Understanding the benefits of an Asian music therapy student peer group

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Abstract

The purpose of this study was to understand the benefits of a self-regulated Asian music therapy student peer group on improving its members’ learning experiences in academic, clinical, and personal domains. This group was formed spontaneously in September, 2011 by a group of music therapy students of Asian cultural orientation, all of whom studied at Montclair State University in the United States. A total of eleven students participated in this group, through August, 2013. Three group members, including myself, were selected as participants in the present qualitative research study. Narrative inquiry was used as the primary data collection and analysis method to allow the participants to express personal experiences as a coherent, contextualised whole. Themes identified around participants’ challenges of studying music therapy in the United States included language barriers, feeling out of control, culturally-based needs for additional preparation time, discrepancies in mainstream social norm and one’s original culture, and insufficient social support. Themes identified around how the group was helpful included providing additional opportunities for practicing music therapy techniques, gathering various information, using secondary language to share thoughts and feelings in a relaxing and secure environment, and increased connection with in-depth cultural understanding that greatly improved social bonding among members, and created a sense of belongingness which in turn helped strengthened the social support system in the group.

Keywords: Asian international student, peer group, multicultural music therapy

Asian international music therapy students like me who study in a Western country experience a high level of acculturative stress because music therapy as an interdisciplinary profession integrates the components of art, music, and science into human healthcare and each domain has its own inherent culture (Bruscia, 1998; Davis, Gfeller & Thaut, 2008; Kim, 2011). In the meantime, our learning experiences in the classroom are sometimes limited because of the language barriers and different classroom cultures (Cuseo, 2009).
This language barrier also pervasively affects our interpersonal communication, cultural understanding and self-esteem and may increase racial tensions, especially in clinical work (Poyrazli & Grahame, 2007). The lack of understanding of Western mainstream cultures and the differences in communication styles often lead to poor communication in the many layers of relationships, including the supervisory relationship (Kim, 2011; Swamy, 2011).

From the student’s perspective, the process of pursuing music therapy as a profession is not only time consuming but physically, emotionally and mentally exhausting and stressful. However, it is not unusual for Asian international students to have high expectations on academic achievements (Poyrazli & Grahame, 2007; Ye, 2006). These expectations may come from the family, the individual or the requirements of maintaining a scholarship. In order to achieve academic success, these students often invest significant time on the schoolwork, thus, reducing the time spent on social activities potentially worsening our isolation. In addition, academic stress may be magnified beyond social and emotional conditions and cause both physical and psychological health issues such as depression (Dao, Lee & Chang, 2007; McLachlan & Justice, 2009; Poyrazli & Grahame, 2007). Moreover, similar to other non-European students, Asian students may experience discrimination in the school or society that leads to low self-esteem, depression and other mental health problems (Paukert, Pettit, Perez & Walker, 2006).

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

Some studies suggest that since international students cannot obtain immediate social support in traditional ways, it is helpful for us to gain information and consult with people who have experienced similar adjustment difficulties (Carr, Koyama &
Thiagarajan, 2003; McLachlan & Justice, 2009; Ye, 2006). Hence, co-ethnic minority groups can function to help those who share similar cultural values and experience similar acculturative stress and difficulties to feel less isolated (Carr et al., 2003; Forsyth, 2010; Poyrazli & Grahame, 2007; Wiseman, 1997). Social support groups were recommended to help us deal with acculturative stress and provide social support while educational group provided informative academic resources (Cooper, 2009; Ye, 2006). Groups that met over a long time were especially found to be effective on easing isolation by providing belongingness, intimacy and support (Forsyth, 2010). Moreover, the small-group learning model has been found particularly suitable for female international students because it provides participatory and collaborative learning experience in an intimate and less threatening atmosphere (Cuseo, 2009).

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

The Asian Music Therapy Student Peer Group

As an Asian international student, I personally experienced many of the challenges described above during my course of study in the graduate program at Montclair State University (MSU) in the United States. When I took my first music therapy class at MSU in 2008, there were fewer than five Asian international students in our program. Before my graduation in 2013, the number of Asian students had increased to about 15. Studying in a music therapy program that consisted of mostly American students who were immersed in the American culture made me feel the need to be familiar with American-oriented musical repertoires as well as English verbal abilities. Thus as extra preparation, my friend and fellow Asian course member Naoko (named with permission) proposed that we practise music therapy clinical skills together regularly. We invited several other Asian music
therapy friends to join us, and the duet quickly transformed into an ensemble—the Montclair State Asian music therapy student peer group.

