YING: This is my second year. I’m one of the founders of this group, so definitely I will
be there since the first year. But I mean I didn’t drop out or anything.
TS: So you have been continuously in the group, and the group meets...?
YI-YING: Every week...maybe 90 minutes. No meeting during the break, summer or
winter.
TS: That’s a lot of meeting. So why did you come to study in the United State?
YI-YING: First of all, I studied counseling and elementary education in Taiwan. I did both
practicum and students teaching. I mean I tried both, but I’m always more...I want to be
a therapist more than a teacher, so after my one-year student teaching in Taiwan, I
thought of what should I do for future. It’s weird, right? We start to think of that after
graduation. Usually when people get into the teaching college, they expect you to be a
teacher. But by the time I graduated, the position was really hard to get into. So I don’t
want to struggle with all these... looking for positions, to demonstrate to everyone... I
thought it was too tiresome and I don’t have ambition on that, too. So I start to think
“What should I do?” Then, my mom just reminded me that “You always love music, you
studied music for such a long time...just for fun... What about combine your profession
and your habits?” I’ve studied play therapy and art therapy before, but I just didn’t take
music therapy before. I didn’t think of that. But when she brought up this idea, I was just
like, “right, that’s it!” But one thing is that, in Taiwan, there is no music therapy
graduate program at all.
TS: There is undergraduate program?
YI-YING: There was an undergraduate program, but not for now. They’re already gone. I
think maybe not enough professor, not enough money, and students, so...but then I
started to look for all the information, and then I found there is a professor in my school.
She studied music therapy in Immaculata, but then she switch to special education. So
she is the professor in special education. I talked to her and I had been her adjunct
research assistant for two years, and I applied for this school. So, that’s my journey.
So I’m not starting from nothing. I’ve been doing some counseling training, but the
music part is new.
TS: I’m just going to ask you... knowing you that I knew that you practiced counseling.
Were you professional counselor before?
YI-YING: No, just student, like counseling major student.
TS: So you have the experience of running groups?
YI-YING: Running groups, and doing individual...but it’s more like practicum. I have more
experience in play therapy because we did a special training – play therapy for 18
sessions, individual session.

TS: Okay, good. So, now what do you feel... what are the reasons for you to join the group? What’s been important for you to remain in this group?

YI-YING: It started because we wanted to practice guitar and piano skills in a clinical way. So it’s not like practice a classical piece, non-stop, no mistakes. We want to use it... we want to think in the way of how to use it in our clinical setting with different populations. So you know, in the class there is always time limit, and lots of Asian students -- maybe not me, because I am very outgoing, but lots of Asian students are afraid of showing themselves in front of the class. So when my friend thought of that, I thought that’s a really good idea to get extra opportunities to practices all these things. Maybe it’s like rehearse the session in our mind or in our songs, and then we can build up more tools for us to use. We know that even though in the session it’s not going to happen like how you rehearse it. But we thought it’s helpful for us to feel we are prepared. So I think it’s better to do it regularly. We found several friends to do it together, so we can get more feedbacks.

TS: It sounds for me that you have mentioned helping other people, but for you, your main reason, why does the group... as you said was it because of that?

YI-YING: Yes, mostly because of that. I thought maybe they are thinking that I am... because other people in the group for the first year, they are either younger, or they are in the different academic level. I was doing internship by that time, others are just doing practicum, so they thought that maybe I am more experiential. But I also thought I am not that well prepared, either. So I think we can benefit each other.

TS: So mostly for prepared...

YI-YING: for clinical work. But later on, we thought we can open up to all academic preparation. That’s the original idea.

TS: and then evolve.

YI-YING: (nod.)

TS: Good. I like to base on what you just said and follow-up and ask a few questions about the specific ways that the group has been helpful. Then I will ask you to respond to talk a little bit, and also express those feelings and the sense of helpfulness musical. Can I start by asking you how you feel you’ve been challenged as a student academically, and how the group has been helpful in the academic level?

YI-YING: The very first thing and the biggest thing that jump into my mind is language (laugh). Since I have been here, it’s always there, it’s never gone, and I think if I want to stay longer, it’s going to be there for a longer while. Not saying that I am not adjusting myself, but maybe because of the expectation. When I was in Taiwan, language is kind of
my strength. I am outgoing, I like to talk. I’ve been talking in the class in Taiwan. It’s unusual (laugh), but I did. I have no problem with academic writing. I read very fast in Mandarin. When I came here, everything just changed. I cannot understand what people said, I don’t understand lecture...to be honest. In your first lecture, I think, I forgot what’s that class, but I took very first class with you, but I cannot get what you said (laugh). I don’t understand people, I mean classmates, what are they talking about. It’s even more difficult than lecture. Cause you know, lecture, even I cannot catch hundred percent, but maybe fifty percent. I can follow the power point, if there is not, then text book. We know what’s the topic for this class, but classmates’ discussion can go everywhere. Also, practicum, different generations...I didn’t live in that generation, I didn’t live here, so I didn’t know about... Well we learned American history from our history book, but it’s a totally different story. I don’t understand their joke; I don’t understand their humor, I don’t understand anything. It’s really stressful situation. Everything I have to observe, use my eyes, use my...intuition, and just follow whatever people do. I tried not to make stupid mistakes. I mean make people laugh...or sometimes I did, but...

TS: yeah, because of your pride and feeling...

YI-YING: Yeah, it makes me feel like I am a fool. It’s very challenging. Also, all the assigned study, I could not finish. All assigned papers, I couldn’t finish them by the due date. What else? You know, all these. So it’s very stressful and frustrated. Plus, I didn’t know that I am a perfectionist until I came here. Well, you know, because of the atmosphere in Asian countries, we tend to have high expectation on academic achievement. So I didn’t notice my personal perfectionist inside of me until I came here. My writing professor just told me...cause she saw me, I wrote so slow, but that doesn’t mean I cannot bring up good ideas, but just so slow. So she asked “are you perfectionist?” Then so many people told me that, so I recognized that. I want to be perfect, but I couldn’t. The expectation and my real performance, there’s a huge gap there. So that’s the academic challenge...mostly from language.

TS: Tell me that how the group has been helpful in some way that the challenges address?

YI-YING: I have to say, because when we have the group, I have been here for three years. In that level, it just gave me one more place to practice language, in a more comfortable, more relaxed setting. Otherwise, it didn’t help me in the beginning transitional culture shock. But one thing I felt is really helpful is to know what people in the group are learning. For example, they were taking method and material class, they brought their questions and what they wanted to practice in to the group, and I practice with them
again. So I kind of re-learn all these things that I felt I didn’t learn very well. That’s one thing. I’m not sure if that’s the term – metacognition. I thought the group sort of gives me the chance to do all these after-learning.

TS: To think about you own learning.

YI-YING: (confirm) think of my own learning experience, and also re-organize all these information in my mind. They remind me all these academic learning that I have been through.

TS: and then that’s less stress.

YI-YING: Yeah, that’s less stress circumstance for me to speak in English and to express myself, definitely.

TS: and maybe more academic success because you got to practice?

YI-YING: Hmmm, well, that part I don’t have answer for that (laugh). There is no...it’s not been proven (laugh).

TS: but your own impression... you think you are more academically success because of this group?

YI-YING: Well, if not judge by the grade, yeah. Cause when I was in the group, there is no lecture class I was taking except for abnormal psychology, so I cannot tell from grades that this really helps me. But I feel like I re-learn all these things.

