

ASIAN AND ASIAN AMERICAN MUSIC THERAPISTS' EXPERIENCES WITH RACISM,
DISCRIMINATION, XENOPHOBIA, AND MICROAGGRESSIONS: A CONVERGENT
PARALLEL MIXED METHODS STUDY

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ABSTRACT

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ASIAN AND ASIAN AMERICAN MUSIC THERAPISTS' EXPERIENCES WITH RACISM, DISCRIMINATION, XENOPHOBIA, AND MICROAGGRESSIONS: A CONVERGENT PARALLEL MIXED METHODS STUDY

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The purpose of this mixed methods study was to understand experiences of racism, discrimination, xenophobia, and microaggressions Asian and Asian American music therapists may experience in the field. A total of 25 participants completed the survey and five participants completed the interview. Respondents from the survey noted experiencing aspects of racism throughout their academic training and various workplaces. Six themes emerged through data analysis using Interpretative Phenomenological Analysis (IPA). A similarity from both data sets is aspects of racism can happen anywhere and at any point in a music therapists' training and career. A difference between the data sets was the general feelings of acceptance or belonging as an Asian or Asian American and as a music therapist. A need exists for more research surrounding Asian and Asian American music therapists' experiences and how experiencing racism affects their identity, sense of belonging, and value to the field, especially post COVID-19.

Keywords: Music Therapy, Asian and Asian American music therapists, Racism, Covid-19

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CHAPTER I

INTRODUCTION

Researcher's Background

The topic for this thesis is influenced by my racial identity. My goal for sharing this biographical information is to help readers receive a greater understanding of the lens through which this thesis was formed. I identify as Asian, Asian American, Chinese American, and American. I always knew I was different and had a hard time choosing which identity guided how I lived. Was I Asian, American, or both? Growing up I identified as an American because I was born in the United States and I spoke English. However, when I looked around the classroom in elementary school, I knew I was different because of my skin color, select facial features, and my ability to speak another language. “Ching Chong Chiu” was a phrase I heard during my elementary and middle school years, but the name-calling never bothered me. If anything, I laughed with them because I felt as if I was part of a team, a group, an academic family.

My classmates also looked up to me because I was “good at math.” Throughout junior high I started to notice a pattern as my classmates and teachers would first speak to me very slowly, but soon realized that their inflection and speed changed as soon as I spoke. However, a coping skill that was instilled in me was to “keep my head down” to focus on obtaining good grades, and less on the name-calling because school was important and making friends was not.

At the beginning of my freshman year of high school, I moved to a different city and I was no longer “Ching Chong Chiu.” I was Megan because the demographics in the new city included more people who identified as Asian and Asian Americans. I joined band and extracurricular activities through which I was able to meet and form friendships with a diverse

group of people. For my undergraduate degree, I went to a small, private liberal arts college where I found myself competing academically with everyone who was on the “pre-med” track, but my race was not a factor. Unfortunately, it was not until I started graduate school where I experienced more instances of racism, discrimination, xenophobia, and microaggressions.

Before the COVID-19 pandemic, I finally reached a level of comfort of identifying as Asian, Asian American, and Chinese American and I was proud to embrace every single identity that made me who I am today. However, during the start of the pandemic and my graduate degree through writing this thesis, I have felt unheard, unseen, and silenced. I was angry and frustrated because of the rise of xenophobia due to government leaders and the general public deeming COVID-19 as the “Chinese Virus” and “Wuhan Virus,” even after the World Health Organization released a statement in 2015 to discourage the practice of naming diseases after geographical locations, individuals, culture, population, industry or occupation (Wang et al., 2020).

As I write the proposal for the study, I am still afraid of going outside by myself even if I put on sunglasses, a mask, and a hat. I try to conceal myself because I am afraid of what I may experience when people see me as an “Asian” individual. More importantly, I also have to constantly warn my family and remind them to travel in groups as I fear for their safety. The COVID-19 pandemic has negatively affected me personally in a few ways. I am more anxious and cautious in how I grow as a person, student, and professionally in my academic studies. I am timid to speak out in class and nervous to meet professionals because I fear that others will have predetermined thoughts and negative judgment toward me. More importantly, I not only fear for the Asian and Asian American community as we live through this global pandemic, but also for

the Asian and Asian American community in the field of music therapy as we serve a diverse clientele.

Now as I conclude this study, I am a board-certified music therapist who is working in the medical setting. While I am less fearful of going outside by myself, I often think about the impact of the pandemic to the Asian and Asian American community. Throughout this writing process, I worked on my own personal racial healing journey to commit in practicing from an anti-oppressive and culturally responsive approach to not only my work as a clinician, but also as an individual.

Increase of Asian Hate Crime and Xenophobia with COVID-19

In January 2020, a pneumonia-like disease was identified as COVID-19 and two days later, this disease was declared a national emergency (Lantz et al., 2023). The Federal Bureau of Investigation (FBI) broadcasted a warning to law enforcement agencies about a potential increase in hate crimes especially after prominent political figures including former President Donald Trump, identified this disease as the “Wuhan virus,” the “Chinese virus,” and the “Kung Flu” (Lantz et al., 2023). As the pandemic worsened, an increase in fear, xenophobia, and Asian hate crimes did as well. Researchers found general trends of increases in “sinophobic slurs” (hateful speech toward Chinese people and people of Asian descent, i.e. “chink,” “chingchong,” “kungflu”) and general “anti-Asian prejudice” through social media as well as a rise in verbal and physical assaults (Lantz et al., 2023, para. 5; Tahmasbi et al., 2021).

The National Crime Victimization Survey (NCVS) collected hate crime data since 2003 and revealed that from 2003 to 2007, there was an average of 265,062 annual hate crime victimizations, of which 67.1% were racially motivated and is projected to show a “spike” due to the pandemic (Gover et al., 2020). The platform, Stop AAPI (Asian American and Pacific

Islander) Hate, reported nearly 1500 alleged instances of anti-Asian bias in the span of one month (Tessler et al., 2020). Though Tessler et al. (2020) revealed most incidents were concentrated in New York and California, researchers found that Asian Americans across 45 states total have also reported incidents. Additionally, the COVID-19 pandemic is not the first global health crisis that correlates to increased prejudice and bias as xenophobia has been historically linked to previous pandemics (Lantz et al., 2023). Some examples include Jewish citizens blamed for the bubonic plague during the 14th century, anti-African racism in Europe for the Ebola virus, Catholic immigrants blamed for cholera, and Italian immigrants blamed for polio (Lantz et al., 2023). Lantz et al. (2023) found that while COVID-19 does not discriminate as societal reactions to pandemics have been deeply “rooted in prejudice and xenophobia” (para. 9).

Racism, Asian American Identity, and Music Therapy

Music therapists often work with individuals whose intersecting identities have been historically marginalized or oppressed (Donley, 2018). Since the COVID-19 pandemic began, one outcome that has increased are hate crimes against Asian and Asian American communities (Tessler et al., 2020). One way for the music therapy community to respond to these events is educating music therapists by training them to develop cultural responsiveness and multicultural (term may be used interchangeably with intercultural and cross-cultural) skills. Secondly, multicultural experiential learning is an approach that offers unique ways for music therapy students and professionals to learn and develop multicultural skills when working with any client (Donley, 2018). Finally, music therapists can bring awareness to addressing anti-Asian hate through personal commitment to uncover biases, learning more about the wide variance within

Asian culture, and increasing best practices for our clients through additional research (Donley, 2018; Tessler et al., 2020).

The rising cases of racism, xenophobia, and microaggressions also impact the music therapy community, specifically our music therapy students and professionals who identify as Asian or Asian American (Kim, 2011; Yeo et al., 2019). Closed music therapy groups on Facebook, specifically the Asian Music Therapy Network U.S. and Music Therapists for Social Justice, provided opportunities for Asian and Asian American colleagues to share stories and offer support for each other during the start of COVID-19. Currently, these opportunities for community and support are still ongoing. However, more research is needed surrounding stress levels of these individuals across academic and professional work settings and how discrimination, racism, microaggressions, and xenophobia affect their identity and daily responsibilities as a music therapist.

Gap in Literature

Although researchers explored racism against Asian and Asian Americans (Tessler et al., 2020) and Asian or Asian American music therapists (Donley, 2018; Kim, 2011), little research exists surrounding Asian and Asian music therapists' experiences with racism, discrimination, xenophobia, and microaggressions. More research is needed on Asian and Asian American music therapists' experiences and how experiencing racism affects their identity, sense of belonging, and value to the field, especially following the rise of Asian hate crimes post COVID-19.

Studying and examining the trends of discrimination experienced by Asian and Asian American music therapists is important for several reasons. First, understanding correlations and trends can lead to increased support within the music therapy community for Asian and Asian

American music therapists. Second, studying this topic will help related allied health professions such as physical therapists, occupational therapists, creative arts therapists, and counselors understand personal experiences of Asian and Asian American therapists, and the intersection between personal experiences and trends of discrimination. Finally, conducting this research can hopefully bring increased awareness to this specific community in the music therapy field.

CHAPTER II

LITERATURE REVIEW

Definitions

Throughout this paper, several terms are used. This section provides definitions for each term to increase understanding of how each term is used throughout the rest of this thesis. The terms are listed in alphabetical order as no term is more important than another.

Acculturation

Acculturation as defined is the cultural modification of an individual, group, or people by adapting or borrowing traits from another culture (Merriam-Webster, n.d.a). Asian American adolescents will shape their identities and make decisions due to acculturation (Choi et al., 2018). One example of acculturation includes separation from traditional cultural values which can lead to intergenerational conflict (Choi et al., 2018). Kim (2011) defined acculturative stress as stressors that are found due to acculturation.

Asian American

Asian Americans refer to persons of Asian descent who live in the United States (Wang et al., 2001). East Asian descent includes the countries and land area of the People's Republic of China, Hong Kong, Japan, Korea, Mongolia, and Taiwan (Merriam-Webster, n.d.). Southeast Asian descent includes the countries of Cambodia, Laos, Malaysia, Myanmar (Burma), Philippines, Singapore, Thailand, and Vietnam, (Frederick et al., 2020). South Asian descent includes the countries and land areas of Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka (Alexeeva et al., 2020).

Assimilation

Assimilation refers to the process through which individuals and groups of differing heritages acquire the basic habits, attitudes, and mode of life of an embracing culture (Merriam-Webster, n.d.b). Asians and Asian Americans felt pressured to assimilate to “American” culture, including speaking English. Assimilation conveys the maximum level of engagement with mainstream culture where the individual inhabiting either “host or heritage culture to the relative exclusion of the other, usually maladaptive” (Choi et al., 2018, para. 5).

Collectivist Culture

The American Psychological Association defines collectivism as a social or cultural tradition, ideology, or personal outlook that emphasizes the unity of the group than each person’s individuality (APA, n.d.). Asian countries are considered collectivist societies as they emphasize “cooperation, communalism, and conformity to cultural roles” (APA, n.d., para 2). The term “Asian American” was coined in the 1960’s to gather the collective power of people who were Asian (Blackburn, 2019).

Discrimination

Discrimination is defined as the intended or accomplished differential treatment of persons or social groups for reasons of generalized traits with the target of discrimination toward minorities (Salentin et al., 2020). Experiences of racial discrimination that Asian bodies experienced include verbal harassment such as being coughed on, spat on, and aggressors calling Asians “coronavirus,” “Chinese Virus”, or “diseased,” and telling them they should be “quarantined,” as well as to “go back to China” (Tessler et al., 2020, p. 639). With the rise of COVID-19, discrimination in the workplace has become increasingly persistent. Researchers found negative correlations between experiencing racism in the workplace to emotional burden

and a decrease in the quality of life (Kim et al., 2019; Le, 2021; Serafini et al., 2020; Sims et al., 2022).

Emic/Etic

Emic involves analysis of cultural phenomena from the perspective of one who participates in the culture being studied (Merriam-Webster, n.d.d). Etic as defined is relating to, or involving analysis of cultural phenomena from the perspective of one who does not participate in the culture being studied (Merriam-Webster, n.d.e). Emic/etic are continuously studied and reinterpreted in various fields (e.g., humanities and social sciences) and can address issues in different disciplines (Rota, 2020). Emic/etic can address the question of how and provide different perspectives (Rota, 2020). The current study involves the emic perspective.

International Students

International students are “students from countries outside the United States, especially those from diverse racial/ethnic, historical, social, cultural, political, linguistic, and religious backgrounds” who come to the United States to complete academic training and education (Yeo et al., 2019, p.41). As part of theme two of the research article, Yeo et al. (2019) includes some challenges that international students face (e.g., racial microaggressions, xenophobia, Asian language mockery, and alienation).

Microaggressions

A subset into understanding forms of racial discrimination and xenophobia are racial microaggressions. “Microaggressions consist of both blatant (microassault) and subtle forms (microinsult)” (Kim et al., 2019, p. 77). Blatant forms of microaggressions consist of explicit racial comments or slurs that intentionally hurt the person of color while microinsults are more subtle and convey a hidden insulting message based on the target’s race (Kim et al., 2019).

Microaggressions also highlight both the target's racial visibility and invisibility by diminishing unique characteristics or qualities of the target" (Kim et al., 2019, p. 76).

Model Minority Myth

The "model minority" stereotype, derived from the "Yellow Peril," describes a group that is "uniformly successful, with high levels of education but with limited political activism" (Chen et al., 2020, para. 12). An example of this myth is the belief that Asian and Asian American students ruin the grading curve because they are "good at math." (Yeo et al., 2019). This myth erases the individualism among individuals and ignores the diversity of Asian and Asian American cultures (Blackburn, 2019). Additionally, this myth perpetuates Asian Americans as perpetual foreigners and erases racism against Asian Americans (Chinese Exclusion Act of 1882 and Japanese internment camps) because Asian Americans are "doing so well" (Blackburn, 2019).

Racism

Racism is a system of structuring opportunity and assigning value based on the social interpretation of how we look (Creary et al., 2013). Racism is a belief that race is a fundamental determinant of human traits and capacities and that racial differences produce an inherent superiority of a particular race as well as the behavior or attitudes that reflect and foster this belief (Merriam-Webster, n.d.g). Additionally, racism is the reinforcement of one race's privileged position over another (Chen et al., 2020).

Systemic Oppression

Systemic oppression is the intentional disadvantaging of groups of people based on their identity while advantaging members of the dominant group (e.g., gender, race, class, sexual orientation, language) (National Equity Project, n.d.). Dominant groups in the United States

include those who identify as able-bodied, neurotypical, Christian, cis-gender, heterosexual, male, middle-class, and White. Systemic oppression exists across many organizations such as education, health, transportation, and economy (National Equity Project, n.d.). The effects of systemic oppression can negatively impact a person's ability to make progress on the things they are passionate about and can prevent them from achieving goals.

Xenophobia

Xenophobia is “a type of racism practiced by people of the same population group toward people with dissimilarities in nationality, ethnicity, language, dress, customs...” (Yeo et al., 2019, p. 50). Many international students reported they were the targets of xenophobic statements and were ridiculed about their English accents and physical features (Yeo et al., 2019). More common racist remarks and experiences by Asian students include “Asian Invasion,” “Asian flush,” “Too many Asians,” “Go back to Asia,” or “Go back to your country” referencing a specific country in Asia (Yeo et al., 2019, p. 50).

Asian Immigration

Unlike European immigration, Asian immigration was met with various obstacles. The unequal power relations in Asia, insatiable need for cheap labor, and the lack of knowledge about Asian people fueled racist notions of white superiority (Asian Americans, n.d.). Between 1910 and 1940 Chinese immigrants were detained at Angel Island and forced to experience humiliating medical examinations and detailed interrogations (Asian Americans, n.d.). Chinese immigrants who failed the process were deported back to China. Citizenship for the Asian community was limited as the need existed for more workers, not for citizens in the U.S.

The spread of racism and xenophobia did not occur overnight. The Asian community has been a frequent target of disease-related prejudice since the “Yellow Peril” myth during the 19th

century (Lantz et al., 2023). The phrase “Yellow Peril” symbolized the Western fear of “uncivilized, nonwhite Asian invasion and domination” (Tessler et al., 2020, para. 5) and labeled Asians as “dirty, diseased, invasive, and perpetually foreign” (Chen et al., 2020, para. 10). Another example is the Chinese Exclusion Act of 1882 where the United States passed a federal law that prohibited all immigration of Chinese laborers (Zhu, 2021). This law was also the first and only major federal legislation to “explicitly suspend immigration based on race” (Zhu, 2021, para. 3). Additionally, the Chinese Exclusion Act of 1882 urged the “Chinese Must Go” movement that heavily reduced Chinese immigration to the United States from 39,500 in 1882 to ten in 1887 (Asian Americans, n.d.).

Following the Chinese Exclusion Act of 1882, Japanese laborers along with Koreans and Indians, replaced the Chinese as cheap labor in building railroads (Asian Americans, n.d.). As a result, the United States experienced three waves of Asian immigrants that were used for cheap labor from 1882 to 1935 (Asian Americans, n.d.). By 1960, 980,000 individuals self-identified as Asian, but the United States remained discriminatory toward Asians as only a limited number of Asians were allowed to enter the United States until the 1965 civil rights movement (Asian Americans, n.d.; Budiman & Ruiz, 2021). Moreover, despite the escalation of war, social chaos, and discrimination, the Asian population rose to 11.9 million by 2000 and doubled to 22.4 million by 2019 (Asian Americans, n.d.; Budiman & Ruiz, 2021).

Asian and Asian Americans in Music Therapy

Between 1967 to 1977, music therapy organizations were created and grew in popularity once Juliet Alvin, Clive Robbins, and Carol Robbins made visits to Japan (Ikuno, 2005). The Tokyo Association for Music Therapy was established in 1987 and the Japanese Federation of Music Therapy (JFMT) was established in 1995 to certify music therapists, and later renamed the

Japanese Music Therapy Association (JMTA) (Ikuno, 2005). Music therapy also made an impact in Korea during the late 1990's and the first master's degrees were offered in 1997 at Sookmyung Women's University and Ewha Woman's University (Hwang & Park, 2006).

Music therapy was developed in China when Professor Bangrui Liu visited the Central Conservatory of Music in Beijing and introduced the concept of music therapy (Li, 2015). Professionals and health care workers combined music with Chinese therapeutic interventions such as massage, acupuncture and Qi Gong (a system of breathing techniques used in traditional Chinese medicine) (Li, 2015). In 1984, Changsha Sanatorium was the first to establish a music therapy department and shortly after, more than a hundred hospitals started music therapy departments (Li, 2015).

The Hong Kong music therapy association was established in 1995 and the founding members were Mr. Pang Ka Wa, Paul, Ms. Piera Lee, and Ms. Alice Kong (Hong Kong Music Therapy Association, n.d.). By the 1990's, India also established music therapy, but the creation of the Indian Music Therapy Association was not established until 2018 (Singh, 2021). The Chennai School of Music Therapy, Nada Center for Music Therapy, and the Indian Association of Music Therapy provide music therapy education and research (Singh, 2021). Music therapy in Thailand was introduced in the 1990's and has three schools that offer a music therapy degree (Mahidol University, Chulalongkorn University, and Khonkaen university) (World Federation of Music Therapy, 2019).

Statistics

According to the 2021 Workforce Analysis published by American Music Therapy Association (AMTA), of the 1046 respondents, 3.92% identified as Asian/Asian American while 88.34% identified as White, Caucasian, or European (AMTA, 2021). Budiman et al. (2019)

reported the Asian community was the fastest growing community in the U.S., increasing 81% from 2000, followed by the Latinx community, growing at 70% from 2000 to 2019. By 2060, the U.S. Asian population is projected to reach 46 million (Budiman et al., 2019). Based on this data, more research is needed to better identify how Asian and Asian American students and professionals are supported.

Workplace Racism

As Asian and Asian Americans struggle to maintain personal safety and mental health from the backlash of the COVID-19 pandemic, a need exists to examine what occurs in the workplace. With the rise of anti-Asian hate crimes, discrimination, and workplace microaggressions, Asian Americans are more likely to experience negative psychosocial work factors that not only affect the workplace environment, but also the individual health of the Asian American (Le, 2021). One interviewee described the difference between pre- and post-pandemic discrimination where society has shifted from minor microaggressions to blatant, public displays of hatred (Sims et al., 2022). Additionally, workplace incivility, a form of subtle hostile workplace behavior, are more likely directed at marginalized group members such as people of color (Kim et al., 2019). Examples of workplace incivility are largely ignored or addressed in inappropriate ways (Kim et al., 2019). Workplace racism can also include racial microaggressions that are group-specific and based on the target's race (Kim et al., 2019).

