

A Collaborative Autoethnographic Exploration of Experiences of Three International Music  
Therapy Interns during Their Clinical Training

by

Xiyu Zhang, Rongrong Shi, WanLing Hsu

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## Table of Contents

Abstract.....	6
Introduction and Literature Review .....	7
Introduction of Music Therapy Clinical Training.....	7
Stages of clinical training and internship.....	8
Supervision issues.....	8
Feelings and emotions.....	10
Introduction of Challenges of International Students .....	11
Acculturative stress.....	11
The language barrier .....	12
Cultural differences.....	13
Literature Review of Autoethnography .....	14
Autoethnography and learning experience. ....	15
Autoethnography and clinical experience.....	16
Collaborative autoethnography, co-Autoethnography.....	17
Need for Study .....	19
Method .....	20
Data Collection .....	20
Data Analysis .....	21
Narrative Writing.....	22
Results.....	23
Rongrong’s Story .....	23

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WanLing’s Story.....	34
Xiyu’s Story .....	40
Discussion.....	48
Self-Identity .....	48
Language Challenges .....	51
Cultural Challenges.....	56
Our Strategies.....	61
What We Learned about Ourselves .....	68
Rongrong’s Self-Growth.....	69
WanLing’s Self-Growth.....	71
Xiyu’s Self-Growth.....	71
Limitations and Strengths .....	73
Conclusion .....	74
References.....	76
Appendix A.....	81
Appendix B .....	82
Appendix C .....	83
Appendix D.....	84
Appendix E .....	86

### Abstract

Keywords: Collaborative research, Autoethnography, International students, Music therapy, Music therapy internship

There has been little written about the experiences and concerns of music therapy students during their clinical training. Even more scarce are studies examining the experiences and concerns of international music therapy students. The most difficult studies to find were those conducted by international students themselves who possess “first-hand” data. The purpose of this research is to develop narratives that will reveal the lived experience of three international music therapy students in the United States. These narratives will then be discussed to reveal common themes about the students’ experience of acculturation, as well as strategies they developed to help them be successful in becoming music therapists. The process of conducting this research study not only changed our perception of our clinical training, but also helped articulate how our education abroad has affected our world view. This study holds potential benefits for music therapy students who will encounter many of the same challenges, and offers strategies about how to manage these challenges. For educators and supervisors, this study offers a vehicle for a better understanding of the East Asian students or supervisees with whom they work.

## A Collaborative Autoethnographic Exploration of Experiences of Three International Music Therapy Interns during Their Clinical Training

This study was conducted using collaborative autoethnography methodology. The initial impetus to study international students' experiences during the internship stage of their music therapy training evolved from frequent, extended conversations about living and studying music therapy in the United States. This study was conceived by three researchers (Rongrong, Wanling, and Xiyu) who belong to analogous groups which include ethnic (Chinese and Taiwanese), native language (Chinese), community (international students), and last but not least, organization (study in music therapy program through State University of New York at New Paltz). In our everyday conversations and discussions, we found that we encountered common issues and struggles during the music therapy clinical training. We decided to conduct this study to gain a better understanding of our experiences, concerns, and feelings.

Growing up in collectivist cultures in China and Taiwan, we felt that conducting this research collaboratively added a unique value to our study. A group of people working together for a long time can ease the sense of isolation effectively by offering a sense of belongingness, intimacy, and support (Forsyth, 2010).

### **Introduction and Literature Review**

#### **Introduction of Music Therapy Clinical Training**

Clinical training is defined as “the entire continuum of supervised field experiences, including observing, assisting, co-leading, leading, and assuming full responsibility for program planning and music therapy treatment implementation with clients” (American Music Therapy Association [AMTA], 2014, section 3.2.8, para. 1). A minimum of 1200 hours music therapy

clinical training is required by the AMTA to complete an undergraduate or/and graduate music therapy program. This requirement illustrates the importance of clinical training as part of a music therapy program.

**Stages of clinical training and internship.** Practicum, fieldwork and internship are three components of clinical training. While practicum and fieldwork are based on observation, assistance and co-leading music therapy sessions, internship is regarded as “the culminating, in-depth supervised clinical training at the professional level” (AMTA, 2014, section 3.2.3, para. 1). Music therapy internship is the time for students to combine clinical knowledge, music therapy interventions and musical skills into clinical practice to meet clients’ diverse needs. From most students’ perspectives, internship is the most significant part of their music therapy training.

During internship, each student is assigned a caseload for which the student is responsible. Each caseload follows general procedure including “1. referral and acceptance, 2. assessment, 3. treatment planning, 4. implementation, 5. documentation, and 6. termination” (AMTA, 2013, section preamble, para. 3). Each part of the process requires paperwork but much more than paperwork alone. To ensure the quality of music therapy service, music therapy interns need to acquire the knowledge of clinical foundations (diagnosis and treatment of a wide range of populations), music therapy principles and their applications, and music theory, and music skills. Students spend additional time reading books and articles, attending music therapy workshops and conferences, building repertoire, practicing piano, guitar, vocal techniques, and other musical instruments that may be used in clinical practice.

**Supervision issues.** Supervision is an essential requirement of music therapy practice (AMTA, 2014). Supervision guarantees that students provide effective interventions and

complete documentation accurately and according to AMTA standards of clinical practice (2013). While students can reflect deeply on clinical concerns and educational issues through weekly journals and meetings with their supervisor, supervision provides supervisors the opportunity to hear students' voices, understand their experiences and concerns, and examine the role of supervision.

Music therapy educators and clinical supervisors are interested to hear about students' experiences during internship. Wheeler (2002) says:

there is no question that music therapy educators and supervisors, in general, are sensitive to the feelings and perceptions of their students and interns, and that they receive ongoing input as to the students' experiences. Hearing the student's or intern's perceptions is key to the music therapy supervision process. (p. 275)

Many music therapy educators and supervisors express their interest in maintaining appropriate and effective supervision experiences for their students/supervisees and have examined the supervisory issues during music therapy student's internship. Wheeler (2002) described the role of the on and off-site supervision process, while Edwards and Daveson (2004) examined the struggles faced by intern and supervisor in regard to parallel and dominant roles. Knight (2008) compared the difference between music therapy interns and music therapy supervisors regarding to their perception of professional competency. Young (2009) examined supervision within a multicultural context and how these issues are being addressed in China and the United States. Finally, Salmon (2013) provides another in-depth example into the complexity of the supervisor and intern relationship. He particularly showcased how parallel process, style of supervision, transference and countertransference affect the supervisory relationship. Forinash

(2011) compiled and edited a book about music therapy supervision issues. The book contains a total of 22 chapters and is divided into four parts. The book introduces principles, methods and techniques of supervising music therapy students in practicum and internship, and discusses different kinds of supervision in advanced music therapy training such as Nordoff-Robbins Music Therapy, Analytical Music Therapy, and Guided Imagery and Music.

**Feelings and emotions.** The internship seminar is another important component of music therapy internship. Music therapy interns meet regularly with their academic supervisor as a group to discuss internship-related issues and seek the support of their supervisor and peers. In the seminars, interns talk about particular music therapy interventions, their concerns about clients' behavioral and musical responses, their relationship with clients and staff, and the most importantly, "the feelings, emotions, challenges, and concerns during their internship (Grant & McCarty, 1990; Madsen & Kaiser, 1999; Wheeler, 2002). During internship seminar, interns and their academic supervisors process feelings that come up during clinical practice and address challenges and difficulties. Grant and McCarty (1990) investigated students' emotional stages over six months of music therapy internship. Negative feelings included frustration, self-doubt, stress, challenges, conflict, and loneliness, which are common during the first and second months. The third month was the transition and growth stage, some negative feelings such as fear, anxiety, and self-doubt were still present, frustration had decreased and sessions were going better. New dynamics came up with new clients during the fourth month and students reported feeling more stress. During the fifth and sixth month, interns experienced feelings of achievement and mixed emotions about separation and termination. Madsen and Kaiser (1999) examined pre-internship students' fears and concluded that general preparation, fear of failure of

therapy, concern about placement and physical environment, and not being able to get responses from clients were the primary sources of their fears. Wheeler (2002) interviewed eight undergraduate music therapy students and found that fear of new experiences, session planning, concerns about clients' needs, underdeveloped music skills, and pressure related to grades contributed to the challenges during clinical practice.

### **Introduction of Challenges of International Students**

The primary challenges for us as international music therapy interns were related to language issues and cultural differences. In addition to the same stressors experienced by our American classmates, we were faced with the additional challenges stemming from language and cultural differences. In Gutierrez's (1982) study, when conducting therapy sessions, students who are not native English speakers may be challenged to understand and respond to clients. From a supervisor's survey, Nilsson and Anderson (2004) found language and cultural barriers to be the top two concerns for international supervisees.

**Acculturative stress.** Different from students with greater experience with United States culture and language, international students encountered the issues stemming from living in an unfamiliar culture. Adapting to a new culture is an issue for every international student; this process Berry (2005) defined it as acculturation, "the dual process of cultural and psychological change that takes place as a result of contact between two or more cultural groups and their individual members" (p. 698). The process of adjusting to a new culture, new life style is referred to as the *acculturation process*, (Berry, 1984; Berry & Sam, 1997 as cited in Kim, 2011) During this process, newcomers experienced different levels of acculturative stress, which is defined as "one kind of stress, that in which the stressor are identified as having their source in

the process of acculturation” (as cited by Berry, Kim, Minde & Mok in Kim, 2011, p. 126). People might have an array of negative feelings about themselves, such as lack of confidence, low self-esteem, being overwhelmed to the new lifestyle when they were experiencing acculturative stress (Wei et al., 2007). Some research indicates that academic pressure, language barriers, feelings of inferiority, frustration of adapting to a new culture, lacking of social support, discrimination and vulnerable well-being are the common acculturative stressors among Chinese International students (e.g. Pederson, 1991; Sandhu & Asrabadi, 1994; Yeh & Inose, 2003 as cited in Wei et al., 2007).

Being international music therapy students in a foreign country, the acculturative stress not only comes from living abroad but also with receiving professional music therapy training here. In Kim’s (2011) research, she indicated that the acculturative stress and the pressure from internship for international music therapy students are two factors which increased their stress level significantly. From a supervisor’s perspective, Swamy (2011) conducted research about using cultural-centered supervision to support a Taiwanese music therapy intern during her acculturation process, as she worked to holster feelings of self-efficacy, music skills, and her ethnic identity. The study revealed a high level of stress for this international music therapy intern. Asian students studying music therapy in a Western country may have a higher level of acculturative stress (Lin, 2014) because music therapy is a profession, with its own inherent culture; it integrates art, music, and science into human health care (Bruscia, 1998; Davis, Gfeller, & Thaut, 2008; Kim, 2011).

**The language barrier.** Difficulties related to language differences have been shown in some related international student research. English fluency, satisfaction of social support and

social connection also seems to be predictors of acculturative stress (Yeh & Inose, 2003).

Language barrier has pervasive influence in the field of music therapy. Language barrier is not limited to basic communication problem or as simple as giving a cue or instruction to clients. It also leads to further professional competence issue; such as deliberate counseling skills, using proper verbal reinforcement, even offer an adequate interpersonal conversation with clients (Worthington, Mobley, Franks & Tan, 2000). During clinical training, students must be fluent in speaking English and to choose the appropriate music to understand their opinions toward the therapy (Kim, 2011). From a music therapy instructor's observation, Swamy (2011) indicated that an international music therapy student represented difficulties on her language fluency and comprehension; effective communication on activities and interventions, engagement of clients, diversity of music language and the ability of performing cultural music like Jewish and Hebrew songs in music therapy sessions.

**Cultural differences.** As Asian international students, we have to serve our clients who are mostly from European culture which is the biggest obstacle. Some crucial elements in therapy sessions such as communication patterns, interpersonal relationship, and values are strongly cultural related factors will affect international students' efficacy and efficiency in therapy sessions (Sodowsky, Lai, & Plake, 1991). To understand the musical culture from another culture, music therapy international interns must learn and study the basic knowledge before conducting a music therapy session. For example, the Blues is an American genre which some Asian music therapy students are not familiar with it and also had little chance or no exposure in their home country (Swamy, 2011). Avoiding eye-contact with clients also revealed the cultural differences; from an European perspective they could have been judged and showed

withdraw from clients. However avoiding eye-contact to older clients shows them respect. Putting American clients' cultural background into therapeutic consideration, and perform music appropriately according to their culture are remarkably crucial while conducting a music therapy session. Without adequate knowledge of Western mainstream culture and understanding the communication style of American culture could lead to poor communication in relationship (Kim, 2011). Cultural issues also affected international interns relationship with their supervisor. Within a supervisory relationship, racial and ethnic minority supervisee experienced more ambiguity, hesitation due to cultural difference (Fong & Lease, 1997; Nilsson & Duan, 2007). Swamy (2011) suggested that in a supervisory relationship, a student from a minority ethnic group need cultural sensitivity and cultural appropriate assistance to learn and to adapt to the majority culture.