TS: Do you want to play a little bit about this experience? The language, the stress in academic, and then maybe you can play a little bit of what is it feel like to be in the group practicing language. Just a little.

YI-YING chose to play piano.

TS: anything you want to add to that?

YI-YING: The first part, the chaos part, it was overwhelming by all the not-understanding. So it’s sometimes here, sometimes there, you can hear everything, but you cannot catch it, so it’s very blur and eventually goes down to... like very heavy inside of my mind. Of course there is transition, I just skipped that and jump into the feeling of the group. Sometimes someone say something and the other one can sympathy that in very deep level. We can take our time communicate, even though not very efficiently but it doesn’t matter. So it’s kind of the feeling of harmony inside of the group.

TS: Can I now ask you about...and if the things are related it’s fine...but to ask you if...what your challenges have been in your clinical training, the part involves practicum and internship, again somebody from Asia, study here, what has been most challenging
to you?

YI-YING: The first semester...I mean the first year, academic year, and my internship are two most challenging experiences for my clinical training. The first year is definitely still because of language, but you know the language can overlap with culture. I don’t understand joke, that’s one thing, so everyone is laughing in the group. I know they are not trying to...you know...exclude me, but I just felt like so isolated, cause I just don’t get it.

TS: in the client group?

YI-YING: Yeah, in the client group, and of course with supervisor and by the time I had partners. They are all laughing, only me. I was like...fake laughing (laugh), but I don’t know why I’m laughing. Cause I don’t understand the joke. Hmmm, when I have to lead the group, wow, it’s so frustrated. I felt like I can’t do whatever is in my mind. Even I practiced, I spent like three or four more times to prepare leading than my partner, but I could not do whatever she did. You know, it’s just in my mind, in Mandarin (laugh), I don’t know how to translate it. I don’t know what’s the appropriate language. I don’t understand what they are saying. Especially in the beginning of the second semester, it was very overwhelming.

TS: Sorry, which place this is? The placement.

YI-YING: It’s geriatric population in a specialized hospital (disguised). I have to say, my supervisor is very nice, really patient, and give me lots of support. But still, that kind of isolated and loneliness inside cannot replace by anything.

TS: And these are big groups?

YI-YING: It’s okay, it’s not super big group. The group I led was about six people. Sometimes more, sometimes fewer, but it’s not extreme size. And you know, my patients, are very patient, too (laugh). They are very nice to me. They sometimes just said, “oh, your smile is so beautiful. (laugh)” You know, they’re just really encouraging. So, I have to say, everything except for my...hmmm...me losing confidence, except for that, everything is very positive. But just that part, it’s like huge, core, central issue. But then, humm, I sort of overcome that. Every time when I don’t know how to say, I practice or rehearse at home in my mind. I tried to think if the next time I meet this situation, what should I say? So, it’s getting better. By the end of that semester, it was getting better and better, but you know, in the beginning, it’s really, really frustrated. And also, like the first semester, we have to write something like patients’...we have to review their charts, I don’t understand the terms, those medical terms. Even though they are not medical terms, there are too many words that I don’t understand. So it’s like everything. I felt like I was in the mist for the whole semester or whole academic year. Then I started to see a
little more lights here and there, but still I don’t know where or when I can overcome all these challenges. Second year I did my practicum in a pediatric center (disguised) with children population. That time it was only me with supervisor, and I think I become......I know how to ask questions more than first year. So I just ask whenever I got a chance. That helps me a lot, too. My supervisors were also very patient. They knew I’m from different country and they knew that I want to learn, so they told me as much details as they can, and that really helps.

TS: You weren’t in the group yet, right, when you were in the pediatric center (disguised)?
YI-YING: No, it’s not start until my internship. So, practicum, year by year, I felt like I am getting better.

TS: on your own.
YI-YING: on my own, or with my peer and my supervisors. But internship, it’s a totally new thing. I didn’t even expect it’s going to be so hard, cause I have been overloading my credits every semester, and I was really busy and doing thousands of things in one time. But you know, so I didn’t expect the pressure from internship is totally different. It’s like continuous every day, and they treat me as a co-worker. But I didn’t expect myself as a co-worker. I expect myself as a student. The expectation is different in the beginning. So it’s like...I have to adjust myself very fast, because it’s also a very fast pace working place. So there was a few month I felt miserable. Every day I was thinking when is this going to be end? Also, different challenges come from marketing myself. It’s not always about what you do, it’s also about how you can present what you did, and how well you can present. I felt it was my weakness compare to other interns, and compare to my supervisor, of course. So I felt like incompetence. I felt inadequate. I don’t know which word is better described. I felt I was isolated again. Actually that year when I did my internship there, our peers are kind of in really harmony, good dynamics between interns and the supervisors. But still, I felt I couldn’t show whatever I have, or I couldn’t......I felt I don’t know how to sell myself and I don’t want to. Maybe this is an Asian thing. We don’t talk so much about ourselves. Also the hierarchical relationship with the supervisor, in that specific setting, we have to put ourselves in the same level with our supervisors, but it’s really hard for me to get into that step, especially when I co-work, or co-lead session with my supervisor.

TS: Yeah, it feels like horizontal, and it supposed to be vertical.
YI-YING: It supposed to be horizontal, but I felt I was in the lower level. But they expect us to be in the same level.

TS: I see. Can you tell me – that was the term when the group was formed, how was the
group helpful for you in these experiences?

YI-YING: At the time, I didn’t take that much lecture classes, and I didn’t in touch with the old acquaintances. So, I think, in that period of time...it’s going to overlapping with the next item......but I mean, it’s really the social support from that group. I made friends in this group. I meet them regularly. They are grounding of me, so I know that every week I’m going to see these people who can bring me safety, and I can talk about my struggles and my issues even though they probably cannot resolve it. So it’s kind of giving me a way...except for my own supervision time...another time that I can just free express. I talked a lot about my issues but didn’t really get an answer, but it certainly just made me feel better.

TS: What’s the different between the regular supervision and this group in terms of the support you can get? What’s special about this group?

YI-YING: It’s more like a friend group, so it’s like talking about your issues with your friends. So sometimes when you talk to your friends, you don’t expect to get an answer, and it’s just like, you can complain in very inappropriate language (laugh). Well, I don’t have that much in appropriate language, and there is no direction that you have to follow. You don’t have to concern, and yet, because this is a group, it’s guarantee. I mean like the time and space are guarantee. That made me feel safe, and also I can express totally free.

TS: I think because of our time limited, we’ll consider this the combination of items. So you mentioned a couple of interesting things – you felt like in the mist, and also felt isolated feelings, and insecure, and horizontal, vertical...you know, those are all experiences that were challenging in internship, can you play something from that, any part of that you feel that’s the most important or challenging experience, and then the feeling of the group. You can change the instruments in the middle if you want.

YI-YING: Okay, I want to use the drum.

YI-YING played the drums – one djembe and one bongo.

TS: Anything you want say about that you noticed when you played it?

YI-YING: This is me (smaller part of the bongo), this is my supervisor (bigger part of the bongo), and this is the group (Djembe). That’s how I felt about myself in that setting, especially in the first few months. So...I tried to keep my pace, like this (play the steady beat), but sometimes supervisors just accidentally add something into this regular pace. Sometimes it’s really disturbing, sometimes it’s really stressful. So I tried to relax myself or express myself freely in the group. It’s every week. This week I felt this and that, and I
go to group. Second week I probably felt the same thing. It’s kind of like a pattern. But the last time I played on the bongo, I raised the volume of me. That means I felt inside of me was growing. So I’m more competence to the same level as my supervisors.

