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Music Therapy with Adolescents in Crisis in America and Korea  
: A Cross-Cultural Analysis

A THESIS

Submitted in partial fulfillment of the requirements

For the degree of Master of Science

in Music Therapy

by

Seulgi Kim

Molloy College

Rockville Centre, NY

2016

MOLLOY COLLEGE

Music Therapy with Adolescents in Crisis in America and Korea  
: A Cross-Cultural Analysis

By  
Seulgi Kim

A Master's Thesis Submitted to the Faculty of  
Molloy College  
In Partial Fulfillment of the Requirements  
For the Degree of  
Master of Science in Music Therapy  
August 2016

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## ABSTRACT

The purpose of this study was to explore music therapy with adolescents in crisis in both America and Korea. Qualitative methods were employed in this study and the data were collected through semi-structured interviews with two music therapists —one American music therapist practicing in the United States and one Korean practicing in Korea — who have experience working with adolescents in crisis. The participants openly shared their experiences during an hour video-recorded on-line interviews. After the interviews, all content of the interviews was transcribed and analyzed. Three essential categories emerged: (a) the role of music, (b) the role of therapist, and (c) the cultural differences in the therapeutic process. Within the category of the role of music, the following themes emerged: (a) eliciting self-expression, (b) evoking projection, and (c) improving self-esteem. Within the category of the role of therapist, the following themes emerged: (a) expressing empathic understanding and (b) consistent and reliable caretaking. Within the category of cultural differences in the therapeutic process, the following themes emerged: (a) client openness and trust and (b) therapist emphasis on process versus product. Implications for music therapy clinical practice and future study are discussed.

*Keywords:* music therapy, adolescents in crisis, culture, cultural differences in America and Korea

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## **Music Therapy with Adolescents in Crisis in America and Korea**

### **My Experience**

I am a Korean music therapist, currently studying in America to earn my master's degree and undertake Nordoff-Robbins training. Since beginning my studies in the United States, I have observed drastic differences between American and Korean cultures. I have had the opportunity to meet with many Korean immigrants and international students to discuss their perspectives on these differences. I have come to a preliminary conclusion that these cultural differences may influence general interactions between people, as well as interactions within clinical settings. Furthermore, I have specifically noticed significant ways in which cultural differences influence music therapy, particularly in emotional expression, interpersonal relationship development, and parental perspectives on children.

My impressions have been that most Americans openly express and share their emotions. When I first came to this country, everybody asked me about my feelings with the simple question "How are you?" I did not realize that the phrase was just a simple greeting and became confused. I believed that I had to respond with my emotions and it was really difficult for me to do so because Koreans do not openly express emotions as readily as Americans do. While perceptions may vary from individual to individual, there is also an underlying social hierarchy where younger people are expected to obey their elders in Korea. Therefore, freely expressing emotions can sometimes be misunderstood as being rude. This aspect is also addressed in Kim's research (2010), where it was mentioned that one Korean employee felt that she was being rude whenever she expressed her opinions to staff members older than herself.

These aspects of Korean culture are embedded in how people develop relationships, which can make it more difficult for Koreans to open up to others than Americans may be able to in certain situations. I have more commonly observed situations in America where people have casually started conversations with the person next to them on the bus or subway. This surprised me because in Korea, I have never spoken to strangers, and it is not a common phenomenon to see strangers interacting with each other. From these observations, I wondered how Americans were able to start conversations and ask questions to strangers, and why they have so much interest in other people.

Another example of how cultural influence, particularly societal hierarchy based on age, may affect relationship formation, can be found in the classroom setting. When I took my first class in America, it surprised me when the professor and my classmates exchanged their thoughts and opinions. American students are encouraged to ask questions and present opinions to their professors, while Korean students, who are more accustomed to listening to professors' lectures without asking questions. While this would be considered indoctrination in America, in Korea, if a student asks questions, it can be interpreted as a lack of understanding on the student's part, or an attempt to criticize the professors' lectures. Kim (2010) supported this observation with studies that show that Korean students are used to showing respect to teachers by not presenting their own thoughts on the subject matter being taught.

Prior to coming to the U.S to study, I had conducted field work, completed an internship, and worked as a certified music therapist for a year and a half in Korea. I met a diverse range of people, from children to the elderly, and within various settings, such as schools, hospitals, and private centers. Through my work, I began to develop an interest in the adolescent population.

Previously, I had experiences working with adolescents in crisis in Korea and am currently working with children and adolescents who have developmental disabilities and autism spectrum disorders in America. While practicing in America, I was able to observe a difference in the way in which the parents regarded the sessions. When I conducted sessions in Korea, the parents wanted to know how well their son or daughter performed during the sessions and how much they have learned through the music therapy. Conversely, in America, the parents were focused on their son's or daughter's happiness and how much he or she was able to enjoy the session. It generally seems that Korean parents value the product of the therapy while American parents regard the process of the therapy more significantly. These differences prompted me to reconsider the varying perspectives of the parents of my American clients, and made me communicate differently with them, in comparison to the way I had done so with the parents of Korean clients.

Several of my Korean colleagues, who are also working and studying music therapy in Korea and America, strongly agreed with my observations. One colleague also realized the varying perspective of parents concerning music therapy in Korea and America, and like me, she too is still learning how to work with American clients. It will take time before we are able to completely understand and adapt. During my first few months in America, I had adjusted to these differences through my personal experiences. Now, during the consultation with the parents held after each session, I focus on how my client played and which activities or instruments they enjoyed playing.

My interest in focusing on adolescents in crisis began while I was working in Korea with another Korean music therapist, we had conducted 12 sessions over the course of a semester. The

clients had problems adapting to their schools, and some of the clients had conduct, emotional, and/or behavioral disorders. I also conducted music therapy sessions at a hospital for adolescents with conduct and behavioral problems. Through these sessions, I developed an interest and passion for working with adolescents in crisis. In addition, I found that adolescents in crisis had great potential and that they were really creative despite their social and behavioral issues. I wanted to continue working with adolescents in crisis because I also struggled with problems during my adolescence and was able to relate to them. I wanted to help them and thought that they could benefit through music therapy. I believe that adolescence is a challenging period of time for individuals that can consist of dramatic changes where the benefits of therapy can clearly be observed, especially since these dramatic changes may lead to mental health problems, such as emotional behavioral disorders, mood disorders, and other social problems, such as bullying or suicide.

There are many questions that may arise through the discussion of cultural application in music therapy for adolescents in crisis. What are the similarities and differences of how American and Korean music therapists work with adolescents in crisis? What are the cultural differences and similarities between music therapy sessions in the two different countries?

### **Significance**

I strongly believe that adolescents are at an age of infinite creativity and potential, and music therapy is a beneficial form of therapy to support their creativity and potential. Keen (2008) supported the increasing demand of music therapy over traditional forms of therapy for adolescents and boasted positive results on adolescents in crisis. In his music therapy sessions with adolescents, he found music provided a safe and non-confrontational environment for the

adolescents to minimize resistance and express their emotions. He also found music provided them the confidence to form a trusting relationship with their music therapist. To gain a comprehensive understanding of how music therapy similarly or differently benefits American and Korean adolescents in crisis, it is crucial to explore firsthand experiences of music therapists and their adolescent clients from both countries. Therefore, I deemed semi-structured interview method as most suitable and effective to carry out this research.

### **Need for the Study**

A review of the literature through various databases, (e.g. PsyARTICLES-APA, Health&Medical Complete-ProQuest, SAGE, Research Information Sharing Service (RISS), and National Assembly Library), reveals that many researchers have studied the effects of music therapy with adolescents (Bunt & Stige, 2014; McFerran, 2010; Tervo, 2001). The researchers have explained how music and musical experiences are helpful for adolescents.

Focusing specifically on the population of adolescents in crisis, I found several published books about creative arts therapies with adolescents in crisis (Bannister, 2003; Camilleri, 2007; Thomas & Johnson, 2007). The researchers executed art, drama and movement therapy with clients who had been abused and had experienced trauma, grief, and loss. I also located, various articles that addressed the topic (Albornoz, 2011; Gardstorm, 2004; Viega, 2016). These researchers shared information about music therapy with adolescents in crisis who were suffering from or struggling with depression, substance abuse, and extreme trauma.

Through my review of the literature, I found various studies that conducted cultural analysis comparing different cultures (Gadberry, 2014; Kim, 2008; Ohser, 2012), but to my

knowledge, there were no cross-cultural analysis studies done about music therapy with adolescents or adolescents in crisis in different countries. I was also unable to come across any relevant research pertaining to music therapy in America and Korea. As a music therapist native to Korea now adjusting to American culture and working with American clients, it is important to explore and understand the influences of different cultures in the field of music therapy.

