

*Music Therapy Applications with
International Patients*

Presented to Deforia Lane, PhD, MT-BC

By

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ABSTRACT

The purpose of this paper is to investigate the following areas concerning music therapy and international patients in a hospital setting: preparedness of the music therapist in working with international patients; his/her knowledge of their needs; and exploration of how to meet these needs appropriately using music therapy. The author's own clinical experience with international patients will be presented with five international patients she followed. In particular, literature pertaining to Islam and music will be cited.

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INTRODUCTION

The United States has always been a place of diversity in culture, people, and language. Over the past two centuries many people from many different countries have made their home in the U.S. According to the U.S. Census Bureau, by the year 2000, the African-American population will increase by 23%; the Latino population, by 45.9%; and the white American population, by 6.5% (Darrow & Molloy, 1998). This is a small representation of people from diverse ethnic backgrounds living in the U.S. There are many from Asian, Middle Eastern, and European descent as well. Forty-two percent of all public school students will be from different minority groups by the year 2000 as reported by the American Council on Education (Ibid.).

Not only are there people who have chosen to live here permanently but there are also those who have come to stay temporarily. There are a myriad of cultures and peoples represented in the faces and lives of those who come here for special reasons, one of which includes medical treatment. These guests often come to the U.S. with limited English language skills, if any at all, and place themselves in unfamiliar situations and settings. This accentuates the possibility of anxiety and fear they could have with regards to treatment, communication, daily living needs, and a host of other concerns while in a foreign country.

Hospitals offering services to international clientele have special services rendered by international relations offices thus minimizing a great deal of the anticipated challenges international guests may have. What can we as music therapists and interns do to work together with the international office? What can we offer in music therapy interventions that may assist the patients need for normalizing the environment,

managing discomfort, providing support, or increasing positive family interaction? Are there other needs these international patients may have that differ from those who are natives to the U.S.? Of what cultural sensitivities should we as music therapists and interns be aware? How should we address these sensitivities and respond accordingly when interacting with these patients? These are some of the questions the author will attempt to explore.

Most of the author's insights come from experiences she had with several international patients at University Hospitals in Cleveland, Ohio. Our clients teach us many things if we take the time to listen, observe, and ask questions with humility. The author regrets that she had limited time for there is much more to be gained and gleaned from working with this population.

The goals of this project were:

1. to forge a working relationship with the Center for International Relations, with hopes to see it continue after project completion;
2. to build awareness of the similar or different needs patients from different cultures have than those whose culture and homeland is that of the United States;
3. to become better equipped in working with patients cross-culturally;
4. to explore how we as a music therapy department can best meet the needs of those from different cultures;
5. and lastly, to provide an explanation of music therapy services in the most commonly spoken language groups represented by the Center for International Relations (hereafter 'CIR').

The project unfolded in a series of meetings with Sara Sauerbrey, Project Coordinator at the CIR. We met approximately four separate times in order to explore the possible options of working together. Ms. Sauerbrey provided a supportive and encouraging voice in the process of developing the project idea. Initially she had suggested the possibility of conducting a once-a-week music therapy clinic for a handful of Middle Eastern children as part of the project. However, because the summer was coming to a close, most, if not all, of the children CIR provided services for during the summer would be headed back to their respective countries to start school again. Therefore, we decided to pursue those patients who came in on an individual basis. Ms. Sauerbrey gave me those referrals she felt would benefit from music therapy and in some cases, checked with the patient first to see if s/he would like to have music therapy services.

As time progressed, Child Life Specialists at Rainbow Babies and Children's Hospital also participated in sending international patient referrals for music therapy. This happened perchance, as I had not previously asked for this type of referral specifically. My meetings with Ms. Sauerbrey were not as consistent once I was able to establish contacts with a few international patients whose extended stay provided quantitative as well as qualitative music therapy experiences.

Most of the international patients assisted by the CIR office at University Hospitals come from the Middle East. The author was privileged to interact with four such patients from the Middle East during her internship as well as one patient from Japan. Because the CIR office offers Arabic, French, Turkish, Kurdish, and Spanish

interpreters, a bilingual pharmacist and a handful of bilingual volunteers assisted the Japanese patient.

The CIR office agreed to translate a patient-friendly brochure already published by the present music therapists. Their goal was to translate it into Arabic and Spanish, the two most commonly used languages by their office. Ms. Sauerbrey facilitated this translation with the interpreters in the CIR office.

MOHAMED

September 4, 1998

This young man, in his early twenties, had recent heart surgery. His aunt, a part-time interpreter/translator for CIR, accompanied me up to his room. She was curious about music therapy so I was able to briefly explain what music therapy is, how it is used, and how long it has been here at University Hospitals (UH). She commented that she was unaware this service was offered to patients at UH. As we talked, she commented that she could understand why having available music that was familiar to the patient would be greatly beneficial. When we arrived on the floor, we met Mohamed walking with his mother. We decided to come back after a few minutes when they would be back in his room.

When I returned by myself, he was sitting in his room with his mom. His mom was quiet most of the session although I tried to include her despite her limited English. Mohamed could speak English adequately although he made apologies for it. I assured him that if I could speak Arabic as well as he could speak English, I would be happy.

We talked about music he enjoyed. He said he liked American music, some of which included Celine Dion selections. I asked him if he played an instrument, to which he answered 'no.' We explored what types of music Syrian people his age enjoyed. He commented that most young Syrians enjoy dance music from Egypt, India, and Syria. When asked what types of music older Syrians enjoy, he said "classic music." One of the most famous classical singers older Syrians would enjoy is an Egyptian woman, Um Kalthum.

During our session, a man from a support group came in to talk to him about his surgery. Despite his pleasant and charismatic personality, the gentleman spoke too fast

for Mohamed. Consequently, both Mohamed and the support group spokesperson looked to me as the mediator/interpreter. I did my best to diplomatically relay Mohamed's disinterest in the support group, and the spokesperson exited politely. After he left, Mohamed raised his eyebrows in a questioning way and asked me what was this man talking about. I told him as best as I could in succinct and direct English.

He said he was going to be discharged in the next day or two and said he was grateful to talk to someone whose first language was English. He believed English will be very useful for him in the future. He was presently studying economics in Syria and would be finishing soon. He mentioned that even his doctor at UH spoke to him in Arabic so most of his significant conversations were not in English. It was some time during this part of our session that his mom got up and offered me a piece of candy. I hesitated a little bit, trying to be polite, then chose one piece and thanked her. I thought it was so gracious of her to offer me anything.

The closing of our session was 'signaled' to me by his mom getting up to leave. This provided a window for me to thank him for allowing me to talk with him about music and asking him if he would like for me to come back up and share a Celine Dion piece. He was just as thankful as I was for our session and smiled about my coming back. I told him I would if he were still here. He thought he'd be going soon so I wished him the best and left.

FATOUH

September 4, 1998

Upon Ms. Sauerbrey's referral, Lila, one of the interpreters from the CIR office introduced me to Fatouh. She was probably in her mid- to late- 50's. Two members from her family were with her at the time. Even though Fatouh's son spoke English, Lila very aptly mediated for me. She explained in Arabic what I could provide in music therapy services. Fatouh's son responded, "If you could sing and play some music in Arabic my mother would like that." I assured him that I could if I would and then asked if he had any music on tape she would enjoy as a substitute. He said he had some he could bring from home but didn't really want to bring his tape player since he used it at home. I told him I would be glad to provide a tape player for his mom as long as she was staying at the hospital.

Upon thanking them for allowing me to offer music therapy services, I retrieved the tape player and went to the CIR office to leave it with Lila. When I arrived, Fatouh's son was standing at the receptionist's desk. I gave the tape player directly to him and asked him to leave it at the nurses' station when his mother was discharged.

She was discharged over the weekend after being moved to Tower 3. They left the tape player on the floor as I had requested. Although I had very limited interaction with her and her family, her desires to have access to her music via a tape player were satisfied.

HANEEN

September 16, 1998

Ms. Sauerbrey initially referred Haneen to music therapy. The Child Life Specialist on the floor was very supportive of music therapy being a part of Haneen's treatment. Throughout Haneen's stay she kept me informed of Haneen's discharge possibilities, any outstanding changes or adjustments she and her family were going through, as well as general information regarding Haneen's progress.

