

Music Therapy with Chinese Elderly Immigrant Patients with Dementia in the United States:

Recommendations for Clinical Practice

By

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MUSIC THERAPY WITH CHINESE ELDERLY IMMIGRANT PATIENTS
WITH DEMENTIA IN THE UNITED STATES: RECOMMENDATIONS FOR
CLINICAL PRACTICE

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Music Therapy with Immigrant Chinese Elderly Patients with Dementia in the United States

Worldwide, the elderly population is growing. According to the United Nations (2015), the population of people aged 60 years or over has increased substantially, and the growth is projected to accelerate in the coming decades. Many aspects of communities are impacted by population aging, including economic status, political climate, and social development, as well as family structures and intergenerational ties (World Health Organization [WHO], 2015). Inherent to the aging process is declining health and functioning, and many aging individuals are diagnosed with various types of dementia and other diseases (WHO, 2002).

Music therapy is an evidence-based profession that has been shown to have positive effects on the cognitive, emotional, physical, and social functioning for the elderly population (American Music Therapy Association [AMTA], 2015). Based on the individualized needs of the elderly population, music therapists design and develop goals and treatment plans. Various music interventions and techniques are implemented for both for individual and group sessions including singing, music listening, relaxation, active music making, improvisation, music with verbal counseling, movement to music, and multisensory stimulation (Clair & Memmott, 2008; Fang, 2017).

As the demographics of the population in the United States becomes increasingly diverse, music therapists who work in the United States will inevitably have more opportunities to work with patients from a wide diversity of backgrounds. As such, it is important that music therapists increase their awareness of cultural differences, in order for music therapists to understand themselves and their patients from different cultural backgrounds (Kim & Whitehead-Pleaux, 2015). The use of music from a variety of cultures may aid in making contact with patients who come from a different cultural background, and may help to build patients' identities and

increase their sense of self-worth (Moreno, 1988; Shapiro, 2005). In order to provide better services for patients from a variety of backgrounds, music therapists should consider the traditions and practices of patients' cultures (Kim & Whitehead-Pleaux, 2015).

This paper aims to discuss music therapy practices used by American music therapists who have experience working with Chinese immigrant patients aged 60 or older and have been diagnosed with dementia. The purpose is to help American music therapists to more fully understand current practices so as to inform the music therapy community of the nuances in this work. Finally, recommendations for music therapy practice will be made based on the literature as well as my previous work experiences.

The inspiration for this project came from my personal experience as an international Chinese student and my clinical experiences as a music therapy student. In my clinical training as a music therapy student in the United States, I observed immigrant patients who did not speak English be less engaged in the therapeutic milieu. Therapists and other staff often spent less time interacting with these individuals, and including them in both therapeutic and informal interactions. I believe increasing staff understanding of culture may help them to more fully engage these patients in their healthcare communities.

Review of Literature

As the number of elderly people increases, the need for elder care has become a predominant global issue in the 21st century. The global population aged 60 or older is growing at a rate of about 3% each year (UN, 2017). According to the World Health Organization (2018) and United Nations (2017), the expected number of the world's population over the age of 60 years will reach 2.1 billion by the year 2050, and will rise to 3.1 billion by the year 2100. Meanwhile, the elderly Chinese population is growing dramatically. The percentage of the elderly Chinese

population is expected to more than double, to approximately 120 million, and the people aged 80 years or over is expected to reach 90.4 million (WHO, 2017, 2018). Due to the growing number of the global elderly population, a multitude of services are needed in order to meet their needs, such as various therapies, social services, and medical care.

Elderly Patients with Dementia

It is well acknowledged that individuals with dementia face serious challenges in their daily lives. According to the American Psychiatric Association (APA; 2013), dementia is a clinical syndrome that is characterized by progressive deterioration of multiple cognitive functions. Patients with dementia commonly experience three stages. In early-stage dementia, people might not be aware that they have dementia. Patients in this stage exhibit some common symptoms, such as increased forgetfulness, changes in mood and behavior, and decreased self-management skills, but still possess cognitive skills (Martin et al., 2012). When diagnosed at this stage, people generally understand their prognosis and are able to participate in planning for their future treatment. During middle-stage dementia, patients need help with daily issues, and cognitive skills and memory continue to deteriorate. Physiological reactions begin to emerge, such as disturbed sleep patterns (Rose, Fagin, & Lorenz, 2010). Patients have a short attention span (Clair & Memmott, 2008) and may have difficulty interacting with others (Savundranayagam, Hummert, & Montgomery, 2005). In late-stage dementia patients lose verbal skills and are unable to ambulate (Reisberg et al., 1985).