This study is relevant to music therapists trying to grasp the challenges of adolescent clients, and particularly to provide a perspective on how adolescents are perceived between American and Korean cultures and how these perceptions influence the music therapy process. This research would be most helpful to Korean or American music therapists working with adolescents in crisis in America or Korea, respectively, allowing them to apply this knowledge to better engage with and assist adolescents in crisis in their clinical practice.

## Literature Review

### Development of Adolescence

The World Health Organization (WHO) defines adolescence as a period, between the ages of 10 to 19, where human growth and development occurs after childhood. While the definition of adolescence seems straightforward, Feldman (2007) stated that in reality, the period covers a wider span of growth where adolescence changes in physical, cognitive, emotional, and social aspects.

**Physical development.** In terms of physical change, Feldman (2007) explained that adolescents experience changes in their body shape, size and hormones. There is an increase in levels of testosterone in males and estrogen in females; hence, both females and males tend to grow taller and gain weight during this time. Tremendous physical growth and changes occur during this stage such as the development of breast in girls, mustaches in boys, hormonal changes, and the ability to sexually reproduce (Petersen, Susman, & Beard, 1989). Males and females experience different changes during puberty. Females usually experience a faster rate of maturity than males, experiencing their first sign as early as 10 years old, with their menstrual cycle or breast development between 12 to 13 years old. On the other hand, males experience a growth in their penis and the deepening of their voices.

During the period of adolescence, the dramatic changes in the nervous system and the brain are accompanied by physical development. Although the prefrontal cortex, which is the part of the brain that allows people to evaluate, make complex judgments, and think, is biologically immature, the number of neurons develop and increase the number of connections in the brain (Giedd, 2004). There are two halves of the brain that demonstrate important



differentiation and specialization. Lateralization, the process where specific functions are located more in one hemisphere of the brain than the other, becomes more pronounced. Koivisto and Revonsuo (2003) explained that for most adolescents, the left hemisphere works on verbal competence, such as speaking, thinking, and reasoning, while on the other hand, the right hemisphere focuses on nonverbal areas, such as understanding relationships, emotional expressions, and music. This increase in the nervous system and the development of the brain contribute to the development of cognitive abilities.

**Cognitive development.** As mentioned above, both genders experience growth and development in their nervous systems. An adolescent's cognitive, decision-making, and impulse controlling abilities are attributed to neural development. Cognitive abilities allow the adolescents to think at a higher level where they can make more concrete decisions as well as think in abstract terms. A well-known psychologist named Piaget (1972) explained that between ages 11 and 20, adolescents enter a stage called Formal Operations. Throughout this stage, they are capable of thinking more concretely and logically. Feldman (2007) added that during this stage, adolescents use their hypotheticodeductive reasoning, meaning that they can deduce the outcome of certain situations prior to hearing an explanation. They use propositional thinking during this stage, allowing them to establish abstract logic despite the absence of concrete examples. Moreover, information processing perspective begins to develop, allowing the adolescents to encode, store and retrieve information.

**Emotional development.** According to Feldman's (2007) statement, adolescents have difficulties figuring out, understanding, and regulating their emotions and tend to experience mood swings due to the rapid increase in hormone levels. Likewise, Petersen, Susman, and

Beard (1989) also stated that adolescents may experience emotional problems related to the dramatic changes they experience. For adolescents, emotional changes during this period may be more dramatic compared to other stages in life, which gives them the opportunity to establish emotional self-control by applying socially established rules on themselves to behave appropriately in various situations. According to psychologist, Saarni (2010), most adolescents do not make eye contact with others when they speak because they are focusing on their own discomfort rather than on social signals from the other person. Adolescents show a lack in emotional competence which affects their abilities to understand and manage emotional situations effectively.

**Social development.** While physical and emotional development is important, social development is also equally significant to consider during adolescence (Feldman, 2007). During adolescence, individuals begin to have increasingly intimate relationships with their peers, and as social expectations grow, they begin to take on new roles in their community; and are expected to think in more complex ways and to act like adults instead of children in the family.

Through these various changes in their social role, adolescents are able to develop their personality and morality. Sigmund Freud's theory of personality development claimed that one's personality shapes who he or she is (Freud, 1959). His theory focuses on the unconscious mind and how one's traits identify the personality, which are unstable during adolescence, though they stabilize in adulthood (Feldman, 2007).

Bandura (1977) gave further support to the idea of unstable personalities in adolescents, as he stated that adolescents are highly likely to imitate and be influenced by models that receive compliments for their behaviors, creating role models that are likely to be socially established.

Likewise, Milkman and Wanberg (2012) also stated that adolescents are more easily influenced than any other age group. Furthermore, Whitely (2009) explained that adolescents have a strong desire to belong with other people, especially with their peers. As adolescents accept their social expectations and follow socially established people, they seek acceptance from their friends as they develop stronger relationships.

**Identity development.** In relation to social development, adolescents develop a sense of identity during adolescence. Erikson (1963) emphasized the importance of social interaction with others in psychosocial development, and identified eight stages of development from psychosocial development from birth to late adulthood. Of the eight stages, the fifth stage occurs during adolescence and is called “Identity vs. Identity confusion”, which is the state in which adolescents start to develop self-awareness and their identities (Erikson, 1963). Development of self-identity is a significant task during the period of adolescence.

Adams, Montemayor, and Gullotta (1996) stated that adolescents show an increased understanding of who they are during this time, while prior to this period they mainly evaluated themselves through another person’s perspective, such as their parents. Adolescents start to think about themselves and become more complex, with differentiated views of themselves as they age. Based on their self-identities, they also begin to compare their relationships with others, such as peers and significant others. Furthermore, it influences on the development of personality and self-esteem.

### **Adolescence and Relationships**

**Adolescence and family relationships.** Killen and Coplan (2011) stated that adolescence, and the changes therein, is a unique challenge in the relationship between the parent

and the child because of the adolescent's increase in independence, autonomy, and the influence of peers. Feldman (2007) mentioned that family, has a significant role and influence in adolescents' well-being. Depending on the parental style, adolescents learn to interact differently with their parents and siblings. In terms of relationship with siblings, Kramer and Kowal (2005) insisted that sibling relationships have a significant influence on adolescents, both positively and negatively. They mentioned that brothers and sisters can provide encouragement and support, a sense of security, companionship, but also cause strife. They also found that adolescents who had healthy relationships with their siblings also had good relationships with their peers.

Larson and Richards (1991) explained that adolescence is a stage of development where they start to assert their independence from their parents and due to this longing for independence, there is a reduction in the time they spent together. Due to the generation gap, adolescents tend to have conflicts with their parents. As they begin to develop their autonomy and make more of their own decisions (Feldman, 2007), it also results in conflicts. This happens because children and their parents are unable to understand each other fully due to the changes in the children's way of thinking. Based on these observations, it makes sense that Steinberg and Hall (1993) found that family problems are worse during adolescence compared to other stages in life.

**Adolescence and friendships.** While adolescents go through increased conflicts with their families, Larson and Richards (1991) explained that they also experience an increase in relationships with their peers. Brown (2004) stated that one of the most evident transitions from childhood to adolescent is the increase in intensity of friendships, because friends become the prime source of support and acceptance as they spend the most time with them on a daily basis.

According to Feldman (2007), since adolescents spend a majority of their time with peers in and out of school, these relationships become more significant in their lives. In addition, adolescents' relationships with peers become increasingly intense and complex. Feldman (2007) added that peers are important in adolescents' development because of their influence on the adolescents' prosocial behaviors, as well as academic achievement. Santrock (2001) stated that the six different functions of friendship in adolescents' life are: physical support, ego support, stimulation, companionship, social comparison, and intimacy and affection. In general, friendships provide support both physically and mentally.

Physical support pertains to that of literal physical support such as helping in carrying heavy luggage as well as materialistic support. On the other hand, mental support pertains to the various ways that friendships mentally support an adolescent. First, friends share the role of ego supporters, providing feedback and encouragement which help adolescents have higher self-esteem, seeing themselves as attractive, competent, and individually valuable. Secondly, stimulation provides adolescents with excitement, amusement, and interesting information, allowing for the adolescent to find his or her interests and even goals in life. Thirdly, companionship plays a big role in an adolescent's life because it provides a sense of belonging; facilitating an environment for the adolescent to participate in activities that require fellowship. Lastly, social comparison and intimacy provides adolescents with a sense of closeness, warmth, and trust, allowing for him or her to feel socially sound.

### **Tasks of Adolescence**

Though some may experience growth naturally during adolescence, some developments are more inevitable than others. Feldman (2007) explained that it is a task for the adolescent to

develop emotional competence in order to understand and control emotional situations.

Washburn-Ormachea, Hillman, and Sawilowsky (2004) noted that during this period, the biggest task is building their self-identity. Many researchers have supported this notion. Feldman (2007) described that adolescence is a period where the adolescent contemplates and understands themselves; meaning, they gain a broader view of themselves and understand themselves. They begin to form their own self-concept and self-esteem. Weiss, Ebbeck, and Horn (1997) also stated that adolescents easily understand themselves through social comparison. This means they understand themselves in reference to others' judgements rather than just their own opinions.