TS: Anything else that you want to share or you want to say about the experiences.

YI-YING: I will just add something that I felt is very important about this group. It’s kind of guarantee of belongingness, belong to a group, which was lack in my life in the US, because I left my original family, my friends in Taiwan, so it’s very important to know that you belong to something, belong to some group, a team. We can share our common feelings, like an in-depth understanding. Because our culture is closer, so we can understand “why does she think that way?” If I talk to other people, they probably will think “you think too much! It’s just simple, and just go ahead.”

TS: understanding each other’s feeling...empathy?

YI-YING: Empathy is really helpful. Also, I felt making music together and keep myself in touch with social communities, especially when I’m not taking regular lecture class, this group still connect me to the society (laugh). Because of the friendship that we made in this group, it made me know my friends deeper, and we bonds to each other in deeper level. I really appreciate that friendship, because I think lots of international students they don’t know if they’re going to stay here permanently. So when we’re making friends, we are thinking of “when we go back, how can we continue this friendship?” But I felt like in this group, we really bond in the way that we can continue our friendship. It’s really something like...valuable for me. When we’re thinking of future, there are a lot of uncertainty, but this part, friendship, we know it’s going to last longer than just in the U.S. It’s another guarantee...I felt like. And also, because we are getting closer, so we can spend some leisure time, like we go to gym together, we went out for restaurant or shopping together. It’s some extra benefits. The social bonding is really, really helpful, and really important.

[The end of the interview]

Due to the time limit, the music making of personal domain was recorded in a separate time. The chosen instrument was guitar.

(2) Mark’s De-identified Interview Transcript
[Basic Information]
Date: 2013/2/6
Time: 2:15 pm to 3:15 pm
PI: Good to see you here.
MARK: Hello
PI: So I think let’s just start from the biographical information, like what’s your national heritage, your age, years in the U.S., years of study in the music therapy program, and are you graduate student, or undergraduate student, and how many years have you been in the group?
MARK: Okay, so my name is Mark (pseudonym), I’m Japanese. I’m right now 21 years old.
PI: Were you born in Japan?
MARK: Yeah. And I am undergrad. It’s my third year in the music therapy program, and it’s my second year in the Asian music therapy group. And the years in the U.S. is ...... in total, it’s my tenth year in the U.S.
PI: Can you explain what do you mean by in total?
MARK: Okay. I first came to the U.S. when I was 6 years old. I lived in Japan until six, and moved to U.S., and lived there for 3 years.
PI: Did you go to school here?
MARK: Oh, yeah. I went to the public elementary school. Then I moved to England after that for 2 years, and to Thailand for 1 year, and move back to Japan for a year and a half, and came back to the U.S.
PI: so the recent time when you come back to the U.S was how old?
MARK: I was 15 years old.
PI: So, high school, or?
MARK: Yeah, just about to start high school.
PI: Oh, okay, first year of high school.
MARK: Yeah
PI: When you are in England and when you are in Japan, what school did you go? Oh, no, sorry, Thailand and England, right? Did you go to England public school or did you go to Japanese?
MARK: England, I went to private school which uses English, and Thailand I went to international school, that is also English.
PI: So...in your education experiences you have been always using English for study.
MARK: Yeah, for most of the time. Except for the years when I was in Japan.

PI: But that was not really long for education, right?

MARK: yeah...

PI: I mean school education.

MARK: Like... Japan... I was there until 6, and a year and a half...so not very long for Japanese education.

PI: school-wise.

MARK: yeah.

PI: So, are you more comfortable study in English?

MARK: Studying-wise...maybe English might be better for me. But speaking-wise, I think Japanese is more comfortable for me.

PI: What about writing?

MARK: Writing...oh... hmmm...

PI: (laugh) tricky.

MARK: It’s tricky...well...like...writing essays and papers, I am more comfortable with English.

PI: Oh, I see.

MARK: So I think just speaking-wise. I am more comfortable in Japanese.

PI: Speaking-wise is more Japanese, otherwise, English.

MARK: yeah, I think so.

PI: For you, what language would you identify as your first language?

MARK: Well, Japanese.

PI: Then, can I ask you about what’s your reason of studying in music therapy program in the U.S.?

MARK: okay, I first...when I’m...in the senior of high school, I started applying for college as a music Ed major.

PI: Let me just clarify one thing. There are four years for high school in the U.S., right?

MARK: yeah.

PI: so, that’s your fourth year, senior?

MARK: Yeah, fourth year. And...in my senior year in high school, I started applying for college as a music Ed major, like I want to be a music teacher back then. I applied for a couple of college. Went in as a music Ed in a school in New Jersey, and......

PI: You do get into music education program.

MARK: Yeah, I first went as a music Ed student.

PI: not in our school?

MARK: Yeah, no, I went to different school for a year, and I transfer to Montclair. But like,
right before I started the spring semester at the old school, I was thinking if I want to be a teacher or not. I was kind of wondering and I wasn’t hundred percent sure about that. By then...I knew about music therapy, but I wasn’t like...serious about it, and I knew there was, but it wasn’t interesting me back then. But then since I started thinking about it, hmmm, I started looking for information, and found out that Montclair had a good music therapy program, so I came to speak to one of the professor here. And the professor said that, if you’re interested in, he recommended me to transfer the next semester.

PI: which is fall...fall 2011?
MARK: 2010. And so...I audition again, I passed and started my in Montclair from 2010.

PI: You have mentioned that when you first heard about music therapy, you were not really quite interested or serious about it. Then what’s the turning point there for you to think of it or consider it more seriously?
MARK: Hmmm...in my heart, I really want to do a job for someone else, like to help or...and I found out music therapy is like using music provide someone helps and improve the person’s life. I thought that was pretty interesting to me and it fit my...not a goal, but I think that’s my goal....so that’s why I want to try to study.

PI: and you mentioned about music there. Cause you know, in helping professions, there are many different ways, so is that specifically music?
MARK: Hmmm...because I personally like music, and like playing instruments and singing, so... that also fit my needs, I think.

PI: Okay, so then next question would be what’s the motivation for you joining and, I know you the second year also continuing, so what’s the motivation for you to joining and continuing to be in the group?
MARK: Okay, when I first...I heard about the group...the group member invited me to join, and I thought it was a good idea, because hmmm, as an Asian student, as a music therapy student, I think there are a lot of things we experience in common, either Japanese, Korean, or Taiwanese, whatever. I think we experience the similar way that maybe the American people or European people doesn’t have experienced in their courses of study or in the practicum site. And I thought that it would be good to share that with everyone , and try to support each other, help each other...I think that’s the reason why I joined and why I still in the group.