Before entering her room for the first time, I found her chart and read some of the patient notes, concentrating on those under psychosocial concerns and those written by Child Life. I noticed she had been here since August 26. It was noted that she "spoke no English" but that her "mother spoke some." In one of the first written notes the nurse wrote that she was "fearful of the staff." Upon entering, then, I was hoping to appear non-threatening, providing support and distraction to her otherwise long and possibly boring stay thus far.

I entered and introduced myself to her mother, Soad, who seemed to welcome me with her smile. I told her I brought some music and asked Haneen if she liked music. Soad, assuming the position of interpreter from the very start, asked Haneen who responded affirmatively. I pulled out the omnichord and asked her if I might have her help in playing. I sang "Hello" to each one there and Haneen strummed the omnichord.

I pulled out some rhythm instruments and asked Haneen to choose the ones she wanted us to play. Her sister, Maria, was also present and Haneen made sure to include her as well. We sang "Old McDonald" and "You Are My Sunshine." Soad mentioned

Barney's "I Love You" song so we sang and played to that as well. This first session seemed to be a positive experience for everyone. We ended singing the "Goodbye" song.

September 22

This was a group session experience for Soad, Maria, and Haneen. They were present for the majority of the session, about fifty minutes of the sixty-minute period, and were engaged the entire time. Two particular interventions that stood out above the rest were the drum playing and favorite songs.

During the drum playing Soad, Haneen, and Maria were sharing a drum with two other children. It was challenging for everyone in the group to take turns questioning and answering using the drums they were sharing. Haneen smiled, exhibiting her apparent enjoyment. Throughout this intervention, Soad very consciously kept Maria engaged.

Since I knew Haneen was familiar with "I Love You," I focused in on that song for her when it came time for each child to choose a favorite song. She strummed on the omnichord happily and sang some with me. Maria had lost interest in the music therapy group by that time and had made her way over to the toys in the room. When she heard the omnichord, she stopped playing and came over to see what was happening.

This session was one of the few times Haneen and her family came up to the fifth floor to attend music therapy group. It provided her with positive social interaction and normalized her otherwise strange environment.

September 29

This time was a brief visit with Soad, Maria, and Haneen. I saw them in the playroom and sat down at the table with them just to chat. I spent about fifteen minutes talking with Soad about words in Arabic for musical instruments and terms. Some of the

ones she told me were 1) drum: thabel; 2) ud: roud; 3) play: aleb; and 4) goodbye: mah-sah-lah-(ma). These are my own phonetic spellings of these words since their alphabet does not use the letters of the English alphabet.

Soad appeared tired and especially weary of being in the hospital. She said she didn't know when they would be able to leave the hospital so my coming back to do some music therapy with them would be welcome. I told them I would try to come the next day.

September 30 – first session on videotape

This session was the first of three to be put on video. Before bringing the camera into her room, I asked Soad if she would permit me to videotape the session. I told her I hoped it would give them “good memories to take home from the hospital.” She agreed kindly that the session could be taped so we set up accordingly.

Soad put Maria on Haneen's bed with her and we began. Maria was verbally hesitant throughout this session but participated in playing the instruments. We started with a “hello” song, giving Haneen the job of telling us whom to sing to next. I tried to keep asking the question the same way: “Who's next, Haneen?” Soad continued to interpret for me since Haneen was hesitant to guess what I was saying. In later sessions, Haneen was more comfortable with what I was communicating and didn't depend on Soad to interpret everything. When we sang “hello” to her sister, Maria, she wanted Maria to play the omnichord; otherwise, Haneen strummed the omnichord continuously throughout this first song. Not only did she strum, but also by the end of the song she was singing “Hello, Mom . . .”

We then moved on to an “Old McDonald” parody (“Young Haneen . . .”). Each person chose a rhythm instrument and we began the song. Choices were given to all with regards to what instruments they wanted to play and specifically, to Haneen, the choice of turn taking. At one point in this song, Maria took Haneen’s maraca. There was another on our cart so I was able to replace it. Haneen showed no displeasure and the session continued without any complications.

When Haneen was presented with the choice of omnichord or guitar, she chose the guitar. Throughout all the sessions with Haneen, I tried to learn words in Arabic, asking them questions about their language and culture. When Haneen said “guitar” I heard how similar it sounded to the English pronunciation and made mention of it. Haneen strummed the guitar as we sang, “I Love You.” She appeared to be concentrating very hard as she strummed the entire song.

At the end she noticed that Barney was on TV and turned up the volume. I took this cue to add some rhythm instruments. There were several distractions at this time besides the TV. One nurse came in to take care of a medically related need; another nurse stopped by to say “hello” to Haneen and ask how she was doing. At this same time, the maraca Maria had dropped earlier on in the session came apart completely while I was playing it. Haneen’s mom and I picked up as best as we could. I assured her we could repair it. She seemed to be very embarrassed about it and apologized.

Once all was settled down again, I asked Haneen if she would like to do some more singing. I asked her to sing me an Arabic song. She seemed a little shy at first but when I handed her the microphone, she immediately spoke into it, sharing a poem about a

goat in Arabic. I asked Soad to help Haneen teach it to me. Haneen spoke too fast for me as the poem progressed so I suggested that Soad tape it for me the next time.

Haneen wanted to play the guitar some more so she strummed as I sang “You Are My Sunshine.” Maria, interested in anything her sister was playing, tried to start playing the guitar at the same time. Soad noticed this and kept her busy with the microphone so that Haneen and I could continue to play without distraction.

When asked if she wanted a “goodbye” song or more music, she said “one more” and chose the keyboard. I brought the keyboard over and she explored the keys for a little bit. I asked her mom if she would understand the letters of the alphabet to which she answered, “Yes.” While I spoke the letters, pointing above each key on the keyboard, Haneen played them. She played the notes after I said them, fully focusing on following my instructions.

We closed our session with a “goodbye” song. I asked Haneen and Soad how to say “goodbye” in Arabic and we sang “mah-sah-lah- (ma)” to each person present. Unfortunately, this closing song was cut off on the video because the battery ran out.

October 1

This particular day, Haneen and Maria came to Swingo-Thingo without Soad. Both of them stayed in their seats throughout the entire show and even went up to turn the numbers they wanted on the game board. Haneen in particular had reached a level of comfort with me so that she could live with the ambiguity of not knowing exactly what I was saying. She could guess and respond appropriately without being fearful.

I saw them all later on and took that opportunity to tape the poem “Harufa.” We taped the poem two times. I asked them to say it little by little so that I could repeat after

them and learn it better. Haneen led it even though she spoke softly and Soad supported her. Maria and Haneen were giggling when we played the cassette back to listen to ourselves talk. They wanted one of their own so I copied it and brought it the next time I saw them.

October 2 – second session on videotape

This session began with taking a lot of time to set up the camera. Once we had it set up, Haneen had already explored several of the instruments. I was uncertain as to her level of engagement at this point but her father, Abdul, seemed to be as excited about music as she was so I tried to involve him as much as he wanted to be involved.

We began by trying to find the rhythm she had found while we were setting up. Once this was found, I asked how to say “Hello” in Arabic. We sang to Abdul, Soad, Julie, and then Haneen, using “mah-halr-bah” (“hello”) and the person she chose.

Since Haneen had shared the goat poem before, I brought the echo-microphone in for her to say it for Abdul since he had not heard it. She said it a few times happily. I asked if there was a tune to the poem but did not get a clear answer; however, this led to finding out that Abdul plays a five-stringed instrument. I pulled out the guitar and he very willingly improvised on it. Despite the differences in the guitar and his own instrument, he confidently played as Haneen smiled proudly next to her dad. He commented that it was a different sound and that he was not accustomed to playing with his fingers only. I began to look for a plectrum but he settled for playing with a card we discovered in the room.

After a few minutes’ playing, he handed it to Haneen and watched patiently as she explored the strings. I offered to chord as she strummed after a bit and we began to sing

“You Are My Sunshine.” Haneen remembered some of the words as we went through the song. Abdul was visibly proud and excited that she knew some of the song. We went on to sing “I Love You” with the guitar. Haneen successfully sang as much as she could, listening to me sing and mimicking perfectly.