According to the Alzheimer's Association (2018), there are different causes of dementia that are associated with distinct symptom patterns and brain abnormalities, such as Alzheimer's disease (AD), vascular dementia, Lewy body dementia, mixed dementia, fronto-temporal degeneration, Parkinson's disease, Creutzfeldt-Jakob disease, and normal pressure

hydrocephalus. Among them, AD is the most common cause of dementia; it accounts for an estimated 60% to 80% of cases. The most common presentation of AD is the progressive problems centered on episodic memory of elderly patients, and cognitive difficulties become more profound and widespread thus interfering with daily life (Lane, Hardy, & Schott, 2017).

An increasing number of the elderly population requires significant help or care. The most prominent factors that contribute to dependence among elderly population are chronic diseases including dementia, and in particular, stroke (WHO, 2002). Stroke is a brain disease that occurs when the blood vessel carries oxygen to the brain is blocked by a clot or bursts (Vijayan & Reddy, 2016). There are two types of stroke including ischemic stroke or hemorrhagic stroke (Musuka, Whilton, Traboulsi, & Hill, 2015). Stroke is a significant cause of cognitive impairment (Shathevan, Brodtmann, & Donnan, 2011) and it contributes to raising the risk of vascular dementia (VaD), which is the second most common type of dementia (Bastos-Leite et al., 2007). Stroke patients have a higher risk of vascular dementia than stroke-free patients (Ukrainitseva, Sloan, Arbeev, & Yashin, 2006).

Characteristics of Chinese Elderly Population

In 2013, the Chinese population aged 60 or over reached 168 million, representing 12.4% of the total population of China (WHO, 2015). This high percentage of elderly within the population identifies China as an “aging society country” by the United Nations Population Division (2002). According to the China National Committee on Aging (2017), it is projected that the number of elderly is expected to reach 487 million by 2050. Dementia is more common among Chinese women than men (Chan et al., 2013). The prevalence of dementia ranged from 1.3% among Chinese population aged 60-64 years, to 60% among Chinese population aged 95 years or older (WHO, 2015).

In China, the traditional family system places great value on the role of the elderly population and each family member is connected very close to the family (WHO, 2015). Traditionally, the family's goals and interests take precedence over any individual family member's goals (Elliott, Minno, Lam, & Tu, 2013). Many family members choose to decrease their work hours in order to take care of the dependent elderly member of the family. It is estimated that 15% of family caregivers of the elderly population with dementia in China chose to leave or reduce their paid work to take care of the dependent elderly family member (Prince, 2004).

Chinese elderly population in the United States. In western societies, elderly Chinese immigrants are one of the largest and fastest growing groups (Lin, Bryant, Boldero, & Dow, 2015). Chinese immigrants are the third-largest growing group in the United States (Zong & Batalova, 2017). In 2016, the population reached 2.3 million (Zong & Batalova, 2017). According to the U.S. Census report (2009), in 2000, 70% of Chinese-American were foreign-born (Sun, Gao, & Coon, 2013).

Most elderly Chinese immigrants came to the United States to help care for their grandchildren (Stokes & Pan, 2010). They knew little or no English, held the traditional Chinese values (Cheung, 1989), and retained their religious/cultural beliefs of Taoism and/or Buddhism (Stokes, & Pan, 2010) and Confucianism. After thousands of years of development, the Chinese traditional beliefs that combine Confucianism, Taoism, and Buddhism still affect every aspect of Chinese life (Guang, 2013). Thus, to provide competent care for CEIP with dementia, it is necessary to have background knowledge of Chinese traditional beliefs and the historical experiences that may have influenced the current Chinese elderly population.

The associated increase in the burden of chronic disease is a major concern in relation to population aging issues. As the Chinese elderly population ages further, aging diseases such as dementia, ischemic heart disease, cancer, stroke, and arthritis are likely to increase in terms of the absolute number of people affected (WHO, 2015). CEIP with dementia make up 25% of patients with dementia in the world (UN, 2017). Because the number of Chinese elderly population in the United States continues to increase, Chinese aging issues will impact not only China, but also in the Chinese immigrant community in the United States.