Serafini et al. (2020) examined the impact of racism experienced by physicians of color in the workplace and found significant correlations between increased instances of discrimination and the physician's race. For the first part of the study, the researchers sent surveys to physicians of color that included the Racial and Ethnic Microaggressions Scale, Professional Quality of Life Scale (assessed compassion satisfaction, burnout, and secondary

traumatic stress), and a demographics questionnaire (Serafini et al., 2020). For the second part of the study, the qualitative portion was split into various domains such as assumptions, microaggressions, impact of patient care, and psychological burden, with categories that included discounted abilities, stereotypes, training and education (Serafini et al., 2020). Of the 71 survey participants, 34.2% identified as Black, 34.2% as Asian, 24.7% as Latinx/Hispanic, and 1.4% as American Indian or Alaskan Native (Serafini et al., 2020). Additionally, 23.3% reported that a patient had rejected care due to the physician's race and, as a result, the researchers found these physicians suffered from secondary traumatic stress (Serafini et al., 2020). In conclusion, the researchers found that participants who experienced workplace racism and microaggressions led to significant emotional burden and a decrease in their quality of life.

Consequences from workplace racism may also “lead to job strain, decreased job satisfaction, and physiological deterioration” (Le, 2021, para. 3). Additionally, employees who choose to share their experience may experience harm. The consequences of disclosing one's experience may result in fear of job security and damage to personal reputation (Swamy et al., 2022). Kim et al. (2019) found that experiencing racial microaggressions can lead to psychological distress, negatively impact one's work performance, and increase depressive symptoms, while also increasing cognitive and emotional labor due to the microaggression. To engage in a work environment that ensures inclusivity, it is important for the observers of microaggressions to become aware of the negative consequences that fall on the microaggression recipient (Kim et al., 2019). Additionally, institutional policies are needed that support diversity and inclusion to hire a more diverse workforce (Serafini et al., 2020).

Stressors That Impact Asian and Asian American Music Therapists

Stressors that impact Asian and Asian American music therapists and music therapists in training are important to discuss as they influence how one develops personally and professionally. Factors that impact stressors include language barriers, culturally based needs, and insufficient social support (Lin, 2014). Based on various student's perspectives, Lin (2014) determined that the process of pursuing music therapy as a profession is not only time consuming, but exhausting physically, emotionally, and mentally. Furthermore, Asian and Asian Americans may experience discrimination due to language and cultural differences, which may lead to low self-esteem, depression, and other mental health problems (Lin, 2014). Additionally, another factor reported as a stressor was a lack of social support. Lin (2014) found that creating social support groups allowed its members to find commonality which eased isolation by providing belongingness, intimacy, and support.

Kim (2011) stated that international students aiming to achieve competency in helping professions may feel additional stress due to the requirements of more advanced language skills and cultural understanding. Some of these professions include music therapy, psychology, and social work. Additionally, included in the music therapy degree, practicum and internship experiences require a fluency in English and an understanding of how clients from another background may perceive therapy. Kim (2011) aimed to identify the different types and levels of acculturative stress experienced by international students and these predictors. Kim (2011) gathered data using the English proficiency scale, acculturative stress for international students (ASSIS), and music therapy student academic stress inventory (MTSASI). Additionally, the researchers measured demographics, neuroticism, and participants' openness to experience.

One significant finding was the ASSIS mean, 83.04, was significantly higher than the global mean of 66.32 (Kim, 2011). Additionally, specific factors within acculturative stress were also measured (perceived discrimination, homesickness, perceived hate, fear, cultural shock, and guilt). Kim (2011) found that Asian international students reported a higher level of acculturative stress than European international students. Moreover, language issues were a factor that contributed to isolation between international students and their American peers, which led to more discrimination as well (Kim, 2011). In conclusion, Kim (2011) urged for more monitoring of acculturative stress, providing preventive workshops, engaging in different teaching methods and strategies, and overall flexibility as the music therapy field and cultural dynamics are equally as difficult and changing every day.

Social Justice in Music Therapy

The attention on social justice in music therapy is “not new” (Swamy et al., 2022, para. 4). The first music therapist to publicly challenge the field was Carolyn Kenny (1995, 2005, 2006) with her writings and participatory action research in Indigenous communities (Swamy et al., 2022). Swamy and colleagues were also influenced by the following music therapists: Marisol Norris (2016, 2020), Natasha Thomas (2018), Hakeem Leonard (2020), and *Team Rainbow* (2012), where solidarity and community was formed from conversations about race, gender identity, and sexual orientation. Additionally, Swamy et al. (2022) named Maevon Grumble (2019), Jessica Leza (2020), Lindsay Mohler (2014), and Rachel Reed (2014)¹ who challenged and expanded transgender voices, neurodiversity, and disability. Finally, the researchers were influenced by Mercedes Pavlicevic’s theory on community music therapy and Susan Hadley’s foundation in social justice (Swamy et al., 2022).

¹ Names are listed in the exact order from the research article.

The researchers (Swamy et al., 2022) emphasized the importance of collaborating with authors who hold a variety of identities as this directs the field to meet individual needs and expand knowledge. One important aspect of this research was the value of sharing lived experiences to allow for the researchers “to examine, analyze, critique, and understand various social justice themes” (Swamy et al., 2022, p. 123). By sharing lived experiences, minoritized voices are supported and amplified.

Personal Reflection Among Minoritized Music Therapists

Asian and Asian Americans are one group within the larger minoritized community and it is important for all minoritized voices to be heard. However, little research exists surrounding this specific community and topic. This researcher further explored two published articles for this section, specifically from the perspective of our colleagues whose identities have been historically marginalized or underrepresented within the context of race.

Imeri et al. (2022) sought to examine another community of minoritized voices in the context of supervision. Supervision is a standard of practice that is important to professional growth (Imeri et al., 2022). Supervisors will take on various roles such as a teacher, counselor, and cultural facilitator. As a cultural facilitator, supervisors must engage in cultural sensitivity and awareness, especially when the supervisee is outside of the supervisor’s cultural group (Imeri et al., 2022). Imeri et al. (2022) specifically explored the experiences of Black music therapy students discussing race and racism during clinical supervision. In this qualitative study, Imeri et al. (2022) recruited five participants who were asked to write about “two experiences: a time when they discussed race/racism with their music therapy supervisor and when they experienced racism in the field and how their supervisor responded” (p. 176).

The researchers found seven themes from the data and themes one through three were about racism within the supervisory dynamic. Students were fearful to openly talk about race, especially if the supervisor was of a different race and students were often met with defensiveness. Unfortunately, four of the five participants felt invalidated as the racial issue was dismissed and ignored by their supervisors. Themes four and five were about the negative aspects of power and privilege that were often acknowledged but no action was taken to implement change. Theme six was doing this by yourself and for yourself is lonely and isolating as the participants felt a sense of loneliness rather than a sense of belonging. Participants were seeking outside support and supervision as their music therapy program did not include mentors of color. Lastly, participants begged the question in theme seven, when will changes come as one participant stated, “It’s a difficult uphill battle that is hard to wage alone” when fighting for change from a system that does not willingly accept change. The researchers concluded that plenty of work is needed to create a safe and inclusive environment that provides opportunities for growth. The researchers recommended music therapy supervisors to require training on culturally responsive supervision as understanding how race and culture intersect can help support music therapy students (Imeri et al., 2022).

So (2019) researched the relationship between Korean music therapy students and their participation in group music therapy. For this qualitative study, the researcher collected data through individual interview transcripts, participant journals, and audiotaped sessions. Four themes were explored: discovering one’s self (what it means to be me), sharing experiences within a known family (known as inside group music therapy) (safety through group of individuals who have shared experiences), musical experience as a way to explore emotions (the role of music), and experiences of academic and clinical development with group therapy (what

is learned through books became real) (So, 2019). The researcher concluded Korean music therapy students experienced personal changes, clinical development, and emotional exploration through music (So, 2019). Additionally, the students were given an opportunity to trust the therapeutic strength of music as music is a crucial therapeutic medium in music therapy (So, 2019). Moreover, by engaging in personal or group therapy, music therapy students and professionals can further gain support from others in the same field, connect with music, share similar lived experiences, and develop a deeper understanding of oneself as a therapist and person (So, 2019).

Conclusion

With the rise of COVID-19 came increased racism, discrimination, xenophobia, and microaggressions specifically toward Asian and Asian Americans. As a result, the voices of Asian and Asian Americans were invalidated (Swamy et al., 2022). Although published research exists surrounding the perceptions of Asian and Asian music therapists or music therapists in training, more research presence is needed (Kim, 2011; Ko, 2016; So, 2019; Swamy et al., 2022). Swamy et al. (2022) reported that “one journal issue cannot fix what is embedded in a primarily Eurocentric, white, heteronormative, cisgender, ableist, patriarchal system; however, this is an opportunity to center voices and expand our field’s knowledge base” (p. 123).

Purpose

The purpose of this mixed methods study was to understand experiences of racism, discrimination, xenophobia, and microaggressions Asian and Asian American music therapists may face in the field. This study used a convergent parallel mixed methods study.

Research Questions

The following research questions guided this study:

- What trends exist surrounding racism, discrimination, xenophobia and microaggressions Asian and Asian American music therapists have experienced? (Quantitative)
- How have these experiences impacted the identity and sense of belonging as a music therapist in training or music therapist? (Qualitative)
- What similarities and differences exist between the quantitative and qualitative data? (Integrative)

CHAPTER III

METHODOLOGY

Design

This study used a convergent parallel mixed methods study. Convergent parallel mixed methods studies are implemented by collecting both quantitative and qualitative data in parallel, merging results, and interpreting the results to compare (Creswell & Creswell, 2018). A mixed methods design was chosen for this thesis to provide a more comprehensive approach to understanding complex research questions and perspectives, rather than focusing on solely an objectivist or interpretivist design. Quantitative and qualitative data were collected at the same time, analyzed separately, and then the researcher compared the themes from the qualitative data with the quantitative data to identify similarities and differences between both data sets. The researcher collected quantitative data through a survey that identified the various experiences of discrimination Asian and Asian American music therapists may have faced across different settings. Quantitative data were reported through figures, tables, and described narratively. The researcher collected qualitative data through a semi-structured interview with participants who expressed interest in completing the interview. Qualitative data were analyzed through interpretative phenomenological analysis (IPA) to closely examine the lived experiences as this approach allows researchers to examine more complex, ambiguous topics (Smith & Osborn, 2015).

Participants

For the purpose of this study, the researcher first sent a survey to music therapists to collect quantitative data. From the total number of participants who opted to complete the

survey, the researcher randomly selected and invited five to complete a semi-structured interview for the qualitative data. The inclusion criteria for the survey were as follows:

- Participants who self-identify as East Asian, South Asian, Southeast Asian, and/or Asian American. Participants may self-identify as more than one of these identities
- Participants who are currently an undergraduate, equivalency, master's, master's equivalency, or doctoral music therapy student at an AMTA approved school; music therapy intern at a university-affiliated or national roster site; or professional
 - Professionals must hold a current MT-BC credential
- Participants who have lived in the United States for the majority of the year, at least seven months, since 2019

Recruitment

The recruitment process began after IRB approval was received from the researcher's university. Once approval had been given, the researcher sent out an invitation (see Appendix A) over three closed music therapy Facebook groups: Music Therapists for Social Justice, Music Therapists Unite, and Asian Music Therapy Network – U.S. Community. The researcher also invited members of the groups to pass along the research study invitation to colleagues who may fit the inclusion criteria and may be interested that were not part of the Facebook groups. Permission for recruitment was already granted by the administrators of each group to post the recruitment message.

Interested potential participants clicked on the survey link provided in the recruitment post that took them to the electronic consent form (see Appendix B). After completing the survey participants indicated if they were interested in completing a semi-structured interview at the end

of the survey and if interested to provide their email address. The researcher only included participants whose data was complete in the final data analysis.

The researcher allowed three weeks for participants to complete the study and sent a reminder announcement one week after the survey opened. After the third week, the researcher closed the study. Five participants indicated interest to complete the interview and the researcher emailed each individual to confirm their interest through the email address provided. For potential participants who expressed interest, the researcher scheduled a time to individually review the qualitative interview consent form process.

Consent Process

Quantitative Consent Form

After reading through the recruitment post and clicking on the Qualtrics link, the interested participants had the opportunity to read through the consent form (see Appendix B) and confirm eligibility before completing the survey. Potential participants indicated their consent to complete the survey by clicking on the “I agree” button at the bottom of the survey consent form. Participants only had access to the survey questions after providing their electronic consent. Any individuals who did not wish to participate after reading the electronic consent form could either close their browser window or click on the “I do not agree” button at the bottom of the survey consent form. A new screen appeared that thanked them for their time and interest, and recommended they close the browser window.

Qualitative Consent Form

Once the researcher randomly selected five potential participants who indicated interest to complete the semi-structured interview, the researcher completed the qualitative consent form process individually over the video conferencing program Zoom. The researcher scheduled a

consent meeting individually with each potential participant that took no longer than thirty minutes. Participants signed the consent form to indicate participation in the interview and sent it to the researcher by email. The researcher uploaded the consent to the participant's individual, secure folder located in the researcher's Texas Woman's University issued Google drive. The researcher sent the Zoom link individually to potential participants, required a password to join the session, and created a waiting room to minimize the risk of hacking or Zoom bombing. The zoom meeting was locked once the potential participant is in the meeting to prevent anyone else from joining.

During this meeting, the researcher went over the qualitative consent form (see Appendix B) and provided opportunities for the potential participant to share any concerns they had about the research. The researcher shared with the potential participant that they would need to sign the consent form and email back to the researcher the form electronically to participate in the interview portion of the research study. Once the researcher had answered the potential participants' questions, the potential participants had a week to decide if they wanted to participate in the interview. Once the consent form was received, the researcher scheduled a time with each participant over email for the semi-structured interview. If any participant declined to participate in the interview, the researcher randomly selected another potential participant. The researcher continued this process until five participants were selected and their interviews were complete.

Data Collection

Quantitative

For the quantitative data collection, the researcher used the program Qualtrics, available through Texas Woman's University, to create a survey. The survey included demographic

questions and questions surrounding various experiences of discrimination Asian and Asian American music therapists may have faced in different settings to hopefully find trends surrounding the experiences (see Appendix C). Some questions included asking about participants' experiences with threats of violence or violence, general feelings of safety within family, social safety, public safety, and acceptance or belonging as an Asian or Asian American and as a music therapist.

Qualitative

The researcher collected qualitative data through a semi-structured interview (see Appendix D) over Zoom once the consent form was signed. During the interview, the researcher asked the participants to answer questions about their experiences, obstacles, and successes as an Asian or Asian American music therapist.

Interview questions that were asked included:

- What does it mean to you to identify as an Asian or Asian American?
- Tell me about an experience you have had as an Asian or Asian American music therapy student or music therapist?
- Tell me about any challenges you have experienced as someone who identifies as East Asian, Southeast Asian, and/or Asian American?
- What are some meaningful moments or successes you have experienced as a person who identifies as East Asian, Southeast Asian, and/or Asian American?
- How do these experiences impact your role as a music therapy student or music therapist?
- How might the music therapy profession better support our Asian and Asian American students, interns, and colleagues?
- Is there anything else you would like to add?

Data Analysis

Quantitative Data

Quantitative data were analyzed and displayed using descriptive statistics to determine the mean and range of the number of times participants had experienced racism and microaggressions. The researcher displayed the results through charts and tables.

Qualitative Data

The researcher analyzed the qualitative data using interpretative phenomenological analysis (IPA) to closely examine the lived experiences. Grocke's (1999) IPA procedure served as the process that included the following steps:

1. Each interview transcript was read several times to gain a full understanding of the overall experience.
2. Transcripts were read again, and key statements were underlined.
3. Key statements were placed together and grouped into units of meaning, termed "meaning units." Each unit was given a category heading.
4. Meaning units for each transcript were transformed into a distilled essence (individual description) of the experience.
5. The participant was sent the interview transcript (with key statements underlined), the meaning units, and the distilled essence for verification with the question, "does my final distilled description capture the essence of your experience? Is there any aspect of your experience that has been left out?"
6. Once the participant returned the material, the researcher made necessary changes or omissions.

7. Once the participants verified the distilled essence of their experience, a comparison of horizontal units was identified.
8. The researcher compared meaning units and horizontal units to identify common themes.
9. The researcher transformed the common themes into a final global description of the Asian and Asian American music therapists' experiences of racism and microaggressions.

Integration

Once the quantitative data and qualitative data were collected, the researcher merged the two forms of data in order to provide a more holistic and comprehensive conclusion (Creswell & Creswell, 2018; Plano Clark, 2019). Additionally, the convergent parallel design process was intended to compare and contrast the quantitative and qualitative results. The researcher displayed the merged data into a single visual through the graphic form, or by table form (Creswell & Creswell, 2018). The integrated data were displayed by creating a joint table of quantitative and qualitative data (See Table 5). This form of integration was utilized to further visualize and communicate the strategy of integration that occurs simultaneously in a mixed methods study rather than using one type of data to explain the other (quantitative vs. qualitative) (Fetters et al., 2013; Plano Clark, 2019).

For the merged data, the researcher included the themes in the horizontal axis and the categorical variables (quantitative and qualitative) on the vertical axis (Creswell & Creswell, 2018; Shahab, 2021). By merging the data, the research determined similarities and differences between the quantitative and qualitative data. This helped further expand and connect the discussions and trends of racism, discrimination, xenophobia, and microaggressions.

Storage

The survey results and interviews were stored in a cloud based "locked" folder (the researcher did not share the folders with anyone) in the Google drive. The researcher only shared the figures that were created from the survey results with this researcher's advisor for feedback. The researcher created a separate folder for each participant based on their pseudonym and emailed the folder's link to each participant. The researcher recorded the zoom interviews and enabled closed captioning. Transcription occurred right after each interview on a Google document that was created through the interviewer's TWU Google account. The researcher transcribed the interview and sent it back to the participants for review. The researcher made corrections to the interview transcription based on the feedback the participants provided during member checking. This researcher also shared editing access to the document with each participant so they could directly make comments or changes without having to email the researcher.

Trustworthiness

Member checking, peer checking, and continual self-reflection were used to increase the trustworthiness of the study. For member checking, the researcher sent the transcript of each participant's interview for comments, revisions or clarifications. Additionally, participants reviewed the themes identified in their own transcripts to ensure that their experiences were reflected accurately in the meaning units and distilled essence (lived experience). Of the five participants, one participant requested minor changes in their transcript while four participants requested no changes. When confirming the themes, none of the participants requested changes. All changes were implemented.

For peer checking, the researcher shared each participant's individual themes, meaning units, and distilled essence to her thesis advisor for feedback, and incorporated any suggestions. Finally, the researcher kept a reflective journal throughout the entire research process to eliminate any potential bias as well as to document any thoughts, feelings, or experiences that arose during the research study. The data analysis section did not include the journaling process as the journal only served as a place for continued reflection for the researcher.

Ethics

This research was approved by Texas Woman's University IRB and the researcher's thesis committee.

