In plain language:

As the world becomes increasingly global, music therapists must develop cultural competencies so they can work sensitively and effectively with clients of different cultural backgrounds. While the development of music therapy practices is rooted in Western philosophy, it is necessary to integrate Western and Eastern thinking when working with Asian immigrants in Western countries, who are likely to still be influenced by their home culture. This may be challenging as there are often “hidden rules” in each culture. These are hard to identify and articulate because people of that particular culture have grown up intrinsically knowing them. This article shares the clinical reflection of a Singaporean-Chinese music therapist, who in her final training experience developed a music therapy program in a Chinese residential aged care facility in Victoria, Australia. She discusses how she was able to consider these hidden rules in the Chinese culture and modify her Western therapeutic process to respect and work with her clients.
Clinical Reflection

Mianzi and other social influences on music therapy for older Chinese people in Australian aged care

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Abstract

As the world becomes increasingly global, music therapists have to develop cultural competencies to work with clients of different cultural backgrounds with appropriate sensitivity to encourage therapeutic growth. Just as there are differences in Western and Eastern cultures, it is necessary to integrate Western and Eastern methods when working with Asian populations, especially with those who are older adults. This may be difficult, if one is not familiar with the “hidden rules” in the client’s culture. This article shares one therapist’s clinical reflections on experiences in developing a music therapy program in a Chinese residential aged care facility in the state of Victoria, Australia. Consideration is given to the socio-cultural concepts such as guanxi, mianzi and linguistic diversity, and how these interact with Western therapeutic processes when working with Chinese clients.

Keywords: Chinese, culturally and linguistically-diverse, music therapy, culturally-sensitive, cultural-empathy

Introduction

As a Singaporean Chinese person pursuing music therapy studies in Australia, I often wondered if the music therapy approaches, frameworks and methods taught in Australia were as applicable to non-Western cultures. Given that music has a strong cultural context, the importance of developing ‘culture-sensitive resources’ for use in music therapy has been advocated in the literature discussing the need for integration of Eastern and Western cultures for music therapists in East Asia (Kim, 2015). I had personally witnessed differences in the responses of Eurocentric clients in Australia compared to Singaporean clients when approached for music therapy; with the Singaporean clients typically less forthcoming and appearing more self-conscious when asked to participate in music therapy. During my final student placement¹ in an aged care facility in Victoria for older Chinese adults I reflected on two questions which informed my development of the music therapy program. Firstly, what are the inherent differences in clients’ attitudes towards therapy? Secondly, how do these differences affect music therapy approaches and methods?

Personal Stance

As a third-generation Chinese person living in Singapore, I speak Mandarin. However, English, being the official working language in Singapore, is the language with which I am most comfortable. I have knowledge of certain Chinese customs and traditions: my family celebrates the Lunar New Year, but we dispense with the celebrations and customs on other Chinese festivals. Traditional Confucianist values such as family ties, respect for elders and filial piety (duty to obey and care for parents and elderly family member) have also been inculcated into me since I was young. Yet, I have also been localised to a unique Singapore culture; one that is strongly rooted

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¹. In Australian training, the final placement is equivalent to the internship
in pragmatism (Low, 2007) with influences from both the Eastern culture (Han, 2007) and the Western media (Ho, Krishna & Yee, 2010). Being born and bred in multiracial and multicultural Singapore meant that I am also conscious and respectful of the differences in culture, customs and traditions between the Chinese race and the other dominant races in Singapore (such as Malay, and Indian).

While I am aware of the differences in language, culture and customs between the different races in Singapore, prior to the student placement, I was not conscious of the inherent complexities in working with the Chinese community, despite being of the same race. These complexities can be attributed to the linguistic diversity and political sensitivity of the Chinese community living in the different regions as well as some “hidden rules” (Thomas & Sham, 2014) in Chinese culture. Hidden rules are aspects of culture beyond traditions and systems of culture such as health and education, which are hard to identify and articulate (Thomas & Sham, 2014). I had been brought up intrinsically knowing and adhering to the “hidden rules” in Chinese culture. However, I did not consciously pay attention to them, as people around me, even those of the different races, appeared to understand them. It was only upon working and trying music therapy methods and approaches learned in Australia, that these “hidden rules” became apparent to me.