In the United States there are only a few programs are designed exclusively to help immigrants aged 60 or over, or workshops for patients with dementia who live in immigrant's community adjust to a new culture (Cheung, 1989; Woo et al., 2019). Assimilation is an inevitable process for immigrants since it is viewed as a process of progressive improvement and adjustment to American society (National Research Council, 1996). However, it is difficult for elderly immigrants to adjust their cultural values easily to a new one, especially elderly immigrants who have language barriers. The cultural differences between Eastern and Western keeps the elderly Chinese population away from receiving needed services in the United States (Cheung, 1989).

Chinese elderly immigrants are at risk for any type of dementia. Chinese American families may encounter multiple barriers including stigmatization of AD in the Chinese community (Zhan, 2004); a lack of knowledge about AD; a lack of culturally and linguistically appropriate AD services, negative interactions with health-care providers; and difficulty with English language (Stokes & Pan, 2010). In addition, because of cultural views about psychological well-being and illness, AD and dementia are complex issues among Chinese (Stokes & Pan, 2010).

At this time, there is no known cure for dementia. However, there are various ways to ameliorate patients' struggles and improve quality of life. These include pharmacological treatment, psychosocial interventions (Sole, Brotons, Galati, & Castro, 2014), and other alternative therapeutic therapies. Music therapy is an effective intervention for persons with dementia to address a variety of issues inherent to the disease. Music therapy affects the patients' language functioning (Brotons & Koger, 2000), and in some instances may preserve cognitive functioning, improve mood, and restore self-esteem (Cohen-Mansfield, Marx, Thein, & Dakheel-Ali, 2011).

Music Therapy

According to the American Music Therapy Association (AMTA; 2015), music therapy is the clinical and evidence-based use of music interventions to accomplish individualized musical or non-musical goals within a therapeutic relationship by a credentialed professional. The goals and treatment are designed to address various domains, such as cognitive, emotional, physical, and social needs of individuals.

In music therapy sessions, music therapists design and select various music methods to meet patients' identified needs. Bruscia (2014) identified four music therapy methods including re-creative, compositional, improvisational, and receptive. The methods describe what the patient is doing in relationship to music, and each method has multiple variations (Gardstrom & Sorel, 2015). In addition, music therapists incorporate elements of various approaches to therapy in their work. According to Darrow (2008) and Wheeler (2015), there are various approaches in music therapy practice, such as Psychodynamic approach, Behavioral approach, Humanistic approach, and Medical approach. Additionally, there are several music therapy models, such as Nordoff-Robbins, the Bonny Method of Guided Imagery and Music, Neurological Music

Therapy, Analytical Music Therapy, Community Music Therapy, that may incorporate elements of the various approaches.

Music therapy and elderly population. In music therapy, music is the medium for therapeutic interventions that may address non-musical goals. The goals can fall into a number of domains, including but not limited to social, cognitive, physical, speech, behavior, psychological, and emotional (Clair & Davis, 2008; Raglio, 2010). Active music experience has been found to provide a source of enhanced social cohesion, enjoyment, personal development and empowerment, and maintenance of personal well-being for elderly patients (Creech, Hallam, McQueen, & Varvarigou, 2013). According to Clair and Memmott (2008), music therapy provides an opportunity for older adults to address such goals as:

- Memory recall and reminiscence;
- Positive emotional changes;
- Facilitation of physical exercise;
- Management of problem behaviors;
- Decrease stress and pain;
- Facilitation of spiritual support;
- Cognitive stimuli;
- Creative expression;
- Increased feelings of community and interpersonal connections;
- Increased coping skills;
- Decreased isolation;
- Developing self-confidence through successful experiences;
- Improve social integration;

- Provide opportunities to explore personal potential;
- Enhance quality of life and wellness;
- Engagement when other approaches may have been found to be ineffective.

Music therapy is provided for older adults in various settings, such as nursing homes, assisted living facilities, hospice programs, medical hospitals, and mental health centers in the United States (AMTA, 2015).

Music therapy and dementia. The impact of music on human health has been documented in different cultures since the 1800s (Ahn & Ashida, 2012). Music is a stimulus that is adapted to patients' personal preferences and evokes emotions. For patients with dementia, music can be used as a communication channel, and may facilitate reminiscence and life review (Brotons, Koger, & Pickett-Cooper, 1997).