At this point I asked her if she’d like to play the bean bag game again. She chose the animals for her Soad and Abdul and we began “Bean bag, bean bag, where ya’ been?” We had probably sung and played for about two minutes when Maria woke up from her nap. Abdul put her next to Haneen and we let her adjust a bit from just waking up. She chose an animal and we began again.

The end of the session was cut off on the videotape yet again because of battery problems. We sang the “goodbye” song in Arabic as we had done before in every other session and I left with assurances that I’d come back again.

October 5 – third session on videotape

At this session Haneen was visibly tired. I wasn’t sure Haneen would want to engage in any music therapy. Soad commented that she had been having many short seizures and that it had been a difficult morning. I asked her if she had already talked to the doctor about it and she said he was on his way. Soad gave me indication that they would all appreciate it if I would stay, so I took out the omnichord.

We began with “hello” in Arabic again. Haneen was ready to go and chose to play a maraca this time as opposed to the omnichord. Haneen kept “accidentally” singing the Arabic word “goodbye” instead of “hello” during the greeting song. She was able to laugh at herself when we teased her about it.

We concentrated on the omnichord and rhythm instruments in the beginning of this session. Maria played the omnichord on “You Are My Sunshine” while Haneen played the maraca and Soad played the drum. This was quite the trio.

We moved onto the guitar and sang Haneen’s favorite, “I Love You.” I tried to incorporate the Arabic for “I Love You” into this song. They were more than willing to be my language instructors. We then sang a “I’ve Been Working on the Railroad” parody (“*name* won’t you play *instrument*”). One of the child life specialists came by and was listening while we played and sang. When I noticed she was there and invited her in, she told us how wonderful everyone sounded and then said she needed to go.

I asked Haneen if she would like to play the beanbag game. She agreed so I went to get the tambourine and beanbags. When Maria saw what I was bringing out next she smiled exuberantly. All three, Soad, Haneen, and Maria, participated in this intervention. Maria was particularly excited this time, throwing her beanbag in the tambourine on cue and lifting it above her head as long as she could during the song. After a few minutes I thought they were ready to move on to something else but Haneen wanted to do it all again and again. We played for longer than I expected and ended with everyone’s beanbag in the tambourine.

I asked if we should do more music or “mah-sah-lah-(ma).” Haneen chose the latter and asked for the omnichord as accompaniment. We started singing “mah-sah-lah-(ma)” to Haneen. From the moment Maria saw Haneen playing the omnichord, she expressed her displeasure, reaching out to strum it herself. At first I told her that she was next, hoping that Soad would interpret that to her but Maria was set on the omnichord. I offered a maraca to her but that didn’t interest her either. I then took Soad’s cue when

she handed Haneen the cabasa. I moved the omnichord over to Maria's lap and Haneen graciously let Maria play the omnichord. Haneen appeared to be fine with that situation and we sang to everyone individually. After we sang to everyone, I asked Soad how to say "everyone" so that we could try to sing the entire song in Arabic. We then were able to sing a verse completely in Arabic.

At the end they handed me the instruments as I put them into the bag. I told them I hoped the doctor came soon. Mom stated "the dentist" would be coming. I realized at that time that it was the dentist they were waiting for and not the attending doctor.

October 7

This time we practiced the Arabic poem about the goat, using the microphone some. Haneen was really involved this time, speaking words again and again so that I could mimic her satisfactorily. I also gave them the original of the poem we had taped in our October first session. I gave the consent form for video release to Soad explaining to her that it was optional and that Abdul would probably be able to explain it to her better than I could.

October 8

I stopped by this time briefly to see how everyone was doing and to check if Haneen was to be discharged any time soon. This time we did not engage in any music therapy interventions; however, we talked briefly. Soad gave me their signed video consent form.

DISCHARGE BETWEEN 10/8 and 10/27

Tami, a Child Life intern, contacted the Creative Arts Office to inform us that Haneen was being discharged. I was promptly paged by the music therapist and made

my way up there as soon as I could. I brought the omnichord and entered Haneen's room. I sat down in front of her and told her I had a special song to sing to her. I sang "Thank you, thank you, thank you, thank you, Haneen! . . ." Upon finishing, Soad told Haneen to say "thank you" to me. She began to sing the same tune I had just sung and instead inserted MY name. We sang our "goodbye" song in Arabic and then I exited. Abdul came in at some point and then others near the end so I exited after only a few minutes of interaction.

October 27

This session was unique in that it was off the hospital grounds at the Ronald McDonald House. This is where many of the international patients and families stay when they're not at the hospital.

Between Haneen's recent discharge and this time I had dropped off a card at Ronald McDonald House wishing them a safe journey home. Apparently when Haneen received it, she wanted to talk to me. They had called the hospital and paged me. When I returned the page, Abdul explained to me what had happened. He said they had a follow-up appointment and would page me at that time so that Haneen and I could spend some time together. I suggested if we shouldn't be able to connect that day, that I could visit Haneen at Ronald McDonald House. Abdul welcomed me to do this, so we agreed upon October 27th for me to visit.

I had the receptionist call their room when I arrived. I waited for about fifteen minutes before Abdul came down. He looked as he had just woken up. I apologized for that and Abdul assured me it was no problem. Soad, Haneen, and Maria followed about

ten minutes after Abdul came down. After some discussion in Arabic, Abdul and Soad decided we could go to one of the side rooms off the lobby.

Another child also from the United Arab Emirates, Halud, was sitting in the lobby. Soad welcomed him to come with us for some music. When we sat down, I brought out the instruments (omnichord, maraca, cabasa, and bells) and everyone chose one, even our newcomer, Halud. We sang the “hello” song after which time Abdul came in and announced that breakfast was being served in the kitchen. We were all invited.

There were students from a local high school preparing breakfast for everyone. We made our way to the kitchen and slowly decided what to eat. Soad brought out Arabic cheese to share with everyone. Haneen couldn’t really eat any of the food but we all sat down with what we had chosen and ate. Abdul and Soad made sure I was taken care of with something to drink and kept an eye on what the children needed as well.

The students serving everyone were very interested in talking to Haneen and her family. They came over to try and talk several times. Abdul was gracious and informative, answering their timid questions patiently.

We finished eating and Abdul asked if I might do some music right there. “Sure!” I answered and pulled out the omnichord for a second try. Haneen was in her element, playing the omnichord happily. We sang all her favorite songs with Halud and Maria accompanying. I introduced “Willoughby, Walloughby, Woo” with the little bear she had brought down with her as she tried to say some of the words in the song. She shared a lot of smiles with us all.

The students were curious about what we were doing and slowly but surely they all gathered around the table at which we were sitting. It was a gradual gathering but

once they all gathered, one of the teachers who came with them was prompted to take some pictures (see appendix A).

Abdul had told me that I must spend lunch with them; however, by this time it was nearly two hours since I had arrived and I needed to get back to UH. We sang “mah-sah-lah-(ma)” and I told them goodbye.

November 3

Haneen was admitted again not too long after our last session at Ronald McDonald House. At this session both parents were there as well as Maria. We talked about Haneen’s admission and how it came about. After talking for some time, Abdul took out their supper and asked me to eat with them.

As we ate one of the nurses who knew the family well came in. Abdul convinced her to have some of the meal and we all sat around eating together. The food was a dish that Soad had made and brought for her family: some rice with specially prepared lamb.

Abdul got up to leave once he finished eating and talking with us. Maria began to cry so he directed her to me by saying to her something about “music” and “Julie” in Arabic. I took out the omnichord, since I knew Maria liked it, and put it in front of her to play. She started to settle down and help play while I sang. Once she was fully engaged, Abdul quietly left the room. Maria didn’t seem to notice or care at that point.

Haneen was physically uncomfortable during this session and called her mother often while we were eating. When we had finished eating and Maria was playing the omnichord, I handed Haneen the instruments for her to choose one. She chose one and played some until she needed to use the bathroom.

When her mom took her over to the bathroom, she didn't bother to close the door. The two of them seemed to be listening to the playing and singing. Maria sat on my lap, fully engaged with playing the omnichord as I sang. The nurse came in and stood at the bathroom door, waiting on Haneen and Mom. After a few minutes, Haneen expressed somehow that she didn't want the nurse standing there. I knew this because suddenly the nurse kindly said, "Oh, okay. I'll go away and come back in a little bit."