During the placement, I experienced some unexpected client reactions which I thought were due to these socio-cultural factors and “hidden rules”. I turned to the literature for guidance but found little music therapy literature related to working with the Chinese community. Subsequently, when adapting approaches for the clients, I found myself drawing on my personal knowledge of Chinese “hidden values” and integrating them with the music therapy knowledge acquired in my training. In this article, I offer a clinical reflection on the blend of the socio-cultural factors and the “hidden values” that may affect the therapeutic process.

### Background

Immigrants from Chinese-speaking countries represent the third largest group of overseas-born Australians (Australian Bureau of Statistics, 2012) and the largest non-English speaking group in Australia (ABS, 2012). Despite being of similar ancestry, these immigrants in Australia originate from different geographical regions; coming from China, Vietnam, Malaysia, Singapore, Indonesia, Hong Kong, Taiwan, and others. They maintain different cultural beliefs, customs, and dialects or languages, influenced by their places of origin. Research conducted in Australia on social isolation of older adults (Pate, 2014; Cultural and Indigenous Research Centre, Australia, 2009), reported that the Culturally and Linguistically Diverse (CALD) older adults including Chinese immigrants, tend to be more socially isolated. This could be due to adjustment issues brought about by immigration in later life, or language barriers.

### Social Support– Chinese cultural context

The social isolation faced by members of the Chinese community could also be due to some unique cultural factors. Cheng’s study (2009) of social support networks for Chinese residents in aged care facilities in Hong Kong revealed that participants were socially isolated, despite appearing to desire support and depth in relationships. Collectivist Asian cultures prioritise collective good over autonomous interests (Ip, Lui & Chui, 2007) and emphasise being “not too involved” for the purpose of achieving harmonious social relationships (Gabrenya & Hwang, 1996). This often results in older adult Chinese residents distancing themselves in interactions with others, making it hard to develop social networks in residential care (Lee, 2001; Lee, 1999; Lee, 1997). This is related to the Chinese concept of mianzi (pronounced “me-yan-ze”) which is a sense of favourable social self-worth that could be affected by uncertain social situations (Ting-Toomey & Kurogi, 1998). It is because of mianzi that Chinese people tend to appear self-conscious or guarded in their
interactions with others (Lee, 1999). Influences from Buddhism and Taoism also mean that practising emotional restraint and not disclosing private feelings are a source of pride in Chinese culture (Williams, Foo & Haarhoff, 2006). While this appears to be a generalisation, Williams et al. (2006) noted that Chinese older adult immigrants in Western countries continue to espouse these beliefs for many years after migration.

The further concept of guanxi (pronounced “goo-one-see”) means interpersonal particularistic relationships (Luo 2007). Guanxi often governs Chinese attitudes towards social interactions (Luo, 2007) and explains why Chinese people may be less forthcoming with people they do not know, or with whom they have no connection. Guanxi is often explained as a network of continued informal, reciprocal and individualised, personal relationships and connections based on commonalities such as places of origin or a common contact person (Tsai, Chi & Hu, 2009; Park & Luo, 2001). Ganqing [the depth of a relationship] (pronounced “gan-ching”) and renqing [the moral obligation from the relationship] (pronounced “ren-ching”) are components of guanxi (Crombie, 2011). When you have guanxi with a person, you are expected to show renqing and do favours for the person which you may not do otherwise in normal circumstances. How much one goes out of the way to do favours for others, depends on the depth of your relationship (ganqing). Preserving mianzi is important in guanxi (Crombie, 2011), which is perhaps a reason why favours are done. Preserving mianzi can also build trust, the key to a “guanxi” relationship (Crombie, 2011).

