Appendices

Appendix 1

List of the RM

Researcher	Music	Composer	Types	Genre	Source
Borling	G minor string Quartet	Debussy	Sedative music	Classical	JMT
Borling	Ride of the Valkyries	Wagner	Stimulative music	Classical	JMT
Fried	Silk Road	Kitaro	Sedative music	New age	Biofeedback and Self-Regulation
Fried	Anti-Frantic Alternative Series	Steven Halpern	Sedative music	New age	Biofeedback and Self-Regulation
Gill, S.Y.	Piano Concerto No.1-2 Op.11	Chopin	Sedative music	Classical	KOMTEA
Gill, S.Y.	Piano Concerto No.5-2 Op.73	Beethoven	Sedative music	Classical	KOMTEA
Gill, S.Y.	Cinema Paradiso	Ennio Morricone	Sedative music	Sound track	KOMTEA
Gill, S.Y.	Piano Concerto No.2 Op.21	Chopin	Sedative music	Classical	KOMTEA
Gill, S.Y.	Les augures printaniers	Stravinsky	Stimulative music	Classical	KOMTEA
Gill, S.Y.	Seventy-Four	Cage	Stimulative music	New Age	KOMTEA
Gill, S.Y.	Requiem No. 2 Dies Irae	Verdi	Stimulative music	Classical	KOMTEA
Ha, G.H.	Alpha wave music	Shichida Korea Education centre	Sedative music	Alpha Music	Master's degree, Changwon National University
Ha, G.H.	Yellow River	Sojiro	Sedative music	New Age	Master's degree, Changwon National University
Kim, Y.C.	Nocturne Op. 27, No.2	Chopin	Sedative music	Classical	Master's degree, Changwon National University
Kim, Y.C.	The Great Yellow River	Sojiro	Sedative music	New Age	Master's degree, Changwon National University

Kim, Y.C.	Om Tara	Master Charles Cannon	Sedative music	Synchronicity Music	Master's degree, Changwon National University
Kim, Y.C.	Adagio For Strings And Organ In G Minor	Albinoni	Sedative music	Classical	Master's degree, Changwon National University
Kim, E.Y.	Air on the G string	Bach	Sedative music	Classical	KMTA
Kim, E.Y.	I believe	Sung hun shin	Sedative music	Korea pop song	KMTA
Kim, E.Y.	Requiem No. 2 Dies Irae	Verdi	Stimulative music	Classical	KMTA
Kim, E.Y.	Ultramania	Seotaiji	Stimulative music	Korea pop song	KMTA
Knight and Rickard	Canon in D major	Pachelbel	Sedative music	Classical	JMT
Lee, J.E.	Song of Ecstatic. Sounds of Source Volume	Master Charles Cannon	Sedative music	Theta music	KJEWS
Lee, J.E.	Welcome to My World Om Namah Shivaya, Om: The Reverberation of Source	Master Charles Cannon	Sedative music	Alpha Music	KJEWS
McCarthy	Canon	Pachelbel	Sedative music	Classical	MTP
McCarthy	The Light In Your Eyes	Halpern	Sedative music	New Age	MTP
McCarthy	Halo, Melancholy	Kitaro	Sedative music	New Age	MTP
Scartelli	Grandfather's story in the Red Pony(A)	Aaron Copland	Sedative music	Classical	JMT
Scartelli	Aspen in Captured Angel (A)	Dan Fogelberg	Sedative music	Pop	JMT
Scartelli	Lullaby in Children in Sanchez(A)	Chuck Mangione	Sedative music	Jazz	JMT
Scartelli	Trois Gymnopedies in Blood, Sweat, and Tears (A)	Eric Satie	Sedative music	Classical	JMT
Taylor	Hungarian Dance No. 6	Brahms	Sedative music	Classical	JMT
Taylor	Intermezzo and Serenade from Hassan	Delius	Sedative music	Classical	JMT
Taylor	G-minor String Quartet	Debussy	Sedative music	Classical	JMT
Taylor	Serenade	Schubert	Sedative	Classical	JMT

			music		
Taylor	Hello Dolly	Louis Armstrong	Sedative music	Jazz	JMT
Taylor	Le Sacre du Printemps	Stravinsky	Stimulative music	Classical	JMT
Taylor	Hide of the Valkyries	Wagner	Stimulative music	Classical	JMT
Taylor	Battle of the Huns	Liszt	Stimulative music	Classical	JMT
Taylor	Lezghinka from Gayne Ballet Suite No. 1	Khachaturian	Stimulative music	Classical	JMT
Taylor	Cello Concerto in D Major Opus 101	Haydn	Stimulative music	Classical	JMT
Wolfe et al	Braveheart, Sleepless in Seattle, Sense and Sensibility, Shine, Titanic, Phantom of the Opera etc		Sedative music	Sound Tract	JMT
Wolfe et al	Romance #2 in F, Emperor Concerto, Moonlight Sonata	Beethoven	Sedative music	Classical	JMT
Wolfe et al	Five Variants on Dives and Lazarus	V. Williams	Sedative music	Classical	JMT
Wolfe et al	Christ Looking Over Jerusalem	W. Pursell	Sedative music	Classical	JMT
Wolfe et al	The Unanswered Question	C. Ives	Sedative music	Classical	JMT
Wolfe et al	Adagio from Symphony #2	Rachmaninoff	Sedative music	Classical	JMT
Wolfe et al	A New Day	D. Crowley	Sedative music	Classical	JMT
Wolfe et al	The Lark Ascending	V. Williams	Sedative music	Classical	JMT
Wolfe et al	Innocence	Kenny G	Sedative music	New Ages	JMT

Abbreviations

JMT: Journal of music therapy

MTP: Music Therapy Perspectives

KOMTEA: Korean Music Therapy Association

KMTA: Korean music therapy association. KJEWS: The Korean Journal of East West Science

Appendix 2

List of the RTs and Meditational practices

Researcher	RTs and meditational practices	Types	Source
Bonny	Guided imagery, Biofeedback, Zen Meditation, Music-chant, Transcendental meditation Mind control	Receptive	Voices: A World Forum for Music Therapy, Jessica Kingsley Publishers, ICM Books, Journal of music therapy (JMT)
Beauchemin et al	Meditation	Receptive	Complementary Health Practice Review
Benson	Meditation	Receptive	Psychiatry
Benson and Klipper	Meditation	Receptive	Harper Collins
Bracke	Progressive muscle relaxation (PMR)	Receptive	Corsini Encyclopedia of Psychology
Bruscia	Guided Imagery	Receptive	Barcelona Publishers
Buswell Jr	Zen meditation	Receptive	Princeton University Press
Carlson et al	Mindfulness-based stress reduction (MBSR)	Receptive Active	Brain, behaviour, and immunity
Chang et al	Meditation	Receptive	Medical Problems of Performing Artists
Chen et al	Meditation	Receptive	Depression and anxiety
Collins	Guided Imagery	Receptive	Scarecrow Press
Cooke et al	Progressive muscle relaxation (PMR)	Receptive	Complementary and Alternative Medicine for Cancer
Crane et al	Mindfulness-based intervention	Receptive & Active	Mindfulness
Crane and Kuyken	Mindfulness-based cognitive therapy	Receptive & Active	Mindfulness
Davidson	Zen meditation, Transcendental Meditation (TM)	Receptive	Perspectives in Biology and Medicine
Davidson et al	Mindfulness-meditation based practice	Receptive & Active	Psychosomatic medicine
Davis et al	Meditation	Receptive	New Harbinger Publications
Davis and Thaut	Breathing techniques, Progressive muscle relaxation (PMR), Visual imagery	Receptive	Journal of Music Therapy

Daykin et al	Guided imagery	Receptive	The Arts in Psychotherapy
Dillbeck and Orme-Johnson	Meditation	Receptive	American Psychologist
Dobkin	Mindfulness-based therapeutic interventions	Receptive & Active	Complementary Therapies in Clinical Practice
Dusek and Benson	Meditation	Receptive	Minnesota medicine
Frohne-Hagemann	Guided imagery	Receptive	Jessica Kingsley Publishers
Glueck and Stroebel	Meditation	Receptive	Comprehensive Psychiatry
Goldberg	Guided imagery	Receptive	The art and science of music therapy, Einblicke, Beiträge zur Musiktherapie
Goleman	Meditation	Receptive	The Journal of Transpersonal Psychology
Grocke	Guided imagery	Receptive	Music Therapy Perspectives, ENVISIONING THE FUTURE OF MUSIC THERAPY
Grocke and Wigram	Short relaxation, Structured/Count-down induction, Autogenic-type induction, Colour induction, Light inductions, Progressive muscle relaxation (PMR)	Receptive	Jessica Kingsley Publishers
Grocke and Van Dort	Mindfulness meditation, Guided imagery	Receptive	Mindfulness and Arts Therapies
Grossman	Mindfulness meditation	Receptive & Active	Journal of psychosomatic research
Hanger	Mindfulness meditation	Receptive & Active	Teaching Mindfulness Skills to Kids and Teens
Hanh, T.N.	Meditation, Breathing techniques, Mindfulness meditation, Mindful breathing techniques, Walking meditation	Receptive	Parallax Press, Random House
Hanh and Kohn	Meditation, Mindfulness meditation	Receptive & Active	Shambhala Publications
Hofmann et al	Meditation, Loving-kindness and Compassion meditation	Receptive	Clinical psychology review
Hubbard et al	Meditation, Guided imagery, Progressive muscle relaxation (PMR), Autogenic training, Yoga and hypnosis	Receptive & Active	Springer New York
Jacobs	Progressive muscle relaxation (PMR), Meditation	Receptive	The Journal of Alternative & Complementary Medicine
Jang, T.H	Breathing techniques	Receptive	Jungshin Science

Jain et al	Mindfulness meditation	Receptive & Active	Annals of behavioral medicine
Joo et al	Meditation/Mindfulness Based Stress Reduction (MBSR)	Receptive & Active	Journal of Korean Neurosurgical Society
Jorm and Wright	Meditation	Receptive	Australian and New Zealand Journal of Psychiatry
Kabat-Zinn	Mindfulness meditation	Receptive & Active	Journal of behavioral medicine
Kang, Y.S.	Abdominal breathing, Progressive relaxation technique(PRT), Relaxation imagery, Autogenic training and biofeedback, Mindfulness Based Stress Reduction (MBSR)	Receptive & Active	Journal of preventive medicine and public health
Kang et al	Mindfulness meditation	Receptive & Active	Nurse education today
Kalayil	Progressive relaxation technique (PRT), Yoga	Receptive & Active	Dissertation Abstracts International
Keefer and Blanchard	Meditation	Receptive	Behaviour research and therapy
Kim, J. H.	Mindfulness meditation	Receptive & Active	Korean journal of health psychology
Kimble	Meditation	Receptive	Springer
Klainin-Yobas et al	Progressive relaxation technique (PRT)	Receptive	Aging & mental health
Krusche et al	Mindfulness meditation	Receptive & Active	BMJ open
Kuhlmann et al	Mindfulness-based stress reduction (MBSR)	Receptive & Active	Trials
Lazar et al	Meditation	Receptive	Neuroreport
Lee, B.J.	Meditation	Receptive	Master's degree, Sunchon National University
Lesh	Meditation	Receptive	Journal of Humanistic Psychology
Lin et al	Meditation, Zen meditation	Receptive	Psychology of music
McCallie et al	Progressive relaxation technique (PRT)	Receptive	Journal of Human Behavior in the Social Environment
McCarthy	Breathing technique, Progressive relaxation technique (PRT)	Receptive	Music Therapy Perspectives
Mitchell	Positive psychology technique (e.g., emotional freedom technique)	Receptive	The Practising Midwife

McNamara	Meditation	Receptive	A&C Black
Paik, M. S.	Guided imagery	Receptive	Voices: A World Forum for Music Therapy
Paul et al	Deep breathing meditation	Receptive	Teaching and Learning in Medicine
Pelletier	Progressive relaxation technique (PRT)	Receptive	Journal of Music Therapy
Piet and Hougaard	Mindfulness meditation, Mindfulness-based cognitive therapy	Receptive & Active	Clinical Psychology Review
Pihl	Zen meditation	Receptive	Korean Studies
Robb et al	Deep diaphragmatic breathing, Progressive muscle relaxation (PMR), Imagery	Receptive	Journal of music therapy
Rogers et al	Sitting meditation, Mindful movements	Receptive & Active	Houghton Mifflin Harcourt
Sahn, Z.M.S.	Zen meditation	Receptive	Shambhala Publication
Shapiro et al	Zen meditation	Receptive	Transaction Publishers
Shapiro and Giber	Meditation	Receptive	Archives of General Psychiatry
Shapiro and Zifferblatt	Meditation	Receptive	American Psychologist
Siegel	Mindful movement, Yoga, Breathing techniques, Sitting mindfulness meditation	Receptive & Active	Norton Series on Interpersonal Neurobiology
Singh et al	Progressive muscle relaxation (PMR)	Receptive	Chronic respiratory disease
Speca et al	Mindfulness-based stress reduction (MBSR)	Receptive & Active	Psychosomatic medicine
Summer	Guided imagery	Receptive	Qualitative Inquiries in Music Therapy
Suzuki	Zen meditation	Receptive	Shambhala Publications
Thaut	Progressive muscle relaxation (PMR)	Receptive	Journal of Music Therapy
Toneatto and Nguyen	Meditation	Receptive	Canadian Journal of Psychiatry
Weick and Putnam	Meditation, Mindfulness-based practice	Receptive & Active	Journal of management inquiry
Williams	Mindfulness meditation	Receptive & Active	Cognitive Therapy and Research
Winbush et al	Mindfulness meditation	Receptive &	The Journal of Science and

		Active	Healing
Witte	Meditation	Receptive	Alternative & Complementary Therapies
Wolsko et al	Meditation	Receptive	Journal of general internal medicine
Wolfe et al	Diaphragmatic breathing techniques	Receptive	Journal of Music Therapy
Vøllestad et al	Mindfulness meditation	Receptive & Active	Behaviour research and therapy

University of the West of England
BRISTOL

Mi hyang Hwang, Doctoral Student
Faculty of Health and Life Sciences
University of the West of England
Glenside Campus
Blackberry Hill
Bristol BS16 1DD

CONSENT FORM

What RTs and RM practices are being adopted healthcare contexts in the UK and South Korea?

Please initial all boxes

- I confirm that I have read and understand the information sheet for this project, for the above study.
  I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
- I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. ☐
- I agree to take part in this project in the ways identified below ☐

Please tick boxes:	Yes	No
• I agree to being audio recorded and to notes being taken during interview.	☐	☐
• I agree to the use of anonymised quotes in publications, conferences and presentations.	☐	☐
• If I withdraw from the project, or can no longer take part for any reason, I agree that information already provided by me can still be used in the project.	☐	☐
• I agree to take part in the above study.	☐	☐

Interviewee / Interviewer _____ Date _____ Signature _____

University of the West of England
BRISTOL

Mi hyang Hwang, Doctoral Student
Faculty of Health and Life Sciences
University of the West of England
Glenside Campus
Blackberry Hill
Bristol BS16 1DD

연구 참여 동 의 서

Relaxation Techniques (RTs) and Relaxation Music (RM) in Healthcare: a case study of the UK and South Korea

- 본인은 연구자가 제시한 'Information sheet' 을 통해 본 연구의 인터뷰 내용에 대해 생각할 수 있는 기회를 가졌다. 본 연구에 대한 어떠한 질문이 있을 시 본인은 자유스럽게 문의를 할 수 있다. ☐
- 본 연구에 대한 인터뷰는 본인의 자유의지에 따라 특별한 이유제시없이 언제든지 중지할 수 있다. ☐
- 아래의 사항과 같이 본인은 본 연구에 참여할 것을 동의한다. ☐

Please tick boxes:	Yes	No
• 본인은 인터뷰시 오디오 녹음기 사용에 동의한다.	☐	☐
• 본인은 연구자의 인터뷰 문서화 시 반드시 익명으로 논문에 게재될 것이며 어떠한 출판물, 컨퍼런스발표 역시 익명으로 사용될 것이다.	☐	☐
• 만일 본인 개인 사정상 중간에 인터뷰를 중단하게 될 경우, 이전에 녹음되었던 인터뷰 내용 및 자료는 연구자의 논문에 사용가능 함을 동의한다.	☐	☐
• 위의 약속에 의해 본인은 본 연구에 참여함을 동의한다.	☐	☐

연구 대상자 / 연구자 _____ 날짜 _____ 사인 _____

University of the West of England
BRISTOL

Mi hyang Hwang, Doctoral Student
Faculty of Health and Life Sciences
University of the West of England
Glenside Campus
Blackberry Hill
Bristol BS16 1DD

Information sheet for professional practitioners

I am inviting you to take part in a research project. Before you decide if you want to take part please read this information sheet so you understand what the aim of this project is and what participation would involve for you. If you wish I will go through the information sheet with you and answer any questions you have. Please take your time to decide whether you wish to take part or not.

This project is the focus of my work as a doctoral student at the University of the West of England.

The information in this box is about the groups of practitioners invited to take part in the project.

Three practitioner groups

South Korea

a. Music therapists (2)
b. Practitioners in healthcare (2)
c. Meditation experts (2)

UK

a. Music therapists (2)
b. Practitioners in healthcare (2)
c. Meditation experts (2)

- *The three population groups in both countries – professionally engaged in music in health care areas, meditation, and music*

Project Title:

Relaxation Techniques (RTs) and Relaxation Music (RM) in Healthcare: a case study of the UK and South Korea

What is the purpose of the project?

The aim of the project is to explore the cultural differences in understanding and use of Relaxation Techniques and Relaxation Music within music and health contexts, drawing comparisons between the UK and South Korea. Therefore I would like to talk to professional practitioners from three groups in both countries. I am conducting the project and it will take place over 3 years, finishing in March 2015.

What are main questions of this project?

- What RTs and RM practices are being adopted in music and healthcare contexts in
  the UK and South Korea?

- How do practitioners make sense of and understand their use in differing cultural and healthcare contexts?

Why have you been chosen?

You are being invited to take part because you are a person who is professionally engaged in my research area which is *health care areas, meditation,* and *music therapy.*

Who is organising the research?

I am undertaking the project as a doctoral student in the Faculty of Health and Life Sciences at the University of the West of England (UWE) Bristol. My doctoral supervisors are: Prof Leslie Bunt and Dr Stuart McClean.

Who has reviewed the study?

This project has been reviewed by my supervision team and by the Faculty Research Committee at UWE. This project has also been reviewed by the Health and Life Sciences, Faculty Research Ethics Committee (FREC) at UWE.

Will taking part in this project be kept confidential?

I will make sure your responses are strictly confidential and all the information I collect from you will be anonymised. The project thesis will contain no details that would identify you, I may change names and some identifying details in my thesis. I would like to include quotes from what you say but these will anonymised and will not include any personal details. The interview contents will not be discussed with anyone outside the project and the supervisory team. All information collected will be stored securely and the information will only be seen by me and my supervisors. Participants' names and contact details will be kept separately in a locked filing cabinet. Any information held on computer will be password protected.

What are the possible benefits in taking part?

The project is an opportunity for you to share your experience of RTs & RM and health practices to help improve understanding of different cultural contexts. If you wish the interview data (what you've done and what you've said during the interview) will be returned to you for checking. I will send digital copies of the interview data by email. This might be a good opportunity to reflect on your involvement in this project.

What will you have to do if you take part?

If you agree to take part in my project I will ask you to take part in a face-to-face interview. You have many experiences in your area and we can discuss these in depth during the interview. Before starting our interview, I will present you with a 'Topic guide' which will have a list of some possible interview questions and areas to explore. This guide will enable you to understand what you have to do. During the analysis of interview data I may ask further questions by email if you are happy to consent to this.

- Being interviewed –

I would like to carry out interviews with professional practitioners in my research area. Here are several things for you to know before being interviewed:
(If you have any questions please let me know before we meet for interview. It will give me time to prepare to answer your questions)

1) Before the interview we can discuss the time and place for the interview in advance. This will be decided for your convenience.
2) Only you and I will be present at the interview and you will only be asked questions related to the interview topic.
3) I will ask your permission before recording the interview and you can ask any questions before the interview starts.
4) Each interview will take about 40-50minutes and it will not go on longer than an hour.
5) If we need more time, I would like to meet you at least twice over the time I am collecting information about the research study.
6) The interview will be recorded and transcribed. I will ask your permission to do this at the start of the interview. After the interview I will type up the recording of what was said. If you would like to delete part of recording I will do this, and will not transcribe that part of the interview.
7) You are free to stop or end our interview at any time and you can also stop the recording at any time during the interview.

Do you need to take part or not in the interviews?

It's your choice. I will respect your decision to take part or not. If you agree to take part you will be asked to sign a consent form.
You are free to withdraw at any time without giving a reason. If you decide to withdraw for any reason, or something happens and you can no longer take part, I would still like to use any information you have already given me for my project. However, you may not agree with this. If you wish I will not use any individual information that you have provided before you withdraw. Your decision about this will be recorded on the consent form.

What will happen to the findings from the project?

Interview information (data) will used in the ways detailed below and you will not be identified in any part of my thesis or future work.

1) For my PhD thesis "Health practitioners' understanding and use of Relaxation Techniques (RTs) and Relaxation Music (RM) in the UK and South Korea: a qualitative case study".
2) For presentations I make about my findings.
3) Academic journal articles I write in the future.

You will not be identified in any report or publication unless you give me your consent.

Contact information

Further information is available from:

Mi hyang Hwang, Blue Lodge, Glenside Campus, University of the West of England, Blackberry Hill, Bristol BS16 1DD. Tel: 0117 328 8796 (shared line).
Email: Grace.hwang@uwe.ac.uk

Dr Leslie Bunt, Director of Studies, Glenside Campus, Room 2H04, University of the West of England, Blackberry Hill, Bristol BS16 1DD. Tel: 0117 328 8220.
Email: leslie.bunt@uwe.ac.uk

Dr Stuart McClean, Supervisor, Room 2G09, Glenside Campus, University of the West of England, Blackberry Hill, Bristol BS16 1DD. Tel: 0117 328 8783.
Email: stuart.mcclean@uwe.ac.uk

If you need any further information please feel free to contact me. If you decide to take part in the project, you will be asked to sign that you have understood this information and you are happy to share your ideas with me. You will be given a copy of the signed consent form to keep.

Thank you for all your patience for taking the time to read this information

Mi hyang Hwang (Grace Hwang)

University of the West of England
BRISTOL

Mi hyang Hwang, Doctoral Student
Faculty of Health and Life Sciences
University of the West of England
Glenside Campus
Blackberry Hill
Bristol BS16 1DD

Information sheet for professional practitioners

본 연구프로젝트에 당신을 초대하게 되어 반갑습니다. 먼저 본 연구에 대한 이해를 돕기 위해서 'information sheets'를 간략하게 만들었습니다. 참여여부를 결정하시기 전에 먼저 여기에 정리된 연구목적, 연구질문등의 내용들을 읽어보시면 대단히 감사하겠습니다. 만약 서면이 아닌 대면을 통하여 본 연구에 대한 질문이 있으시면 언제라도 함께 자리를 하여 성실하게 답변에 응하겠습니다. 본 연구는 University of the West of England(UWE) Bristol 의 Ph.D 박사과정 프로젝트이며 시간을 가지시고 참가여부를 결정해 주시면 감사하겠습니다.