Because Haneen and Soad were taking an extended time away from where we usually had our sessions, I thought it would be good to sing "goodbye." I began singing "mah-sah-lah-(ma)" to each one, catching Haneen's eye briefly to sing to her as well.

November 4

This session was very similar to our previous ones, in that we sang Haneen's favorites with the omnichord and rhythm instruments. Soad and Maria were present as well. Soad had some pictures she shared with me at this session. Maria in particular had a good time handing them to me, then putting them back into the envelope. Some were from the October 27th Ronald McDonald visit and I asked if I might make copies from the negatives. She kindly agreed.

November 10

This day I went to see Haneen briefly in order to let her know about the TV show in the afternoon. I could not tell whether or not Soad understood the idea of the TV show, i.e. the interactive nature of it; however, I gave her the flyer and explained as best as I could. She told me that there was a possibility they would be discharged today which, in fact, they were! I returned the negatives Soad had lent me the last time I saw them, left a tape player as well as a tape of 'ud music from the Middle East.

November 17

Since Haneen had been discharged, I decided to call a few days before this day to see if I might visit them once more before they returned home. They welcomed me gladly and agreed it would be good to call the day I would come.

I called before I went over at about 10:30. When I arrived, I sensed it was a little early for them so asked the receptionist to call up to their room in a few minutes. After she called, she relayed the message that I was to meet them in their room.

I went up and knocked on their door. All of them were at the door as they opened it. I noticed they had their shoes at the door so took mine off as well. They invited me to sit down, asked me if I would like some juice and brought out some Arabic sweets to eat.

We talked for a bit: about Haneen's follow-up appointment the next day; their hopes to go home; and other related topics. They informed me that they would have to return in a year for Haneen's follow-up. After talking and eating for a little bit, Abdul excused himself, saying he had to call his country to talk to his son.

When he left, Soad, Haneen, Maria and I ate some more, sang and played some music, and played with a talking stuffed frog they had just bought. I also took this time to learn more about Soad: where she was from originally, how many siblings she has, and how many children a typical family has in her country. She seemed comfortable in telling me these things.

At one point during this time, Haneen said she didn't feel so well. Her mother checked how hot her head was with her hand and then gave her some over-the-counter medicine. When Abdul came back, he was relaying information to Soad in Arabic. Haneen was interacting some and Abdul laughed. He turned to me and said, "Soad told

me Haneen said she was hot. Haneen didn't know if that meant we probably would NOT be leaving tomorrow. Haneen said to me, 'Mom gave me medicine. I'll get better.

We'll go home tomorrow.'" We all laughed. They were ready to go home!

Right before I left, Abdul showed me an announcement they had received that morning regarding a free session there that evening about how to deal with stress for parents with chronically ill children. He asked me what it was about exactly. It provided me with the opportunity to encourage them to attend the session. I don't know if they attended or not; however, I was able to simply explain those things about which he was curious.

We closed our time together with our standard "goodbye" song in Arabic. Abdul offered to drive me to the hospital, since I had taken the shuttle this time. He was going to hospital anyway so would be glad to take me.

November 20

Abdul and I happened to see each other in the hall of Lerner. He said they were going home Saturday, November 21. I wished them all a safe journey home and asked if Soad and the girls were at Ronald McDonald presently. He said they were so I called them when I returned to the interns' office. I talked to Soad for a little bit, then to Haneen. I suggested that we sing "I Love You" and began to sing as Haneen joined. When Soad got back on the phone, I assured her I would write since they had given me their address. Soad said, "See you in a year."

MOUZA

September 17, 1998

The Child Life Specialist on Mouza's floor referred her to music therapy when she discovered Mouza could play the keyboard. Apparently because the staff had difficulty in communicating with her, the Child Life Specialist had gone in and offered her a miniature keyboard and Mouza immediately played several pieces. Additionally, because Mouza and her parents could speak very limited English the Child Life Specialist thought music therapy would have something to offer Mouza while she was here for her treatment. Mouza was here for tissue repair.

As we entered the room, Mouza and her mother were present. I spoke slowly and simply, telling them my name and introducing the other two interns. I showed her the omnichord and moved my finger over the strumplate in demonstration. As I place it on her lap, she seemed comfortable with this and timidly strummed across the strumplate. I began singing the 'hello' song to Mouza. I asked her who should be next giving her two people from which to choose. She chose as she wished as we sang to each one.

We sang a variety of folk and children's songs, including "You Are My Sunshine," "Old McDonald," and "He's Got the Whole World." As it happened, "Old McDonald" was changed to "Young Mouza had a farm . . ." We sang about instruments instead of animals. Mouza chose an instrument for everybody, including her mother for whom she chose the vibraslap! Despite the language barrier, Mouza and her mother were comfortable at guessing what we were singing and played along enthusiastically. I used many gestures, eye contact, and simple, direct English to help them feel comfortable in participating in the music therapy interventions.

Also during this time Mouza felt comfortable enough to play the small keyboard provided by Child Life. We all listened intently and clapped when she was finished. I asked her, with my eyebrows raised, if she would like to play it on the larger keyboard I held in front of her. She answered “no” but I sensed she was unsure of what I meant, so I gingerly placed the keyboard on her lap and waited to see what would happen. She began to play the music she had played on the other keyboard and finished it confidently. We clapped again and went on to another song.

Before the music therapist arrived and after we had sung some other songs, Mouza’s mother began to pour several cups of tea in miniature teacups for us. We sat and enjoyed some sips together until Mouza showed us again the music she had learned on the keyboard in her own country. At this point, her mother used the little bit of English she knew and said, “Music . . . school . . .” and pointed to the keyboard. I acknowledged her brave efforts to communicate by saying aloud what I thought she was expressing, that Mouza had learned how to play the keyboard music at school.

When the music therapist arrived, Mouza had already begun a new intervention of her own. She had played her piece then passed the small keyboard to me, indicating that she wanted me to play something. I played a simple children’s tune, “Row, Row, Row Your Boat” and then passed it on to the next person. It went around the circle, each person playing something she chose, until Mouza’s mother had it. She smiled shyly and passed it back to Mouza. Since the music therapist entered the room at this time, I took this opportunity to introduce “a new friend” to Mouza and her mother. After I introduced them to each other, Mouza passed the keyboard to the music therapist. She played a song and then passed it on to me.

I began to play and sing “He’s got the Whole World” and inserted Mouza’s name into the second verse (i.e. “He’s got Mouza in His hands . . .”). The music therapist present suggested that we ‘test’ Mouza’s memory with names. We went around again and told her all our names then began the next verse. I played and the music therapist pointed to different people, cueing Mouza to fill in the appropriate name. Mouza didn’t flinch one bit, rising to the challenge confidently. She remembered each one of our names, even when the music therapist pointed to two people at the same time.

We closed the session with a “goodbye” song, again using names and asking Mouza for her help in saying goodbye. Mouza had a stuffed animal next to her that we used occasionally throughout the session as another name to say “hello,” “goodbye” to or to involve in other ways. I asked her the name of her bear and she told me in Arabic. We used this name throughout our session.

She was discharged before I was able to see her again in the hospital; however, in my communicating with the CIR office, I found out she was returning to the hospital for a follow-up appointment on September 23. I arranged to be at the office to see if she would be open to any more interventions.

September 23, 1998

When I arrived, I learned that she had arrived late for her appointment and would be some time before she returned to the CIR office to “check out.” Many of the international patients go to the CIR office before and after follow-up appointments. The receptionist offered to page me if in fact Mouza would want to have some music therapy before she left the hospital this time. I explained to the receptionist what music therapy could offer her and assured her it was Mouza’s choice whether or not she would like to

participate. I emphasized that I would like Mouza to teach me the song she had played for us when we had seen her less than a week ago and would love to put it on video so that other music therapists could learn from her. I left the appropriate information so that they could page me if in fact they desired to do so.

I did not hear back from anyone that day and for the next week did not receive any response from the CIR office. I decided to go there in person and speak to the patient relations manager to find out if Mouza had another follow-up appointment. By doing this, I also hoped to find out what had happened the last time Mouza was at UH. The manager told me that Mouza would probably be in the States for a lengthy period. She also thought that there would be an opportunity for music therapy to be involved if Mouza so desired. I asked her to please continue to inform Mouza of music therapy when she came through the CIR office and page me if in fact she would like to have our services.