PI: Hmmm, so, I think we probably will cover that topic a little bit more in the following. But can you just give me a quick example, maybe in your mind, what do you think it’s different from Asian music therapy students specifically experience different from
European or American?
MARK: Okay, hmmm...
PI: If you cannot think of anything, it's okay. We'll gonna...probably you will think of something later, then just bring it out.
MARK: Maybe...since most of our group members are...most of the therapy major students are either study abroad or coming in as an international student, so hmmm, I think that at first they will experience the change in environment, and they obviously moved the country they lived. So I think we experienced a lot of stress higher than the American students. As I mentioned, the environment change, language, change of the life styles, study in the new language that is not your first language. I think it requires more work...more effort compare to study in their home language.
PI: Okay, I got you. Hmmm, but you have mentioned that you have been in the U.S. for longer compare to some of the international students. Do you think that still can describe some of your cases? Some of the stresses you have addressed.
MARK: Hmmm, maybe some but not much as compare to the other students.
PI: but you still experience some of them.
MARK: Yeah.
PI: Okay, then so since we mentioned about these stresses, and maybe challenges, can you...I want to ask some of your experiences of feeling challenging studying in the music therapy program academically. Means the school class, all kind of school class, could be music therapy class, music class or education...you know...general education.
MARK: I can say this... all of my classes... I take long time to read my text books. That's one of the...it's not an issue, but I need like long time to understand.
PI: You mean compare to native language speaker?
MARK: Yeah, when I read Japanese, I can like mostly understand one shot, like even just giving...I can quickly understand, but in English maybe I need to like reread several times so I can understand.
PI: that's even you mostly study in English for academic.
MARK: Yeah. I experienced that.
PI: Still, it's more difficult.
MARK: It's getting better, but still.
PI: Compare to your (language)...
MARK: Yeah, yeah, yeah
PI: So that's one of the (challenges)
MARK: And academically especially like music therapy are new information. So many stuff we studied is new for me. I think...I need to keep up with the readings and all the
information. I think I have to process.

(Interrupting 15:13)

PI: Can you just described more specifically? Can you mention some specific things that’s really challenging
MARK: Hmmm...
PI: If no, you can just say no.
MARK: Can I skip that?
PI: Yeah sure. If there is anything you want to address, you know...
MARK: Yeah, I can’t think of that now.
PI: Okay, it’s fine. So for the academic domain, do you think the group helps in anyways? This Asian group.
MARK: Yes I think it definitely helps. Because one of the benefits of the group was we have both undergraduate and graduate students, so...obviously the graduate students take higher level of course. So they have more knowledge regarding music therapy stuff. So, I think that by bringing academic issues in the group, maybe the graduate students can help, or even undergraduate students. They might have better understanding about the subject. They will be able to provide me the answer.
PI: Do you have one example for that? Specific events?
MARK: Hmmm, okay. Last year, I was doing a presentation of one of the music therapy classes, and it was about the different interventions that we use in the music therapy sessions. And...let me think....... I forgot what intervention it was, but...we... I wasn’t sure what to do with that specific intervention. So I brought it up in the meeting, and the few of the members suggested me examples, and I used that and modified it a little bit, and use in the presentation.
PI: Oh, okay, I got it! So the ideas, the different perspectives from...and the knowledge from the group member either graduate or undergraduate students, you have been feeling it’s helpful for you.
MARK: Yup.
PI: Okay, so the group experience...can you play...choose instruments, whatever you can choose multi instruments and play a short section of music to represent your... maybe your challenges, or your experience of being in the group, and supporting...or getting support, or getting help from the group. So it’s like use music as metaphor, or if you think of any pre-composed music that can represent this experience, it’s your choices.
MARK: Okay.
[MARK selected djembe]
MARK: so I will use the instrument to describe the challenges?
PI: You can either talk and play, or play and talk afterward. And you can switch to
different instruments. Just let me know when you are done with the music part.
MARK: So I will describe the different challenges in the music?
PI: Yeah, use music as metaphor to express.
MARK: Just challenges?
PI: challenges and the group experience. You can incorporate them, or you can play
separately, you can free express.

Mark improvised on djembe.

MARK: Yep, finished.
PI: Okay, do you want to say something about this music making?
MARK: When I started, I think I started a steady tempo, not using too many notes.
Because hmm...I like to think this is a...I’m trying to describe the study I had so far in
music therapy program. The first year I came, I take only one music therapy class, and I
wasn’t really... like... study a lot music therapy. It was kind of like slow and it wasn’t too
much for music therapy. I mean I was taking music classes and other classes.
PI: Do you think it’s less challenging?
MARK: Hmmm, yes in the way, I think. In some way, yes.
PI: Okay, I’m not trying to lead you that...but...
MARK: Oh, no no no.
PI: Just because you played the slowly tempo, so I want to know if that...
MARK: Oh, yeah, and as I started play faster and more notes, I imagined of lots of
things...lots of things to do, so I played faster and a lot more notes. From second year of
my study, I started my practicum, and music therapy courses, so there are a lot of new
things and new information. So there are a lot coming at me, and that’s why I
played ...and I continue for...
PI: can you identify what kind of emotion is that receiving new things?
MARK: I think it’s mix of excitement and worries.
PI: Why...where are the worries from?
MARK: Hmmm, maybe from the practicum site experience I think. There are lots of...it
was my first time doing music therapy stuff on site. So I was nervous if I can do it, or will
clients like me (laugh)? So I think the worries are mostly from there, and excitement,
yeah, obviously. That’s why I move forward.
PI: we will go back to the clinical part more further. Do you have anything to say about the music?
MARK: and then I went back to the state because that part I tried to express the group dynamic of the Asian group...cause every week we share our story and then we bring up any troubles or difficulties relate to our studies, It’s not like tense, so that’s why I play like slow and less notes.
PI: So you mentioned about when practicum start, lots of excitement and worries.
MARK: Yeah.
PI: So...you also mentioned a little what are the worries about, I also want to ask except for worries...maybe it’s mixing or overlapping...what are the worries, and what are the challenges for you to work clinically?
MARK: Clinically, the most challenging thing is learning the repertoire, I think. This might be common for international students, I think, especially for the folk songs and some of the older tunes, ‘cause we didn’t hear that when we grew up, maybe most of the American students knew from top of their head. Like me, sometimes I don’t recognize, and so learning the tunes and building the repertoire are challenging experiences.
PI: I have one thing that I’m curious about was... you’re... actually you spent many years in the U.S., but in your life, do you listen to all these American music?
MARK: hmmm, no (laugh).
PI: Was that because you are not interest or your environment just doesn’t really have these?
MARK: Hmm, I think it’s both, I think. I wasn’t like really interested in American music when I was young, and even in my home, we don’t really listen to American music, my brother does sometimes, so I didn’t have many chance to be exposed to the American music.
PI: But do you expose to Japanese music?
MARK: Yeah, I would say.
PI: Traditional? Popular?
MARK: I would say more popular?
PI: Then let’s go back to challenges and worries... so one thing is repertoire.
MARK: And...another thing is...leading the group in the practicum. In the second semester we lead the session. I first, the last year, I did the geriatric. And...like...it was like challenging for me the first couple sessions because I never led the music therapy sessions before, so...and...I have...since many clients have the hearing problems...
PI: was that your population they have the hearing...
MARK: Yes, some of the geriatric and some of the clients have hearing problems, so I
have to really sing out which I don’t used to, and I’m like more about calm, and I don’t speak loud. It was hard for me, but as I started doing it, I started to overcome these challenges, so...I think it was good for me to face that challenge, like early in my practicum experience.

PI: Hmmm, can you give me some more description about the...are you leading groups in practicum 2...right? Can you describe a little bit about what kind of characteristic of this group, how big, and what’s the format and what kind of needs they have, and maybe there age range.