Three practitioner groups

- 한국

a. 음악치료사 (2)
b. 의료 전문인, 헬스케어 전문인 (2)
c. 명상전문인 (2)

- 영국

a. 음악치료사 (2)
b. 의료전문인, 헬스케어 전문인 (2)
c. 명상전문인 (2)

(현재 각각의 전문분야에서 재직중인 자)

Project Title:

영국과 한국의 현직 건강관련 전문인들의 '명상치료 기법 (RTs and meditation) 과 명상 음악 (RM)' 이해도에 대한 비교연구

1. 본 연구의 목적

본 연구는 명상기법과 이완명상음악의 임상적용과 이해도에 대한 영국과 한국의 비교연구이다. 연구목적은 두나라 각각의 통합의학관련 전문인들과의 대화를 통해서 '명상,음악 그리고 건강의료'에 대해 어떠한 이해를 하고 있는지 동양과 서양의 문화적 차이를 비교 관찰하는 것이다. 연구대상자는 그 목적에 따라 세 부류로 나누었으며 본 연구는 3 년계획으로 진행되고 2015 년 4 월 마칠 예정이다.

2. 본 연구의 질문사항

- RTs와 RM이 통합의학범위에서 현재 어떻게 임상적용되고 있는가?
- RTs와 RM의 사용에 대해서 현직 전문가들은 어떠한 이해도를 가지고 있으며 영국과 한국 각각 문화적으로 어떠한 차이가 있는가?

3. 전문가 선정에 대해서

본 연구는 연구범위를 세 분야 즉 '명상', '음악치료' 그리고 '건강의료 (헬스케어)'로 규정하였으며, 각각의 분야에서 현재 재직하고 있는 12명의 전문가(영국 6명 : 한국 6명)를 본 연구의 대상자로 규정하였다.

4. 연구조직 및 관리위원

본 연구는University of the West of England (UWE) Bristol 의 Faculty of Health and Life Sciences 산하 2012년 Ph.D 박사과정 프로젝트 중 하나이다. 본 연구의 지도교수 및 슈퍼바이져는 Prof Leslie Bunt 와 Dr Stuart McClean 2명이다 (연락처: Contact Information 참고).

5. 연구프로젝트 결정기관

본 연구는

첫째, University of the West of England (UWE) 의 Faculty Research Committee (연구위원회)와 Supervision Team 에서 2012 년 황미향 (Grace Hwang)의 박사과정 연구 프로젝트(RD1)로 결정 합의되었다.

둘째, 2013 년 2 월 29 일, 본 연구에 대한 중간 검사 심사 및 시험(RD2)을 외부,내부 대학의 2 명교수 Dr Theresa Mitchell (간호대학교수)와 Dr Mary Mitchell (간호 임상교수)하에 보았으며, 2013 년 3 월 20 일 GS RD2a Examiner approval 과 RD2c PE outcome 및 박사과정 중간평가를 통해 최종 승인 결정을 받았으며 따라서 본 연구를 진행함에 있어 가장 중요한 심사과정을 통과하게 되었다.

세째, 이후 본 프로젝트는 2013 년 5 월 8 일 University of the West of England (UWE)의 Faculty Research Ethics Committee(윤리위원회: FREC, Health and Life Sciences) 에서 최종 재심사 하였으며, 본 연구를 진행할 수 있는 결정을 2013 년 6 월 13 일에 받게 되었다. 따라서 본 연구 프로젝트는 'UWE 윤리위원회'와 'UWE 연구위원회' 두 기관의 심사와 '박사과정 중간평가시험'을 모두 통과한 박사과정 프로젝트이다.

6. 본 연구 참여의 신원 보장

본 연구자는 익명으로 모든 연구과정을 진행할 것이며 인터뷰 진행상에 있었던 어떠한 질문지 답변에 대해서도 철저하게 신원보장을 할 것이다. 이는 UWE 윤리위원회에서 제시한 사항이며, 박사과정 논문 진행 상에 어떠한 피험자의 이름도 거론되지 않을 것이다. 만일 인용을 해야 할 문구가 있다면 반드시 이름을 전환하여 사용할 것이며 이 외의 일체 모든 세부사항에 있어서 익명으로 본 연구는 진행될 것이다. 또한 지도교수 (Prof Leslie Bunt), 슈퍼바이져 (Dr Stuart McClean) 그리고 황미향 본인만이 인터뷰 내용에 대해 토론할 것이다.

모든 수집된 인터뷰 1 차 자료 및 분석자료는 UWE 에서 제공된 자물쇠가 있는 개인별 연구 Cabinet 에 보관될 것이며 또한 비밀번호가 내장된 개인/UWE 컴퓨터에 저장될 것이다. 따라서 본 연구자는 모든 인터뷰 상에 있어 날 수 있는 윤리적인 문제에 대해서 신중하고 철저하게 책임을 질 것이다.

7. 본 연구에 참가함에 있어서 긍정적인 이득

본 연구에 참여하는 대상자는 첫째, 연구자와 함께 정보교환을 할 수 있는 뜻 깊은 지식 교환의 장(場)을 만들 수 있을 것이다. 둘째, 연구분석을 통하여 한국과 영국 두 국가간에 '명상'과 '음악'에 대한 어떠한 개념을 가지고 있고, 그 치료적 적용에 대해서 문화적으로 어떠한 차이가 있는지에 대해 흥미있는 탐험을 함께 할 수 있을 것이다. 세째, 각국의 현지전문가들의 조언을 통하여 미래의 학문범위에 대한 지양 그리고 지향되어야 할 점을 발견할 수 있고 '명상'과 '음악'의 실용적인 임상적용에 대해서 의미있는 의견교환을 할 수 있는 계기가 될 것이다. 네째, 명상치료와 음악치료에 대한 배움과 조언을 구하고 있는 연구자 및 현직 치료사들에게 본 논문의 연구문제 제기 및 분석등에 대한 자료는 직접 간접적으로 정보를 함께 공유할 수 있는 좋은 기회 될 수 있을 것이다. 마지막으로 만일 연구대상자가 본인이

인터뷰한 내용이나 영어로 전환한 data 등을 제공받기 원하게 되면 인터뷰 분석이 들어가기 전에 연구자는 이메일을 통해 file 로 전해줄 것이다.

8. 인터뷰 진행에 대해서

본 연구에 참여함이 결정되면, 연구대상자는 연구자와 함께 인터뷰를 시작하게 될 것이다. 대상자는 각각의 영역에서 많은 경험을 쌓은 professional experts 이며 purposely selected 되었다.

인터뷰를 시작하기 전에 연구자는 인터뷰 내용이 요약된 'Topic guide' 를 제공할 것이며, 이를 통해 어떠한 내용 범위에서 인터뷰가 진행될 지에 대한 정보를 얻게 될 것이다. 자세한 인터뷰 진행사항은 다음과 같다.

1. 인터뷰를 하기 전에 약속시간과 장소를 미리 정할 것이며 이는 연구 대상자의 의견과 편의를 우선으로 하여 결정될 것이다.
2. 대상자와 연구자 (한국의 경우 - 보조 assistant 1 명: 필요한 경우) 만이 인터뷰를 진행할 것이며 인터뷰 내용은 오직 Topic guide 상에 제공된 내용만을 할 것이다.
3. 인터뷰를 하기 전에 recorder 사용에 대한 허가를 문의할 것이다.
4. 인터뷰는 최소 50 분에서 최대 1 시간을 넘지 않게 한다.
5. 만약 인터뷰를 진행함에 시간이 더 필요하면 한번 더 인터뷰를 할 수 있으며 두 번 이상의 인터뷰를 하지않을 것이다.
6. 인터뷰의 모든 내용은 분석작업을 위해 녹음이 될 것이며 문서화 될 것이다. 인터뷰 후 녹음내용 중 어떠한 부분에 대한 내용 삭제를 대상자가 원하게 되면 이 부분은 분석과 문서화 과정 이전에 반드시 생략될 것이다.
7. 인터뷰를 진행하는 도중 대상자의 자유의지에 따라 언제라도 인터뷰는 중지될 수 있다.
8. 어떠한 질문사항 있으면 인터뷰를 시작하기 전에 미리 구두나 이메일로 연구자에게 미리 알려주어 본 인터뷰가 시간외 초과되지 않게 서로 도움을 준다.

9. 인터뷰 참여에 대해서

연구대상자는 본 인터뷰 진행에 있어서 자유의지가 있으며 연구자는 어떠한 의견도 존중할 것이다. 만약 인터뷰 참여의사가 결정되면 연구자는 인터뷰 동의서를 보내게 될 것이며 대상자는 이에 동의 여부를 싸인 하게 될 것이다. 또한 연구대상자가 개인사정상 인터뷰를 계속할 수 없게 된다면 언제라도 인터뷰는 중지될 수 있다. 하지만 이전에 진행되었던 인터뷰내용은 대상자의 동의 하에 인터뷰 분석과정에 사용될 수 있겠다. UWE 윤리워원회의 결정에 따라 인터뷰의 모든 Recording files 은 박사과정 프로젝트가 끝나고 이후 일년 이내에 모두 폐기될 것이다.

10. 본 인터뷰 분석자료의 사용처

본 연구에 사용된 모든 인터뷰 분석자료는 아래의 용도에 사용될 것이며, 인터뷰 당사자의 이름은 어떠한 경우에도 익명으로 사용될 것이다.

1. 황미향 박사과정 논문 For my PhD thesis "Health practitioners' understanding and use of Relaxation Techniques (RTs) and Relaxation Music (RM) in the UK and South Korea: a qualitative case study".
2. UWE 박사과정 프리젠테이션 및 UWE 박사과정 소모임 (RSTS)
3. 박사논문 제출 후 학술지

Contact information

Further information is available from:

Mi hyang Hwang, Blue Lodge, Glenside Campus, University of the West of England, Blackberry Hill, Bristol BS16 1DD. Tel: 0117 328 8796 (shared line).
Email: Grace.hwang@uwe.ac.uk

Prof Leslie Bunt, Director of Studies, Glenside Campus, Room 2H04, University of the West of England, Blackberry Hill, Bristol BS16 1DD. Tel: 0117 328 8220.

Email: leslie.bunt@uwe.ac.uk

Dr Stuart McClean, Supervisor, Room 2G09, Glenside Campus, University of the West of England, Blackberry Hill, Bristol BS16 1DD. Tel: 0117 328 8783.
Email: stuart.mcclean@uwe.ac.uk

If you need any further information, please feel free to contact me. If you decide to take part in the project, you will be asked to sign that you have understood this information and you are happy to share your ideas with me. You will be given a copy of the signed consent form to keep.

Thank you for all your patience for taking the time to read this information

Mi hyang Hwang (Grace Hwang)

University of the West of England
BRISTOL

Mi hyang Hwang, Doctoral Student
Faculty of Health and Life Sciences
University of the West of England
Glenside Campus
Blackberry Hill
BS16 1DD
Bristol BS16 1DD

Topic guide

Title of the research project:

Health practitioners' understanding and use of Relaxation Techniques (RTs) and Relaxation Music (RM) in the UK and South Korea: a qualitative case study approach

This topic guide provides a framework for the face to face in-depth interviews that will take place. This framework will enable the interviewer to select appropriate questions that are designed to meet the research aims and objectives.

Please note: Each interview will last 60 minutes and it will not be possible to cover all the questions in each interview. Once we starting the interview, I would like to meet you at least twice over the time I am collecting information about the research study.

Introduction (5mins)

- Introduce myself
- Explain purpose of research
- Discuss ethical issues with participants
- Reassure participants that the study is not intended to judge or criticise the practices of participants but to understand how practitioners use and understand relaxation techniques, meditation and relaxation music in the UK and South Korea
- Interviewees will be encouraged to talk freely and openly in response to the interview questions

Respondent introduction (5mins)

Name
Current Job
Job details
Gender

Research Topics (40 – 50mins)

In order to help interviewees' understand the conceptual framework of the interview, the research topics are divided into several themes. The main themes are below:

Part 1. Your understanding and use of RTs and RM
Part 2. RTs and RM in healthcare service
Part 3. The purpose of using RTs and RM in various healthcare settings
Part 4. How RTs and RM can be incorporated in professional healthcare services
Part 5. Cross-cultural dialogue about RTs and RM
Part 6. Recommendations and advices for future research on RTs and RM

Part 1. Exploring how practitioners understand the use of RTs and RM

- Can you tell me something about the UK/what goes on in Korea? What kinds of practitioners make use of RTs or RM?
- From your personal point of view, what are your own general reasons for using RTs or RM?
- In your personal experience which kinds of meditation or music are useful for helping clients to relax? Are there any that you use often?
- Are RTs and RM considered to be recognised complementary therapies, in your opinion?

Part 2. RTs in healthcare services

- How do you define 'relaxation'?
- In your area, how are RTs being adopted in healthcare services?
- What do you see as the benefits of RTs?
- Do you distinguish between receptive and active relaxation techniques? Which do you use?
- (If so) do you think that active RTs are effective in enabling clients to relax?
- When you have meditated, where did you get the resources to help with meditation from?
- Are there any books or resources on RTs that you would recommend to other practitioners?
- If you have used RTs (by yourself or with clients) and they didn't work, what do you think the reason was? (optional question)
- Which issues need to be considered when RTs are used in various clinical settings?

Part 2-1. RM in healthcare services

- What sorts of RM have you used yourself to promote relaxation?
- In your area, how is RM being adopted in the healthcare service?
- What is the value of RM?
- Do you think that active participation music can help clients to relax?
- What types of music and musical activities (active or passive) do you use to help people relax?
- Are there any books or resources on RM that you would recommend to other practitioners?
- If you have used RM (by yourself or with clients) and they didn't work, what do you think the reason was? (optional question)
- Which issues need to be considered when RM is used in various clinical settings?

Part 3. The purpose of using RTs and RM in various healthcare settings

- What do you think the role of RTs or RM is in clinical settings is?
- What might be a main purpose of the use of RTs or RM?
- What might be a supportive purpose of the use of RTs or RM?
- How might RTs or RMs be used either as the main purpose or a supporting purpose in an actual clinical setting?

Part 4. How RTs and RM can be incorporated in professional healthcare services

- In your area, which kinds of RM and RTs are being incorporated in the healthcare service?
- Could you tell me in more detail about an example of where (how) RTs and RM have been used together?
- What might be the benefit of using of RTs and RM together?
- How do you perceive the potential benefits of mixed use of RTs and RM as a therapeutic tool?
- Have you ever seen RTs and RM used incorrectly or inappropriately?
- If you were to plan a therapy session using RTs and RM what kind of process would you like to use to arrange the session?
- Can you tell me more about which kinds of active and receptive RTs and RM might be suitable for different clients?
- What are the most difficult barriers to you, as a practitioner, when using relaxation techniques and music with a client?
- If you experienced any barriers, how did you overcome them? How did you try to make your clients feel relaxed?

Part 5. Cross-cultural dialogue about RTs and RM

- In your country, practitioners working in which areas might be interested in using RTs and RM?
- What do you think of the differences using RTs and RM between in public clinical settings and private settings?
- What would you like to learn about the use of RTs and RMs from oriental/Western traditions?
- In your country do you think the use of RTs is related to a religion?
- Which different cultural issues might be considered in the east and west in terms of use of RTs and RM?
- In your country, how might the use of RTs and RM influence the future provision of healthcare services?

Part 6. Recommendations or advices for the further work of RTs and RM

- What advice would you give to healthcare practitioners who would like to use RTs and RM in their sessions?
- Which kinds of research or study might be needed to support the practical use of RTs and RM?
- If you were the supervisor of a student or therapist who would like to combine RTs and RM in a session, what practical advice would you give them? What kind of issues should they consider when using RTs and RM?
- In what circumstances would they like to use RTs and RMs (in the future)?
- What might be the future contribution of RTs and RM to the health care service?
- Is there anything else you would like to add?

Summary (5mins)

Aim - To review the research interview and end the interview

- Check if interviewees have any responses they would like to discuss or any questions.

University of the West of England
BRISTOL

Mi hyang Hwang, Doctoral Student
Faculty of Health and Life Sciences
University of the West of England
Glenside Campus
Blackberry Hill
Bristol BS16 1DD

Topic guide

Title of the research project:

영국과 한국의 현직 건강관련 전문인들의 '명상치료 기법 (RTs and meditation)과 명상 음악 (Relaxation Music)' 이해도에 대한 비교연구

토픽 가이드는 인터뷰를 함에 있어 '어떠한 topic 을 가지고 인터뷰를 진행을 할 것인가?'에 대한 간략한 안내서이다. 인터뷰대상자의 전문성과 자율성을 고려하여, 6 topics 의 questionnaires 중 대상자는 본인이 답변하기 어려운 부분이나 또는 보다 더 깊은 대화를 원하는 부분 등을 자유롭게 선택할 수 있다.

Please note: 인터뷰는 최대 60 분을 초과하지 않을 것이며, 만일 시간이 더 필요하다면 연구대상자의 편의 하에 두번째 인터뷰 날짜를 따로 정할 수 있다.

Introduction (5 mins)

- 연구대상자와 인사 및 소개 (Introduce myself)
- 연구목적에 대한 간략한 설명 (Explain purpose of research)
- 윤리적 측면의 연구 대상자 보호에 대한 설명 (Discuss ethical issues with participants)
- 본 프로젝트는 연구의 목적상 인터뷰 대상자의 의견에 대한 옳고 그름을 판단하고 비판하는 것이 아니라, 서구와 동양의 전문인들이 연구질문에 대해 각각 어떠한 의견을 가지고 있으며 문화적으로 어떠한 차이를 보이고 있는 가에 대해 '있는 그대로의 현상 탐구' 에 초점을 맞추고 있다. 따라서 이러한 문화적 의견교환을 통해 실질적으로 임상에 도움이 되는 지식 교환의 장(場)을 마련함에 더 큰 의의를 두고 있다. (Reassure participants that the study is not intended to judge or criticise the practices of participants but to understand how practitioners use and understand relaxation techniques and relaxation music in the UK and South Korea).

Respondent introduction (5mins)

성명 Name
현재직업 Current Job
성별 Gender

Research Topics (40-50mins)

인터뷰대상자의 이해를 돕기 위해 간략하게 정리한 Research Topics 의 주제는 다음과 같다.

Part 1. Your understanding and use of RTs and RM
Part 2. RTs and RM in healthcare service
Part 3. The purpose of using RTs and RM in various healthcare settings
Part 4. How RTs and RM can be incorporated in professional healthcare services
Part 5. Cross-cultural dialogue about RTs and RM
Part 6. Recommendations and advices for future research on RTs and RM

< 여섯가지 연구 주제 >
Part 1. 3 분야 전문가들의 RTs 와 RM 에 대한 이해도 조사.
Part 2. RTs 와 RM 의 임상 적용 및 실례 조사.
Part 3. RTs 와 RM 적용의 궁극적 목적 및 목표.
Part 4. RTs 와 RM 의 실용 가능적 임상 결합에 대한 탐구.
Part 5. RTs 와 RM 에 대한 문화적 이해 및 지식 교환.
Part 6. RTs 와 RM 의 보다 더 진보된 미래 연구를 위한 실용적 조언 및 제안.

Research topics to be covered in-depth across all interviews.

University of the West of England
BRISTOL

APPLICATION FOR ETHICAL REVIEW

This form should be submitted electronically to Leigh Taylor, Secretary of the Faculty Research Ethics Committee, K Block, Glenside Campus, (Leigh.Taylor@uwe.ac.uk) together with all supporting documentation (see below). A paper copy with signatures should be sent to Leigh Taylor, Secretary of the Faculty Research Ethics Committee, K Block, Glenside Campus, within 5 working days of the electronic version.

You are advised to read the guidance at http://rbi.uwe.ac.uk/intranet/research/ethics/ifa.asp on 'How to complete an application for ethical approval' in conjunction with this form.

Please provide all the information requested and justify where appropriate – the spaces will expand to provide additional space.

For further guidance please contact Leigh Taylor (Leigh.Taylor@uwe.ac.uk) or telephone 0117 328 1170.

Project Details:

Project title	Health practitioners' understanding and use of Relaxation Techniques (RTs) and Relaxation Music (RM) in the UK and South Korea: a qualitative case study approach.
Project funder	
Proposed project start date	1st March 2012
Anticipated project end date	30th March 2015

Applicant Details:

Name of researcher (applicant)	Mi hyang HWANG (Grace Hwang)
Faculty and School	Faculty of Health and Life Sciences
Status (Staff/ Postgraduate Student/ Undergraduate Student)	Ph. D student
Email address	Grace.hwang@uwe.ac.uk
Contact postal address	*****
Contact telephone number	*****
Name of co-researchers (where applicable)	

(for completion by SRESC) *Date received:* *SRESC reference number:* *Scrutiny – Cttee/CA*

Outcome: *Applicant informed:*

Applicant Details continued:

For student applicants only:	
Name of Supervisor (for PG and UG student applicants)[1]	Dr Leslie Bunt Dr Stuart McClean
Supervisor's email address	leslie.bunt@uwe.ac.uk stuart.mcclean@uwe.ac.uk
Supervisor's telephone number	Tel: 3288220 Tel: 3288783
Details of course/degree for which research is being undertaken	Ph.D course

For student applications supervisors should ensure that all of the following are satisfied before the study begins:

The topic merits further research
The student has the skills to carry out the research
The participant information sheet or leaflet is appropriate
The procedures for recruitment of research participants and obtaining informed consent are appropriate

Supervisor comments:	This topic deserves further research and Mi hyang Hwang is well equipped to carry out the work having gained Master degrees in both music therapy and meditation. She has practised professionally in South Korea in both of these specialist fields and has already thought about a number of potential interviewees. She has been studying full-time in the UK and is becoming more acquainted with the healthcare systems, music therapy and meditation practices. Mi hyang is extremely conscientious and hard-working. She has passed her progression exam and completed a 20-credit music therapy research module. My fellow supervisor and I have every confidence that she will have the utmost respect for her interviewees and the whole interview process. She has prepared an acceptable consent form, detailed information sheet and topic guide. We have discussed in supervision the procedures for recruitment, e.g. how to contact members of UK-based professional associations and these are appropriate for the nature of the proposed research.

Details of the proposed work:

1. Aims and objectives of, and background to the research:

< Aim and objectives >

: The primary aim is to explore the cultural differences in understanding and use of RTs & RM within music and health contexts, drawing critical comparisons between the UK and South Korea. I aim to fulfil the following objectives. First, identify how RTs & RM have been introduced and used in different healthcare settings in the UK and South Korea. Second, investigate the practitioners' understanding and the use of RTs & RM as therapeutic processes into which these components are incorporated in the UK and South Korea. Third, compare case studies of both countries as a way of helping to develop better ways of assessing the practical value of RTs & RM in public and private and other settings.