October 12, 1998

This interaction Mouza and I had was fortuitous. I decided to go to the CIR office to touch base again since I hadn't heard anything for a while. When I arrived, the receptionist informed me that Mouza was presently at a follow-up appointment. They expected her any minute. We waited for a bit then got up to leave. Just at that moment, Mouza's father walked into the office. Mouza was outside in the hall and seemed reserved in shy when I caught her eye to wave "hello" to her. She looked away. The receptionist introduced me to her father and then, all in Arabic, told him about music therapy services. He was concerned about a few things including where would the session be held, how much would the services cost, and what would music therapy offer

Mouza. Before her father arrived, I had told the receptionist that music therapy was a service the hospital provided for patients, so she was able to interpret this independently of my interaction. I answered the other questions as the receptionist interpreted them from the father. I assured them that we could find a room for Mouza to have music therapy, possibly at Rainbow Babies and Children's Hospital and that Mouza's music therapy would involve things she wanted to do, particularly on the keyboard since she seemed to enjoy playing it. The receptionist communicated this to him and asked me if in fact this would be instrumental instruction for Mouza. I assured her it could be if that was what Mouza wished; however, it did not have to be as structured as that. As the conversation continued, we all realized we should ask Mouza. Her father went out in the hall and brought her in. She said she didn't want it although her father seemed to encourage her to participate. The final decision was that they would page me when they came in for follow-ups if Mouza wanted music therapy.

There have been no pages from Mouza and her family since that time. As far as I can understand, this may have been the politest way for them to say "no."

SETSUKO

October 1

This was the initial assessment and Setsuko's very first day in the hospital. As with Mouza, Setsuko was referred to music therapy by the Child Life Specialist on her floor. She was a seventeen-year-old exchange student from Japan and had arrived approximately six weeks ago. She had just been diagnosed with leukemia. She appeared to be tentative about my entering her room. I spoke slowly and simply because I wasn't sure how well she spoke and understood English. She seemed to understand perfectly so I continued speaking the same way throughout our session.

I told her I had heard she played violin. "Yes," she said. She told me she enjoyed music. I asked her if we might play a little music then and she agreed. I went out to the hallway where I had left the music cart and retrieved the keyboard, omnichord, and rhythm instruments. She said she wanted to hear me play the keyboard so I played a simple tune for her, then put it in front of her. She played "Sakura," a traditional Japanese folk song about a cherry tree.

I thought she might enjoy the omnichord so I took it out with a book designed for playing songs on the omnichord. She chose "You Are My Sunshine" so I sang as she strummed. She said she really liked this a lot and wanted to do some more. Her host mom, Janet, walked in at this point, so we each took a rhythm instrument and sang "Old McDonald" per Setsuko's request.

After this song, I could sense Janet had some things she needed to talk to Setsuko about, understandably so, since Setsuko had just been admitted. I told them that I would

return at a more convenient time, once Setsuko was all settled. I sang the standard “goodbye” song and left.

October 2, 7, 8, 14, 21, 28

These days I tried to see Setsuko but she was unavailable for various reasons: at a procedure, going to a procedure, sleeping, or just not feeling well enough for interaction. During this time period, she was also moved in and out of PICU but I continued to try and see her. I was uncertain I would ever get another chance; however, the Child Life Specialist on her unit encouraged me to continue attempting to see Setsuko.

October 29

This day I was finally able to see Setsuko. She and her mom were in PICU. I entered, glad to see Setsuko awake and alert, although appearing somewhat uncomfortable. Her face was flushed and she was holding a washrag to one side of her face. Her forehead and eyes looked tense. Despite her apparent discomfort, she indicated she wanted me to stay by asking me to sing “You Are My Sunshine.” After I finished she said she would like a tape with this song and “other popular American songs.” I told her I would be glad to make this tape for her. We ended the session with assurances that I would bring the tape in the next week.

November 3

This morning I was able to tape the songs Setsuko requested and subsequently tried to drop it off. When I arrived in PICU, she was having a procedure done. I went back later in the afternoon and was able to drop it off. She was looking very uncomfortable when I entered. I left a tape player and the tape with her and encouraged her to listen to it when she could.

November 9

This particular session was a result of a colleague's sensitivity to contact me when she found how serious Setsuko's condition was. Because I had kept the art and music therapists abreast of my interactions with Setsuko, they were able to contact me when they heard she had been placed on DNR status this day.

I was able to go directly to see Setsuko in PICU. As I passed the waiting area, I noticed several Japanese sitting there. I asked them if they were related to Setsuko. They were and asked who I was. I explained my relationship briefly to the one who spoke the most English. I told her that I was coming to see if I might be able to provide support musically during this time. She offered to go with me to interpret my wishes to the family.

As we entered, the pharmacologist and main interpreter met us at Setsuko's door. I told him what I was there for and he volunteered to ask the family if I could come in to sing some soft music to help support them at this very difficult time. About five minutes later, he came out to say the family would be happy to have me. When I entered Setsuko's mom was weeping softly. Her brother and father were there also as well as another interpreter. I had brought the keyboard with me this time. The family arranged space for me to set up comfortably.

As I sat down, her mom looked at her and said, "Setsuko, [many words in Japanese] 'You Are My Sunshine.'" She looked at me as if she were giving me a cue. When I first entered, the interpreter had told me that Setsuko's mom wanted me to play softly so I had already begun. I wasn't planning on singing because I didn't feel as if I could; however, as I started to play the melody, Setsuko's mom told me through the

interpreter to sing the song, too. So I mustered up every bit of voice I had in me at that moment and sang. I continued to play after that song and hum to most of the music. I played “My Heart Will Go On” and “Wind Beneath My Wings” as well as “On Eagle’s Wings.”

I played without saying anything. This seemed to be the most comforting for everyone in the room. Before I left, Setsuko’s mom turned to me and said, “Tomorrow. Come.”

November 10

Setsuko was better today, although she was still on DNR status. I told her mother that I had shared “Sakura” during the TV show today. I sang most of it for her although I had to hum some of it since I couldn’t remember all of the Japanese words. Her mother laughed with me at the mistakes I was making. The atmosphere was happier than the day before because of Setsuko’s improved status. The most encouraging news was that Setsuko’s blood pressure had stabilized. I told her mom that I would be back the next day.

November 11

During this session, Setsuko opened her eyes. Her family informed me that she had opened them about fifteen minutes before I came. This was the first time she had opened them since being placed on DNR status. I sang the same songs as before: “You Are My Sunshine,” “My Heart Will Go On,” “Wind Beneath My Wings,” and “On Eagle’s Wings”. When I said I was going to sing the Titanic song, her brother said HE wanted to hear that one! Her father was there as well and said he had heard that we tried to sing “Sakura” the day before. He decided he wanted to sing it to Setsuko. I

accompanied him on the omnichord while he confidently sang it twice to his daughter. I noticed he looked often at Setsuko as he sang.

November 13

When I first entered, Setsuko's mom was alone with her. The nurse came in while I was playing and singing to give Setsuko some fluids. Her blood pressure was still good and she had been removed off of DNR status. In fact, the pharmacologist told me that her breathing tube was to be removed today. As it happened, it was removed over the weekend sometime.

I played "You Are My Sunshine," "My Heart Will Go On," and "Somewhere Out There." Her father, uncle, and brother came in after I had already played these songs. I continued to play softly while the nurse checked Setsuko's blood pressure. Her father, however, asked me to wait a moment while they checked it. It seemed he wanted it completely silent while she was being checked. While we waited, however, Setsuko's father informed me that he wanted to sing "Sakura" once Setsuko's blood pressure had been checked. His English was very limited but he still communicated his meaning with great effort. While we were waiting, he asked if I knew any other Japanese songs. I told him I didn't but he could teach me one. I noticed at this same time, her brother was singing "You Are My Sunshine" on a "La" consonant so stored that bit of information away to use after the procedure.

Once her blood pressure had been checked, I asked her brother to sing "You Are My Sunshine" with me as I gave him the words. We sang it through twice and then again after I wrote down the words per their request. Afterwards, I offered to write down the words for "My Heart Will Go On" but he said he preferred to learn the words to a

Beatles' song "Another Way." I agreed to look for the words to some Beatles' songs and said I would come back Monday.

