



Boundaries and Music Therapy Practices in Greece: A Small Qualitative Study

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Abstract

The use of therapeutic boundaries is an essential aspect of music therapy work internationally. However, the influence of cultural and training factors on the use of boundaries has not been explored in-depth yet. This paper presents a small qualitative study, which investigates the use of boundaries in music therapy by Greek therapists, by taking into consideration how their use is influenced by their own cultural and training backgrounds. For the purposes of this study, online email interviews with three Greek music therapists working in Greece were conducted. Interpretative phenomenological analysis was used to analyse the data that was collected through the interviews. The main findings show that Greek music therapists use boundaries in their music therapy practice according to the professional European standards. However, therapists spoke of flexibility and variations in the use of boundaries to adapt to cultural differences in their own local settings and to meet individual clients' needs.

Keywords: music therapy, boundaries, cultural influence, training influence, flexibility

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Introduction and personal background

The inspiration for this research study was born out of my experience of studying and living in the UK, as well as my Greek origin. I noticed the differences and similarities that English and Greek people have in regard to their traditions, social and cultural behaviour and habits. In my opinion, the qualities of freedom and respect have been equally used by both countries, but often from a different angle.

Studying music therapy in the UK offered me the opportunity to learn how to become a professional music therapist according to the British standards. I have been working as a qualified music therapist in the UK for almost three years now. I have had no prolonged working

experience in Greece as a qualified music therapist, but I have been interested in the cultural differences of working in these two countries. This made me wonder whether there would be a need to adjust my practice as a music therapist when working in Greece.

The concept of 'boundaries' in therapy is difficult to define clearly; a code of practice exists, but individual therapists may act according to their own beliefs. The concept behind boundaries in music therapy sessions interests me, but I also find it challenging. At my placement where I worked as a music therapy trainee, my client seemed to have difficulty accepting boundaries in her therapy sessions and we explored in greater depth her reaction to them. My recent working experience at a UK hospice has helped me understand even more

the need of flexibility within the use of boundaries in the professional relationship with the patients. It has also introduced me more to Community Music Therapy practices where it is even more obvious (to me) that music therapists use boundaries in the therapy sessions in a professional and very flexible way (Pavlicevic 2004).

The way every person understands and uses boundaries can relate to many facts such as their family background, education and culture. According to Stige, who introduced the Culture-Centred approach in music therapy, the acknowledgement of culture in music therapy “is becoming increasingly important, as most modern societies progressively become multicultural [...] and [as] the value of cultural identity is acknowledged more than before” (Stige 2002: 42). Similarly, Cheryl Dileo writes about the importance of ethical thinking; she acknowledges amongst others the value of culture but proposes an open attitude towards it (Dileo 2000). Music therapy can be a difficult path, because of the search of “[...] knowledge and awareness of deep unconscious aspects [...]” (Benenson 1981: 51). This difficulty, for both therapists and clients, combined with the fact that the people involved in the therapy may come from different cultures, confirms the complexity into setting boundaries within the therapeutic space.

My (Greek) origin helps me understand and be more familiar with Greek culture; therefore, I have a personal motivation when researching about the setting and use of boundaries by Greek music therapists. This paper attempts to provide an overview of the use of boundaries in music therapy by Greek therapists, and how their use is influenced by their own cultural and training backgrounds. The information presented is gathered from relevant books, journals, articles that are presented in the literature review section. This is followed by detailed presentation of the three interviews, which involved Greek music therapists, and finally the Discussion and Conclusion section where I analyse further and summarise the findings from the research.

Literature review

The following review of the literature is divided in two sections. The first section deals with the concept of boundaries in music therapy drawing mainly on British music therapy literature¹. The

¹ Having studied and currently working in the UK, I deliberately chose to mainly focus my review on literature which refers to the British music therapy context. The absence of Greek literature is due to the fact that there is no publication regarding the use of boundaries in music therapy in Greece.

second section deals with the influence of culture and training on the use of boundaries in music therapy.