< Background >

: In the current healthcare environment, there is a growing interest in the relationship between spirituality and music. More recently, music for relaxation, often in combination with meditation, has become an important feature of the potential range of complementary therapies in clinical situations within the context of integrated health care and psychotherapy treatment. Incorporating meditation and other receptive techniques into clinical practices as 'mind–body medicine' has undergone a number of important stages of development. An emerging interest in spirituality in the field of healthcare as well as music therapy has developed. This development has been stimulated by a movement to harmonize Oriental and Western therapies, using a combination of meditational techniques and receptive music and complementary therapies in medicine. The emerging interest in spirituality has taken different forms in different geographical and cultural locations. For example, in South Korea, the mix of meditation and music therapy is creating a new form of therapeutic treatment, resulting in an expansion of healthcare and nursing activities. Therefore, exploring the range of professional practices and practitioners' understanding of using RTs and RM within health contexts and drawing cultural comparisons between the UK and Korea is a worthwhile exercise. This will enable a knowledge gap to be addressed and will be an important step for the next generation of music and health practitioners. This will enable the identification of the client profile of those most likely to benefit from RTs & RM in the UK and South Korea and to consider how to most effectively incorporate RTs and RM into an expanded healthcare approach.

2. Research methodology to be used (include a copy of the interview schedule/questionnaire/observation schedule where appropriate):

I have attached a copy of the Information sheet, Consent form and Topic guide.

The areas of research to be examined in this study are:

1. Music in the practice of healthcare professionals in healthcare contexts
2. Meditation in the practice of healthcare professionals in healthcare contexts

To explore the understanding and the use of RTs & RM in the UK and South Korea I will make an inventory of meditational sources and relaxation music used. Following this I will use a case study approach to assess the role of music in health practitioner's understanding and actual use of RTs & RM in both countries. In order to achieve the above objectives, qualitative research methods will include:

a) *Documentary analysis*

To discover how RTs & RM have been introduced and used in various health care clinical settings in the East and West. The analysis will focus on articles, journals, original research, evidence for meditation and music in healthcare contexts as well as reprints of important historical documentation and information.

b) *In–depth interview*s

These preliminary findings will be followed up by individual face-to-face in-depth interviews and the recordings of the interviews transcribed. Interviews will be conducted with practitioners within different settings in the UK and South Korea. Before starting the in-depth interview, a pre- interview letter will be sent out to explain the aims of the research.

c) *Interview data analysis (using the audio recording)*

A broadly thematic approach to analysis will be taken following Silverman's (1993) protocol for qualitative research. NVivo10 or Hand-coding will be used to analyse and explore the transcriptions. The key categories and relationships that emerge will be investigated to produce a framework that can fully take into account the data as a whole.

3. Selection of participants:

Will the participants be from any of the following groups? *(Tick as appropriate)*

- ☐ Children under 18
- ☐ Adults who are unable to consent for themselves[2]
- ☐ Adults who are unconscious, very severely ill or have a terminal illness
- ☐ Adults in emergency situations
- ☐ Adults with mental illness (particularly if detained under Mental Health Legislation)
- ☐ Prisoners
- ☐ Young Offenders
- ☒ Healthy Volunteers
- ☐ Those who could be considered to have a particularly dependent relationship with the investigator, e.g. those in care homes, medical students
- ☐ Other vulnerable groups

(Please note, the Mental Capacity Act requires all intrusive research involving adults who are unable to consent for themselves to be scrutinised by an NHS Local Research Ethics Committee – Please consult the Chair of your Faculty Research Ethics Sub-Committee or Amanda Longley or Alison Vaughton (RBI) for advice)

If any of the above applies, please justify their inclusion in this research

Note: If you are proposing to undertake research which involves contact with children or vulnerable adults you will generally need to hold a valid Criminal Records Bureau check. Please provide evidence of the check with your application.

4. Please explain how you will determine your sample size, and identify, approach and recruit your participants:

In order to achieve a basis for comparative analysis of the understanding and the use of RTs & RM in the UK and South Korea, the main participants in the study will be divided into the three population groups in both countries - professionally engaged in music in health care areas, meditation, and music therapy. The proposed numbers of subjects are 12: four from the music therapists; four from the music in healthcare and four from the meditation experts. (Below are details of their professional areas).

- South Korea

In the case of Korea, firstly 6 participants (professional practitioners from the three areas) will be asked whether they would be available for in-depth interviews by email or phone first.

a. Music therapists at the universities in Korea (2)
b. Practitioners at medical centre with an interest in meditation and music in healthcare (2)
c. Meditation experts at a well- known university for meditation where a 4 year training course is run (2)

- UK

In the case of the UK, with help of supervisors, the invitation letters will be sent to 6 participants in the UK by email/post first. The maximum numbers will be 6 initially below are the detail places of professional areas.

a. Music therapists at the universities in the UK (2)
b. Practitioners at medical centres with an interest in meditation and music in healthcare (2)
c. Meditation experts (2)

I am aim to conduct fieldwork over the summer of 2013 in South Korea. Pre-interview letters will be sent by the end of May 2013. Following this fieldwork will continue in the UK from November 2013 to February 2014. Pre- interview letters will be sent by the end of September 2013.

5. What risks, if any, do the participants face in taking part in this research and how will you overcome these risks?

There will be no risks to participants who take part in the project. Of course, it is possible that participants being interviewed may not wish to divulge certain information. I will be as sensitive as possible and will not insist on any particular question being answered. Participants will freely decide to take part in this project and there will be no pressure placed on participants if they do not wish to participate.
Participants will be informed in advance that they can address any complaints to my supervisor, Dr Leslie Bunt (leslie.bunt@uwe.ac.uk) at the University of the West of England (UWE).

6. How will you obtain informed consent from the participants (include copies of participant information sheets and consent forms)?

Participants will be contacted by email with detailed information and a consent form. If participants decide to take part in the project they will be asked to sign the consent form stating that they agree to. All interviews will be conducted face-to-face. I will start the face-to-face interviewing in Korea, then repeat the whole process in the UK.

7. How have you addressed the health and safety concerns of the participants, researchers and any other people impacted by this study?

The participants are all practising health practitioners (not clients). (There are no foreseeable health issues). I will be working either in university premises or healthcare centres with the permission of those concerned and so there are no specific safety issues.

8. Please explain how confidentiality will be maintained:

I will make sure participants' responses are strictly confidential and all the information I collect from participants will be anonymised. Every stage of the research will be carried out in a sensitive way. The project thesis will contain no details that would identify participants. I will change names and any information that would allow participants to be identified will be removed or altered in my thesis. I may include quotes from what you say, but I will not identify who said them. The interview contents will not be discussed with anyone outside the project and the supervisory team.

9. Please describe how you will store information collected in the course of your research and maintain data protection:

All information collected will be stored securely. The information will only be seen by me and my supervisors. Participants' names and contact details will be kept separately in a locked filing cabinet. Any information held on computer will be password protected. Identifiable personal information will be kept for up to one year after the project ends and will then be disposed of securely.

10. How will the results of the research be reported and disseminated? *(Select all that apply)*

- ☒ Peer reviewed journal
- ☒ Conference presentation
- ☐ Internal report
- ☒ Dissertation/Thesis
- ☐ Other publication
- ☒ Written feedback to research participants
- ☒ Presentation to participants or relevant community groups
- ☐ Other (Please specify below)

Checklist

Please complete before submitting form

	Yes/No
Is a copy of the research proposal attached?	**Yes**
Does the project involve human participants?	**Yes**
Have you explained how you will select the participants?	**Yes**
Have you described the ethical issues related to the well-being of participants?	**Yes**
Have you considered health and safety issues for the participants and researchers?	**Yes**
Have you included details of data protection including data storage?	**Yes**
Have you described fully how you will maintain confidentiality?	**Yes**
Is a participant consent form attached?	**Yes**
Is a participant information sheet attached?	**Yes**
Is a copy of your questionnaire (Topic guide) attached?	**Yes**
Where applicable, is evidence of a current CRB check attached?	

Declaration

Principal Investigator	Mi hyang Hwang
Signed	Grace Hwang
Date	30 April 2013
Supervisor or module leader (where appropriate)	Leslie Bunt
Signed	Leslie Bunt
Date	May 9th 2013

The form should be emailed to Leigh Taylor, Secretary to the Faculty Research Ethics Committee at Leigh.Taylor@uwe.ac.uk. If you are unable to use an electronic signature please send a paper copy with signatures to Leigh Taylor, Secretary of the Faculty Research Ethics Committee, Research Administration, 3E35, Frenchay Campus, within 5 working days of the electronic version.

University of the West of England
BRISTOL

Mi hyang Hwang, Doctoral Student
Faculty of Health and Life Sciences
University of the West of England
Glenside Campus
Blackberry Hill
Bristol BS16 1DD

Invitation Letter

Dear Name,

This letter is an invitation to ask you to consider participating in a study I am conducting as part of my Doctoral degree in Music therapy at the University of the West of England.

Participation would involve one or (at most) two meetings with you. I will be able to travel to meet you, if you wish.

My project aims to explore the cultural differences in the understanding and use of relaxation techniques (RTs), meditation and relaxation music (RM) within health contexts, drawing critical comparisons between the UK and South Korea.

I hope that the results of my study will be of benefit directly to practitioners who would like to use RTs and RM in clinical settings and further the understanding of how meditational sources and relaxation music can be used in contemporary therapy.

I attach an information sheet with more detailed information about the interview.

I very much look forward to speaking with you and thank you in advance for your assistance in this project.

Sincerely,

Mi hyang Hwang

Blue Lodge, Glenside Campus, University of the West of England, Blackberry Hill, Bristol BS16 1DD. Tel: 0117 328 8796 (shared line).

Email: Grace.hwang@uwe.ac.uk

University of the West of England
BRISTOL

Mi hyang Hwang, Doctoral Student
Faculty of Health and Life Sciences
University of the West of England
Glenside Campus
Blackberry Hill
Bristol BS16 1DD

Interview questions

Key Questions of interview

1. Personal background/experiences
2. Personal understanding/attitudes about RTs, meditational practices and RM
3. Current practice and constraints
4. Combining and integrating RTs, meditational practices and RM & integration of RTs, meditational practices and/or RM within healthcare
5. Cultural considerations
6. Recommendations and advice

1. Personal background/experiences

Can we talk about yourself first of all?

- Tell me a little bit about yourself and your interest in relaxation techniques (RTs), meditation and relaxation music (RM).
- How did you come to be interested in it?
- Can you give me some examples of RTs, meditational practices and/or RM? Have you personally used yourself to relax? Do they work? When do you use them?

2. Personal understanding

Switching to your work now,

- From your personal point of view, what are your own general reasons for using RTs and/or RM?
- What is the main purpose for using RTs and/or RM?
- What do you think is the value of RTs and/or RM to a client/the people you work with? What does it achieve?
- What do you see as the (major) effects and (longer-term) benefits of the use of RTs and/or RM in your work?
- If you compare active and receptive music therapy (or RTs, meditational practices), what would you say is the difference in making clients relax?
- Do you think active music therapy (active RTs, meditational practices) can be effective in enabling clients to relax?

3. *Current practice and constraints*

Can you tell me something about the UK? /Tell me about Korea?

- In what ways are RTs and/or RM being used in your area of work? (or in the UK healthcare service/in the health service in Korea)?
- Are there any issues in terms of practice and constraints?
- What do you think are the differences (or different issues) when practitioners use RTs and/or RM in public clinical settings or private settings?

4. *Integration of RTs and/or RM in healthcare contexts*

- Do you use RTs, meditation techniques with music (therapy)?
- In your area of work, which kinds of RM and/or RTs are being used together at the same time?
- If you were to plan a therapy session using RTs and/or RM, at what stage in the process would you include the use of RTs and/or RM in your therapy session?
- Do you know of ways in which RM and/or RTs are being used in conjunction in different areas? What do you think is the advantage of using of RTs and/or RM together with your work?

5. *Cultural knowledge and understanding*

- When you are working, how do you consider the client's background (culture, tradition, age, medical considerations, life experience, beliefs, religion, educational background, preferences, personality, traumatic events, etc.)?
- Are there groups of people who respond well to this kind of practice and groups of people who don't?

6. *Recommendations and advice*

- If you were the supervisor/teacher of a student or therapist who would like to use RTs and/or RM in a session/class/programme, what practical advice would you give them?
- Is there anything else you would like to add (in terms of recommendations or advice to practitioners)?

University of the West of England
BRISTOL

Mi hyang Hwang, Doctoral Student
Faculty of Health and Life Sciences
University of the West of England
Glenside Campus
Blackberry Hill
Bristol BS16 1DD

Interview questions

Part 1. Health practitioners 의 RTs, MM 와 RM 에 대한 이해도 조사
Part 2. RTs, MM 와 RM 의 임상 적용 및 실례 조사
Part 3. RTs, MM 와 RM 적용의 궁극적 목적 및 목표
Part 4. RTs, MM 와 RM 의 실용 가능적 임상 결합에 대한 탐구
Part 5. RTs, MM 와 RM 에 대한 문화적 이해 및 지식 교환
Part 6. RTs, MM 와 RM 의 보다 더 진보된 미래 연구를 위한 실용적 조언 및 제안

Part 1. Health practitioners RTs, MM 와 RM 에 대한 이해도 조사

- 어떤 분야에 재직하고 있는 전문가가 RTs, MM 와 RM 에 대해 관심이 있고 이것을 사용할 것 같은가요?
- RTs, MM 와 RM 을 적용 시 그것의 사용목적은 무엇인가요?
  a) 언제 RTs, MM & RM 을 적용해 보았나요?
  b) RTs, MM & RM 을 사용하고 난 이후의 개인적인 경험과 느낌은 어떠하였나요?
  c) 어떠한 Client/Patient 를 대상으로 RTs, MM & RM 을 적용하시나요?
- 어떠한 방법의 RTs, MM & RM 이 Client/Patient 또는 본인 스스로를 이완시키게 하고 명상적 경험을 하는데 적합하였나요?

Part 2. RTs, MM 와 RM 의 임상 적용 및 실례 조사

- '명상', '마음챙김', '이완' 그리고 '명상음악' 을 어떻게 정의 내릴 수 있을까요? 예) 긴장이 이완되는 상태, 몸과 마음이 자유를 느끼게 되는 순간, 순수의식 명상적 상태.
  a) 개인적으로 어떠한 RTs, MM 또는 RM 을 통해 명상이완을 유도해 보았는가요?
  b) 명상 중 또는 이완 상태 중 느껴지는 반응은 어떠한가요? 직접적으로 심리적 신체적인 반응은 어떠하였나요? (본인 & Client/Patient)
- 현재 본인의 영역에서 어떠한 명상 기법이 적용되고 있는가? 몇가지 대표적인 예를 말해줄 수 있는가요?
- 본인이 생각하기에 active and receptive RTs, MM 이 어떠한 차이가 있는가 같은가요?
- 본 연구에서는 편의상 명상의 범위를 active 와 receptive 로 나누었는데, 개인적으로 두가지 카테고리의 정의를 어떻게 보시나요? 한국인의 정서와 active 와 receptive approaches 에 대해 어떠한 의견을 가지고 계신가요?
- 본인이 생각하기에 active RTs, MM 의 방법과 '명상 이완 유도'와 어떠한 관련이 있다고 생각하시나요?
- 본인이 생각하기에 명상의 제 기법 중 어떠한 방법들이 현재 Health Care 세팅에 적절하게 적용될 수 있다고 생각되시나요?

- 본인 스스로 명상을 할 때 또는 명상에 대한 현대적 적용을 찾고자 할 때 어떠한 경로를 통하여 자료를 수집하시나요?
- 명상 기법을 임상에 적용하고자하는 다른 Health Care 전문인들에게 추천해주고 싶은 책이나 정보가 있다면 어떠한 것이 있을 수 있을까요 ?
- 본인 스스로 또는 다른 사람들에게 명상의 기법을 적용하였을 때 혹시 어려운 점이 있었다면 어떠한 점이 있으셨나요?
- 한국에서 명상 기법의 다양한 Health Care 임상적 적용에 대해여 고려해야할 점이 있다면 어떠한 점이 있을까요?
- 명상의 Health Care 임상적 적용에 있어 직접, 간접적 효과는 무엇이라고 생각하시나요?

Part 3. RTs, MM 와 RM 적용의 궁극적 목적 및 목표

- 어떠한 종류의 명상이완, 명상음악을 사용하시나요? (개인적으로, Clients/Patients 를 대상으로)
- 현재 본인의 영역에서 어떠한 종류의 명상이완음악이 Health Care 에 사용되고 적용되고 있는가요? 몇가지 대표적인 예를 말해줄 수 있는가요?
- 본연구에서는 편의상 명상이완음악의 범위를 active 와 receptive 로 나누었는데, 개인적으로 두가지 카테고리의 정의를 어떻게 보시나요? active 와 receptive approaches 에 대해 어떠한 의견을 가지고 계신가요?
- 개인적인 경험상, 한국인의 정서를 고려하여 볼 때, 어떠한 종류의 명상 이완 음악이 적절하게 사용가능 하다고 생각하시는 가요?
- Active RM approaches 의 사용에 대해서 어떠한 생각을 하고 계시는지요?
- 본인이 생각하기에 이완 음악을 사용한 제 기법 중 어떠한 방법들이 현재 Health Care 세팅에 적용 가능하다고 생각하시는 가요?
- 본인 스스로 이완 음악을 사용할 때 또는 이완 음악에 대한 현대적 적용을 찾고자 할 때 어디서 영감을 받고 자료를 구하시는 가요?
- 명상이완음악을 임상에 직접 적용하고자하는 다른 Health Care 전문인들에게 추천해주고 싶은 자료나 정보가 있다면 어떠한 것이 있으신가요?
- 본인 스스로 또는 다른 사람들에게 이완 기법을 적용하였을 때 혹시 어려운 점이 있었다면 어떠한 점이 있으셨나요?
- 한국의 경우, 명상이완음악의 Health Care 임상적 적용에 있어서 고려해야할 점이 있다면 어떠한 점이 있을까요?
- 명상이완음악의 Health Care 임상적 적용에 있어 직접적, 간접적 효과는 무엇이라고 생각하시나요?

Part 4. '명상'과 '음악적 자원'의 통합적 연구에 대한 탐구

- 명상적 자원과 음악적 자원의 실질적 통합 적용에 대하여 어떠한 의견을 가지고 계신가요?
- RTs, MM or RM 을 임상적으로 적용할 때, RTs, MM and/or RM interventions 그 자체가 주 목적을 가지고 사용될 수도 있고, 때로는 다른 치료의 주목적을 돕는 보완적인 목적을 가지고 사용되는 경우도 있습니다. 이 두가지 방향에 대하여 어떠한 의견을 가지고 계신가요?
- 명상과 음악의 통합적 접근에 있어서, 어떠한 경우에 RTs, MM and/or RM interventions 을 '주요한 치료목적'으로, 또는 '보완적 치료목적'으로 사용할 수 있을 까요? 어떠한 기관과 장소에서 주목적과 부수목적으로 명상 또는 음악을 사용할 수 있을까요?
- 본인의 영역에 있어서, 어떠한 종류의 명상과 이완 음악이 함께 결합되어 적용되어 사용할 수 있을까요? 혹시 적용된 경우가 있다면 어떠한 목적과 방법으로 명상과 이완 음악이 함께 적용되었는지 그 예를 말해 줄 수 있는가 ? (본인의 경험 또는 다른 사람이 사용한 예 등)

- 이 둘을 함께 적용하였을 때 어떠한 임상적 효과나 이익이 있을 수 있을까요?
- 이 둘의 결합에 대해서 치료적 도구로써 어떠한 잠재적인 이득이 있다고 생각하시는지요?
- 만약 RTs, MM and RM 즉 명상과 이완 음악을 함께 결합하여 임상적으로 사용하고 싶다면 어떠한 세션 계획이 가능할까요?
- 명상적 자원과 음악적 자원의 실질적 통합 적용에 있어서 치료사 또는 전문인으로써 고려해야할 것이 있다면 무엇일까요?

Part 5. RTs, MM 와 RM 에 대한 문화적 이해 및 지식 교환 (문화적 대화)

- 영국 또는 한국에서, 어떠한 분야의 치료사 또는 전문가가 RTs, MM and RM 을 사용하는데 관심이 있을까요?
- 공적인 기관에서의 RTs, MM and RM 사용과 사적인 클리닉에서의 RTs, MM and RM 사용, 어떠한 차이가 있을 수 있을까요?
- 서양문화를 통해서 또는 동양문화를 통해서 RTs, MM and RM 의 적용에 관해 서로 배울 수 있는 부분이 있을까요?
- RTs, MM and RM 사용과 '문화적 배경'과는 어떠한 관련이 있다고 생각되나요? (한국문화 & 영국문화)
- 한국과 영국 각각, RTs, MM and RM 의 Health Care 임상 적용 있어서 '문화적 차이점'은 무엇이 있을까요?
- 미국에서는 명상과 음악치료를 10 대 대체보완의학의 범위 중으로 포함하고 폭넓게 적용하고 있는데, 한국 또는 영국에서는 명상과 음악치료를 어떠한 대체보완의학의 범위에 속한다고 생각하는 가요 ?
- 영국과 한국 각각 다른 문화 속에서 RTs, MM and RM 가 미래에 어떻게 발전 될 것이라고 생각하는 가요 ?

Part 6. RTs, MM 와 RM 의 보다 더 진보된 미래 연구를 위한 실용적 조언 및 제안

- RTs, MM 또는 RM 을 임상적으로 적용하고자 하는 미래의 후학들에게 어떠한 조언을 해주고 싶은가요?
- Health Care 분야의 RTs, MM 또는 RM 의 임상적 적용을 활성화시키기 위해서 미래에 어떠한 연구가 더 필요하다고 생각되는 가요?
- 만약 지금 이 자리에서 RTs, MM 또는 RM 을 실질적으로 임상에 적용하고자 세션을 계획하고 있는 치료사가 있다면 어떠한 조언을 해주고 싶은가요?
- 개인적으로, 미래에 어떠한 세팅을 통해 또는 어떠한 기관에서 RTs, MM 또는 RM 을 적용하고 싶은가요?
- 마지막으로, '명상'과 '이완요법' 그리고 '명상적 자원과 음악적 자원의 실질적 통합 적용' 이 현대 Health Care 분야 에 공헌할 수 있는 바가 무엇이라고 생각하는 가요?

Appendix 11

Interview diary and reflections

1. Reflections on the interview with John

John is the kind of UK practitioner who is very keen to discover new techniques for sound healing and meditational resources, as I discovered through attending his workshops (an 8-day workshop, and 21 teleseminars each 2 hours including a presentation and questions). Since I already knew how he became interested in RTs, MM and music and sound I started my interview from the second question, relating directly to his personal understanding.

John's habit during talking is to breathe deeply and close his eyes from time to time, so as to relax and give himself time to think. I think this is a good idea and has a calming effect on me too. During the interview this gave me time to compose and articulate my thoughts. His technique enabled him to balance his energy which then had a similar effect on me too and this helped us both understand one another better.