CHAPTER IV

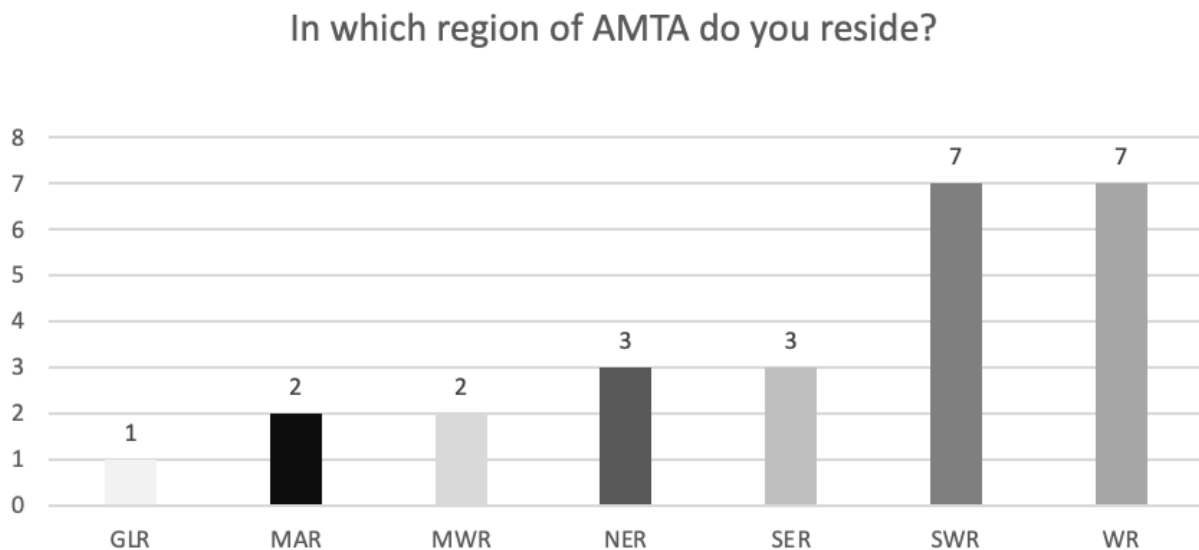
QUANTITATIVE RESULTS

Participants' AMTA Area of Residence

The purpose of this section was to share the results of the quantitative data collected through the survey (See Appendix C) to explore the trends surrounding racism, discrimination, xenophobia, and microaggressions that Asian and Asian American music therapists have experienced. A total of 25 respondents who reside all over the United States completed the survey. Most respondents from the survey resided in both the Southwestern Region (SWR) and Western Region (WR) region (see Figure 1). A series of questions were asked to help better understand the potential trends of racism, discrimination, xenophobia, and microaggressions that Asian and Asian American music therapists may experience in the field.

Figure 1

Region of AMTA Where Survey Respondents Reside



Racism, Discrimination, Xenophobia, and Microaggressions in Various Settings

The first set of survey questions were grouped to determine trends in academic settings and in the music therapy workplace. Fifteen respondents reported receiving instances of racism, discrimination, and microaggressions somewhere between 0-4 times in their academic training (see Figure 2). More respondents experienced microaggressions and xenophobia at higher frequency rates than racism and discrimination.

Figure 2

Number of Times Respondents Experienced Racism, Discrimination, Xenophobia, and Microaggressions

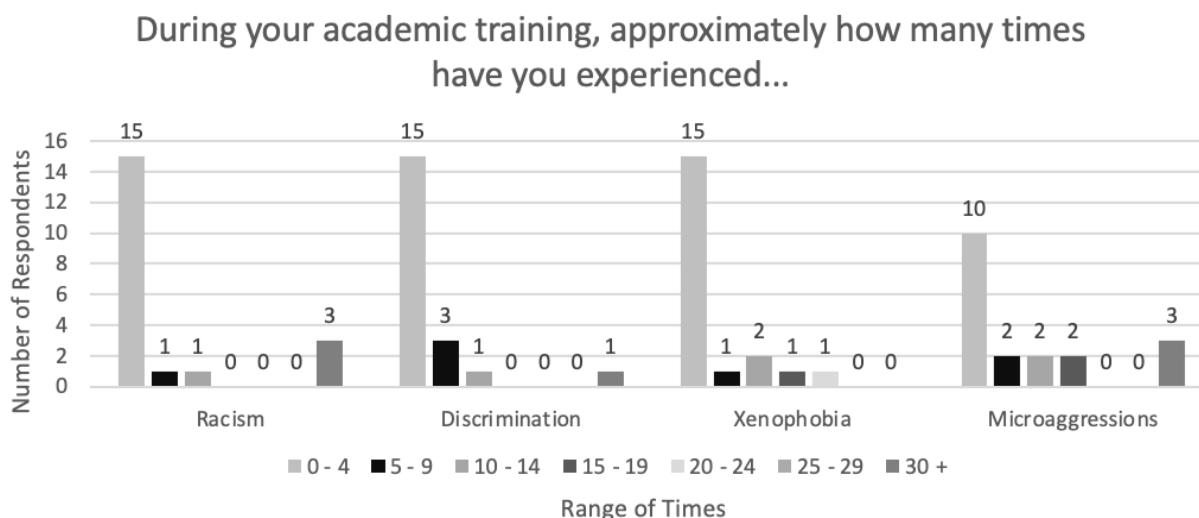
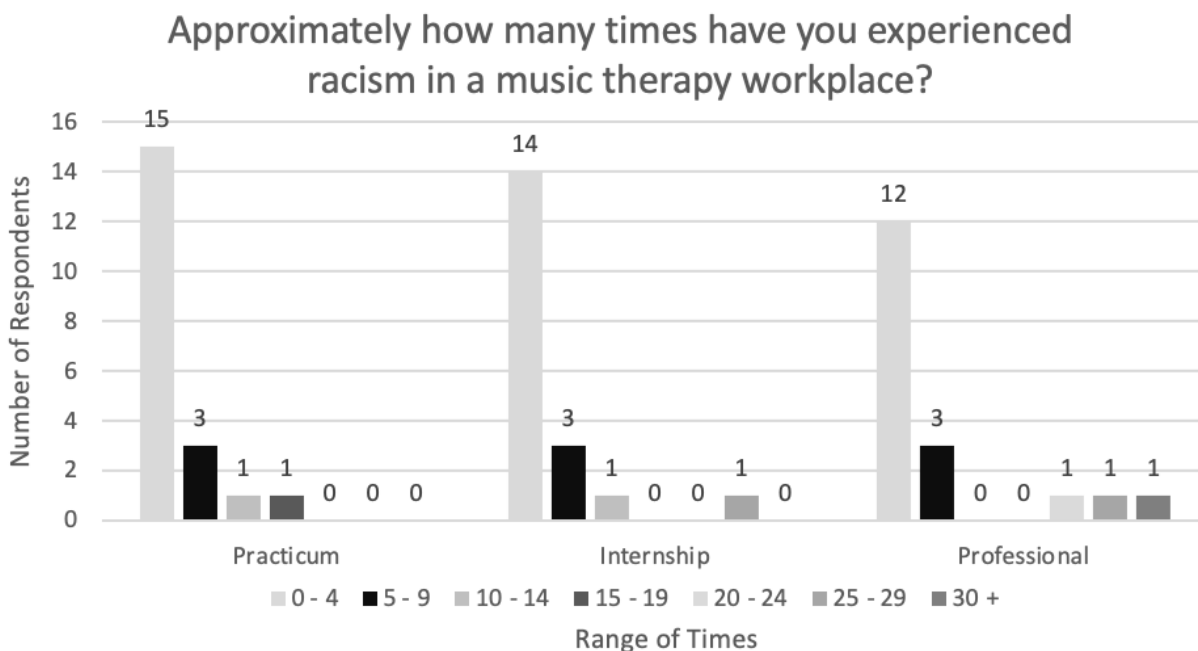


Figure 2 was broader in data collection while the data in Figure 3 was more diverse in examining the various aspects of education training such as practicum, internship, and as a professional. Fifteen respondents reported instances of racism in their practicum placement, while 14 respondents reported instances of racism in their internship, and 12 respondents reported 12 instances of racism in the professional setting (see Figure 3). Racism can occur in

any music therapy setting and can start as early as practicum for many Asian and Asian American students.

Figure 3

Number of Times Respondents Experienced Racism in Music Therapy Workplaces



Respondents reported the number of times they experienced discrimination, xenophobia, and microaggressions in the workplace. Most respondents experienced more instances of discrimination, xenophobia, and microaggressions a total between 0-4 times (See Figures 4-6). The trend of experiencing discrimination did decrease between internship and professional workplace. Respondents reported experiencing more xenophobia than in the practicum and professional setting (Figure 5). In Figure 6, respondents experienced microaggressions throughout practicum, internship, and the professional workplace, even in the 30+ total range.

Figure 4

Number of Times Respondents Experienced Discrimination in Music Therapy Workplaces

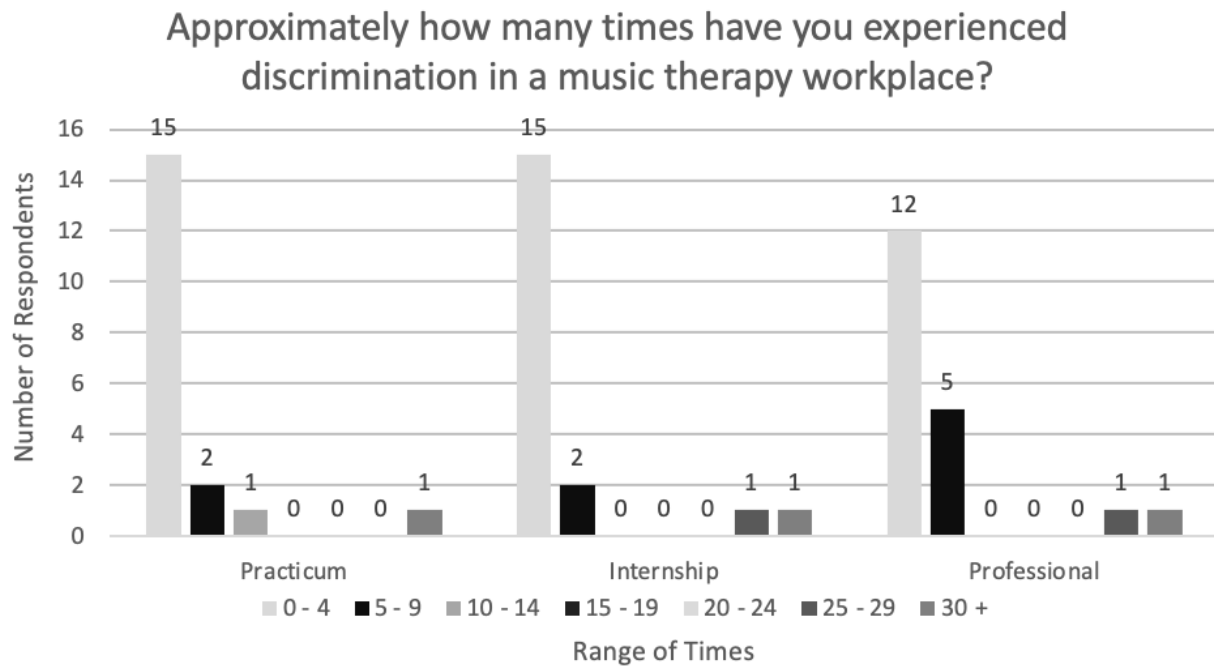


Figure 5

Number of Times Respondents Experienced Xenophobia in Music Therapy Workplaces

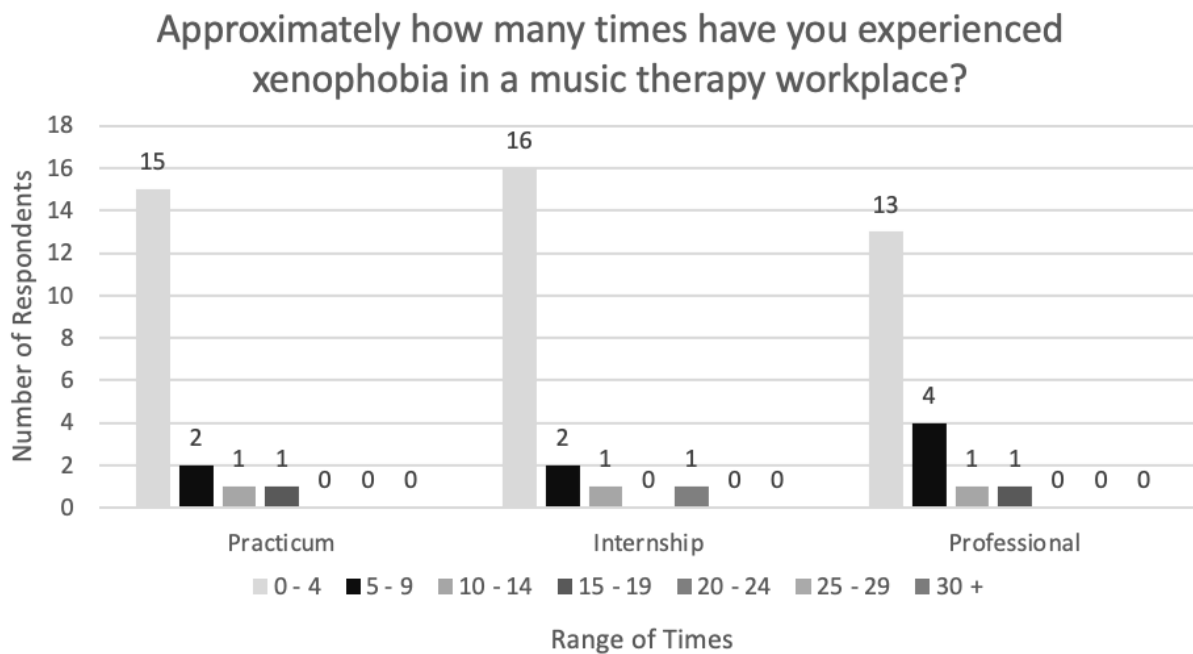
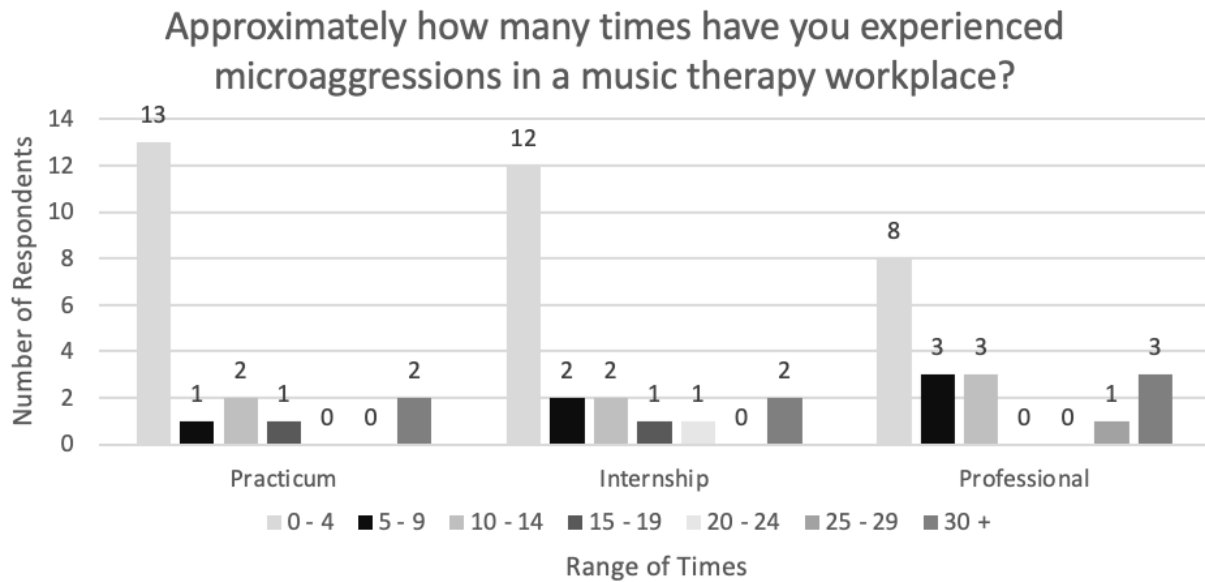


Figure 6

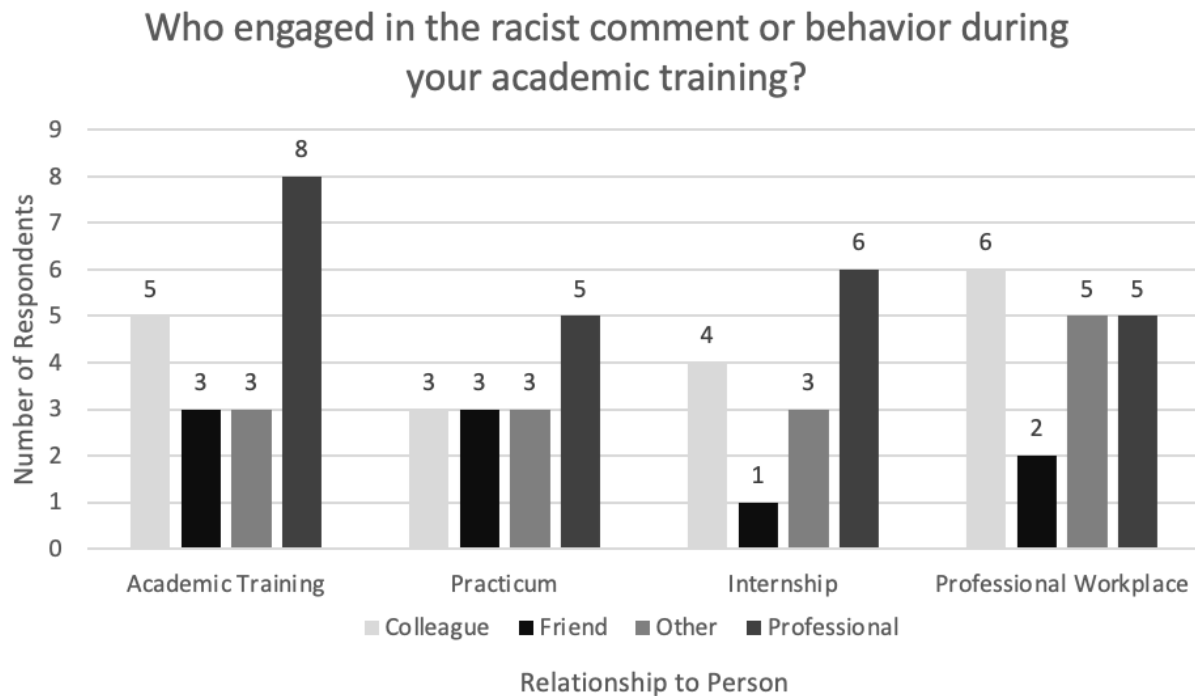
Number of Times Respondents Experienced Microaggressions in Music Therapy Workplaces



In Figure 7, respondents noted the racist comment or behavior occurred in every setting (academic, practicum, internship, and professional workplace) and that colleagues, friends, professionals, and others all engaged in this behavior. Overall, based on results from the survey, professionals engaged in racist comments or behavior the greatest number of times in the academic setting.

Figure 7

Type of Person Who Engaged in Racist Comment/Behavior



When asked if respondents sought support after experiencing xenophobia, most (35%) answered “did not seek” (see Table 1). Additionally, one interesting result is no respondents reported seeking religious/spiritual support. However, this option may not have been selected as this was not their first choice. Respondents sought support from a wider range after experiencing racism and microaggressions than when experiencing discrimination and xenophobia. A limitation for this question may have been that respondents sought support from more than one option, but were limited to choosing only one answer for this question.