Boundaries in music therapy

Being a music therapist is not only about trying to communicate through the medium of music with the client. According to Darnley-Smith and Patey (2003: 45), “[...]responding to the client’s music alone is not enough; a framework of therapy, together with a means of understanding both the musical and extra-musical exchanges is [...] essential”.

Music therapists that work in the UK understand the importance of boundaries; Mercédès Pavlicevic writes:

“Traditionally, the notions of professional ethics and confidentiality are named ‘boundaries’: the boundaries between inside and outside, between the therapist and client, and between during and after music therapy sessions. In other words, boundaries of person’s space and time” (Pavlicevic 2004: 41).

Alison Davies describes a group music therapy session and the importance of using boundaries within it:

“The group is an excellent forum for members to become aware of the significance of boundaries and confidentiality as they experience them being held and managed on their training. Confidentiality and boundaries are often taken for granted and until we experience a breach and have to take responsibility for them we often do not fully appreciate their significance” (Davies 2002: 279).

Julie Sutton agrees with the use of boundaries in the clinical setting and reports the importance of: (1) consistency of time, (2) consistency of setting, and (3) consistency of attitude. According to her, “these boundaries provide environmental and psychic containment for the patient” (Sutton 2002: 134-135).

Tony Wigram (2002: 159) includes boundaries in the “important themes for music therapy sessions”. Most music therapy case studies written in English describe the importance of the setting of the therapy, including such boundaries as duration and place (Bruscia 1991; Nordoff & Robbins 2007; Wright 1989; Pavlicevic 1997) in order to help the clients “develop a sense of safety and stability” (Watson 2008: 103).

Leslie Bunt and Sarah Hoskyns write about the relationship between boundaries and therapy and how the latter “can also help to break down unnecessary boundaries, replace them, perhaps

eventually help us to dissolve them and, as we move towards the end of our lives, to even live without them” (Bunt & Hoskyns 2006: 35).

Although there is a general agreement that the ideal therapeutic environment is one where the therapists help their client feel “personally safe and secure” (Bruscia 1987: 232), music therapists also discuss the importance of being flexible as a therapist. Pavlicevic (2004: 285-286) states the importance of “making boundaries that are meaningful to [...] [the clients’] particular situation” and “[...] the need for the therapeutic frame to be negotiated between therapist and client, rather than simply imposed and designed by the therapist” (Pavlicevic 1997: 142). Similarly, Catherine Sweeny agrees with the flexible use of boundaries in music therapy by the music therapists, stating:

“The physical condition of clients can also impinge on the therapy space, and sessions may need to be altered due to external factors such as medication, nausea, tiredness, and pain” (Sweeny 2003: 32).

The Community Music Therapy approach has been increasingly introduced into the music therapy world and has a flexible attitude towards thinking about and using boundaries in and out of the session. Boundaries are challenged but only to suit and meet the patient’s needs and safety. The way therapists think about the session and the patient and the place and time of the session are some of the main qualities of Community Music Therapy (Pavlicevic 2004).

The role of culture and training in the use of boundaries

For many, culture has been and still is identified with origin; there is a propensity of making assumptions and using stereotyped phrases when thinking about culture; “[...] we tend to think of culture as fixed entities defined by ethnic or geographical borders” (Stige 2002: 1). According to Stige (2002: 2-5) there is a reason for this; it is natural to assume that when people have factors in common which influence their everyday life, like the weather, tradition and education, it may bring them closer and make them share a similar way of life. Categorising people may contribute to misunderstandings and preconceptions, but it may also bring the feeling of belonging to a group; a country could be considered as one of these groups. The same author also states that:

“‘culture’ is not an optional add-on, and any music therapy is naturally shot through with culture. There is no choice but to be culture-centred or culture-sensitive as music therapists:

our practice, theory, conventions, assumptions and attitudes are all products of a time and a place; they are cultural constructions” (Stige cited in Pavlicevic 2004: 23).