Linguistic Diversity

Beyond mianzi, emotional restraint and guanxi, linguistic diversity could also be a cause for social isolation. While the Chinese language is used in mainland China, Taiwan, Southeast Asia and other parts of the world (Kurpaska, 2010), this does not mean all people who speak Chinese understand each other. Scholars have categorised at least 7 to 15 dialects (with more sub-dialects) in the Chinese language (Kurpaska, 2010; Tang & van Heuven, 2015), most of which are not mutually intelligible (Kurpaska, 2010). Since 1955 China’s language policy has supported Putonghua (based in Mandarin) as the official standard (Kurpasa, 2010). Most young people in China are more fluent with the use of Putonghua than other dialects, while the older generations are more comfortable with their own regional dialect (You, 2004). A majority of older adult Chinese immigrants in Australia also have difficulties with the English language (Ip, Lui & Chui, 2007). Considering the diversity of the Chinese immigrants in Australia, communication can be expected to be poor between older adult Chinese immigrants from different regions living in a community. Hence, communication also becomes an important consideration in group therapy activities with older adults of the Chinese race. Given that the concept of music and health is deeply rooted in Chinese culture (Ip-Winfield, Wen & Yuen, 2014), music therapy is a worthwhile option as a non-verbal way to provide support for these older Chinese immigrants.

Culturally-sensitive Music Therapy

As the world becomes more multicultural and with music therapists called upon to work with diverse cultural populations, it has become increasingly important for music therapists to develop cultural competency in their work (Brown, 2002). Cultural empathy goes beyond cultural sensitivity to clients’ culture, ethnicity and musical preferences. It includes understanding nuances in behaviour, such as appropriate eye contact (Brown, 2002), which is expressed differently in different cultures (Arrendondo, 1987). Given that genuine empathy based on the client’s frame of reference promotes therapeutic growth (Rogers, 1957), it is important to have cultural awareness to convey empathy to the client. This might be difficult when working with clients of a different culture, given the “hidden rules”.
Apart from cultural awareness and competency, there is a need for music therapists to be aware of their use of music when working with CALD clients. Music is supposed to be a universal concept, transcending cultures and allowing cross-cultural communication (Higgins, 2012). However, it also has strong association qualities (DeNora, 2000), which could have a strong cultural context (Blacking, 1987). Brown (2002) also argued that even though the building blocks of music such as form, rhythm, and melody can be used similarly across different cultures, music therapists need to be aware of the extra-musical associations associated with music. This is especially so given that music and culture share close ties.

Beyond extra-musical association, musical authenticity is another aspect to consider in the culturally-sensitive music therapy practices (Ip-Winfield, Wen & Yuen, 2014). Sourcing and learning to sing culturally-specific repertoire could be challenging and clients may prefer recordings over live recreations of foreign language songs. In particular, Ip-Winfield, Wen and Yuen (2014) discussed the difficulties in recreating certain types of Chinese music even by experienced music therapists who speak Chinese dialects because of the complexities in musical styles and linguistic diversity. Despite the significance of this issue, little research has been conducted on musical authenticity in culturally-sensitive music therapy practices.

Music Therapy and Australian Chinese community

There appears to be limited music and music therapy literature on working with the ethnic Chinese population in Australia. Some of these limited studies (Li & Southcourt, 2012) tend to view Chinese immigrants as homogenous, without considering their different cultural and linguistic backgrounds, which is not reflective of the socio-cultural landscape. Yeung, Baker and Shoemark (2014) surveyed older Chinese adults in a day program in Australia to develop a list of popular preferred songs. Most of the songs were in Cantonese or Mandarin. Shanghai-style Mandarin pop songs were considered mainstream pop music for the Chinese community from the 1920s to 1970s, even for those whose first language was not Mandarin (Moskowitz, 2010; Yeung, et. al., 2014).

Given their expectations of professionals as authoritative experts, Chinese clients appear to prefer directive and structured approaches to therapy (Chen & Davenport, 2005) compared to a person-centred approach (Chu, 1999). However, the cultural expectation of respecting the elderly (Williams et. al., 2006) suggests that therapists need to balance being directive while not appearing high-handed, when working with older Chinese clients.