Both language barrier and cultural difference issues drew out more profound influences on the well-being; which pointed to self-care, self-awareness, self-efficacy problem. The well-being of an intern is also important to their client; the quality and amenity of each student's learning experience can also affect the well-being of their clients (Kim, 2011). Going through an internship in the US was a physical and mental distress process to music therapy international interns, which transformed their values, abilities, competence in different levels.

### **Literature Review of Autoethnography**

An autoethnography combines the methodology of both an ethnography and an autobiography. This combination of methodologies incorporates three major components: 'auto', 'ethno', and 'graphy' (Ellis, 2004; Ngunjiri, 2014). 'Auto' refers to the researcher's self as an active agent for critical reflexivity and consideration of the self in a situation. 'Ethno' which is a

vital component of 'autoethnography,' requires the researcher to focus on the interpretive aspect through cultural and social environments. 'Graphy' represents the process of constructing the context; that is writing about one's self and embedded personal story from a sociocultural perspective (Bright, Boland, Rutherford, Kayes & McPherson, 2012; Coia & Taylor, 2009). Through extensive elaboration and interpretation of these notions, the differences between an autoethnography and an autobiography are clearly articulated by Chang, Ngunjiri and Hernandez (2013). They suggested that autobiographical research is disposed to emphasis on self (auto) narration (graphy), whereas autoethnographic research focuses more on the cultural interpretation (ethno) of the self (auto). "It is this embrace of cultural interpretation that distinguishes autoethnography from other autobiographical or self-narrative writings" (p. 20-21).

By using themselves as the subject of inquiry, autoethnographers collect data from their life experiences intimately, going beyond boundaries that are normally encountered when they work with participants using traditional methods. Ellis (2009), a leading proponent of autoethnographic studies stated that "as an autoethnographer, I am both the author and focus of the story, the one who tells and the one who experiences, the observer and the observed..." (p. 13). This method allows researchers to investigate themselves and become embedded in the social and cultural context actively from their innerselves. It offers a unique angle of embodiment in a situation, and fills a gap of missing knowledge.

**Autoethnography and learning experience.** It is difficult to find scholarly articles, in the music therapy research field, that are done in an autoethnographic style. Regardless of this fact, this qualitative research method has been used among various healthcare related disciplines such as: nursing, physical therapy, occupational therapy, and even in educational programs that

are related to aforementioned fields. Hoppes, Hamilton, and Robinson (2007), three professors at the University of Oklahoma Health Sciences Center have applied autoethnographic research methods to the course of Level II fieldwork. These educators wanted to discover a type of active learning experience to help their students gain a deeper understanding of themselves as prospective occupational therapists. Writing an autoethnography allows students to deeply examine, appreciate, and express themselves and the profession they are learning. In Level II fieldwork, students were assigned to write their stories that “must” be told by integrating autoethnographic writing with learning experiences, clinical training, and self-reflection. The course began with an introduction to autoethnography. Students were asked to keep a journal throughout the semester for data collection which would help them recall and more easily analyze events while writing their autoethnographic narratives. Peers spent the majority of class time reviewing information with a faculty mentor. Topics designed to help students conduct self-examinations include: individual strengths and weaknesses, what can be learned about themselves and their clients, what it means to be an occupational practitioner, and how personal experiences influence professional development. At the end of the course, educators believed that the interaction between self-reflection, narrative writing, and group discussion helped students to discover parts of themselves that otherwise would have remained undetected.

**Autoethnography and clinical experience.** Warne and Hoppes (2009) described a study that examined the challenges and rewards of an occupational therapy student who had to deal with the passing of her first patient in a clinical setting during fieldwork. Written in an autoethnographic format, the author revealed her feelings and emotions regarding the experience. Through thick description and deep analysis, she gained understanding of what she was able and

not able to do for a patient receiving end-of-life care. This student came to the conclusion that educational programs should provide support for students who encounter fears, sadness, and uncertainties during their clinical training.

**Collaborative autoethnography, co-Autoethnography.** Few investigators had explored their experiences collaboratively. Chang et al. (2013) defined collaborative autoethnography as “a qualitative research method in which researchers worked in community to collect their autobiographical materials and to analyze and interpret their data collectively to gain a meaningful understanding of sociocultural phenomena reflected in their autobiographical data” (p. 23-24). With collective thinking and analysis, data from the researchers would be combined, engendering richer and deeper self-exploration.

Following the principles of co-autoethnography, Bright, Boland, Rutherford, Kayes & McPherson (2012) conducted research that investigated the personal experiences of three rehabilitation therapists focusing on client-centered practice with innovative goal-setting techniques in a rehabilitation center. Researchers collected data from group discussions and reflective writings, then analyzed the data to identify themes. After reviewing reflective writings, researchers then identified four primary strategies for effective client-centered practice; these are “...seeing active and mindful listening, the importance of allowing time, supporting clients to prioritize what is meaningful and viewing our (therapist’s) role differently” (p. 999).

Hernandez, Ngunjiri and Chang (2015) explored how their experiences as university faculty had been influenced by their “personal status as immigrant women of color and social-institutional factors in US higher education” (p. 1). Conducting the study using a collaborative autoethnography format, researchers got data from three phases. Phase I, characterized by its

“autobiographical” essence, consists of researchers writing their stories individually while including demonstration of self-identification and critical incidents that relate to the study topic. In Phase II, dialog was generated to discuss the data that emerged from their reflective writings. Discussions were audiotaped to be used as an additional source of data collection. In Phase III, the three researchers again worked individually writing about their negotiation strategies. Audiotaped group discussions were again used for data collection. Results of this study revealed three strategies that authors utilized to better adapt to the academy as foreign-born professors. These were “exploiting multifocal lenses, reconfiguring identities, and engaging tempered radicalism.” (p. 539-544).

Three students of color, Murakami-Ramalho, Piert, and Militello (2008), explored their experiences of developing a research identity during a doctoral program. The study utilized collaborative portraits and personal narratives as methods. Researchers designed the data collection method with five stages: “(a) an introductory discussion, (b) engagement in narrative writing, (c) a preliminary and collective analysis of emerging clusters, (d) further refinement of narratives, and (e) an analysis” (p. 810). Researchers’ voices were then captured and collected while their authentic stories were being told, discussed, and analyzed among themselves. At the beginning of the narrative, the three researchers came up with individual metaphors (the wanderer, the chameleon, and the warrior) to represent their identities. The metaphors were discovered through continuous dialogue, self-interrogation, and reflection. This study revealed that a researcher’s identity is not necessarily established during a doctoral program. Through this discovery, researchers found that the foundation of research identities is formed by one’s experience in their social life, rather than in the academic setting.

## **Need for Study**

From former literature, we found that researchers will most times use their educators' and/or supervisors' perspectives to investigate music therapy students' experiences when they are interns (Grucella, 2014; Kidwell, 2006; Pitts & Cevasco, 2013). In terms of International student experiences in the music therapy field, the only research we found was a study conducted by Lin (2014). This research discussed the cultural and language related challenges of learning music therapy in a foreign country. It also covered the benefits of peer support when dealing with challenges, and improving academic and clinical skills among Asian students. However, this research was not done using autoethnographic methods, so the experiences used were not investigated as a whole journey.

There was a lack of literature focusing on subjective experiences of international music therapy students, as well as autoethnographies in the field of music therapy. As an emerging discipline, music therapy programs in the United States attract enthusiastic students from around the world. We chose to study our common experiences as international music therapy students by “[holding] up mirrors to each other” (Chang, Ngunjiri, & Hernandez, 2013, p. 26), to best explore, describe, and then communicate their meaning to the readers of the study.

The purpose of this research is to develop narratives that will reveal the lived experience of three international music therapy students in the United States. These narratives will then be discussed to reveal common themes about the students' experience of acculturation, as well as strategies they developed to help them be successful in becoming music therapists.

## **Method**

### **Data Collection**

The autoethnographic material in this article was culled from the personal narratives of three researchers: Xiyu, originally from Shandong Province, China, arrived in the U.S. in August of 2011. Regulated by the One-child Policy in China, she is the only child in her family. As a young musician, Xiyu came to America to study music therapy at her age of 25. Rongrong, who is also from Shandong province in China, came to the United States in August, 2011. She completed her undergraduate degree in Musicology at China Conservatory in 2009. Prior to coming to the United States to study music therapy, Rongrong worked as a music teacher. She has always found immense joy in helping others, which led to her decision to move to New York and began studying music therapy at the State University of New York at New Paltz. Wanling, born and raised in Taiwan, arrived in the U.S in 2012, who majored in Music Therapy as her bachelor degree. Three researchers studied and received clinical training of music therapy through the music therapy program at State University of New York at New Paltz. To proceed with compiling narrative, different types of qualitative data were collected both individually and collaboratively by the researchers exploring their personal stories from personal memory/recollection, self-reflection, self-analysis, and group conversation and interaction (Chang et al., 2013). Tangible materials were utilized to extract data. They included weekly logs from internship sites and school coursework, notes from supervision sessions, videos of sessions, and old papers that were written during clinical training.

To most effectively collect all necessary data, the three authors used data collection method from Murakami-Ramalho, Piert, and Militello's (2008) study as a reference. In this way, a five-stage process for data collection and narrative writing was designed to develop this collaborative autoethnography. See Appendix A for the data collection process. In the initial

stage, the authors collaborated by coming together to discuss their experiences during their internship training. The ideas that resulted from this period of collaborative discussion became the basis for individual data collection. The researchers conducted 11 meetings during the initial stage of group discussion (first stage). During the individual data collection process (second stage), each author took sufficient time to recall and reflect on their past in depth before doing any writing. We allocated a five-week period for individual reflection and the actual writing of the individual narratives. During the third stage of the research process the authors met on eight occasions to share their individual narratives and engage in process commentary. During the fourth stage of research, the authors again separated to work on their own to uncover the thematic clusters embedded within the individual written reflections. Each of the three researchers passed along the thematic material discovered individually to the next person so that by the end of the fourth stage, all thematic ideas had been shared. The next period of individual work was fulfilled with the further reflecting and refining of each researcher's themes and narratives based on the previous group meetings. In the last stage of the group discussion, through comparison and identification, the data in the narratives were analyzed through 10 group meetings. During all the group meetings, one author, Rongrong was responsible for taking notes. The rest of collaborative work was carried out using Google Drive, via e-mail, text messages, Skype, and telephones calls.

### **Data Analysis**

Analysis of the data came after collecting the researchers' personal narratives, which were written according to emerged themes. Themes were identified, compared, and analyzed from the emerged data. This process occurred at the final stage of data collection, in which

collected data was coded during the group discussion. To enhance the credibility and trustworthiness of the results, we employed two strategies: (a) finding tangible materials to validate events and emotions that emerged the stories. We used our findings of notes, logs, and tapes to ensure the credibility of the stories that we remember experiencing. (b) During group discussions, we found that we share multiple similarities. It is inescapable that we influenced each other when most of the information was shared during group discussion. (Bright et al., 2012). To reduce the consequences that would arise from interacting with each other, we developed and completed our narratives independently. With ethical considerations in mind, individuals who are involved in the narratives will remain completely anonymous.

### **Narrative Writing**

To promote credibility of this study, we developed our narratives individually using our self-chosen writing styles. Stories were arranged in alphabetical order by first name.

Rongrong's stories are categorized into three main themes: the language barrier, cultural difficulties in adaptation, and self-discovery. During her internship, the challenges and difficulties she encountered were mainly caused by language and cultural differences. However, through reflection, she found that the most significant moments leading to her renewed self-discovery happened during her internship experience. Self-discovery is a theme present towards the end of her story. However, each bit of her story, whether it be positive or negative, rewarding or challenging, played a part in her development as a music therapist. She believes it is important to share the timeline of events of how she came to find her value.

WanLing wrote her stories based on real events and which she organized into themes. To more effectively help the reader to understand the feelings contained in the stories and themes, she used metaphors to describe her feelings and difficulties in the heading of each of her stories.

Utilizing the literary device of frame story (“a story within a story” or “Mise-en-abyme” formally), Xiyu presented her story with two “outer” stories in chronological order. The outer stories described her life experiences before and after coming to America. Within the story that demonstrated her experiences and perceptions after she came to America, she arranged four “inner” stories. Inner stories were developed around themes that best described the feelings and perceptions that were most significant and “must be told.”

## **Results**

### **Rongrong**

I was born in China and grew up to become a music teacher and I found immense joy in helping others. After completing my undergraduate degree in musicology at the China Conservatory in Beijing, I offered individual music theory and piano lessons to private students for a year and a half. I enjoyed teaching and sharing my love for piano with my students. However, during this time, I thought deeply about who I was at this point in my life, and who I aspired to be in the future. I struggled with finding peace in the possibility of teaching my whole life. I asked myself, “Do you really want to be a music teacher forever?” Although I saw the meaning and value in being a teacher, in my heart I yearned to help people with special needs through my music.