According to Erikson's (1963) psychosocial development theory, adolescence is a stage where one either develops or confuses their identity – Erikson called this the identity-versus-identity-confusion stage. During this stage, adolescents discover their uniqueness, strengths, and weakness (Erikson, 1963). Doing so successfully will result in a surer identity whereas failure to do so will result in loss of self-identity. In addition, adolescents form their self-esteem through various domains, such as physical appearance and academic abilities. Harter (1999) described that physical appearance is the most significant domain of influence on the adolescents' self-esteem, particularly in girls.

Researchers categorize different characteristics of adolescence into several categories—physical, cognitive, emotional, and social. Milkman and Wanberg (2012) stated that due to these various developments, adolescence is a stressful period of time. They explained that these dramatic developments can relate to adolescent problems as mentioned earlier. Likewise, Hayden (2005) mentioned that maladjustment to these dramatic changes during adolescence may lead to difficulties, including making risky decisions.

### **Challenges of Adolescence**

According to Feldman (2007), challenges faced during adolescence can be divided into two major categories – internalized and externalized problems. First, internalized disorders are psychological and physical problems which are often not expressed such as, depression, anxiety, and various phobias. While internalized disorders do not influence others, externalized disorders affect those they are directed toward. Such actions may include aggression, truancy, destructiveness, fighting, and other conduct disorders which are not limited to misconduct in school, and deceitfulness or theft. Results of externalized disorders include poor peer relationships, trouble with the law, and dropping out of school.

Both types of problems may be worsened by the academic challenges adolescents face, or by other behavioral disorders (Ebata, Peterson, & Conger, 1990). There is various statistical data that supports these ideas. Milkman and Wanberg (2012) identified some of the problems, such as, substance abuse, delinquency, gang involvement, criminal conduct, aggressiveness, and violence. Puzanchera (as cited in Milkman & Wanberg, 2012) showed numerical results of adolescent problems.

According to the office of Juvenile Justice and Delinquency Prevention, Puzanchera found that there are about 32.5 million youths in the United States between the ages of 10 and 17 demonstrate these problematic behaviors. In addition, adolescent substance abuse has recently increased, the most frequent being marijuana, which increased from 5.8% in 2007 to 6.6 % in 2009.

### **Adolescents in Crisis**

There are various definitions of the term: adolescents in crisis. Levesque (2011) explained the term as the following:

It refers to the upheaval that happens during this period, such as the changes that can take place in multiple dimensions, including emotional components, psychological factors, and physical development. The adolescent period has been conceptualized as rife with often dramatic shifts leading to viewing psychological events during this period as crises in and of themselves due to their being important to address before reaching maturity (p.69).

Other researchers, like Gardstrom (2004) and Keen (2008) used the term “troubled adolescents”, which has a similar meaning to adolescents in crisis, but with a more detailed definition. Gardstrom (2004) defined troubled adolescents as:

Teens with severe behavioral and/or emotional disorders. Other labels encountered in research include conduct disorder, delinquency, emotional impairment, depression, post-traumatic stress disorder, schizophrenia, and chemical dependency, to name a few. While adolescents may be assigned a primary diagnosis or label, troubled youth characteristically display a broad and complex array of disturbances in their physical, cognitive, emotional, and interpersonal functioning (p. 77).



Keen (2008) defined troubled adolescents as those:

Who have problems in adult and peer relations due to their inappropriate behaviors.

Troubled adolescents experience anger, aggression, social isolation from peers, school failure, alcohol and/or drug abuse, and suicide attempts (p. 361).

The following are some of the overlapping disorders mentioned by Gardstrom (2004) and Keen (2008): conduct disorder, depression, and substance abuse. Based on the Diagnostic criteria in *The Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) (American Psychiatric Association, 2013), conduct disorder is defined as:

A repetitive and persistent pattern of behavior occurs in which the basic rights of others or major age-appropriate societal norms or rules are violated: Aggression to people and animals, destruction of property, deceitfulness or theft, and serious violations of rules.

This disturbance in behavior causes clinically significant impairment in social, academic, or occupational functioning. (pp. 469-471)

Depression is defined as:

Characterized by one or more major depressive episodes at least 2 weeks.

Experience the depressed mood and loss of interest or pleasure, for adolescents, it can be irritable mood. Experience the significant weight loss or gain, insomnia or hypersomnia, psychomotor agitation or retardation, feelings of worthlessness or inappropriate guilt, recurrent thoughts of death, and fatigue or loss of energy. (pp. 155-156)

Substance abuse is defined as,

A maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances. A related diagnosis is substance dependence, defined as a maladaptive pattern of substance use leading to clinically significant impairment or distress. (p. 483)

**Adolescents in Crisis in America.** American adolescents experience dramatic changes in physical, cognitive, emotional, and social aspects. Many researchers have claimed that the biggest problem for adolescents is pregnancy (Boonstra, 2002; Darroch, Singh, & Frost, 2001). Darroch, Singh, and Frost (2001) cite that the United States showed the highest rate of adolescent pregnancy. Prior to the age of 18, a quarter of United States teenagers experienced pregnancy, the number increasing to 45% before the age of 21, a higher proportion compared to Korea and Japan, where only 1% of the teenage population is reported to have experienced teenage pregnancy. Boonstra (2002) stated that the reason for pregnancy problems is because American teenagers receive poorer sexual education in comparison to their counterparts in other developed countries. Sexually transmitted infections are also subsequently a big problem. (Feldman 2007).

Another big problem with American adolescents is substance abuse. A recent annual survey of 50,000 U.S. students showed that almost 50% of high school seniors used illegal drugs at least once during their lifetime. The most popularly used illegal drug is marijuana, others are cocaine, hallucinogens, ecstasy, and inhalants. (Feldman, 2007, p. 423). Feldman (2007) expressed concern that suicide is also one of the major problems that American adolescents face, as suicide is the third most common cause of death for individuals ranging from age 15 to 24.

**Adolescents in Crisis in Korea.** Hong and Yeo (2010) addressed the current health issues in Korean adolescents. She stated that contemporary Korea is showing economic growth and adoption of westernized dietary habits, which have affected Korean adolescents' lives consequently through earlier onsets of physical, psychological and sexual maturation.

Hong and Yeo (2010) claimed that the number of adolescents who are sexually active before marriage is increasing, triggering an increase in unplanned pregnancy and spread of sexually transmitted diseases (STD). Based on the Aha Sexuality Education & Counseling Center for Youth survey (2005), 16% of the survey participants who are high school students in Seoul were sexually active; 2.3% of female participants had experienced unplanned pregnancy; of which 71% induced abortion.

One of the most unique problems Korean adolescents' face is the excessive competition for college entrance exams. Jeong (2002) explained that due to the unique educational environment, Korean adolescents suffer physical and mental problems to meet the demand and pressure from society and school.

Hong and Yeo (2010) discussed that this excessively competition-oriented education environment causes many students experience academic stress. Further, it leads to other disorders and problems, such as depression, smoking, and addiction to the internet or computer games, social isolation, suicide, and maladjustment behaviors.

According to data on suicide rates by the Organization for Economic Cooperation and Development (OECD), Korea ranked the highest in suicide rates in 2012 (29.1 suicides per 100,000 people) (OECD, 2015). Although most suicide rates in OECD countries have decreased since 1985, South Korea has seen a rise since 2000 of about 27.3 suicides per 100,000 people in

2014 (Korea Statistics, 2014). The rate of adolescent suicide, within the ranges of age from 10 to 19, is about 4.5 suicides per 100,000 adolescents, making suicide the second highest cause of death.

### **Music for Adolescents**

Researchers are interested in the influence music has on adolescents who have externalized and internalized problem behavior. Brown and Bobkowsk (2011) explained that music has a strong impact on adolescents who are experiencing various developmental changes. Listening to music is especially significant for adolescents who are living in the age of social media and are constantly multi-tasking. North and Hargreaves (2008) described that on average, adolescents spend over three hours daily listening to music and that it may have significant influence on social psychological development, identity, socialization, and personality. They found some specific genres of music, such as heavy metal, hip-hop, and Goth, may be correlated with externalized problematic behavior in adolescents. As for internalized problem behavior, Miranda (2013) explained that listening to music may potentially reduce or increase the internalizing tendencies, depending on the individual and the type of music. For these adolescents, music has social cognitive influences to assist with coping, emotion regulation, and offers psychotherapeutic effects.

**Musical preference for American adolescents.** Regarding the music preference of adolescents, Miranda and Claes (2009) explained that adolescents' music preference are complex and have various determinants, such as cultural background, ethnicity, social structures, personality, and socialization with peers.