Juliette Alvin (1966) also believes in the strong relationship between culture and music. She believes that people’s emotions are evoked by music from their own culture. She explains that culture is not only ethnographical but is linked with one’s educational or social background. Oldfield agrees with the impact that education and culture in general have in the way music therapists work and that these factors:

“would ultimately make up their own minds about which way they would each choose to work, developing and adapting approaches as necessary” (Oldfield 2006: 165-166).

As shown above the use of therapeutic boundaries is an essential aspect of music therapy work, which has widely been discussed on a theoretical level. In addition, there is literature about culture centred music therapy (Stige 2002) in the English language but no published literature exists in Greek².

However, the influence of cultural and training factors on the use of boundaries has not been researched yet. Therefore, my research focuses on exploring the use of boundaries by Greek music therapists in Greece in connection to their training and culture.

Aims of the research study

This study aims to investigate the ways in which Greek music therapists use and conceptualise boundaries in their practices. This small-scale qualitative study focuses on situated knowledge and does not aim to generalise its findings. Therefore, its findings do not lead to definitive conclusions, but encourage the development of further dialogue and research in this area. This will hopefully benefit professional and trainee music therapists who work or intend to work in Greece, but also those of other nationalities who may work with Greek clients.

Research questions

The main research question of this study is: how do Greek music therapists use boundaries in their professional practices, and how is their use influenced by therapists’ own cultural and training backgrounds?

² For an overview of music therapy literature published in Greek, see Tsiris (2011a, 2011b).

From this main question, the following four sub-questions emerge:

- i. How do Greek music therapists understand boundaries in music therapy?
- ii. What do Greek music therapists believe about the relationship between the use of boundaries in music therapy and their (as well as their clients') country of origin?
- iii. What do Greek music therapists believe about the relationship between the use of boundaries in music therapy and their music therapy training?
- iv. In what ways do Greek music therapists find the use of boundaries important?

Participants

For the purposes of this study, three Greek music therapists were interviewed³. This small purposive sampling enables the generation of contextualised knowledge, which can possibly be transferred (but not generalised) into other contexts.

The selection criteria for the participants were: i) to be born and have lived in Greece, ii) to be trained and certified as music therapists (according to the standards of the Greek Association of Professional Certified Music Therapists), and iii) to work as music therapists in Greece (during the time of the interviews). In order to gain a wider view of music therapy practices in Greece, two of the interviewees that were chosen were trained in the UK and one of them was trained in the USA. In addition, at the time of the interviews, they were practising in a variety of organisations and client groups in Greece.

Data collection

The interviews were conducted through exchanging electronic messages (emails) in live time, as I was located in the UK and the interviewees in Greece. The email interview method, as a form of real-time text-based communication, was accessible to all interviewees as they were already using it as a form of communication and there was no need for a programme installation (compared to other online communications, e.g., instant messaging).

Despite the lack of access to non-verbal communication signs that traditional face-to-face interviews provide, the online interview method offered a series of advantages. According to Hewson and Yule:

“Compared with traditional interview methods the email interview may be less spontaneous and flowing, but [...] may encourage more detailed and carefully considered answers [...] respondents are able to go and check information, and this may enhance the validity and quality of data obtained” (Hewson & Yule 2002: 45).

The interview schedule comprised open and closed questions. The interviews were semi-structured in order to allow for flexibility to engage in a dialogue where questions are modified in response to participants' responses (Robson 1993; Smith & Osborn 2008). The interview process was piloted prior to the actual interviews.

Data analysis

For the purposes of this research study, a qualitative idiographic methodology was used “to make a ‘deep but narrow’ understanding of individual situations and phenomena” (Ansdell & Pavlicevic 2001: 139). The data that was collected through the interviews was analysed through coding and thematic analysis, following an interpretative phenomenological analysis (Ansdell & Pavlicevic 2001). Having in mind the contextualised nature of this study, this qualitative data analysis method was considered most appropriate, as it focuses on understanding *how* things are and not on identifying objective ‘truths’.