My impression from the interview was that he has a great passion for helping clients and for finding ways to help practitioners develop their technical skills and abilities in order to make clients feel calm using relaxation skills, sound and music. He explained many techniques using active to receptive skills, in particular 'progressive muscle techniques', 'breathing technique', 'voice therapy', 'mantras' and 'getting practitioners to prepare their own mindsets. This idea of developing a mindset (in the practitioner) by using thoughts, feelings, visualizations, imagery and practitioner's own intuition - a kind of inner perception that can be drawn on when practitioners meet clients - was refreshingly clear and systematically thought through and one of the highlights of the interview for me.

I felt this was the most important part of the interview as far as he was concerned, too. It was a revelation to me when he talked about 'progressive muscle techniques' because he had never talked about it before when I had heard him talking (during the course). This may have been because he was talking more publicly. But during the interview I was able to ask him his personal feelings and preferences more. Maybe it was also because he knew my own personal background too that he focused on 'progressive muscle techniques', since this is common knowledge among music therapists.

He talked very slowly as he normally does in teleseminars and workshops. I felt he was trying to accommodate to my own English. Our interview time was one hour and I felt I needed more time to interview him in depth and was happy at the end, when he asked me to contact him again if I needed more information from him.

This interview was different from what I had expected. I expected that he might repeat many stories similar to those in his workshops or teleseminars, but he talked about many topics in a different way and a new way, so I was happy to hear the new information about the RTs, MM and RM. My feeling was he is a person who tries to help practitioners make new connections and develop a community of sound therapy enthusiasts in the UK. He also explained very well why and how people become interested in relaxation skills, sound therapy and music therapy.

John discussed many things - the release of tensions and how many people feel stress both physically and emotionally; at a deeper level he talked about the subconscious mind, balancing our energy system, the feeling of peace, and digestive balance. He stressed mindfulness practice, compassion meditation and open-mindedness. His ideas were clearly influenced by Oriental Buddhist philosophy.

We talked about the crystal singing bowls, Tibetan singing bowls and grounding instruments which make people very calm - combining relaxation techniques and music together. However, because of the interview time limit I couldn't ask more about the other vocal and instrumental techniques that he uses, such as chanting mantras and vocal exercises, and tuning forks. However, he gave me references and materials after the interview so I was able to learn more.
After finishing the interview he sent me an email asking me how I felt about the interview. This induced me to organize my thoughts and think more deeply again. I appreciated and valued this concern and I would like to think I could copy his manner if I was in the same situation myself. I replied to his email straight away and told him how I felt.

I personally think both music and meditation are positive methods of healing. Both can transform a client's mind and spirit, as well as the mind and spirit of the therapist. They make us more calm, relaxed, cheerful, happy, positive, accepting of pain and suffering, whether we are ill or in health.

Because of my contacts with John I felt something has changed since starting my study journey in the UK. He focused me on the real meaning of therapy and how therapists prepare themselves to meet their clients.

When I was a music therapist in Korea my only focus and concern was my client's condition, my therapy plans, paperwork, supervision, finding evidence, etc. and I did not very much think about myself in terms of my own mind-set and intentions. Moreover I didn't consider such things as non-musical sound and the silence after playing the music or the voice quality of the therapist. However, in the UK, I can reflect on a deeper meaning of sound, as well as music too, and those considerations make me more mature as a music therapist. Now crystal singing bowls and mantra

voices have a much deeper effect on me and I can hear what my heart is saying sometimes and can heal myself. This has been a really great and first-hand experience to me. Before I only could see the river but I now start to see the wonderful sea and ocean. It is like a mother's heart. I would like to thank the all interviewees which introduced me to this wonderful world. I really wish my fellow therapists could have those experiences. This is my experience so far.

2. Reflections on the interview with Edward

It was a long drive. Before the day of interview, I didn't sleep well because of interview nerves and preparing the interview. However, my mind totally changed and felt happy when I started driving. I enjoy motorway driving and had decided to be positive and during the drive I could see the high hills and beautiful river. It really made me feel peaceful. The scenery was beautiful. Anyway, I arrived at Hereford after a 3-hour drive and went to the hospital reception. The hospital was quite a big but very peaceful and it was set in a hillside. Edward met me at the reception on time and he first asked to me if I wanted tea or coffee.

It was a nice start to the meeting because I could see the hospital in detail on our way to the tea room. I passed several hospital staff and they smiled to me. That was my first impression of this hospital. I walked past 10 or more people who smiled back at me. All the hospital staff seemed very kind and slightly curious and wanting to be friendly.

Next, we went to small but cozy room for the interview. The atmosphere was very good and he said he had reserved this room for the interview. We started the interview. To begin with, he spoke very fast so I asked him to speak more slowly in order to understand him correctly. He came across like a meditator and during the interview he very often did some relaxation by himself such as shutting his eyes and breathing quietly. Interestingly, when he was talking about himself he seemed happy to recall the past and what he did. He had been to India to practice yoga and meditation, but now he is a music therapist. So his background is similar to mine in some respects.

He is very interested in meditation but he said he didn't know very much about Korean meditation and he want to know more. The interview time was around one hour. I tried to stick to the interview time. Everything was fine and most of the time he understood my questions clearly, but one problem was that if we misunderstood each other I had to rephrase the question, so the interview time was a bit tight for me compared to the Korean interviews. However, he was not in a hurry to speak and maintained a relaxing atmosphere during the interview which was very helpful for controlling my nerves.

When I was interviewing in Korea, I knew better how my interviewees felt and I could gauge when it was time to finish. I could see whether they were interested in the topic or not. In the UK this has been much more difficult for me up until now. If someone

says “Interesting”, I don’t exactly know what this is meant. The way they say it makes me unsure whether I should continue this topic, or switch. This is one of the difficulties during the interviews in the UK.

After the interview, he suggested going to his music therapy room to see some of the instruments he had been talking about and which he liked to use. We went to the room and he showed me an instrument. It was the Body Tambura and he played it himself for about 2 minutes with the instrument on his lap. While he was playing I could feel a vibration that I liked. He told me how he used the instrument directly in contact with the client so that the client could feel the vibrations from it directly. So I asked if he could demonstrate that for me. He put the instrument up against my back right behind my ribcage. I could feel the effect, and I think the frequency of the vibrations. Before I have experienced vibrations from other instruments, such as the Tibetan singing bowls and crystal singing bowls. For me, compared to these, the Body Tambura is more gentle and smooth. I could feel the kind of effect that a client would feel. It was a real experience and brought what he had said alive. I thought this instrument might be good for an older person or someone with low energy (perhaps because of illness). It was comfortable and I felt different effects might be experienced from it depending on the client condition.

When I heard the music the first time, I started to approach the Body Tambura to feel the effect of the instrument better. This helped me personally to relax after the interview. I had never heard of this instrument before. I closed my eyes so that I could do some meditation. The sound was very immediate and came into my organs and into my heart. And he asked which instrument I liked so I told him: “I personally like the crystal singing bowl and Tibetan singing bowl…” Honestly there are other instruments too I like too but I couldn’t talk very much because I was deeply concentrating on the sound and it was such a beautiful moment. The sound of the Body Tambura was a soft gentle mixture of tones. I asked him if I could play it. He said yes and I played a bit. The feeling on my fingers was nice. I think the instrument was so beautiful. Also I can touch the wood part of tambura. It was soft but the instrument was actually more attractive to the ear than to the eye.

He asked to me if I knew this instrument. I said no. (I wish I could say ‘no’ more politely). He explained to me about the Body Tambura and he said how it works for his clients. This was all more interesting in a way than the interview, but because he was enlivened. After a while we went out from the music therapy room. He showed me several places in the hospital and he kindly took back me near the parking place. It was a good day.

When I got home I received an email from him with a link to a YouTube site. It was playing the Body Tambura. Interestingly the sound of the instrument was quite different from the live sound - I experienced the vibrations from the instrument but through recording music it was not as strong. Perhaps the same happens when we use

recorded music with clients instead of live music. When I saw the video on YouTube, he talked quickly and excitedly about how he used the instrument with his clients and his eyes came alive and his enthusiasm was clear, particularly the response of the client who spoke on it, I appreciated what he was trying to say to me. During the interview itself he talks about receptive techniques and on YouTube he talked clearly about the difference between active and receptive techniques in music therapy too.

One more thing - When Edward said goodbye, he told me to come again if I want to talk more. But I have not decided yet whether I should go back, or whether I should send him an email him. Later I contacted with him again by email about the things which I didn't understand well during the interview. And he replied to me with detailed explanations about my questions. He understands my questions and his answers are clear and detailed.

3. Reflections on the interview with Isabel

I interviewed Isabel, a psychotherapist and (former) nurse in December. It was my second interview in the UK. She spoke very slowly and simply to make it easy for me to understand. My impression is she is especially interested in integrated care and music and meditation was used as a support during her psychotherapy sessions. She said she also used music during her nursing (before her current job).

In particular, she often used mindfulness meditation in her work. She always used a recorded guided meditation (on CD/iPod) and showed me Mindfulness Meditation CDs with Mark Williams. She said she never used her own voice during these guided meditation sessions. She felt the recordings sounded more professional and nicer sounding than her own voice. However, she said that there is sometimes a sound problem when using recordings. The room may have acoustic problems or background noise.

She showed me examples of music she used on the internet. When I heard these, my feeling was she loves music in her personal life and she is eager to find music resources as well as relaxation techniques in her professional work. So I was able to experience what I think would be a typical reaction of a health practitioner who loves music and meditation but who does not have a particular special qualification in music and meditation. She was concerned about the quality of the sound because her clients say that they cannot hear well, etc., and her recommendation was investing in good quality speakers. And so she seems to pay attention to solving these problems.

During the interview, I stopped the recording for a while so that we could have a rest. I regretted that, however, because I missed some things which I think were important. In fact, it seemed as though she was able to speak more naturally when I stopped the recording. The same happened when I stopped the recording in Korea - people spoke more easily and more naturally. However, I was able to remember what they said and

I was able to write it down later. But in England I have not been able to understand enough and wasn't able to recall it later. Stopping the recording for a break worked well in Korea, but it didn't seem to work in England. Anyhow, during a short break (3 minutes), she searched for music by Googling "Relaxation music", and tried to look out particular kinds of music for psychotherapy.

She asks clients which kinds of music they liked listening to. She also uses music for her play therapy using dolls. When she showed me the dolls she used, her face lit up and she explained enthusiastically. She is interested in creativity activities, and she also uses music for relaxation during creativity work. For me, dolls remind my young life and I suddenly was at home and relaxed. Anyhow she showed me how to use music for her therapy and creativity work.

At this point the interview became more animated. I felt that Isabel typified how the average nurse/psychotherapist would feel about the things I was asking about in my interview question but I doubted whether many would share her enthusiasm about relaxation techniques. On the phone prior to the interview, she had said that she was really interested in the use of music and meditation in her professional work and it was clear this was genuine interest rather than politeness. My guess is that she would go on to develop her use of music and relaxation techniques wisely and in her own way because of her eagerness to find answers to the problems and difficulties she was experiencing.

4. Reflections on the interview with Violet

This was a really a nice meeting. I felt happy and satisfied because I felt I had asked the questions that I had planned to and achieved my task. Violet had deeper and broader ideas than I had previously had myself and also took discussions further than what I had expected.
She is different form the typical type of healthcare practitioner's ideas because of her curiosity in RTs and RM and wanting to try things out.

In my Korean interview, every participant was very attached to RTs and RM and some had deeper and broader ideas than I had previously had myself and also took discussions further than what I had expected, so I didn't think too much about practitioners who might not be so deeply interested in RTs and RM. When I began the second interview, it was with the Korean interviews in mind. I felt that she had the similar level of enthusiasm as Korean interviewees. She showed me many ways of using of RTs and RM and a different way of thinking about the RTs and RM from what I learnt in Korea, as well as giving me new practical and theoretical ideas relating to relaxation techniques, such as emotional freedom technique(s) (EFT) which I am testing out for myself now. I feel that EFT is valuable for cultivating a positive mind and a useful self-help technique.

She gave me a very clear picture of what happened in her class using the RTs and RM and why she used them and the reaction from the student nurses as well as women in labor, and what were the difficulties. I was very impressed by her ability to express and organize her ideas as well as her deep self-understanding of relaxation skills. She used these in a very practical way in her personal life too.

Even though we met just twice, as well as being an interviewee, during the interview she managed to make some rapport with me and when the interview wasn't going so smoothly, she smiled and try to make atmosphere friendly and calm, so these things encouraged me to continue the interview and forget the language barrier. When she talked about each of the topics, her face seemed very happy showing me both her peace and passion and that energy calmed me down again. It was very instructive. I understood the point again that almost every one of my Korean interviewees made: "If practitioners would like to use RTs and music, they must have practiced RTs by themselves first." I feel that even though their nationalities are different, Korean practitioners and UK practitioners (who take an interest in RTs and RM) have a very similar commitment, outlook and attitude with respect to the importance of relaxation.

However, during the interview I wondered what percentage of healthcare practitioners have the same enthusiasm for RTs and RM as Violet has. In public settings as well as private settings, funding issues will play a part too. We didn't talk about it, but she is using the RTs and RM in a university course module and it seems she has some feeling of security when she uses and teaches relaxation skills to the student nurses. I wonder if in reality there is the continued support for what she is teaching her students to do once they progress onto careers within normal NHS practice.

Another interesting thing concerns 'Mindfulness-Based Stress Reduction (MBSR)'.
I had an interview with another UK nurse before the second meeting with Violet. The level and the kind of interest shown by the two nurses seemed to me to be very different. One nurse focused on MBSR because of its basis in evidence and also her own positive experiences. However, Violet didn't mention MBSR, but she discussed with me a wider range of RTs for immediate, easy and practical use. For me, it was good to listen to different practitioners' interests in RTs, MM and to have access to a first-hand source of what happens in the UK with respect to mind-body interventions.

5. Reflection following the interview with Rosie

Near the end of our interview, a patient's husband (whose session was cancelled) knocked on her therapy room door and said that his wife had started to breathe more regularly and wanted to meet the music therapist. So at this time we broke off and Rosie suggested I go to the session together with her. I was given a gown to wear and we went together to visit the patients.

While we were walking, the husband said his wife was not good in the morning, but then the machine started to indicate more regular breathing. When we arrived at the ward, the woman was unable to do anything, but she offered her hand to the music therapist. The music therapist said she would sing for her and asked her husband to sing along too. They sang *I've Got Peace like a River*. I joined in. Two patients shared the ward and the other family in the room came and listened too.

Rosie has a beautiful voice when she sings and it touched me also. The husband's eyes looked sad as they sang together. The patient closed her eyes. When we finished singing, the husband produced some old pictures to show us of his wife and him together when they went on a trip to Thailand. He told us how lovely his wife was and that he couldn't express his feelings to her very well. His wife nodded as he spoke. Although we didn't ask questions, he told us more and more about his love for her. He seemed to feel regret that he hadn't told her all this while she was healthy.

For me, it felt like giving her a present and the music therapy activity was the preparation for it. The music therapist drew a halt to the session by telling him that they could meet again the following day, and that he should feel free to come to the interviewee room at any time. When we returned to the interview room, we had a short break for a snack and some juice, and she continued talking about what we had seen.

6. A reflection note about a Vocal Psychotherapy workshop with Diane Austin (2007)

The all-day workshop is underway. Music therapists are gathered together from a number of universities. There are roughly 70 therapists participating in the workshop. Diane Austin demonstrated to us three of the sessions her treatment process. She began the demonstration with deep breathing. She told us she often includes breathing techniques in her sessions and she recommended that therapists take deep breaths before starting work so as to make a session go more smoothly and create a good rapport between clients and therapists. She described breathing as a tool to enable you to find your strong points. And through breathing, you can become aware of the here and now and yourself. The breathing techniques enable us to communicate with the inner part of ourselves. Someone who has a trauma cannot get in touch with their own true self because of their sickness. They need some power to face and deal with their own trauma. Breathing is a very important tool in preparation for working to cure yourself and breathing can return you to the state that was your true self before you had any trauma.

She used the breathing method combined with voice work in this way: 1. When you breathe in, imagine you are drinking juice using a straw. Then when you breathe out, imagine you are pressing the air out using both your hands. 2. Rub both your palms together, then make your hands warm and hug yourself using both hands. Then close

your eyes and breathe quietly by yourself. 3. Then make a sound with your inner voice (depending on how you feel at the time) for around 10 minutes.

During the session, she sang a song which she had composed during her yoga practice. (The title of this song was *'To You Mother'*). She said through the yoga she gained a wonderful personal experience which produced this song. The song was about children who faced the greatest difficulties in the world. […] It was a valuable workshop and one from which I could obtain a lot of positive energy. The breathing techniques that she demonstrated were ones that I felt could be used in other situations (and not just with vocal psychotherapy).

7. Reflections on an 8-week MBSR programme in the UK (2015)

This reflection was brought home to me when attending a UK MBSR programme. During the fieldwork for this study, I attended a mindfulness-based stress reduction (MBSR) programme, which is an 8-week course of mindfulness meditation. The MBSR course comprises active and receptive meditation practices such as walking and sitting meditation, mindfulness movement, yoga, and body-scan techniques, etc.

On the course I attended the leader gave participants hand-outs to set out what would be covered. It was stressed that mindfulness meditation is non-judgmental, and involved moment-by-moment awareness - of thoughts, feelings, and sensations. At the end of each session, the leader gave homework with clear and easy-to-follow steps. It was suggested that people practise 40 minutes a day, 6 times a week practising body scans, mindfulness meditation, sitting meditation and breathing techniques. Besides this, it was recommended that course participants do daily informal mindfulness meditation practices, such as eating mindfulness, mindful driving, washing up mindfully, taking a shower mindfully, etc. because mindfulness can be practised at any present moment no matter what the activity.

In first 7 days, I tried to practise every day. I practised mindfulness meditation for 20 to 25 minutes at night starting at around 10:30 pm in the various active and receptive ways which I learned in the first week of MBSR. On the first day, I focused on the body scan meditation in a lying posture using the guided meditation mp3, but I went to sleep. Because I realized that lying posture is too comfortable at home at night time I did not repeat this activity at night. However, when I did this during the daytime, I felt the body scan technique enabled me to inwardly tour my body mindfully and I could actively (at will) reach each part of my body with awareness. The physical sensations were quite surprising because this was a new way of contacting with my body for me and I felt extremely relaxed. In fact, for me it was the most relaxing moment of my busy week. And even though I previously regarded the body scan as a receptive technique now I was engaging very actively in the process of relaxation and concentration. So now I feel that the notions of active and receptive may be quite different from my initial categorisation of RTs, MM and RM.

Next day I tried a mixture of active and receptive methods in the form of mindfulness movement and sitting meditation. When I did mindfulness movement in a standing posture, I was able to deeply go into a state of mindfulness for 10 minutes. Then I did sitting mindfulness meditation for 10 minutes and I tried to sustain mindfulness as much as I could and doing this enabled me to get in touch with my true self in a deep way. Personally for me, the mixture of the two mindfulness practices was a good combination and the sequence of active techniques followed by receptive seemed to give me increased energy. And I again felt that the categorisation of specific practices into active or receptive, was not a fixed one and that the same activities can be performed both actively and receptively

Another day I tried to 'automatic pilot' (as was suggested). I tried to be present moment by moment when I was driving. I really enjoyed this experience and it made me feel it would be possible to practise mindfulness throughout the day.

During the first week, I tried to keep reminding myself to be present in the moment without any judgment, to pay attention to the present moment and pay attention to bodily sensations and emotions. Although I often forgot, I kept trying to remember this.

One thing which I realised when I did mindfulness meditation was that I felt a 'recognition of oneness'. When people love somebody people feel some kind of oneness, and when we pray in church we sometimes feel 'oneness with God', but my experience was not of that kind. It was a recognition of oneness with my inner myself and I felt a certain spirituality too. This is something other than stress management or relaxation and it is a moment of insight or a realization. Therefore I felt that if this quality of mind is activated, this may be regarded as an active state of mind too.

Another interesting thing was that mindfulness practice gave me active energy regardless of whether the method was receptive or active according to the original categorisation. The longer I practised, the stronger the energy and so I understood why the MBSR course is made up of two-hour sessions at a time (rather than shorter sessions). The whole experience in its entirety is very peaceful. Therefore, as a result of this course, my understanding of active and receptive and the way I would prefer to define RTs, MM and RM has become broader and more open.

8. Reflections on meditation training in the UK (2015) and France (2014) and sound therapy in the UK (2015)

When I started PhD study in the UK the most difficult issue for me was the cultural difference and understanding different systems. So one of my pre-research aims was to familiarise myself with RTs, MM in health contexts in the UK. The meditation training, sound therapy courses I attended made it possible to learn something about

RTs, MM and healthcare contexts in the UK. It was a good opportunity to gather materials for the thesis and meet Western meditation practitioners. And because I am not a good English speaker, communicating by email made it possible to have a dialogue with Western meditation practitioners. I greatly appreciated these experiences because it is very important to understand cultural differences and ideas which are deeply related to my research aims. This was one of the happiest times during my PhD study in the UK.

Sound therapy in the UK

The Crystal Singing Bowl

These are my reflections on the effect of listening to a crystal bowl sound:

When I listen to the crystal bowl track, the sound is so deep I wish I know this sound when I was struggling to learn Zen meditation. The crystal sound always touches my third eye and last time when I was listening the grounding sound my heart was strongly bumping but in the case of crystal bowl sound it doesn't go down to my heart and it still stays in my head area. It is very effective during my study when I was nicely tired. I feel I receive some power from space now.

I compared two sound tracks. One sounded clearer and deeper than the other. I felt some electrical reactions in the body especially my upper part of the body. I wondered why. I felt a 'deep pure tone' and personally I think it will be very nice support tool for meditation.

During the workshop I played the amethyst crystal bowl and blue crystal bowls. I realized that when I was listening the sound of the bowl my heart was bumping a lot - like after jogging. Before this November, I mostly a got strong feeling in my head area but when I was listening to these specialist crystal singing bowls, my heart was bumping a lot and when the sound was stop my heart generally became calm. I just looked inside my feelings and just without any thinking. I think 'Do not judge' is sometimes best key to get in touch with inner self as well as others. Crystal bowl sounds teach this mind to me.

Setting Intentions

In the sound therapy workshop *setting intentions* was discussed. This is my reflection based on the discussion.

- When I would like to set my intention

1. Take a deep and gentle breath.
2. Fully focus on my loving energy.

3. Do loving-kindness and compassion meditation practice.
4. Be proud of and believe in myself and make my mind strong.
5. With a loving heart, start making my 'intention'.
6. Bring to mind a word I've creative for my intention. Recite silently in my mind.
7. Keep open my heart to the love and compassion.
8. I choose my intention and ground it.
9. Keep my intention in my mind as I relax and listen to the sound of the crystal bowl.
10. Keep my intention and allow the sound to enhance power and transmit my intention. (Play the crystal bowl for a while)
11. Hold my intention and visualize in great detail.
12. My intention establishes effect and a positive outcome of the process. In the present, visualize in vivid detail.
13. Imagine I am how fully realize the effect of the sound.
14. Keep my intention firmly.
15. Think of the outcome of my intention as established and already present here and right now.
16. Imagine in detail what I see now and what can I hear and feel. Keep playing the singing bowl.
17. Accept and surrender to the power of universal energy.
18. Let go of my outcome.
19. Know that in some way my intention is already manifested.