In the United States, Rentfrow and Gosling (2003) found four prevalent music preferences: energetic/rhythmic (e.g., rap/hip hop), upbeat/conventional (e.g., pop, country), intense/rebellious (e.g., rock, heavy metal), and reflective/complex (e.g., classical, jazz).

**Musical preference for Korean adolescents.** In Korea, Lee (2007) conducted a survey of 100 Indian and Korean adolescents to compare music preferences. The survey results revealed that 62% of adolescents in Korea listen to music during their free-time through computer and/or MP3 playing devices and 64% listen for a range of 30 minutes to an hour. 82.8% of those surveyed liked listening to popular Korean music more than other genres such as classical, religious, traditional music, and American/European Pop Songs. Sixty percent of the participants thought that popular music helped to change their moods and to moderate their feelings.

### **Music Therapy in America**

The American Music Therapy Association (AMTA) (2015) defines music therapy as:

The clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program. (para.01)

In regards to the status of music therapy in America, McFerran (2010) found that music therapy sessions were conducted in pediatric hospitals (31%), educational settings (21%), communities (16%), residential settings (14%), hospitals (3%), and mental health institutions (3%), as well as other unspecified location (12%).

In terms of music therapy with adolescent clients, many researchers have supported the effectiveness of music therapy. Ascherman and Rubin (2008) mentioned that the rising demand

of music therapy for youth is accredited to the fact that music is familiar to adolescents. Most youth like to listen to music to express their feelings and emotions, establishing a good basis for effective music therapy.

McFerran (2010) also discovered that there are four main methods employed in music therapy sessions with adolescent clients: musical games; live songs including singing and playing instruments; improvisation; and pre-recorded music, including discussing the lyrics, listening, and relaxation. Moreover, she found that challenges adolescent clients face in music therapy can be classified into five main categories: physical illness, mental illness, disability, emotional and behavioral problems. The adolescents most at risk of these illnesses or problems include those who have experienced trauma, abuse, bereavement, and unplanned pregnancy.

Most research on music therapy with adolescents has been done with hospitalized and academically stressed adolescents. As aforementioned, since music therapy is more prevalent in hospitals, it is easier to see examples in those situations. Grasso (as cited in Kennelly, 2001) stated that music therapy conducted in hospitals plays a significant role in the adolescents' lives, by providing opportunities for self-expression and improvement of coping skills.

In Kennelly's (2001) research on the potential of music therapy with a boy with leukemia, named Jack, she discovered that hospitalized adolescents need emotional support; hence, she conducted music therapy sessions using improvisation, songwriting, and music listening. Through music therapy, Jack showed improvement in self-expression, adjustment to the hospital environment, and emotional stability.

As previously discussed, a great amount of stress can result from an adolescent's academic responsibilities. Sharma and Jagdev (2012) conducted quantitative research to evaluate

the efficacy of music therapy with academically stressed adolescents, especially targeted to enhance of self-esteem. They conducted 15 days of music therapy interventions to 30 adolescent clients who were academically stressed in addition to having low self-esteem. They found significant differences between the control group and experimental group in self-esteem. The experimental group, which received the music therapy intervention, showed higher score on self-esteem compared to the control group who did not receive any treatment. They found that music therapy worked as a therapeutic intervention to enhance self-esteem of stressed adolescents. In addition, they found that music served as a significantly powerful form of expression enabling the clients to trigger specific memories.

**Music Therapy for Adolescents in Crisis in America.** In the 1960s, music therapists conducted music therapy for adolescent clients with behavioral disorders in the United States (Madsen & Madsen, 1968). They explained that playing instruments, individual lessons, music and movement, group singing, songwriting, and lyric analysis techniques were used during these sessions. Through these activities, clients showed reduced mood regulation and began to manage behaviors. Adamek and Darrow (2005) state that music was used as a competing behavior to modify inappropriate behavior, modulate mood and physical activity. Lyric analysis was also used for counseling purposes.

In relation to music therapy with substance abuse adolescent clients, McFerran (2010) found four main methods in the music therapy sessions. These methods are receptive music therapy, improvisational music therapy, re-creative music therapy, and compositional music therapy. During receptive music therapy, clients were able to alter and control their moods, while in improvisational music therapy, clients were able to express themselves. McFerran (2010)

explained the power of playing instruments together in the group settings, playing instruments together is an influential way of expressing one's self in the group and experiencing intimacy as a group member. The third method is re-creative music therapy: playing and singing music together form group dynamics and cohesion. Lastly, compositional music therapy is a method where, the clients and music therapist change the lyrics of pre-composed song to reflect group's personal experiences.

In the same way, Sausser and Waller (2006) described that music therapy had been applied in various ways to help adolescents in crisis with emotional and behavioral disorders. When they conducted music therapy sessions over a nine-week period in a school setting, they found that music acted as a great medium to motivate and reinforce self-expression, coordination, and socialization. They also stated that music helped to facilitate creativity, independence, inventiveness, and success. Furthermore, working with music helped develop musical spontaneity through musical improvisation for clients to enhance their self-expression.

Gardstorm (2004) researched the impact of music therapy improvisation with troubled adolescents. She conducted music therapy sessions with six male and female adolescents who had severe behavioral and emotional disturbances from two partial hospitalization sites in Ohio's Integrated Youth Services and Intensive Treatment Unit. Each client participated in up to five improvisation sessions with the researcher. After improvising, they re-listened and verbally processed the music making.

Gardstorm (2004) analyzed the selected improvisations using Bruscia's (1987) improvisation assessment profiles (IAPs) and analyzed their verbal process. Through this analysis, the researcher concluded that troubled adolescent clients typically experienced



improvisation in a specific fashion. They tend to establish and repeat signature rhythms and had difficulty sustaining a pulse. Through analysis of verbal meanings, the researcher realized that music evoked the clients' emotions and allowed the expression of their feeling states which focused on the here-and-now.

Albornoz (2011) also demonstrated the effect of music therapy by conducting music therapy sessions with adolescents with depression and adults with substance abuse. Twenty-four Spanish-speaking patients were randomly assigned to experimental group and control group. Each group consisted twenty clients, and the experimental group received 12 group improvisation sessions over a three-month period with the standard treatment, while the control group received only the standard treatment. Albornoz used Beck Depression Inventory (BDI) and the Hamilton Rating Scale for Depression (HRSD) to investigate the effect of music therapy between the experimental and control groups. She only found significantly lower HRSD scores in the experimental groups compared to the control group but no difference in BDI scores.

### **Music Therapy in Korea**

As defined by the National Association of Korean Music Therapists (NAKMT), music therapy is the clinical technique of helping the growth of individuals' psychological, emotional, social, and physical health and rehabilitating them, using music as a therapeutic medium. NAKMT categorizes music therapy into three major domains: educational therapy, psychotherapy, and psychiatric therapy. Though music therapy is used for people with disorders, it can also be applicable to those without any disabilities. Generally, music therapists work in schools, nursing homes, hospitals, and private therapy centers. The types of clients also vary within those areas as well. Many music therapists help different kinds of children with

disabilities such as, attention deficit/ hyperactivity disorder and autism. Music therapists also work with adolescents who have depression, struggle with substance abuse, conduct disorders, emotional- behavior disorder, and school maladjustment adolescents. Regarding adult clients, music therapists work with those with schizophrenia, personality disorders, bipolar disorder, depression, and panic disorders. Additionally, music therapists also work with seniors that need rehabilitation including some of those who have dementia, Parkinson' disease, and have experienced a stroke (NAKMT, 2012).

To elaborate on how music therapy with adolescents is conducted in Korea, Shin (2015) stated that music therapy with adolescents usually takes place in hospitals rather than in schools. In addition, music therapy is currently conducted as an educational medium to help adolescents with their emotional development in order to help establish their self-identity. Music therapists use live music, pre-composed music, and improvisation as prime methods for helping adolescent clients.

**Music Therapy for Adolescents in Crisis in Korea.** Kwon and Jin (2000) conducted group music therapy sessions with adolescents with conduct disorder in Seoul National Mental Hospital between June and September of 1998. Each session consisted of three parts: a hello song, various musical activities, and sound and movement activity. They applied free improvisation, song discussion, musical monodrama, and social and movement activities. Each activity contributed to the clients increased self-esteem. Free improvisation was applied to enhance, identify, motivate, and contain the adolescents' ideas and feelings. In addition, song discussion was used to convey their thoughts and to support each other. Musical monodrama was used to provide the clients with insight about interpersonal relationships. Moreover, social &

movement activities were applied to increase spontaneity. These activities facilitated exploration of their voice and body as an expressive medium. Through these three therapy sessions, client A showed improved communication skills, socialization, and behavioral conduct. The client was able to share her feelings and emotions about herself and her family. Similarly, another patient also showed positive development through the music therapy session. This client was able to express herself more spontaneously in addition to improving her cognitive thinking.