The group lasted the entire year with six regular members and continued into the following year with an expanded group membership. The group consisted of students from China, Hong Kong, Japan, Korea, Singapore and Taiwan. Through informal conversations and online discussion, the group collectively agreed to maintain consisting of only members from Asian communities. Some of the most obvious reasons included natural bonding, cultural familiarities and similar needs and challenges in pursuing the music therapy profession. It was also the group’s consensus to keep the group format closed yet unstructured in order to maximise both intimacy and freedom among the members. The group met once a week in the shared home of several members close to the campus. The length of each meeting was approximately an hour and a half and the topics varied according to the members’ needs. Music making - improvisation, orchestration, sing-along and song writing - as well as role-playing and small group discussions were some of the most common group experiences. What we shared ranged from academic or clinical issues, to our personal lives.

Even though the group process did not end as we originally envisioned, this did not devalue its existence. Indeed, those unexpected adjustments touched on even more valuable topics and core issues relevant to our professional development as music therapists. Similar to my own feelings, many members also thought the group was a positive influence in many ways. One member shared that the group was a place to relax and to have fun after a week of stressful schoolwork. Another said that the opportunities of making music together served as motivation to come to the meetings, and yet another member expressed that the support from the group was essential in deciding to remain in the group. Each member seemed to perceive the shared process of a group with specific foci. I began to realise that the group members’ various perspectives could serve as a unique resource to understand the benefits of the group and decided to explore this topic through a systematic inquiry. Therefore, in this study, I sought to identify (a) the challenges that the group members experienced in academic, clinical and personal domains, and (b) how the group members could benefit in their academic, clinical and personal domains from having joined the group.
Method

Design

I employed narrative inquiry for the study because the main purpose was to understand different experiences and perspectives about how the group helped its members overcome the challenges of studying in the music therapy program in the United States. Using narrative research enables the readers to understand the participants’ stories as they unfold in context and in time (Kenny, 2005; Lieblich, Tuval-Mashiach & Zilber, 1998; Nelson, McClintock, Perez-Ferguson, Nash Shawver & Thompson, 2008). In narrative inquiry, narrative components such as interview transcripts, field notes and logs, are used to tell a story from the participant’s perspectives. This allows personal stories to be understood within a broader cultural context (Poyrazli & Grahame, 2007). Additionally, this research inquired about something that had deeply affected the participant. Based on a heuristic method, my internal frame of reference as the principle investigator and a participant, served as a catalyst for deeper appreciation of the research question (Kenny, 2012; Moustakas, 1990).

Participants

A sample of three participants were purposively selected from the 11 members of the Asian peer group according to the principles of maximum variation sampling for the most diverse, information-rich case material (Patton, 2002). The relevant characteristics for selection according to diversity were national heritage, age, gender, years in the United States, years in the music therapy program, academic types (graduate or undergraduate) and years in the group (Kim, 2011) (see Table 1 for demographic information).

The protocol was reviewed and approved by the Institutional Review Board of MSU. All the group members were fully informed about and sufficiently discussed the research before the study began, and they maintained positive attitudes towards the study. The names of the other individuals and facilities and the group events mentioned in the interview were removed or disguised.

Table 1.
Demographic Information of Participants

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

I included myself as one of the participants for two reasons. First, it was for instructional purposes. In order to conduct a better interview, I needed to learn the interview process from the point of view of a participant so I could understand what the experience was like for the other participants. Therefore, my interview could be regarded as part of the educational exercise. The second key reason to include myself was that my answers to the research questions gave important perspectives. I was actively involved in the relationships among the people I studied. Therefore, including myself as a participant provided the reader with insights into how I understood others, further adding credibility to the study. My perspectives offered useful and meaningful information and they were part of the driving force behind my research questions.

**Data Collection**

The participants were invited to participate in an hour-long, in-depth live interview in a classroom where privacy was assured. My supervisor conducted my interview following the step-by-step description of the protocol. I then followed the same protocol to conduct the interviews with the two remaining participants. The participants were invited to share their personal information about their cultural and educational backgrounds, the academic, clinical and personal challenges of studying in the music therapy program and their experiences of how the group addressed those challenges. The entire interview process was audio recorded.