Meditation training in the UK (2013)

During the 6 days of meditation training in Nottingham University, it was not possible to have an academic dialogue. Participants had various personal reasons for attending this meeting. For example some people were doing pilot interviews with nuns and monks. For this reason the noticeboard in the main hall stated that during the 6 days anything related to personal work or research was not permitted. Hence I couldn't get permission from the monks and nuns to talk about my project. However one nun gave me a copy of a special meditation guidebook. I appreciated this and it made me want to continue my work. It had a huge impact as I prepared the next step of my study.

Meditation retreat in France (2013)

The 8-day meditation retreat in France took place in a very well-known meditation centre. Many Korean practitioners go there to take part in the deep meditation training. I had a very precious experience which was a dialogue with nun (around 55-60 years old) and a psychotherapist (62 years old) about my project. The nun is a meditation teacher also interested in music (especially classical music which she sometimes used during the meditation programme). The psychotherapist was a professional therapist who practiced meditation regularly and diligently. I introduced myself and talked

about my project. We all did meditation practice from 6:00 am until 9:30pm so our spirits were cleansed due to the peaceful and happy atmosphere. This made it easy to share and talk deeply. Luckily they were both interested in relaxation music so it was possible to share our experiences.

Appendix 12

The process of coding - generating initial codes

(Example of one interview)

Open coding	***Axial coding***	***Raw Data*** I = interview question. R = response
		I
		: In Korea, how are RTs and RM being used by practitioners?
		R
Adaptations Combination Purposes Clinical settings Referral Cancer Hospices Maternity/Pregnancy Young people Social problems	Use of interventions *-Purposes* *- Range of client groups* *- Range of settings* *(Clinical settings/Community settings)* *-Referrals* *- In Combination/Separately* Stress management programmes *- For workers/Staffs*	: In Korea, many therapists and practitioners frequently use RTs and RM together or separately depending on their therapeutic purposes, settings, institutions and external requests. They use RTs an RM in clinical settings such as Cancer Wards, Hospices, Maternity, Stress management programmes for workers, Youth violence etc.
		I
Learning/Skills		*: Where do practitioners learn or get the source of RTs and RM?*
		R
Approaches Motivation Learning/Skills	Use of interventions *- Range of qualifications* *- Private settings/Public settings* *- Length of training/Depth of training* Resources of the Therapist *(Qualifications), (Interventions training), (Learning/Skills)* Learning skills interventions What: RTs & RM Where: Private settings/Public settings How: Teaching Why: Learning/Skills, Motivation Who: Music therapists	: In Korea music therapists learn or practice the RTs and RM through state-run music therapy courses or private or state-run workshops. In my case, I am teaching the methods of RTs or RM to my university music therapy master course students and we practice these together in class as well as in clinical settings too. If the student would like to learn more about the RTs and RM personally, they can practise more through outside the regular classes run by outside experts - either private or publicly funded.
		I
		: *In your classes, which kinds of RTs and RM do you teach to your students? Could you give me an example?*
		R

Progressive relaxation technique (PRT) RM (Relaxation music) Personal background Medical/Healthcare Practitioners Combination (PRT) Hospital settings Music therapy Recommendations Relaxation Music therapy Simple Constraints PRT (Duration) PRT (Deep and shallow) Guidance (Methods)	Combination *(PRT&RM)* Teaching of interventions *(Settings), (Purposes), (Types), (Approaches), (Learning/Skills)* Advice *Selecting music (Taking a long time)* Connection between length of sessions and depth of sessions Guidance/Instructions *(Hold client/Containing client), (Methods), (Verbal instruction/Direction)* <u>Teaching of RTs & RM</u> What: Progressive relaxation technique (PRT), RM How: Combination (PRT & RM)/Simplification Why: In order to apply Where: University settings Who: Music therapy students	: For example, I use the 'Progressive relaxation technique (PRT)' along with relaxation music. My husband is a medical doctor and we have both noticed that in the field of medicine, PRT is often used in various hospital settings and I think in the field of music therapy too, PRT with suitable music is one of the good ways to make a client feel relaxed. So I often teach it to my music therapy students. Progressive relaxation technique (PRT) is very easy method to follow but for me, selecting the music is what takes a long time. We can do PRT in just 5 minutes and if we need deeper PRT we can do it in 20 minutes but I prefer spending 10 minutes. I guide PRT all the way through verbally.
		I
Relaxation (Aim) Relaxation (Benefits)		: *Why are you using relaxation methods in your area? What do you consider to be the practical benefits?*
		R
Relaxation (Aim) Motivation Learning /Skills In conjunction with (Music therapy) Understanding before practice Positive/Negative emotions (Effects)	Use of intervention -Practice/Self-help techniques (Purpose) <u>Use of interventions</u> Why (Purpose): Self-help techniques How: Combination (Music therapy & RTs) Where: Settings (Therapy session)	: In order to motivate and create the will in clients to do relaxation exercises by themselves, I used these methods in my music therapy session. I would like to give an opportunity for clients to practise relaxation exercises in their life (post session - after sessions have finished and they go back home). By showing them the relaxation methods clients will remember the relaxed state of body and mind.
Theory before practice Self-awareness Positive/Negative emotions (Effects) Motivation	Teaching and Demonstration *-Demonstrating contrast* *(Demonstrating contrast between tension and relaxation)*	In other words, when I use the relaxation programmes I first let them know: 'What is tension' and 'What is it like to be in a state of relaxation.' I try get them to understand how things might be different by contrasting these experiences. Then, through their awareness of tension and relaxation, clients can distinguish them and they realize the

		positive experience of being in a 'state of relaxation'.
PRT (Guidance) Relaxation session PRT (Reasons) Self-awareness Stress management Memories Comfort Motivation		So sometimes I ask to my clients to focus on the feeling of tension and I induce tension deliberately during the relaxation session. The reason is that if client remember the feeling of tension, they can easily appreciate what is happening to their body and mind such as "I feel the tension now". "I've got stress" so they immediately look for ways to experience a relaxed state and try to make themselves relaxed. Memories of comfort and relaxation are quite strong so clients remember them and want to find a way to relax.
Learning/Skills RTs & RM (Purposes) Motivation Self-direction		I try to give many chances to my clients to get more experiences of the feeling of being relaxed. That is the one of the reasons why I use the RTs and RM in my sessions. These experiences may give patients the motivation and will to continue to have experiences of relaxation themselves in their daily lives.
		I
		: *For Korea's music therapists, what kinds of receptive methods do they recognize as being evidence based-practice (EBP)?*
		R
In conjunction with (RTs & RM) GIM and MI EBP Qualifications Programme (GIM & MI) EBP Motivation Popularity	Guided Imagery in Music & Music imagery *- Evidence based-practice (EBP)* *- Approved trainer* *-Popularity & Entrance criteria (requirements)* Evidence based-practice (EBP) What: GIM & MI (Programme) How: Qualifications (Training courses) Why: Evidence based-practice Who: Therapists	: In my opinion, in South Korea, music therapists who want to study about RTs in association with RM look towards GIM (Guided Imagery in Music) or MI (Music imagery) training courses and I think these count as examples of EBP. Since several years ago, many GIM and MI workshop programmes and training courses have been developed and run by approved trainers. I think many music therapists prefer these programmes and hope to complete the training because we think it relies on EBP. Even though there are limited places on the courses and they are very strict about the eligibility

		criteria, many therapists are keen to join this programme.
	Sharing information/Ideas/ Networking	(During the break time we talked about this topic more and the interviewee gave me phone numbers of several music therapists who are interested in RTs and RM but I already had another music therapist interviewee so I couldn't meet all of them. However I did subsequently meet one music therapist that she mentioned to me and we talked about the GIM and RTs and RM).
		I
		: *How do you feel about using RTs and RM in your field?*
		R
New development programme	Cultural factors/Understanding *(Cultural considerations), (Cultural similarities/Differences), (Cultural background), (Tradition and history)* Popularity of Receptive techniques	: In my opinion, Korea has a relatively short history of music therapy compared with the West. We first approved Music Therapy courses as University courses in 1998 but since then they have developed so quickly. Of course, receptive music therapy techniques are widely being developed and still a matter of interest to a lot of music therapists.
Combination (Receptive techniques with GIM), (Widely apply) Valuable practice Future change	Qualities/Abilities/Resources of the Therapist *(Qualifications), (Interventions training), (Learning/Skills)* Collaboration work Clinical Value Combination *(Receptive techniques & GIM - Good Combination)*	Also people who trained in GIM or MI are trying to interact with other therapists and attempt to widely apply receptive methods and take for granted the clinical value of RM and RTs. That is the one of the good examples of the use of relaxation techniques combined with music in Music therapy.
Popularity Cultural differences Future change	Future/Change/New programmes Combination *(RTs & RM and GIM & MI)* Resources of the Therapist *(Qualifications), (Interventions training), (Learning/Skills)*	I personally believe that RM and RTs will become well-developed in conjunction with GIM and MI programmes in the field of Music therapy. In Korea, if the music therapist wants to study further about RTs and RM, the most popular workshops and training courses are the GIM and the MI courses. Since a few years ago, many related workshop programmes have been ongoing and those are sought after by many music therapists.

Cultural differences	Cultural factors/Understanding *(Cultural considerations), (Cultural background), (Tradition and history), (Matching with Korean emotions), (National character/Personality)* Popularity of receptive methods *(Reasons)* Future/Change/New programmes	They are well matched with typical Korean emotions. So I think in the future, RTs and RM will become well-developed by practitioners who are interested in receptive methods etc.
Personal stories		[She talked about her personal experience of GIM Training during the coffee break time … and we shared personal emotional experiences].
Combinations (RTs &RM) Cancer Adolescents, Pregnant women, Workers	Combination - *Popularity/New trends* (Widely adopted) - *Range of Client groups* - *Range of settings* *(Clinical settings/Community settings)* - *Adaptations/Simplifications*	However, I think Music therapists, even though they are not trained in GIM or MI, often use combinations of RTs and RM in many clinical settings with cancer patients, adolescents, pregnant women, workers etc. I think this is already well used and widely adopted. That is the current way of combining music and relaxation techniques in the Music therapy field in Korea.
		I
Cultural differences Korean emotion Receptive techniques		*: You mentioned 'typical Korean emotions'. Could you tell me more about that? How is it connected with 'receptive techniques'?*
		R
Sensitivity to individual needs Adaptations	Cultural factors/Understanding *(Cultural considerations), (Cultural background), (Matching - Korean emotion), (National character /Personality), (Tradition and history)* Responses to interventions *(Receptive methods)* Popularity *(Reasons)*	: I think this is the reason why those receptive methods have spread and developed quickly over a short time in Korea. It is closely related 'Korean emotions' and 'Characteristics of Koreans' etc. Receptive methods are very suited to the sentiments of Koreans.
Cultural differences Receptive techniques Positive negative response/ Feedback Feeling- Comfort (Positive response) Adaptation (Methods) Sensitivity to individual needs Deep/Shallow relaxation	Use of receptive methods *(Effects), (Levels of practice)* Responses to interventions *(Receptive methods)* Advice/Cautions/Recommendations *(Sensitivity to individual needs)* Connection between length of sessions and depth of sessions (relaxation) *-Link between 'who the clients are' and 'how deep you go'*	In other words, receptive methods are very suitable therapeutic techniques for Korean clients and are the one of the preferred treatments for many people. It is quite certain that receptive methods can makes client feel good and comfortable and clients mostly respond positively to them but it always depends on the 'kinds of clients' and 'the depth of relaxation' etc.

	Approaches *(Client/Therapist centredness)*	
Traditional Religion Cultural differences Personality	Cultural factors *(Tradition and history), (Generational differences), (Matching - typical Korean emotions),(National character /Sentiment),(Tradition and history), (Korean Personality), (Heritage)*	I think… This is strongly related to 'Korea's traditional way of thinking (Traditionally handed down from generation to generation)', 'Korean traditional virtues' and 'Confucianism and Korean Society'. Many old people have taught our generation "Do not express your feelings to the outside or to others", "It is a blessing to endure", "Meekness", "Shyness" and "Modesty".
Active/Receptive techniques	Cultural factors *(Generational differences), (National character/Sentiment), (Tradition and history), (Cultural considerations), (Client background), (Korean national religions)* Responses to interventions *(Receptive methods)* Approaches *- Slightly changes* *-Generational differences/Shift* Link between Age and receptive/ active techniques Link between Age and preference *-Older people prefer receptive* *-Younger people like both* *-Active/Receptive*	They consider those are the important human virtues. So we naturally follow and transfer those ideas. In Korea, the majority of adults (between the ages of 35-85 years old) grew up with 'Confucianism' and 'Buddhism' as their cultural background. We still have the unconscious heritage of these teachings because most of our school teachers are aged between 30 and 65 old. Maybe… the young generations may not understand these virtues. However, the majority of people still think that these virtues are lessons from the ancestors. That's why Korean people prefer receptive methods of treatment rather than active ones.
		I
		: That is new idea for me. So in your music therapy sessions, how do you feel that receptive techniques are related to Korea's traditional way of thinking?
		R
Active/Receptive techniques Individual Choice Acceptance/Resistance	Cultural factors: *(Cultural consideration)* Responses to Receptive interventions *(Acceptance/Resistance)*	: In my sessions, many adults prefer the receptive methods to methods involving active expression. They feel much more comfortable about the passive way.
Case histories Percussion Active/Receptive techniques (Approaches) Positive/Negative responds Personality (People's nature) Rapport	Case histories Active/Receptive techniques *(Approaches)* Responses to interventions	For example, during the session when I said "Let's play the drums!" or "Let's sing!" or "Could you express your difficult feelings playing the drum?", then most clients do not follow well.

	Role of therapist *(like a teacher)*	Some react very passively like a good student to follow the teacher's command and some are playing the drum without any emotion and in a very careful way.
Active/Receptive techniques (Approaches) Generational differences	Client background *(Individual personality)* Approaches *- From passive to active* Music Therapy *(Approaches), (Qualities), (Rapport)* Client background*(Ages)*	Of course, depending on the people's nature, our relationship or rapport or how things go during the session, passive reactions can possibly turn into active ones during the session. However, still, older people continue to take a passive stance. Perhaps these reactions are different from others with a Western background.
		I
RTs & RM (Combinations)		*: How should we incorporate RTs and RM into practical music therapy sessions?*
		R
Positive/Negative attitudes Combination Duration Physical movement Traumatic events Young people Children	Use of interventions *(Mind-set/Attitude), (Client groups /Settings), (Processes), (Methods), (Duration)* Link between client background/needs and session time Use of interventions *- Timing (various) - Client states (Physical movement) - Timing and Client states* Combination *(Approaches)* Adaptation/Simplifications Stress management	: At the moment in Korea, we have a very positive attitude towards the incorporation of RTs and RM into music therapy and it is already used in many clinical settings. For example, in a simple way, we can incorporate their use for stress reduction for workers (Usually the session time is one hour and we can devote 10 to 15 minutes for relaxation methods), hospice patients and patients unable to physically move (The maximum session time is 20 minutes and 5 - 10 minutes for relaxation), sexually abused children and teenagers (The session time varies and so does the amount of time devoted to RTs and RM), secondary school students (The same again – the session time varies and so does the amount of time devoted to RTs and RM) etc.
RTs (Level - advanced) Combination (RTs & Music therapy) Valuable/Quality Receptive methods (Benefits: increase the quality of sessions) Openness/Willingness	Combination and increased quality *(RTs & RM and GIM & MI), (Levels of practice)* *- Open up emotions (appropriate use)* *- Benefits (Music therapy)*	At a more advanced level, it is possible to combine GIM and MI sessions with relaxation techniques and doing so will increase the quality of these sessions. If used appropriately, we can use receptive methods to enable clients to open up their inner feelings. It helps the

Combination - MI & Receptive - Well matched	Link between level of practice and quality of session Recommendations *(Combination- MI & Receptive)*	main music therapy to proceed smoothly. In particular, I think MI sessions are well matched with receptive methods.
Combination (RTs & RM) - Benefits Rapport One-pointedness Calm Tension/Release Combination (RTs & RM) – Approaches, stage, purpose Simplification Percussion Singing Self-expression	Combination *(RTs & RM), (Purpose/Rapport/Focusing)* Responses to interventions *(Relaxed), (Tension/Release), (Expression of emotions)* Combination (RTs & RM) *(Approaches)* Adaptations/Simplifications Use of Active/Receptive methods *(Types/Breathing techniques), (Effects), (Response), (Types/Drumming and Percussion), (Types/Song writing)*	We can use RTs and RM for building of rapport or focusing the mind. Or at the end session we can get a client to calm down, or reduce physical tension. We may begin by playing relaxing music with a simple breathing technique to calm the client down, then use drumming and song-writing and through this process clients more readily express their inner feelings.
Combination (Active/Receptive) Valuable/Quality Combination (Active/Receptive) Benefits (Achieving goals/Enrich the experience)	Combination of interventions *(Receptive & Active techniques), (Benefits)*	We can enrich the experience by incorporating receptive methods. By using active methods and receptive methods in the same session we can often achieve our goals better. There are so many ways to incorporate RTs and RM into music therapy sessions.
		I
		: Could you tell me about your personal experience of the use of RTs and RM?
		R
Case history - Combination (RTs and music) Referral (Purpose) Stress management Combination (RTs and music) Anxiety levels Positive/Negative Reactions/Response/Feedback Busy lives/Stressful life style Guidance Feel-relaxing	Case histories Combination *(RTs & Music therapy)* Referral Stress management program me Responses to interventions *(Comfort), (Relaxed)*	: Recently I had a music therapy session with City Hall employees - 120 people. The purpose of the music therapy referral was about the 'how to reduce stress' and 'how to cope with stress and anxiety', I used relaxation techniques (e.g., breathing techniques) with music together. The reaction was "I feel comfortable", "It has been a busy day all day, a lot, and I have had to help people who visited city hall and it is sometimes very stressful. However during the session, I did not need to do anything - I just had to follow your guidance and do nothing… it makes me feel easy and relaxed. I was able to rest today".
Case history - Combination (RTs & RM) Elderly people (Old people) RTs & RM (Outcomes) National character Personality	Case histories Combination *(RTs & Music therapy)* Responses to interventions	As another example, specifically targeting the elderly in Music therapy, in terms of their emotions, the relaxation-

Elderly people/Receptive methods	Cultural factors *(Cultural considerations), (Korean Personality)*	related activities produced a very good response. I already mentioned about the Korean characteristics and in the case of elderly those characteristics are much more relevant and they like receptive methods very much.
Physical Movement Physical mobility Physical Health, illness and Physical conditions Receptive music therapy methods(Rationales) Hospices Hospital settings Office staff Traumatic events	Physical Health, illness and physical conditions Combination *- Range of Client groups* *- Range of settings* *(Clinical settings/Community settings)*	Physically it is the same, because if they are staying in hospital, their physical condition makes it uncomfortable for them to do many activities and they find these more difficult. That's why receptive music therapy methods can be used appropriately. Currently, I use RTs and RM for hospice patients, company workers and sexually abused children.
		I
RTs & RM (Approaches) with hospice	Use of interventions *(Client groups/Clinical settings)*	*: That's interesting. You are using receptive methods with various client groups. Could you tell me how you use RTs and RM with hospice patients?*
		R
Qualification Preparation New programmes	Qualities of Therapists Collaboration Preparation/planning *- Manual included RTs & RM/Making manual* Future/Change/New programmes	: At the moment, the Music therapists (who have completed the hospice training courses) are gathering together and we are making a music therapy manual for hospice patients. I will include RTs and RM as one of the sections too.
Qualification Cultural difference	Qualities/Abilities/Resources of the Therapist *(Qualifications), (Learning/Skills), (Specific training course - specialised Hospital training course)*	In Korea, if a music therapist would like to work in a hospice, they have to complete a special training course called the '16-week Hospice standardization process'. Without the training, nobody can work. Regardless of their job or career status (music therapy professors or students), everyone has to attend the training course for 16 weeks and undergo the same process. Only those who have completed this can work in hospice settings.
Advice/Caution Valuable/Quality Expertise Qualifications	Cautions *- Risks* Value/Quality of life	I think these 'strict regulations' are needed for a therapist working in a hospice. Because for hospice patients, a

	Physical Health, illness and physical conditions Qualities of Therapists	session of only a few minutes is a very important time compared with healthy people. Also another important thing is that there are a lot of risks involved. So specially trained professionals are required for hospice settings.
Receptive/Active techniques (Benefits)	Combination *(Receptive & Active techniques)*	In my opinion, in hospice settings, receptive music therapy is often used compared with active treatment activities and it can be a useful therapeutic tool.
		I
Approaches/Adaptation	Approaches	: *When you were working in hospice settings, could you tell me how relaxation and music therapy were used?*
		R
Definition Cultural differences Active/Receptive techniques Benefits	Definition of interventions Use of RTs & RM -*Wide-ranging methods* Cultural factors *(Cultural considerations)* Qualities/Abilities/Resources of the Therapist	: Through my clinical experience, my own definition and my understanding of RTs and RM are quite broad so I've used RTs and RM in my music therapy sessions in a wide range of ways. Korean people generally like receptive music therapy methods so, depending on the practitioner's own interpretation or outlook, RTs and RM can be used for a variety of therapeutic purposes.
RTs & RM (Hospice settings) Caution Physical Health, illness and Physical conditions Collaboration Settings Individual choice/Needs	Use of interventions *(Approaches), (Client groups/Settings)* Cautions *-Pre-check (Client conditions)* Physical Health, illness and physical conditions Clients' Motivation *-Willingness to participate* Responses to interventions	In my case, in hospice settings, before starting the session, the first thing that I have to carefully check is my clients' condition by going through the hospital records together with hospital staff. If then patients are willing to join the session and they are in a suitable condition to start the music therapy session at this time, I enter the client's ward.
Advice /caution Constraints RTs (Levels) Simplification Listening Recorded/Live music Definition (Category of RTs and RM) Methods/Approaches	Differentiation between advanced relaxation techniques and less complex (or emotional) receptive techniques Advice /Cautions *(Levels of practice)*	The way I see it, if it is difficult physically for them to play musical instruments or actively to move about, advanced relaxation techniques are not suitable either.