In practical terms, after the interviews, the texts from the email interviews were gathered into three separate word documents (interview A, B and C). Each meaning unit of the interview texts was given a unique number code (for example of coding, see Table 1). These codes were grouped into categories which were then grouped into larger units of meaning which led to the generation of five themes.

Interview question:	[19] Do you think that the use of boundaries in music therapy sessions is important? Yes/No, Please say why this is.
ANSWER : Music Therapist B	[20] Boundaries are very important in our work and cover the whole area of music therapy from outside the session [21] to what happens in the sessions and [22] how it happens. [23] We have to be very very serious [24] when thinking how to set the boundaries in our work. [25] It is very important though to learn how 'to play' with boundaries in a creative way, which [26] can be therapeutic for your patients.

Table 1 : Example of coding

³ This study was conducted as part of my music therapy studies at the masters programme of Roehampton University, UK.

Ethical considerations

All interviewees were given an information sheet and signed a consent form for their participation. The information sheet explained the research study, its objectives and what their voluntary participation would involve. Research data was protected according to the Data Protection Act 1998 (UK). Anonymity, confidentiality and privacy were respected at all times during the research. In order to ensure interviewees' anonymity, their names were disguised as interviewee A, B and C. Also, certain data that could reveal their identity was excluded (i.e. gender, age).

Findings

The data analysis revealed five main themes: i) Boundaries, ii) Cultural influence, iii) Training influence, iv) Flexibility in relationship, and v) Difficulties in relation to boundaries. The findings of the study are structured according to these emerging themes.

Theme one: Boundaries

Theme one included four categories: protection, responsibility, physical and internal boundaries. Some examples of direct quotations from the interviews and their coding and categorising are included in Table 2.

Answers by music therapists A, B and C about boundaries			
<p>A [1] to create a "frame"... [3] this frame is mainly about consistency, [4] safe ground, [5] ...professionalism.</p>			
<p>B [2] ...the general frame of the first contract you make with your patients... [4] The arrangement of the frequency and [5] the time of the sessions, [6] the arrangement... [13] Also, there are safety and [14] physical boundaries [16] At last, I think of some boundaries in oral communication</p>			
<p>C [1] ...confidentiality, [2] time [3]schedule, [4] timing etc. [6] due to the Greek's loose boundaries, until I understood that I had to make those boundaries very clear from the very first meeting.</p>			
Categories:			
Protection	Responsibility	Physical boundaries	Internal boundaries

Table 2: Examples of theme one

All three interviewees described the importance of the use of the boundaries in music therapy for the client, the therapist and the process of the therapy

and stated that it is essential to address boundaries from the beginning.

Some of the boundaries they use in the clinical setting are “the frame, time, confidentiality, professionalism, safety, physical boundaries, consistency and frequency of music therapy sessions”. B wrote about the importance of having “an internal boundary” and that it helps the music therapist when clients “challenge the boundaries”. C uses mainly music boundaries in order “to prevent destructive actions from the clients”.

Theme two: Cultural influence

This theme is about culture and its influence on Greek music therapists in the way they use boundaries in music therapy. This theme included the following six categories: Greek, open, physical contact, free, warm, education. Some direct quotations from the interviews and their coding and categorising are included in Table 3.

Answers by music therapists A, B and C about culture and its influence on their clinical practice					
<p>A [30] my cultural background... made me think on how strict should we be with the boundaries. [37] Each client stretches us in a different way, no matter Greek, British or else.</p>					
<p>B [81] In my culture people often touch each other, [82] they often speak very loudly - without this meaning that they are upset – [83] they often move their hands when speaking - without this meaning that you are deaf –. [91] We have a massive ‘psychopathology’, which we call Greek culture.</p>					
<p>C [26] ...the way I have been brought up by my family... [27] ...personal therapy...</p>					
Categories:					
Greek	Open	Physical contact	Free	Warm	Education

Table 3: Examples of theme two

The three interviewees wrote about the influence of their culture upon their clinical practice. Having trained in England, A and B wrote about the importance of learning to use boundaries within the culture of the clients and how they had to adjust their way of using boundaries when they returned to work in Greece.