Jeong (2002) conducted music therapy for sixteen Korean adolescents with depression, in both individual and group sessions, over the course of ten weeks. Music therapists, who were also the researchers, applied music listening, improvisations, group music therapy and song psychotherapy: song communication, singing, song reminiscence, song improvisation, song writing, and song parody in the sessions. They found a significant decrease in the clients' depression levels before and after music therapy sessions. In this study, Jeong (2002) also claimed that until that point, the therapy for depressed adolescents depended only on medical treatment, but through her study, she demonstrated the effectiveness of music therapy for the population and suggested the benefits of music therapy intervention for depressed adolescents in the future.

There is no research yet about music therapy with adolescents who suffer from substance abuse in Korea, however, there are few studies about music therapy with adolescents addicted to the internet or games (Yeo, 2012). One study about music therapy for smoking adolescents was found. Although the participants were not diagnosed as substance abuse clients, the researcher conducted six music therapy sessions for six students (Hwang, 2010). Each music therapy session consisted of two parts: brief intervention and playing the harmonica. The

researcher interviewed each participant, and they showed positive changes as a result of the therapy. They started to recognize the negative effects of smoking and tried to quit, showing that music therapy (playing harmonica) worked as a motivator for quitting smoking (Hwang, 2010).

### **Cultural Differences between America and Korea**

One of the most distinct differences between American and Korean cultures is the philosophy and ideology deeply embedded in the operation of society: individualism and collectivism (Kim, 2009; Roland, 1996). Americans emphasize the significance of individualism, but Korean value collectivism which focuses on community and interdependence. Other cultural aspects that vary between Koreans and Americans is self-concept and communication styles (Kim, 2008, Roland, 1996, Sue & Sue, 2012).

Related to self-concept, Sue & Sue (2012) explained that ‘I-self’ is valued more than ‘We-self’ in America. Conversely, ‘We-self’ is used more than ‘I-self’ in Korea. In addition, America and Korea have different methods of communication and expression. Americans utilize more verbal expressions, valuing articulate and assertive expression (Roland, 1996). Conversely, Koreans value indirect communication, using modest respect words (Kim, 2008).

The other varying aspect of culture is Korean’s competitive society (Hong & Yeo, 2010). The competition oriented society creates a tendency for Koreans to emphasize the results more than process while American culture may value the process more than just the results.

### **Summary**

During the period of adolescence, adolescents experience dramatic changes in physical, cognitive, emotional, and social development. Through these changes, and their evolving

relationships with their peers and families, adolescents also are able to develop more emotional competence, along with their own personality and identity. These developments can also lead many adolescents to face many new challenges, and develop internalized and externalized problematic behaviors.

In a cross cultural analysis of adolescents in crisis in America and Korea, American adolescents struggled the most with teenage pregnancy and substance abuse. Korean adolescents were troubled most by internet addiction, conduct disorders, and depression due to academic stress. Many psychotherapists work with this population, and researchers have demonstrated the potential of music therapy to target specific adolescent issues. Music therapists who work with adolescents in crisis have conducted music therapy sessions with various interventions and activities, such as song-writing, improvisation, and playing instruments. Music can have a significant impact on adolescents in crisis, as many enjoy listening to at least half an hour to an hour of music daily, and can be emotionally influenced through music listening. The differences in culture in America and Korea also suggest other areas of music therapy that culture may influence, due to the varying ideologies shaped around perception of self, societal structure and communication methods.

### **Research Questions**

The purpose of this study was to explore music therapy with adolescents in crisis in America and Korea. The following research questions were explored in the study:

- 1) What is the nature of music therapy with adolescents in crisis in America and Korea?
- 2) What are the influences of culture in the music therapists' practice with adolescents in crisis in America and Korea?

## METHOD

### Participants

Through purposive sampling, potential participants were referred to me by the music therapy educators. I contacted those potential participants and found two music therapists who met the research criteria.

The criteria for the participants were as follows:

- Participants were board-certified music therapists (MT-BC) by Certification Board for Music Therapists or certified music therapists by National Association of Korean Music Therapists / Korean Music Therapy Association.
- Participants had at least two years of experience as a music therapist with adolescents in crisis.
- Participants had an interest in this research.
- Participants were willing to share their experiences openly.
- Participants were available for an hour interview and follow-up by phone, Skype, in person, or e-mail.

Based on these criteria, two music therapists (one American practicing in the United States and one Korean practicing in Korea; see table 1) were selected. All participants gave informed consent before participating in this study. A Korean translation of the informed consent form was provided along with the original to potential participants in Korea. In addition, to protect the rights of the participants, the study was reviewed and approved by the Institutional Review Board (IRB) of Molloy College.

**Table1.***Participants*

Participant	Gender	Clinical Experience	Advanced Training	Education
American Music therapist (A)	Female	15 years	* GIM LEVEL II Trainee	PhD Student
Korean Music therapist (K)	Female	10 years	* MI Level I Trainee, Vocal Psychotherapy Trainee	PhD Student

\*GIM (Guided Imagery and Music); \*MI (Music and Imagery)

**Design**

Creswell (2014) explains that qualitative research is a design of inquiry in which the researcher describes the lived experiences of several individuals, focusing on the subjective descriptions of the participant's experiences. This method was best suited for this study because it allowed for a deeper understanding of the experiences of music therapists working with adolescents in crisis. The data was gathered through semi-structured interviews and analyzed using an adapted version of Thematic Analysis method (Braun & Clarke, 2006) and Denzin & Lincoln, 2005).

### **Data-Collection Procedures**

Prior to the interview, I gathered demographic information from each participant via e-mail. I asked the participants to think about their experiences with adolescents in crisis and choose the sessions which they would like to share and discuss in the interview. This process helped the participants think about and prepare for the interviews.

The interviews were conducted via Skype in a safe and quiet space, and based on the available time of my participant and me. The interview lasted approximately one hour per participant, and were recorded for data analysis. During the interview, the participants were asked two open-ended questions. Crotty (as cited in Creswell, 2014) explained that qualitative researchers gather information about participants' experiences and their views through open-ended questions.

The following open-ended questions that were used:

1. Within your experiences working with adolescents in crisis, what were the most challenging moments for you?
2. Within your experiences working with adolescents in crisis, what were the most significant or meaningful moments for you?

When I was not able to understand the participant's statement, I asked the participants to clarify the content. After the interview, I contacted the participants via e-mail and Skype to clarify the content of the interview. I prepared each transcription of the interview and sent a summary of the interview to each participant for confirmation of accuracy. After I collected the confirmations and corrections from the two participants, I initiated an analysis of the data.



**Materials.** For this study, one laptop was used to run Skype and Microsoft Word software programs. One camcorder for recording was used. I also used e-mail to contact the participants to set an interview schedule, to gather demographic information, and to send the participants the transcriptions of the interview.

### **Data Analysis**

To explore the two music therapists' experiences with adolescents in crisis, a thematic analysis was employed (Braun & Clarke, 2006; Denzin & Lincoln, 2005). Thematic analysis is a flexible qualitative analytic method detects codes (categories) in participants' narrative used to obtain more general themes as a whole. It is used investigate similarities and differences, as well as patterns, in their experiences.

The following steps were adapted from Braun & Clarke (2006) and Denzin & Lincoln (2005).

1. Recordings of the interviews were transcribed.
2. Familiarizing: Interview transcript were thoroughly read at least three times to gain a sense of the whole content of the interviews.
3. Summary and transcript of the interview were sent to each participant for confirmation of accuracy or clarification. Clarification led to changes and omissions to interview transcripts.
4. Generating initial codes: Relevant and interesting content of the interview were gathered as initial codes.
5. Searching for themes: The gathered codes were grouped into potential themes.
6. Reviewing themes: Each code was checked to confirm its relatedness to its theme.

7. Defining and naming themes: Clear definitions and names for each theme were generated.

### **Trustworthiness**

The intention of this study was to explore music therapy with adolescents in crisis in both America and Korea. In order to establish trustworthiness, member checking was performed in the data analysis. I transcribed the interviews and returned the transcribed content to each participant for confirmation of accuracy. The participants were invited to make any revisions as needed.

I continually consulted with a faculty advisor to maintain the balance and trustworthiness of this study. Records of reactions, questions, and experiences for self-reflection during the research process also were kept, especially during the period of the interviews and transcription analysis. Through this process, I was able to set aside my own view (bracketing).

## RESULTS

The purpose of this study was to explore music therapy with adolescents in crisis in both America and Korea. In this study, I interviewed one American music therapist practicing in America and one Korean music therapist practicing in Korea. They both have experienced working with adolescents in crisis. The participants are designated as American music therapist (Participant A) and Korean music therapist (Participant K). During the interview, the participants shared significant and challenging moments they experienced while working with adolescents in crisis within individual and group sessions. Participant A shared her experiences working with adolescents within a medical setting, and Participant K described her experiences working with adolescents who had committed crimes, were on trial, or had been issued suspended sentences, within a school setting. Table 2 presents the information of the clients.