Table 1*Who Did Respondents Seek Support From?*

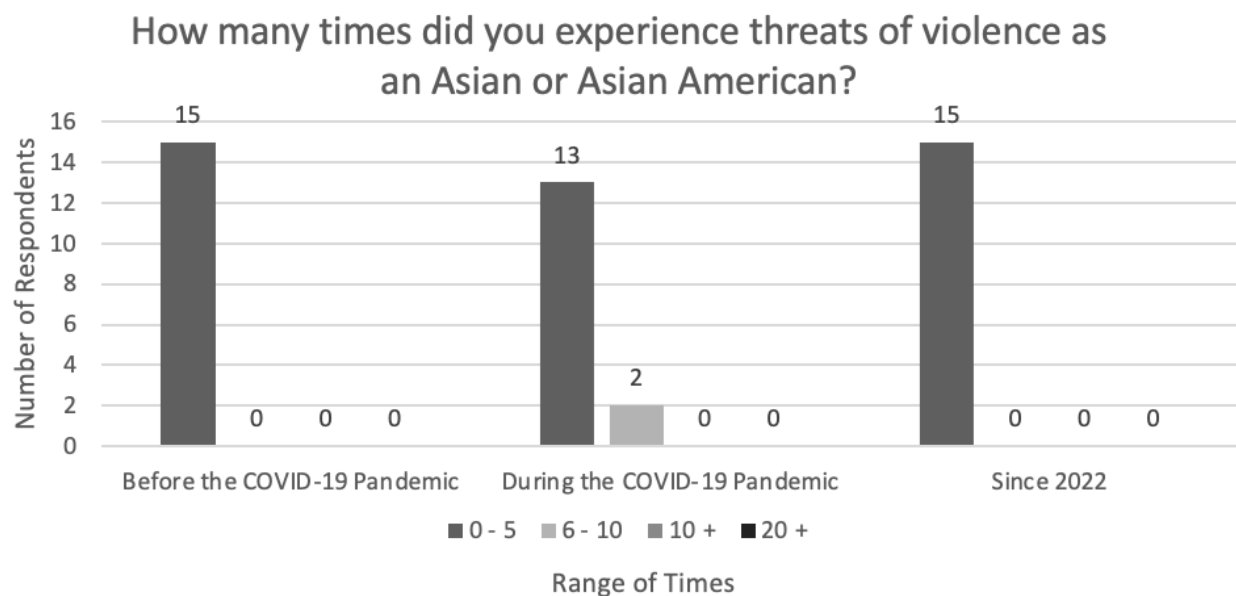
	Co-Worker	Supervisor	Colleague	Family	Friends	Religious/Spiritual Community	Other	Did not seek
After experiencing Racism	2	4	1	2	3	0	0	3
After Experiencing Discrimination	3	3	0	1	2	0	1	4
After experiencing Xenophobia	0	3	0	2	0	0	1	7
After experiencing Microaggressions	1	4	0	1	3	0	0	6

Safety and Belonging as an Asian or Asian American

In the next set of data questions, the researcher aimed to explore trends of safety and belonging as someone who identifies as an Asian or Asian American. As shown in Figure 8, 15 respondents experienced threats of violence ranging between 0-5 instances before the COVID-19 pandemic. During the COVID-19 pandemic, 13 of the 15 respondents reported experiencing threats of violence ranging between 0-5 instances and two of the 15 respondents reported an increase to 6-10 instances. Many factors could have contributed to the decrease of experiencing threats of violence such as natural immunity (ability to acquire immunity through natural infection such as experiencing constant racist and microaggressions from others), desensitization, staying at home, or transitioning to an online platform for work (Pugh et al., 2022).

Figure 8

Number of Times Asian or Asian Americans Experienced Threats of Violence

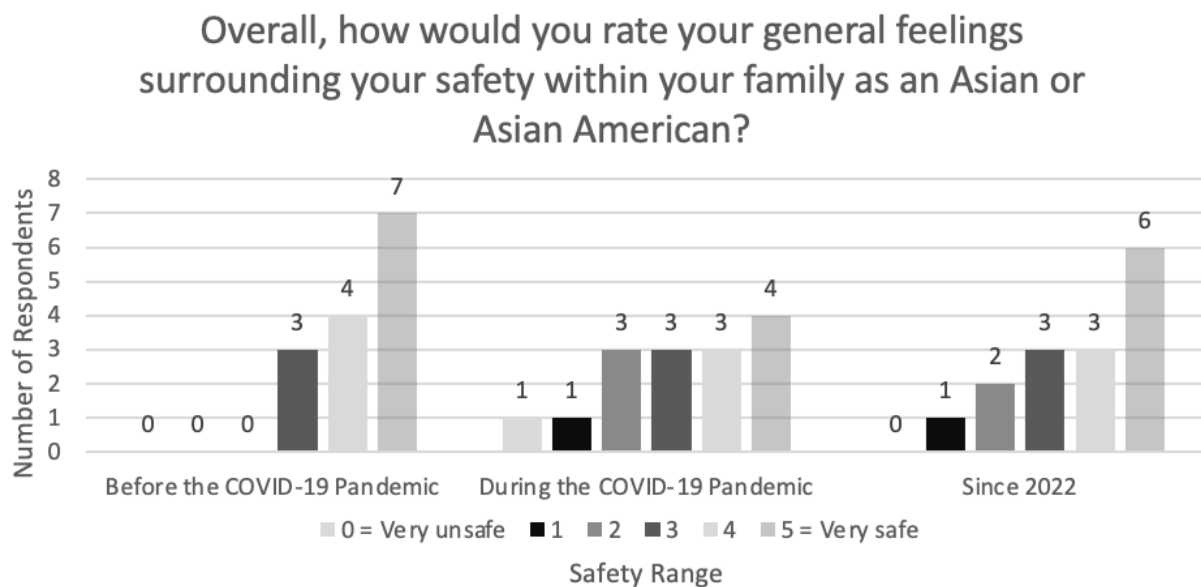


Respondents rated their general feelings of their safety within their family, socially, and in public areas pre, peri, and post COVID-19 (See Figures 9-11). Respondents rated themselves safer before the COVID-19 pandemic than during, with one respondent reporting a 0 (very

unsafe). Three respondents reported feeling a 3 in safety within their family pre, during, and post COVID-19. Overall respondents' range of answers increased during the pandemic compared to before COVID-19. Additionally, no respondents reported feeling very unsafe since 2022.

Figure 9

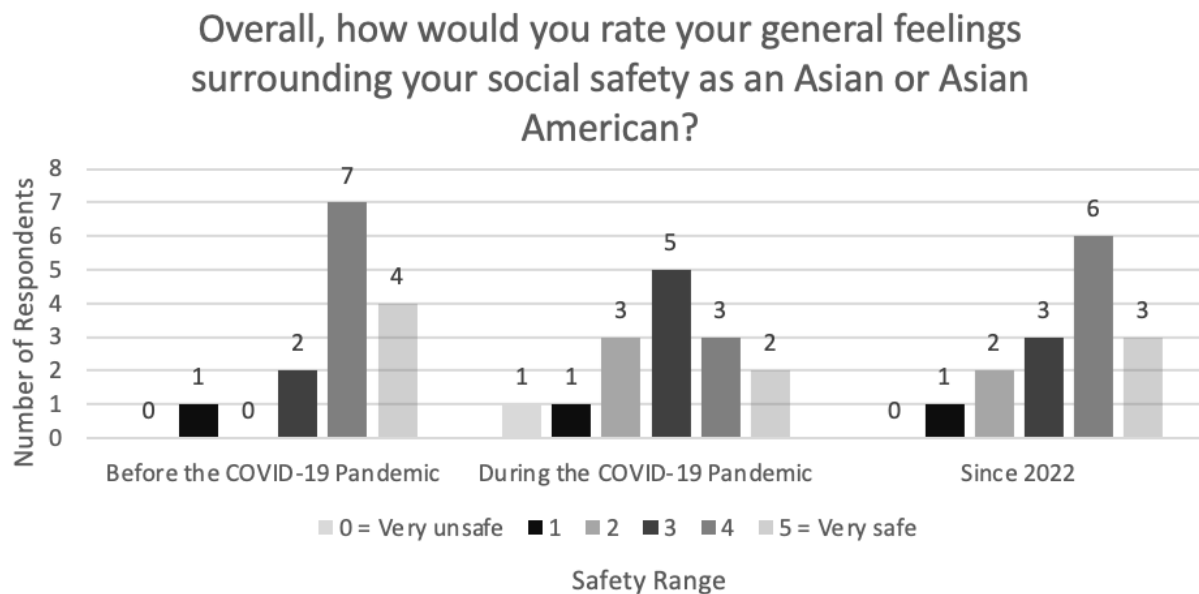
General Feelings of Safety within Family as an Asian or Asian American



No respondents rated feeling very unsafe socially before the COVID-19 pandemic and since 2022, however, one respondent felt unsafe pre, peri, and post COVID-19 (See Figure 10). During the COVID-19 pandemic, respondents were more scattered in their social safety rating. There was an increase in respondents rating a 3 in social safety from before the COVID-19 pandemic to during the COVID-19 pandemic and then a slight decrease since 2022 (See Figure 10). Additionally, during the COVID-19 pandemic, seven respondents who rated a 5 in their social safety decreased to 4 respondents. Respondents who rated a 4 in their social safety have increased by two from during the pandemic to since 2022.

Figure 10

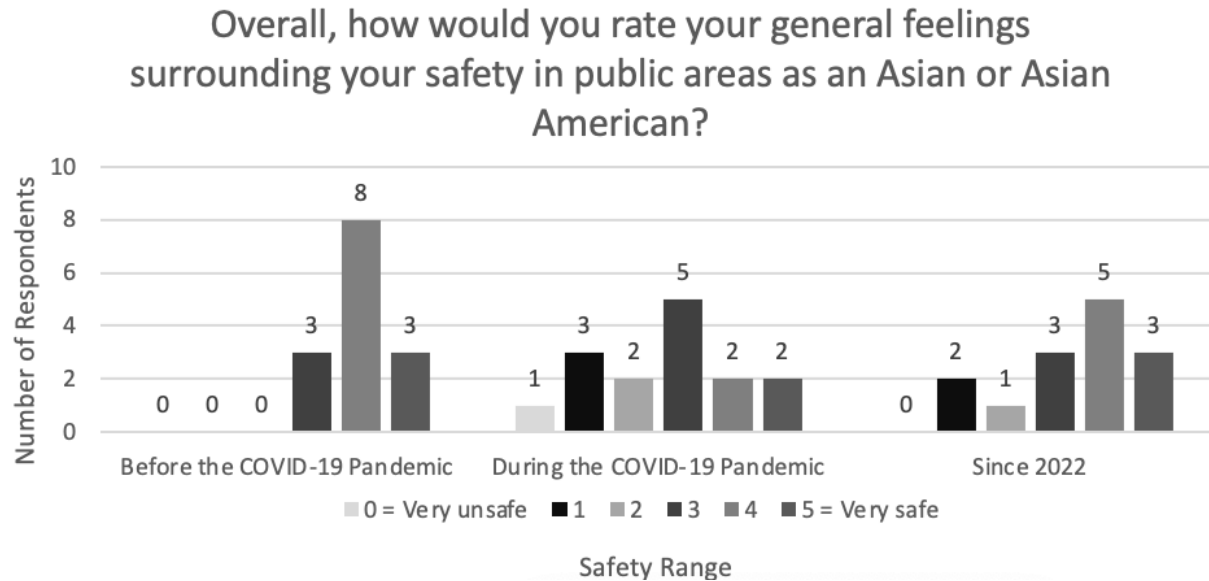
General Feelings of Safety Socially as an Asian or Asian American



No respondents felt very unsafe before the COVID-19 pandemic or since 2022, but one respondent felt very unsafe during the pandemic (See Figure 11). Although eight respondents rated a 4 in safety before the pandemic, this number decreased to two respondents during the pandemic. 3 out of 14 respondents rated themselves very safe before the COVID-19 pandemic while two out of 15 respondents rated themselves very safe during the pandemic. Additionally, three out 14 respondents rated themselves very safe in public areas since 2022.

Figure 11

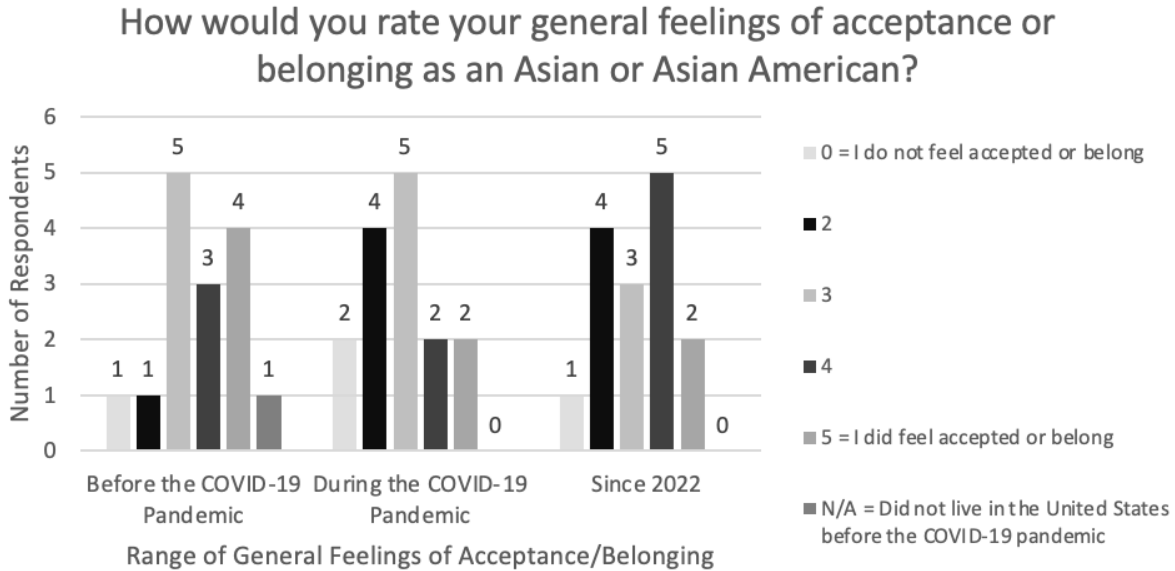
General Feelings of Public Safety as an Asian or Asian American



Respondents who identified as Asian or Asian American were also asked to rate their general feelings of acceptance or belonging pre, peri, and post COVID-19. There was no “1” option on the rating scale due to human error. There was always at least one participant who did not feel accepted nor belonged. Five respondents reported a 3 in feeling accepted both pre and peri. While respondents who rated a 3 in acceptance decreased to three respondents, five respondents rated a 4 since 2022. Only one participant did not live in the U.S. before the pandemic. The feeling of acceptance or belonging decreased by half in the timespan of before the pandemic (rating 4) to since 2022 (rating 2) (see Figure 12).

Figure 12

General Feelings of Acceptance or Belonging as an Asian or Asian American

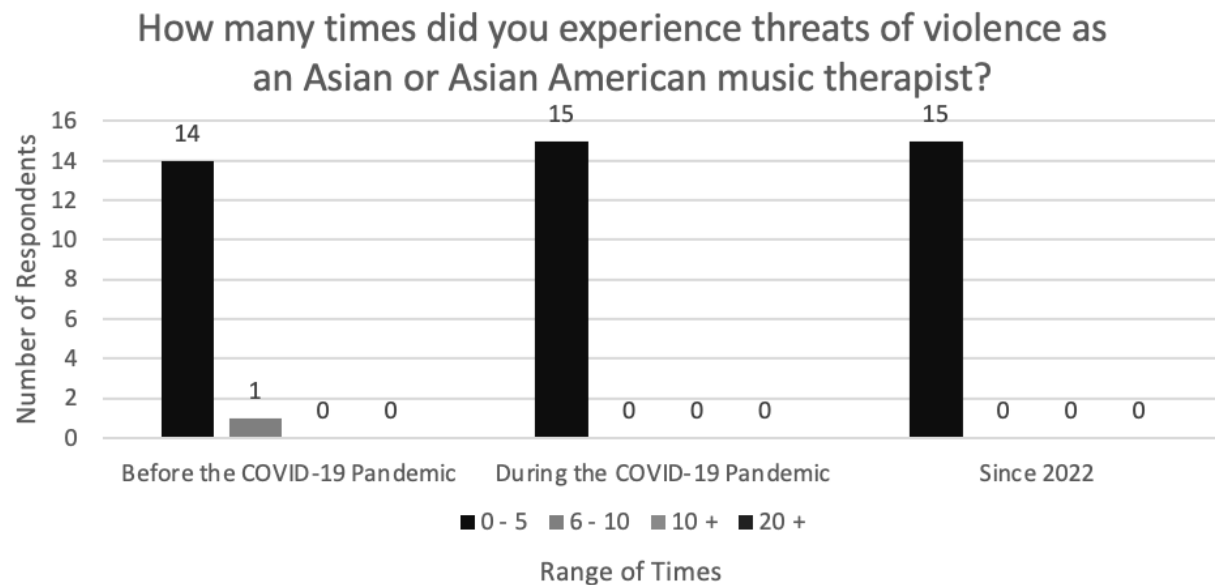


Safety and Belonging as an Asian or Asian American Music Therapist

In the next set of data questions, the researcher aimed to explore trends of safety and belonging as someone who identifies as an Asian or Asian American music therapist. Fourteen respondents reported experiencing threats of violence a total of 0-5 times while one respondent reported a total of 6-10 times. However, all 15 respondents reported experiencing threats of violence as an Asian or Asian American music therapist 0-5 times both during and post the COVID-19 pandemic (See Figure 13).

Figure 13

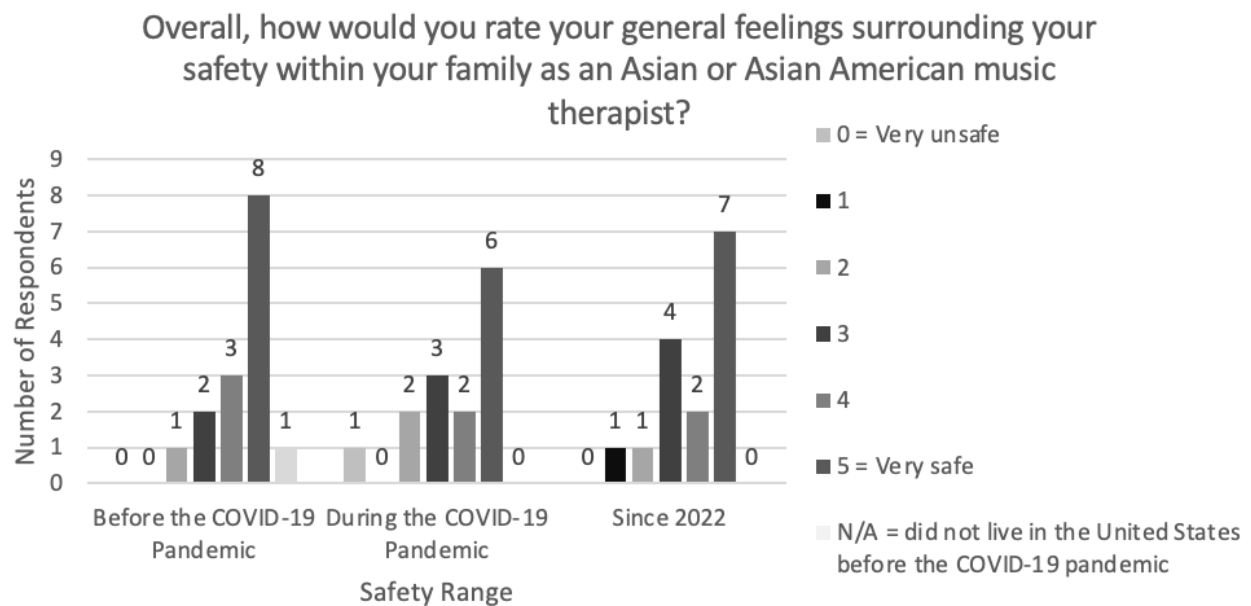
Number of Times Asian or Asian American Music Therapists Experienced Threats of Violence



In Figures 14 - 16, respondents rated their general feelings of their safety within their family, socially, and in public areas pre, peri, and post COVID-19 as a music therapist. In Figure 14, no respondents reported feeling very unsafe within their family for pre, peri, and post COVID-19. Eight respondents reported feeling very safe before the COVID-19 pandemic while six respondents reported feeling very safe during the pandemic. Only one respondent did not live in the U.S. before the pandemic. Respondents who rated a 3 increased by one from before the pandemic to during, and by one from during the pandemic to since 2022.