A believes that English people have an “‘inherited’ boundary’ of being punctual at the time of their appointment that Greeks do not have.

B stated that her/his cultural background is “very Greek”. S/he feels “happy” when s/he works with children in Greece in that s/he “is allowed to touch them”. S/he is not afraid when “they jump on her/him when they arrive in the therapy room”.

S/he wrote that Greeks “touch each other, speak loudly, move their hands when speaking [and] show high energy when expressing themselves” and therefore music therapists in Greece work in a different way than when working in England.

The way C was “brought up by her/his family, her/his education, her/his professors, personal therapy [and] supervision” comprises her/his culture and the things that have influenced her/his way of practicing.

Theme three: Training influence

This theme is about training and its influence on Greek music therapists in the way they use boundaries in music therapy. This theme included the following two categories: wider knowledge and approach. Some direct quotations from the interviews and their coding and categorising are included in Table 4.

Answers by music therapists A, B and C about training and its influence on their practice	
A [30] my cultural background (in combination with my British training) made me think on how strict we should be with the boundaries	
B [69] so, I believe that the way we learn about personal and physical boundaries in the course is based on the British culture. [70] And then we have to change all this to a Greek version.	
C [14] Of course my training has influenced the way I use boundaries...	
Categories:	
Wider knowledge	Approach

Table 4: Examples of theme three

A has been influenced by her/his training and because s/he studied in England s/he was also influenced by British culture. S/he writes, “...a British client is expected to be “punctual” compared to the way the Greeks are.

B states that training is very important and one has the opportunity to gather useful knowledge. C stated that her/his training “helped a lot to convey boundaries”.

Theme four: Flexibility in relationship

The fourth theme is about their flexibility as music therapists in the relationship with the client. This theme included the following four categories: no rules, unique, creative, client’s needs. Some direct

quotations from the interviews and their coding and categorising are included in Table 5.

Answers by music therapists A, B and C about their flexibility in their relationship with the client			
A [21] ...a boundary could be applied according to the specific dynamics developed in one particular relationship and [22] may well be altered within a different dynamic space. [41] ...the boundary is something to work with (and to work on) [42] depending on the personal needs...			
B [2] ...the general frame of the first contract you make with your patients and [3] how flexible you can be with that. [25] It is very important ... 'to play' with boundaries in a creative way, which [26] can be therapeutic for your patients. [50] ...no 'rule' can be a general rule when working with different groups of patients. [51] What is 'therapeutic' for one patient can be 'catastrophical' for another...			
C [17] I use boundaries in a synthetic way, [18] depending on different client needs. [22] ...I use music as therapy and music in therapy [23] according to the needs of the client and of every moment in the session. [32] ...It depends on the client needs... [33] I’ve learned to be flexible.			
Categories:			
No rules	Unique	Creative	Clients’ needs

Table 5: Examples of theme four

All three interviewees wrote about the importance of being flexible as a music therapist in order to help the client and the therapeutic process. They believe that it is very important to treat every client in the music therapy session as a unique person, according to her/his own needs and characteristics. They all believe that is important to use the boundaries in a creative and helpful for the client way.

Theme five: Difficulties in relation to boundaries

The fifth and last theme is about the difficulties the Greek music therapists of this study have in relation to boundaries. This theme included the following three categories: personal, time, devaluation. Some direct quotations from the interviews and their coding and categorising are included in Table 6.