	Simplifications Use of Receptive techniques *(Types/Listening), (Recorded/Live music)* Definition/Categories of interventions Future/Change/New programmes	For these people I mainly use receptive listening methods - live music with guitar and singing, or else recordings. In my view if any kind of music or relaxation techniques can offer the client some feeing of relaxation, then this comes under the category of RTs and RM. Seen in this light, RTs and RM can be a very therapeutic tool for hospice patients.
Guitar playing & Singing Music instrument Feeling - relaxed Advice Client centredness (Effect on relaxation) Individual choice/Needs Family Motivation Memories Feeling relaxed and happy Positive/Negative response Singing Talking and chat RM (Role) Benefits	Case histories Music Therapy Approaches Music therapy *approaches* *(As an example)* *-Guitar playing and singing songs together* *-Listening to music* Relaxation response *(As an example)* *- Closing eyes* Relaxation response Use of Music *(Preferences)* Family care Use of RM *(Songs)* Responses to interventions *(Relaxation response)* Music /Use of Music *(Qualities/function), (Types), (Preferences), (Responses), (Role), (Rapport)* Personal stories	I will tell what I actually did during one session. I asked a hospice patient: "What kind of music do you like listening to?" The client said, "I like listening to *Barley Fields*." So I and another music therapist sang this song. The other one played and we both sang together. The client closed their eyes and listened calmly and this, I would say, is a sign of relaxation. And so this is a good example of how the client's expressed preference for music facilitates relaxation. At that time, his wife was sitting on the side of the bed and she sang together with us. I asked the client what he was thinking about when he closed his eyes and he said. "When I was young, I walked together with my wife through a barley field. Walking with her is my happiest memory." So I asked him to sing together with us. He suddenly sat up and clapped his hands while singing and went into a smile. I think through this kind of relaxing music he could be reminded of his happiest memory and this made him want to talk more. So we were able to develop a rapport. (During the talking, she called and introduced one hospice hospital in order to look at or experience …and)
RTs (Types) Visualization and imagery	Combination *(RTs & RM), (Types)*	I have had many of these kinds of experiences. In this case the music of

Definition	Use of interventions (RTs & RM) *(Mind-set/Attitude), (Wide applications)*	'Barley Fields' is relaxation music, and visualization and imagery helps him to relax, so this is the relaxation technique. I think that if we can define RTs and RM more widely in this way, then it has wider applications.
		I
Definition (Vary)		*: Can you say some more about what you mean by the wider definition or use of RTs and RM?*
		R
Programme Popularity Objective/Subjective Widely known Definition Advice Music (Choice) (Wide range)	Use of RTs & RM Definition *(Relaxation)* Relaxation experience/response *- Subjective experience* Future/Change/New programmes	: Personally think there are many widely known special meditation technique programmes and there are many kinds of music made simply for relaxation, but I think relaxation is a subjective experience. If the client receives a special relaxing experience, then this falls within my definition of relaxation techniques and relaxation music. I stress that in different clinical settings, a variety of relaxation techniques can be applied if we think of the range of RTs and RM as being wide.
Physical Health, illness and Physical conditions Individualised Definitions Positive/Negative Reactions/Response/Feedback	Definitions Relaxation response Individual differences	So RTs and RM depend very much on physical condition and it is difficult to generalize. We can extend our definition according to the client's reactions or their comments – when they say they are comfortable, mentally relaxed, etc.
		I
Client groups		*: You mentioned young and teenage girls who were sexual abused. Can you tell me more about this?*
		R
Different kinds of response Age - Young /Old people (Young people couldn't recognised what is relaxation or tension), (cannot understand feelings of relaxation and tension) Referrals Young people Case histories Positive negative Reactions/Response/Feedback Stress management Success/Failures in practice	Use of interventions *(Referrals), (Client groups/Settings)* Case histories Responses to interventions *(Comfort/Safety), (Success/Failures in practice)* Link between Age (Young/Old) and response to interventions	: In Korea there are some institutions which have responsibility for dealing with sexually abused children. I often receive referrals from these institutions. I often use relaxation techniques with these clients. Younger children cannot fully understand what happened to them when they were abused and they cannot understand feelings of

		relaxation and tension either. When I try the relaxation techniques with them, they often say, “Teacher, my mind feels very nice.” Teenage girls, however, are fully aware of what has happened to them, and they tell me “My painful feelings seem to have gone away”, “I feel comfortable in my mind.” I think that through this process, their tensions from their wounds can begin to dissolve. Later I will use a variety of musical activities. I think this is a good example of a successful use of relaxation techniques with clients.
Applications Future/Change	Use of interventions Cultural considerations Future/Change/New programmes	If we define the use of techniques broadly in this way, then most Korean people respond well to them. I think the future of relaxation techniques in this wider sense is promising.
		I
		: What do you think about the use of RTs and RM with teenagers?
		R
Young people Client centredness (Individuality) Individual choice Success/Failures in practice Music preferences Acceptance/Resistance Active/Receptive techniques (Benefits/Young people) Music(Rhythm) Movement Stretching Active RTs (Effect)	Use of interventions *(Success/Failures in practice), (Criteria for choice), (Client groups/Settings)* Responses to interventions *(Acceptance/Resistance), (Individuality)* Use of Active/Receptive methods *(Client groups/ Settings), (Types), (Approaches/Methods), (Effects)* Combination of interventions *(Receptive & Active techniques)*	: I think if I use the same kinds of RTs and RM with teenagers as with other clients, sometimes it will work, sometimes not. So I generally ask them what their music preferences are. When I use RTs and RM, there is a 50% success rate. Half will attend very well, but half will not focus during the session. So with teenagers I choose more active RTs and RM. Using active methods induces relaxation much better. For example, I choose more rhythmic music for RM and activities with more movement, such as stretching, for RTs. It’s more effective to use non-passive methods.
		I
RM (Criteria for choice)		*: You talked about the clients choosing their own preferred music. How can a practitioner know a teenager’s preference in music?*
		R

RM (Criteria for choice) Client centredness (Individuality) Purpose Stress management Settings (School) Music (Types) Client centredness (Individuality) Positive/Negative Reactions/Response/Feedback	Use of interventions (RTs & RM) *(Types), (Purpose), (Criteria for choice), (Levels of practice -Deep/Shallow), (Client groups/Settings), (Preparation/Planning)* Music Therapy (MT) approaches *- Client centredness (Individuality)* Stress management Preparation/Planning Responses to interventions *(Acceptance/Resistance)* Cautions	: If your therapeutic purpose is to reduce teenagers' stress, you should ask their preferences before starting the session. For example, if we are going to a secondary school, before we go we should assemble many genres of music, such as jazz, hip hop, and so on then before starting the session the therapist must ask which the student prefers and play the different genres for the student to choose from. Reactions to the music are either negative and positive.
Positive/Negative Feedback Cautions Preparation Constraints Motivation Practicability Therapist-centred sessions Advice Client centredness (Individuality) Acceptance Motivation In conjunction with (RM and RTs)	Responses to interventions *(Acceptance/Resistance)* Cautions *- Preparation (Pre-check)* Constraints *(Settings)* Client background *- Client Motivation* Music Therapy *(Approaches), (Client/Therapist centredness), (Practicability), (Effects), (Music Preferences)* Advice Combination *(RTs & RM)*	They will say it is really boring or it is nice. If students have a negative feeling about the music, the whole session will not work. This is the mistake many music therapists make, however, - doing the whole session without bothering to ask. In a school session there are particular difficulties. Music therapy is part of the school activity and a problem is that students are pressured by teachers to join in. The easy thing to do to run therapist-centred sessions. With teenagers we have to take care not to run therapist-centred sessions though. If teenagers choose their own preferred music and feel positive about it, this creates a positive start to the session. In this kind of atmosphere it is possible to use RM and RTs such as breathing techniques, in conjunction.
		I
		: If music therapists use the RTs and RM in their clinical settings, what are the practical problems?
		R
Difficulties RM (Criteria for choice) Combination (Difficulties) (Experience needed/Experiential)	Constraints/difficulties *(Criteria for choice), (Music therapy materials), (Preparation/Planning)*	: Most music therapy practitioners find it difficult to choose relaxing music. Relaxation techniques are sometimes easy to get from books, but it is difficult

Preparation/Planning (Takes long time)		to match relaxation techniques with music. So making a plan can take a long time.
		I
		: In your case when you use RTs and RM, how do you choose the music?
		R
RM (Criteria for choice) Music (Beat/Rhythm) Progressive muscle relaxation entrainment Relationship between Length of practice and depth of relaxation Preparation Approaches Tension and releases (Duration) RTs and RM (Criteria for choice) Preparation/Planning Reflective practice (Therapy) Cultural difference Acceptance Classical music Music (New Age) Emotional response to music Music (Types) RM (Criteria for choice) Music (Beat) Oriental music Guidance Advice/Recommendation Music choice	Music (Elements /Characteristics) Connection between length of sessions and depth of relaxation *-Link between 'who the clients are' and 'how deep you go'* Music/Use of Music *(Characteristics), (Criteria for choice), (Qualities), (Matching)* Use of interventions (RTs & RM) *(Types), (Preparation/Planning), (Duration)* Combination of interventions *(RTs & RM), (Approaches)* Responses to interventions *(Acceptance/Resistance)* Cultural factors *(Cultural considerations)* Music/Use of Music *(Types), (Responses), (Concerns), (Characteristics), (Criteria for choice), (Preferences), (Matching)* Combination of interventions *(Approaches)* Responses to interventions *(Acceptance/Resistance)* Advice/recommendations	: Personally I think rhythm and beat are important. For example, when I try relaxation techniques such as *progressive muscle relaxation,* *I first think how long my clients will need tension and how long they* will need relaxation. These will have to match the rhythm in the music. I think regular rhythm […] when music therapists choose music, one of the key factors is matching regular rhythms and relaxation techniques. In their assessments they have to think about the client's preference in music. Some Korean people don't like classical music and reject it. I sometimes use New Age music for that reason. However, some New Age music can also stimulate the emotions too much, so we need to consider that too. In my last session I chose Kenny G's *Spring Breeze*. Why I chose that music for that session is the beat is very regular and I can detect an Oriental mood in it. That's my feeling. Another important reason for choosing it is when I use tension - relaxation - tension - relaxation, it is easy to match these in the music. The clients then find it much easier to follow my guidance, when listening to the music. So I would recommend this method of selection to other music therapists.
		I
	Timing	*: When RTs and RM are used in a session, which stage is good – the beginning, middle or near the end? (Timing)*
		R

RTs & RM (Stages) National character Cultural differences Personality Rapport Self-expression	Use of intervention *- Timing & Rapport* *- Length of time & Cultural background* *- Timing link between knowledge of the* *- Persons and experience of the therapists* Client background Cultural factors *(Cultural background), (Korean Personality)*	: I don't think this is an important issue. It depends on the relationship or rapport of client and therapist, or the client's cultural background. We have to consider Korean people's culture or character, for example some people don't like expressing ourselves. I try to focus on building up rapport. Depending on rapport, we have to choose the time when we introduce RTs or RM.
RTs & RM (stages) Acceptance/Resistance Approaches Recommendations RTs & RM (Stages) Rapport Openness Breathing techniques Receptive techniques Stage/Reasons Feelings - comfort	Music Therapy *(Approaches), (Rapport)* Recommendations Use of intervention *- Timing & Rapport* Use of receptive techniques *(Types/Breathing techniques), (Purpose), (Timing for interventions)*	For example, if a client already has a good rapport with me, I can use RTs and RM at the end of the session, but when I first meet a client, or if we don't have any particular rapport yet, I suggest receptive techniques are used at the beginning of the session. If we already have a rapport with a client, it is not necessary to use these techniques at the beginning of the session. So in a course of 10 therapy sessions, perhaps I will use receptive techniques at the beginning in the first session but by the fifth session it will not be necessary to do that until the end of the session. Once we have developed a rapport, clients often reveal their inner emotions and tell me their problems, they may start to cry and want to retreat back into themselves. Then I may try some simple breathing techniques to calm the client or receptive techniques, so in these cases that's why I sometimes use some receptive techniques at the end of the session - to comfort the client's feelings.
		I
		: What things do you need to take care about?
		R

Advice/Cautions Guidance Grounding Guidance	Use of intervention *- Length of time (Sleeping)* Responses to interventions *(Falls asleep)* Guidance/Instructions *(Needs)*	: Practitioners, when they give guidance, need to make sure the clients don't fall asleep. If the music is too long, sometimes clients will fall asleep, so you need to follow some kinds of rules to keep the client awake. The practitioner should ask 'Where are you now?', or 'Can you see anything?' for example. Without guidance, the client will wander off.
		I
Active and receptive RTs and RM		*: How would you describe the difference between the active and receptive RTs and RM?*
		R
Definition Active and receptive RTs and RM Understanding before practice Relaxation (Types) Physical/Mental relaxation	Use of Active and receptive techniques (RTs & RM) Approaches *(Understanding before practice)* Dimensions of relaxation *(Physical/Mental relaxation)* *(Shallow/Deep relaxation)*	: Before talking about this, we need to think about the concept of relaxation. I think there are two dimensions if we think of it as a grid. There is a vertical dimension and a horizontal one. I think relaxation can be explained using the vertical dimension (physical relaxation and mental relaxation). On the horizontal axis, it can be divided into shallow relaxation and deep relaxation. So there are two types of relaxation: one is physical relaxation and the other is mental relaxation.
Office staff/workers Sessions (Types/Purpose) Active music Drumming/Percussion Stress management Positive/Negative Reactions/Response/Feedback Muscles tension Active techniques (Benefits) Relaxation/Stress response (Psychological vs Physically)	Clients groups *(Office staff/Workers)* Active music therapy *(Drumming /Percussion)* Stress management Use of Active/Receptive methods *(Reasons), (Purpose), (Client groups/Clinical settings), (Benefits), (Types/Drumming)* Responses to Active techniques *(Expression of emotions), (Relaxed), (Physical/Mental relaxation)* Advice	In Korea, we offer many therapeutic activities related to stress for office staff/workers. Workers have lot of stress. I often do drumming sessions with workers with the purpose of reducing stress. Most people attending the session say that after drumming "my stress is relieved." Other people say their minds have calmed down, but they also often say their muscles are sore the following day. This means drumming as an activity can relieve psychological stress, but physically it produces more muscle tension. When we consider relaxation we have to consider both physical and mental relaxation.

Receptive techniques (Breathing techniques/PMR) Benefits RTs(Types) Different Dimensions of relaxation Physical/Mental Deep/Shallow Advice	Relaxation/Stress response *(Psychological and Physically)* Use of Receptive methods *(Physical/Mental relaxation), (Benefits), (Types/Breathing techniques/PMR)* Advice Resources of the Therapist *(Understanding practice)* Dimensions of relaxation *(Physical/Mental), (Deep/Shallow)*	On the other hand, breathing techniques or progressive muscle relaxation can reduce physical tensions directly as well as reducing mental stress. Every relaxation technique has its own unique character. It is not a question of wrong or right techniques. But the practitioner needs to consider these different dimensions of relaxation - physical and mental, shallow and deep.
Active/Receptive techniques (Approaches) Active (Benefits) Stress Singing (in harmony) Chimes Relaxation	Music therapy *(Approaches)* Stress management Use of interventions *(Mind-set/Attitude)* Responses to interventions *(Relaxation response), (Physical/Mental relaxation)* Use of Music *(Types), (Instruments)*	I think in fact, if we think broadly, we can use any kind of music therapy activity as a relaxation technique or relaxation music. If we think that an activity leads to both physical and mental stress relief, then any music therapy activity can be used. For example in music therapy sessions, sometimes we sing together in harmony. People can feel that they are supporting each other through the harmony. In this way people can experience relaxation. Another example is using chimes.
Response Stress management Active techniques (Benefits)	Responses to Active techniques *(Relaxed)*	After finishing the activity people say they feel relaxed. So this is another example of relaxation music.
Use of intervention Theory Stress management Receptive techniques (Benefits) Psychological/Physical (Benefits) -integration	Use of intervention *- As continuum between passive and active* Approaches *- Integrating passive and active approaches* Use of interventions *(Mind-set/Attitude)* Stress management Responses to Receptive techniques *(Physical/Mental relaxation)*	In my opinion, I don't like to methodologically divide active and passive techniques. Every kind of music therapy activity can reduce physical or psychological stress. But in my experience, receptive techniques are of more direct help psychologically as well as physically.
		I
		: Do you mean receptive RTs and RM are safer to use?
		R
Receptive RTs and RM Success/Failure practice Response	Case histories Music therapy *(Approaches), (Success/Failure practice), (Client centredness)* Pain management *(Positive /Negative)*	: Not all methods induce relaxation all the time/in every case. One time I used music with a patient for the purpose of relaxation. But while listening to it during the session the patient said he

		felt some physical pain, so I immediately stopped the music.
Sensitivity to individual needs Client centredness Case - histories	Advice/Cautions *(Sensitivity to individual needs)* Individual differences Individual/Subjective experience	This is a very rare case, but it is good example to show that sometimes when the therapist chooses relaxation music, it may can actually bring some discomfort to clients.
Case - histories Music (Choice) Feeling - comfort Classical music Feedback Anxiety levels Tension	Case histories Response to interventions *(Acceptance/Resistance), (Nervous)* Individual differences	Another experience is one day I chose classical music (very calm music) as relaxation music but after the session client gave me the feedback, "While listening to this music I become more nervous... I don't know why… it made me feel quite tense."
Advice Objective/Subjective Positive/Negative response Client choice Physical Health, illness and Physical conditions Client background Success/Failure practice	Advice Use of RTs& RM Responses to interventions *(Subjective)* Abilities of the Therapist *(Understanding practice)* Client background *(Culture, age, medical problem, life experience)* Success/Failure practice	So I would like practitioners to understand these things. That is if you would like to employ RTs and RM for clinical use, you must remember that the responses to RTs and RM are quite subjective. So practitioners need to take more care to consider things like patients' preferences and clients' physical condition, and their socio-economic and cultural background in order to get better therapeutic results.
		I
Deep/Shallow relaxation		*: Thank you for explaining so many things for me. Could you tell me more about shallow relaxation and deep relaxation?*
		R
Psychological approach Receptive techniques RTs (Level) Expertise Simplifications	Dimensions of relaxation Music Therapy *(Psychological Approaches)* Use of Receptive techniques *(Levels of Practice)* Abilities/Qualities of the therapist Responses to interventions *(Trust/Distrust)* Advice Adaptations/Simplifications	: I think the depth of relaxation is quite important. For example, in some cases, depending on the therapeutic purpose, we may take a psychological approach. Then receptive techniques are more needed and we need to go deeper in terms of the level of relaxation. If the practitioner lacks experience in this area, the client may lose faith in the therapist. This kind of thing often happens in therapy sessions. It would be better then to use simpler (less deep) techniques.
		I

RTs (level)	Use of interventions (RTs & RM)	*: What do you mean by simpler techniques and what is more advanced?*
		R
Stage Programme Preparation *(Create a comfortable atmosphere)* Settings Breathing techniques Stages	Music Therapy *(Approaches), (Preparation/Planning)* Abilities of the therapist Background music *- Easy peaceful music as background* Simplification *- Simple breathing techniques* Adaptations/Simplifications Use of Active/Receptive methods *(Timing for interventions), (Purpose), (Types/Breathing techniques), (Types/ Listening), (Approaches/Methods)*	: I think when someone first attends a clinical session, at the beginning they are generally very tense and wondering what it is all about. So a therapist needs to create a comfortable atmosphere before actually starting. At that time we can turn on peaceful music, for example, to have in the background. This is one example of a simpler use of RM. Another simple one of RT is at the beginning of the session, with an easy breathing technique (breathing in and out), to prepare the client for the main part of the session. These are the kinds of techniques that any music therapist can use.
Purpose (Inner issue) RTs & RM (Levels) Cautions Expertise	Connection between depth of sessions and purpose of practice Connection between depth of sessions and response Cautions Qualities/Abilities/Resources of the Therapist	However, If my purpose with a client is to draw out an inner issue (and the client is willing to do this or accept this), we have to undergo a process during which I will use a (more advanced) deeper receptive method using music or relaxation techniques. In such cases, although I am experienced, I nevertheless take things cautiously.
Qualification Guidance Meditation RTs & RM (Levels) Expertise	Connection between depth of sessions and quality of the therapist *(Working at the levels you feel comfortable)* Use of interventions *(Mind-set/Attitude)*	Especially, we need to take care when using deep receptive techniques because our training is mainly in music therapy not meditation skills so in most cases, therapists are unable to guide clients well so it is desirable to make sure you are confident about your own level of use of RTs.
Expertise Qualifications Advice	Abilities/Qualities/Resources of the therapist Advice	I think the most important thing when we using receptive techniques as well as active ones is the *quality* of the therapist. Therapists who are not trained well or not skilful therapists, in most cases feel difficulty in managing the client's inner issues.
	Advice/Cautions *(Sensitivity to individual needs)*	In addition, even though receptive methods are *simpler or advanced,* there

		are some clients who are not suited to these techniques.
		I
Cautions	Advice/Cautions	*: Could you tell me more about some clients with whom it is not a good idea to use RTs?*
		R
Sleep Breathing Success/Failures in practice	Psychiatric diagnosis Responses to interventions *(Fall asleep)* Use of interventions *(Success/Failures in practice)*	: Yes, for sure, we have to be careful when use RTs with certain clients. From my experience, there are risks in using these techniques with schizophrenic patients. They may not respond well to being asked to breathe in and out and feel it is an invitation to sleep. I have tried a number of times, but not been successful.
Trauma Caution Expertise/Professional Advice Case histories Experience before practice	Client background *(Traumatic events)* Caution Abilities of the Therapists *- Level of competency* *- Level of proficiency* Advice/Recommendations Case histories Abilities of the Therapists Qualities/Abilities/Resources of the Therapist *(Interventions training), (Experience before practice)*	In other cases, people who are not mentally sick nevertheless may have experienced deep trauma. Sometimes relaxation techniques must be used with caution. An experience therapist may be able to control the client's emotional feelings using relaxation techniques, but a trainee therapist may not, and using other music activities is easier and preferable. During one supervision, a trainee who had seen me work before, tried using the same technique, but when the client revealed her trauma, the trainee was at a loss to know what to do. So when I followed up the session with the trainee, I advised the trainee not to use these techniques before becoming more experienced. First it is necessary for the trainee to become mature themselves before working with clients.
		I
		: What does it mean for you to become mature?
		R
Qualification Cautions Counter-transference	Qualities/Abilities/Resources of the therapist Cautions *(Counter-transference aspect)*	*: Mature* means two things. One is the ability to use musical skills with clients, the other is the inner quality of the therapist. So many times I've seen