Method

Background to the clients

My final student placement took place in a residential aged care facility catering for the older adult Chinese population in Victoria. The majority of residents were Cantonese-speaking immigrants from Hong Kong, Guangzhou (China), Malaysia, or Vietnam, with an increasing number of residents from Mainland China who understand or speak Mandarin. Interaction and communication between residents was observed to be limited, especially between residents who did not speak the same dialect.

Background to the music therapy program offered

Clinical music therapy sessions were offered weekly for three months. The aim of the program was to increase quality of life for residents by maintaining physical and cognitive functioning, promoting emotional well-being and enhancing social relationships. Apart from individual sessions, a range of group music therapy sessions were established. They included two music and movement groups; one for residents with dementia, and another open to all residents. After observing that most participants were socially isolated, an open therapeutic singing group was formed for cognitively-able residents to promote social engagement on a weekly basis.
All sessions were conducted in Mandarin, maximizing the capability of the student therapist (author). Simple Cantonese phrases were also used in sessions. The remainder of this article will focus on the my reflections on the therapeutic singing group. Because of the reflective nature of this article, I will report the experience in the first person.

Experiences in Facilitating the Therapeutic Singing Goals

I initially envisioned the music therapy group as a platform to provide opportunities to foster social and emotional connections through reminiscence and song sharing. This weekly session goal was later changed to focusing more on social engagement, due to the participants’ behaviours that limited in-depth processing.

I compiled songbooks comprising some 50 Cantonese and Mandarin songs based on the preferred songs for older Chinese adults reported by Yeung, et. al., 2014). I encouraged residents to reminiscence to build social identity (Haslam et. al., 2013). However as the sessions progressed, I became aware of the need to adapt this. The impact of Chinese culture on the behaviours of participants meant that singing without reminiscence became the main method, along with instrumental playing.

With increased awareness of the Chinese value of “respect for elders” and the preference for directive approaches in therapy, I changed my orientation from humanism to assimilative integration (Stricker & Gold, 1996). In assimilative integration, there is a primary orientation which forms the basis for the therapeutic work while incorporating ideas and strategies from other orientations. The basis of my orientation was founded on humanistic values, but I integrated behavioral methods by being more directive and enforcing song choices with encouragement. Being directive made the uncertain social situation less confronting for the residents. Since autonomy was not highly valued (Chiang, Lin & Lee, 2015) enforcing song choices was not intended to encourage participants to speak and share within a predictable space since self-disclosure helps to develop a sense of closeness in a group (Yalom, 1995).

While being directive in my practice, I still believe that I was practicing in a client-led way, as being directive was a part of the Chinese residents’ expectation towards a therapist. This is based on both Brown (2002)”s and Rogers (1957)”s belief on the importance of empathising with the clients from their point of view which will lead to therapeutic growth and change.

I evaluated participant outcomes by reflecting on group dynamics, participants’ affect, and participants’ readiness to engage in singing, instrument playing and choosing songs. These outcomes were interpreted as reflections of the participants’ personal involvement and acceptance of their own identity, and considered indicators of social and emotional connections (Hemingway & Jack, 2013).

Observed outcomes for the Therapeutic Singing Group

Initial sessions

The group struggled with irregular and low attendance in initial sessions. When I approached residents to invite them for the sessions, leaving the option open for them, most of the time the answer was a hurried “no”. This was despite my previous observation that these same residents appeared to enjoy singing. Viewed through the lens of mianzi, the new singing activity presented an unknown social situation. However, if these residents were informed respectfully to attend by the facility’s activities coordinator, then they would arrive for the sessions they had previously rejected. This could possibly be due to guanxi, which they have developed with the activities coordinator over time. This allowed them to trust the activities coordinator and offer to attend the session out of renqing, even though they were unsure of what the session entailed.
I also observed that residents, especially those who were cognitively-able, sometimes found it confronting to approach me to ask to participate in sessions. These residents might be observing the sessions from afar and singing along quietly. However, if eye contact was exchanged, they would then proceed to walk away hurriedly. Again, *mianzi* could offer an explanation for this behaviour.