Music therapy is a non-pharmacological approach that may be designed to help elderly patients to reduce behavioral and psychological symptoms of dementia (Brotons, 2000; Oliveira et al., 2015). Music therapy has been found to affect the cognitive emotional, psychological, and behavioral issues of elderly patients at different stages of dementia (Chu et al., 2013; Gallegio & Garcia, 2017). Music therapy may be facilitated in individual, group, and community settings (Gold et al., 2019), and thus can be tailored to meet the interpersonal needs of the elderly.

Music from the past that is associated with positive experiences and memories is likely to evoke responses from patients with dementia (Clair & Memmott, 2008). Music therapy provides opportunities for elderly patients with dementia to express feelings that they can no longer express in words (Aldridge, 1995). It also offers ways to access and maintain cognitive, affective functioning, and social interactions (Clair & Memmott, 2008).

As cultural diversity grows in the United States, patients from different cultural backgrounds may seek or be referred to music therapy for a variety of reasons. Music is a common component to all cultures and can develop communication between the music therapist and patient (Chase, 2003). Culture guides patients' meaning making process of the world, and thus the music and therapeutic process (Brown, 2002). Chinese immigrants are the third-largest growing group in the United States. Thus, the health care needs of Chinese immigrants in the United States will inevitably increase. Understanding Chinese cultural and musical characteristics will provide a way for a music therapist to gain an understanding of the patient's personal cultural experiences and explore the way to work with Chinese patients.

Music in Chinese Culture

Chinese music is one of the oldest and most highly developed of all known musical systems (Malm, 2019). It first started to develop in the Neolithic age (7000-8000 years ago) and the archaeological resources go back to 3000 BCE. There are extensive written documents that indicate countless forms of music not only in connection with folk festivals and religious events but also associated with hundreds of emperors and princes in dozens of dynasties and periods (Malm, 2019). Chinese music contains various characteristics in different dynasties and periods. With the thousands of years of development of history, Chinese music has more or less absorbed and integrated various elements of foreign music on the basis of retaining its own characteristics. Moreover, there are 56 nationalities in China. Based on various characteristics of different nationalities, each nationality has its own music.

In ancient China, music was a matter of higher education and it was strongly influenced by the philosophy and concepts of Confucianism. According to *Analects* of Confucius, Confucius said, "Arouse yourself through poetry, establish yourself through ritualized action, and complete

yourself with music”. According to Ren (2006), Confucius believed that music was the best way to educate people about morality and appropriate social behavior. In addition, Confucius believed it could express the suffering and happiness of people, and teach people to control their moods (Ren, 2006).

Traditional Chinese Medicine (TCM) is the most common form of healthcare, which has evolved over thousands of years, uses various mind and body practices to address health problems (National Institutes of Health, 2013). Traditional Chinese medicine not only includes acupuncture, tai chi, and cupping but also Five-element theories. The five elements are 木 (wood), 火 (fire), 土 (earth), 金 (metal), and 水 (water). In TCM, believes each of the five-elements are dynamic and each five-element generates to another five-element, such as wood generates fire, fire generates earth, earth generates metal, metal generates water, and water generates wood. At the same time, each element overcomes another generate, such as water overcomes fire (see Figure 1). The theories believed that the balance of these five elements within the body could maintain people’s health (He, 2011). The Five-elements theories was developed from Yin-yang theories. Yin-yang is one of the dominant theories of Taoism. Yin-yang is two opposites yet complementary energies, as the basis of interactions in the natural world, and also seen as the process of harmonization, which ensures a constant and dynamic balance of all things. (Nwannennaya, 2015).

The relationship between five-elements theories and human health is explained in an old Chinese book, which translates as *The Yellow Emperor’s Classic of Medicine*. The five natural elements are used to symbolize five organs, five tones in traditional Chinese music, five colors, and five emotions. Each five-element correspond to another five-element. For example, the five emotions are anger (green), joy (red), worry (yellow), sadness (white), and fear (black) (Chung,

Cha, Lee, Park, & Lee, 2017). The corresponding five tones are Jue (角), Zhi (徵), Gong (宫), Shang (商), and Yu (羽), which match the tones of *mi, sol, do, re, la*. Also, the five tones match to five organs: liver, heart, spleen, lung, and kidney (see Figure 1). As Stokes and Pan (2010) note that in Chinese belief is illness results from the imbalance of each five-element.