MARK: Okay, so...last year, I did the geriatrics in practicum, and this group the clients are varied, I would say about 10 to 15. It’s like general range. And the age range was from...it was like from 50 to highest was 100 I think.

PI: wow, hmmm, interesting.

MARK: and then needs, they have some obviously the motor, I would say fine motors?

PI: Hmmm, gross? (both laughed) You mean gross?

MARK: Yeah, one or two clients they are on the wheel chair, so the movement was one need. And communication, because...hmmm...communication was their needs...some of them have the verbal needs.

PI: expression?

MARK: yeah expression, some of them have aphasia, so they can’t talk, so...

PI: Then, is there any more challenges that you want to address...in your clinical part?

MARK: Other challenges are...while leading, observing the clients are one of the challenges I am facing right now and last year. Because when I playing my instruments, like singing, looking at clients, I do lots of things at the same time, so when I was doing my session log I couldn’t remember what exactly happened. I mean I take notes after session, but it’s hard to like recite the clients’ reaction to the music and what they did. So...one thing that I’m working on right now is the observing skills while leading the group. And I think that’s the skill every music therapy needs, so, yeah, I’m working on that.

PI: In anyways, do you think this Asian group helps you on your clinical work? Anyway.

MARK: In building the repertoire wise, I think it helps because every week we sing different hello song, goodbye song, and many songs besides hello song and goodbye song. Most song I hear it for the first time, so...hmmm...from there we can learn it together, and we can play it on our site, yeah, so it helps me build the repertoire.

PI: Any other challenges you addressed that...does the group help you in any other?

MARK: Yeah, yeah, and sometimes we do like hmmm, leading, leading a song or leading
a session, so by getting more practice in front of the people, it’s arise our confidence level, and be more comfortable playing instruments and singing. So yeah, I think that will help us a lot when we actually leading the session on our sites.

PL: Okay, so anything you want to address more before we move on to the music?

MARK: No.

PL: Alright, then, just like the last time, can you choose some instruments or any forms of music making that can represent your experience facing these challenges and the group experience?

MARK: facing...?

PL: The clinical domain, can you use music, choose any instruments that you think is represented your clinical challenges and how does the group help.

MARK: (select instrument, and decided to play piano)

MARK: (After select) clinical challenges and how the group helps, right?

Mark chose to improvise on piano.

MARK: okay.

PL: Anything you want to say about your music or address?

MARK: Oh...hmmm...okay, in my practicum experience, even though I faced a lot of challenges, compare to the earlier music I played on the drums, which represent my troubles in academic parts, I think the challenges that I faced in the clinical are less stressing for me I think, compare to the academic part. So mostly I played slowly, like throughout my piano music, and not too many notes. I used some...I played some......

PL: chords?

MARK: chords and eighth notes that stuff, not too many notes I used compare to the drum. Mostly steady because I think I feel more...less stress...in the clinical challenges compare to the academic challenges I faced.

PL: Anything else you want to address in this domain, clinically?

MARK: No, I think that’s it.

PL: Okay, then personally, like you have mention in the beginning of your motivation of participating in the group. So I mean personally, I mean emotionally, socially, do you think you are facing any kind of challenges and difficulties studying music therapy program or study in the U.S., or you know...anything?

MARK: Can you explain again?

PL: For example, you know, just relate to being a person, anything you felt it’s...for example, I’m not belong to this culture that kind of things that you’re adjusting, you’re
adjusting to the new culture, or you are emotional feeling anything because you’re a different national heritage, or socialize wise, you feel more difficult to...for example, not your example, but to making friends with the...you know this kind of domains. Socially, emotionally, is there anything you felt it’s challenging or more difficult?

MARK: Hmmm, I see...maybe socially...because of the language I think. As I said, I am more comfortable in Japanese, so like talking in English to the other and going up to the others’ front...how can I say...hmmm...

PI: describe the situation? I don’t really know what you tried to express.

MARK: I would say like...there is a person I don’t know, we meet for the first time. In English, I’m going to them and talk, and start a conversation, it’s a little bit hard in English. I’m more...I think doing that, I’m more comfortable in Japanese.

PI: I see. Anything else you want to address? If no you can just say it’s about that.

MARK: Yeah, it’s about that.

PI: So in this group, or being in this group, is this group help you or do you feel like you’re benefit from being in the group in this domain, like personal domain, meaning emotionally, socially?

MARK: Yeah, definitely. Socially, I think I’m more comfortable speaking in the group compare to speaking in the class. I think it’s...I know it’s a safer environment, and everyone knows about me, familiar about me, so I think I can be more open in the group compare to the class. What are the other parts?

PI: social, emotional, personal, anything you want to mention that being in the group.

MARK: and personal...I mean I never had it, but let’s say something happen to me, for example...if something happen to me, I think I’m more comfortable sharing it in the group. I’m comfortable sharing in the group because as I said. I never had it, but in the future.

PI: You mentioned everyone in the group understand you, can you explain a little more specifically what kind of understand? Do you understand my question?

MARK: Hmmm......they would......hmmm.............oh...I think...they would more like accepting me, maybe? Maybe that’s the better word than understand. Hmmm......like........

PI: Do you have any examples ...of accepting?

MARK:.........like hmmm, if something happen to me and if I share it, mostly people in the group won’t deny me or anything.

PI: judge?

MARK: yeah, judge me or reject me...I think they will accept me about who I am. I think because we’re all Asians, so...
PI: So does that mean you have questions about saying it loud in the big class and you’re concerned about maybe some people will not able to accept?
MARK: Yeah, something like that.
PI: So, for this part, also, we are making music to present your feelings, your thoughts, anything you want to address emotionally, or anything else. Just pick an instrument, or more instruments, you don’t have to stick to one instrument.
MARK: (selected instruments. He chose tambourine and drum) Can you explain that?
PI: So you have mentioned that talking to people you don’t know in English probably is your social challenges, and you also mentioned that in the group you felt more acceptance, or you predicted higher acceptance from the group, so just imagine that situation and make some music based on these experiences.

Mark improvised on the drum.