**Data Analysis**

For some steps of the analysis, I referred to the grounded theory, which included coding, saturation and presentation of the results (Amir, 2005). For other steps, I held a debriefing session with my supervisor and customised the specific steps in order to obtain the answers to my research questions. After each interview was completed, I transcribed

*Australian Journal of Music Therapy, Vol 25, 2014*
verbatim and modified the content to help disguise the participant’s identity. I culled the comments from the interviewer and sent the documents to the participants so they could examine the accuracy of the transcript. Each anonymous, culled interview transcript was about nine to twelve single-spaced pages. Based on the culled transcript, I transformed the dialogue format into a descriptive paragraph and defined the meaning units and code numbers by grouping the sentences that seemed to present one idea. The length of the meaning units for each participant was about five to seven single-spaced pages. The quantity of the meaning units for each participant varied from 28 to 44. Using the meaning units as a database, I then defined the issues (emerged challenges) or needs that were classified as academic, clinical or personal domains. I discovered the related meaning units from the data, displaying the code and full content underneath the identified issue. Peer debriefing was conducted to examine the classification of the meaning units and the saturation of the identified issues. To frame the meaning units, I listed the corresponding solutions (help from the group) and the related background contexts. It is important to note that one meaning unit may contain more than one issue, and the solutions or contexts may not exist for some issues. Finally, I reconstructed the meaning units into the form of prose and sent it to the participants through e-mail for a second check. All contents were confirmed, and there were no changes made by the participants.

Results

Yi-Ying (author)

The findings from the data analysis of my own interview were 41 meaning units, and 13 issues were defined. The three issues that emerged from the academic domain were pervasive language barriers in academics, adjusting to different academic cultures and discrepancy in self-expectation and actual performance in academics. The six issues that emerged from the clinical domain were pervasive language barriers in clinical work, feeling isolated in clinical work, losing control of overwhelming new things in clinical work, culturally based needs to spend additional preparation time, divergent perspectives on the attitudes towards authority roles and holding divergent views of showing oneself to the others. In the personal domain, four issues emerged: lack of belongingness, fear of being criticised because of cultural differences, insufficient social network and social support in the United States and feeling uncertain about the future of life and relationships. Among all the issues, the two issues that did not find solutions from the data were culturally based needs to spend additional preparation time and holding divergent views.
of showing oneself to the others in the clinical domain. For the former issue, the solutions (help from the group) were not identified because the group had not been established when the challenge was experienced.

Among all the issues, language barriers seemed to be salient across the domains that involved factors of cultural comprehension and often led to feelings of stress, frustration and being overwhelmed. ‘The very first thing and the biggest thing that jumps into my mind is language’ (YA1). The discrepancy between mainstream culture in the United States and the inherent values from my original culture also created some internal conflicts in every domain. These conflicts included high expectations for academic performance, attitudes towards authorities, showing oneself in front of others and fears of being criticised.

When discussing the benefit of joining the group, I noted that the group was especially important in helping personal issues by receiving social support and in-depth empathy. The friendship, mental and emotional support and sense of belonging provided by the group satisfied basic human needs. Likewise, the group also benefited me significantly in addressing my language challenges by providing a relaxed, non-threatening environment to express myself. ‘It (the group) gave me one more place to practise language, in a more comfortable, more relaxed setting’ (YA8). Since the group started in the late stage of my training, the helpfulness in the academic domain was especially salient in facilitating metacognitive learning such as integrating previously learnt knowledge as well as gaining insights from diverse perspectives.

Mark

The findings from the data analysis of Mark’s interview were 27 meaning units, and 7 issues were defined. The two issues that emerged from the academic domain were language barriers in reading and culturally based needs to spend additional preparation time. The three issues that emerged from the clinical domain were learning diverse repertoire for various populations in the United States, worries of being overwhelmed by new things in clinical work and discrepancy in mainstream social norms and one’s original culture. In the personal domain, two issues emerged: socially inactive because of the language barrier and worries about being criticised because of the cultural differences. Solutions were identified for all issues.

The language barrier was the first issue raised by Mark, but he narrowed down the focus to reading in his academic studies and speaking in a social context. ‘When I read
Japanese, I can mostly understand in one shot... But in English, maybe I need to reread several times so I can understand’ (MA1). Another salient situation was that many issues were highly related to comprehension of the mainstream cultures of the United States and the clinical setting. The affected facets included time-consuming tasks of preparation, learning the repertoire, expected social norms and worrying about being criticised.

