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**Group music therapy methods in cross-cultural aged care practice in Australia: A commentary on Ip-Winfield & Grocke’s article.**

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When I worked as a music therapist in a Danish nursing home ten years ago there were no residents with an ethnic or cultural background other than Danish. There were 24 residents at this geronto-psychiatric unit and all had lived their lives in Denmark, most of them in the local area. It was often told that Mrs F travelled a lot. She and her husband bought a sailing boat and sailed as far as to southern European countries. She was an exception. One of the other residents once visited Rome, and a few had travelled to...
neighbouring countries such as Norway, Sweden and Germany. At another unit there was a man from Turkey, who did not speak Danish at all, but seemed to understand quite a lot, and then there was a woman from Austria, who had lived in Denmark since she married almost 50 years ago. She was referred to music therapy in my unit, because I knew German folk songs and spoke German.

This situation, with a nursing home population who have lived most of their lives in the same local area, is very different from the situation described by Ip & Grocke’s article where an “ever-increasing diversity of ethnic, cultural and religious backgrounds” in elderly Australians is seen. Denmark and other European countries have experienced a similar shift in the last decade. Now ten percent of school children in Denmark have a mother tongue other than Danish, and a growing number of the aged population has a CALD-background (Culturally and Linguistically Diverse). One percent of the population in Denmark more than 60 years old has a CALD background, and this number is expected to increase by 50 percent by 2018, from 52,210 persons in 2008 to 178,406 in 2018 (Ny i Danmark 2008). This population is not expected to require residential care for at least another ten years, so in the interim only a small number of people with a CALD background will reside in Danish nursing homes.

However, the article about cross-cultural aged care practice raises many relevant questions and will not only be of interest to Australian music therapists. The authors make it clear that in our professional work, music therapists need to consider ethnic, cultural and religious differences in clients’ backgrounds. Among many other aspects, Ip and Grocke investigate the types of songs used in music therapy groups involving multiple CALD clients. They also found that singing was the most popular MT technique, and that the most frequently used repertoire styles were ‘songs with cross-cultural appeal,’ followed by ‘popular songs’ in English, and ‘culturally specific songs.’ Respondents were generally comfortable with utilising culturally specific musical idioms.

This makes me consider if I am able to specify types of Danish songs that ‘my’ Danish clients would prefer. With this I could make a list for Australian music therapists who may have CALD clients with a Danish background. There are songs about the Danish nature and culture that would fit this list. But what about a song like Lili Marleen that has reached pan-cultural status? There is a Danish translation, a lampoon, sung during the German occupation of Denmark in 1940-1945 in order to mock and make fun of the Nazis. This text is not published in song books, and with this version a certain Danish subculture is represented. Mrs D loved the song (see Ridder 2003, p. 232), but Mr S found this song stupid and became angry when Mrs D sang it. He did not like other versions of the song either. My list of songs would need clarification and division into subcultures.
The book *Contemporary Voices in Music Therapy* starts with the following quote: “The greatest distance between people is not space but culture” (Kenny & Stige 2002, p.1). They later state that “Whether that distance will become a place of understanding or a place of conflict depends on our ideas and feelings and attitudes about difference and change” (p.2).

What is clear from Ip & Groke’s article is that the task of the music therapist is to create a place of understanding, and to reduce distance. This distance could be caused by ethnicity, language and culture, but also by subculture, religion, gender, sexuality, political values, social class, age, etc. Music is often described as one of the most important aspects of defining subcultures. However, the many subcultures which exist and by which we identify ourselves make it too complicated for me to provide a list of Danish songs to Australian music therapists. In his newest book, *Music Therapy – a perspective from the humanities*, the Norwegian professor in music therapy, Even Ruud (2011) discusses the importance of local and situational knowledge when we want to understand our use of music in music therapy and how this music influences people and cultures. The contextual understanding of musical meaning is needed, not only in the therapy session, but also when we do research in music therapy. Therefore this type of research, where Ip & Groke investigate clinical methods, is important. Of special importance, as the authors conclude, is that the intricacy of the individual cultural background of each CALD client be reflected in the training of professional music therapists. I agree, and suggest that this demands a person-focused approach to music therapy clients; an understanding not only reflected in training, but also in clinical practice and research.

References