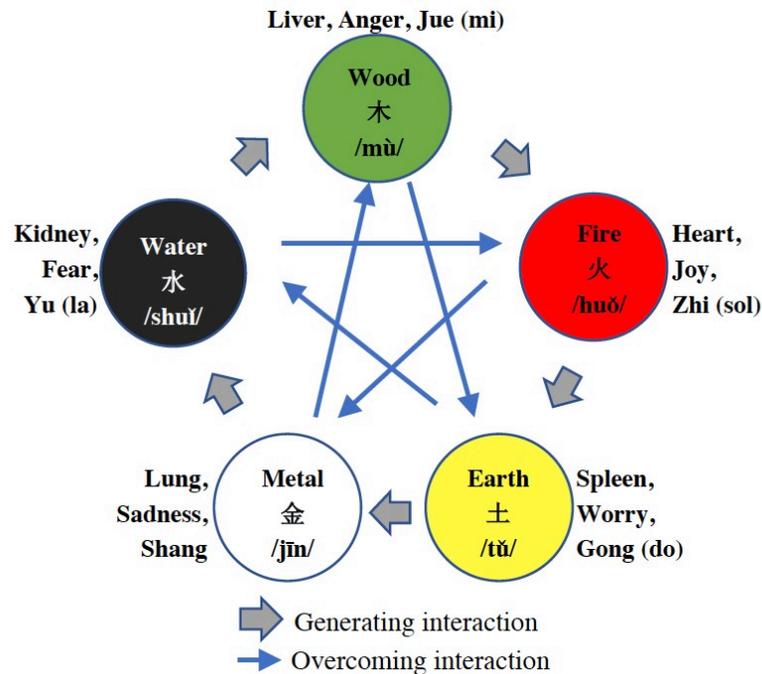


Figure 1. Five-element theory. This figure illustrates the interactions of the five-element generate and overcome.

The five tones, Gong (宫), Shang (商), Jue (角), Zhi (徵), Yu (羽) form the Gong scale, is the scale that starts from the Gong tone. It is one of the basic scales of the Chinese musical scales. It is also called the pentatonic scale in the Western music system. In the Chinese musical scale, there are five basic musical scales, and each scale has eight variations. Every note in the pentatonic scale is called Zhengyin (正音, which means the main tone). For example, every note in Gong (宫, do), Shang (商, re), Jue (角, mi), Zhi (徵, sol), Yu (羽, la) is the main tone (see

Figure 2).

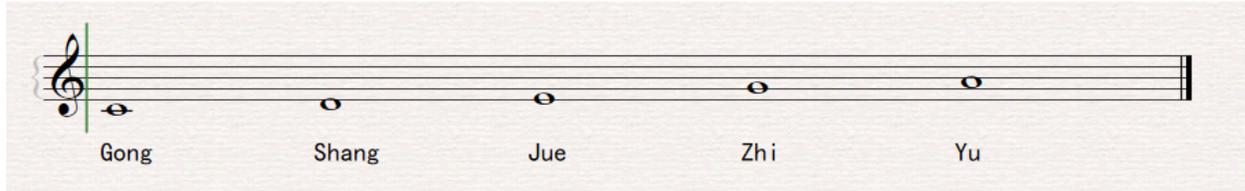


Figure 2. Gong scale. Every note in this scale is Zhengyin.

Add one or two Pianyin (偏音, which the deviate tone) into the pentatonic scale will get a variation scale. For example, add Qingjue and Biangong into the Gong scale will get a Qingyue Gong scale. In Gong (宫, do), Shang (商, re), Jue (角, mi), Qingjue (清角, fa), Zhi (徵, sol), Yu (羽, la), and Biangong (变宫, si), five basic notes are the main tone, and Qingjue and Biangong are two deviant tones (see Figure 3).



Figure 3. Qingyue Gong scale. Qingjue and Biangong are two deviant tones.

The variation scale is called heptatonic scale, which is an extension of the pentatonic structure, similar to the Western scale. Chinese musical scales are all developed based on the pentatonic scale.

A significant amount of knowledge is necessary to provide competent treatment for patients in the healthcare system. It is vital that caregivers have knowledge of various diagnoses. When working with clients from diverse backgrounds and cultures, all staff and therapists should develop greater knowledge of their patients' cultures. Additionally, it is important for music therapists to understand the music of the immigrant clients with whom they may work. Based on what is known

about dementia, Chinese culture, and Chinese music, I make the following recommendations for music therapists from the United States working with Chinese elderly immigrant patients with dementia to increase their competence and interpersonal connections with these patients.