Figure 14

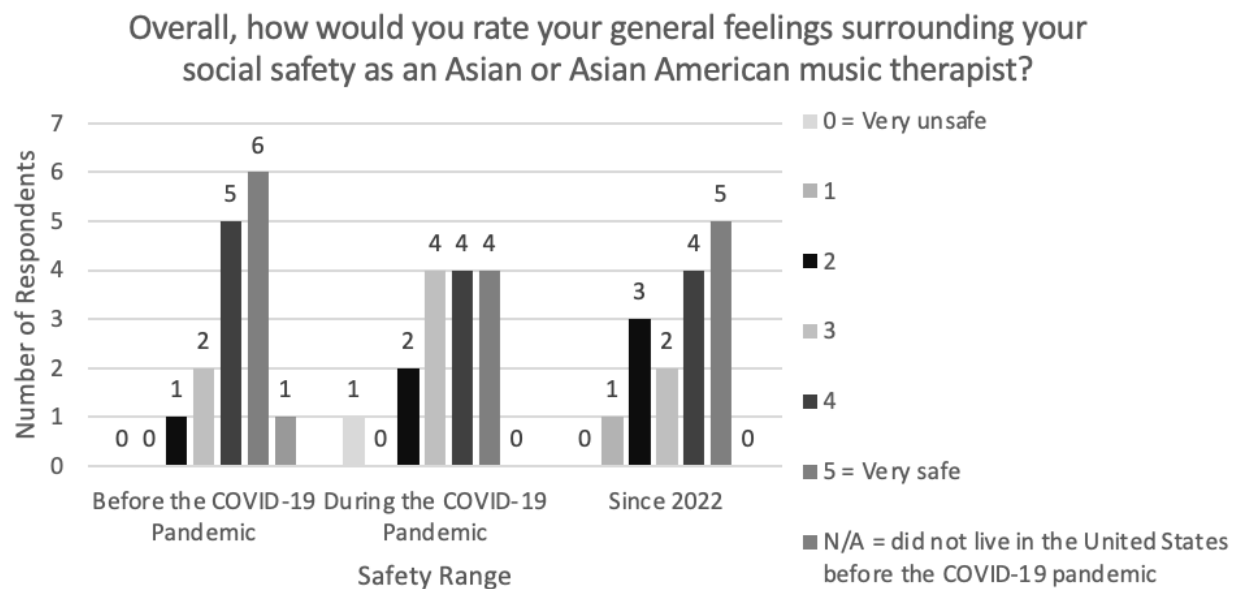
General Feelings of Safety within Family as an Asian or Asian American Music Therapist



Respondents were asked to rate their feelings surrounding social safety as noted in Figure 15. No respondents reported feeling very unsafe before the pandemic and since 2022. However, one participant did report feeling very unsafe during the pandemic. Respondents decreased in their social safety rating from before the pandemic to during the pandemic. The number of respondents who rated themselves a 4 in social safety remained the same during the pandemic and since 2022. One respondent did not live in the U.S. before the pandemic.

Figure 15

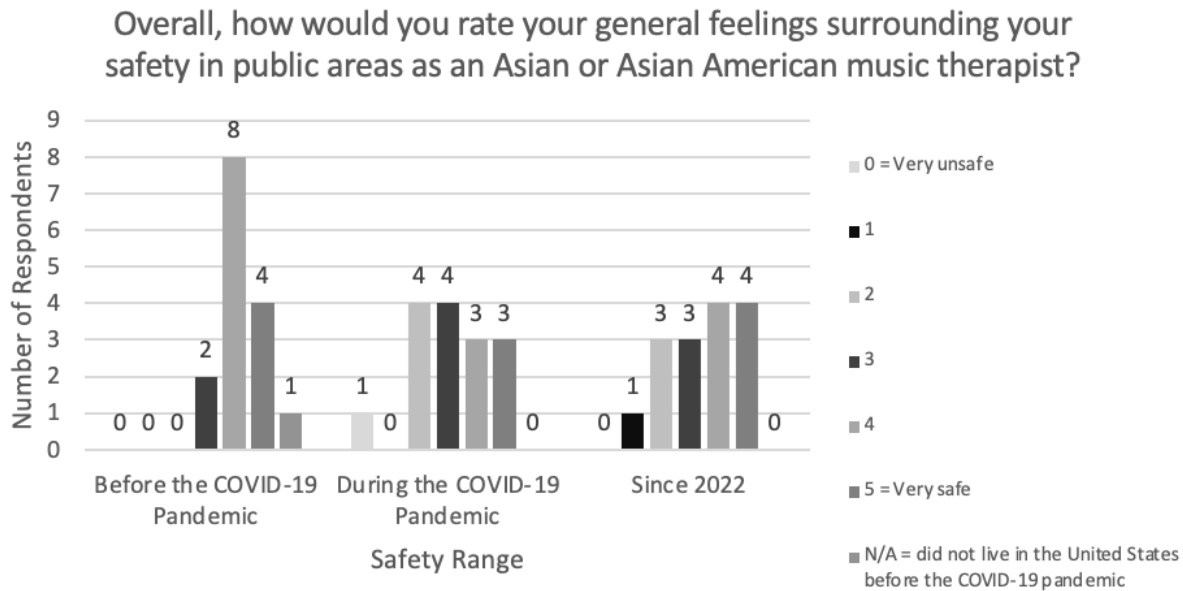
General Feelings of Safety Socially as an Asian or Asian American Music Therapist



Respondents who identified as an Asian or Asian American music therapist were also asked to rate their feelings surrounding their safety in public areas. No respondents reported feeling very unsafe pre and post COVID-19 but one participant reported feeling very unsafe during the pandemic. Most respondents reported a 4 before the COVID-19 pandemic, but this number decreased by half since 2022. One respondent did not live in the U.S. before the pandemic. Though the response was decreased by one participant during the COVID-19 pandemic, four respondents reported feeling very safe in both before and after the pandemic (See Figure 16).

Figure 16

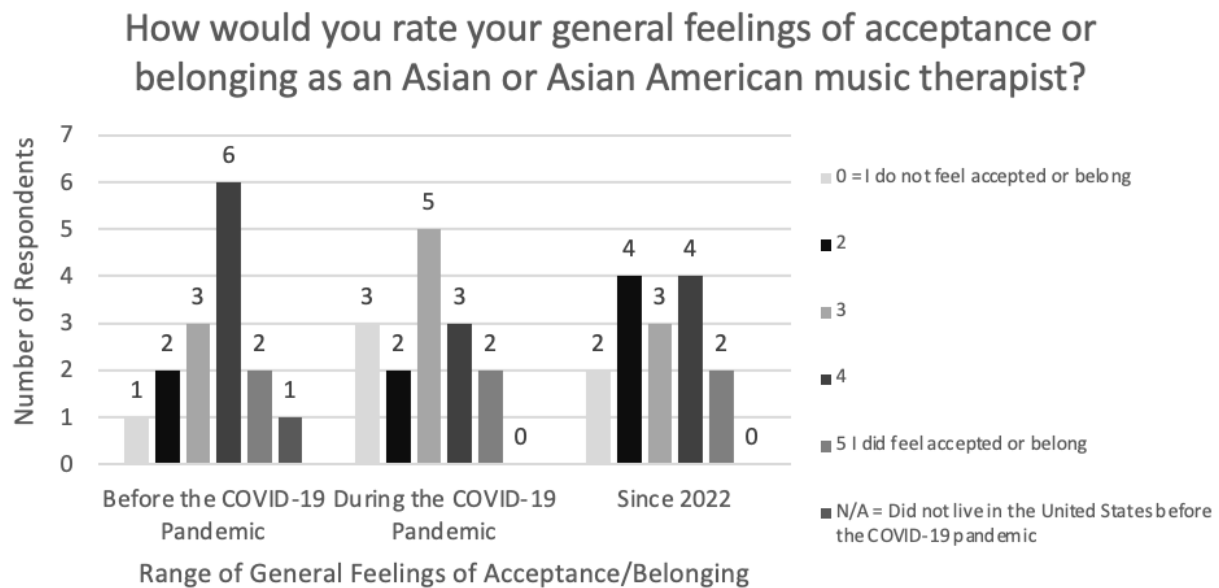
General Feelings of Public Safety as an Asian or Asian American Music Therapist



Respondents who identified as an Asian or Asian American music therapist were asked to rate their general feelings of acceptance or belonging pre, peri, and post COVID-19 (see Figure 17). There was no “1” option on the rating scale due to human error. For all three options (pre, peri, post), there was at least one respondent who did not feel accepted or that they belonged. Six respondents rated a 4 in acceptance and belonging before the pandemic and decreased by half during the pandemic. One participant did not live in the U.S. before the COVID-19 pandemic. Respondents who rated a 2 before the pandemic increased by half after the pandemic. The number of respondents who felt completely accepted and a sense of belonging stayed the same for pre and post COVID-19.

Figure 17

General Feelings of Acceptance or Belonging as an Asian or Asian American Music Therapist



The last part of the survey was to identify if the pandemic had impacted their behaviors as individuals who identify as Asian or Asian American (e.g., buying a security system for their house, not walking alone anywhere, not hanging in only Asian or Asian American groups). No respondents responded to the option of “I rarely did this” as the majority of respondents (73%), to some extent, have changed their behaviors/lifestyle pre, peri, and post pandemic (see Table 2). Two of the respondents noted an increase of changing their behaviors from before the COVID-19 pandemic to during.

Table 2*Frequency of Changes in Behavior Influenced by the Pandemic*

	I DID this all the time	I FREQUENTLY did this	I SOMETIMES did this	I RARELY did this	I did NOT do this at all
Before the COVID-19 Pandemic	1	4	6	0	4
During the COVID-19 Pandemic	3	3	5	0	4
Since 2022	3	3	5	0	4

CHAPTER V
QUALITATIVE RESULTS

Participants' Demographics

This section contains results from the qualitative data collection through semi-structured interviews to explore how the lived experiences impacted the identity and sense of belonging as a music therapist in training or music therapist. A total of five participants were interviewed for this study. Pseudonyms were chosen by each participant to increase their anonymity. See Table 3 for the participant chosen pseudonyms, ethnic background, AMTA region of residence/work, and title. The table is listed in alphabetical order by AMTA region.

Table 3

Background Information of Participants

Participants' Pseudonyms	Ethnic Background	AMTA Region	Occupation
Penny	Asian	GLR	Music Therapist
Liu	Asian	NER	Music Therapist
Roxanna Gaines	Asian American	SWR	Music Therapist
Sharon	Asian American	SWR	Music Therapist
Violet	Asian American	WR	Music Therapist

Qualitative Data Analysis Process

Qualitative data were analyzed using Grocke's (1999) IPA procedure:

1. Each interview transcript was read several times to gain a full understanding of the overall experience.
2. Transcripts were read again, and key statements were underlined (See Figure 18)
3. Key statements were placed together and grouped into units of meaning, termed "meaning units." Each unit was given a category heading. See Figure 19 for an example.
4. Meaning units for each transcript were transformed into a distilled essence (individual description) of the experience (see Figure 20 for an example).
5. The participant was sent the interview transcript (with key statements underlined), the meaning units, and the distilled essence for verification with the question, "does my final distilled description capture the essence of your experience? Is there any aspect of your experience that has been left out?"
6. Once the participant returned the material, the researcher made necessary changes or omissions.
7. Once the participants verified the distilled essence of their experience, a comparison of horizontal units were identified.
8. The researcher sent research advisor examples of figures that included both themes and distilled essences for feedback.
9. The researcher compared meaning units and horizontal units to identify common themes (see Figure 21 for an example).

10. The researcher transformed the common themes into a final global description of the Asian and Asian American music therapists' experiences of racism and microaggressions.

Figure 18

Example of Key Statements Underlined from Sharon's Interview

Researcher: Okay, cool. Alright, I just wanted to thank you for taking the time to do this interview. So these series of questions will kind of just toggle between your experiences as an Asian or Asian-American and then as a music therapist.

So for the first question, what does it mean to you to identify as an Asian or Asian-american?

Sharon: I think... to me, Overall, I think it's a blessing to consider myself and identify as an Asian-american. I will say though, I think growing up it was a little bit difficult understanding what my identity was because I wasn't quite Korean enough and at the same time I would have my peers comment on how I looked or how another student looked like my sibling because they were also Asian. So I think growing up it was a little confusing but as I've grown older I've realized that... At least for me and my personal experiences it's gotten a lot better and I don't feel as Alienated from... from other Americans here.

Figure 19

Example of Sharon's Meaning Unit From Key Statements

Sharon

Description of Identity

A blessing. Sometimes can feel alienated from being AA.

Category Heading

Meaning Units

Figure 20

Example of Sharon's Meaning Units and Distilled Essence

Sharon			
Themes	Meaning Units	Quotations	Distilled Essence
Asian/ Asian American Identity	A blessing. Sometimes can feel alienated from being Asian American	"...growing up was a little bit difficult understanding what my identity was"	Identifying as an AA is a blessing; however there are still some instances where one can feel out of place.
Experience as Asian/ Asian American MT	Experiences with racial comments and microaggression from professionals in the field (professor) and clients. Often reminded as an Asian-American MT rather than just a simple MT	"Wow, your English is really good" "Yo, it's Yo-Yo Ma's sister, like Saigon Woman" "I'm reminded i'm an AA MT."	Microaggressions can occur anywhere and there is a constant reminder that one is "Asian/Asian-American."
Challenges as an Asian/ Asian American	Racist remarks starting since elementary school to present day (even as a professional)	"Kids would make fun of my eyes or say <i>Ching Chong Ling Long</i> "	However, a strong sense of community and friendships have formed through all of these experiences. Has impacted the role as a MT to engage in more curiosity, empathy, and understanding as a minority. School systems should add more courses that lead discussions in multiculturalism and advocacy (dialogues and responses).
Meaningful moments	Gained many wonderful relationships and friendships	"...being able to share food, discuss life, and similarities in our lives and be able to relate"	
Role as MT	Coming from a more curious lens; engaging in deeper empathy; Understanding what it means to be a minority	"I think... understanding the general idea of what it means to be a minority... growing more empathy toward clients who are of different culture... everyone is multicultural in some way"	
Support from MT profession	Adding multiculturalism to coursework requirement; more transparency and aid for international students; implementing some type of workshop on "how to respond" and/or "how to advocate safely toward clients"	"...To have a class on how do we practice cultural humility and how do we respond as a minority MT?"	

Figure 21

Example of Sharon's Meaning Units, Horizontal Units, and Theme

Sharon		
A blessing. Sometimes can feel alienated from being Asian American.	What does it mean to identify as Asian American?	Asian/Asian American Identity
Meaning Units	Horizontal Units	Theme

Findings

The findings for the qualitative portion of the study are presented through figures and themes that were discovered from the interviews correlating to the experiences of Asian and Asian American music therapists. A total of six themes were identified using Grocke's (1999) IPA procedure. Each theme was determined from the interview questions as well as the commonality from the participant's answers. The six themes were: 1. Complexity of identifying as an Asian or Asian American, 2. Positive and negative lived experiences as an Asian and Asian American music therapist, 3. Challenges and successes as an Asian and Asian American, 4. Moments to hold onto, 5. The impact of lived experiences affecting role as a music therapist, and 6. The yearning for support from the MT profession. See Table 4 for the global themes with quotations from the interview participants. From these six themes, each participant's interview and experience provided several meaning units that were expanded to a distilled essence. See Appendix E for each participant's meaning units, quotations, and distilled essence.

Table 4*Global Themes with Quotations from Interview Participants*

Global Themes	Quotations
1. Complexity of identifying as an Asian or Asian American	<p>“I think it’s pretty complicated” (Penny)</p> <p>“Like it’s an honor to just be Asian” (Liu)</p> <p>“You’re not fully Asian and also not fully American” (Roxanna Gaines)</p> <p>“...growing up was a little bit difficult understanding what my identity was” (Sharon)</p> <p>“I am an immigrant... has to do a lot with cultural values” (Violet)</p>
2. Positive and negative lived experiences as an Asian and Asian American music therapist	<p>“... we can look Asian, but that’s not really something that defines us” (Penny)</p> <p>“Sometimes just ripping open that band-aid and just identifying yourself” (Liu)</p> <p>“It was just another example of a microaggression” (Roxanna Gaines)</p> <p>“Yo, it’s Yo-Yo Ma’s sister, like Saigon Woman” (Sharon)</p> <p>“I was physically attacked by a resident” (Violet)</p>

Global Themes	Quotations
3. Challenges and successes as an Asian and Asian American	<p>“When you don’t share the same cultures...” (Penny)</p> <p>“... I’ve become this Angry Asian... the model minority thing does throw a wrench” (Liu)</p> <p>“... that alone feeling... when you’re not American enough” (Roxanna Gaines)</p> <p>“Kids would make fun of my eyes or say <i>Ching Chong Ling Long</i>” (Sharon)</p> <p>“Get out of here, Chink!” (Violet)</p>
4. Moments to hold onto	<p>“... You have to actively learn” (Penny)</p> <p>“My story gives people hope and that brings me joy” (Liu)</p> <p>“... wish more people accepted the differences” (Roxanna Gaines)</p> <p>“...being able to share food, discuss life, and similarities in our lives” (Sharon)</p> <p>“I was able to input my cultural values and talk about food” (Violet)</p>

Global Themes	Quotations
5. Impact of lived experiences affecting role as a music therapist	<p>“...if my friends could help me fill in the gap with cultures here” (Penny)</p> <p>“...when I choose to hide it (intersecting identities), I put up a couple of more defenses” (Liu)</p> <p>“Empathy... that’s like needed to be a music therapist” (Roxanna Gaines)</p> <p>“...understanding the general idea of what it means to be a minority... everyone is multicultural in some way” (Sharon)</p> <p>“I do everything to integrate perceptions and thoughts of other people... as much as I can” (Violet)</p>
6. The yearning for support from the MT profession	<p>“Just be curious about Asian cultures... cultural curiosity” (Penny)</p> <p>“...learn how to identify through humility?” (Liu)</p> <p>“Learn to acknowledge the difficulties but also celebrate” (Roxanna Gaines)</p> <p>“... to have a class on how do we practice cultural humility and how do we respond as a minority MT?” (Sharon)</p> <p>“... providing more opportunities than what we are allowed in course work” (Violet)</p>

Theme 1: Complexity of Identifying as an Asian or Asian American

During the semi-structured interview, all five participants reported having multiple layers to their identity when asked the question, “what does it mean to identify as an Asian or Asian American?” Though participants expressed complexity in their identity, they also found ways for celebration.

When asked about their identity, all five participants took a pause in the interview to answer this question noting, “it’s complicated.” For the participants who identified as an international student studying here in the U.S., identifying as fully Asian was problematic as they sometimes received the same racist comment as someone who identified as Asian American. Penny stated, “it’s complicated” to identify as an Asian because she viewed herself as “an Asian” and an “international student” while Liu expressed “To quote Sandra Oh, like it’s an honor to be Asian” even after experiencing “a lot” of microaggressions as a clinician. However, multiple external factors contributed to why answering this question was so complex as food, culture, music, behaviors, and language all affected Penny’s answer. Additionally, Liu also finds his privilege as a cis man intertwined with his identity but hopes he can use this aspect to create space for more dialogue and opportunities for other Asians and Asian Americans to engage in future conversations.

Participants who identified as Asian American had more of an identity crisis (personal psychosocial conflict that involves a sense of loss of continuity to one’s personality) when answering the question of “what does it mean to identify as an Asian American?” (Merriam-Webster, n.d.f). Sharon acknowledged difficulty in her adolescent years as she was deemed not quite “Asian” enough from her family even though peers in her classroom would group her and other Asian American students together. Additionally, Sharon expressed that although figuring

out her identity took some time, she feels less alienated from American culture, but remains alienated in her Asian culture as she does not feel fully accepted there yet. Roxanna Gaines expressed that because she grew up in a different place than her ancestors paved the way for her to experience a whole different side of her culture. However, Roxanna Gaines feels she is identifying in a “third culture” as she has trouble finding the blend between “Asian” and “Asian American.”

In addition to the internal conflict, Roxanna Gaines also mentioned her heritage from her extended family and her ancestors played an important role in her identity while Sharon reported, “it’s a blessing” to identify as an Asian American. Additionally, Violet stated, “I am an immigrant” as she was adopted from Taiwan, but identified more as an Asian American. Violet also acknowledged the complexity in her upbringing, but also embraced her strong family support as she beautifully stated, “it takes a village,” an enmeshment of friends and family that shaped her identity as she beautifully worded her experience of, “you’re never alone.”

Overall, all five participants attributed their identity to their ancestral heritage, culture, and the “uniqueness” associated with each aspect. The different various lived experiences from all five participants were highlighted; however, one aspect evident throughout was the interest and pride in Asian culture whether the participants identified as Asian or Asian American.

Theme 2: Positive and Negative Lived Experiences as an Asian and Asian American Music Therapist

Throughout this study, after careful analysis from the participants narratives, this researcher determined that lived experiences can not only help illuminate certain situations occurring in different parts of the world, but also bring people together as a community who aim to help implement positive change. These shared experiences, whether positive or negative, are

stories that can provide a better understanding to learn from each other and grow with each other to a more just world. These experiences are in no particular order as all experiences are valid and just as important.

All five participants reported both positive and negative experiences as an Asian and Asian music therapist, and these experiences have only fueled their passion for social justice. Roxanna Gaines's positive experience occurred when a family who also identified as the same ethnicity arrived at her workplace. Roxanna Gaines was able to connect through language and culture to facilitate the therapeutic relationship to "bridge the gap" between staff. Penny expressed feeling excited when clients or individuals ask her where she is from because she is an international student living in the United States and is proud to disclose.