When I first heard about music therapy, I became excited! I never knew that this way of using music existed. After doing some initial research and attending a workshop, I caught a

glimpse of the philosophy, principles, foundations, and applications of music therapy, and I knew this was the vocation to which I wanted to dedicate my life. My desire to become a music therapist resulted in me making the biggest decision of my life thus far, and I moved to the United States (New York no less), to pursue my master's degree in music therapy. No words can describe the number of intense emotions I experienced. I was about to embark on a new life journey full of exploration. However, I was also aware that I would encounter numerous cultural and language challenges. In addition, I was about to leave my family, friends, and everything familiar to me and my home country of China. However, I knew deep down inside that I was making the right choice for myself. I followed my heart and it led me to America to become a music therapist.

### **Language Difficulties**

Upon my arrival, I immediately noticed how difficult it was to communicate my needs, desires, and emotions. Being a somewhat quiet person did not help matters. I often felt misunderstood and it was challenging for me to convey what I needed to communicate at certain times, especially in class with my colleagues. The language barrier was no doubt the biggest challenge during my internship period. Wittgenstein once stated, "The limits of our language means the limits of our world" (Wittgenstein, n.d.). I believe his words perfectly reflect my feelings and struggles regarding language during my schooling.

One of the first sessions of my clinical training was with a group of older adults in a nursing home. During a greeting song, I became increasingly anxious that I would mispronounce the clients' names or that I would forget their names altogether when I greeted them. I can still remember the feeling of my heart beating loudly, as if it were going to pop out of my chest.

When singing songs with my clients, I often felt distracted and not as present as I would have liked to be because I was focused on accurate pronunciation of the words I was trying to say and what I would say after we finished a song. In addition, I was constantly wondering if clients could hear me, and understand me clearly. I found myself using simple sentences and phrases, as this brought me more confidence in my verbal communication style. Although my sessions ran smoothly and were well received throughout my internship experience, I could not help but feel self-conscious as a Chinese student practicing music therapy in the United States.

**Many limitations.** When choosing a population during internship, I chose to work with older adults in a nursing home, children in a special education setting, and adults in a neurorehabilitation center. Although I have always wanted to work with adolescents, I was worried that my limited English speaking skills would strongly and negatively affect the therapeutic relationship between me and my clients. Moreover, from my personal research, I had surmised that rap and hip-hop are the most typically requested genres of music when working with adolescents, and I am not at all familiar with these genres.

Songwriting is one of the music therapy techniques that has been used to express and clarify thoughts and feelings, improve self-esteem and self-confidence, enhance choices making, and develop sense of self (Baker, Wigram, Stott & McFerran, 2008). However, I rarely utilized songwriting interventions during my internship, because I had not yet to become confident in my English speaking skills. Some familiar worries entered my mind again when I considered implementing songwriting. I thought, “What if clients wrote lyrics that I could not understand? What if clients needed my assistance to write lyrics but I could not help?”

As I did with songwriting, I avoided using music relaxation and music imagery interventions during my music therapy sessions. I tried to read each script as clearly as I could, and I memorized some scripts while practicing. Still, I worried that my accent would draw more attention and distract my clients from the interventions, thus entirely negating the point of the intervention.

When thinking back, there were many meaningful moments that happened during my internship. I saw how my clients emotionally connected with music, the other clients, and me, their therapist. I saw how clients who are socially withdrawn interacted with their peers by making music together. I saw how clients were able to change as a result of music therapy interventions. I still cannot accurately describe all the meaningful moments, responses, and processes I observed because of my challenges to express myself in English. I felt that I could not accurately portray what I wanted to include in my session notes, journal entries, and presentations. Although I am aware of this, I still feel as if it affected my ability to be fully present for my clients, despite the progress and overall positive experiences they claimed to have had with me in music therapy.

**Language barrier-related negative feelings.** As is evident, a recurring theme in my self-exploration as an evolving music therapist has been the challenges resulting from trying to communicate in a foreign language. I feel that this was a fundamental weakness that adversely impacted my entire internship experience. Because of the language barrier, I experienced a myriad of negative feelings about myself and my identity as a music therapist, including fear, anxiety, stress, low self-esteem, and self-doubt.

Unfortunately, there were countless times when I pretended to understand my clients and our conversations, when in reality I often felt lost and unable to adequately translate an appropriate response in English. At times, I changed topics because I was not able to extend the conversation. When clients shared their stories and feelings, I was frustrated with myself because I was not able to engage with them in deeper conversations, and I missed prime opportunities to reflect and validate their feelings. I was fully aware of the importance of utilizing counseling skills in music therapy sessions. However, I felt trapped by my limited English skills. I often thought, “Can I become an effective clinician given my struggles with English?”

When I was in China, speaking in my native language was one of my strong suits, and I was proud of how well I was able to articulate and communicate within my community. I had developed my own flair when talking and developed a specific sense of humor that was understood by all my family and peers. However, in America, I felt there was a limited number of phrases and vocabulary with which I felt comfortable. I felt like a robot, as if I were talking and acting like someone else. I had lost my identity within another culture as a result of my challenges trying to communicate in a foreign language.

While trying to process my feelings, I also struggled with the fact that I may appear awkward or less than intelligent because sometimes it would take me longer than I wanted to answer a question or find the correct response in my limited vocabulary. I needed time to process the question and organize an answer. I am sure at times I may have provided an irrelevant answer to someone’s question due to misunderstanding and miscommunication. Sometimes I wanted to stand up and scream out, “This is not the real me!”

Because of the language barrier, I experienced misunderstanding and neglect from classmates, staff at internship sites, and even supervisors. I felt frustrated that I was ignored or brushed off, but I understood why they might have done so. I began to blame myself and become more nervous and anxious talking to others. Consequently, I rarely shared my thoughts, experiences, and feelings during internship seminar and interdisciplinary meetings. I really wanted to let everyone know that I was not stupid like I felt they thought I was. I was trapped in a vicious cycle. My limited verbal expression caused misunderstanding; being misunderstood caused more negative feelings; and negative feelings impacted my willingness and ability to speak as I although I desperately wanted to do so.

### **Cultural Issues**

**I am part of a minority.** I became a member of a minority group the minute I arrived in America. As an Asian, my appearance is a constant reminder to me and everyone else of how different I am. My accent, my way of thinking, and my behaviors are quite distinct as well, adding to my differences from the majority. I remember the looks of confusion on the faces of some clients when they heard my odd name, Rong Rong. I found myself to experience paranoid thought regarding what my clients might be thinking about me. I began to wonder if they judged and complained about my accent with the staff after sessions. Did they think I was the best fit for the group? When clients refused to participate in some music therapy activities, I remember sometimes losing my ability to focus and think logically and objectively. Deep down I felt this was all because I am Asian and I am in a minority group.

**I am not familiar with American culture.** Another aspect that was hard for me culturally is the vast amount of holidays Americans celebrate. It seems as though every month,

schools and offices are closed and welcomed with three-day weekends in celebration of a holiday. I am unfamiliar with many, but Halloween, Thanksgiving, Christmas, St. Patrick's Day, and Independence Day are some of the holidays I incorporated into my music therapy sessions. I spent a significant amount of time familiarizing myself with songs associated with those holidays and built up my repertoire. However, I felt as though I could not truly experience the celebration of these holidays because I did not grow up here, and I do not have share holiday traditions with my American clients. When clients shared stories about their past holidays, I felt excluded because of my cultural background. It has been very difficult to adapt to this culture, coming from one that is so different.

**Too much respect for older adult clients?** During an observed session with my supervisor, an older client of mine held my hands and asked me to stay with her a few minutes longer after ending the session. I happily obliged and sat with her for three more minutes. Afterwards, my supervisor told me that it would have been acceptable to decline and leave the client. I thought that what I was doing was remaining available and present for my client. However, because of my supervisor's comment, I began to reflect and question the way I treated my clients. I often spent more time talking with them after sessions, and rarely redirected them to do something else because I wanted to be respectful. I tried my best to meet their needs while also being mindful of time. Through these intimate moments with clients, I was able to build a strong rapport built on trust and sharing. However, the boundary between therapist and client felt blurred and unclear. As a result, it sometimes affected my professional judgment and evaluation.

**Keep silent with authority.** In Chinese culture, students never address a professor by his or her first name, rarely express opposing thoughts or opinions in front of professors and

supervisors, and students are not supposed to challenge authority. This is how we show respect in China. It is also a rule which we are taught to obey. While I enjoyed that students could speak freely and that differing opinions are valued in American culture, I realized that I was deeply influenced by Chinese culture. I never expressed my opinions in class when they were very different from the professor's, but rather talked to them privately instead. I also did not speak up when I did not get an internship placement with the population of my choice. I remained quiet and submissive when a supervisor and I would have different perspectives on appropriate interventions to implement in sessions. I struggled to find my voice and balance Chinese and American cultures regarding respecting adults.

**Cultural appreciation and music.** While cultural differences resulted in difficulty in communication and comprehension, it also brought a new dynamic to the therapeutic relationships that developed with my clients. Because I come from another culture, clients have the chance to experience multiculturalism and diversity with me. Introducing and playing Chinese music, I immediately built good relationships with clients. Clients often felt a sense of achievement when they were able to sing or play Chinese music. Most clients responded well to the music, especially those who have cultural diversity. It was an amazing experience to witness and be part of the experience of people from different backgrounds speaking different languages, bonding, and connecting in music!

I can also recall how my clients appreciated that I could sing songs that were popular when they were growing up. Songs from the '50s and '60s were typically well received and I knew that these songs provided me a way to connect with my clients on a personal level. I felt certain that my Spanish-speaking clients appreciated that I sang Spanish songs with them. I soon

realized that I could utilize music to overcome cultural boundaries and differences, since music represents culture, and in some ways, music is very much a culture of its own.

### **Energy Exchange and Self-growth**

**Clients' responses reinforced my choices.** In one session, a client who typically always kept her head down, raised her head and tapped her fingers when she heard a cherished song. She made meaningful eye contact with me during the song, which she had never done before. At the end of the session, she held my hand, looked in my eyes and said "thank you." I saw there were tears in her eyes. After I left the session, I cried freely while driving back to campus. This was the first significant moment that happened to me during a music therapy session. It is hard to describe my feelings at that moment, but I felt as if I truly connected with my client in music, in culture, and in being. It was a powerful moment that helped shape me as a music therapist. I used that moment as an anchor to keep me strong and focused whenever I started to question myself, my abilities, and my future as a music therapist. It was there, in that tender moment with my client that her validation and her open emotional response, when I found my value as a Chinese music therapist in America.

It is not easy being a music therapy student, let alone an international music therapy student. Besides the heavy course load, I spent a lot of time practicing the piano and guitar, building repertoire, writing session notes and other essential documents, driving long distances to internship sites, and even carrying heavy instruments. Studying music therapy in another country is one of the most difficult challenges I have ever faced. The language barrier and culture differences caused many difficulties for me in school, my internship sites, and in my personal life. Unfortunately, misunderstanding and discrimination are not uncommon. A lack of social

support contributed to negative feelings including loneliness, worry, and helplessness. After having a trying day at my internship, I felt overwhelmed, and even doubted if I could continue on to become a music therapist. The pivotal, anchoring moments with my clients that I hold onto so dearly, appear in my mind and consistently validate me when I have almost given up. As much as I have helped them, my clients have also helped me. They are always a reminder for me that using my knowledge, skills, and gifts of music to help people is my life's work.

**I became much stronger than I thought.** In the summer of 2013, my father had a stroke. I went back to China to take care of him, as is customary in our culture. It took me several months to accept how my father had changed, and accept our new situation as a family. When I returned to school and suggested the population and facility for Internship II, one of my professors recommended a rehabilitation and brain injury center, instead. I did not want to go there because I was so afraid to see clients who would remind me of my father. I did not think I could bear the emotional suffering. I had no idea how to deal with countertransference, if it were to occur.

I realized that it would be a great opportunity to learn and gain experiences so I could help my father more, and thus decided to intern at the neurorehabilitation center. My initial thoughts were right. It was very painful for me to be at the facility seeing some clients who reminded me of my father. I felt guilty for not staying at home and thought these negative feelings would strongly affect sessions and the way I interacted with clients. However, after I reflected on each session, I realized that I might have come in with some negative emotions, but they soon dissipated once the music started. I was able to share music experiences with my clients and focus solely on them while holding any transference.