Table 2.

### *Clients Discussed by Participants*

Client	Age Range	Diagnosis	Setting
American Clients	14-17	Depression	Medical Setting
		Mood Disorder NOS	
		Oppositional Defiance Disorder	
Korean Clients	13-18	Juvenile Delinquent	School Setting
		Committed Crimes	
		On trial	
		Issued Suspended Sentences	

After the interview content was transcribed and read numerous times, three essential categories emerged: (a) the role of music, (b) the role of therapist, and (c) the cultural differences in the therapeutic process. Within the category of the role of music, the following themes emerged: (a) eliciting self-expression, (b) evoking projection, and (c) improving self-esteem. Within the category of the role of therapist, the following themes emerged: (a) expressing empathic understanding and (b) consistent and reliable caretaking. Within the category of cultural differences in the therapeutic process, the following themes emerged: (a) client openness and trust and (b) therapist emphasis on process versus product. Table 3 presents the categories and thematic findings.

Table 3.

*Categories and Thematic Findings*

Categories	Themes
The Role of Music	Eliciting Self-Expression
	Evoking Projection
	Improving Self-Esteem
The Role of Therapist	Expressing Empathic Understanding
	Consistent and Reliable Caretaking
Cultural Differences in the Therapeutic Process	Client Openness and Trust
	Therapist Emphasis on Process Versus Product

### **Category 1: The Role of Music**

During the interviews, the participants described how the clients expressed their feelings and emotions through musical experiences, such as song writing, and how the music had a personal meaning for each client. In addition, they discussed how music and music therapy helped the clients achieve increased self-esteem.

**Theme 1: Eliciting self-expression.** Both of the participants described that the music helped develop the clients' self-expression. The musical experiences, such as improvisation and songwriting, helped the clients' express themselves spontaneously. Participant A shared her experience during a group session with three adolescents. Each of the members of the group ranged from 14 to 16 years old and were diagnosed with, depression, mood disorder NOS, and oppositional defiance disorder. This group session was conducted within a hospital, and the adolescents knew each other already, as they were from the same unit. She described:

I gave my clients the option to write a song. The three clients were rapping and expressing who they were. They wrote about their experiences, their strengths, and their focus for the future, who they are, and what they are good at. One client started to come up with the rhythm, and the group was able to keep the rhythm going. Later on, another client suggested that he could put words in the song. The clients were very collaborative. I think the clients used music to show a part of themselves. The group members were able to celebrate the positive aspects of themselves. The music was an opportunity to express themselves.

Similarly, participant K shared her experience about another group session with three juvenile delinquent clients. She was on her 12<sup>th</sup> session of 16 total sessions with this group, and

one of the goals for the group members was to engage in more meaningful social relationships with the therapist and each other, through music. The other goal was to help the clients express themselves and to think positively about themselves. In one particular session, participant K suggested that the clients make their own songs, so she had each of them play an instrument, such as the drum, guitar, and piano, and recorded each of the sounds through an iPad. She provided some choices about the subject of the song for the clients and they chose their experience of music therapy as their subject and wrote ideas pertaining to it.

Participant K then helped turn their thoughts into lyrics, using the words the clients wrote down. After that, the clients read and discussed the lyrics. Through analyzing the tones of the clients' voices and the feelings that they expressed during the reading, Participant K created a melody and rhythm around the lyrics. She described that the clients expressed their thoughts and feelings relating to their lives through the musical song writing experience. She remembered what the clients mentioned when they listened to this music with the lyrics:

My client expressed, 'It was really what I wanted to say. The music helped me to express things about my life. What I feel now. Music is like rice [food]. Music understands my mind and helps me to express my feelings, too.'

**Theme 2: Evoking projection.** Both of the participants described that the music allowed their clients to project the personal issues they were having, and also expressed that song selection is also significant when working with adolescents in crisis. Participant A described another group session with five female adolescents between ages 14 to 16 with a diagnosis of depression. It was her first month working with the adolescents in a medical setting, and she picked the song, "Fly Away" by Lenny Kravitz to listen to during the session.

The lyrics stated “I want to get away, I want to fly away.” She suggested that the clients think of a place where they could go away and feel safe, and then to draw that place. Participant A remembered one client and the drawing she had made:

One client’s picture suggested that she wanted to commit suicide or hurt herself. Through this experience, I realized that music could evoke personal issues and personal reactions differently for each individual even within the same song.

Similarly, participant K shared her individual session with a 13 year-old client who had been falsely accused of stealing after picking up a lost phone in the street. During the sessions, she suggested musical activities to the client, but the client did not have any interest in doing them. Participant K really wanted to understand him and brought a song called, “I am sorry” to listen to during the session.

I brought it in order to convey that I was sorry that I did not understand him. However, he became angry with me and said, ‘Did you bring this song to me to say sorry because I am a juvenile delinquent?’ It was an unexpected answer. I realized that the client could project his feelings through music and the music had an affect on his mind.

**Theme 3: Improving self-esteem.** Both of the participants also shared that music is helpful in improving clients’ self-esteem. Participant A shared how music helped increase a client’s self-esteem through another individual session with a client who had been hospitalized for many months. The client was a 17-year old male diagnosed with oppositional defiance and conduct disorder, and he generally showed a lot of offensive and aggressive behavior that led to problems with his peers. He really liked to play the drums and was very good at it in the group sessions. In this individual session, participant A was determined to build on the skills he had

developed during the individual session and she also wanted the client to be able to feel confident in himself. When she asked the client what he wanted to play during that particular session, the client wanted to jam with the drum and keyboard, suggesting that they play in a gospel style. He even suggested recording the session. She recalled:

We recorded the music and it was the client's first time recording and hearing himself play. After listening to the recording, the client said, 'That's me? Oh my God. I sound good.' He also wanted to share his music with other hospital staff. I think that it meant a lot that that he was able to contribute meaningfully to the music.

Similarly, participant K shared her experience about another group session with three juvenile delinquent clients. She described how her clients had developed a new sense of competence with new people through new musical experiences and how being successful at the task helped the clients' self-esteem. She remembered some of the lyrics that had been created:

'My daily life was repetitive. I just grabbed my bag and went to school. After class, I went to the Internet Cafe to play games. However, after I started music therapy, I had something new in my life. It's really new. I am so happy to be able to laugh during the sessions. Music therapy sessions are really meaningful to me. I am able to feel what it really means to do something new.'

Participant K also recalled the clients' comments about the song writing experience:

*"I remembered... the clients mentioned during one of the song writing sessions 'Let's do it again. Let's keep going until we get it right! We can do it! This isn't good enough. I can do it!' Their attitudes towards themselves and real life became very positive."*



**Category 2: The Role of Therapist**

During the interviews, the participants shared that the clients needed validation and support from the therapists because they did not receive enough of it from the adults in their lives. They then shared their thoughts on their clients' expectations of them.

**Theme 1: Expressing empathic understanding.** Both of the participants shared that the adolescents in crisis needed a person who is able to understand them. Participant A described a small group session with three patients, one of whom she had met before. The patient was a boy who had been previously hospitalized with depression and had been resistant to therapy. When the client was re-hospitalized, he was more open about being in a group working with others. In one session, the participant A figured out an easy way to teach them how to play a chord progression on the guitar. The group members started to work on it. She recalled one reaction:

One client stopped and said, 'You are too nice.' I asked the meaning of his words. I thought that he had never had the experience of an adult supporting him in something he really wanted to do. He always heard, 'No'. If he wanted to try to something, he always heard the reasons why he couldn't do it. This time, he was surprised that somebody was really willing to help him find a way to work on it without shutting him down.

Participant K shared her experience with the adolescents who committed a crime; she mentioned that these clients typically do not actively participate during sessions. It took time to encourage the clients in the sessions. Through her experiences with them, she reflected on what her clients really wanted from her and which therapist the clients generally expected to meet. She reflected:

The clients did not really need just another well-educated therapist, but they needed a therapist who was able to understand them. The clients were used to being ignored and rejected by others because they had committed a crime.

**Theme 2: Consistent and reliable caretaking.** Regarding the relationship of adolescents in crisis with others, participant A shared that because adolescents are able to discern from conversation how sincerely or truthfully someone is being to them, when having conversations with adolescents in crisis music therapist may show consistency and sincerity.

Similarly, participant K shared how the client did not want the therapist to leave. She recalled another case with a delinquent client whose therapists had constantly changed every few months due to his violent behavior. During their sessions the client expressed to Participant K:

[The client said,] ‘You’ll be leaving me soon anyway, right? It’s pretty obvious you won’t be staying. Why are you trying so hard when you’ll be leaving.’ After I listened to this, I was deeply affected. I realized that this client had suffered a lot of emotional trauma from being left by others in his life and I speculated that such abandonment could easily have made the patient question his self-worth. I also realized that clients like him needed someone who could stay with them and that as a therapist I needed to provide them with emotional validation.