Answers by music therapists A, B and C about their difficulties in their music therapy practice		
<p>A [48] ...do not turn up in time, [49] cancel with a short notice... [50] forget to pay. [52] ...family members of clients [53] who wanted to get involved in the therapeutic process [54] by being directive towards their subjective believes or [55] expectations (Greek issue!). [56] ...people want to "be friends" with you [60] ...other colleagues/health professionals who underestimate the importance of MT, [61] resulting to alterations in schedule without prior notice, [62] excluding MT from staff meetings, etc.</p> <p>B [68] It took me some time to get back to Greece -not physically - but culturally. [108] They challenged the boundaries of all the levels... [109] ...the frame, the physical - safety and the oral boundaries</p> <p>C [5] I had some little difficulties in the beginning of my practice... [6] due to the Greek's loose boundaries, until I understood that I had to make those boundaries very clear from the very first meeting. [8] ...it's very easy to become friends in Greece and [9] waste important transferential material for the music therapy process of the client. [36] I had difficulties... after the session, when it was time for children and parents to leave to place.</p>		
Categories:		
Personal	Time	Devaluation

Table 6: Examples of theme five

A has had difficulties with clients that were late, forgot to pay or cancelled with a short notice. S/he had cancellations of sessions without "prior notice because other colleagues... underestimate the importance of [Music Therapists]". Family members of the clients wanted to get involved in the therapy "by being directive" and clients wanted to become friends with the therapist. C has encountered the latter too and also had difficulties with the time boundaries and her/his clients. B has had difficulties with people that "challenged the boundaries of all levels" and with clients that did not play music in their music therapy session.

Discussion

The aforementioned findings of the interviews are discussed here in relation to the literature and the main research question of the study: How do Greek music therapists use boundaries in their professional practices, and how is their use influenced by their own cultural and training backgrounds?

The discussion is structured according to the four original research sub-questions in conjunction to the five emerging themes, as shown in Table 7.

Research sub-questions	Emerging themes
How do Greek music therapists understand boundaries in music therapy?	1. Boundaries
What do Greek music therapists believe about the relationship between the use of boundaries in music therapy and their (as well as their clients') country of origin?	2. Cultural Influence
What do Greek Music Therapists believe about the relationship between the use of boundaries in music therapy and their music therapy training?	3. Training Influence
In what ways do Greek music therapists find the use of boundaries important?	4. Flexibility in Relationship 5. Difficulties in relation to boundaries

Table 7: Research sub-questions and emerging themes

How do Greek music therapists understand boundaries in music therapy? (Theme 1: Boundaries)

The three Greek music therapists were in agreement about the way they understand boundaries in music therapy. The use of boundaries in the music therapy sessions is essential, according to them, in order to help the therapeutic process of their clients. They all feel they have a responsibility to create a "frame" in the music therapy session in which the client can feel safe and protected (see Table 2: Theme one: Boundaries).

Some of the boundaries the interviewees mentioned were: "consistency, safe ground, professionalism, arrangement of the frequency of sessions, duration [of the music therapy session] confidentiality [and] boundaries using music and music instruments to prevent destructive actions" (see Table 2: Theme one: Boundaries). The boundaries that the interviewees mentioned are in alignment with Sutton's opinion regarding the use of boundaries in the clinical setting and the importance of having: (1) consistency of time, (2) consistency of setting, and (3) consistency of attitude. "These boundaries provide environmental and psychic containment for the patient" (Sutton 2002: 134-135).

It is interesting that despite the fact that music therapy practice in Greece is still in its early development and there is neither an official music therapy course nor extended literature (see Tsiris 2011a), Greek music therapists appear to make use of the same boundaries as English music therapists, and for similar reasons. They want to help their

clients “feel that they are personally safe and secure” (Bion 1962: 33). The findings of this study indicate that the use of boundaries by the participants is a significant part of their work – a fact that could indicate that music therapists in Greece work in the same high standards of professionalism as music therapists in the UK.

What do Greek music therapists believe about the relationship between the use of boundaries in music therapy and their (as well as their clients’) country of origin? (Theme 2: Cultural Influence)

All the interviewees believe that their culture has influenced the use of boundaries in their clinical practice. They all relate culture to their country of origin (Greece), their education and their family. It is interesting that all of the interviewees agreed on the important role of their culture in their way of thinking, with A and B writing specifically about Greek culture and C making more general references to her/his personal development through her/his education. Alvin’s theory (1966: 92) coincides with all three music therapists and their way of defining culture, “[one’s] culture is not only ethnographical, since even in the same society people’s response to artistic experiences vary according to their social or educational background”.