Recommendations

According to the American Music Therapy Association (2008), music therapists are required to participate in multicultural competence training in all aspects of music therapy treatment. However, through research investigation and several informal discussions with music therapists, most of them reported that they have received less training specifically on working with foreign patients, especially with patients who come from a totally different cultural background. Therefore, it is important to create recommended practices that meet the cultural and health needs of Chinese elderly immigrant patients (CEIP) with dementia for music therapists to gain a broader view and understanding of CEIP with dementia and their needs.

Recommendations in working with CEIP with dementia

Based on the information presented in the literature review, and my own personal experience as Chinese music therapy student who studied in the U.S., I propose the following recommendations for American music therapists working with Chinese elderly patients. These are based on Chinese cultural norms, and the balance that may be struck between American and Chinese culture and ethical music therapy practice.

Based on China's long-established cultural traditions have placed on the Confucian ideal of respect for the elderly, relationships between younger generations and elderly generations are affected by traditional expectations (Sung & Dunkle, 2009). For example, it is recommended to address the elderly with honorific title and last name, for younger people to demonstrate a modest attitude and to listen to the elderly people. Because of the cultural differences between

China and America, I describe: how to address elderly patients; Chinese family values; the relationship between Chinese nations and music, spiritual, and culture; and related music therapy recommendations.

Assessment. In addition to adhering to the requirement of the facility in designing assessments, music therapists should also obtain essential information of CEIP with dementia, determine the patient's current level of functioning, and explore patients' culture (AMTA, 2013). General music therapy assessment instruments for the elderly population are workable for CEIP with dementia. Based on Chinese variety nationalities culture, music therapists could ask about CEIP with dementia's nationality to know if this patient belongs to an ethnic Chinese minority group. If the patient is of an ethnic Chinese minority people, music therapists could try to investigate related information and add ethnic minority culture elements (music or not) in the treatment. For patients in different stages dementia, music therapists should gain information by talking with patients and patients' family members. When music therapists meet patients who are unable to provide assessment information, music therapists could try to play recordings of traditional Chinese songs, which can be found on the internet, to create a friendly and safe environment for the patients to relax and gradually build the relationship with music therapists. Meanwhile, when meeting the patients who do not speak English, real-time voice translator apps will facilitate the assessment process, such as VoiceTra (Voice Translator).

Addressing the patient. The music therapist should refer to the CEIP with dementia in a respectful way. In Chinese culture, it is impolite to directly say the name of the elderly person. Depending on the patients' age, gender, and academic/occupation situation, the music therapist could address the patient with a proper honorific title with their last name. When working with elderly people in China, "Auntie" or "Uncle" with the last name is regarded as a special polite

way and an honorific way to address elderly people. However, this might not be perceived as respectful in American therapeutic contexts. “Mr.,” “Mrs./Ms.” with the last name is widely used to address elderly people as well (Huang, 2008), and this would be an acceptable reference for American music therapists when working with CEIP with dementia. In China, names are written with the last name first and then the first name. For example, the way to address Yao Ming should be “Mr. Yao”, not “Mr. Ming”. American music therapists should be aware that sometimes Chinese people adopt the American tradition of first name-last name order. When unsure about the order of the name, the preferred name of the patient to be addressed, and the pronunciation of the last name, music therapists should simply ask.

Music therapy methods. In the first several music therapy sessions, music therapy methods which do not require the patients to talk or more actively participate are recommended in work with CEIP with dementia. Singing and listening to songs with or without a musical instrument are ideal choices and the most effective methods for Chinese elderly patients with dementia (Fan & An, 2016; Zhang, Lai, & Huang, 2011). It is recommended that American music therapists first build a relationship with CEIP with dementia through these methods, and then patients may be more responsive to active music therapy methods which require higher participation and communication.

Session format. Group music therapy sessions are recommended for CEIP with dementia who cannot speak English or are limited in their English language skills, the group setting will provide a safe, connection, and comfortable environment for them to participate and improve the participation. An individual session is recommended as well when the group session cannot meet patients’ needs (Zhang, Lai, & Huang, 2011).