When residents attended sessions, they would sing along quietly. Most were reluctant to play instruments, even after demonstrations, perhaps an indication of wariness of the new social situation. Limited social and emotional connections were observed given the difficulty in getting participants to talk or make songs choices. The participants often looked conflicted or chose songs on the next page when asked to state preferences. Participants were also reluctant or unable to engage in reminiscence with songs, which could be credited to the cultural factor of *mianzi*, a lack of knowledge of songs and also the language barrier.

*Mianzi*. While female participants not from Mainland China were familiar with the songs suggested by Yeung, et. al., (2014), they were initially careful not to engage in reminiscence in the group. This was perhaps due to the wariness towards oversharing in the community space, due to *mianzi* issues.

*Knowledge of songs*. It was observed that male residents from these Chinese territories were often not familiar with these songs. A common reason was that they spent their youth working and did not have time to engage in leisure activities. This limited knowledge of songs seemed to reflect the Chinese attitude towards leisure, which is vastly different from the Western concept (Qiu & Wang, 2012). Amongst older Chinese, hobbies and leisure connote a sense of being lazy (Li, Xing & Wang, 2014). In addition, the Chinese beliefs of having strong work and education ethics (Deng, Walker & Swinnerton, 2005) make it more difficult for Chinese males – often viewed as the sole breadwinner – to discuss leisurely pursuits.

Participants from mainland China were also not familiar with Shanghai-style mandarin pop songs, given the ban on Chinese pop music by the Communist government (Moskowitz, 2010). They were reluctant to engage in reminiscing about their youth and singing Chinese revolutionary songs that they were familiar with, often stating that these songs were not known to the other participants in the group, perhaps fearing further alienation.

*Language barrier*. Most of the participants in the singing group understood and spoke either Cantonese or Mandarin, but did not understand the other dialects. Although I was able to converse in Mandarin fluently, I had a very basic knowledge of Cantonese, and struggled to understand the Cantonese-speaking residents especially on a deeper level. This also resulted in limited interpretation that I could provide between the Cantonese and Mandarin speakers, which might have further limited group understanding and cohesion.

**Sessions after adjustments were made**

After this initial phase, I made adjustments to encourage participation, and the group saw regular attendance of an average of 10 members. In the final session, there were 17 participants who voluntarily attended the session. Group members seemed more relaxed. They were more willing to express choices and play instruments; a sign of trust and group support. Brief conversations were observed in sessions and after sessions although conversations in sessions appeared superficial and polite. Conversation after sessions, usually in a smaller group, involved discussing familiar songs and had more depth. This initiation to interact with other residents socially was a contrast to behaviour outside the sessions. Notably, one of the more socially isolated participants who was not observed to interact with other participants during group sessions, expressed that she felt that she got to know other people in the group by the end of music
therapy sessions. This could be due to the fast bonding effect of group singing (Pearce, Launay & Dunbar, 2015) which allowed her to feel a bond with others without personal interactions.

Despite the language barrier, eventually moments of connection were also observed between the Cantonese and Mandarin speakers, after weeks of interaction. Participants were seen sharing songbooks and encouraging each other to sing. Some even teased each other gently about the songs chosen. Despite not understanding each other’s language well, they understood the intent behind the language. This suggests that some ganqing were formed due to the guanxi established by the commonality of belonging to the same group.

Discussion

Establishing a Therapeutic Relationship with the Chinese Community

In conversations with some music therapists who were referred to work with Chinese clients, a common remark appeared to be, “the clients don’t seem to want music therapy and often say no”. This reflected my own experiences when I initially tried to encourage residents to participate in the singing group. However, my experiences also showed that Chinese clients can enjoy participating in music therapy sessions as well. One might have to approach establishing therapeutic relationships with the Chinese community in a way that guanxi is established.

Guanxi or Therapeutic Alliance?

It may be argued that participation within sessions grew towards the end of the program because of a therapeutic alliance (Ackerman & Hilsenroth, 2003) that developed allowing residents to trust the therapeutic process and space. It appears that there are certain elements in establishing the therapeutic alliance that are similar to establishing guanxi in Chinese culture. Both require trust, time, and an individualised relationship.