November 17

Setsuko had been moved back to the hematology/oncology floor by this time. Her father, uncle, and a bilingual volunteer were there. Since the last time, one of the music therapists had introduced me to a bilingual volunteer, Sayaka. She is presently a CIM graduate student and plays violin. On November 13, I was able to introduce her to Setsuko's mother as well as give her background information about Setsuko. She had independently written a letter in Japanese asking permission to come and play a special piece on her violin for Setsuko. On this particular day, I came to deliver Sayaka's letter to Setsuko who very happily agreed to have her come to play her violin.

I had brought two Beatles' pieces with me to give to Setsuko's brother. Since he wasn't there, I gave the music to the present volunteer. I sang Setsuko's signature song "You Are My Sunshine" and got her father to sing "Sakura." I also sang "My Heart Will Go On," and "Wind Beneath My Wings." I told Setsuko she was a miracle with everything that had happened in the past several weeks and especially with what had most recently happened. We closed with Setsuko strumming her signature song on omnichord while I sang.

November 18

Today Sayaka came in play the special violin piece that she had asked Setsuko permission to play. The bilingual pharmacist came in during our time to talk with the family and asked us to step out momentarily. Once we went back in, we continued playing. When I asked Setsuko if there were a particular piece of music we could play

for her, she requested Mozart's "Eine Kleine Nachtmusik." Sayaka and I played as best as we could on violin and keyboard. We finished with "You Are My Sunshine." Setsuko strummed on the omnichord while we sang and her family members played rhythm instruments.

November 23

Setsuko's host mom here in the States contacted me to invite me for lunch with several of the other hospital staff who had been following Setsuko. Unfortunately, they were planning to go to Café Isabella during the time I had previous obligations. I told her, however, I would stop by near the end of their meal to visit for a few minutes. I arrived when they were getting ready to leave but they graciously sat there and conversed with me.

As the conversation progressed, Setsuko's parents asked me if I might video the string quartet Sayaka had arranged to come to the hospital tomorrow. I heartily agreed. We talked for a little bit more. After the waitress took our picture together per Setsuko's parents' request, we walked back to the hospital together.

November 24

This was our discharge session for Setsuko. I met Sayaka in the lobby and happened to see Setsuko's father getting ready to head back to the Ronald McDonald house. Sayaka and another interpreter present helped interpret. He regretted he would be unable to attend the "concert" and bowed his "thank you" to me. I noticed that upon every leave-taking and greeting, their family's way of acknowledging these times were to bow slightly from the waist up. I wished him a very safe journey home and returned the bow in the same way.

Since Sayaka had been involved with Setsuko for approximately two weeks, she had independently arranged for three of her friends to come to play string quartet music. I was able to get a camcorder to tape the “concert” so we began. We set up in one of the open areas on the unit. The quartet played several Mozart selections, beginning with Setsuko’s request of the “Eine Kleine Nachtmusik.” They also played Pachelbel’s Canon in D, an arrangement of tunes from the movie Aladdin, and accompanied Setsuko’s brother on his harmonica solo of “You Are My Sunshine.”

After he played I sang Setsuko’s discharge song to her to the tune of “Sakura” while she strummed on the omnichord. She thanked me and we moved on to the last selections Setsuko requested yet again: portions of Mozart’s “Eine Kleine Nachtmusik” and Vivaldi’s “Spring.” Sayaka told me afterwards that Setsuko had never sat that close to a string quartet. Setsuko told her she could feel the vibrations throughout her entire body. She appeared to enjoy every moment.

Once we finished, I asked permission to copy the tape of the concert and then mail it to them. They provided their address written in Japanese so that it would get there safely. We cleaned up and I went in to say my final “good-byes” to Setsuko and her family. Setsuko handed me a gift that she said I was to open then – it was a beautiful Japanese fan. After thanking her, I told her I was very happy I met her. She said she was glad, too. I said goodbye to them all, wishing them a safe journey. They left the next morning, November 25.

November - December 1998

Since their departure, Setsuko's host family here in the States has sent out a few emails to those who were involved with Setsuko's care (see appendix A). These were notes to inform us as to how Setsuko and her family are doing since they left.

ISLAM AND MUSIC

There are many different issues one faces in dealing within his/her own culture which are often complicated when approaching these same issues cross-culturally. Some of those issues can range from how to tell a patient he has cancer (Brusamolino & Surbone, 1997) to knowing how a person prefers making a decision (Dollinger & Danis, 1998). Other situations might be how to manage conflict (Kozan & Ergin, 1998); how to approach a patient whose self-image has been developed differently than our own (Kuebli, Reddy, & Gibbons, 1998); or how to respond with someone who is grieving over a loss (Nishimoto, 1996). These are all situations in which a music therapist may or may not find him/herself; however, literature written about such issues provides insights into the variety of differences and similarities of people all over the world. Learning more about these differences and similarities will only enhance the music therapist's ability to accept others as they are as well as administer music appropriately.

Darrow and Malloy (1998) found that AMTA-approved programs in music therapy "should strive to offer more multicultural training for their students, either within existing coursework or in courses designated as multicultural" (31). Until this happens, music therapists and students are responsible for their own education regarding multicultural and international issues related to music therapy. Some of the learning can be gleaned from reading and much of it can be gained from experience.

Because of the enormity of issues that exist cross-culturally, the author has chosen to focus on one main topic in this section: Islam and music. What is the history of music in the Arab culture? How do people of the Islamic faith view music? How does the music therapist adjust her interventions appropriately for those of the Islamic faith?

These are a few of the questions the author had when interacting with Muslim patients from the Middle East.

In the Arab culture, even the history of their music is disputed. The music of the Near East has been “entirely transmitted by ear . . . and does not provide us with any concrete musical document earlier than the first recordings, which were made at the beginning of this century” (Shiloah, 1981). There is, however, literature about music that provides the researcher with information to assist in exploring music of the Near East.

The late H.G. Farmer is known as an expert in Arabic music and wrote much on the subject. Shiloah (1986) wrote that Farmer “collected scattered references to be found in works by al-Masudi, al-Tabari, Ibn Abd Rabbih and others” including Ibn Khurradadhbih (109). Shiloah (1986) believes all their literature addresses three main topics: “material concerning the origin of music or particular instruments, musical forms and practices; characterization of different ethnic music; biographical stories about famous male singers, instrumentalists and singing-girls (qaynat)” (116, 118-119).

Arabic sources are full of various references as to how music was begun. Al-Kindi and Ikhwan al-Safa “attribute the invention of music to the philosophers” (Shiloah, 1979, 396). Al-Farabi states that “the invention of music emanated from the natural inclination of man, his innate musical talent and his intellectual capacity” (Ibid., 396). One can also find references to Pythagoras as the “inventor of music and the first to have defined sound and sound relations in numerical proportions” (Ibid., 397).

The “king of all musical instruments” in Near Eastern countries is the ‘ud. There are many stories in Arabic sources on the origin of the ‘ud and its relation to music. For a more detailed look at the variety of stories, look at Shiloah’s (1979) article “The ‘ud and

the origin of music” (see appendix B, highlighted portions). There are traditions that link music and the ‘ud to Jubal and the sons of Cain, others who believe Lamech (Lamak) was the originator, and still others who purport that Noah was the inventor.

The ‘ud is a five-stringed instrument (Shiloah, 1981). However, in his article “Musical modes and the medical dimension” Shiloah (1991) writes:

“the ‘ud was indeed strung with *four* [italics added] strings, stretched in such a way to sound a fourth apart of each other. Since the predominance of the number four was said to be ‘comparable to the natural things’ and ‘in the image of the science of the Creator’, it was supposed that the four strings were comparable to such quaternities as the four elements, qualities, humors, temperaments, seasons, weeks of the month and phases of the moon” (148).

Haneen’s father, Abdul, mentioned he played the ‘ud and that it had five strings. It is very possible the modern ‘ud has had a fifth string added to it over time. To date, the author was unable to settle this discrepancy in her literature search. In any case, those from the Near East hold the ‘ud to be a very important instrument that developed its own character and ‘voice’ within their culture.