In spite of the positive experiences as a clinician, participants spoke more about the negative experiences of racism, discrimination, xenophobia, and microaggressions. Liu unfortunately received "a lot" of microaggressions throughout his experiences as an Asian music therapist. As Penny worked with a client, they stated, "Oh, it looked like you're from China" instead of focusing on the task at hand. While supervising a practicum student, a patient said, "Oh, you must listen to K-pop" to Roxanna Gaines. Violet was physically attacked by a resident who said racist remarks of the Japanese killing her husband and brother. Additionally, Violet went to seek support from her supervisor to which the supervisor expressed, "Racism does not exist in blank state [state name removed], so I don't know what you're talking about." During her clinical work, a client greeted Sharon with "Yo, it's Yo-Yo Ma's sister" and another time with "It's Saigon Woman!" Sharon reported, "I'm constantly reminded that I'm an Asian MT, not just a MT" as she feels her ethnicity plays a big role in the therapeutic process.

Regardless of the negative experiences, all five participants discussed continuing on with their role as a clinician and have used these experiences to practice in a more just and anti-oppressive lens. Liu noted as part of his reflexive journey learning from Dr. Marisol Norris that “sometimes just ripping open that band-aid” and identifying yourself first can help initiate future conversations. Moreover, Liu stated that the clinical relationship can then begin as the focus is no longer on ethnicity, but rather the therapeutic relationship.

Theme 3: Challenges as an Asian or Asian American

The third theme that emerged from the data was challenges that Asians or Asian Americans may or have faced. With these challenges, the five participants have learned to not only grow from them, but also to fuel their passions for social justice and change.

Liu disclosed that he faced a lot of tokenization² throughout his clinical work. Additionally, Liu reported having to educate others as they constantly spew microaggressions and he is sometimes labeled as the “Angry Asian.” Penny reported various ways in which she was reminded that she was “Asian” and not just another student studying music therapy. Before Penny was board certified, she was an “international student” studying in the United States. Throughout her education and clinical experiences, Penny became “so much more self-aware” than when she lived in her home country and reported, “You are Asian because everybody’s Asian, so you are not really self-aware about your Asian part until you’re not in your country.”

Sharon and Violet shared similar challenging examples of identifying as an Asian American as kids would make fun of Sharon’s eyes or say, “Ching Chong Ling Long” while Violet received comments of “Get out of here Chink!” when she first moved away from home. Roxanna Gaines reported feeling alone in a group setting, especially when the topic of discussion

² From the word Tokenism: being employed when an organization is not willing to acknowledge... fix the racial imbalance in their workplace (Stables, n.d.).

about culture came up and she is the token minority. Similar to the identity crisis, a challenge Sharon and Roxanna Gaines posed was the internal conflict of being Asian or American enough. Moreover, Liu spoke about the “model minority myth” where this “throws a wrench” as though the myth celebrates our success, but the myth also stereotypes and “puts us into boxes.” However, Penny stated that just because “we can look Asian, that should not define us, we have other identifying factors, whether it’s internal or external.”

Theme 4: Moments to Hold Onto

Sometimes the negative experiences may outweigh the positive, but finding small moments to latch onto can help refuel so that we may continue the fight for social justice and equality. These small moments could include moments of celebration, success, and empathy.

All five participants found their culture as a meaningful moment to hold onto. Penny, Sharon, and Roxanna Gaines all reported the significance of food as they can embrace their culture and indulge in foods that are directly tied to their heritage which not only serves as a sense of connection, but also comfort. Violet reported that during her childhood she was able to input her cultural values and food to friends as her cultural values were always seen through excitement and the topic of “race” was nonexistent at the time.

Sharon and Roxanna Gaines both spoke about how being “different” has more strengths than limitations while Roxanna Gaines expressed reframing “different” to “unique.” Sharon explored empathy as understanding what it means to be a minority and growing more empathy toward clients who are of different cultures. Moreover, Sharon expressed the feeling of community as she has gained many wonderful relationships and friendships from identifying with similar cultures. Penny found meaningful moments when individuals are actively learning about other cultures as well as their own. Additionally, Liu found joy in sharing his story for

others in hopes they can find hope and to continue on this journey of racial healing and advocacy.

Theme 5: Impact of Lived Experiences Affecting Role as a Music Therapist

Experiencing these lived experiences can not only impact individuals as human beings, but also their work as a clinician as music therapists work with a diverse clientele. All participants expressed an increase in awareness, community, adaptability, empathy, understanding, and a change in practice.

Violet spoke about a change in her personal philosophy as she aims to practice from an “extremely anti-oppressive multicultural lens” and tries to “integrate” and “learn” as much as she can when working with her clients. Sharon expressed “everyone is multicultural in some way” and as a minority herself, Sharon found comfort in practicing from a more curious lens and growing more empathy toward clients “who are of different cultures.” Similar to Sharon, Roxanna Gaines also reported engaging in more empathy and adaptability with her patients.

With the help of her friends, Penny learned about different cultures, especially more about the state where she was residing and found this helpful as they were able to learn what brought meaning to each other's lives. Penny relied on her friends to “fill in the gap” so that she better immersed herself and grew into a different culture while still honoring hers. Liu gained an increase of awareness and depending on the situation will choose to “put up a couple of defenses.” However, to combat the obstacles, Liu has surrounded himself with a strong Asian community both inside and outside of music therapy.

Theme 6: The Yearning For Support From the MT Profession

All five participants talked about their individual work and practice reflection in their own racial healing journey, but found themselves yearning for support from other colleagues,

professionals, and change within the American Music Therapy Association (AMTA). Some subthemes from Theme 6 included practicing from intent and humility, advocating for more multicultural workshops and classes to implement in institutions, and honoring and providing more opportunities for support groups for minorities.

Aimed towards colleagues and professionals, Liu spoke about wanting others to understand that “each Asian person’s relationship with their culture/race/ethnicity is very individualized” and Penny discussed the importance of “intention” within cultural curiosity as she emphasized that “it is okay” to ask questions when it is from a place of curiosity rather than to do harm. Liu also spoke about asking the MT profession to “listen and believe in us as we disclose and identify through humility.” Moreover, Roxanna Gaines and Sharon both touched on the topic of international students as institutions are lacking in their support for these students. Roxanna Gaines expressed more understanding is needed surrounding the challenges international students may face compared to domestic students, while Sharon advocated for more transparency and aid for international students such as coursework, assistance, and even prepping for the CBMT exam.

Referencing AMTA and educational institutions, Sharon talked about how she wished she was able to take a multicultural class during her time as a student so that she would know “how to respond” and “how to advocate safely toward clients.” Violet and Roxanna Gaines both discussed their yearning for more community and more opportunities for minorities to come together and support each other. Just as the participants of the interview are constantly learning from themselves and each other, Roxanna Gaines expressed, “learn to acknowledge the difficulties, but also celebrate... we can’t change who we are and not that we would want to...”

Global Description

For the participants in this study, figuring out one's identity either as an Asian or Asian American holds many layers that are complicated yet beautiful due to the intertwining of internal and external factors. Asian and Asian Americans have stories of both positive and negative experiences. These experiences occur outside and inside music therapy spaces. However, these experiences can help fuel and push the need for change and result in meaningful moments can help replenish the will to continue the fight for change when it is depleted. Lived experiences can impact the practicing music therapist by providing an opportunity to engage in anti-oppressive practices and cultural humility. The Asian and Asian American community can benefit from the support from colleagues, professionals, institutions, and AMTA as the field engages in more opportunities for advocacy and equality.

CHAPTER VI

INTEGRATION

The purpose of this section is to compare the similarities and differences between the quantitative and qualitative data and connect the trends of racism, discrimination, xenophobia, and microaggressions Asian and Asian Americans shared through various lived experiences.

Similarities

One similarity from both data sets was racism, discrimination, xenophobia, and microaggressions can happen anywhere and at any point in a music therapists' training and career. Respondents who reported instances of racism, discrimination, xenophobia, and microaggressions in their academic training, practicum sites, and internships related to Theme 1: Complexity of identifying as an Asian or Asian American. Moreover, respondents who reported instances of racism, discrimination, xenophobia, and microaggressions in the professional setting relate to Theme 2: Positive and negative lived experiences as an Asian and Asian American music therapist. Respondents experienced microaggressions throughout practicum, internship, and the professional workplace, even in the 30+ total range similarly to the experiences of Roxanna Gaines, Sharon, and Violet.

Another similarity was that respondents from the survey and participants' Sharon and Violet from the interviews received threats of violence pre, peri, and post COVID-19. Though respondents were unable to provide examples of their threats of violence as a space was not provided on the survey, Violet, an interview participant, was physically attacked by a client. Additionally, respondents rated themselves in terms of general safety (within family, social safety, public safety) and feelings of general acceptance and belonging as an Asian or Asian American as well as their role as a music therapist. The two themes that corresponded to the

quantitative report were Theme 3: Challenges and successes as an Asian and Asian American, and Theme 5: Impact of lived experiences affecting role as a music therapist. Themes 4: Moments to Hold Onto, and 6: The Yearning for Support from the MT Profession, were not explored in the quantitative survey.

Themes from Merged Data: Similarities

New themes of similarities that emerged from the combined data are Theme 1: Racism Can Happen Anywhere and Theme 2: Violence Impacts Safety and Feelings of Acceptance and Belonging. Respondents from the survey and participants from the interview reported experiencing racism, discrimination, xenophobia, and microaggressions in various aspects of their training and career. Similarly, respondents from the survey and participants' Sharon and Violet reported receiving threats of violence, both verbally or physically. These lived experiences of encountering violence can impact how safe and accepted Asian or Asian Americans can feel as well as their role as a music therapist.

Differences

A difference between the survey and the interview was most respondents from the survey found it harder to feel accepted and belong as an Asian or Asian American while participants from the interviews that identified as Asian found it harder to belong and feel accepted as an Asian music therapist. From the qualitative data, participants who identified as Asian American found difficulty in acceptance and belonging as an Asian or Asian American due to juggling multiple cultural backgrounds. Respondents from the survey reported higher scores in acceptance and belonging when asked about identifying as an Asian or Asian American music therapist than when identifying as an Asian or Asian American, especially before and during the COVID-19 pandemic. Another difference respondents noted was that majority (73%) of the respondents, to

some extent, have changed their behaviors/lifestyle pre, peri, and post pandemic. However, the participants from the interviews did not explore or discuss if or how COVID had impacted their decisions, instead focusing more on providing examples of their overall lived experiences.

Participants from the interview also noted that Asian and Asian American music therapists perceive racist situations differently as some were perceived as intentional curiosity while others were perceived as blatant racism. From the qualitative data, some participants expressed excitement when asked about their ethnicity and culture, where others reported feeling distressed. However, due to the nature of the survey, data collected was about how many times respondents experienced racist situations, rather than about their perception of the situation. Respondents from the survey reported more varied instances of experiencing racism, discrimination, xenophobia, and microaggressions during their academic training, practicum sites, and internship sites while participants from the interview discussed more experiences in the professional workplace. Additionally, though lived experiences were shared throughout the quantitative and qualitative data, each participant responded differently based on their unique intersecting identities and experiences.

Themes from Merged Data: Differences

New themes of differences that emerged from the combined data are Theme 1: Impacts of Culture and Theme 2: Different Perceptions of Racism. One impact of culture seen both in the study and in the participants' lives was the difficulty of fully identifying as Asian, American, and Asian American. Respondents from the survey and interview all viewed racist remarks differently as each experience varied between individuals.

Table 5*Integrated Display of Quantitative and Qualitative Data*

Global Themes	Quantitative Data	Qualitative Data - Quotations
1. Complexity of identifying as an Asian or Asian American	<ul style="list-style-type: none"> • Fifteen respondents reported instances of racism, discrimination, and xenophobia somewhere between 0 - 4 times in their <i>academic training</i>. • Ten respondents reported instances of microaggressions somewhere between 0 - 4 times in their <i>academic training</i>. • Fifteen respondents reported instances of racism and discrimination somewhere between the 0 - 4 in their <i>practicum placement</i>. • Fourteen respondents reported instances of racism and 15 respondents reported instances of discrimination somewhere between the 0 - 4 range in their <i>internships</i>. • Fifteen respondents reported instances of xenophobia while 13 respondents reported instances of microaggressions somewhere between the 0 - 4 range in their <i>practicum placement</i>. • Sixteen respondents reported instances of xenophobia while 12 respondents reported instances of microaggressions somewhere between the 0 - 4 range in their <i>internships</i>. 	<p>“I think it’s pretty complicated.”</p> <p>“Like it’s an honor to just be Asian”</p> <p>“You’re not fully Asian and also not fully American”</p> <p>“...growing up was a little bit difficult understanding what my identity was”</p> <p>“I am an immigrant... has to do a lot with cultural values”</p>

Global Themes	Quantitative Data	Qualitative Data - Quotations
2. Positive and negative lived experiences as an Asian and Asian American music therapist	<ul style="list-style-type: none"> ● Twelve respondents reported instances of racism and discrimination somewhere between the 0 - 4 range in the professional setting. ● Thirteen respondents reported instances of xenophobia and eight reported instances of microaggressions somewhere between the 0 - 4 range in the professional setting. 	<p>“... we can look Asian, but that’s not really something that defines us.”</p> <p>“Sometimes just ripping open that band-aid and just identifying yourself”</p> <p>“It was just another example of a microaggression.”</p> <p>“Yo, it’s Yo-Yo Ma’s sister, like Saigon Woman.”</p> <p>“I was physically attacked by a resident.”</p>

Global Themes	Quantitative Data	Qualitative Data - Quotations
3. Challenges and successes as an Asian and Asian American	<ul style="list-style-type: none"> ● Fifteen respondents experienced threats of violence ranging between 0-5 instances before the COVID-19 pandemic. ● Thirteen of the 15 respondents reported experiencing threats of violence ranging between 0-5 instances and two of the 15 respondents reported an increase to 6-10 instances. ● Three respondents shifted from feeling very safe within their family before the COVID-19 pandemic to rating a 0 (very unsafe) to 2 during the COVID-19 pandemic. ● Seven respondents who rated a 5 in their social safety decreased during the COVID-19 pandemic to 4 respondents. ● Three out 14 respondents rated themselves very safe in public areas since 2022. ● There was always at least one participant who did not feel accepted or belonging as an Asian or Asian American 	<p>“When you don’t share the same cultures...”</p> <p>“... I’ve become this Angry Asian... the model minority thing does throw a wrench.”</p> <p>“... that alone feeling... when you’re not American enough.”</p> <p>“Kids would make fun of my eyes or say <i>Ching Chong Ling Long</i>”</p> <p>“Get out of here, Chink!”</p>

Global Themes	Quantitative Data	Qualitative Data - Quotations
4. Moments to hold onto	<ul style="list-style-type: none"> ● Did not explore in Quantitative survey 	<p>“... You have to actively learn”</p> <p>“My story gives people hope and that brings me joy”</p> <p>“... wish more people accepted the differences.”</p> <p>“...being able to share food, discuss life, and similarities in our lives”</p> <p>“I was able to input my cultural values and talk about food”</p>

Global Themes	Quantitative Data	Qualitative Data - Quotations
5. Impact of lived experiences affecting role as a music therapist	<ul style="list-style-type: none"> ● Fourteen respondents reported experiencing threats of violence a total of 0-5 times while one respondent reported a total of 6-10 times. ● All 15 respondents reported experiencing threats of violence as an Asian or Asian American music therapist 0-5 times both during and post the COVID-19 pandemic. ● Eight respondents reported feeling very safe before the COVID-19 pandemic while six respondents reported feeling very safe within their family during the pandemic. ● Respondents decreased in their social safety rating from before the pandemic to during the pandemic. ● Most respondents reported a 4 in their safety in public areas before the COVID-19 pandemic, but this number decreased by half since 2022. ● For all three options (pre, peri, post), there was at least one respondent who did not feel accepted or that they belonged. ● No respondents responded to the option of “I rarely did this” as the majority of respondents (73%), to some extent, have changed their behaviors/lifestyle pre, peri, and post pandemic 	<p>“...if my friends could help me fill in the gap with cultures here”</p> <p>“...when I choose to hide it, I put up a couple of more defense”</p> <p>“Empathy... that’s like needed to be a music therapist.”</p> <p>“...understanding the general idea of what it means to be a minority... everyone is multicultural in some way”</p> <p>“I do everything to integrate perceptions and thoughts of other people... as much as I can”</p>

Global Themes	Quantitative Data	Qualitative Data - Quotations
6. The yearning for support from the MT profession	<ul style="list-style-type: none"> Did not explore in quantitative survey 	<p>“Just be curious about Asian cultures... cultural curiosity”</p> <p>“...learn how to identify through humility?”</p> <p>“Learn to acknowledge the difficulties but also celebrate”</p> <p>“... to have a class on how do we practice cultural humility and how do we respond as a minority MT?”</p> <p>“... providing more opportunities than what we are allowed in course work”</p>

CHAPTER VII

DISCUSSION

Summary of Findings

The purpose of this study was to understand experiences of racism, discrimination, xenophobia, and microaggressions Asian and Asian American music therapists may face in the field. Twenty-five participants responded to the survey and of the 25, five participants participated in the semi-structured interview. From the survey, respondents noted experiencing racism, discrimination, xenophobia, and microaggression throughout their academic training and in various settings. Additionally, there was always at least one respondent who did not feel accepted or a sense of belonging. Six main themes were found through interpretive phenomenological analysis which included 1. Complexity of identifying as an Asian or Asian American, 2. Positive and negative lived experiences as an Asian and Asian American music therapist, 3. Challenges and successes as an Asian and Asian American, 4. Moments to hold onto, 5. Impact of lived experiences affecting role as a music therapist, and 6. The yearning for support from the MT profession. The themes were integrated using quantitative and qualitative data. The following discussion aims to connect existing literature to the themes found in this study and the research questions:

- What trends exist surrounding racism, discrimination, xenophobia and microaggressions Asian and Asian American music therapists have experienced? (Quantitative)
- How have these experiences impacted the identity and sense of belonging as a music therapist in training or music therapist? (Qualitative)
- What similarities and differences exist between the quantitative and qualitative data? (Integrative)

Trends Surrounding Racism, Discrimination, Xenophobia, and Microaggressions

Music therapists work in various settings and can encounter clientele from various cultures. Sims et al. (2022) reported an interviewee who witnessed a shift from minor microaggressions, to blatant, public displays of hatred between pre and post pandemic. Violet was verbally and physically attacked by a client at her workplace. Kim et al. (2019) discussed the topic of workplace incivility, a form of subtle hostile workplace behavior where people of color tend to experience more frequently. An example of workplace incivility is being ignored. Violet tried to seek support from her supervisor after her encounter and was greeted with ignorance that “racism does not exist.” Imeri et al. (2022) noted, “validating that supervisees are experiencing racism is basic, but invalidation is a more common experience” (p. 178). From the quantitative survey, 13 of the 15 respondents who identified as Asian or Asian American reported experiencing threats of violence ranging between 0-5 instances while two respondents reported an increase to 6-10 instances during the COVID-19 pandemic. However, 14 respondents who identified as Asian or Asian American music therapist reported experiencing threats of violence a total of 0-5 times while one respondent reported a total of 6-10 times before the COVID-19 pandemic. The data from the quantitative survey aligned with both the literature and interviews surrounding the increase of Asian hate crimes. Factors that have contributed to these similarities are that the participants from the interview reported experiencing more acts of violence in various settings and the respondents from the survey reported an increase in threats of violence during the COVID-19 pandemic. Moreover, participants with varied experiences of racism, discrimination, xenophobia, and microaggressions reported threats of violence pre, peri, and post COVID-19 in various workplace settings.

Experiences Impacting Identity and Sense of Belonging

Experiencing constant racial microaggressions can lead to psychological distress and negatively impact one's work performance and participants from the survey and interview felt some sort of shift between feeling accepted and belonging between pre and post COVID-19 (Kim et al., 2019). Kim (2011) stated international students may experience additional stress due to more advanced language skills and cultural understanding while Lin (2014) discussed other stressors including language barriers, culturally based needs, and insufficient social support. Penny, who identified as Asian, shared feelings of frustration as learning about a society/culture that is different from their own is hard to learn alone. Imeri et al. (2022) discussed a similar finding, specifically their theme, doing this by yourself and for yourself is lonely and isolating. Roxanna Gaines reported feeling "alone" especially when sitting at a table as the only minority and "talking about culture."