A therapeutic alliance with Chinese clients may take some time, as the basis of guanxi stems from commonality. A therapist who is not privy to the existing web of relations that the Chinese older adults have, might take a longer time to build trust and reciprocity in the relationships before renqing can be developed. Eventually, the participants’ attendance in sessions could be seen as giving me renqing and mianzi. Typically, one might not think of therapeutic relationship where the client is doing favours or feel socially obligated to the therapist as a healthy one. However, this willingness to give the therapist mianzi and renqing is a sign that the client is willing to embark on a relationship with the therapist, which then allows for further therapeutic growth to develop. Before reaching this stage, there could be many refusals. All the interactions involving refusals establish the basis for ganqing, allowing guanxi to be developed. Establishing guanxi also requires some understanding of Chinese culture and the “hidden rules” to create a quicker sense of commonality.

Forms of Address and the “hidden rule” of respecting elders. Establishing commonality starts at the point of approaching and addressing the client. In my other placements with older adults in Australia, I learned to address my Australian clients by their first name. However in the setting for this program, I realised that the staff addressed the residents by pak and shuk [both meaning uncle], jie [sister], yee [aunt], por [grandmother], all of which meets the cultural expectation for respecting the elders within the Chinese population (Sung, 2001).

As a Chinese person, I had always been reminded to address my older relatives, family friends, or even acquaintances of my parents in this way to accord them respect when I was growing up. “Respect the elderly and the wise” is an old Chinese adage. There were also a few residents who were addressed by X Toi [Mrs X] or X Sang [Mr X], for those who did not feel comfortable with the familiar
“family-style” greeting, but still expected respect. Using salutary greetings, being courteous and using respectful language, are some ways that one shows respect to the elderly in Chinese culture (Sung, 2001).

**“Hidden rule” of mianzi.** The concept of mianzi means uncertain social situations (in this case group singing) will be rejected as older Chinese people fear that their choice may be judged. However, if not given a choice, the uncertain social situation of whether to accept or reject an invitation is removed, and mianzi is preserved. I learned that while being directive in encouraging them to attend the session, there was also a need to encourage participation in a friendly, non-confrontational, authoritative manner.

Mianzi could also explain why certain methods were more acceptable. Across the range of activities, offered, music to movement worked the best, especially when the participants were given instructions for the actions. Music and drawing seemed to confront participants, with participants expressing that they had no artistic flair and did not know what to draw. Similar to music and drawing, most participants were reluctant to play instruments, even after demonstrations, which was perhaps an indication of their wariness of the new social situation. However, as sessions continued, participants were perhaps more aware of what the situation entailed, and with encouragement appeared to be less self-conscious and engaged in playing instruments.

**Socio-cultural differences in repertoire.** The Chinese concept towards leisure and the different socio-cultural backgrounds of Chinese immigrants in Australia meant that it is difficult to use singing with reminiscence as a method. Looking at the song preferences of the participants from different geographical regions suggests that there is probably no single comprehensive list of popular song choices that accurately reflects the diversity of the Chinese immigrants. Music therapists have to continually be mindful of generalisation and continue to be client-centred when working with this population. Also, older Chinese adults who enjoy music sometimes prefer to listen to dialect-focused operas, such as Beijing Opera, Teochew Opera, Cantonese Opera, which may be difficult to replicate live due to the complexity of the music. From experience, while some immigrants from more rural areas in China enjoy singing, their knowledge of repertoire consist of folk songs and nursery rhymes sung in their dialects which are difficult to locate on YouTube, either because they have not been notated, or written down in a time when illiteracy was common. Therefore, it is imperative that music therapists are attuned to clients’ individual music preferences and develop ways to work creatively around such potential challenges. Just as Western music comprises different genres, there are also different genres in Chinese music, beyond Shanghai-style mandarin pop songs.

**Recommendations**

**Building Guanxi.** It is important to establish guanxi with the clients from the beginning. Finding commonality is important, and it can be done by asking a third person (perhaps a staff member) who the client is familiar with to introduce the music therapist to the client. Music therapists should also be mindful of and observe certain Chinese values, such as respect for elderly, to try and establish trust with the clients.