A and B described Greek people’s habits: moving their hands while talking, speaking loudly, “without this meaning that they are upset” (see Table 3: Theme two: Cultural influence), being late sometimes and forgetting to pay for the sessions. However, they described these as being normal, adding that Greek music therapists know “what is normal and what is weird [in Greece]”.

B explained the importance of culture more, by describing her/his first session in Greece with a Greek adult. S/he had set up the room in the way s/he was taught in England and had found it successful for the clients; this included setting an instrument away from her/him, letting the client to keep “his physical distance”. S/he would then invite him to play an instrument that was closer, and by the end of the session invite him to play the piano with her/him. As s/he wrote, this was not successful for her/his Greek client “[...] the patient comes in, walks straight to the piano, sits very close to me, claps my back and says ‘What are we going to sing?’ I nearly fainted. Working... in the UK I found myself totally unready to face this when it happened... It took me some time to get back to Greece -not physically - but culturally”.

B needed some time to adjust into her/his Greek culture and this might show some of the difficulties that arise when training in a different country. Generally, this could also suggest that it is

beneficial when music therapists understand and relate to the clients’ culture and that this could be easier to achieve when the music therapist and the client share the same culture. The latter corresponds with Alvin’s statement “[man] can respond only to music of his culture, which conveys to him some meaning and emotion” (Alvin 1966: 92).

Greek music therapists appear to be open to the idea of changing the use of boundaries and adapting them to their culture, if this is for the benefit of their client. This could possibly indicate the importance of culture and the way it influences both the therapists’ way of thinking and practising and the clients’ needs.

What do Greek music therapists believe about the relationship between the use of boundaries in music therapy and their music therapy training? (Theme 3: Training Influence)

As mentioned in the previous section, the research participants included their training as one of the main factors of their culture. A wrote that her/his training, has influenced the way s/he uses boundaries. S/he studied in the UK; therefore British culture also influenced her/his way of thinking. B also studied in the UK and agrees with A stating that the “way we learn about personal and physical boundaries in the course is based on... British culture”. This is important because it “[has] enlarged our repertoire”, but it also means that when going back to work in Greece “we have to change all this to a more Greek version”.

Could this study indicate that by experiencing a different culture and studying music therapy abroad one understands in more depth one’s own culture?

All interviewees wrote that they adjusted their way of practice according to their culture and training. C wrote that s/he uses the different approaches s/he has studied in a “synthetic way”, based on her/his clients’ needs. It is interesting that this synthetic way of practice agrees with Oldfield’s description of a Master’s music therapy course in England, where

“[...] students learnt about several music therapy approaches in great depth, and were introduced to a number of other methods. Then, depending on the setting the students worked in and their own particular strengths and preferences they would ultimately make up their own minds about which way they would each choose to work, developing and adapting approaches as necessary” (Oldfield 2006: 165-166).

The findings of this research might suggest that a combination of approaches is the most appropriate for both Greek music therapists and clients.

In what ways do Greek music therapists find the use of boundaries important? (Themes 4 and 5: Flexibility in relationship and difficulties in relation to boundaries)

Interviewees find the use of boundaries essential. They wrote about the importance of explaining boundaries to the clients from the beginning, in order to help the therapeutic process. All participants expressed the view that the most suitable way to use boundaries in their music therapy sessions is in a flexible way following the client's needs.

It is interesting that all interviewees stressed the importance of being "flexible" using different words but in a very clear way. A wrote, "I 'tailor' every part of the therapeutic process according to the individual"; B wrote, "[...] it is very important that no 'rule' can be a general rule when working with different groups of patients" and C wrote, "[...] I use boundaries in a synthetic way... depending on different client needs... I've learned to be flexible".

It is interesting that as in their clinical approach, the music therapists appear to be open to use boundaries in a "creative" and "synthetic" way, if this is for the client's benefit, but always keeping strict safety boundaries. Pavlicevic's (2004: 285-286) writing supports this position; "[...] making boundaries that are meaningful to... [Clients'] particular situation". Being flexible also helps the music therapist to overcome difficulties that might occur in the session, according to B.