PI: Do you want to say anything about it?
MARK: Hmmm, in the first part, in the social experience it’s like I might get nervous talking to others, my beats go up to express that. And the other parts are pretty much in the same tempo with couple notes because I think I was like calm. It described when I was in the group. I’m pretty calm, emotional wise, that’s why I played like more relax tempo.
PI: So we’re about to conclude this interview, before we conclude it, is there anything specifically you want to address, your own challenges or about this group? Is there anything we didn’t cover, and you specifically want to mention that?
MARK: (think) Hmmm...no, I think I’m good.
PI: Okay, thank you very much
MARK: Thank you.
[The end of the interview]
PI: Hey, nice to see you here
VIVIAN: Nice to see you, too.
PI: so what about let's start from your personal backgrounds. Where are you from? What's your national heritage, which means which country or what ethnicity you will identify yourself? Your age, your...the year you’re in the U.S....
VIVIAN: Can we answer one by one, cause I will forget the questions.
PI: Sure.
VIVIAN: I’m from China, my hometown is Henan province, Kaifeng city, and I studied university in Tongji University in Shanghai. I stayed in Shanghai for 5 years.
PI: What’s your major?
VIVIAN: Major is violin performance major.
PI: Performance major?
VIVIAN: Yes.
PI: Okay. So, how old are you?
VIVIAN: 24
PI: and how many years have you been in the U.S.?
VIVIAN: How many years...just 5 month...ah 6 month...from last August till now.
PI: That’s how many months? (Count) about 7.
VIVIAN: 7, yeah, less than 7.
PI: Less than 7. About half year. Okay. How many years have you been studying in the music therapy program? The same length?
VIVIAN: Yeah.
PI: Actually shorter.
VIVIAN: Before I am in here, I take some training course, like training course to...training course before, and listen some course in Shanghai Conservatory of Music, yeah.
PI: Two courses?
VIVIAN: two programs.
PI: That’s how many courses?
VIVIAN: hmmm, it’s take ten days for every day. Go there whole day.
PI: Umm, can I say it’s like ten-day workshop?
VIVIAN: Yeah.
PI: So, ten-day full day.
VIVIAN: Ummm.
PI: So that’s one workshop...
VIVIAN: One is ten days and one is twelve days.
PI: Okay, and one is in Shanghai?
VIVIAN: Oh no, both in Beijing.
PI: Oh, both in Beijing.
VIVIAN: Yeah, study with Prof. G. I take the program in Beijing
PI: Okay, I got it. What are the contents of these workshop?
VIVIAN: Introduction to music therapy and receptive...like method and material of music therapy and observation skill, and recreation, that kind of...psycho-foundation...
PI: Okay. Alright, so...you are coming here for graduate degree, correct?
VIVIAN: (nod head)
PI: and how many years have you been in the group? The Asian group.
VIVIAN: less than one year, just half year, from last August...last September.
PI: the same as you study in the U.S. Okay. Why do you decide to study in the music therapy program in the U.S.?
VIVIAN: Hmm, cause in China we don’t have the program for graduate student. Only in one school, Central Conservatory of Music, they have this graduate student program, but...
PI: in where?
VIVIAN: In Beijing. It’s Prof. G teach there. And they only accept 5...hmmm...less than...4 to 5 students per year, and a lot of students want to go in to the school, so it’s kind of hard to go in to the school, and also the teacher there is not too many. Just Prof. G is the only one who have the master degree of music therapy. And...so...I want to study abroad, so I search...like...I don’t want to go Europe cause I know that America is more famous for music therapy. It’s more advantage...more advance, so I choose here.
PI: So you’re considering...hmmm...it’s famous in the U.S.
VIVIAN: And it’s like the variety.
PI: What are the other factors that you consider to come to the U.S. instead of Europe or Australia?
VIVIAN: Cause the teacher said that America is better.
PI: Okay. Hmm...but why do you choose music therapy?
VIVIAN: I’m interested in psychology, and so I felt music therapy will combine these factor what I like...so we’re gonna use guitar, piano, and singing, and that’s what I like to learn, and I want to learn better. So I felt...hmmm, it’s all I need to study is almost I like. So I think it’s good. And also I felt performance major is not suit for me. And I don’t want to like...be a violinist in the orchestra, and cause I don’t know...just playing for whole life...your life...and also it’s too many violinist and it’s hard to find a job, and also music therapy let me feel that I can really use music to really help other people and music have the power to change something, or improve something.
PI: Okay, that's good. That's pretty much detail. Hmmm, so what's your motivation of joining the Asian student group?
VIVIAN: Cause Asian students have lots of common...and for me, as a new students here, I don't know anything about...compare with other people, I really know few things, so I want to learn from other people, to communicate, and yeah...I think it's a good chance to help me and let me study from other people. And I live in my house...
PI: (laugh) you mean the place we have the group.
VIVIAN: yeah yeah, the place.
PI: okay. You mentioned about Asian people maybe have some common things, why do you think it's important for you to share some common experience? Can you think of any reasons?
VIVIAN: you mean why Asian people have common things?
PI: No, why's is that important for you to have someone in common with you? It’s not a necessary question, but if you...
VIVIAN: Yeah, I think......maybe that's not important, it's not one of the important reason. I'm not sure...hmmm.
PI: Or let me ask this way. Hmmm, if someone have something in common with you, how do you feel about that.
VIVIAN: I felt familiar, get along with...get along well with each other...I mean we can get along well with each other more easily, or...
PI: Okay, yeah, okay.
PI: So I want to move on to the next question. Since you just came here for about 6 months, what are the challenges or some difficulties that you faced while study academic?
VIVIAN: I think that's the language. Language is really...really an obstacle for me, and piano, my piano, it's not good. It's really not good, and guitar, I think it's okay, I can learn, I don't feel that much pressure from guitar. But from piano, yeah. Maybe guitar also, but...I don't know. Maybe guitar class gives me less pressure. And then accompany for a song.
PI: On piano or guitar or both?
VIVIAN: both.
PI: Okay. Hmmm...I want to go back to the language, can you talk more about how this language obstacles?
VIVIAN: I can't understand the class. I can't talk frequently, I mean communicate with people frequently, can't express what I thought exactly, and can't find the exactly words I want to say. And maybe...
PI: How does that make you feel?
VIVIAN: “Oh, my god! (laughed)”
PI: That’s very precise.
VIVIAN: What’s that for, precise?
PI: 精確 (translate “precise” to Mandarin)
VIVIAN: oh, especially in the class, I can’t understand, it’s really...bad, I can’t understand, so I just keep catch the word I didn’t understand, and like, question, question (motion of put question marks), and just kept words, so sometimes when I felt...I can’t understand, I’m out of class, but I put myself back, keep listening.
PI: Yeah, I see. So except for class, does the language problems, obstacles, brought any trouble (laugh), or brought any difficulties to your...?
VIVIAN: Oh, maybe, talk with classmates, maybe. Actually, I felt I am a very...I like to talk to other people, I like to chat, chatting with people, but I don’t know how to say in English with my classmates...so, I don’t know, I just don’t say, sometimes. And when I’m like talking with them, I felt sometimes it’s a little hard for me to like express myself frequently, like very influence, so I don’t feel good, so I sometimes don’t want to say.
PI: Oh, hmmm.
VIVIAN: but sometimes I remind myself, I have to say more, so I will do it (smile), but sometimes I’m lazy, keep silent, let me take rest.
PI: Okay, so...anything else you want to address in this academic challenges? You mentioned language.
VIVIAN: Reading? Oh, it’s include in language, right?
PI: Is it separately, or...is there specific about reading except language?
VIVIAN: I can’t really understand...
PI: If it’s in your language, can you understand, or are you...
VIVIAN: I can. I want to read it in my language.
PI: so these objects, I mean these classes are not difficult to understand. It was just because of the language, right?
VIVIAN: Yeah.
PI: So you mentioned language, you mentioned learning instruments – piano, and guitar specifically. Is there anything else you want to address about the challenges?
VIVIAN: academic challenges? Oh, the time...hmmm...too much work, like before, I used to be like not too busy, cause I don’t have so many homework in China.
PI: As performance major?
VIVIAN: Yes, As performance major. I don’t have so many paper to write, and like...exam. We only have exam at the end of semester, so we don’t have midterm, or half-term, or
tri-term, I know... like...
PI: (laugh) I know what you mean. Tri-term, yes.
VIVIAN: and for here is more homework, more paper, more exam, so...
PI: So, how do you feel about that?
VIVIAN: It’s like...I want my time 24 hours a day, it’s not...it’s 36 or 48 hours a day. But I
don’t have time. And I had to change my way used to be, like...schedule the time, more
efficiency, or...to improve my efficiency?
PI: yeah.
VIVIAN: Okay.
PI: okay. Hmmm... anything else? Then we can talk about how do you think the group
helps you, or how can you benefit from being in this group, this Asian group, in academic
domain.
VIVIAN: I can’t like...sometime I feel some difficulties in study, I can bring that question,
problem, to the group. We talk about the questions, talk about the problems, and so...
PI: Do you have example?
VIVIAN: like...oh, sometimes I didn’t read the book, I don’t know how to deal with that,
oh my god, I can’t understand the class, and other people will said “okay, you can just
read the...like...the title of it, and just quickly...like quickly see what’s that mean in this
chapter.” Or you didn’t really have time to read it, okay, when you write paper, you will
go back to book, you will find the knowledge you need. So they gave me different way I
can deal with this situation and resolve problems. And for like...sometimes I will do
some presentation in class, like method and material class. We really like to pick a song
and do some...like...analysis, really do some activities to the song, to practice, I think
really helpful. And we need a chance to practice or lead the group, really lead the group
with some people. Cause sometimes we imagine how to lead, it’s really different from
you really lead, or you really do. Sometimes I see other people sing a song, or lead a
song, I felt...hmmm, it’s not bad, it’s not so hard. But when I really do that, I felt...oh, it’s
really hard. It’s different.
PI: Anything else you want to mention about the group helps you?
VIVIAN: and also make more friends.
PI: Hmm, yeah, okay, it will overlap with the personal domain, but it’s fine if you think
of anything.
VIVIAN: academic domain
PI: Yeah, academic learning (laugh), it’ fine.
VIVIAN: Hmm, academic domain, it’s just like a class every week, one more class. But
this class is really relax, without homework, help you to solve the homework, like give
you thoughts about homework.
PI: Give you ideas?
VIVIAN: yeah.
PI: sounds good. (laugh). Anything else before we move on to the music.
VIVIAN: (thinking) that’s all.
PI: If you think of anything, you can add later.
VIVIAN: yeah.
PI: How about you choose...you can look around and you can choose one or more
instruments that you think can represent your difficulties, your feelings, out thoughts,
like your language obstacles, piano playing, or guitar, and how you feel about the group.