While leading, directing, and supporting clients, I experienced what it truly meant to be present in the “here and now.” When engaged in improvisation, I felt supported by the group because we were all listening to each other and we were sharing experiences, thoughts, and feelings. I was fully aware that a music therapist should avoid letting personal emotions negatively affect sessions, but sharing personal feelings and emotions enhanced the therapeutic relationship and was appropriate within this context in order to nurture therapeutic relationships. Music has played such a significant role in my own self-care. How great it is that I can use music to help both my clients and myself! During what I call my “self-crisis,” I saw my ability to provide therapeutic boundaries by keeping a balance between avoiding personal emotions to influence music therapy sessions, and sharing personal emotions to help clients to achieve therapeutic goals and objectives. I saw how I utilized a positive force such as music, to overcome difficulties and negative emotions. I became my strongest self ever, and this is something I had never expected.

The familiar phrases, “No pain, no gain” and “What doesn’t kill you makes you stronger” can accurately describe my internship experience. The process was filled with struggle, pain, and tears, but what I gained made it all worth it in the end. When I finished my internship, my heart was filled with a sense of achievement and satisfaction. I felt especially proud because I am a member of a minority group and a non-native speaker. Interestingly, since then, being in the minority has turned into a positive attribute, as I have a different lens through which to view my work environments and clients. I am diligent and strong, and I know all of my struggles led me to something beautiful in the end. I have found where I fit in America, as a music therapist.

**WanLing**

**An opera singer trying to rap – stepping out of my comfort zone.** I am from Taiwan and I was raised in a loving family. My parents have always been supportive in my career choices and encouraged me to become a musician. However, from performance experiences and competitions, I realized that a life as a performer was not what I wanted. Therefore, I never intended to apply to a music specialty school. On the other hand my cousin, who is an occupation therapist, encouraged me to investigate music therapy and I concluded that this might be a great option for me to pursue for a career. During my four years studying music therapy, I saw its potential and I had meaningful experiences during my internship working with teenagers. However, due to the lack of job opportunities and professional respect in this field in my home country, I considered finding another major for my Masters studies. It was an enormous challenge for me to apply to the Music Therapy program in the United States. I reached for the opportunity to study here to learn, to become more confident about my skills as a clinician, and to add to my knowledge of the profession so I could prepare for a successful future career as a music therapist. The two and half years of graduate study definitely broadened my awareness of the many potentials that can come from music therapy. Internship was the most challenging class of the entire curriculum. Even though I had some music therapy experiences in Taiwan, I was nervous when it came time to conduct my first session. I felt I am like an opera singer trying to rap. I needed a lot of mental preparation to step out of my comfort zone.

**Chickens in a farm - running around in a secured zone.** Comparing my internship experiences in Taiwan and here in the America, I would say that in Taiwan we were always under close supervision and the guidance of our teachers who were very protective. We were under constant observation and scrutiny while we conducted our sessions. In Taiwan, we spent a

lot of time preparing for our sessions and rehearsed each intervention more than a few times before we actually used them in our sessions. Our teacher would be next to us to protect us from making “mistakes.” In America we were like chickens in a happy farm, permitted to move much more freely while still receiving guidance from our supervisors and teachers, and supportive classmates. We had more opportunities to plan our sessions independently. In fact we were expected to learn from our mistake and experiences.

Making the transition from a more restricted and but safe style of clinical training to this freer style of learning was difficult and stressful. Even though I had previous experience conducting music therapy sessions, I still felt nervous. Because of language and cultural differences, I felt as if I were starting from the beginning again - back to the basics and fundamentals. My previous training was of limited help to me during my internship in this country. My internship here was exciting, thrilling, and provided the chance to experience joyful, meaningful moments, and a sense of accomplishment yet was also a painful and stressful period of my life.

**A friendly robot - beyond the language barrier.** Without a doubt, language was my biggest concern before I started my internship. I was so timid in the beginning particularly in group settings, open discussions, transitions, and when expected to come up with topics for discussion which might bring a group together in music therapy. I was afraid of making mistakes or not knowing what to say. I remembered my first few group sessions. I was talking like a “friendly robot,” speaking in a monotone that conveyed no emotion with a smile on my face. Perhaps smiling was a good start but I needed to do more than just smile to build relationships with my colleagues and clients. With my clients, I emphasized providing them with songs they

liked, and incorporated movement in the songs to encourage group participation. I was working with older adults at this time and I felt that music was a means of compensating for my language difficulties. However, the lack of verbal interactions made me felt distant from the residents who were my clients. Although they all participated in every song I played, they demonstrated a limited amount of active participation, which made the sessions feel more like a performance or a kind of entertainment. While I had goals and objectives in mind, without verbal interaction I felt that I was limited in offering my clients the opportunity for real change. I decided to spend more time with them outside of music therapy sessions. For example, Sometimes, I joined my clients in special events and assisting with various activities. Most of time, I helped out transporting them from their room to the activity room. I utilized this time to check up on them to establish a better relationship with the clients. Getting to know my clients' activity schedules, hobbies, and families provided material for me to use to develop topics for conversation in sessions. I began to feel more confident while leading my sessions. Language difficulties faded away as time on. The ability to find topics for conversation helped me to develop relationships with my clients. Eventually language issues became less of an obstacle for me in my work.

**A Chinese chef in an American kitchen.** Finding topics for discussion with clients was the main problem I faced. I really wanted to incorporate more stories related to their life experiences and ideas that were meaningful for my clients. However, I had a sense that differences in cultural background and age were limiting me in forming connections with my clients. What I know of American of history came from textbooks which didn't talk much about lifestyle, popular music, or television shows. I could talk about Pearl Harbor which I learned from my history class but the clients were more interested in talking about current events or

popular singers, movie stars, or some popular television shows. Unfortunately I was not familiar with any of those things. I almost lost my ability to participate in conversations with no opportunity to encourage remembering significant moments from their past.

I found it difficult to expand the topics of conversation and this was very frustrating. In Taiwan, I was adept at with older people and I also liked to hear about things that took place when they were younger. Here in America, I felt my brain went blank during my first attempts to develop verbal interaction during my music therapy groups. These differences in historical background and culture left me feeling distant from my clients, which made me feel unprofessional as an intern. I was like a Chinese chef working in an American restaurant. While I possessed foundational knowledge of cooking, I didn't know how to cook American food. Seasonings are like the songs in a music therapist's repertoire; I know salt and pepper, but I don't know nutmeg, oregano, or paprika. I could cook simple food like fried eggs and steamed vegetables but nothing more complicated like quiche or bread pudding. I didn't even know the taste of Buffalo chicken wings! I realized that it was essential that I increase my musical repertoire to include material that could reach my clients in this unfamiliar culture.

**It is okay to call me Billy - respect?** Another culturally related issue is knowing appropriate manners and how to maintain acceptable boundaries with older clients. In Asian culture, we are always respectful of elderly people. It was awkward calling older patients by their names without adding a title or suffix like Mr. or Mrs. We are usually submit to what they want to do, or what they want to say. We are afraid to correct older people even if what they say is not correct. As an intern working in a nursing home, I felt more like a granddaughter than a therapist. I was afraid to challenging them. Being polite and respectful, I held back a lot of my questions

and gave them what may have been too much space. I felt inefficient and unprofessional as a therapist.

To improve my role as a professional, I spent a lot of time observing the staff and my supervisor during the first three months of internship. These observations brought me to conclusion that by loosening up with older clients I would better be able to accomplish treatment goals with them, and encourage my clients to open up to me. Sometimes too much respect will result in building distance rather than connection in a relationship. Being overly concerned about proper manners made me timid to talk freely, which restricted building rapport and connection within the therapeutic relationship.

**A crying road.** I enjoyed driving from my internship site to school and from school to home. At the beginning of my internship, I felt I could not handle clinical training and schoolwork any more. On my way home I cried many times. “If I am alive, at least I can cry.” I was so thankful for my tears! I wondered, “Am I healthy enough to serve my clients?” The concept of self-care was one that I had never considered before. I realized that even a therapist cannot always be strong and flawless. We still need to find support when we need it.

**Found the comfort in music language.** Music transcends language and cultural differences. I remember leading a group of patients with Alzheimer’s. It was close to St. Patrick Day so I chose a couple of Irish songs and encouraged the group to sing along with me and then talk. While I was playing the song, “I Will Take You Home, Kathleen,” a client who was usually very quiet and rarely interacted with other members of the group, suddenly began to get agitated and cried out, “God help me!” repeatedly. She had never responded like this before. My supervisor told me she was an Irish immigrant and her name was Katherine. The song might

seemed to have triggered emotions and she used her limited verbal communication to share her emotions with us. Although she had become too agitated to stay in the group, it was a very good chance to observe her strong reaction to the music. My supervisor suggested that I bring her in another room to continue the music therapy session with her individually. To calm her and knowing she had a religious background, I decided to sing some hymns to her while holding her hands. She relaxed a little bit until when she heard the word, "God," when she started yelling "God help me!" again. We were limited by her minimal ability to use words and we were able to communicate through facial expressions, tone of voice, and physical tactile prompts. I could not tell what she wanted to express in words, but I knew that she had experienced a moment of strong emotion. I felt the need to help her calm down and I began to sing a Chinese song, "The Olive Tree." The reason why I chose this particular song was that it has a chanting-like lyric and melody line and it required a higher vocal range to sing it. I thought it would be perfect to bring about a feeling of relaxation and calm. My only concern was that the lyrics were in Chinese. I was quite surprised to see that as I sang, my client stopped yelling and started to look intently at me. She gradually calmed down and I brought the session to a close.

I also spent a few weeks working with a group of people with special needs. In that facility, we used a lot of improvisational music therapy techniques. I felt I was more comfortable and confident as a music therapist using improvisation. Focus was directed to the music and did not call for much verbalization so I did not encounter the feelings of inadequacy related to my language insecurities as I had in the nursing home. I felt a greater sense of self-esteem when I used more music-centered interventions in my therapy sessions. I felt more connected with my client through music. It finally occurred to me that if I was so concerned about being less than

proficient using English at this point in my development, why not put greater focus on the music!?? This realization brought me a great sense of relief.

Through these two different internship experiences, I came to the conclusion that I prefer using music centered approaches in my therapy sessions at this point in my development. Like some people prefer a planned trip and some people like spontaneous adventures, both ways of traveling may lead to the same destination. As music therapy professionals, it is our responsibility to expand our repertoire and musical abilities. However, as a foreigner I feel that definitely need to work and get familiarized with Western /American music but we will still have some gaps on cultural aspects. For me, I used to be a student who always had a session planned out and rehearsed before the actual session. I have come to try to rely on what I have prepared, but I also have learned to be flexible with the set plan. Although I feel that language and cultural differences continue to challenge my ability to forge meaningful clinical relationships, I have begun to listen to my clients' needs more than listen to my own plan. I would prefer to "go with" the client on a musical adventure, sharing in a relationship step by step.

### **Xiyu**

**Before I came to America.** My background is that I am Asian, a speaker of Mandarin, born and raised in China, a lover of music, a lover of animals, and a feminist. Although this story is focused on my internship experience as a music therapy student, I still would not be able to thoroughly explain this journey without describing my origins in some detail. I was born into a family of music professionals. My father is a music professor in a provincial music college in China and my mother is an enthusiastic music lover. Before moving to the United States, most of my life revolved around the college campus on which my father was teaching. All my neighbors

were musicians or educators who were raising their kids to be musicians. My friends during that time were all learning at least one musical instrument; I however, was an exception. I refused to take music lessons until I was 11 years old, while my friends started learning instruments beginning at five to six years of age. The reason for my refusal simply comes down to the fact that I didn't like the idea of being shaped into someone else's idea of what "I was supposed to be," whether as a musician, or as a music educator. Being the daughter of musicians, I was expected to be at an advantage with music studies. In addition to the free lessons I could get from my father, people assumed that I must have inherited some amount of musical talent from him. As the only child in the family, people also believed that it was my responsibility to carry my father's musical skills onto the next generation. However, the expectations everyone had of me did not resonate with the person who I was growing up to be. I was never considered a delinquent, but my peers and teachers thought I was different because I didn't do what was expected of me. My contrary thoughts and behavior caused people to consider me to be a "distinctive" girl. Throughout my life the only characteristics I have been sure about have been that I am Asian, a speaker of Mandarin, a girl born and raised in China, a lover of music, a lover of animals, and a feminist.

It was a concert that I saw at age 11 that made me decide that I wanted to learn an instrument. The concert shocked, moved, and touched me so deeply that I realized that music had been my passion all along. I had been running from it because it was being forced on me. The powerful sounds I heard coming from the Erhu made me think: "Music is my destiny." The Erhu is a traditional Chinese, stringed instrument that consists of two strings being played with a bow. It plays a similar role to the one a violin plays in a Western European type of orchestra. After

that concert, I started on the path everyone around me had always wanted me to take; that was to practice and learn to play the Erhu. This instrument became my main focus of study during my four years of undergraduate training. I spent the majority of my time rehearsing in an orchestra made up of students and young professionals. During my senior year of college, I encountered music therapy by chance, and the attraction I felt to it was so powerful that I put away my Erhu, stepped down from the stage, and left my hometown of Jinan to pursue a career as music therapist in New York. It is here in the United States that my new journey begins.