When the COVID-19 pandemic was declared a national emergency, instances of racial discrimination included verbal harassment including phrases such as "Chinese virus" and "Go back to China." Participants Sharon and Violet have experienced verbal harassment during the pandemic such as "Ching Chong Ling Long" and "Go out of here, Chink!" By experiencing constant verbal harassment and physical assaults, an individual's sense of belonging and identity decreased, which can be seen through the survey and interview.

Similarities and Differences Between Quantitative and Qualitative Data

Participants of the survey and the interview all noted instances of racism, discrimination, xenophobia, and microaggressions and a decrease in acceptance and sense of belonging. Serafini et al. (2020) found significant correlations between increased instances of discrimination and the physician's race as well as the consequences associated with experiencing discrimination.

However, no other researcher has found correlations between Asian and Asian American music therapists and the impacts of experiencing racism, discrimination, xenophobia, and microaggressions. Researchers found the importance of collaborating with authors who hold a variety of identities (Swamy et al., 2022). Imeri et al. (2022) emphasized the importance of minoritized voices to be heard as “it’s a difficult uphill battle that is hard to wage alone.” By integrating the quantitative and qualitative data, similarities and differences found between the two help build a sense of community and develop deeper relationships between participants, especially those of similar cultural backgrounds. Moreover, participants and those who read this study may find commonality by providing belongingness and support (Lin, 2014).

Application for Clinical Practice

The world has changed from pre, peri, and post COVID-19, especially surrounding topics of social justice and advocacy. From the five participants in the interview, music therapy students, colleagues, and the field as a whole must engage more actively in pursuing social justice, especially for those who identify as AAPI and BIPOC. Asian and Asian American music therapists may face challenges externally in their clinical work, but also internally due to experiencing constant racism, discrimination, xenophobia, and microaggressions.

From the survey and the interviews, participants unfortunately received instances of racism, discrimination, xenophobia, and microaggressions in various settings, whether personally or professionally. Participants suggested engaging in cultural curiosity and practicing intentional discussions to learn about one another rather than from a place of harm. Although sometimes music therapy colleagues may believe they are coming from a genuine place, assumptions and biases may still cause harm. Researchers Hadley and Thomas (2018) noted that increasing awareness including self-awareness helps better address topics related to biases. To better

understand the lived experiences of our colleagues, self-reflection is an important tool. Music therapy colleagues can start to recognize their own bias and how they may reflect on others by engaging in self-reflection. Additionally, participants urged friends, colleagues, and professionals to listen and to believe the experiences reported are valid.

Participants expressed feeling “alone” and never “feeling enough” especially when faced with discriminatory remarks. One suggestion from participants included honoring affinity groups and overall providing more opportunities of support groups for minorities and organizations. Unfortunately, AMTA has tried to hold space for affinity groups, but has received criticism and temporarily stopped these closed affinity groups. Although AMTA has re-established these groups again, participants also expressed creating affinity groups at the regional level to provide support to a smaller community so that more voices could be heard and supported (Thomas, 2019). However, by holding space for individuals with similar cultural backgrounds, participants can feel more supported and encouraged in sustaining their own journey of racial healing and clinical work as a music therapist.

The music therapy field must acknowledge and understand the challenges that international students may face during their academic training and in the professional workplace. Due to their role in training students, educators, internship directors, and internship supervisors can increase the support provided for international students. Educators may better use their resources, such as their students, colleagues, and new relevant literature, at their institutions to learn about cultural backgrounds and ethnicities to better understand international students. Additionally, educators can engage in a more anti-oppressive lens of teaching to better incorporate international students’ voices, and to also provide more time for students in completing assignments and exams as their first language may not be English and will need more

time to translate articles, books, and write in English. Educators can change the way they teach class material by seeking out diverse literature and rephrasing language, specifically in classroom settings. Additionally, educators can provide support groups for international students, especially during internship. The support groups can include bi-weekly check ins as some students may have moved to another state (in addition to moving to the United States for their university), provide resources that past international students or classmates have found helpful, and encourage learning more diverse repertoire from various communities and genres.

Supervisors can increase support of international students by providing more time for their supervisees to immerse themselves not only to the practicum/internship site, but also the adjustment of their physical location (moving to a different area of residence) and their support system. Supervisors can also include resources including song lists most used at that site to better prepare the supervisee. Additionally, supervisors can use various approaches of supervision to support international students, such as the culturally responsive approach. Belgrave and Kim (2021) aimed to better define concepts of cultural competence vs. cultural humility to help supervisors and supervisees better understand their lived experiences. Internship directors can rephrase interview questions to be more concise when interviewing international applicants as certain phrases in the English language have multiple meanings and connotations. Lastly, internship directors can provide resources early in the internship including ways to study for the board exam as some international students may need more time to prep as English may not be their first language.

Finally, based on the participants recommendations, a need exists to incorporate and encourage institutions to add in multicultural classes and workshops in the curriculum. The suggested workshops include “how to respond and how to advocate safely toward clients.” By

doing so, music therapy students, colleagues, and future professionals will have more opportunities to immerse and educate themselves early on in their training about activism. Though students and professionals have applied AMTA's competencies into their practice, more specific guidance is needed from AMTA on how to better apply these competencies in our education and clinical work as society works more toward a multicultural way of thinking. In conclusion, as the five participants each stated, "everyone is multicultural in some way," the music therapy field should strive to practice more self-reflection on their own intersecting identities, points of privilege, amplify marginalized voices, and celebrate each other's differences.

Limitations

A significant limitation for this study was the sample size as only 25 participants responded to the survey. Based on the number of Asian and Asian-American-identifying music therapists, the researcher originally hoped 50 participants would complete the survey to ensure a larger representation of music therapists were reflected in the data. Due to time constraints, the first five participants who expressed their interest were chosen for an interview as other potential participants expressed interest after data analysis had begun. A larger sample size would allow a more in-depth comparison between participants' experiences with racism, discrimination, xenophobia, and microaggressions and ensure data saturation had been reached.

An additional limitation from the survey is participants were limited to choosing one answer to questions including from whom they sought support. Participants may have sought support from various individuals and this question did not allow for more nuance. Moreover, the ranges that were given on the survey included "0;" therefore it is unknown how many respondents did not experience any instances of racism, discrimination, xenophobia, and

microaggressions. The researcher also made a human error of not incorporating the option of “1” to the questions that asked participants to rate their general feelings of acceptance or belonging as an Asian or Asian American and as a music therapist. Additionally, participants may have had different views of the definition of xenophobia and microaggressions which may have impacted their answers.

Recommendations for Future Research

Based on the results of the study, future investigations around this topic are needed, especially at a larger sample size to further explore in depth experiences of racism, discrimination, xenophobia, and microaggressions Asian and Asian American music therapists may face in the field. Another area for further research is to explore music therapy student's experiences as only board-certified music therapists expressed interest in pursuing the in-depth interview. Additionally, future investigations could explore how Asian and Asian American students are represented during their educational studies, internship, and in the professional workplace. Future research can also aim to compare and contrast the lived experiences of colleagues who identify as Asian or Asian American that have been in the field for five years or less to those who have been in the field for 20+ years. Finally, integrating these research topics into one can explore the changes of representation for Asian and Asian Americans in the field of music therapy and how these changes have impacted both their clinical work and feelings of belonging.

Conclusion

The purpose of this convergent parallel mixed methods study was to understand experiences of racism, discrimination, xenophobia, and microaggressions Asian and Asian American music therapists may face in the field. Three research questions guided the study:

1. What trends exist surrounding racism, discrimination, xenophobia and microaggressions Asian and Asian American music therapists have experienced?
2. How have these experiences impacted the identity and sense of belonging as a music therapist in training or music therapist?
3. What similarities and differences exist between the quantitative and qualitative data?

Twenty-five participants responded to the survey and five participants participated in the interview. Results from the survey were displayed by figures and described narratively. Respondents noted experiencing racism, discrimination, xenophobia, and microaggression throughout their academic training and in various settings. Additionally, there was always at least one respondent who did not feel accepted nor belonged. Six themes emerged through data analysis using Grocke's (1999) IPA procedure: 1. Complexity of identifying as an Asian or Asian American, 2. Positive and negative lived experiences as an Asian and Asian American music therapist, 3. Challenges and successes as an Asian and Asian American, 4. Moments to hold onto, 5. Impact of lived experiences affecting role as a music therapist, and 6. The yearning for support from the MT profession. A similarity from both data sets is racism, discrimination, xenophobia, and microaggressions can happen anywhere and at any point in a music therapists' training and career. A difference between the survey and the interview was most respondents from the survey found it harder to feel accepted and belong as an Asian or Asian American while participants from the interviews that identified as Asian found it harder to belong and feel accepted as an Asian music therapist.

Based on the results, a need exists for more research surrounding Asian and Asian American music therapists' experiences and how experiencing racism affects their identity, sense of belonging, and value to the field, especially post COVID-19. Additionally, studying and

researching this topic will help allied health professions to understand personal experiences of Asian and Asian American music therapists and hopefully bring more awareness to this specific community in the music therapy field.

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APPENDIX A
RESEARCH RECRUITMENT POST



Participants Needed for Research Study

Dear Music Therapists and music therapists in training,

My name is Megan Chiu, and I am completing my thesis as part of the Master of Music Therapy degree from Texas Woman's University. My institution's IRB has granted approval to begin research, and I am now seeking individuals to participate in my research study. The title of my study is "Asian and Asian American Music Therapists' Experiences with Racism, Discrimination, Xenophobia, and Microaggressions: A Convergent Parallel Mixed Methods Study."

The purpose of this mixed methods study is to understand experiences of discrimination Asian and Asian American music therapists and music therapy students and interns may face in the field. The first part of this study will involve completing an online survey to collect quantitative data about your experiences of racism, discrimination, xenophobia, and microaggressions.

Survey questions will ask about the number of times that you may have faced racism, discrimination, xenophobia, and microaggressions in various settings and spaces. The survey will

also include questions about the number of times you may have experienced threats of violence or violence, sense of belonging and safety, and lifestyle changes.

If you are interested in a follow-up interview, you will provide your email address at the end of the survey. This interview will discuss your experiences in greater detail and a total of 5 participants will be selected randomly to explore those experiences through a semi-structured interview for qualitative data collection.

The following interview questions will be asked:

- What does it mean to you to identify as an Asian or Asian American?
- Tell me about an experience you have had as an Asian or Asian American music therapy student or music therapist?
- Tell me about any challenges you have experienced as someone who identifies as East Asian, Southeast Asian, and/or Asian American?
- What are some meaningful moments or successes you have experienced as a person who identifies as East Asian, Southeast Asian, and/or Asian American?
- How do these experiences impact your role as a music therapy student or music therapist?
- How might the music therapy profession better support our Asian and Asian American students, interns, and colleagues?
- Is there anything else you would like to add?

Participants are eligible to take part in the study if:

- You self-identify as East Asian, South Asian, Southeast Asian, and Asian American

- You who are either a student (any level) or intern studying at an AMTA approved school,
OR are a Board-Certified music therapist
- Currently have lived in the United States for the majority of the year, at least seven months, since 2019

You will not be compensated for your participation in either the survey or interview portions of this study. Potential risks of this study include loss of confidentiality and emotional discomfort.

Your participation in this study is completely voluntary. You may rescind your decision to complete this study at any time without penalty. Please feel free to ask the researcher any questions you have about the study at any time.

If you meet all of the inclusion criteria of the study and are interested in participating, please click on the link below to read the electronic consent form:

https://twu.qualtrics.com/jfe/form/SV_6iquvqAsSSt4nqK

Please share this research study with anyone who you think may be interested and meets the inclusion criteria. If you have any questions or concerns about this research study, please feel free to contact either myself or Dr. Rebecca West at the contacts listed below.

Thank you very much for your consideration!

Megan Chiu, MT-BC

mchiu@twu.edu

Rebecca West, Ph.D., MT-BC

Thesis Committee Chair

Rwest2@twu.edu

APPENDIX B
CONSENT FORM

Appendix B
TEXAS WOMAN'S UNIVERSITY
CONSENT TO PARTICIPATE IN SURVEY

Title: Asian and Asian American Music Therapists Experiences with Racism, Discrimination, Xenophobia, and Microaggressions: A Convergent Parallel Mixed Methods Study

Principal Investigator: Megan Chiu, MT-BC (mchiu@twu.edu)

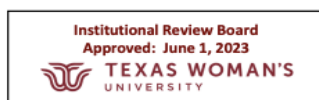
Faculty Advisor: Rebecca West, PhD, MT-BC, Rwest2@twu.edu (940) 898-2507

Summary and Key Information about the Study

You are being asked to participate in a research study conducted by Megan Chiu, a graduate music therapy student at Texas Woman's University, as a part of her master's thesis. The purpose of this convergent parallel mixed methods study is to understand experiences of discrimination Asian and Asian American music therapists may face in the field.

You have been invited to participate in this study because you:

- Identify as East Asian, South Asian, Southeast Asian, and/or Asian American
- Are either a student (any level) or intern studying at an AMTA approved school OR are a current board-certified music therapist
- Currently have lived in the United States for the majority of the year, at least seven months, since 2019



Initials _____
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As a participant, you will be asked to complete an online survey to collect quantitative data about your experiences of racism, discrimination, xenophobia, and microaggressions. At the end of the survey, you will indicate if you are interested in also completing a semi-structured interview about your experiences as an Asian or Asian American music therapist. If you are interested, you will provide your email address. If not, you will finish the survey. By providing your email address, your responses have the potential to be matched with your identity.

If you are interested in completing the semi-structured interview, the researcher will select randomly five participants who provided their email address.

The following interview questions will be asked:

- What does it mean to you to identify as an Asian or Asian American?
- Tell me about an experience you have had as an Asian or Asian American music therapy student or music therapist?
- Tell me about any challenges you have experienced as someone who identifies as East Asian, Southeast Asian, and/or Asian American?
- What are some meaningful moments or successes you have experienced as a person who identifies as East Asian, Southeast Asian, and/or Asian American?
- How do these experiences impact your role as a music therapy student or music therapist?
- How might the music therapy profession better support our Asian and Asian American students, interns, and colleagues?
- Is there anything else you would like to add?



Initials _____
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There are no direct benefits to the participants of this study and you will not be compensated for your participation in either the survey or interview portions of this study. Potential risks of this study include loss of confidentiality and emotional discomfort.

Your participation in this study is completely voluntary. You may rescind your decision to complete this study at any time without penalty. Please feel free to ask the researcher any questions you have about the study at any time.

Total Time Commitment of Study:

The total length of time for each section consists of:

- The consent section will take no longer than 30 minutes.
- The survey will take 15-20 minutes.
- The interview will last between 45-60 minutes.
- Member checking for both the transcript and themes verification should take no longer than 30 minutes.

The average consent form takes about 30 minutes or less to complete. I would like to build in more time to allow participants time to read, reflect, and process the consent form. In total, the time commitment should take no longer than 2 hours and 20 minutes over three sessions. The total time may vary depending on if the participants indicate interest in the interview and are selected.

Description of Procedures

As a participant in this study, you will read through the consent form and indicate your voluntary consent to participate in the study described above. If you are interested in participating, you will



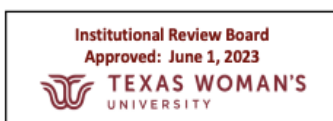
Initials _____
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click on the button at the bottom of the consent form “I agree.” This is the same as giving your electronic consent. You can then complete the survey. At the end of the survey, if you are interested in being part of an interview following up on your experiences, you can provide your email. This is optional. The researcher will randomly select five participants who are interested in being interviewed. If you are selected, the researcher will reach out through the email you have provided to schedule a consent meeting. The consent meeting will occur over the video platform zoom. Once you have completed the consent meeting for the interview, you may choose to withdraw your participation or give consent to do the interview. Once you have signed the consent form for the interview, you and the student researcher will identify a time that is convenient to you to conduct the interview. The interview will occur over the video platform zoom and will be recorded. Participants do not need to keep their cameras on. The interview will last between 45-60 minutes. All risks are described in further detail in the potential risks section.

Potential Risks

Because the study will be conducted through email, a web browser, and Zoom, there is a potential risk of loss of confidentiality in all email, downloading, electronic meetings, and internet transactions. It is possible the researcher’s password-protected computer is stolen or hacked.

There is a loss of confidentiality for you if your computer or electronic device is stolen or hacked. You can choose when and on what device they communicate with the researcher.



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There is an additional risk of conducting member checking (sending the transcript & essence review through email, since the responses will be linked back to you) because of potential loss of confidentiality.

There is increased risk of loss of confidentiality if you choose to do the semi-structured interview because you will be emailing the signed consent form. Confidentiality will be protected to the extent that is allowed by law.

A risk associated with using the Zoom platform is the risk of hacking, or “Zoom bombing,” by others. Steps to minimize this risk will be made in the Zoom settings in which all scheduled meetings will be generated with a unique meeting ID and password only shared between the student researcher and the participant. In addition, the student researcher will set up a waiting room requiring all attendees to be personally admitted by the student researcher, negating any potential hackers and uninvited individuals. Finally, the student researcher will lock the meeting once the participant has entered the virtual room as a final safeguard against potential hackers or uninvited individuals.

All video/audio recordings and the written interview will be stored on the student researcher’s school cloud-based google drive account in a locked folder. Only the student researcher and advisor will read the written interview. The main list of all participants and their designated pseudonyms will be stored in a separate folder on the student researcher’s school-based google drive. Signed consent forms will be stored on the advisor’s school cloud-based google drive account. Each transcript will be stored in a separate folder on the student researcher’s school-



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based google drive. The analysis for the interview will be held in a separate locked folder in the student researcher's school cloud-based google drive. All video/audio recordings, transcripts, master lists, and consent forms will be destroyed three years after the study is finished. All files stored digitally will be permanently trashed and erased from the hard drive of the computer while all printed files will be shredded and destroyed.

Participation and Benefits

Participation is completely voluntary, and participants have the right to withdraw from the research without consequences of any kind or loss of benefits to which the subject is otherwise entitled. There are no direct benefits to the participants of this study and you will not be compensated for any part of completing this research study. A potential risk in this study is discomfort from the survey or interview questions asked. You may take as many breaks as needed during the interview. No physical, psychological, social, legal, or other types of risks are anticipated. However given the topic of the study, you may experience distress from completing the survey. If you experience any distress and need additional support, you may seek support from a therapist through any of the following sources:

American Psychological Association Psychologist Locator <http://locator.apa.org/>

National Register of Health Service Psychologists <http://www.findapsychologist.org/>

Mental Health of America Referrals <http://www.nmha.org/go/searchMHA>

Psychology Today Find a Therapist <http://therapists.psychologytoday.com/rms/>

National Board for Certified Counselors <http://www.nbcc.org/CounselorFind>



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If we choose to publish the results from this study, your name or any other identifying information will not be included. Any personal information collected from this study will not be used or distributed for any reason including future research. TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

TWU Disclaimer Statement

The researchers will try to prevent any problems that could happen because of this research. You should let the researchers know at once if there is a problem and they will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Questions Regarding the Study

If you have any questions about the research study, please feel free to contact myself at mchiu@twu.edu or Rebecca West, PhD, MT-BC, my faculty advisor at rwest2@twu.edu or at (940) 898-2507. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at IRB@twu.edu.

By signing this document, I agree that I am consenting to participate in the study.