[VIVIAN went to cabinet and checked instruments, and found tambourine and drum.]
VIVIAN: So this is for difficulty (mentioned drum).
PI: You can tell me, or you can explain later. Now, this period of time, just you make the
music.

Vivian improvised on the tambourine and drum.

PI: Do you want to talk a little about your music making?
VIVIAN: Yeah, sure. The first one, I like crazy...crazy...about the difficulty I faced, and like
crazy...frustrated...crazy...frustrated...oh my god! (talk with motions)
PI: so it’s like scratch...and scratch down...(laugh) okay.
VIVIAN: (laugh) yeah, and then I felt...okay...okay...let it be.
PI: So you drop the beat?
VIVIAN: yeah, and then I change to other, cause like...hmmm...more brighter...or the bell,
like happy...like hmmm for people gave me support, and come more fighting, and I felt
inspiring, and my life and my study feel brighter, more like happy, and it’s okay...it’s okay.
PI: Okay, anything you want to address? That’s about it? Okay, then, let’s move one to
clinical domain. In your clinical work, what are the challenges and difficulties for you?
VIVIAN: You mean clinical? or practicum?
PI: clinical, basically for you, practicum, yes.
VIVIAN: I felt language is the problem.
PI: Still language.
VIVIAN: Yes, because my supervisor speak very fast, so...but it’s fine, my supervisor is
very good, I can ask her. But I still feel like I’m frustrated cause...don’t understand...
PI: Oh don’t understand and you felt frustrated.
VIVIAN: Yeah, I felt like I can’t communicate with her equally. Cause more time I’m just listening. Cause I can’t understand, so I don’t know what she is talking about, so sometimes I just pretend that I understand. But...but...so that let me feel like it’s not equally. I can’t talk to her like real...I felt hmmm... the dialogue is not real dialogue to my heart. I usually forgot...cause that made me...sometimes I can understand, but in other language, I understand, but for me, it’s easier to forgot, to forget. So...hmmm...for the clients, cause they are older adults, so their pronounce is not so clearly, so I even more difficulty for me to understand, so I really tried my best to hear, but I can’t understand, so I don’t know what I’m gonna say, what I say, and they maybe feel frustrated they can’t understand me. And I also feel sorry, I didn’t catch the words.

PI: Can you tell me what’s your population.

VIVIAN: It’s older adults with Alzheimer’s.

PI: All have Alzheimer?

VIVIAN: Almost.

PI: Okay, hmmm, so you mentioned the communication, frustrated communicate with your supervisor as well as your patients, clients, and you mentioned you cannot equally communicate with your supervisor. Why, or how do you think the importance is that for you to be able to communicate equally?

VIVIAN: Like...I can speak what I thought to her, if I can understand what she said. I can like...discussion. We have discussion, or I can ask some questions I really don’t know, or like...I can know more. I think, maybe we can have discussion.

PI: more discussion?

VIVIAN: Yeah, more discussion.

PI: And you can learn more? Is that what you mean?

VIVIAN: Hmmmm. (confirm)

PI: Okay. So language is one of the challenges to your clinical domain. Anything else?

VIVIAN: Hmmmm......

PI: For you to lead the sessions, to handle the clinical situation...

VIVIAN: Actually, I didn’t really lead the session yet. Like...I only do some individual, so it’s not a group. So for individual, it’s not so many problems and questions about...cause individual times are very short, like 5 minutes, 10 minutes, everyone. Cause we have gone 5 to 6 every time. So...

PI: Can you imagine when you have to lead a group, what are...what things maybe are the problems or the difficulties for you?

VIVIAN: Maybe...hmmm, someone want to leave, leave the group, someone “oh, I don’t want to stay in the group. I want to leave, I want to go.” So maybe my supervisor know
how to comfort them, let them be staying in the group, but I’m not sure I can do that. Cause I can say, “okay, you’re fine, can you try to stay here, okay? It’s really fun.” I think I tried before, they don’t listen to me.

PI: so that really happened before.

VIVIAN: Yeah, but not in group. Oh...let me think, yeah, in the group. But maybe just one person listen to me, but the other don’t listen to me. And my supervisor go there, and talk to them, comfort them, and they will stay. For me, I’m really not sure.

PI: Anything else? Technically, skill-wise?

VIVIAN: (Yawn), yeah, it’s guitar and piano are problems for me, but I’m gonna to use my violin more, so that really like helps me a lot, I felt less pressure about this. Cause based on the several experiment this semester, I used violin to led them sing, and to sing with me or do something. I have some idea about how to use violin in my session. So I felt like...maybe in my session, the group session, I can only use like...piano for maybe one or two songs, and use violin to play more songs, and that would be easier for me.

PI: Anything else besides these, you want to mention?

VIVIAN: Hmmm...

PI: Then we can think of how does the group help? How the group helps you prepare for, or helps you any perspective of clinical work?

VIVIAN: What does the group help...it’s like...hmmm...gave me a chance to really have a group.

PI: You being the group member or lead the group?

VIVIAN: being the group member, and I can like...lead the activity or lead the song, can really like lead the group, gave me the chance to practice, to face in some people, to be the leader, to have that feeling, to use to be a leader of the group, to do something. And for my clinic, hmmm...cause really, when I....for my clinical...I think the problems...that’s all.

PI: Okay.