**After arriving to America - Forging a new identity.** My new life in the U.S. caused me to make some adjustments to how I would come to describe myself. Now I was an international music therapy intern of Asian origin, and in the process of acculturating to Western customs and American culture, an animal lover, and a feminist.

My first year of studying in America was a lonely struggle. The world around me was so unfamiliar. My family and friends were on the other side of the planet, living in a time zone that was 13 hours earlier than where they were. This means that when I was thinking of them, when I most felt like talking to them, they were probably sleeping. This situation pushed me to forge new interpersonal relationships with people around me. However, language and cultural differences prevented me from taking part in the typical kind of college life. For example, while my classmates and I knew each other on a first name basis, knowing our names was the extent of the relationships I had. With the language and cultural differences, trying to get along with native people made me feel nervous, as if I were walking on thin ice - I was always very careful. I hesitated doing almost everything that I had to do when it came to interacting with other people. I was afraid of misunderstandings or miscommunication, and I wondered what other people

thought of me. Would my behavior or the way I responded in social situations make people think I was silly, or odd? Like a weed growing up between two rocks, I found myself struggling to survive between these “culture stones.” My self-image started to slowly change on a daily basis.

As I moved into the second year of the music therapy program, I was able to start my practicum training, and then one month later my internship training. In practicum, I was partnered with an American classmate, and we were assigned to a hospital where we provided music therapy services in the rehabilitation unit. I will never forget the emotions I felt as an international music therapy student seeing her first clients.

### **First Story: Fear**

**I need help and support.** Applying what was learned in class to the clinical music therapy session was not easy. I was not the only student who felt this way. Each session my partner and I attended, we supported each other emotionally and worked as a team. Whenever one of us came up short doing a certain task during a session, the other one would step forward to help. Supporting and being supported by each other when challenges arose was reassuring for both of us. One thing that impressed me was the fact that we were both shy about knocking on patients’ doors to ask if they wanted a session from us. English not being my first language made me shy, but I was surprised by my partner because I thought being proficient in English would make her feel comfortable to approach patients. I thought that since she was a native English speaker she would be able to easily communicate with clients. However, that was not the case. She was feeling insecure and shy like I was. It was hard for her to initiate the interaction with a patient who was usually surprised by our presence. One factor that made it difficult to initiate interaction with the patients was that they were in the hospital in short-term situations, and it felt

like we wouldn't have enough time to build solid relationships. We almost always got new patients, so we often needed to introduce ourselves and explain what music therapy is about before we could conduct a session. Whenever we got new patients, I usually felt worried about the possibility embarrassing myself. Most of the patients we encountered would politely decline our offers for various reasons. This made me more hesitant about approaching new patients.

The insecurities my partner and I faced seemed to be common among our classmates. I specifically remember one classmate, another international student, who decided to quit the program during the practicum. She quit the music therapy program, left the United States, and went back home. I got to ask her about her reasons for quitting, and her words left quite an impression on me. She said: "I think music therapy is just not for me, I am not that kind of person who knows how to sell themselves at someone's door." I had not thought about it as "selling" but I knew what she meant. Not having assigned clients, and having to "pitch" ourselves each time, left us feeling like door to door salespeople.

### **Second Story: Confusion**

**Accept or reject?** To maintain a professional code of conduct and integrity, it is necessary to be able to maintain appropriate boundaries during interactions with clients. I had been advised about appropriate boundaries in classroom and supervision settings. These boundary maintenance skills are based on western social and cultural values. This sometimes poses a problem because my clients were not always American.

In the second year of my internship training, I conducted a weekly music therapy group session in a senior day care center. Participants of the group consisted of Chinese elders from the Guangdong Province who were then living in Chinatown where they did not need to speak any

English. These participants ranged from 65-82 years in age. Customary interaction with older adults is very different in China than it is in the west. Differences originate from the Confucian principles that are instilled in most Chinese people early in their education. Those principles have certainly influenced me too. The fundamental and core Confucian value on which the treatment of older adults is based is to always show respect and obedience to those older than oneself. Because of this, seniors are usually treated as authoritative figures. It is unacceptable to not show respect and obedience to an older person. Of course these principles affect how Chinese people interact with older adults. For instance, Chinese people believe that prolonged eye contact with an older person suggests a challenge and a lack of respect. Another example is that younger people need to be very cautious about when and how they make physical contact with an older person while physical contact from an older person to a younger person is common, and has to be accepted if the younger person wants to show respect. I would sometimes find myself in a situation where physical contact during a session created an ethical dilemma for me. One day after a group session, while I was still sitting on the bench by the keyboard, one of my clients Mrs. 'A' stood up and walked up to me, held my face in the palms of her hands, and said in what is now translated from Cantonese: "Oh, you are so cute and you were doing great. We liked you very much and you were just like our granddaughter....." It should be noted that a Chinese person comparing an individual to their child or grandchild, is a common thing done simply to reflect the age difference between two people, as well as to show appreciation for something the younger person has done for the older person. I would like to clarify that this instance was not a case of transference, where the lady was projecting her feelings about her granddaughter onto me. This was not the case but rather typical cultural behavior that could have

occurred in almost any situation. Her granddaughter had nothing to do with her actions toward me. (I had validated this with Mrs. 'A' afterward). Even still, I froze and did not know how to respond. Not only did I feel embarrassed, but accepting her gesture seemed wrong from what I had learned in college, while rejecting it would be disrespectful towards her and my culture. I wanted to show respect, but was so confused and unable to figure out an immediate response that would be appropriate from a Chinese cultural point of view while maintaining an appropriate therapist-client boundary.

### **Third Story: Awkwardness**

**Oh, that sounds nice.** Another issue I encountered during my music therapy sessions was finding myself unable to maintain a fluid conversation around a topic about which my client was interested. It would get really awkward when my clients started enthusiastically talking about something about which I was not familiar. Sometimes the words and terms they used were not even a part of my vocabulary. It was during the practicum, that I first became aware of this problem. I was conducting music therapy session for an in-patient client who was scheduled to stay in the hospital for two weeks. I planned four sessions for him meeting twice a week. In the initial session I had the opportunity to build rapport with the client. He was open during our conversation and started talking about his early life as a pilot in the military. His facial expressions, gestures, and overall body language indicated that this was an excellent opportunity to strengthen our connection if I could interact with him appropriately. However, I had never heard most of the terms that my client used. I could only respond, "Oh, that sounds nice!" Lack of familiarity with American culture and society left me at a loss to be able to process important information, and inhibited my ability to conduct a more meaningful interactions. As my life in

the United States went on over the next three years, my command of English increased as did my familiarity with American customs. I had more chances to access mass media, and was exposed to other sources of information. This exposure to American language and culture helped significantly.

#### **Fourth Story: Self-Esteem!**

**I'm so weak.** Language difficulties have certainly influenced all aspects of my life while studying here in the United States. Speaking and writing in a foreign language inhibited my potential in academic studies, clinical training, and supervision. These difficulties weakened my ability to communicate effectively, which further impacted my ability to develop strong relationships with native English speakers. In addition to the communication difficulties I experienced, my tendency to be critical of myself while holding the other students in the program in high regard made it difficult for me to develop a sense of self-esteem. During my classes, I would always get the feeling that everyone had a better understanding of what was being taught than I did. I rarely spoke up in classes even when I had questions. Instead, to avoid any possible embarrassment, I spent extra time after a class to find answers for questions on my own. I also did not have the confidence to answer questions asked by others. During music therapy sessions, I sometimes felt reluctant to practice my counseling skills as needed. Furthermore, I tended to be more of a listener, rather than initiating topics or actively interacting with supervisors and peers during discussion forums. I had faced challenges as a student in China, but they did not compare with the difficulties I have faced here. Due to constant feelings of insecurity, I often doubted myself whenever I had a disagreement with another person. This uncertainty led to me

succumbing to others' opinions even when I felt passionate about my own. My self-esteem had hit rock-bottom.

### **Discussion**

In our narratives, after many hours of personal reflection, we attempted to disclose personal and intimate details about ourselves. The details brought to life in these narratives were achieved through our diligence and dedication as individuals and as a group. The process of developing an autoethnography through collaborative work helped us to gain a deeper and clearer understanding of ourselves that otherwise would have remained blurred or concealed. From our collected data, we arranged our concerns into three categories. They are concerns about: (a) self-identity; (b) language challenges; and, (c) cultural challenges.

#### **Self-Identity**

**From majority to minority.** After a few years of studying and interning in the United States, our life circumstances changed and our social identities were transformed. The most significant life change that affected our identities was relocating from countries that are nearly homogenous to one where we became part of a minority group. In the U.S., familiar things such as food, language, and culture had become unfamiliar, which created difficulties in our assimilation process. This dramatic change of living environment prompted us to reconstruct our self-identities to adapt to our new life as foreign students and interns in America. Early on in our new lives, it did not take us long to notice that the standards to which we had been accustomed were no longer applicable in American social groups. Therefore, we felt disconnected. Using a variety of methods, we made attempts to minimize our feelings of disconnection. However, these attempts had little to no success because we lacked clear recognition and understanding of

ourselves. During this period, our self-identities were changing in order to adapt to different situations, but we were unaware of the process. Working on this study enabled us to discover, review and analyze our conscious and unconscious changes. Our original and evolved self-identities are displayed in Table 1.

We had chosen to live and study in an unfamiliar country at a stage of our lives when we were more or less comfortable with our identities. We knew it would be difficult, but it was nevertheless shocking to see how distinct we were as a people compared to Americans. Carrying the inherited values from where we originated, we frequently found difficulties in understanding others as well as in being understood. While we were trying hard to learn about this new society, we were simultaneously losing aspects of our identity such as who we were and who we wanted to be. For example, Rongrong noted: “I felt vulnerable being part of a minority in this new environment. I lost my self-identify in what was an unfamiliar language and culture.” WanLing expressed her feelings at the time, saying, “I used to wish that I were an American. I don’t like to see myself acting like a kid just starting to perceive the world.” We had all become frustrated by problems that were caused by not understanding our changing identities. As competitive students studying to become music therapists in America, we made our best efforts to speak like Americans, think like Americans, and even act like Americans. Believing these attempts would help us to better adapt to this new culture and society, we were able to find a brief sense of self-comfort. However, as time went by, we realized that we had been ignoring our original selves and had forced ourselves to make unreasonable changes by giving up our own cultures. Eventually, we became a strange group of people who felt somewhat out of place among our native people, and foreign in the new society to which we were trying to get accustomed. In

other words, one of the few places we could find normalcy was amongst ourselves because we were all experiencing the same thing.

After recognizing these changes, we reshaped our self-identities even further through deep and thorough analysis. Our new self-identities became more flexible and compatible with ourselves, our new environments, and American society. The benefits we gained from our explorations were noticeable. WanLing wrote:

My self-identity gradually changed to accept that I am a foreigner. I realized that adapting to this culture was necessary, and that I could do so without giving up my own culture. Acculturation will be a lifelong process for me since I have decided to settle down here. Now, I appreciate that I am a Chinese/Taiwanese woman who has used the influence of American culture to become a more open-minded person.

Rongrong noted:

When I finished my internship, my heart was filled with a sense of achievement, and satisfaction. I felt especially proud because I am part of a minority and a non-native [English] speaker. Interestingly, since then, being part of a minority has become a positive attribute, as I have a different lens to bring to my work environments and clients. I am diligent and strong, and I know all of my struggles have led me to something beautiful in the end.

Xiyu stated:

I was lost, but now I'm back. I finally retrieved the "real me" and refined her to better fit the present. Feeling reborn, I am a brand new person who is now able to comfortably live and work in two distinct societies. I am proud of myself.

## **Language challenges**

It became evident through our self-exploration that the language barrier was the most challenging factor for each of us during our internships. We each experienced frustration in our decreased ability to convey concise thoughts and feelings in a different language. Rongrong felt connected to Wittgenstein's (n.d.) statement that, "the limits of our language means the limits of our world" as a way to demonstrate her experience regarding language. The barrier contributed to limitations faced when applying music therapy principles, interventions, and techniques to clinical practice. These limitations led to avoiding certain populations (i.e., adolescents), talking in details with clients, and utilizing certain music therapy techniques such as songwriting and music relaxation. We found that we all experienced periods of low self-esteem, a lost sense of identity, self-doubt, fear, anxiety, stress, and frustration while conducting sessions, talking to clients, and sharing experiences and concerns with professors and classmates during our internship seminars.