### **Category 3: Cultural Differences in the Therapeutic Process**

Through the interviews of one American music therapist practicing in America and one Korean music therapist practicing in Korea, some cultural differences in their therapeutic process were observed. There are two themes in this category: (a) client openness and trust and (b) therapist emphasis on process versus product.

**Theme 1: Client openness and trust.** During the interview, both of the participants shared that the positive responses their clients had during the therapy were significant experiences for them. Based on the interviews, the clients showed varying degrees of openness and trust. Participant A mentioned that the adolescents in crisis usually have difficulty trusting others, but the clients she met in the hospital showed active and motivated responses during the sessions. She described:

I did not have to do much because the clients were self-motivated to work together... and they showed positive interactions with each other during the session.

Conversely, participant K shared that she needed more time to encourage the clients to open up in the sessions. She described many difficulties establishing relationships with the clients at the beginning of the sessions. She remembered:

It took time to build relationships with the clients and before they finally came to open their minds toward the music and me. One of my clients had said, 'I do not know about the music. I know nothing about music therapy. I don't want to do anything.'

**Theme 2: Therapist emphasis on process versus product.** Both of the participants had specific plans and intentions going into each of their sessions, but they showed different interventions and emphasis. In the sessions they shared, both of the participants suggested the activities to the clients and the clients were able to decide. They were not required to do anything on the clients' behalf, and both participants tried to respond musically to the words of the clients.

The interviews then revealed that each therapist placed emphasis in different areas of the session. Participant A did not share the outcome (product) of the therapy and her descriptions focused more on the process of the sessions with the clients. However, participant K shared that

she had anxiety about the outcome of the sessions when she first started working with the adolescents. She described how she tried to bring higher quality activities to the clients due to her perfectionist tendencies. She described:

I was anxious to show the effects of the session in such a limited period of time. I had end one session after all the time had already been used up while the client made passive and negative comments about music therapy. I could not carry the session out as I had planned because the time had been wasted arguing with the client. As a professional, this break in progress made me feel I was an ineffective therapist.

Participant K added:

When I worked with three delinquent adolescents clients, I had taught them how to play each instrument and helped put the words in the music. During the sessions, I tried to help the clients' music become richer. I think ... the important thing in working with adolescents in crisis is ... to make the music relate to whatever the clients expressed in the sessions, such as giving meaning to verbal and musical expressions.

Detailed information pertaining to the cultural differences in the therapeutic process will be discussed in more depth in the discussion session with further insight into other research.

## DISCUSSION

In this section, I will elaborate on my findings on 1) The nature of music therapy with adolescents in crisis and 2) The influence of culture in music therapy, focusing mainly on how the different aspects of American and Korean cultures influence music therapists practicing in their respective countries.

### **The Nature of Music Therapy with Adolescents in Crisis**

**The role of music.** In this study, the participants shared musical experiences with their clients, which facilitated a means for the clients to express themselves, project their personal issues, and improve their self-esteem. These findings about the role of music in music therapy are similar to previous literatures (Bruscia, 1987; McFerran, 2010; Priestley, 1994).

Based on the interviews, the participants shared how their clients used music and how its use helped the clients' self-expression. Bruscia (1987) mentioned that music provides a way for the client to express feelings and emotions during the sessions. Priestley (1994) similarly described that music is always an expressive form. Beard (1989) stated that adolescents may experience emotional problems related to the dramatic changes they experience and how having the opportunity to express their emotions and feelings is significant to their development during this period of time. Based on this information, music therapy may be helpful for this population by providing them with the opportunity to express their emotions and feelings in positive musical environments.

Another role music plays is providing a way for adolescents to project their personal issues. During the interviews, the participants shared that the client projected his or her personal issues through image and music. This finding about the role of music in music therapy is similar

to the other previous literatures (Bonny, 1978; McFerran, 2010; Pavlicevic, 1997). McFerran (2010) stated that adolescents have a tendency to project their thoughts and feelings and gain insight through musical experiences. This also ties into Bonny's (1978) explanation that music has potential to evoke and express feelings and emotions in the client.

Pavlicevic (1997) also described that "music can evoke connotations and associations for the listener, and these may come from the listener's own life experiences" (p.23). These observations were reflected in this study's interviews, when the participants shared instances in which their clients projected their personal issues through experiences such as song listening and creative visual arts.

In addition, the data demonstrated that another role of music therapy is to help increase the clients' self-esteem. The clients mentioned by the participants in this study lacked positive interactions with others, especially with adults. The lack of positive interaction lead the clients to believe that they were troubled and difficult to understand, which ultimately took a toll on their self-esteem. There are many studies focused on adolescents in crisis that support the significance of social relationships with others on their self-esteem and self-expression (Feldman, 2007; Keen, 2008; Whitely, 2009).

Previously, Feldman (2007) described that this period of adolescence is a time for adolescents to understand themselves. They continually develop their own self-concept and self-esteem, and during this time the influence of those around them plays a significant part in forming their self-esteem. Focusing on the adolescents' developmental stages, the participants shared the effectiveness of the musical experiences in increasing the clients' self-esteem during the music therapy sessions.

The participants also shared the positive influence that the group members had on each other in the music therapy sessions. Eschen (2002) explained that “the experience of group members hearing the uniqueness of their group, and of each individual person in the group, is a powerful leaning experience” (p. 111).

In this study, the participants described how the clients showed positive change in self-esteem from feedback from the group members and music therapist through musical experiences. These findings show the significance of the relationship between therapist and client, as well as relationships with peers for adolescents in crisis.

Many researchers (Feldman, 2007; Warden & Kaminer, 2004; Whitely, 2009) have explained that adolescents often favor relationships with their peers to relationships with family members or adults. In addition, Whitely (2009) described that adolescents have a strong desire to belong with other people, especially with their peers. These findings are also reflected in this study, as the participants shared that their clients wanted to belong in a group, and that the interactions with the members encouraged each client to improve his/her self-esteem and emotional state.

The participants also shared how the group members influenced each other positivity through giving and giving and receiving feedback to one another in the sessions. Similarly, Walden and Kaminer (2004) supported that a group has the efficacy of creating a similar environment of daily social situations. In addition, a group provides a space of healthy social learning, such as role modeling, and giving and receiving feedback from other group members.

**The role of therapist.** Larson (1991) stated that adolescents experience various changes in their lives, and start to insist their independence from their parents. However, the generational gap makes it difficult for parents to understand them. This point places more significance on the client-therapist relationship and emphasizes the need for therapists to play different roles for the client, including a positive adult figure.

Based on the findings of this study, the participants shared that the adolescents in crisis need a person who is able to consistently understand them and stay with them, in contrast to the other adults in their lives who may have not provided that support, such as parents or teachers. They shared that the adolescents in crisis know whether or not the therapist is being genuine, which means that the therapist needs to understand and respect the clients wholeheartedly.

To add to this point, Oaklander (1997) shared that for a therapist to meet a client and flourish a relationship, they should not use a patronizing or teacher-like voice, but should respect the clients without manipulating or judging them.

Continuing on the role of therapist, Rogers (1957) stressed the need for the therapist to be warm, positive, and supportive to the patient. This will help build a therapeutic relationship and allow the client begin to express their emotions and feelings. In addition, Priestley (1994) described that the relationship is vital factor for the growth of the client. This research and the findings of this study shed light on the significance of the relationship between therapist and client, who is an adolescent in crisis.



### **Cultural Differences in the Therapeutic Process**

Upon further analysis of the participants' interviews, some aspects of music therapy may be influenced by culture: client openness and trust; and therapist emphasis on process versus product. These findings are based on observations of the differences in American and Korean ways of thinking and communication, self-concept, and societal expectations. The categories of American and Korean cultures in Table 4 are from literatures written by Kim (2008) and Roland (1996).

Table 4.

#### *Categories of American and Korean Cultures*

Categories	American Culture	Korean Culture
Self-Concept	I-Self (Independent)	We-Self (Inter-Dependent)
Philosophy/Ideology	Individualism	Collectivism
Communication Styles	Verbally Articulate Assertive	Indirect Communication Modest with Respect Words

Based on the interviews, it appeared that American adolescents seemed more open to therapy sessions. However, the clients that participant K worked with all showed initial resistance to the therapy, taking a longer time in comparison to participant A's clients to open up to the therapist and participate actively in the sessions; resulting in more time needed to open up and to build a therapeutic relationship.

The difference in time and effort needed to open up and to build a therapeutic relationship may be influenced by several different cultural factors. The first aspect of Korean culture that may influence music therapy sessions is the underlying foundation of Confucian thought. Roland (1996) explained that “Confucianism is a body of ethical principles which have historically shaped the social and political structure of the Confucian countries: China, Korea, Japan, and Vietnam” (p. 188). The Confucian foundation of Korean culture is a major determinant in building various facets of personal perspective, such as modes of conduct, interpersonal relationships, ethical and moral values.