VIVIAN: Cause I didn’t really lead the group, maybe after I lead the group, I experience the feeling, maybe I have some problems, and then bring the problem to our group. Yeah, can really experience that. Can I address that later?

PI: You don’t have to, you are just in your stage right now, so whatever you have, you just say it. Hmmm, what about choose some music instruments to present your clinical challenges and how the group helps.

VIVIAN went to cabinet and selected a soprano xylophone. She also chose two hard mallets. She improvised on it.
PI: Okay, do you want to talk about your music?
VIVIAN: yeah, the first one, like...I don’t know what they talking about...I don’t...the notes, different notes, like...some people talking like this...and kind of mess, cause I don’t know what are they talking about, in different notes, in different key. They are a mess. But I felt... when I think about the challenges of the clinical site, the happiness will come out. I felt I can...like...I can accept the language, the challenge of the language and other challenge. For me, it’s hard to find the...the challenges, the difficulties or the frustrated thing in my clinical site. I feel more happy for my clinical site. But just...
PI: There is joyful.
VIVIAN: Even though everything is in...maybe I’m not remember to clear it, but in a word, I like it. So I feel very happy to being with them, play music to them. When they said “oh, thank you, I’m really appreciate you play” and they smiled and very happy to hear my play, I felt very happy. So I forgot the frustrated thing or can’t understand. So for me...it’s cause bad memory or something, it’s really hard for me to find other things that’s obstacles....maybe it’s still have...but I don’t remember.
PI: Okay, it’s fine.
VIVIAN: And I feel like I can overcome them. I can try, it’s like...I can just do it, lead the group. I am not afraid of lead the group. I want to do it, yeah. I felt it’s okay.
And for our group, like...I keep asking different people answer, keep asking...answer...it’s very stable. Stable beat, yeah. I feel very happy to be together, talk, discussion to the high notes, and then... “oh, okay, I understand, I know I’m not gonna to do, what I’m gonna to do. Oh I have thoughts about it, I have idea, now I have ideas about this question. Okay, great, happy!”
PI: Anything else you want to address before we move on to the next domain?
VIVIAN: No.
PI: Okay, then, personally – personal relate to being a person generally, your emotion, your social or other areas, since you move to the U.S., since you study in music therapy program, what are the challenges of this whole experience?
VIVIAN: Challenges...felt to take care of myself.
PI: Have to take care of yourself?
VIVIAN: Like regular life, like eating...about the eating, and the life...like hmmm............like take care of myself physically and emotionally.
PI: Emotionally means...
VIVIAN: Emotionally means...sometimes I have to know what...how many things I can do, and I can handle, was my...like... “maxium,” maxium level, the maxium things...
PI: Maximum.
VIVIAN: The maximum I can do. And to change the way I study or schedule the time
doing things, the way to change it, to be more...efficiency, and more...like...I know that
before, I’m a really lazy person. So I can do one thing use a long time. But now, I can’t. So
I have to change myself, and change myself in some instance....
PI: in some what?
VIVIAN: 在某些程度上 (In some level)...in some...
PI: Level?
VIVIAN: level.
PI: Hmmm, so you identify that your old habits is “lazy?” (laugh)
VIVIAN: My old habits not only lazy, it’s an...for example, when I study, I sometimes can’t
focus on the study for a really long time. Sometimes I study 15 minutes, and go to
facebook, go to my phone, or do something else. But no, now I can’t do that.
PI: So that’s the challenges for you?
VIVIAN: That’s one of the challenges. To change the way before I used to be. And...
PI: Anything else? Socially, emotionally, other areas?
VIVIAN: Hmmm...I felt less social activity...or...cause in China, sometimes I like to go to
meet a lot of...some people, go to art museum, or to see...like...some...畫展 (Arts
exhibition), how to say it?
PI: to gallery.
VIVIAN: To gallery, yeah, or to 演话剧 (play drama), drama. Play drama.
PI: You play the drama?
VIVIAN: Yeah.
PI: You act in the drama?
VIVIAN: yeah, so... I don’t have the chance to do it now. Nowhere, so my life of study is
kind of simple, study simple, just study. So emotionally...
PI: That made you felt...
VIVIAN: boring. Even I know I have a lot of things to do, but I kind of the people like to
do variety things. So...
PI: So socially, emotionally, did you mention emotionally? Can you describe more about
emotional challenges? ......if there is any.
VIVIAN: I think I... For me, the homesick, I’m not that like have too many homesick,
maybe because...I felt...I already away from home for a long time. Cause my university is
not in my home town. And I have some like...I have to face the difficulties by myself. But I
know whatever I have to face the difficulty by myself all the time, I can’t rely to other
people. So I think it’s not because I go to America.
PI: But then, what is it?
VIVIAN: to take care of my physical...physically, my knees hurt, I can’t walk too much, and I need exercise, and my stomach...that kind of thing.
PI: Okay, so these are the challenges. Then...does the group help you in this personal domain in anyways.
VIVIAN: yeah, cause they gave me support. I made a lot of friends, and they are all very nice friends. I love them, I can’t imagine...like...I mean, I’m so lucky that when I come here, and I met so many friends. And let me feel like I’m in a family, and...so happy. Whenever you have problem or question, they answer...they help me to...answer the question, or help you to solve the problems, or give you the idea for help solve the problem, and hmmm...have fun together, and help each other. Gives me a lot of power.
PI: Good! Do you want to make some music based upon these experiences? The challenges and the group.
VIVIAN: Yeah, let me think. Can I play a song?
PI: Sure.

[VIVIAN took out her music folder and chose to play and sing with the piano]

VIVIAN: Can you give me time to figure out the chord?
PI: Take your time.

[After VIVIAN tried on piano, she continued to sing. The song she chose was “My Bonnie.” She change the second verse lyrics from “My Bonnie lies over the ocean” to “My friend lies over the ocean”]

PI: Is that all?
VIVIAN: Yeah.
[move back to the table]
VIVIAN: even though the lyrics is not exactly, this is the song I can play immediately.
(laugh)
PI: How do you think that relate to your experience?
VIVIAN: Hmmm...I felt the melody, it’s really...I like the melody very much, and I love sing, and that is what I like, and I want to express my emotion, so I want to use more colorful, more musical things to express my emotion. Because that emotions is really full of love. And I am very happy, so I want to use some more colorful, more musical beautiful melody to express that.
PI: Is that about the group...
VIVIAN: Yeah.
PI: Before we conclude this interview, do you have anything you want to say but you didn’t get a chance to say it?
VIVIAN: Let me think (laugh).
PI: About the challenges and how the group helps. Anything we didn’t cover, but you think it’s really important.
VIVIAN: Hmmmm...........I have bad memory.
PI: It’s fine, if you think it’s about it, then...
VIVIAN: I felt...I like...hummm...for my first semester, it’s the group gave me more like....maybe it’s not too much for my...oh, I think the groups help me more emotionally, more than ...what I really need to...like “oh, I don’t know how to do the homework. Can you help me solve the homework?” It’s not that important than the emotional, it’s important...so I felt...
PI: Emotional support?
VIVIAN: yeah, and I know the difficulty in reading, the difficulty in homework, and writing paper, that is my responsibility to do that. I can’t rely on other people, and something...I have to do this or face the problems by myself. But the support from the group, and emotionally, I think that is really helps.
PI: Okay, good. Thank you for participate in this interview.
[The end of the interview]