**Avoiding certain populations (i.e., adolescents).** Through our sharing, we found it interesting that none of us desired to work with an adolescent population due to the large number of idioms used in typical adolescent communications as well as the fact that we believe they require aspects of therapy that we are not comfortable with providing. Some of this was also related to how adolescents in the United States have some expectations and behaviors that are substantially different than those we were familiar with from China and Taiwan. In addition, we are not comfortable with how adolescents often speak quickly and their resistance to therapy. Furthermore, therapy with adolescents sometimes requires working with genres of music that are unfamiliar to us. Meanwhile, even with other populations such as children and older adults with

whom we felt more confident working, the language barrier was still present and a constant reminder that our ability to freely converse and have open discussions while utilizing counseling skills in sessions was greatly minimized.

**Avoiding talking in details.** Xiyu often felt awkward when clients talked passionately about something with which she was unfamiliar. She was unable to translate some words, as they did not exist in her vocabulary. Rongrong shared that at the beginning of her internship, she tried to avoid talking with clients in detail by only using a few key sentences that she was comfortable delivering. Because of this, Rongrong felt that her limited vocabulary severely affected her work as a therapist and the way in which she built rapport and remained present with her clients.

WanLing pointed out that she was talking like “friendly Robot” when conducting her first group sessions. She felt distant with clients due to a lack of verbal interactions with them.

**Primarily using improvisation while avoiding certain music therapy interventions.**

When exploring which music therapy interventions and techniques we implemented most universally in our clinical practice, WanLing expressed being most comfortable during improvisation, as she felt she was more confident and available to explore her clients’ potential while using improvisation techniques. Additionally, she thought there were less ethical concerns utilizing improvisation in music therapy sessions. Similarly, Rongrong felt more comfortable and confident using improvisation with different populations, as she rarely utilized songwriting, music relaxation, and music imagery. Using music improvisation allowed her to focus on her musical strengths and communicating using music rather than accentuating her limitations with the English language. Techniques involving more advanced verbal skills compared with improvisation were a concern because she did not want her accent and English speaking skills to

distract clients during a songwriting or relaxation experience. Moreover, while the language barrier caused limitations in applying certain techniques and extending conversations, Rongrong and WanLing have been using music as the primary source of expression and communication in sessions. WanLing stated that she felt more connected with clients through music, and she was able to find comfort in the shared musical experiences between client and therapist. Where our words may have failed, it is in the music where fluid dialogue was present, speaking to us all.

**Limited verbal skill affected the quality of session notes and case study.** The language barrier was also present when writing necessary documentation such as session notes, session plans, evaluation reports and case studies. Clinical case notes require a particular type of language and a new writing skill set which added a new layer of unfamiliarity. Rongrong realized that her limited verbal and writing skills affected the quality of session notes and her ability to deeply explore her case studies. She thought her sessions went well but she was unable to capture significance and clearly depict the sessions in words.

**Language difficulties and negative feelings.** As previously mentioned, we all experienced an array of negative feelings associated with our ability to communicate in English. The three of us have experienced decreased self-esteem because the language barrier has strongly affected our ability to communicate with clients. Xiyu said:

Language barriers have weakened the effectiveness of communication and impacted my ability to develop strong relationships with others. When studying in the music therapy program, I was more critical of myself than of others. In class, I thought everyone had a better understanding of course material than I did.

Rongrong stated:

While trying to process my feelings, I also struggled with the fact that I may appear awkward or less than intelligent because sometimes it would take me longer than I wanted to answer a question or find the correct response in my limited vocabulary.

WanLing shared: “I also felt that if I could speak English better that I could have had better [music therapy] skills in my sessions.”

Moreover, Rongrong expressed feeling as though she lost her identity, as she thought she could not be her true self if she was not able to express and communicate how and what she wanted. She wanted to show people that there was more to her than what they might initially perceive. Feelings of fear, anxiety, stress, worry, and frustration were the predominant feelings we faced when conducting sessions and communicating with clients. We demonstrated high levels of anxiety and worry when beginning our internships and leading initial sessions. Feeling stressed seemed routine, especially before and after sessions, as we meticulously prepared for our sessions and spent extra time checking grammar, learning new vocabulary, and memorizing song lyrics. Rongrong recalled her feelings surrounding these emotions during her first internship placement. She shared that her heart began to beat loudly, signaling anxiety, as she played the “hello” song. She was overly worried that she may forget clients’ names or how to pronounce them. While interning at a hospital, Xiyu felt afraid to introduce herself to others and speak openly about music therapy to colleagues and clients. She also struggled with feelings of inadequacy when clients declined her offer for music therapy. WanLing described her feelings of frustration due to difficulty in engaging in deeper discussions with clients when reflecting on themes and recalling memories in sessions.

Negative feelings such as fear, frustration, embarrassment, and a lack of confidence also occurred when we were talking to professors and classmates during internship seminars. We often felt misunderstood and judged by classmates because of the way we spoke and phrased certain expressions. Rongrong stated that being misunderstood resulted in more negative thoughts about herself. She stated,

I began to blame myself and become more nervous and anxious talking to them. I wanted my classmates, colleagues, and supervisors to understand me, respect me, and be empathic towards me as an international student who immersed herself into a brand new culture.

The language barrier was one of the biggest challenges we all faced during our internship experiences. It weakened our ability to conduct sessions in the ways that we wanted, communicate effectively with our clients, staff, and supervisors, write essential documentation, and apply certain music therapy techniques, such as songwriting and music relaxation. As a group, we collectively could not find many positive experiences from our internships, aside from the self-discovery we ultimately reached towards the end. However, through our struggles, we now feel more confident about our ability to speak English and effectively communicate with our clients, colleagues, and peers. Moreover, coping with how to process language barriers, as well as how work through them proved to be significantly beneficial to us. We feel as though we can use the skills we created and apply them to not only a clinical setting, but in other social situations, as well.

### **Cultural Challenges**

There were also many cultural differences and barriers that we had to overcome. Our physical characteristics, such as our skin color and eye shape, created the first fundamental and unchangeable barrier. As foreigners, we felt a lot of pressure leading a group in which the majority of the people were Americans. With our yellow skin, black hair, eye shape, and foreign accents, we were very nervous and lacked confidence even just standing in front of our clients. Rongrong mentioned that she was extremely sensitive about how her clients thought about her. When clients declined to participate in music therapy sessions, she automatically thought their absences were due to her appearance and accent. She could not objectively or rationally evaluate the situation. Xiyu addressed that she was hesitant to do anything in the beginning of her internship period. She wondered if her actions and words were silly or odd to her clients. However, these obstacles eventually dissipated. Other problems associated with cultural background differences were more concerning for us. We categorized them into four problems: (a) unfamiliarity with knowledge about American culture; (b) confusion about appropriate manners; (c) maintaining proper therapist-client relationships, especially with Chinese patients; and, (d) difficulties in communicating with authorities.

**Unfamiliarity with American culture.** The most general issue that we faced was a general lack of knowledge of United States culture. This issue affected our session planning and material preparation. We all questioned whether we were ethically qualified and sufficiently competent to work with people. Both in preparation and actual execution, it felt as though our work was not effective or productive. Rongrong and WanLing both felt that playing musical repertoire related to American holidays was an example of this issue. Rongrong said:

I spent a significant amount of time familiarizing myself with songs associated with those holidays and built up my repertoire. However, I feel as though I did not truly immerse myself in the culture through celebration. I did not grow up here, and I do not have shared experiences with my clients from the United States surrounding holidays. When clients shared stories about their past holidays, I felt excluded because of my cultural background.

Even though we researched relevant information about the holidays, we could not develop meaningful conversations based on our limited knowledge and language.

Building a good therapeutic relationship is vital for both therapists and clients. This is a lesson we learned in our internships and struggled to achieve. It took time to become familiar with a new culture and even more time to feel comfortable enough to converse about topics about which we were not informed. It was difficult to engage our clients during the sessions, especially older adults who need more verbal interaction to recall or stimulate their memories. WanLing mentioned that during her experience working with older adults in Taiwan, even with the difference in age between her and her clients, she could relate to and discuss interesting topics and activities related to the client's daily life, including current events and personal stories. Compared to her previous experiences, being in America led WanLing to feel limited in her ability to prepare for sessions, due to her unfamiliarity with American culture and clients' backgrounds. Again, the lack of knowledge of a foreign culture brought up feelings of inadequacy, a sense of a lack of professionalism, and concerns about operating beyond the limits of ethical responsibilities. Xiyu suggested that if she could thoroughly interact with her clients

and offer enough materials to engage them, she would be able to build the relationships she was seeking with them.

**Questions and confusion about appropriate manners.** In the beginning of our internships, we all felt confused about how we should appropriately behave with older clients. In our culture, we were taught to maintain a distance and view older adults in a higher social position. This sense of respect led us to hesitate prompting our clients to explore more deeply during music therapy sessions. In our culture, older adults were seen as “wise” and “experienced.” However, we naturally viewed their physical abilities as “needing assistance.” Thus at the beginning of our internships working with older adults, we used our traditional ways of interacting with the elderly. Rongrong recalled that she physically helped some of her older clients without asking whether or not they needed it. As a result of our cultural backgrounds, we had lower expectations of their physical abilities than was often the case. This might have resulted in distorted evaluation and data collection. The therapeutic relationship boundary was also blurred due to this unconditional acceptance and respect for the elderly. During group discussions, all of us shared our feelings towards treating the elderly with our traditional Chinese cultural values. Rongrong indicated, “I realized that I had too much respect towards older adult clients. The boundary between therapist and client felt blurred. As a result, it sometimes affected my professional judgment and evaluation.” WanLing stated:

I felt distant with my clients based on my Asian cultural respect of the elderly. For me it was not polite to interact with clients naturally. Like, I was very hesitant to call them by their first name, which is the norm here but is rude in Asian culture; we only call elderly

by their last names, like Mr. Wang or Mrs. Lin. However, I found out that calling my clients Mr. and Mrs. made them feel uncomfortable.

Xiyu said:

Born and raised in a community that values the elderly with the utmost acceptance and respect, I usually felt restricted when conducting sessions as a young therapist. Especially when elderly clients deviated from staying on “track” where they could benefit therapeutically, I was unable to be firm enough to redirect them so they could keep working on the treatment goal I had set for them at the beginning.

**Therapeutic relationships and boundaries with Asian clients.** Although we are Chinese and Taiwanese, we received Western education. Therefore, in terms of maintaining a therapeutic relationship and setting boundaries with clients, we followed what we learned in school. Xiyu experienced difficulties with maintaining these boundaries when she had a Chinese client an older adult group. The AMTA’s (n.d., para. 1) definition of music therapy emphasizes therapeutic relationship. In order to build rapport with clients, it is important to assess a client’s cultural background and accordingly maintain the therapist-client relationship. Among different cultures, therapist-client interactions could be affected by the clients’ expectations, as well as their preferred communication style with the therapist (i.e., formal or informal).

In our case, we are familiar with the communication styles and interpersonal relationship building within our shared native social values. However, since we have received music therapy training in the U.S., we have been profoundly influenced by the western definition of a therapist-client relationship. Despite cultural issues as stated above, we put forward our best efforts to become qualified music therapists who can appropriately work with people from different

cultural backgrounds. In particular, we aimed to maintain the therapist-client boundary and relationship.

The case that Xiyu presented in her narrative demonstrated the moment that she encountered confusion within a cultural context when she worked with a client from a Chinese background. Xiyu failed to respond to her client immediately and confidently because the client displayed behavior that violated the appropriate therapist-client boundary in a Western cultural context. The behavior could have been regarded as completely acceptable in a Chinese cultural context. Although clinicians are usually treated as authority figures in Chinese culture, the way Xiyu's client responded did not represent a typical relationship between a Chinese clinician and his or her client. We found a probable reason that might explain this situation. Due to the non-threatening and joyful nature of music therapy, the client may have felt more relaxed when engaged in music therapy than other treatments. Chinese elderly tend to regard music therapists as young fellows or even grandchildren instead of strict clinicians, and informally communicate with them. Therefore, it was apparent that we had difficulty treating a client who shares the same culture values with us because of the Western education and standards we have adapted.

**Difficulties in communicating with authorities.** The cultural differences do not only exist at our internships. Rongrong articulated that the way we communicate with authority figures like supervisors and professors is also different from American students. During an internship, obtaining feedback from instructors and the supervisor is very important for professional development. However, Rongrong recalled that she rarely spoke out when she had different opinions from professors in class. She preferred to talk with the professors privately

after class so as to avoid embarrassment or confrontation. She was used to being silent when she had different opinions from instructors and supervisors.

We divided our problem into two parts: language difficulties and cultural barriers. However, under most circumstances, these two factors simultaneously existed. For instance, instructors may assume Asian students are quiet in class. This is because we may require more time to organize what we want to say before we raise our hands. Also, expressing our opinions in class often is considered to be challenging the teacher, which is not respectful in Asian culture. Sometimes we want to express ourselves but are hindered by these factors. Therefore, we were unable to always address our concerns with full clarity and understanding.