A had difficulties with clients concerning time boundaries. S/he wrote, "[...] when finding yourself in such a situation, you discover that you still have your personal boundaries which are internal boundaries and [the clients] cannot challenge them". S/he also had "major difficulty" with her/his client's family members that wanted to be involved in the client's therapeutic process in a directive way. Family members in Greece are very bonded; could a music therapist restrict the family's attempt to be involved in the therapeutic process? Alternatively, could one encourage more beneficial family involvement by explaining the reasons why directive involvement might not be helpful?

A and C both wrote about how easy it is to become more personal and friendly in Greece and this has challenged the boundaries in their sessions. C also encountered difficulties with time boundaries, as s/he characteristically explained that this happened "due to the Greek's loose boundaries" and s/he had to be very clear from the beginning about setting boundaries.

It appears that Greek music therapists find the use of boundaries important in the music therapy sessions, because they create a safe environment for the client and therefore help the therapeutic process. In addition, it may also be that having

boundaries, in the form of "internal" boundaries (as mentioned previously), helps music therapists to deal with challenging situations within the sessions. These research findings show how Greek music therapists use and adapt boundaries successfully to their own needs and reality.

Conclusions

The focus of this research was to find out whether Greek music therapists use boundaries in their sessions and if so, whether they have been influenced by their culture and training. The research question and sub-questions focused on i) the understanding of Greek music therapists and the their use of boundaries in music therapy, ii) whether they believe there is a relationship between the use of boundaries in music therapy and country of origin, iii) if they believe there is a relationship between the use of boundaries in music therapy and their music therapy training, and iv) in what ways they have found the use of boundaries important (if applicable).

The findings arising from this small-scale qualitative study cannot be generalised, but could be possibly transferable into other relevant contexts of practice. Therefore, the findings indicate that Greek music therapists' use of boundaries meets the European professional standards of practice. Participants introduced the idea of the "internal boundary" that they have in order to help their clients feel secure, which also helps the music therapists themselves when a client challenges the music therapy boundaries. They find the use of boundaries essential and mostly use the same boundaries as English music therapists. They described the use of boundaries as helpful only when music therapists use them in a flexible way, being able to work with the boundaries, always according to each client's needs (something that is common especially in Community Music Therapy practices).

Greek music therapists described culture as a combination of facts and experiences: their country of origin, the way they were raised by their family and their education. These factors have influenced them in their way of thinking about boundaries in their profession.

Some questions that arise from the findings are: Could the Greek music therapists' need for "flexibility" towards the use of boundaries indicate a necessity of flexibility within the Greek culture? Alternatively, is the way Greek music therapists use boundaries considered as flexible only because it is compared to a culture of a different country (i.e. UK)?

Could the use of music as a therapeutic tool in Greek history from ancient times help shape the

culture of modern Greece concerning flexibility in the use of boundaries? And if yes, would this mean that flexibility came with time, reflecting the view of Bunt and Hoskyns (2006: 35) that therapy “can also help to break down unnecessary boundaries, replace them, perhaps eventually help us to dissolve them and, as we move towards the end of our lives, to even live without them”?

This small-scale descriptive study aims to encourage further discussion upon the area of music therapy and boundaries in Greece in relation to culture and training – an area which is vital for the development of the music therapy profession. This study has revealed the need for the advancement of literature in the subject of boundaries related to music therapy practices in Greece. Hopefully this study will benefit music therapists who are interested in working in Greece or who already work in the country, and will encourage additional research and publishing and consequently help the development of the music therapy profession in Greece.

I feel the words from one of the interviewees of this study are a very appropriate way to conclude this article:

“The knowledge we carry home from our education at some point stops to be a super-ego and becomes the vehicle for being more naturally - as naturally as you can - a music therapist who is human, who is Greek, who is male or female, who is free to find his own way of being a therapist” (Interviewee A).

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