Treatment. At the beginning of the music therapy sessions, music therapists could provide receptive music experiences for patients to participate in the session, such as playing Chinese folk music for listening and group singing. When music therapists and patients become familiar, improvisation on instruments could be chosen. For example, patients could play the black keys on the piano with the music therapists, the xylophone or metallophones set up in pentatonic scales. At the same time, the music therapists might play the piano, guitar, or other instruments to accompany the patients.

When music therapists and patients build a solid relationship, music therapists could employ re-creative methods for self-expression, or compositional techniques such as songwriting. Based on patients' needs, and functioning level, music therapists will set up the theme of the songwriting to address related goals.

Family relationships. The American music therapist should learn about the relationship between CEIP with dementia and the family. In therapy, it is common to begin the assessment directly with the patient. However, there may be issues with family relationships that the music therapist should be aware of prior to assessing the patient and/or discussing family with the patient. In Chinese culture, caring for the elderly at home has long been the expectation, especially for elderly with dementia (Chan, 2010; Shea & Zhang, 2016). This is highly valued and is different from American culture. When working with a Chinese patient who is being cared for outside of the home, the American music therapist should first learn the reason this patient lives outside of the home, and whether this patient satisfied with the current situation.

Family involvement. If it is workable, the family members of Chinese patients should be involved in the music therapy sessions. Influenced by cultural beliefs and philosophies, the traditional family system places great value on family in China, and each family member is very

closely connected to each other (Stokes & Pan, 2010). The involvement of family members may help facilitate the patient's engagement in the session and may be beneficial for the patient's and family member's relationships.

Repertoire. The American music therapist should be familiar with Chinese music styles and traditional Chinese songs. When faced with either a language barrier or inability to verbally communicate due to illness progression, the use of Chinese music will facilitate the therapeutic relationship. Chinese five-element music and Chinese folk music songs were identified as the most stimulating to the patients (Tuet & Lam, 2006; Liu, Niu, Feng, & Liu, 2014). It is important to note that there are 56 nationalities in China. Han people (汉族, Hàn Zú) are the largest ethnic group. Generally, traditional Chinese songs will be appropriate for most Chinese elderly patients, however, every nationality has its own unique music and music culture. When unsure about it, the American music therapist should ask either the patient or the family for the patients' preferred music. I created a general recommended song list (see Appendix A), including three folk songs, three pop songs, three ethnic minority songs, and three famous instrumental music pieces for guidance.

The use of pentatonic scale. Pentatonic scale is familiar to Chinese. Here are several ways and techniques for utilizing pentatonic scale in music therapy session.

- **Maintain five main tones.** Try to play the five main tones instead of adding deviate tones into the pentatonic scale. Maintaining the five main tones will enhance the musical color of the Chinese music style.
- **Utilize free or duple rhythm.** Most of Chinese music are in duple rhythm. Use free, slow duple rhythm to create an emotional melody.

- **Employ ornamentation and arpeggio up in phrases between C4 to C8 pitch range.**

There are several ornamentations widely used in Chinese music, such as the trill (tr), mordent, and acciaccatura. Especially when playing in Chinese traditional instruments, try to add trills or ascending arpeggios in the beginning or end of phrases between C4 to C8 pitch range, when creating a melody with the pentatonic scale, and leave a free pause after playing them. This promotes the emotional quality of the melody. Rapidly moving between two neighboring notes (in an interval of seconds), or rapidly playing the ascending arpeggio will imitate the sounds of Chinese traditional instruments, such as pipa (琵琶). In some Chinese musical compositions, acciaccatura was used to imitate the sound of twitter.

- **Employ black keys of piano.** Black keys are nature pentatonic scales. Music therapist could improvise freely on black keys to create a Chinese music feeling.

- **Employ various guitar techniques.** There are several guitar techniques that can be employed, including string bending, slides, hammer-ons and pull-offs, and harmonics. These techniques will create a sound like imitating the sounds of Chinese traditional music instruments, such as Guqin (古琴) and Guzheng (古筝). Figure 4 illustrates these techniques, and should be played in adagio speed.

Figure 4. Guitar techniques example.

Influence of spirituality. There are several primary religions in China, including Buddhism, Taoism, and Christianity (Stokes & Pan, 2010). Most Chinese individuals have a belief system rather than a formal religion. Some of the Chinese ethnic minority cultures have their own belief systems and religions, which have a great impact in people's life. American music therapists should ask about the importance of both religion or spiritual beliefs, especially when working with patients who are a Chinese minority nationality.