### **Our Strategies**

**Reforming identity as needed.** As discussed above, flexibility with one's self-identity played a crucial role in how we could effectively adapt to a new society. For international students like us who were struggling with acculturation, it was important to become more flexible in our belief systems, reexamine ourselves, accept our differences, and reasonably adjust according to our new, diversified needs in life. Some of the absolutes in the belief systems with which we arrived were simply not applicable to our new situation. On the other hand, our beliefs were essential components of our personalities and it is not possible to forget everything we had learned to simply "start over." We knew that identity reformation could speed up the process of acculturation, but we had to incorporate new ideas without trying to completely abandon old ones. The challenge was to find an appropriate balance of old and new ways of thinking that would allow us to reconfigure our identities to accommodate the new situation, while keeping in

touch with what we had come to know, as well. We concluded that this was the way to understand and be understood by the majority of people in the United States.

**Bilingualism -- from functional to internal, reforming the language identity.** The awareness of the change in our language identities was brought about by the many dreams we had in English. In these dreams, we used English as a primary language to communicate with others. These occurrences do not necessarily serve as an indication of bilingualism in a person. Some people may experience dreaming in a language that they never knew, but for us, English dreams brought the growing possibility of achieving bilingualism.

The definition of bilingualism varies by degrees. In this paper, we refer to bilingualism as being able to speak, read, comprehend and write in English at a scholarly level. Furthermore, more importantly, bilingualism is being able to think in English; having a bilingual mind. Researcher (Ewa, 2011, para. 3) defines functional bilingualism as one's ability to use the second language as a tool of communication and interaction. It emphasizes the nature of language as an expression tool, not an abstract entity. On the contrary, internal functions of a language "include non-communicative uses, like internal speech and the expression of intrinsic aptitudes" (Ng & Wigglesworth, 2007, p. 149). Such internal use of language includes counting, praying, and dreaming. For individuals like us who learned English in non-English environment, it was not surprising that we all developed functional bilingualism that would be used for "survival," rather than internalizing the language. Coming to this country as a functional English user, our language sometimes got lost in translation, and as a result we would confuse those with whom we were communicating. Thus, our strategy to better and more quickly adapt to this new culture was to become bilingual at both functional and internal levels.

As we mentioned in the discussion section of identity transitions, we had a feeling of disconnection with the society in which we were born and raised, as well as the new society that into which we were suddenly immersed. Language issues played a crucial role in initiating feelings of loss, as demonstrated by the gradual loss of ability to masterfully use our first language as we previously could. As we set up the reformation of our language identity, we realized that English and Chinese could actually nourish each other to simultaneously grow.

**Adapting to our new life.** Becoming familiar with our clients' cultures is important in developing a therapeutic relationship. Therefore, the first priority of our internship was incorporating aspects of American culture. Living like an American, becoming a mindful observer, and using mass media are some strategies we used to adapt to our new culture. Living like an American was an acculturation process for us. We tried to become involved in American culture as much as possible. By socializing with our American classmates and friends we could directly experience authentic American culture. For example, attending holiday parties were good resources to assess cultural experiences. We observed the songs people sang, the clothes they wore, and the cultural rituals they exercised. Experiencing these cultural differences helped us adapt to this new culture and use the information as a means of connection with our clients.

Being mindful and observant of our surroundings helped us grow not only in adapting to our new culture but also in becoming caring music therapists. We spent a lot of time observing other therapists and professionals having basic conversations and professional insights: how did they say it? What did they do? What are the appropriate attitudes towards clients? Therapists from different cultures have different attitudes when conducting therapy sessions. For instance,

in a children's setting in the U.S., music therapists are usually fun and full of energy. In China and Taiwan, music therapists are more stern, like strict teachers.

Another effective method we used to accelerate our acculturation process was to pay attention to mass media sources such as TV programs, podcasts, radio programs, and print. These sources had great influence on our improvement in both English proficiency and knowledge of American society. For instance, listening to various programs or the news on the radio while driving was a timesaving way to enhance our English skills. In addition, the radio also helped us to keep up with current events, which made us more socially aware of music and trends happening around us. Being current did not only benefit us in our social lives, but also in our field. This knowledge aided us when designing music therapy interventions.

**Reducing the language barrier.** During sessions, we often heard words that were unfamiliar to us. By not asking for a client to repeat certain words, we missed important aspects of the conversation, thus affecting the way in which we could respond appropriately. We learned not to feel bad asking clients to repeat themselves. We firmly believe that as international students, it is more than okay to ask clients to repeat themselves, if needed. Active listening skills will ensure that the therapist and client are "on the same page." If the clinical supervisor or staff is present in the session, we learned to seek help from them, as well; that is why they are there.

We found it beneficial to familiarize ourselves with some clinical language that may be heard during our internship training. While we recognize that we cannot script everything we will say, being familiar with certain terminology not only helps us learn, but helps us become effective communicators with our clients and members of interdisciplinary teams. Bringing notes

or even a dictionary to the session is acceptable, as each of these tools is meant for supporting the overall therapeutic environment. Using humor is another great way to get a session back on track after feeling embarrassed. One could also ask for clarification in the music. For example, one could try singing the phrase, “hey, hey, I am sorry, what did you just say?” to the tune of one of the client’s favorite songs. In this way the connection is still intact and music becomes the avenue for expression, again.

Of course, music is a vital element in music therapy. This is not to say that counseling skills, reflection, and processing are not as important, but they play their own roles within the context of a session. The therapy happens in the music, and in our experience, playing the client’s preferred music is the best and fastest way to build rapport, gain trust, and foster a relationship. During our internship experiences, clients who struggled to speak, whether due to neurologic impairment or resistance to verbal expression, found themselves conveying their thoughts, feelings, and emotions best through musical improvisation. Overall, music continued to be the medium for our clients to improve their self-awareness, non-verbal communication, and self-expression. Additionally, we found that clients responded to musical cues and prompts more than verbal cues.

**Support groups.** Finding support groups was very helpful for us during our internships. Through group discussions and sharing experiences, support groups offered us not only practical assistance but also emotional support. We had an internship seminar twice a month where we met together with our classmates to share our internship progress. It was also an outlet for our negative feelings. We discussed useful repertoire ideas for different populations, and ideas for session interventions and structure. We also shared our feelings and communicated about

difficulties we experienced during internship seminar. This emotional support made us feel that we were not alone; even American students faced similar problems.

An Asian intern support group where we shared the same language (Mandarin) and cultural background was also beneficial for us. It was convenient for us to communicate and express our difficulties efficiently. For example, we often asked graduated colleagues for their advice and opinions. We also shared our questions with other Asian interns who had encountered similar scenarios. In doing so, everyone could better understand one another, accumulate ideas, and come up with solutions to problems.

**Seeking supervision.** Receiving clinical supervision is a productive way of improving clinical skills as music therapists because we can resolve questions that go unanswered in a classroom or clinical setting. It also provides an opportunity for interns to express the concerns they encountered while interacting with clients. Being supervised is usually a part of a music therapy program and is directly related to internship coursework. After we completed our clinical training in college, we started a new chapter in our lives as new professionals in the field of music therapy. It was then that we realized we did not fully capitalize on the potential benefits available to us through academic and onsite supervision.

We learned that being hesitant about supervision could unexpectedly hinder professional development. We were always hesitant about seeking supervision during our college years, and that created some difficulties for us as new professionals. Other lessons we learned include: (a) it is helpful to have questions answered as soon as possible rather than assuming the answer; (b) it is ok to be confused, and it is always ok to ask; and, (c) it is better to share thoughts, ideas, or feelings with classmates during group supervision and forums.

**Playing music as an outlet to express feelings.** As music therapy students, we believe that music elicits memories, feelings, and emotions, which makes music a powerful therapeutic tool. During our internships, we utilized musical activities to help clients regulate mood, express thoughts, experiences, feelings, and emotions, and we have seen how clients have benefited from our interventions. Similarly, when we, the therapists, have negative feelings such as stress and anxiety, playing music can also help us process and work through them. We feel as though each technique applicable to those with whom we work could be applicable to us, as well. Music therapy is multi-faceted, and we have found comfort in the fact that we could reflect on our feelings and experiences and channel the energy through music as a means to cope and process. Moreover, playing music to express feelings is a great way to improve musicianship skills. We have found that what we perceive as underdeveloped musicianship skills contribute to our negative feelings about ourselves. We believe that it is also fun to play music without having to worry about expanding musicianship skills and proficiency. As music therapy students, a strong focus is always placed on academia. We think there needs to be dedicated time to be still in the music, whether alone or with classmates and colleagues as a way to connect with one another outside of a textbook. Through this experience one can build a stronger relationship with music and oneself.

**Self-care.** We cannot stress enough the importance of self-care. It plays a significant role in a therapist's life. We often found ourselves with overloaded schedules. Aside from the normal coursework and internship hours we needed to complete, we spent countless hours editing our work, going to writing workshops, learning new vocabulary, and paying close attention to our

assignments and clinical documentation. Being international students only added to our anxiety and stress.

We put our work above our personal health, and we now realize how quickly this could lead to burnout. To be completely honest, we sometimes did not sleep. It is hard to maintain a high level of energy in music therapy sessions without enough sleep, and sometimes it is even hard to concentrate, as it feels as if the body is shutting down. Moreover, a lack of sleep heightened our emotional states, and stress, worry, and anxiety seemed to overtake us. Therefore, we must emphasize the importance of taking care of the self first, before all else. If a therapist has not slept and is stressed and anxious, how effective of a clinician can she be? How can she be helpful to her clients if she is not helpful to herself first? If a therapist feels burnt out and knows that she may not be able to be present for her client, it would be best to reschedule a session so as not to breach any ethics. Client safety is of the utmost importance, and getting appropriate treatment is crucial. Seeking peer-support, supervision, and using music to express feelings and emotions will likely benefit the therapist, and help her to heal and rest. In addition, taking time away from music to do other activities one enjoys will be rewarding. Whether it is taking a nap, going to a movie, getting dinner with a friend, or taking a walk in nature, there is plenty one can do to take care of oneself and remain present in the important work being done. A therapist needs to take care of oneself first in order to care for one's clients.

### **What We Learned about Ourselves**

#### **How did we gain self-growth and self-development by doing this autoethnography?**

This project pushed us to the depths of our minds to find fragments of nearly forgotten memories that we then pieced together to tell our stories. By reflecting on our experiences, were able to

mine useful data from these memories. By analyzing our newly found data, we were able to turn our memories into insights that we had previously overlooked. Our individual findings became the foundation for our collaborative work. While sharing these findings in our group discussions, we became passionate, and our mutual feelings and understanding became a source of inspiration for each other. Due to our similar cultural backgrounds, these discussions helped us retrieve memories that did not seem accessible without stimulation. Our discussions were followed by group analysis from which we obtained systematic insights and even more data for this study. After each group session, we went back to individually collecting, categorizing, integrating, and analyzing data in a systematic process. This deep self-investigation served as a catalyst that promoted change in our cognition and self-identities. These changes became new personal memories that were demonstrations of our self-growth. See Appendix C for a visualized process of our group analysis.

### **Rongrong's Self-Growth**

I love to share my story with friends, family, and colleagues. I strongly believe that every aspect of my experience helped shape me into the person and music therapist I am today. Every tear, struggle, and moment of hopelessness and joy contributed to the overwhelming sense of accomplishment and pride I now feel for myself. Each trial and tribulation somehow empowered me to reach deeper, and grow further. Each moment in my internship connected to and supported my journey.

I may not have been able to see the bigger picture while struggling in the difficult moments, but at this point in time, I am able to reflect on my personal experiences and see each significant challenge for what it is worth. I wanted to examine, record, and write my story to

share with others, and to support anyone else who may find him or herself feeling similar to me through his or her own experience. My internship played a significant role in recognizing my journey in personal growth and my identity as a music therapist. My thesis partners have been gracious in hearing my story while also relating it to theirs, providing feedback, and fostering a safe avenue for expression and processing, not only for me, but for themselves, as well.

I feel as if my personal growth began to take place primarily during my internship, but I am far from finished in terms of my evolution and growth. My personal growth is not only displayed through my gained academic knowledge, clinical experiences, and continuously developed musical skills, but is also represented in my ability to deal with difficulties and trying emotional periods, both personally and as a music therapy intern.

Interestingly enough, up until writing this thesis, I was not self-aware and sensitive to my story and how it helped shape my identity. Through significant time and reflection, I was able to see the shape of my journey and visualize my metamorphosis. In the end, I found peace and comfort in my true identity, fully accepting and loving each characteristic that defines me. More importantly, I learned I did not necessarily have to fit into a specific category. After all, humans are far too complex to try and define in one or two words. My real, true self was able to shine and not only did it make a difference to me, my clinical work and the relationships I had with my clients, but it further enhanced my friendships in China and America, as well.