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

Vivian

The findings from the data analysis of Vivien’s interview were 37 meaning units, and 10 issues were defined. The three issues that emerged from the academic domain were pervasive language barriers in academics, feeling overwhelmed by transitional shock and learning new things and time management with multiple tasks. The four issues that emerged from the clinical domain were pervasive language barriers in clinical work, uneven communication with clinical supervisor, lack of confidence in dealing with unexpected clinical situations and clinical application of musical instruments. In the personal domain, two issues emerged: adjusting to the new lifestyle and insufficient social network and social support in the United States. Uneven communication referred to the situation when messages, thoughts, feelings and ideas from both the clinical trainer and the trainee could not be received and transmitted evenly. The solutions could not be identified for the issue of uneven communication with the clinical supervisor in the clinical domain.

Many challenges that Vivian experienced seemed to interweave in a specific domain or cross-domains. The language barrier was the first proposed and the most salient issue among all. ‘Language is really, really an obstacle for me. I can’t communicate with people frequently, I can’t express what I thought exactly, and I can’t find the exactly words I want to say’ (VA2). It pervasively affected other issues across domains, and it especially brought about strong feelings of stress, frustration and being overwhelmed. It also led to the consequence of time-consuming tasks in academic learning and clinical preparation. While time-management issues challenged Vivian, the multidisciplinary nature of music
therapy added a layer of challenge to multitasking that made adjusting to the new lifestyle even more difficult.

The emphasis of help from the group was put on the personal domain first. ‘What really important is emotional support. I know there are difficulties in reading and writing papers ... But the support from the group, emotionally, I think that really helps’ (VP9). Vivian thought that the help from the group in the academic and clinical domains was valuable; the group served as a rich resource to address all kinds of questions she had and solved her problems efficiently. However, the friendship and the support system she gained from the group were irreplaceable and that gave her the courage and power to face her own challenges in general.

Discussion

The findings from the three participants’ data analyses showed that the language barrier was the most significant challenge despite the participants’ conditions and educational backgrounds. This issue was salient because it crossed domains and was always mentioned first, and it was emphasised multiple times in each interview. When analysing the results, I found that cultural comprehension often related deeply to language barriers, especially in the following two circumstances. First, it caused the participant to not understand or misunderstand a situation. For example, difficulties in verbal expression often caused stress and anxiety when it came to us to talking in the classroom, and feeling unfamiliar with the classroom culture made it more difficult to integrate into classroom discussions. Second, a lack of cultural comprehension deepened the impact of language barriers to academic learning, clinical work and personal life. Along with these two circumstances, uncertainty about clinical settings, social norms and unfamiliarity with repertoire brought about high levels of stress and frustration, leaving one to feel overwhelmed.

Under the category of multicultural issues, the distinct differences in communication styles between the Asian and Western cultures were specifically mentioned in the interviews. The challenges which emerged related to this issue included uneven communication, divergent attitudes towards authority and discrepancies in social norms. In most collectivistic cultures, it was common to see a group put more emphasis on harmony than expressing individual opinions in communication. Especially when communicating with people in higher hierarchical positions, a respectful attitude was expected, which was different from the individualistic cultures (Brown, Rogers & Kapadia,
In addition to verbal communication, the different styles between collectivistic and individualistic cultures were especially distinctive in non-verbal communication. Sue and Sue (2008) explained that cultural differences could cause misunderstandings of implicit communication, including proxemics (interpersonal space), kinesics (body movements), paralanguage (vocal cues) and high-low context communication (degree of reliance on non-verbal cues). Because of the large discrepancies in communication styles, all three participants had trouble adjusting, especially when the objects of conversation were clinical supervisors or older clients. Challenging conditions included feeling insufficient when communicating with the supervisor, having problems cooperating with the supervisor equally in the session or requiring adjusting to the social matter in order to cope with the clinical situation.

According to the participants’ reports, the group addressed language issues directly by providing a relaxed, less-stressed and judgement-free environment for the members to express thoughts in our second language. This finding echoed the related literature about international students’ learning experiences in cooperative learning groups – in the intimate small group, the less-threatening environment provided greater opportunity for us to practise our English skills (Cuseo, 2009). On the other hand, feelings of being understood culturally brought about sense of security for the participants. This could relate to the similarity principle that the shared characteristics of race, attitudes, values and beliefs by the group members often brought about the sense of connectedness, which was a rewarding experience (Forsyth, 2010; Napier & Gershenfeld, 2004).