**Overcoming barriers due to mianzi.** Music therapists may want to consider removing potentially uncertain social situations for clients, demonstrating and modelling behaviour whenever possible, and removing choice-making for clients. Therapists may need to be more directive in sessions, yet encourage participation in a friendly, non-confrontational, and authoritative manner. Eventually, as the therapeutic alliance is built, clients may start to express their

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2 Prior to 1949, only 20 per cent of China’s then population of 500 million were literate and compulsory education laws were passed only in 1986 (Yeoh & Chu, 2015).
choices more, even without encouragement from the therapist.

**Overcoming the language barrier.** From experience, it is likely to be difficult to find a suitable interpreter especially in a group setting where there are different dialects spoken. Learning simple phrases in Cantonese gave me a start and I would highly encourage therapists who work with the Chinese population to learn some simple phrases in the correct Chinese dialect to help them in their work. It might also be better to conduct an activity-driven program in a group instead of a group requiring more verbal processing. This is in line with past suggestions on using activity-oriented methods instead of verbal therapies for work with the CALD populations (Dileo, 2000; Ip-Winfield & Grocke, 2011; Ip-Winfield, Wen & Yuen, 2014).

**Learning Songs Together: A Possible Activity to Overcome Socio-Cultural Differences**

A possible method that could have been used was learning new songs together. This would fit into the Chinese preference of collective identity, and building the group’s social identity and camaraderie without needing to express themselves through conversations starters or song choices. Learning music was shown to have positive psycho-social effects on the Chinese community (Li & Southcott, 2015), which is not surprising, given the Chinese adage of “learning as one grows old”, which promotes lifelong learning. Considering the large percentage of Chinese older adults living in Australia, more research on music therapy can be undertaken with the Chinese population, particularly on music therapy methods.

**Limitations**

My experiences at the Chinese aged care facility were very specific and are not intended to for generalisation about Chinese people, nor to create a sense of a simplified East-West dichotomy in terms of attitudes. It should also be noted that as I was working with older adult Chinese immigrants who have moved to Victoria only within the last twenty years. It is likely that they were still heavily influenced by Chinese cultures, customs and attitudes from their growing up years, rather than have fully assimilated into Australian culture.

As a person of the same race, I also recognise that I share similar physical attributes to my clients, although my socio-cultural background is different. With that, I recognise that I have an advantage when trying to address the clients as an older relative – as it is expected within the Chinese culture and perhaps guanxi could be established more easily with me than with someone from a different race.

**Conclusion**

In my clinical experience to date, I have found that there have been inherent differences between establishing a therapeutic relationship with Chinese clients and Eurocentric clients. I believe this stemmed from “hidden rules” in culture, such as respect for the elderly, expectations of therapists, mianzi, guanxi and other socio-cultural factors. Even though I grew up in a country different from the residents from the aged care facility, the fact that I was brought up ethnically as a Chinese person might have made it easier to reflect on and understand the cultural perspectives and beliefs of the residents. Having an implicit awareness of these hidden rules perhaps made it easier for me to adapt my methods.

While music and medical healing had a place in Ancient Chinese history, it appeared that the use of music in the participant’s time of youth was not as prevalent as in other cultures perhaps due to the influence of the other Chinese customs and values such as the focus on hard work or the indifference towards the concept of leisure. However, the outcome of the program showed that these older adults still enjoyed music in sessions despite having no or little prior association with music.

What is important is how music therapists adapt their methods and incorporate appropriate cultural cues from the onset of therapy to build a therapeutic alliance to promote therapeutic growth. While being
culturally sensitive, one ought to be aware of potential generalisation of the differences between the Eastern and Western beliefs and be attuned to client needs.

Acknowledgements
Special thanks to Jason Kenner from the University of Melbourne for guidance throughout the placement.

Funding No funding was received for this study.

References


Li, S., & Southcott, J. (2012). A place for singing: Active music engagement by older Chinese Australians. *International Journal of Community Music, 5*(1), 59-78. doi: http://dx.doi.org/10.1386/ijcm.5.1.59_1