	Wounded healer	practitioners who have the wonderful musical abilities but have not matured inside so during the session the personal feelings of the therapist are transferred to the client, so there is transference from the therapist to the client and we need to think about the counter-transference aspect too. In my opinion, therapists must *heal themselves* and have a healthy mind.
Experience before practice/ Understanding		I think this is the really important quality of a therapist. In Korea, there are so many issues that arise because of this because there are so many music therapists being produced. In order to carry out the role of a music therapist it is important to have a healthy mind. That's why when I train music therapists, I always stress this point.
		I
Advice	Advice (Use of RTs & RM)	*: Based on your experience, what would you like to give advice to practitioners who would like to use RTs and RM in the future?*
		R
Stages Client centredness Advice Purpose Approaches Success/Failures in practice	Use of interventions (RTs & RM) *(Types), (Timing for interventions)* Approaches *(Client centredness)* Advice Qualities/Abilities/Resources of the therapist *(Mind-set)*	: When practitioners use RTs and RM, we need to find a suitable time to use it. *Appropriate* treatment at the *right* time is important. Also we need to consider the client-centered approach and should avoid therapist-centered care. Do not use the RTs and RM in a greedy therapist-centered way and don't try too much to draw out, or focus on the deeper inner issues of client. If you do this you might be faced with unforeseen difficulties.
Openness Practitioner (quality) /expertise Planning (Quality) Preparation Advice	Use of interventions (RTs & RM) *(Preparation/Planning), (Benefits), (Mind-set/Attitude)* Advice	Thus, without greed - in other words a strong desire or obsession to achieve therapeutic purposes or to sticking to a treatment plan -, just let things flow naturally and quietly watch the process. Sometimes we need to change our original plan during the session so preparing an alternative therapy plan is needed too. In this way, if the RTs and

		RM are used properly, practitioners can take advantage of this treatment.
		I
Limitation		*: If anyone wants to use RTs and RM, what do you think are the practical limitations?*
		R
Limitation Personal experience before practice Relaxation techniques Deep/Shallow techniques Expertise Qualification Practicability Constraint	Connection between depth of sessions and abilities of the therapist *- Level of competency* *- Level of proficiency* Constraints/Difficulties/Limitations Practicability (of Music therapy) Constraint	: Music therapists don't have a broad experience of meditation or relaxation techniques. So if a client wants to experience a deeper sense of relaxation, sometimes music therapists are unable to cope with this. Music therapists lack experience to share with one another. There is a limitation in terms of training time too, because music therapists have to learn music skills as well as gaining clinical experience - there isn't much time to learn relaxation techniques as well.
Cultural differences Cross cultural communication Communication Sharing information Oriental practice Combination Future/Change/New programmes	Cultural factors *(Cross cultural communication), (Cultural background), (Tradition and history)* Sharing information Combination of interventions Future/Change/New programmes	Currently many Western music therapists come to Korea to learn these techniques and to broaden their experience through Oriental practices. Relaxation techniques are a kind of Oriental thing. But our own history of music therapy is short and our traditions of meditation are so vast and we are still in the process of assimilating relaxation techniques into music therapy ourselves.
Cultural difference Methods Religion Acceptance/Resistance Sharing information/Ideas Constraints	Cultural factors *(Religious belief), (Cultural similarities/ Differences)* Constraints	Western and Oriental notions of relaxation methods are quite different. For example, yoga is generally regarded as a form of exercise rather than religious practice among Westerners, but in Korea there are Christians who are uncomfortable with the therapeutic use of Indian spiritual practices. This can present a practical problem in terms of sharing our ideas.
Limitation	Limitation Use of interventions *(Mind-set/Attitude)*	These kinds of limitations are really due to the short history of music therapy in Korea. We need to open up to new methods that are really of therapeutic

	Future/Change/New programmes	use. This has to start with the new generation of music therapy students.
		I
		: Finally, is there anything else you want to say?
		R
Definition Relaxation Tension Acceptance/Resistance Approaches Client (Choice) Deep/Shallow practice	Use of interventions (RTs & RM) *(Mind-set/Attitude)* Approaches Individual differences/Subjective Connection between depth of sessions and abilities of the therapist	: In Korea, in general, many people understand Relaxation is kind of "stress relief" or "tension reduction". So they prefer the RTs and RM that work in this way. Of course, this varies depending on the person. If the patient wishes, then the depth of relaxation can be applied differently.
CAM EBP Combination (CAM & RTs)	CAM EBP Combination *(CAM & RTs), (Music therapy & RTs), (RTs & RM)*	There are many complementary and alternative treatments that are not proven evidence based practice (EBP) and many alternative practitioners use a lot of relaxation techniques. Actually, a lot of music therapists use RTs and RM in many settings.
Combination (RTs & RM) Popularity Theory Expertise	Concern/Issues/Challenge Connection between use of intervention and abilities of the therapist	I think a lot about this. 'How should I use receptive techniques in any way at all?' 'How and through what means can I lead to clients to relax?' No matter how RTs and RM are used, to be a skilled therapist is the fundamental thing, I think.
Recommendation Simplification Guidance (Methods) Practicability Sharing information Network	Adaptations/Simplifications Practicability Sharing information/ Networking *- Manual book* Recommendations	Another point is we need to create some practical guidebook such like 'Easy-to-use RTs and RM materials'. It is necessary to create a step-by-step manual book for practitioners. It can reduce the time (looking for the material of RTs and RM) and it can lead to sharing information easily.

Appendix 12-1

The process of coding - generating initial codes and searching for themes

List of Codes *(Example of one interview)*

Qualities/Abilities/Resources of healthcare practitioners (21)

(Level of competency), (Level of proficiency), (Understanding practice 2), (Interventions training 4), (Qualifications 4), (Learning/Skills 4), (Specific training course - Specialised hospital training course), (Experience before practice), (Mature and Experienced), (Mind-set)

Use of Active/Receptive methods and Techniques (RTs, MM and RM) (6)

(Approaches), (Types/Drumming/Percussion 2)

Catering for the individual/Adapting to the individual (12)

Adaptations/Simplifications (5)

(Simple breathing techniques, Simple PRT)

Advice/Cautions/Recommendations (17)

(Selecting music - Taking a long time), (Sensitivity to individual needs), (Levels of practice), (Pre-check - Client conditions), (Counter - transference aspect), (Preparation, Pre-check), (Risks)

Use of interventions (RTs, MM and RM)

Approaches (9)

(Integrating passive and active approaches), (Understanding before practice), (Client/Therapist centredness), (Client centredness), (From passive to active), (Slightly changes - Generational differences/Shift)

Music therapy approaches (7)

(Background music), (Easy peaceful music as background)

CAM (2)

Case histories (8)/Case study example (2)

Client background and Cultural factors/Understanding and use of interventions

Client background (6)

(Client motivation), (Culture, Age, Medical problem, Life experience), (Individual personality), (Traumatic events), (Ages)

Clients' Motivation (5)

(Willingness to participate)

Cultural factors/Understanding (14)

(Cultural considerations 9), (Cultural similarities/Differences 4), (Cultural background 8), (Tradition and History 8), (Cross cultural communication 2), (Religious belief 2), (Korean personality 3), (Generational differences), (National character/Sentiment/Personality 5), (Korean national religions), (Matching - Typical Korean emotions 3), (Heritage)

Clinical Value

Collaboration work (2)

Combination of interventions (24)

(RTs, MM and RM 7), (Types), (Approaches 4), (Receptive & Active techniques), (Benefits), (RTs & RM and GIM & MI), (Levels of practice), (Purpose/Rapport/Focusing), (RTs & RM and GIM & MI), (RTs & Music therapy 5), (Range of Client groups 3), (Range of settings - Clinical settings/Community settings 3), (Adaptations/Simplifications), (Receptive & Active techniques), (CAM & RTs 3), (PRT & RM), (Receptive techniques & GIM - Good Combination)

Connection between depth of sessions and abilities/quality of the therapist (4)

(Level of competency), (Level of proficiency), (Working at the levels you feel comfortable)

Connection between depth of sessions and 'purpose of practice'/ 'responses' (3)

Connection between length of sessions and depth of relaxation (3)

(Link between 'who the clients are' and 'how deep you go')

Constraints/difficulties/limitations (7)

(Criteria for choice), (Music therapy materials), (Preparation/Planning), (Settings)

Definition/Categories of interventions (4)

(Differentiation between advanced relaxation techniques and less complex -or emotional- receptive techniques), (Dimensions of relaxation 3), (Physical/Mental relaxation 2), (Shallow/Deep relaxation 2)

EBP (2)

Family care (3)

Future/Change/New programmes (10)

(Popularity/New trends/Widely adopted)

Guidance/Instructions (13)

(Hold client/Containing client), (Methods), (Verbal instruction/Direction), (Needs)

Guided Imagery in Music & Music imagery (9)

(Evidence based-practice), (Approved trainer), (Popularity & Entrance criteria/Requirements)

Individual differences/Subjective (7)

Link between Age (young/old) and response to interventions

Link between Age and preference

Link between Age and receptive/active techniques

Link between client background/needs and session time

Level of practice and quality of session (8)

Music/Use of Music (4)

(Qualities/Function 2), (Types 2), (Preferences 2), (Responses 2), (Role), (Rapport), (Elements /Characteristics 3), (Criteria for choice 2), (Matching 2), (Concerns)

Music therapy approaches (10)

(Guitar playing and singing songs together/Listening to music), (Client/Therapist centredness), (Practicability), (Effects), (Music Preferences), (Approaches 3), (Preparation/Planning 2), (Qualities), (Rapport), (Success/Failure practice), (Client centredness - Individuality), (Psychological Approaches)

Pain management (4)

(Positive/Negative)

Physical Health, illness and physical conditions (3)

Practicability (3)

Preparation/Planning (4)

(Manual included RTs, MM and RM/Making manual)

Psychiatric diagnosis (2)

Recommendations (2)

(Combination - MI & Receptive techniques), (Well-matched)

Referral (2)

Relaxation experience/Response (6)

(Subjective experience), (As an example - Closing eyes)

Relaxation/Stress response (9)

(Psychological and physically)

Responses to interventions (21)

(Acceptance/Resistance), (Nervous), (Relaxation responses 3), (Physical/Mental relaxation), (Comfort/Safety 2), (Success/Failures in practice), (Falls asleep), (Receptive methods), (Tension/Release), (Expression of emotions), (Subjective), (Relaxed 2), (Trust/Distrust)

Responses to Active techniques (3)

(Expression of emotions), (Relaxed 2), (Physical/Mental relaxation)

Responses to Receptive interventions (3)

(Acceptance/Resistance), (Physical/Mental relaxation)

Role of therapist (6)

Sharing information/Ideas/Networking (4)

Stress management programmes (7)

Success/Failure practice (4)

Teaching and Demonstration (5)

(Demonstrating contrast), (Demonstrating contrast between tension and relaxation)

Teaching of interventions (4)

(Settings), (Purposes), (Types), (Approaches), (Learning/Skills)

Timing (3)

Use of Active/Receptive methods (7)

(Types/Breathing techniques), (Effects 3), (Response), (Types/Drumming and Percussion), (Types/Song writing), (RTs, MM and RM), (Client groups/Settings 3), (Approaches/Methods 2), (Reasons), (Benefits), (Types/Drumming), (Timing for interventions), (Purpose 2), (Types/Breathing techniques), (Types/Listening)

Use of intervention (RTs and RM) (32)

(As continuum between passive and active), (Timing & Rapport), (Length of time & Cultural background), (Timing link between knowledge of the persons and experience of the therapists), (Length of time and sleepiness), (Practice/Self-help techniques), (Purpose), (Client groups/Settings 6), (Purposes 2), (Range of client groups), (Range of settings), (Clinical settings/Community settings), (Referrals), (In combination/Separately), (Range of qualifications), (Private settings/Public settings), (Length of training/Depth of training), (Preparation/Planning 3), (Benefits), (Wide applications), (Types 4), (Duration), (Criteria for choice), (Levels of practice - Deep/Shallow), (Timing for interventions), (Success/Failures in practice 2), (Criteria for choice), (Timing - various), (Client states - Physical movement), (Timing and Client states), (Approaches), (Mind-set/Attitude 9), (Processes), (Methods), (Duration), (Referrals)

Use of Music (21)

(Preferences), (Types), (Instruments)

Use of receptive methods (22)

(Effects), (Levels of practice 2), (Physical/Mental relaxation), (Benefits), (Types/Breathing techniques/PMR), (Types/Breathing techniques), (Purpose), (Timing for interventions), (Types/Listening), (Recorded/Live music)

Use of RTs, MM and RM (5)

(Wide-ranging methods)

Value/Quality of life

Wounded healer

Appendix 12-2

The process of development of thematic categories (1)

List of Codes *(for all 12 interviews)*

Use of interventions (RTs and meditation & RM) (Range of client groups), (Range of settings - Clinical settings/Community settings), (Referrals), (Purpose), (In combination/Separately), (Private settings/Public settings), (Length of training/Depth of training), (Benefits), (Wide applications), (Types), (Duration), (Criteria for choice), (Levels of practice -Deep/Shallow), (Timing for interventions), (Success/Failures in practice), (Approaches), (Mind-set/Attitude), (Processes), (Methods) <159 times> Practicability and Practicalities <45> Adaptations/Simplifications <56> From simple to complex techniques <14>
Range of Client groups (Types), (Young people), (Elderly people), (Pregnancy/Maternity), (Mother), (Baby), (International workers), (MS & ME), (Office staff/Workers), (Parkinson), (PDSD), (Autism/ADHS), (Midwives), (Drug addicts and alcoholics), (Cancer), (Healthy/Sick people), (Heart disease), (Hospice), (Palliative care), (Young offenders), (Stroke), (Interesting people) <88>
Definitions/Categories of interventions (Music/Sound), (Relaxation system), (Grounding), (Relaxation), (Relaxation system) <93>
Responses to interventions (Frustrated), (Nervous), (Peace), (Depressed), (Relaxed), (Vulnerable/Safe), (Bored), (Confidence), (Peace), (Unrelaxed/Nervous), (Anger), (Upset/Sad), (Hope), (Dreamy/Awake), (Comfort/Discomfort), (Confident), (Happy), (Comfort/Safety), (Love/Kindness), (Fears/Phobias), (Inner strength), (Freedom) <48> **Positive/Negative emotions** <29> **Positive/Negative reactions/Response/Feedback** <44> **Sleeping (Positive aspects/Semi-conscious/Healing)** <7> **Tension and Release** <32> **Trust/Distrust (Reassurance)** <9> **Waking up** <2>
Link between GIM and use of RTs and RM (Purposes), (Stage - Induction), (GIM & Breathing), (GIM & RM), (GIM & MI programmes) <48> Relaxation Techniques & GIM <37>

Grounding practice/Techniques and use of RTs and RM

(Types), (Approaches), (Duration), (Needs), (Purposes), (Rationales), (Stage/Routine/Structure) <35>

Guidance/Instructions and explanation

Guidance (Music/Voice/Silence) <23>

Guidance/Instructions

(Approaches), (Breathing techniques), (Constraints), (Definition), (Purpose/Aim/Needs), (Quality), (Recorded/Live), (Role) <84>

Use of Recorded/Live music into guidance <21>

(Constraints), (Duration), (For guidance/Instructions), (Effects) <27>

Voice (Qualities) <11>

Voice/Music/Silence <13>

Music therapy approaches

Music qualities, Types of music

Use of music and sound for relaxation

The qualities and perceived qualities of music and sound, music-making and background music that contribute to therapy and how these are perceived differently by cultures and professions

(Benefits), (Effects), (Rationales), (Role), (Distraction) <36>

Background music - (Purposes/Aims), (Effects), (Use) <47>

Music (Types)

(Neutral Music), (New Age music), (Non-Western music), (Easy-listening music), (Eastern music), (Modern music), (Classical music), (Classical/Non-classical music), (Light music), (Indian music), (Rap music), (World music) <45>

Music characteristics - (Beat/Rhythm), (Loud/Soft), (Fast/Slow) <49>

Music (Criteria for choice) - (Seasons), (Preference), (Illness/Health), (Difficulties) <29>

Use of Relaxation Music - (Types), (Criteria for choice), (In conjunction with sound therapy), (Purpose/Effect/Benefits), (Resources), (Role), (Stages) <44>

World music/Cross cultural music (Indian music), (Jazz), (Latin music) <9>

Music/Sound instruments

(Chimes), (Classical guitar/Electric guitar), (Egg shakers), (Wind Chimes), (Wood blocks), (Drum), (Ocean drums), (Tibetan bowls), (Crystal singing bowls), (Tingshas), (Gongs), (Body tambura) <42>

Instruments (Criteria for choice) <29>

Music & Creativity/Spirituality <15>

Rapport <25>

Recorded/Live music <41>

Relaxation Music <44>

Singing <11>

Simulative/Sedative Music <44>

RM (Criteria for choice) <53>

Link between Sound Therapy and relaxation techniques (response)

(Effects), (Medium for RTs), (Sound frequency), (Advantages), (Quality), (Resources) <32>

Sound healing <30>

Sound therapy and relaxation <23>

Use of Recorded/Live music (Constraints), (Duration), (For guidance/Instructions), (Effects) <44>

Qualities/Abilities/Resources of the health care practitioners

(Role), (Background), (Interest/Practices), (Experience before practice/Understanding), (Mind-set/Attitude/Opinions beliefs), (Music tastes), (Preferences), (Intuition) <52>

Qualifications <42>

Wisdom/Maturity/Insight/Intuition <22>

Use of RTs and meditation and RM

Relaxation programmes <11>

Relaxation techniques <102>

(Effects), (Benefits), (Difficulties) <11>

(Types), (Effects), (Levels), (Purposes/Aims), (Suggestions), (Benefits/Rewarding), (Components) (Criteria for choice), (Duration/Stage), (Methods/Procedures), (Preferences), (Reasons), (Resources), (Role), (Stage) <109>

Combination of interventions (RTs & RM)

(Types), (Beliefs and attitudes), (Benefits), (Criteria for choice), (Duration), (Effects/Outcomes), (Levels), (Methods/Procedures), (Outcomes), (Preferences), (Purposes), (Resources), (Role), (Stages), (Teaching/Requirements), (Applications), (Quality), (Types) <164>

Psychological music therapy and RTs <13>

Psychotherapy/Counselling and RTs <10>

(Approaches), (Benefits), (Effects), (Purpose), (Reasons), (Music & Relaxation), (Breathing techniques & Toning), (Breathing & Music), (Breathing & Imagining), (Breathing & Guided meditation), (Breathing/Body scan and music), (CAM & RTs), (Counselling), (Difficulties), (GIM & Breathing), (GIM & RTs and RM), (Medicine & CAM), (MMP & Stress management programmes), (Music & Creativity), (Music Therapy and RTs), (Psychotherapy & RTs and RM), (Psychotherapy & Music), (Receptive techniques & GIM), (Relaxation sessions & Imagery), (RTs & RM), (RTs and music therapy), (Types), (Vocal & Breathing), (Active/Receptive), (MMP & CAM), (CAM & Sound therapy), (PRT & Breathing), (Reasons), (Relaxation skills & Music), (RTs & Music), (RTs & RM), (RTs & Sound), (GIM & RTs) <93>

Wellness performance and RTs <4>

Vocal Psychotherapy and RTs (link between Vocal toning/Sound/Silence) <2>

Education, Teaching and Learning with respect to RTs and RM	
(e.g., what courses and opportunities are available for people wanting to learn/develop)	
Rationale for including RT and RM in teaching programmes	
Learning through experience/Practice	<18>
Learning/Skills	<23>
(Levels), (Aims), (Applying skills), (Constraints - Time), (Methods), (Outcomes)	<34>
(Teaching and Demonstration)	
Teaching	<41>
Theory	<11>
Theory before practice (Explaining)	<15>
Theory underlying practice	<4>
Link between stress management/Coping strategies and use of interventions	
(In Medical education/Preventive medicine), (Personal methods)	
Stress coping strategies/Management	<99>
Stress/Mental and physical wellbeing	<4>
Everyday routine/Busy lives/Stressful lifestyle	<24>
Health/Well-being/Healing	<16>
Pain management/Coping strategies	<25>
Relaxation and stress response	
Relaxation – what is stress and what is relaxation, how is relaxation achieved and how is stress managed, perceived benefits	
Relaxation/Purpose of use of RTs and RM	<155>
Relaxation Response	<14>
Stress (Effects), (Mind/Body response), (Student life)	<19>
Stressors	<12>
Stress response and use of intervention	
(Aim/Purpose), (Benefits), (Coping skills), (Deep/Shallow), (Definitions), (Duration), (Effects/Outcomes), (Levels), (Needs), (Types), (Stage), (Methods), (Aftercare), (Aim), (Benefits), (Effect), (Effective way), (Future directions), (Music/Sound), (Musical sound/Non-musical sound), (Physical structure), (Purpose - Intent), (Process)	<155>
Range of RTs and meditation and RM/Types of interventions	
Emotional Freedom Technique (EFT)	<4>
Emotional/Spiritual wellbeing	<7>
Mindfulness Meditation	<164>
Positive psychology techniques	<4>
Mindfulness Meditation programme (MMP)	
(Benefits), (Resources), (Applications/Purposes), (Stages)	<76>
Compassionate/Loving-kindness/Forgiving meditation	<15>
Mandala	<17>

Mantras	<6>
Meditation	<64>
Mind/Body intervention	<39>
Position/Postures (Standing, Sitting, Lying, Walking)	<11>
Autogenic Therapy (AT), (Methods), (Benefits)	<10>
Progressive relaxation technique (PRT)	
(Duration), (Guidance), (Levels), (Reasons)	<23>
Visualization techniques	<17>
Use of Breathing & Relaxation techniques (Link between breathing techniques and relaxation)	
(Deep/Shallow), (Types), (Respiration difficulties)	<35>
(EBP), (Approaches), (Benefits), (Methods)	<74>
(Effect), (Purpose), (Reasons), (Types), (Cautions)	
Calming effect/Techniques	<11>
Tapping exercises	<9>
Use of Active methods and practices involving movement	
(Physical movement), (Walking meditation), (Exercise/Stretching), (Yoga), (Tai-Chi)	<36>
Mindful movement	<12>
Use of Active/Receptive techniques (RTs and meditation and RM)	
(Purpose), (Benefits), (Combination), (Instructions)	<46 >
Practitioner's personal/professional interests and own practice	
What attracts practitioners to a particular therapy? What philosophies/approaches do they have? how do they connect/relate their own personal interests to professional life?	
Medical/Healthcare practitioners (Types of practitioners)	<16>
Personal experience before practice	<7>
Practitioners	<53>
Preparation/Planning	<48>
Profession	<6>
Professional interests/Background	<5>
Link between Cultural factors/Understanding and use of interventions	
Cross- cultural communication	<3>
Cross- cultural difference(s)	<2>
Cultural similarities/Differences	<54>
Cultural understanding/Background	<2>
Eastern Practice & Philosophy	<16>
Religious beliefs	<15>
Differences in professional beliefs, requirements	
Differences in health care systems and philosophies	
(e.g., the need to relate/refer to EBP or learning through personal experience)	
Ethical considerations	<14>