Another common issue among the participants was that we experienced overwhelming new issues in the academic and clinical domains in addition to language barriers. The participants reported that it was challenging to multitask music and clinical training as well as academic studies in a limited time. This was directly related to the multidisciplinary nature of music therapy and each of these disciplines has its own cultural basis (Davis, Gfeller & Thaut, 2008; Kim, 2011; McClain, 2001). For the students who came from different cultural backgrounds attempting to comprehend the music therapy profession, it felt like double the challenges of those students who grew up in the United States. We had to first learn the new cultures and then understand and incorporate them from our own cultural positions to the music therapy profession. In addition, the common physical, emotional and mental exhaustion experienced by human service workers seemed to deteriorate the participants’ self-adjustment in culturally overwhelming conditions (Brammer & MacDonald, 2003).
By addressing the challenges of experiencing overwhelming new things, the group served as a resource system for its members. The participants used the group meetings to gain resources or enhance clinical preparation. Among all preparatory actions, leading activities, songs and role-playing in the group were mentioned by the participants multiple times and was considered very useful for clinical preparation - technically and mentally. Gaining ideas and insights from each other was also helpful for academic learning. When relating those group experiences to the concepts of social comparison, some situations showed the participants experiencing upward social comparison because the group was used as an informative resource to learn coping strategies. Members could see the hope from witnessing the achievements of others who had been through the similar stages. From the other perspective, the group members who provided resources to the others experienced downward social comparison, in which group members gained confidence and were able to see their own progress (Buunk & Gibbons, 2007; Forsyth, 2010).

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

The discrepancy might be explained from two perspectives: the different conditions between the two populations (international students and first-generation immigrants) and the different ways that different genders responded to stress. Although the experience of acculturative stress might be similar to both international and first-generation immigrant students, international students might have additional stress from maintaining their visa status, lack of family support and possible economic pressure (Poyeazli & Grahame, 2007). To fulfil the requirements of a student visa, international graduate students must enrol in nine class credits each semester to maintain full-time student status. Some international students might have financial pressure so that they must work or maintain high academic standards to keep their scholarships. In this study, the lack of family support might be the best explanation since Vivian and I did not have family members living in the United States, while Mark had a stronger support system from his family and community.
From the other perspective, gender differences could possibly explain the significance of a group as social support for the two female participants, as females have a stronger tendency to seek support from a group as well as learn in a group format (Cuseo, 2009). Different expectations on gender roles might also affect the male’s help-seeking behaviours. Compared to egalitarian-oriented Western culture, Asian cultures tend to be patriarchal and traditional. Asians, especially males because they usually are seen as the authority in a family, are known to underutilise mental health services. Therefore, in order to ‘save face’ and maintain their authoritative role, it is more likely for Asian males to under-report their social and emotional needs or describe them in a non-direct way such as emphasising the physical pain rather than emotional needs (Sue & Sue, 2008). In this case, the perspective of gender differences might not fully apply in explaining the discrepant result between both genders because Mark had a stronger support system than Vivian and I had. However, this point of view should be taken into account in future applications.

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

Implications and Applications of the Study

The success of our group experience might have been because group members were already acquainted and share common social networks. We kept the same members for the entire semester and agreed to attend the group regularly. I believe the close structure and the high attendance rate brought intimacy and stability to the group and had a positive effect on group dynamics. Additionally, we rotated the leadership of each meeting and brainstormed ideas about themes for the coming meetings through social networks on the internet. As a result, we could easily share and obtain resources and make group decisions efficiently.

Reflections on Method: Virtues and Limitation

The research design of this study was based upon the desire to understand the individual perspectives of this particular group. Therefore, the results should not be generalised to other situations. Yet, the transferability of the findings could be considered if the conditions were similar to this research study. In this case, the participants’ ages, gender, nationalities, educational backgrounds, motivation of group formation, group format and composition of the group members are some factors that can be considered when transposing the results to different contexts.

Suggestions for Future Research

Given a constructivist stance, methods such as focus group discussions could be used to increase the understanding of this study’s topic. Group dynamics and unspoken hierarchical relationships in the group might play a more important role in this type of study. Another method could be to study the group experience and process directly by analysing recordings of the group discussions as research material. Alternatively, the researchers could design an open-ended questionnaire for gathering the group members’ perceived conceptions about the group or by observing and recording the group meetings directly.

Conclusion

This study has drawn special attention to Asian music therapy students’ well-being in a multicultural context. Through the study, our cultural-based challenges were emphasised, and the benefits of using a peer group to cope with these challenges were found to be substantial. I hope this study can arouse the readers’ attention on the related
issues, gain insights into the Asian international student population and use it as reference when actions are needed for change.

Acknowledgement: This study was undertaken as part of my Masters of Music Therapy studies at Montclair State University. Dr. Brian Abrams served as the supervisor for this study. I dedicate this article to the group members.

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