Signature of Participant

Date



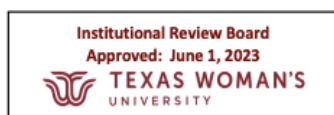
*Please mark your initials in the appropriate spot below to indicate whether or not you would like to be sent the results of this study:

_____: Yes, I would like to know the results of this study after its completion

_____: No, I would not like to know the results of this study after its completion

If you would like to know the results of this study tell us where you want them to be sent:

Email: _____ or Mailing Address: _____



Initials _____
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APPENDIX C
SURVEY QUESTIONS

Demographic Questions

- What is your age? (text box response)
- In which region of AMTA do you reside in? (drop down option)
 - GLR
 - MAR
 - MWR
 - NER
 - SER
 - SWR
 - WR
- Which of the following describes you? (multiple choice option)
 - Current student at an AMTA approved university/college
 - Current intern (either University Affiliate or National Roster intern)
 - Part-time music therapist
 - Full-time music therapist
- If you are a board-certified music therapist, how many years have you worked in total?
(multiple choice option)
 - 0-4
 - 5-9
 - 10-14

- 15-19
- 20-24
- 25-29
- 30+

Experiences Surrounding Receiving Discrimination, Microaggressions, Racism, and Xenophobia in a Music Therapy Setting

- During your academic training, approximately how many times have you experienced (racism)
 - 0-4
 - 5-9
 - 10-14
 - 15-19
 - 20-24
 - 25-29
 - 30+
- During your academic training, approximately how many times have you experienced (discrimination)
 - 0-4
 - 5-9
 - 10-14
 - 15-19
 - 20-24
 - 25-29

- 30+
- During your academic training, approximately how many times have you experienced (xenophobia)
 - 0-4
 - 5-9
 - 10-14
 - 15-19
 - 20-24
 - 25-29
 - 30+
- During your academic training, approximately how many times have you experienced (microaggressions)
 - 0-4
 - 5-9
 - 10-14
 - 15-19
 - 20-24
 - 25-29
 - 30+
- Approximately how many times have you experienced racism in a music therapy workplace (practicum, internship, as a professional)?
 - 0-4
 - 5-9

- 10-14
 - 15-19
 - 20-24
 - 25-29
 - 30+
- Approximately how many times have you experienced microaggressions in a music therapy workplace (practicum, internship, as a professional)?
 - 0-4
 - 5-9
 - 10-14
 - 15-19
 - 20-24
 - 25-29
 - 30+
- Approximately how many times have you experienced discrimination in a music therapy workplace (practicum, internship, as a professional)?
 - 0-4
 - 5-9
 - 10-14
 - 15-19
 - 20-24
 - 25-29
 - 30+

- Approximately how many times have you experienced xenophobia in a music therapy workplace (practicum, internship, as a professional)?
 - 0-4
 - 5-9
 - 10-14
 - 15-19
 - 20-24
 - 25-29
 - 30+
- Who engaged in the racist comment or behavior during your academic training?
 - Friend
 - Colleague
 - Other professional
- Who engaged in the racist comment or behavior during practicum? Please indicate the person's role:

- Who engaged in the racist comment or behavior during internship? Please indicate the person's role:

- Who engaged in the racist comment or behavior in the professional workplace? Please indicate the person's role:

- Did you seek support from a co-worker, supervisor, or colleague after experiencing racism?
 - Co-worker
 - Supervisor
 - Colleague
 - Family
 - Friends
 - Religious/Spiritual community
 - Other
 - No, I did not seek support
- Was this support helpful?
 - Yes
 - No
 - Somewhat
 - Unsure
- Did you seek support from a co-worker, supervisor, or colleague after experiencing discrimination?
 - Co-worker
 - Supervisor
 - Colleague
 - Family
 - Friends

- Religious/Spiritual community
- Other
- No, I did not seek support
- Was this support helpful?
 - Yes
 - No
 - Somewhat
 - Unsure
- Did you seek support from a co-worker, supervisor, or colleague after experiencing xenophobia?
 - Co-worker
 - Supervisor
 - Colleague
 - Family
 - Friends
 - Religious/Spiritual community
 - Other
 - No, I did not seek support
- Was this support helpful?
 - Yes
 - No
 - Somewhat
 - Unsure

- Did you seek support from a co-worker, supervisor, or colleague after experiencing microaggressions? Co-worker
 - Supervisor
 - Colleague
 - Family
 - Friends
 - Religious/Spiritual community
 - Other
 - No, I did not seek support
- Was this support helpful?
 - Yes
 - No
 - Somewhat
 - Unsure
- Overall, would you say the number of instances of racism, discrimination, microaggressions, and/or xenophobia you have experienced personally has increased from before the Pandemic compared to during or currently?
 - Yes
 - No
- How many times did you experience threats of violence or violence as an Asian or Asian American before the COVID-19 pandemic?
 - 0-5
 - 6-10

- 10+
- 20+
- How many times did you experience threats of violence or violence as an Asian or Asian American during the COVID-19 pandemic?
 - 0-5
 - 6-10
 - 10+
 - 20+
- How many times did you experience threats of violence or violence as an Asian or Asian American since 2022?
 - 0-5
 - 6-10
 - 10+
 - 20+
- Overall, how would you rate your general feelings surrounding your safety within your family as an Asian or Asian American before the COVID-19 pandemic? (0 = very unsafe, 5 = very safe, N/A = did not live in the United States before the COVID-19 pandemic)
- Overall, how would you rate your general feelings surrounding your safety within your family as an Asian or Asian American during the COVID-19 pandemic? (0 = very unsafe, 5 = very safe)
- Overall, how would you rate your general feelings surrounding your safety within your family as an Asian or Asian American since 2022? (0 = very unsafe, 5 = very safe)

- Overall, how would you rate your general feelings surrounding your social safety as an Asian or Asian American before the COVID-19 pandemic? (friends and social networks) (0 = very unsafe, 5 = very safe, N/A = did not live in the United States before the COVID-19 pandemic)
- Overall, how would you rate your general feelings surrounding your social safety as an Asian or Asian American during the COVID-19 pandemic? (friends and social networks) (0 = very unsafe, 5 = very safe, N/A = did not live in the United States before the COVID-19 pandemic)
- Overall, how would you rate your general feelings surrounding your social safety as an Asian or Asian American since 2022? (friends and social networks) (0 = very unsafe, 5 = very safe, N/A = did not live in the United States before the COVID-19 pandemic)
- Overall, how would you rate your general feelings surrounding your safety in public areas as an Asian or Asian American before the COVID-19 pandemic? (0 = very unsafe, 5 = very safe, N/A = did not live in the United States before the COVID-19 pandemic)
- Overall, how would you rate your general feelings surrounding your safety in public areas as an Asian or Asian American during the COVID-19 pandemic? (0 = very unsafe, 5 = very safe, N/A = did not live in the United States before the COVID-19 pandemic)
- Overall, how would you rate your general feelings surrounding your safety in public areas as an Asian or Asian American since 2022? (0 = very unsafe, 5 = very safe, N/A = did not live in the United States before the COVID-19 pandemic)

- How would you rate your general feelings of acceptance or belonging as an Asian or Asian American before the COVID-19 pandemic? (0 = I do not feel accepted or belong, 5 = I feel accepted and belong, N/A = did not live in the United States before the COVID-19 pandemic)
- How would you rate your general feelings of acceptance or belonging as an Asian or Asian American during the COVID-19 pandemic? (0 = I do not feel accepted or belong, 5 = I feel accepted and belong, N/A = did not live in the United States before the COVID-19 pandemic)
- How would you rate your general feelings of acceptance or belonging as an Asian or Asian American since 2022? (0 = I do not feel accepted or belong, 5 = I feel accepted and belong, N/A = did not live in the United States before the COVID-19 pandemic)
- How many times did you experience threats of violence or violence as an Asian or Asian American music therapist before the COVID-19 pandemic?
 - 0-5
 - 6-10
 - 10+
 - 20+
- How many times did you experience threats of violence or violence as an Asian or Asian American music therapist during the COVID-19 pandemic?
 - 0-5
 - 6-10

- 10+
- 20+
- How many times did you experience threats of violence or violence as an Asian or Asian American music therapist since 2022?
 - 0-5
 - 6-10
 - 10+
 - 20+
- Overall, how would you rate your general feelings surrounding your safety within your family as an Asian or Asian American music therapist before the COVID-19 pandemic?
(0 = very unsafe, 5 = very safe, N/A = did not live in the United States before the COVID-19 pandemic)
- Overall, how would you rate your general feelings surrounding your safety within your family as an Asian or Asian American music therapist during the COVID-19 pandemic?
(0 = very unsafe, 5 = very safe, N/A = did not live in the United States before the COVID-19 pandemic)
- Overall, how would you rate your general feelings surrounding your safety within your family as an Asian or Asian American music therapist since 2022? (0 = very unsafe, 5 = very safe, N/A = did not live in the United States before the COVID-19 pandemic)
- Overall, how would you rate your general feelings surrounding your social safety as an Asian or Asian American music therapist before the COVID-19 pandemic? (friends and

social networks) (0 = I do not feel accepted or belong, 5 = I feel accepted and belong,
N/A = did not live in the United States before the COVID-19 pandemic)

- Overall, how would you rate your general feelings surrounding your social safety as an Asian or Asian American music therapist during the COVID-19 pandemic? (friends and social networks) (0 = I do not feel accepted or belong, 5 = I feel accepted and belong, N/A = did not live in the United States before the COVID-19 pandemic)
- Overall, how would you rate your general feelings surrounding your social safety as an Asian or Asian American music therapist since 2022? (friends and social networks) (0 = I do not feel accepted or belong, 5 = I feel accepted and belong, N/A = did not live in the United States before the COVID-19 pandemic)
- Overall, how would you rate your general feelings surrounding your safety in public areas as an Asian or Asian American music therapist before the COVID-19 pandemic? (0 = I do not feel accepted or belong, 5 = I feel accepted and belong, N/A = did not live in the United States before the COVID-19 pandemic)
- Overall, how would you rate your general feelings surrounding your safety in public areas as an Asian or Asian American music therapist during the COVID-19 pandemic? (0 = I do not feel accepted or belong, 5 = I feel accepted and belong, N/A = did not live in the United States before the COVID-19 pandemic)
- Overall, how would you rate your general feelings surrounding your safety in public areas as an Asian or Asian American music therapist since 2022? (0 = I do not feel accepted or belong, 5 = I feel accepted and belong, N/A = did not live in the United

States before the COVID-19 pandemic)

- How would you rate your general feelings of acceptance or belonging as an Asian or Asian American music therapist before the COVID-19 pandemic? (0 = I do not feel accepted or belong, 5 = I feel accepted and belong, N/A = did not live in the United States before the COVID-19 pandemic)
- How would you rate your general feelings of acceptance or belonging as an Asian or Asian American music therapist during the COVID-19 pandemic? (0 = I do not feel accepted or belong, 5 = I feel accepted and belong, N/A = did not live in the United States before the COVID-19 pandemic)
- How would you rate your general feelings of acceptance or belonging as an Asian or Asian American music therapist since 2022? (0 = I do not feel accepted or belong, 5 = I feel accepted and belong, N/A = did not live in the United States before the COVID-19 pandemic)
- How has identifying as an Asian or Asian American impacted your behaviors or lifestyle before the COVID-19 pandemic? (e.g., buying a security system for their house, not walking alone anywhere, not hanging in only Asian or Asian American groups)
 - I did not do this at all
 - I frequently did this
 - I sometimes did this
 - I rarely did this
 - I did this all the time

- How has identifying as an Asian or Asian American impacted your behaviors or lifestyle during the COVID-19 pandemic? ? (e.g., buying a security system for their house, not walking alone anywhere, not hanging in only Asian or Asian American groups)
 - I did not do this at all
 - I frequently did this
 - I sometimes did this
 - I rarely did this
 - I did this all the time
 - How has identifying as an Asian or Asian American impacted your behaviors or lifestyle since 2022? (e.g., buying a security system for their house, not walking alone anywhere, not hanging in only Asian or Asian American groups)
 - I did not do this at all
 - I frequently did this
 - I sometimes did this
 - I rarely did this
 - I did this all the time
 - Are you interested in being considered for the interview aspect of this study? If so, please provide your email for this researcher to contact you:
-

APPENDIX D

INTERVIEW QUESTIONS

- What does it mean to you to identify as an Asian or Asian American?
- Tell me about an experience you have had as an Asian or Asian American music therapy student or music therapist?
- Tell me about any challenges you have experienced as someone who identifies as East Asian, Southeast Asian, and/or Asian American?
- What are some meaningful moments or successes you have experienced as a person who identifies as East Asian, Southeast Asian, and/or Asian American?
- How do these experiences impact your role as a music therapy student or music therapist?
- How might the music therapy profession better support our Asian and Asian American students, interns, and colleagues?
- Is there anything else you would like to add?

APPENDIX E

PARTICIPANTS' MEANING UNITS, QUOTATIONS, AND DISTILLED ESSENCES

Figure 22

Diagram of Penny's Meaning Units, Quotations, and Distilled Essence.

Penny			
Complexity of identifying as Asian or Asian American	Complicated.	"I think it's pretty complicated. I think I am Asian, but also i have an international student. I think those two can be hard to separate."	Identifying as an Asian holds many external factors - it's complicated. Experiences can be both positive and negative. Positive when someone is curious about one's cultural/ethnic background in a way to learn. Negative when some experiences are difficult to understand because coming from diverse backgrounds. Challenges arise as international students have to not only learn about clinical work/studies, but also societal norms. Learning about each other can hold meaning. By being culturally curious, self-aware, and having intentional conversations can help each other.
Experience as Asian /Asian American MT	Difficult due to many external factors	"You know, we can look Asian, but that's not really something that defines us, we have other identifying factors."	
Challenges as an Asian /Asian American	Experiences are not shared, hard to understand (because from different culture)	"When you don't share the same cultures, it can be challenging"	
Meaningful moments	Those who identify as Asian have to work harder to learn about society/culture that is different than their own	"... you have to actively learn the cultures"	
Role as MT	Supportive and open friends, learning about each other (what brings meaning to each lives)	"...if my friends could help me fill in the gap with cultures here."	
Support from MT profession	Cultural curiosity, intent, self-aware	"Just be curious about Asian cultures... cultural curiosity... I think whether if its a positive or negative experience, it depends on the <i>intention</i> ."	
Themes	Meaning Units	Quotations	Distilled Essence

Figure 23

Diagram of Liu's Meaning Units, Quotations, and Distilled Essence.

Liu			
Themes	Meaning Units	Quotations	Distilled Essence
Asian/Asian American Identity	"It's an honor to be Asian" - Sandra Oh	"To quote Sandra Oh's "Like it's an honor just to be Asian"	
Experience as Asian/Asian American MT	Liu has experienced a lot of microaggressions, but sometimes just ripping open that band-aid and identifying yourself can help future conversations (takes pressure off).	"I've experienced a lot ... microaggressions as a clinician" "Sometimes just ripping open that band-aid and just identifying yourself"	"It's an honor to be Asian." After experiencing microaggressions, these lived experiences have fueled their passion to pursue and practice from a music-centered, culturally aware, and anti-oppressive lens.
Challenges as an Asian/American	Tokenization (racial) - have to educate/ speak out. Lucky to be hired for exactly what Liu stands for. Hard to fit into model minority.	"I face a lot of tokenization. I have to educate or people are spewing microaggressions...and point it out. So i've become this Angry Asian..." "The model minority thing does throw a wrench"	The more Liu shares their story, the more connection and relationship building they hope to bring. Sometimes, it is hard to truly show oneself as a person who identifies as A/AA. MT profession can better help our community by listening, believing our experiences, and practicing more from a cultural humility standpoint.
Meaningful moments	Chapter in a published book - Brings Liu joy and wishes for people to find hope in their story	"It seems like my story gives people hope and that brings me joy"	
Role as MT	Liu has to hide/put up a couple of defenses. Increased awareness. Strong Asian community both inside/outside of MT	"...When I choose to hide it, I put up a couple of more defenses"	
Support from MT profession	Listen, believe us, identify through humility	"Understand that each Asian person's relationship with their culture/race/ethnicity is very individualized... learn how to identify through <i>humility</i> ?"	

Figure 24

Diagram of Roxanna Gaines's Meaning Units, Quotations, and Distilled Essence.

Roxanna Gaines			
Themes	Meaning Units	Quotations	Distilled Essence
Asian/ Asian American Identity	Captures heritage and ancestors, and also feeling a sense of a third culture	"I think it captures...my experience growing up not in those places where my ancestors, but also the blend...you're not fully Asian and also not fully American"	Identifying as an AA holds both pride in heritage and ancestral ties but also hard to "fit in." Positive and negative experiences can help us grow in various ways. Sometimes, a challenge is feeling isolated due to the lack of diversity or feeling "enough" as an Asian and/or Asian American. However, meaningful moments occur when celebrating uniqueness and different aspects of Asian culture. Experiences have led role of MT to engage in adaptability (go beyond clinical work) and empathy (of BIPOC patients). We need to continue to educate ourselves and celebrate each other.
Experience as Asian/ Asian American MT	Experiences include both negative and positive. Negative experience showed when to pick your battles. Positive experience helped further facilitate the therapeutic relationship.	"It was just another example of a microaggression..."	
Challenges as an Asian/ Asian American	Lack of diversity in MT workplace and field; Isolating; feeling <i>enoughness</i> as an Asian American	"It's just that alone feeling when we're all sitting at a table and talking about culture stuff" "...when you're not American enough"	
Meaningful moments	Strong sense of generational ties, celebration of uniqueness of Asian culture	"We're very unique, very different ... wish more people accepted the differences"	
Role as MT	Adaptability; empathy	"Empathy... that's like needed to be a music therapist"	
Support from MT profession	Honoring affinity groups; educating oneself; understanding/acknowledging challenges of international students; Celebrate each other.	"Learn to acknowledge the difficulties but also celebrate... we can't change who we are and not that we would want to..."	

Figure 25

Diagram of Sharon's Meaning Units, Quotations, and Distilled Essence.

Sharon			
Themes	Meaning Units	Quotations	Distilled Essence
Asian/ Asian American Identity	A blessing. Sometimes can feel alienated from being Asian American	"...growing up was a little bit difficult understanding what my identity was"	Identifying as an AA is a blessing; however there are still some instances where one can feel out of place.
Experience as Asian/ Asian American MT	Experiences with racial comments and microaggression from professionals in the field (professor) and clients. Often reminded as an Asian-American MT rather than just a simple MT	"Wow, your English is really good" "Yo, it's Yo-Yo Ma's sister, like Saigon Woman" "I'm reminded i'm an AA MT."	Microaggressions can occur anywhere and there is a constant reminder that one is "Asian/Asian-American."
Challenges as an Asian/ Asian American	Racist remarks starting since elementary school to present day (even as a professional)	"Kids would make fun of my eyes or say <i>Ching Chong Ling Long</i> "	However, a strong sense of community and friendships have formed through all of these experiences. Has impacted the role as a MT to engage in more curiosity, empathy, and understanding as a minority. School systems should add more courses that lead discussions in multiculturalism and advocacy (dialogues and responses).
Meaningful moments	Gained many wonderful relationships and friendships	"...being able to share food, discuss life, and similarities in our lives and be able to relate"	
Role as MT	Coming from a more curious lens; engaging in deeper empathy; Understanding what it means to be a minority	"I think... understanding the general idea of what it means to be a minority... growing more empathy toward clients who are of different culture... everyone is multicultural in some way"	
Support from MT profession	Adding multiculturalism to coursework requirement; more transparency and aid for international students; implementing some type of workshop on "how to respond" and/or "how to advocate safely toward clients"	"...To have a class on how do we practice cultural humility and how do we respond as a minority MT?"	

Figure 26

Diagram of Violet's Meaning Units, Quotations, and Distilled Essence.

Violet			
Themes	Meaning Units	Quotations	Distilled Essence
Complexity of identifying as Asian or Asian American	Immigrant = looking through individualistic lines and collectivist POV. Takes a village to succeed.	"I am an immigrant... has to do a lot with cultural values." "You're never alone."	Identifying as an immigrant and AA - able to see both sides and understand the various support that can help shape us into who we are. Experiences were physical and verbal attacks and were further perpetuated by the lack of positive support.
Experience as Asian/ Asian American MT	Physical attacks from client with unsuccessful support from supervisor	"I was physically attacked by a resident, which I know isn't abnormal... based on Japanese killing her husband and brother." "Racism does not exist"	Meaningful moments occurred growing up as "race" was never a topic of discussion. All of these lived experiences have influenced role of MT to practice from an <i>extremely</i> anti-oppressive multicultural lens. The leadership/foundation in which MT was built on needs to change and be rebuilt. Support can also look like adding more support groups and platforms for minorities.
Challenges as an Asian/ Asian American	Racist remarks when living in Midwest and with no support	"Get out of here Chink!"	
Meaningful moments	During childhood, never had to think about "race" and cultural values were always seen through excitement	"...and the fact that I was able to input my cultural values and talk about food"	
Role as MT	Practicing from an extremely anti-oppressive multicultural lens	"I do everything to integrate perceptions and thoughts of other people... into the sessions, the work, integrate their backgrounds, their histories, and learn as much as I can."	
Support from MT profession	AMTA needs to change or rebuilt from the ground up. Allotting more opportunities of multicultural work in classrooms. More opportunities of support groups for minorities and organizations	"...knocking down paywalls and providing more opportunities than what we are allowed in course work"	