Evidence based practice (EBP)	<62>
Evidence based practice (EBP)/Personal practice/Research	<47>
Research (Finding and making EBP)	<23>
Link between Evidence based-practice (EBP) and use of interventions	
Case histories	
Case histories/Anecdotes	<31>
Value (in health and in everyday life) of intervention/Clinical Value	
Valuable experience/Practice	<10>
Value/Quality of life	<11>
Growth/expansion of interventions	
a. Practitioners; b. Clientele; c. The medical profession; d. The media	
Motivation/Intention	<41>
New trends/New ideas/Practices	<3>
Nursing/Nursing interventions	<8>
Collaboration work (Communication difficulties)	<56>
Openness/Willingness	<10>
Organization (Hospital structure)	<6>
Popularity/New trends/New ideas/Practices	<27>
Private setting/Public setting	<6>
Recommending (Websites/Resources)	<8>
Private setting/Public setting	<6>
Programme/New programme	<18>
Recruitment	<8>
Referrals	<5>
Rehabilitation programme	<6>
Funding	<7>
Client's Motivation	<43>
Use of intervention	
Procedure	<23>
Assessment and Pre-check before applying interventions	
Success/Failures in practice	<33>
Catering for the individual/Adapting to the individual	
Client centredness (Individuality)	<67>
(Client states-Physical movement), (Timing and Client states)	
Independence/Self-direction/Choice	<25>
Respect for client	<5>
Sensitivity to individual needs	<38>

link between use of RTs and RM and Client background	
Changing beliefs/Habits	<16>
Client Mind-set/Attitude/Opinions beliefs	<4>
Client's background and culture	<21>
Traumatic events (Client background)	<15>
Medical history	<3>
Personality	<8>
Link between Family care and use of interventions	
Family care	<11>
Definition/Dimensions/Categories of interventions	
Case histories	
Case histories/Anecdotes	<23>
Advice/Cautions/Recommendations	
Concern/Issues/Challenge	<15>
Constraints/Difficulties/Limitations	
Constraints/Difficulties/Limitations	<42>
Resource for Clients/Patients	
Practice/Self-help techniques	<56>
Sharing information/Ideas/Networking	
Sharing information/Ideas/Networking	<34>
Future direction	
Future/Change/New programmes	<45>
Link between Complementary and alternative medicines (CAM) and RTs and RM	
(Types), (Module), (Practitioner's range), (Combination), (In conjunction with RTs & RM)	<24>
Conventional medicine/Preventive medicine and RTs and RM	<10>
Awareness	
The value to practitioners, students and clients of enhanced physical, emotional, mental and spiritual awareness through exercises, guidance	<3>
Mind/Body, Relaxation vs Tension, Sensations	<40>
Altered state of consciousness/Full consciousness/Normality	<21>
Body scan	<13>
Self-awareness	<11>
Understanding theory before applying	<21>
Creativity/Creative activities/Creative techniques	<13>
Authority	<36>

Awareness
The value to practitioners, students and clients of enhanced physical, emotional, mental and spiritual awareness through exercises, guidance <3>
(Mind/Body), (Relaxation vs Tension), (Sensations) <40>
Altered state of consciousness/Full consciousness/Normality <21>
Body scan <13>
Self-awareness <11>
Link between individual Care and use of RTs and RM
(Medical vs Physical care), (Physical vs Emotional), (Physical vs Mental) <12>
Physical Health, illness and physical conditions <43>
Physical mobility/Physical handicaps/Limitations <15>
Physical/Psychological change/Effects <32>
Anxiety levels <12>
Anxiety/Agitation (levels) <26>
Empowerment <14>
Energy (levels) <5>
Energy/Fatigue (levels) <17>
Entrainment/Music-body synchronization/Effect of music on body <31>
Positive/Negative memories <18>
Spirituality <29>
Self-control <1> Self-confidence <4> Self-direction <6> Self-esteem/Self-confidence <3> Self-expression <5> Self-fulfilment <1> Self-love/Worth/Appreciation <4>

Appendix 12-3

The process of development of thematic categories (2)

Searching for themes among codes of 12 interviews

1. Use of interventions (RTs, meditation and RM)
   - Approaches to the use of RTs, meditation and RM
   - Assessment and pre-check before applying interventions
2. Use of active/receptive methods and techniques (RTs, meditation and RM)
3. Cultural factors/Understanding and use of interventions
   - Client/practitioners' background/interests
4. Combination of interventions
5. Responses to interventions
6. Health/Well-being/Healing and use of RTs, MM and RM
   - Link between stress management/coping strategies and use of interventions
   - Relaxation and stress response
7. Qualities/Abilities/Resources of healthcare practitioners
8. Practitioners' philosophy relating to choice of therapy and justification of methods
9. Growth/Expansion of interventions
   - Future direction (Future/Change/New programmes)
   - Value (in health and in everyday life) of interventions
   - Sharing information/Ideas/Networking
   - Resources for clients/Patients
10. Adaptations/Simplifications of interventions

11. Catering for the individual/Adapting to the individual
12. Definition/Dimensions/Categories of interventions
13. Music therapy approaches
14. Link between GIM (Guided Imagery and Music) and use of RTs and RM
15. Education, Teaching and Learning with respect to RTs, meditation and RM
16. Guidance/Instructions and explanation
17. Advice/Cautions/Recommendations
18. Constraints/Difficulties/Limitations
19. Case study sample/Case histories

Appendix 12-4

The process of development of thematic categories (3)

Reviewing themes

1. Use of interventions (RTs, meditation and RM)

1-2. Approaches to the use of RTs, meditation and RM

2. Use of active/receptive methods and techniques (RTs, meditation and RM)

3. Responses to interventions

4. Link between GIM (Guided Imagery and Music) and use of RTs and RM

5. Grounding practice/Techniques and use of RTs, meditation and RM

6. Guidance/Instructions and explanation

7. Music therapy approaches

8. Qualities/Abilities/Resources of healthcare practitioners

9. Practitioner's personal/Professional interests and own practice

10. Growth/Expansion of interventions

11. Cultural factors/Understanding and use of interventions

12. Use of RTs and meditational practices

13. Combination of interventions (RTs, meditation and RM)

14. Education, teaching and learning with respect to RTs, meditation and RM

15. Health/Well-being/Healing and use of RTs,MM and RM (e.g., stress/mental and physical wellbeing)

15-1. Link between stress management/Coping strategies and use of interventions

15-2. Relaxation and stress response

16. Value (in health and in everyday life) of intervention

17. Catering for the individual/Adapting to the individual

17-1 Link between individual care and use of RTs,MM and RM

18. Case study example

19. Definition/Dimensions/Categories of interventions

20. Advice/Cautions/Recommendations/Constraints/Difficulties/Limitations

21. Resources for clients/Patient

Appendix 12-5

The process of development of thematic categories (4)

Defining and naming themes

Theme 1. Music and Health

Sub-theme 1. Music and Music Therapy Approaches

- Use of Music
- Criteria for Choice of Music
- Music Genre
- Musical and Sound Instruments
- Receptive and Active Approaches

Sub-theme 2. Music, Health and Well-being

- Personal Motivations in Using Music in Health
- Use of Music in Health Contexts

Sub-theme 3. Qualities and Abilities of the Practitioners

- Personal Qualities and Abilities of the Practitioners
- Level of Competency and Abilities of the Practitioners
- Qualifications and Interventions Training

Theme 2. RTs and MM and Health

Sub-theme 1. RTs and MM Approaches

- Purposes of RTs and MM
- Practitioners' Personal Motivations in Using RTs and MM
- Types of RTs and MM
- Adaptations of RTs and MM

Sub-theme 2. RTs and MM as Healthcare Interventions

- Understanding of RTs and MM for Health and Well-being

Sub-theme 3. Use of RTs and Meditation in Health Contexts

- Breathing Techniques
- Progressive Relaxation Technique (PRT)
- Body Scan
- Imagery and Visualisation
- Autogenic Therapy (AT)
- Walking Meditation
- Loving-kindness and Compassionate Meditation
- Mandalas
- Mindfulness Meditation (MM)

Theme 3. RTs, MM and RM Applications and Responses

Sub-theme 1. RTs, MM and RM, Creativity and Spirituality

Sub-theme 2. RTs, MM and RM as Stress Management

- Use of RTs and RM for Stress Management with Patients and Clients
- Healthcare Practitioners' and Trainees' Use of RTs, MM and RM for Stress Management
- Demand for Stress Management
- Active and Receptive Methods for Stress Management

Sub-theme 3. Practitioners' Understanding of Relaxation and Relaxation Responses(RRs)

Sub-theme 4. Stress Responses and Relaxation Responses (RRs)

Sub-theme 5. Responses to RTs, MM and RM

Theme 4. Cultural Context

Sub-theme 1. Cultural Factors/Understanding and Use of Interventions

- Cultural Factors and RM
- Cultural Factors and Sound Instruments
- Cultural Background and Responses to Interventions
- Religious Influence

Sub-theme 2. Similarities and Differences

- Similarities and Differences between the UK and Korea
- Similarities and Differences between the Three Groups of Participants across the Countries
- Differing Familiarity with the Use of Interventions and Differences in Attitudes towards Family Care

Appendix 12-6

The process of development of thematic categories (5)

Self-reflective questions related to the common themes from the 12 interviews

1. Use of interventions (RTs, meditation and RM) (mentioned 232 times)

How do the healthcare practitioners apply and understand the use of interventions?

a. What is their purpose in using it?
b. Who are the client groups and what is the clinical setting?
c. What are the criteria for choice of RTs, meditation and RM?
d. How does culture affect the practitioners' use of the RTs, meditation and RM in the UK and Korea?
e. When do they use it? (e.g., stage, duration)
f. What are the successes/failures when using RTs, meditation and RM?

1-2. Approaches to the use of RTs, meditation and RM (138 times)

a. What are the different approaches/methods/processes when the practitioner uses RTs, meditation and RM? Are there any cultural differences and similarities?
b. How do the participants adapt and simplify RTs, meditation and RM?
c. What are the issues relating to practicability and practicalities in using RTs, meditation and RM?

2. Use of Active/receptive methods and techniques (RTs, meditation and RM) (125 times)

How can active and receptive techniques be employed for various purposes?

a. With respect to active and receptive techniques, what are the differences in focus, procedures, aims and perceived benefits, philosophy and approaches between Korean and UK interviewees?
b. What is the definition or categories of active/receptive methods and techniques (RTs, meditation and RM) comparing the UK and Korea?

3. Responses to interventions (96 times)

How do the practitioners and clients respond to the interventions?

a. Do they accept or resist? Why do they feel uncomfortable/comfortable or happy or sad?

b. How do they express their positive and negative emotions? What feelings are typical?
c. What is the feedback from the clients after using the interventions?
d. What level of trust do clients show in the RTs, meditation and RM?
e. What is the link between the personal beliefs and responses to interventions?
f. What is the link between Age (young/old) and response to interventions?

4. Link between GIM (Guided Imagery and Music) and use of RTs and RM (23 times)

a. How do participants use RTs and RM within GIM music therapy methods, and what are the cultural differences and similarities between Korea and the UK?
b. When the practitioners combine GIM and RTs and RM, what are the purposes of doing so? What are the approaches? (e.g., GIM and Breathing, GIM and RM, GIM and MI programmes)
c. What are the stages and durations for using RTs and RM and why? (e.g., induction stage)

5. Grounding practice/Techniques and use of RTs, meditation and RM (58 times)

a. What is the meaning of grounding and which kinds of instruments can be used for grounding practice? Are there any cultural differences when the practitioners use RTs, meditation and RM with grounding practices?
b. Why do they think grounding is necessary when they use RTs, meditation and RM? (e.g., purposes/rationales/needs)
c. How do they apply grounding within RTs, meditation and RM?
d. What are the approaches to grounding practice? (e.g., timing/stage/structure)

6. Guidance/Instructions and explanation (108 times)

a. What is the purpose/role of guidance when the practitioner uses RTs, meditation and RM?
b. What are the approaches to and process of guidance?
c. What are the constraints of guidance when the interviewees use the RTs, meditation and RM?
d. How are recorded and live music used together with guidance?
e. How can quality of voice/music/silence affect guidance?
f. Are there differences and commonalities between the type, style, amount of guidance given by different kinds of practitioners and different cultures? (between Korea and the UK)
g. In what situations is guidance considered important?
h. To what extent do the practitioners follow other people's guidelines or write their own or extemporise?
i. What preparations do interviewees make when they guide the RTs, meditation and RM in their work?
j. To what extent do different client groups/practitioners expect or rely on explicit guidance/instruction - is this culturally related?
k. What is the value of a manual book for guidance?

7. Music therapy approaches (64 times)

a. How do music therapists use RTs and RM in their sessions? Are there any cultural differences and similarities?
b. How can the qualities and perceived qualities of music, music-making and background music make a difference or affect relaxation sessions and how these are perceived differently by cultures and professions?
c. When the therapist uses RTs and RM in their sessions what are the benefits/ effects/purposes/rationales for their session?
d. What are the criteria for choice of music and instruments when they use RTs and RM in sessions and what are the types of music and music instruments?
e. How is maintaining rapport important during the music therapy session?
f. Why is client assessment important when the practitioner uses RTs and RM? How can the knowledge of a client affect the relaxation session?
g. How do interviewees use recorded or live music when they use RTs?
h. How do the practitioners view/exploit music and creativity/spirituality when they use meditation techniques in their session?

8. Qualities/Abilities/Resources of healthcare practitioners (47 times)

a. To what extent do the qualities and abilities of practitioners affect the use of interventions? (training experience/degree/qualification).
b. How can inner maturity, intuition/wisdom of practitioners can affect their clients/session or work? How does personal maturity affect their session and work?
c. What are the requirements or training courses for practitioners using RTs, meditation and RM?
d. Why is experience before practice and understanding of RTs, meditation and RM important?
e. How do the interviewees consider the depth of sessions and abilities/quality of the therapist? What is their advice about this? (e.g., working at the levels you feel comfortable with)
f. How do interviewees understand the link between level of competency/proficiency of practitioner and use of interventions?

9. Practitioner's personal/Professional interests and own practice (29 times)

What attracts practitioners to a particular therapy? What philosophies/approaches do they have? How do they connect/relate their own personal interests to professional life?

a. What kinds of people become interested in using RTs, meditation and RM (e.g., medical/healthcare practitioners)? Where do they practice?

b. How can the practitioner's culture, personal beliefs and philosophy affect their understanding use of RTs, meditation and RM?
c. What are the practitioner's personal/professional interests and own practice? How did they come to know about RTs, meditation and RM?

10. Growth/Expansion of interventions (109 times)

What accounts for the growth and expansion in the use of RTs, meditation and RM in healthcare settings (in their workplace) in the UK and Korea? Are the trends similar? Are there similar reasons? To what extent are the various parties (practitioners; clientele; the medical profession; the media) responsible?

a. What are the causes of growth and expansion of interventions?
b. How have RTs, meditation and RM expanded and grown in different clinical settings? (e.g., nursing, clinical preventive medicine)
c. To what extent does this growth depend on individuals' enthusiasm?
d. What new ideas or new practices are emerging?
e. How do practitioners collaborate and what are the difficulties? (e.g., communication difficulties such as different terminology used).
f. How can organizational support/funding/attitudes (openness/willingness) affect the growth and development when practitioners use RTs, meditation and RM? (e.g., making a new programme, helping with recruitment or providing backing for using RTs, meditation and RM within a hospital or other structure)
g. In what ways have the use of RTs, meditation and RM become popular and what are the cultural differences in the UK and Korea?
h. How do practitioners share their information and ideas and network?

11. Cultural factors/Understanding and use of interventions (160 times)

a. How do practitioners consider the client's personal background or interest/motivation when they practice? (e.g., culture, tradition, age, medical considerations, life experience, beliefs, religion, educational background, preferences, personality, traumatic events)
b. What differences are there in practitioners' philosophy relating to use of interventions and justification of methods? How do practitioner's personal/professional interests and own practice affect their use of interventions?
c. What are the cultural similarities or differences between Korea and the UK when the practitioner use RTs, meditation and RM in their work?
d. Are there any cultural considerations in the use and understanding of RTs, meditation and RM?

12. Use of Relaxation Techniques (109 times)

How do practitioners adopt RTs into their work or sessions?

a. What kinds of RTs do they adopt? (range of relaxation techniques/UK and Korea)
b. How do they consider the levels/depth of relaxation techniques or simplify or adapt the techniques?
c. What are their purposes/perceived benefits of using RTs?
d. Who are the client groups and what are the clinical settings?
e. What are the criteria for choice of RTs?
f. When do they use RTs? (e.g., stage, duration)
g. What are the successes/failures when using RTs?

13. Combination of interventions (RTs, meditation and RM) (164 times)

a. What are the components or types of combination of intervention used?
b. What are the reasons/purposes/benefits/outcomes of combination?
c. What are the criteria for choice of combinations of interventions?
d. How do interviewees adapt or simplify when they combine the interventions? In what way do practitioners consider the levels of practice when they combine techniques?
e. What approaches are used when combining techniques? (e.g., methods/procedures, stage, duration)

14. Education, Teaching and Learning with respect to RTs, meditation and RM (70 times)

a. What are the purposes/benefits of using RTs, meditation and RM in teaching/university settings?
b. How do participants exploit RTs, meditation and RM? (e.g., as a module/as a music therapy class/as meditation practice)
c. How do practitioners teach and demonstrate the RTs and meditation to clients/students? (e.g., example of scripts)
d. What is the attitude towards experiential teaching/theoretical explanation? (Why do some recommend 'understanding before practice', or 'theory before practice'; and others 'learning through experience/practice'?)
e. What courses and opportunities are available for people wanting to learn/develop practice?
f. What are the constraints or difficulties when the practitioners use RTs, meditation and RM in teaching settings? (e.g., levels of practice, time limitations, acceptance of students)

15. Health/Well-being/Healing and use of RTs, meditation and RM (e.g., Stress/Mental and physical wellbeing) (279 times)

a. How do interviewees describe and view stress? How do they describe and view relaxation? How is stress managed? What are the perceived benefits of stress management?
b. How do interviewees relate personal well-being and stress management? How do interviewees describe and view creativity/spirituality in the context of their practice?
c. How can the practitioner's culture, personal beliefs and philosophy affect their understanding of health and well-being and use of RTs, meditation and RM?

15-1. Link between stress management/Coping strategies and use of interventions (124 times)

a. What is a stressful lifestyle/what stressors are mentioned? How is a relaxed condition described?
b. How do practitioners understand and use RTs, meditation and RM for stress management in different healthcare contexts? (e.g., for medical education/preventive medicine, music therapy, in meditational use or for personal self-help techniques)
c. Is there any difference in cultural understanding or factors affecting stress management mentioned by the Korea and the UK interviewees?

15-2. Relaxation and stress response (155 times)

a. When the participants use RTs, meditation and RM, what are the client responses in terms of relaxation or stress?
b. How do they express their feelings of response (psychologically/physically/emotionally)?
c. How do practitioners and clients understand stress/relaxation responses?

16. Value (in health and in everyday life) of interventions (24 times)

a. What do the practitioners say about the clinical (or therapeutic) value of interventions?
b. What values do the interviewees ascribe to the use of interventions? (e.g., empowerment, client's physical/psychological positive change, anxiety/agitation/energy/fatigue (levels), self-control, self-confidence, self-direction, self-esteem/self-confidence, self-expression, self-fulfillment, self-love/worth/appreciation, change the habits)

17. Catering for the individual/Adapting to the individual (131 times)

a. How do the interviewees consider the client's individual differences and subjective factors? (e.g., link between client needs and session time, link between age and preference, link between age and receptive/active techniques)

b. How do the interviewees make their interventions client-centred? What are the differences in approaches to client centeredness between Korea and the UK? (e.g., independence/self-direction/choice, respect for clients, sensitivity to individual needs)

17-1. Link between individual care and the use of RTs, meditation and RM (98 times)

a. How does the client's physical health, illness and physical conditions affect practitioner's choice of intervention? (e.g., client states and physical mobility/physical handicaps/limitations, client's state and timing/depth or level of interventions, links between who the clients are and how deep the practitioner goes)?
b. What are the practitioners' advice and recommendations regarding clients' physical/psychological/ emotional states and use of interventions?

18. Case study example (29 times)

19. Definition/Dimensions/Categories of interventions (23 times)

a. How do interviewees themselves categorise interventions? What are their own definitions or dimensions of RTs, meditation and RM, Active and receptive techniques? (e.g., shallow/deep relaxation)
b. How do the participants differentiate between advanced relaxation techniques and less complex (or emotional) receptive techniques?
c. How are physical and mental relaxation distinguished?

20. Advice/Cautions/Recommendations/Constraints/Difficulties/Limitations (152 times)

a. What are the practitioners' concerns, advice, recommendations when using RTs, meditation and RM?
b. What are the difficulties, constraints, issues and challenges when using RTs, meditation and RM?

21. Resources for Clients/Patients (24 times)

a. When practitioners use interventions, how do they support clients to continue the practice of relaxation techniques for self-help?
b. What kinds of practice are recommended as self-help techniques for clients?
c. What future plans do participants have for developing resources for clients? (e.g., manuals including RTs, meditation and RM)

Appendix 13

Active and Receptive RTs, meditation and RM (mentioned by the 12 interviewees)

	Active activities and approaches	*Receptive activities and approaches*
Models of RTs	Stretching, Physical exercise Yoga Tai Chi	Breathing techniques Progressive muscle relaxation Autogenic training Visualization techniques Mandala Emotional freedom technique
Models of MM(including meditation)	Walking meditation Mindful movements Mindfulness meditation for everyday life (e.g., mindful eating meditation, mindful driving meditation)	Sitting meditation Mindful breathing techniques Guided mindful meditation Body scan Mindfulness guided imagery Zen meditation Meditative prayer Compassionate/Loving-kindness /Forgiving meditation
Models of RM	Active involvement in music improvisation by means of playing instruments Stress-releasing rhythm-based music Music composition Music with movement and dance Singing Instrument playing	Listening to recorded music Listening to music through live performance or improvisation Guided Imagery and Music (GIM) Music imagery (MI) Music and drawing (e.g., mandala, creating a drawing of the imagery experience)

Three groups of interviewees referred to:

	RTs, MM and RM
Music therapy group	Listening to recorded music Listening to music through live performance or improvisation Music and drawing (e.g., mandala, creating a drawing of the imagery experience) Guided Imagery and Music (GIM) Music imagery (MI) Active involvement in music improvisation by means of playing instruments Stress-releasing rhythm-based music Music composition Music with movement and dance Singing Instrument playing Progressive muscle relaxation Breathing techniques Visualization techniques Body scan Stretching, physical exercise Tai Chi
Meditation expert group	Breathing techniques Zen meditation Sitting meditation

		Guided mindful meditation Mindful movements Walking meditation Meditative prayer Mandala Stretching, physical exercise Yoga Tai Chi Body scan Mindfulness guided imagery Mindfulness-based stress reduction (MBSR) Mindfulness meditation for everyday life (e.g., mindful eating meditation, mindful driving meditation) Compassionate/Loving-kindness/Forgiving meditation Listening to recorded music Music with movement and dance Instrument playing
Medical group	*practitioner*	Progressive muscle relaxation Autogenic training Breathing techniques Visualization techniques Walking meditation Mindful movements Emotional Freedom Technique Compassionate/Loving-kindness/Forgiving meditation Sitting meditation Guided mindful meditation Body scan Mindfulness guided imagery Mindfulness-based stress reduction (MBSR) Mindfulness meditation for everyday life (e.g., mindful eating meditation, mindful driving meditation) Listening to recorded music Instrument playing