While writing our thesis, my partners and I have displayed a more vulnerable side to one another through shared stories and memories regarding our internship experiences. Meanwhile, we have all supported one another in our quest to find our voices, and ourselves, within a different cultural context. The lessons I have learned throughout this entire process will surely

stay with me for many years to come, as my struggles and pain were eventually overshadowed by pride, acceptance, love, and trust.

### **WanLing's Self-Growth**

Through this project, I reflected on my experiences as an international student music therapy intern in the U.S. The process of writing this thesis has helped me to discover my achievements as well as my identity. Working in a group was especially beneficial for my self-growth and also helped me to clarify my self-identity. It was not until we shared stories with each other that I realized that my self-identity had been transformed; I was less aware of my self-identity transformation before the group discussions. During discussions with my thesis partners, we developed the strategies discussed in this thesis, which are illustrations of our transformations.

My self-identity gradually changed into accepting that I am a foreigner. No matter what methods we used to be more like Americans, we clearly stood out as Asian females throughout this acculturation process. However, I realized that while adapting to this culture is necessary, it does not mean that I must forget my own culture. As a minority here, I should stand up for who I am rather than trying to be an American. Standing firm and realizing who I am made me realize and appreciate the cultural differences in my music therapy sessions. For example, when I used music from my culture during music therapy sessions, clients could benefit from unfamiliar music, which made me feel proud of my culture. Now I can appreciate that I am Taiwanese but have been influenced by American culture, which has led me to be more open-minded. In conclusion, I wrote a poem to represent the process of my self-growth (see Appendix D).

### **Xiyu's Self-Growth**

Writing this autoethnography has helped me more than one could imagine. By deeply examining the memories of my past, I was able to further explore the thoughts, feelings, and emotions of my present self. During the research process, I constantly questioned the personal choices I had made in the past. Did I find any meaning in music therapy after leaving my family and motherland behind to study in America? If I did not choose to study abroad and instead stayed in China, what kind of person would I have become? Did I obtain the things I went in search of? Will I be able to make wise choices in the future? I found answers to these questions by searching through my past, which revealed parts of myself that I had not previously understood.

When I think of how my life has changed since I came to America, I realize that I constantly worry about how different I am when compared to people with whom I studied or worked. Recognizing my self-identities played a major role in easing myself from this worrying. Reconstructing my self-identities helped me to become a person who can always find a logical solution to the problems I face because I am a minority. With this newfound confidence, I no longer worry about the future.

Studying abroad is a special journey. It took me out of the small pond where I was comfortable, and threw me into a vast, unknown ocean. Like Alice, I fell through the rabbit hole, but came out as a mature warrior. My mind is becoming clear and thoughtful after experiencing loneliness, helplessness, confusion, exhaustion, disappointment, calm, passion, appreciation, pride, and peace. This new perspective that I gained from reflective thinking has given me a more philosophical understanding of my experiences living and studying in the United States. Writing this autoethnography was another challenging yet rewarding experience in my life. In

conclusion, I will end with a poem that I think best sums up my journey and growth (see Appendix E).

### **Limitations and Strengths**

A unique feature of autoethnographies is that the researchers are also participants. Though this form of writing can provide fascinating results, this methodology causes some scholars to doubt results, and as a result it has been criticized for its reliability and trustworthiness. For this study, it is true that we cannot assure that we were fully aware and conscious of all our feelings. Furthermore, the findings of our study are not generalizable like those of other research methods.

Given these limitations, our goal is to lessen the scarcity of autoethnographic writings in the music therapy research field. Because autoethnography is a form of research where researchers study themselves, the nature of this methodology could lead to unique privileges. In Chang et al.'s (2013) book, it is stated that "merging two roles (researcher and participant) has given autoethnographers a vantage point of considering sociocultural phenomena from perspectives familiar to self as a researcher and participant" (p. 26). During this study, we used every opportunity we had to intimately reflect and interrogate ourselves. Our completed self-disclosures incorporated mentionable feelings, perceptions, and emotions toward the meaningful moments during our internship training, as well as our lived experiences while studying in the field of music therapy. Compared to similar research topics that utilize interviews or surveys for data collection, the data gathered from this study directly came from our own experiences without being influenced or interpreted by an "outsider." Moreover, we do not need to worry about the possible embarrassment or any other kind of concern that would be caused by fully

disclosing oneself to another person. In addition, in order to maximize the integrity of our results, the data came from memory recollection and self-reflection. We spent time working on self-reflections for as long as necessary in order to ensure that we could correctly recall and describe every moment that contributed to our noteworthy perceptions.

### **Conclusion**

To conclude our studies at the State University of New York at New Paltz as music therapy graduate students, we wrote about our experiences and provided a valuable context for understanding difficulties and concerns during our internships. We also explored more about self-growth and self-identity reformation through individual self-reflection writing and group discussion. Since there is a lack of autoethnographic literature related to music therapy research, our collaborative autoethnographic study presented a process of self-growth and self-identity transformation in a subjective view as female, international interns. For the purpose of detailed and original storytelling, we decided to individually write our own stories after self-reflection and recollection of our own processes during our internship period. We choose a collaborative way to present our study by classifying, organizing, and analyzing the similarities among us. This research can serve as a reference for other international music therapy interns to help them prepare for their internships. It could also be helpful for instructors to better understand cultural differences that will support and help future international students. We articulated how our individual self-identities have evolved during our internship period and also while writing the thesis. By reflecting on our original self-identities and post-internship and thesis identities, we could compare ourselves to each other and learn from each other. We were very transparent during group discussion and group comparisons; we could understand and discover how we

experienced our internships, what supported our goals in the U.S., and if we would want to stay here as music therapists.

We recognized tremendous personal growth from our internship experiences. We concluded that arrays of difficulties associated with language and cultural barriers affected our abilities to conduct sessions, counsel clients, and led us to experience negative feelings such as low self-esteem, nervousness, and embarrassment. We also addressed the process of our self-identity transformations. Through this collaborative autoethnography writing, we all sensed that we have been transformed from our old selves, which we hope can be meaningful and valuable for future international students as a reference or sentiment of positive encouragement.

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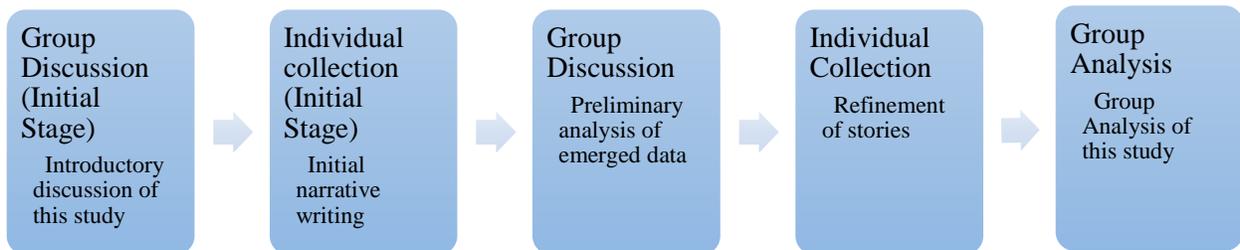
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## Appendix A

Figure 1

*Stages of Data Collection.*

*Note.* The initial stage of group discussion consisted of eight meetings. Group discussion in the third stage contained 11 meetings. The last stage of group analysis consisted of 10 meetings.

## Appendix B

Table 1

*Original and Evolved Self-Identities across all Participants*

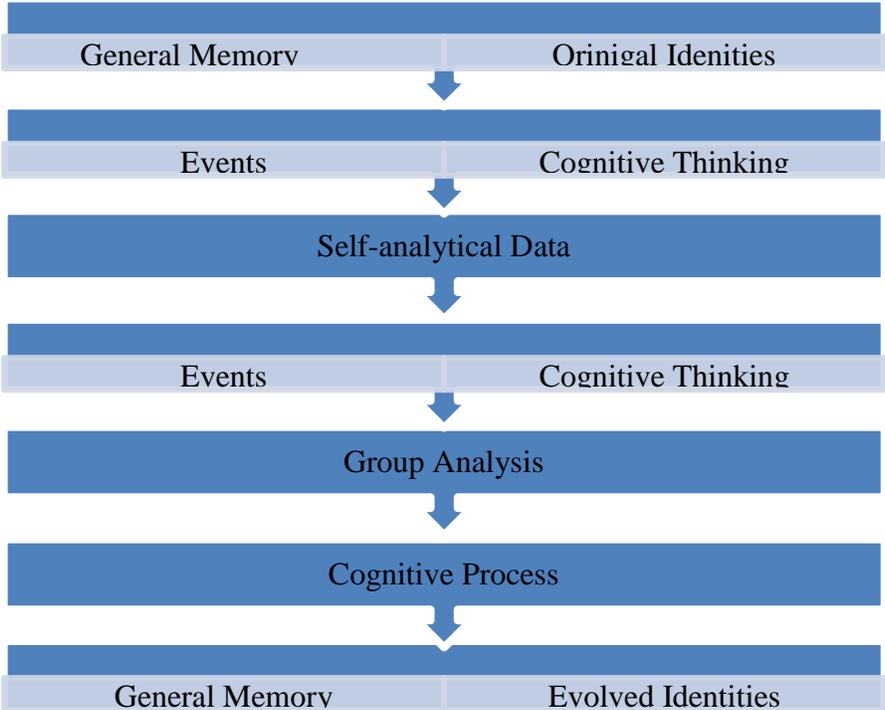
	Rongrong	WanLing	Xiyu
Original Self-identities	- Chinese - Music Teacher	- Taiwanese - Music Therapy student	- Chinese - Chinese speaker - Music performer
Evolved Self-identities	- International Student - Bilingual Music Therapist	- Taiwanese - U.S. Permanent resident - Wife/Mother - Bilingual Music therapist to be - Chinese Teacher	- Chinese in the U.S. - International student - Bilingual Music Therapist

*Note.* The table displays changes of all three researchers' self-identities before and after studying abroad.

Appendix C

Figure 2

*Process of Group Analysis and Data Collection.*



## Appendix D

**The Necessity of Self-growth** by WanLing (Parody from - Ya Xian “**Andante Cantabile**”)

初生之犢，畏虎之必要 Being a cattle, the necessity of fear of tigers.

模仿能力之必要 The necessity of mimicking skills

口語詞窮之必要 The necessity of difficulty of finding words

一抹尷尬微笑 Embarrassing smile

顫抖，焦慮，無所適從 Trembling, anxiety, I had no clue what should I do

興奮，腎上腺素增加躍躍欲試之必要 The necessity of exciting, spike adrenalins

一張空白紙之必要 The necessity of being a blank paper

淡色文化 Fading out my culture (Or your culture)

淡色歷史 Fading out my history (Or your history)

若有似無相關之必要 The necessity of slightly related

填寫之必要 The necessity of fill-in....

哼唱文化隔閡之必要 The necessity of singing our culture difference

披上金黃外衣偽裝之必要 The necessity of coating with a shining camouflage

方向盤上滴落淚水之必要 The necessity of dripping tear on the stir wheel

音樂嘶吼，音樂撫慰，因為是音樂人之必要 The necessity of shouting music, soothing music;  
as a music person

弱點無力隱藏，理解怪醫海德之必要 The necessity of showing our weakness; suddenly

understand Jacko and Hyde

自我認知之必要 The necessity of knowing ourselves

自我治療之必要 The necessity of healing ourselves

自我對話之必要 The necessity of talking to ourselves

不在乎赤裸，沒有面具之必要 The necessity of careless of being naked; had no mask

卸下武裝才得以長成 Unarmored then we can grow

面紅耳赤，溫柔的巨人 Blush; gentle giant

如夢境一般的驚濤駭浪 Like a tumble storm in my dream

小船依舊無恙前行之必要 The necessity of sailing peacefully on the ocean

黑頭髮，黃皮膚，不正統英文 Black hair, yellow skin, and Chiglish

背着吉他，彈著鋼琴，拽著鼓 With my guitar, keyboard, and drum

在當中的總是被治療過的 Everyone is treated in this world

染布，無一純白 A canvas, no longer pure and white like before

## Appendix E

**Cave Crawler**

I was imprisoned in a cave

All alone in a place where it was difficult to stand

I crawled around searching for an exit

But it seemed impossible to escape

On my hands and knees

I found despair, and it welcomed me

I was a cave crawler

The cave continually got smaller

I got squeezed in its crevices

The cold wind that bit my skin sent chills all the way to my bones

The graveled ground left my skin bloody and interlaced with wounds

Water hammered down on my head and nearly drowned me

I was a cave crawler

My heart was still beating and I could still breathe

But I would rather have died

I could feel myself giving up

With a wobbling body I stood up to embrace the darkness, but instead

I saw the light