Influence of Chinese culture. The American music therapist should try to understand the meaning and history of Chinese culture, and the associations with CEIP with dementia. According to the American Historical Association (2019), China has the longest continuous cultural history of the world, it has a significant impact on Chinese life. Elderly Chinese people who live in the United States for years are likely to maintain their own culture and be less acculturated than immigrants from other countries (Menkin et al., 2017). Music therapists should find resources about China's cultural history, which could be used in the music therapy session, and respond respectfully and appropriately when patients share thoughts about it.

Diversity training. The music therapist should attend comprehensive and ongoing diversity training around different race, culture, and religion. Music therapists should understand how their own culture shapes their personal values and beliefs, in order to gain and enrich cultural knowledge of other cultures, improve music therapists' self-awareness, and cultivate sensitive use of music therapy techniques (Mahoney, 2013; Valentino, 2006).

Conclusion

There are a large number of Chinese elderly immigrant patients living in the United States. It is increasingly likely that music therapists will have opportunities to work with members of the Chinese immigrant community. Thus, more research is needed to understand the

experiences of elderly Chinese immigrant patients and investigate culturally appropriate ways to work with this population. Music therapy research with Chinese elderly immigrant patients should include an awareness of clinicians' biases toward Chinese people and Chinese culture, knowledge about Chinese culture, and the use of Chinese music in therapy. With an attitude of openness, flexibility, sincerity, and a willingness to learn, American music therapists will be able to acquire the skills and experiences to be effective and helping patients from a wide variety of countries, cultures, backgrounds, and needs. It was my goal to explore the best ways to work with CEIP with dementia, based on my own understanding of Chinese culture and literature about Chinese elderly immigrants. I hope the information gained from my experiences can provide a different perspective for music therapists who working with CEIP with dementia or those associated with Chinese patients, and also lead to increase research efforts with this population.

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Appendix A

General recommended song list

Folk songs

1. 茉莉花 (mò lì huā) Jasmine – folk music

<http://www.youtube.com/watch?v=FSZRZFzYwAA>

2. 小河淌水 (xiǎo hé tǎng shuǐ) A placid brook – folk music

<http://www.youtube.com/watch?v=J-ObQ6npV-Y>

3. 在希望的田野上 (zài xī wàng de tián yě shàng) On the Field of the Hope – folk music

<http://www.youtube.com/watch?v=2D40CzOGcL4>

Pop songs

4. 弯弯的月亮(wān wān de yuè liàng) Crescent Moon – pop music, express feelings of homesickness

<https://www.youtube.com/watch?v=7p5BgCENlzk>

5. 但愿人长久 (dàn yuàn rén cháng jiǔ) May we all be blessed with longevity – pop music, express feelings of homesickness

<https://www.youtube.com/watch?v=xJP8JPEmtcE>

6. 夕阳红 (xī yáng hōng) sunset glow – pop music, praise sunset and elderly people

<http://www.youtube.com/watch?v=K-C00HLOWvY&t=53s>

Ethnic Minority songs

7. 美丽的草原我的家 (měi lì de cǎo yuán wǒ de jiā) Beautiful prairie is my home – folk song of Mongol nationality

<https://www.youtube.com/watch?v=adROAc13BL4>

8. 青藏高原 (qīng zàng gāo yuán) Tibet Plateau – folk song of Tibetan nationality

<https://www.youtube.com/watch?v=OHX62AgJULM>

9. 花儿为什么这样红 (huā'ér wèi shén me zhè yàng hōng) Why are the flowers so red – folk song of Tajik ethnic minority

<https://www.youtube.com/watch?v=dmC6I-jOC04>

Instrumental Music:

10. 梁祝 (liáng zhù) Butterfly Lovers – It's a famous music piece, describe a Chinese legend of a tragic love story of a pair of lovers.

<https://www.youtube.com/watch?v=h7KlnK39Up0>

11. 步步高 (bù bù gāo) Higher with Every Step – Traditional Chinese festival music

<https://www.youtube.com/watch?v=RowNRKbIgEY>

12. 春江花月夜 (chūn jiāng huā yuè yè) Moonlit Night on Spring River – In the video, the lead instrument is pipa. The music piece describes the beautiful scenes of a moonlit night.

<https://www.youtube.com/watch?v=JLvBCjxHxP4>