The author lent Haneen’s parents, Soad and Abdul, a tape of ‘ud music by Simon Shaheen (1992). When asked if they had listened to the music, they responded in the same way: “This is from our country. It is beautiful. Where did you get it?” Providing music of one’s own country and culture was a wonderful means of validation, communication, and support.

In Shiloah’s insightful article “Musical modes and the medical dimension,” he made reference to music therapy in Arabic sources (1991). “From the ninth to the sixteenth centuries, many Arabic sources provide details about the doctrine of music therapy” (147). Arabic medical theory adhered to Aristotle’s belief of the four humors

of the human body: blood, yellow bile, black bile, and phlegm. These four humors were believed to be analogous to the four qualities of matter: heat, dryness, moisture, and cold. Thus, this theory also supported ideas about climate, temperature, and the temperaments of people. The changes and variety in climate, temperature, and temperaments were the result of the different ways these four humors mixed together (Shiloah, 1991).

According to Shiloah (1991), medieval Arabic music therapy is like “a convergence of interlocked ideas and trends. Its blossoming coincided with the highest development of Muslim civilization which reached its zenith at the ninth and tenth centuries” (148). Becoming knowledgeable in music was what all learned men strove to acquire. In medieval Arabic music therapy, the ‘ud was the ideal instrument for administering music therapy. “In contrast to the drums and wind instruments used in ecstatic ceremonies, the ‘ud and the lyre do not require energetic physical participation and are intended to be listened to and their music absorbed during the process of therapy” (Shiloah, 1991, 150). Not only was the instrument itself important, but what mode the musician chose to play was an integral part of the therapy.

Dahud al-Antaki, a blind doctor who lived during the sixteenth century, observed a relationship between certain modes and a person’s astrological sign. For example, “modes arousing courage in battle fit those whose horoscope is Mars; modes stirring love, good manners and artistic creativity correspond to those whose horoscope is Venus” (Shiloah, 1991, 153). Because of this, he concluded that a musician whose purpose is to “entertain, deal with a particular sickness, stop a quarrel, or dissipate worries should be able to choose and administer the right melody for each case” (Ibid., 153-154). Al-

Antaki also believed that rhythm affected a person's heartbeat, which in turn affected pulse rate and "astral movements" (Ibid., 154).

In Arabic literature about music, the main application of music was related to the various modes. This particular information was recorded in two texts anonymously written. There were four principle modes, eight derived secondary modes, six awazat (generic secondary modes), and many branching out from these. The various modes were said to be treatments for conditions such as hemiplegy, brain diseases, vertigo, pleurisy, suffocation, cold and dry illnesses, headaches, blood illnesses, colitis, rheumatism, and backaches (Shiloah, 1991, 155).

Shiloah (1991) writes, "It is noteworthy that al-Antaki, despite being an authoritative physician, refers to the musician rather than to the doctor as the appropriate agent for fulfilling healing tasks. At the same time, his discussion implies a medical proficiency that becomes more evident in the two anonymous texts" (156). Despite the lack of recent Arabic literature exploring music therapy and its medical applications, these works are records that music therapy existed in some form within the medical field.

Music has recently become a controversial topic according to Sabina Haulkhory, coordinator of The Education Society and The Association of Muslim Researchers, (Mayer, 1993) and is "particularly problematic when Muslims [living] in western environments where the prominence of music may place a strain on their integrity as Muslims" (Ibid., 7). Of the five published articles from the conference *Much Ado About Music* held in December 1993, three are written about the strict prohibition of instrumental music outside of the realm of very specific situations.

Haulkhory reiterates that it is significant that wherever she mentions “the contention over music, [she] has specifically referred to ‘musical instruments.’” This point is central to the whole nature of the debate because it is a reference to the most frequently cited hadith, (Prophetic statement), which some Muslims believe makes a direct and prohibitive statement about musical instruments:

There will be (at some future time) people from my nation who will seek to make lawful the acts of fornication, the wearing of silk and the use of musical instruments . . .” (Mayer, 1993, 11-12).

Zaki Badawi, Suhaib Hasan, Ibrahim Hewitt, Abd al-Rahman Johansen, and Abd al-Lateef Whiteman write from their own experiences and beliefs about music (refer to appendix 2). All agree that the Koran does not forbid music; however, there are variances of opinion as to whether or not the use of instruments is forbidden. Haulkhory, concludes that “we all make decisions about right and wrong on a daily basis and, more importantly, it is the guidance that we accept as Muslims which helps us to make these decisions . . . If you feel that music is a threat to your faith and only serves to deteriorate the quality of your life, then leave it alone” (Mayer, 1993, 14-15).

In light of the differences Muslims have amongst themselves regarding music, music therapists should be aware that some might not be open to their services because it threatens their faith. Haneen and her family, whom the author knew were of the Muslim faith, were not of the prohibitive persuasion. When entering the room for the very first time, the author made sure that they wanted to have music therapy. The answer was “yes” and we all strove to made it the “food of love and understanding” (Mayer, 1993, 15).

MUSIC THERAPY APPLICATIONS

In all cultures and religions, music is not always viewed the same way. Even within the large country of the United States, the variety and diversity of people's musical views is astounding. A music therapist working cross-culturally needs to be aware of much the music her client enjoys and doesn't enjoy, the cultural appropriateness of actions within and without the therapeutic setting, and creative ways to assist the patient in reaching the established goals.

Finding out what type of music the patient likes usually requires the simple task of asking them. In Fatouh's case the author didn't get a chance to ask. She told her, via her son, that she wanted to hear Arabic music. Mohamed said he enjoyed Celine Dion. Haneen's mom, Soad, said she liked music and indicated that singing anything appropriate for English-speaking children would be appropriate for Haneen and Maria. Setsuko was very focused in her choices, sharing her one Japanese folk song with the author and then asking her to sing "popular American songs." Finally, Mouza, whose English was very limited, shared her keyboard songs and willingly engaged in the songs the author brought to her. If the author had met with her more than one time, her musical menu may have been a little bit different than the others; yet, again, it may have not.

All of the patients the author met communicated either through their interpreter, the music, gestures, or directly using their English, no matter how limited it might have been. The very non-invasive nature of music therapy seemed to nurture a willing heart in each of the patients and family members to participate, engage, and focus on whatever interventions were being used.

Some of the cultural issues the author actively explored are:

1. Should a female music therapist/intern wear a head covering with her patients who are Muslim especially if the older male members of the family are present?
2. What type of interaction, if any, should a female music therapist/intern have with the male members of the Muslim families?
3. Was it appropriate to compliment the beauty of the children of the Muslim families?
4. What is appropriate physical contact with patients who are Muslim?
5. Could we use the song-writing intervention, focusing in on the patient even though the Eastern cultures are generally more collective cultures, shying away from individualization within a family?

The author's experience with the international patients provided her with experiential information addressing each question. Within the Muslim society, covering one's head and face is an important part of a woman's propriety. There are differences in Muslim societies all over the world as to how much of the face is covered; however, a strict, conservative Muslim woman would wear a head covering and a veil. Entering into the hospital room of a Muslim family with one's head covered, as a woman, would speak highly of the respect she has for their culture and beliefs. This would certainly be expected in the family's own country. However, as I spoke to Abdul, Haneen's dad, he expressed that their family understood that the U.S. is a country full of different people. He did not expect people to conform to their belief system when they entered their hospital room.

The author decided not to wear a head covering for three main reasons. First, most of her interaction with the Arabic-speaking patients was with females. Second, the setting was within the American culture, with many other women who did not wear a head covering or veil. Last, with Haneen's family in particular, it seemed most appropriate to be modest in dressing (i.e. no low-cut shirts or dresses above the knees) and not to be concerned about the head covering. When the author knew she would see Haneen and her family, she tried to wear her longest dress or a long-sleeved shirt and loose-fitting pants. If the author had been in their country, she would definitely have wore a head covering and followed the example of the other women involved with Haneen.

The second question, "What type of interaction, if any, should the female music therapist/intern have with the male members of Muslim families?" is a difficult one. Since the country of treatment is the U.S., the author thought it appropriate to interact professionally as she would with any other male member of any other family at the hospital. However, there are certain issues that one must work through individually when spending time with a Muslim family.

Things that are viewed as normal and proper ways to interact within the American society may not be viewed in the same way. Situations such as eating together with the entire family, including the male members of the family, and spending time in public talking to the older male members of the family, allowing them to do things for you which you could do yourself. These could or could not be taken the wrong way. In some Muslim cultures, a man's invitation for a woman to eat with him is a marriage proposal. Because men and women are completely separated from one another in most Arabic

cultures, one needs to be wary of how closely s/he interacts with a member of the opposite sex within the Muslim family structure. According to al-Bahlani (1990), “the segregation of men and women in Arab society is found primarily in the public sphere” (13). This issue is complex and one is better to take the route of safety than to take unnecessary risks.

The third question was asked because in the Muslim culture there is an existing belief in “the evil eye.” Simply stated, this is a belief that if the evil spirits hear someone saying that a person is “beautiful,” “lovely” or other complimentary words, they will take away, harm, or injure the one who has been complimented. Not every Arabic-speaking person one meets believes this way; however, it is one of their beliefs and many unconsciously or consciously follow it.

As the author interacted with the various Arabic-speaking patients, she naturally responded to the beauty she saw in her patients by saying, “Oh, how cute!” “Beautiful!” or other such compliments. She made an effort, however, to compliment the patients’ abilities and not concentrate on appearances. Nothing was ever said to her directly about this belief but she was aware of it and did her best to respond appropriately.

The fourth question “What is appropriate physical contact with patients who are Muslim?” was also addressed within the author’s music therapy sessions. Comfort and touch are offered between members of the same sex in the Arab culture (al-Bahlani, 1990). In particular, “comfort is offered by man-to-man or woman-to-woman in any situations” (al-Bahlani, 1990). The author was comfortable in touching Soad’s hand to give affirmation and comfort when they spent time together and also discovered that she was welcome to kiss cheek to cheek with upon leave-taking. Other natural and

appropriate expressions of concern and care were touching Haneen and Maria's head, blowing kisses to them, and giving them hugs.

Regarding question five "Could we use the song-writing intervention, focusing in on the patient even though the Eastern cultures are generally more collective cultures, shying away from individualization within a family?", the author was able to use many parodies of popular children's songs and rewrote words specifically for her patients. For Haneen and Mouza, she inserted their names in "Old McDonald." For Setsuko, she wrote her discharge song to the tune of the Japanese folk song Setsuko had taught her, "Sakura." In the music therapy sessions, we all sang "hello" and "goodbye" to individuals first, then to "everybody." These interventions appeared to be successful and accepted.

The author used a variety of music therapy interventions with the international patients she followed, most of them not varying greatly from those she used with non-international patients. Interventions for international children varied from audio and video taping music therapy sessions or portions thereof; singing parodies of popular American children's songs; learning songs or poems in the patient's native tongue; singing English songs with some words of the patient's native tongue interspersed; and playing of omnichord, guitar, keyboard, and rhythm instruments. This list is just the beginning of a longer one since each patient is different, bringing his/her own unique skills and desires to the music therapist.

For adults, those interventions the author found most effective were providing a tape player, informally educating the patients and families about the effectiveness of music therapy, and providing support by listening and interacting with them in an

otherwise foreign and strange environment. The most important element in any music therapy intervention is to listen to the patient, whether he gestures, looks, or actually says what it is he wishes. The therapist needs to be attuned to being flexible and open within the moment.

According to Deschenes (1995), the therapist “adapts the use of music to suit the needs of . . . specific [patients] whose reactions are derived from personal life experiences” (41). Because much of these international patients’ lives are largely unfamiliar to the music therapist in a cross-cultural setting, she must be attentive to the cues they give, translating them knowledgeably.

DISCUSSION

Music therapy has been administered all over the world for thousands of years in different formats depending on the therapist, client, and culture. In the hospital setting, with international patients, the music therapist has yet another population from which to learn, grow, and gain new experiences.

The author began a working relationship with the CIR office; however, she believes any future referrals will most likely come about only if the music therapists, interns, and Child Life staff continue to work together. The nature of the CIR office's work is such that referring their patients to music therapy is not presently viewed as a regular part of the hospital services. Those providing music therapy services at the hospital need to continue offering services to international patients through connections with Child Life Specialists and even stopping by the CIR office inquiring if they are aware of anyone who would benefit. Ms. Sauerbrey is aware of the services and will hopefully be a liaison for music therapy in the future.

International patients have many added facets to their treatment, some of which have been addressed in the previous pages. Music therapy can directly address the patients' limited language abilities, need for normalization of environment, positive family interaction, and social interaction. Much of these needs are the same as other patients not of an international status; however, they are magnified being in a completely different culture and country.

There are three things the author strove to accomplish with each of her international patients. First, she entered the situation watching for the cues given to her by the patient and family. It is important to observe, listen, and wait throughout one's

interaction with patients, international or not. One can learn a great deal when poised as the student. Secondly, approach international patients with a great deal of patience, respect, and understanding. English is most likely not their first language so it is important to speak simply and slowly, using gestures carefully and wisely. Sometimes a gesture used in one's own culture has a completely different meaning in another's culture. This is learned by reading, listening, observing, asking, and demonstrating. Thirdly, focus in on what the patient knows. This is the most successful way to administer music therapy. However, when working cross-culturally, there is often so much uncommon ground between the patient and the therapist, it can be an overwhelming and seemingly insurmountable task. Whatever the slightest thread of familiarity may be between the patient and therapist, this is what will build the relationship, thus enhancing the patient's positive experiences.

The final goal, "to provide an explanation of music therapy services in the most commonly spoken language groups represented by the CIR office," was partially met. In the last meeting with Ms. Sauerbrey, she said she hoped to have the brochure translated into Arabic and Spanish. Ms. Sauerbrey was able to facilitate the Arabic translation (see appendix A). The Spanish translation, however, was unable to be completed.

This project was only the beginning of a larger task. Other issues related to the facilitation of music therapy to international patients:

1. purchasing music from different cultures and language groups;
2. continuing to connect with the CIR office;
3. providing music therapy brochures already translated in Arabic to the CIR office, encouraging them to make them available to their patients;

4. and facilitating the translation of the music therapy brochure into Spanish and any other languages deemed appropriate by the CIR office.

Diversity is a beautiful part of life. Dealing with any patient, whether s/he is from a different country or not, takes wisdom, understanding, and care. Learning these things takes an entire lifetime. For this author, that is the challenge and the delight. “To deny diversity is to deny life with all its richness and manifold opportunities” (al-Bahlani, 1990, preface). We must strive to affirm the diversity within our own corner of the world, especially when the world is coming to our door.

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- NOTE:
- The following articles can be found in The dimension of music in Islamic and Jewish culture:*
- 1991: Musical modes and the medical dimension: the Arabic sources (c.900-c.1600).*
- 1986: Music in the pre-Islamic period as reflected in Arabic writings of the first Islamic centuries.*
- 1981: The Arabic concept of mode.*
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Note: *These items are not available online; however, should you be interested in gaining more information about them, you can contact the author, Julie (Dolan) Anto at deer421@yahoo.com.*

Appendix A

CENTER FOR INTERNATIONAL RELATIONS MATERIALS

Center for International Relations information
Copied translation cards in Arabic and Spanish
Music therapy brochure in Arabic

HANEEN-RELATED MATERIALS

Haneen's patient release form for video footage
Pictures of music therapy session at Ronald McDonald House

SETSUKO-RELATED MATERIALS

Setsuko's discharge song
Email letters regarding Setsuko's progress after discharge

Music therapy services are also available for adults during their hospitalization. The Music Therapy Department has music available on cassette from all different eras and styles of Western music. We also have a limited selection of Eastern music, including that from China and the Middle Eastern countries. During hospitalization, we can also provide the use of a tape player. Requests for any materials can be made through the Center for International Relations Office who will contact us accordingly.

All materials are on a lending basis so other patients desiring these services in the future will have access to them. Other available services include live or recorded music for the reduction of anxiety and/or pain, playing of instruments, singing, listening, and song writing. All music therapy interventions are provided as a patient-preferred service, in a non-threatening and affirming approach. Many patients have found these interventions to help normalize the hospital environment, encourage socialization, and enhance coping strategies while at University Hospitals.

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