Cabaniss, Oquendo, and Singer (1994) also explained that cultures with Confucian foundations may value silence and nonverbal communication more than verbal expression and may put a negative value on expressing emotions outwardly. While in Korea, non-verbal expressions are utilized often when communicating with others (Kim, 2008), in America, more verbal expressions are used, since being verbally articulate is highly valued (Roland, 1996). These aspects of communication, influenced by culture, may have an effect on a clients’ perceived openness with their therapist.

Due to these underlying cultural foundations, it is possible that the Korean clients, who did not have positive relationships with their caregivers and adults in the past, may see the therapist as an authority. This may be why Korean clients may need more time to open up to their therapists. In addition, the varying concepts of respect in Korean culture in contrast to American culture may have an influence on the results of the study.

Jang (2003) explained that respect for older people has been accepted as a normative duty of the younger person in Korean culture. The younger person in any relationship or

interaction always bows in the presence of the older person, literally and metaphorically. Even in conversation there is a different set of dialogue to use to show respect for adults. The differences in social interactions between the two cultures, especially with adults, could influence the Korean client's relationship building process with their therapist, whom they may distance themselves with subconsciously.

Supporting the observations made in this study, Kim (2008) describes how some Korean supervisees showed difficulty expressing personal feelings due to this unspoken hierarchy. In Korea, the therapist will ultimately be perceived as an adult and the client as a child, which creates a hierarchy and perceived authority between the two, and can influence the responses of the client given within the sessions.

Another cultural aspect that may have influenced the results of this study is the different concept of self within the varying societal structures. 'I' is used more than 'We' in America. Conversely, 'We' is used more than 'I' in Korea. In America, individualism is valued and independence and individuation are encouraged (Sue & Sue, 2012). Americans learn that their actions are their own and they are responsible for whatever consequences that come from them; they feel less obligation or duty to their family. However, Korea is a collectivist society where family and community are valued.

Koreans learn that their actions are not only a reflection of themselves but of their family as well. In addition, Koreans learn from a young age that their problems and issues should be kept private to protect not only themselves but also their families (Kim, 2008). Due to this "silent rule," there is an internal conflict with Korean clients to be open with strangers, even if that stranger is a certified music therapist. An American client may be more likely to open up to

their therapist in private sessions, not being as afraid or in an internal conflict with themselves. This cultural difference between Koreans and Americans helps in the understanding of the levels of the clients' openness and trust in the different sessions.

Through analyzation of the interviews, another cultural difference in the therapeutic process was found, which is the therapist's emphasis on either the process or product of the therapy. Korean society's focus on competitiveness may put more emphasis on results (product) while American culture may more value the process. Participant K shared that her upbringing within Korea's extreme competitiveness affected her therapy sessions. She initially shared that she had felt anxious in the beginning of her sessions because she felt that she needed to prove herself as both a therapist and as an adult to her patients, and had therefore, pursued more aggressive intervention methods in order to prove herself. Koreans are often subjected to growing up in an extremely competitive society. Hong and Yeo (2010) stated that the consequence of this pressure can result in anxiety and stress, much like participant K experienced.

A few points need to be taken into consideration. Although there are general observable differences in American and Korean cultures, cultural influence can be subjective and perceived differently on an individual level. Therefore, the differences that are shown in this study are not representative of the respective countries of the clients or therapists as a whole since each individual internalizes culture in his or her own way.

## CONCLUSION

### Summary

The purpose of the study was to explore music therapy with adolescents in crisis in both America and Korea. The data was collected through the interview with the two music therapists – one American practicing in the United States and one Korean practicing in Korea – who have experience working with adolescents in crisis. After the interviews, all content of the interview was transcribed and through numerous readings of the interview transcripts and analyzing adapted by Braun & Clarke (2006) and Denzin & Lincoln (2005) methods, three essential categories emerged: (a) the role of music, (b) the role of therapist, and (c) the cultural differences in the therapeutic process. Within the category of the role of music, the following themes emerged: (a) eliciting self-expression, (b) evoking projection, and (c) improving self-esteem. Within the category of the role of therapist, the following themes emerged: (a) expressing empathic understanding and (b) consistent and reliable caretaking. Within the category of cultural differences in the therapeutic process, the following themes emerged: (a) client openness and trust and (b) therapist emphasis on process versus product. Detailed information pertaining to the cultural differences in the therapeutic process discussed in more depth in the discussion session with further insight into other research.

### Limitations

In this study, there are several inherent limitations. First limitation of this research study, the experience of one therapist interviewed in each country is not representative of all the therapists in their respective countries. Each individual therapist's views may be affected by his/her personalities and personal interpretations.

Another limitation of this research study is that both participants shared similar theoretical perspectives. While both participants applied various theoretical perspectives depending on their clients' needs, they both most closely aligned themselves with person-centered approach. There are various theoretical perspectives that show different lenses of music therapy and explain the experiences revealed with the clients and if the participants had had different perspectives, the results of this study may have shown more diverse ideas of music therapy.

Another limitation of this research study is that both participants had to think retrospectively and reflect on their past experiences working with adolescents in crisis. They both had extensive work experiences, and sometimes had difficulty recalling the exact details of their sessions. More concrete data pertaining to each client they worked with would have been helpful in providing more accuracy in details.

Final limitation of this study is that there were some language issues. My primary language is Korean, and this could have affected how I interpreted the interview that was conducted in English with the American music therapist. Although I asked the American music therapist to confirm for accuracy, some interview contents were not thoroughly discussed. My primary language could have also affected how I translated the interview that was conducted in Korean with the Korean music therapist. I may have mistranslated the intent of both participants.

### **Implications for Music Therapy Clinical Practice**

The findings of this study suggest some considerations that should be made in music therapy with adolescents in crisis in different countries (America and Korea). Music therapists who are working with this population should be considerate of the selections they make in the

musical style, songs, instruments, and musical idioms, making sure they are selected with a therapeutic rationale. Music could bring out the client's personal issues, negative memories, and feelings and influence the session greatly.

Specifically, music therapists who work with Korean adolescents in crisis need to understand the significance of the cultural foundations and remind clients of the confidentiality policy between the clients and the therapist. They should also be prepared for the extended amount of time that it might take to build a trusting relationship with the clients.

Although this study focuses on two countries, America and Korea, music therapists need to be aware of the influence that the cultures of clients from various other countries can have on the therapy sessions. In addition, music therapists should be open-minded, understanding the necessity of individual cultures.

### **Implications for Future Research**

This study is significant because it is the first research study of its kind on this topic: music therapy with adolescents in crisis in America and Korea. More studies using cross-cultural analysis should be conducted to compare and explain the differences of many other cultures. Studies with larger number of participants from more diverse cultures should be conducted to include a wider array of perspectives and increase generalizability. It is crucial future researcher consider various demographic characteristics and background including theoretical perspectives and their work setting.

With the growing diversity of America and the field of music therapy, increasing number of music therapists from around the world are entering America to study and practice music therapy. Consequently, growing number of music therapist work with clients from

different cultural backgrounds. Therefore, it would also be interesting to explore music therapists' experiences with clients from different cultural backgrounds, and how the cultural difference between therapist and client affect therapy process and product. Cultural diversity in research will benefit the growing field of music therapy.

Throughout this research study, I learned how music can be used in a therapeutic manner when working with adolescents in crisis. I also learned how culture influences music therapy sessions, and how the understanding of cultural differences will help me meet my clients' unique needs. I hope the findings of this study will be helpful for other music therapists to learn and understand adolescents in crisis in America in Korea, and become a motivating factor for additional cross-cultural research studies.



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## Appendix A

## IRB Approval Letter



1000 Hempstead Avenue  
Rockville Centre, NY 11571  
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Tel. 516.323.3801  
Tel. 516.323.3711

Date: November 24, 2015  
To: Professor Seung-A Kim/Seulgi Kim  
From: Kathleen Maurer Smith, Ph.D.  
Co-Chair, Molloy College Institutional Review Board  
Patricia Eckardt, Ph.D., RN  
Co-Chair, Molloy College Institutional Review Board

SUBJECT: **MOLLOY IRB REVIEW AND DETERMINATION OF EXPEDITED STATUS**  
Study Title: Cross-Cultural Analysis: Music Therapy with Troubled Adolescent Clients in America and Korea  
Approved: November 24, 2015

Dear Professor Kim/Seulgi Kim:

The Institutional Review Board (IRB) of Molloy College has reviewed the above-mentioned research proposal and determined that this proposal is approved by the committee. It is considered an EXPEDITED review per the requirements of Department of Health and Human Services (DHHS) regulations for the protection of human subjects as defined in 45CFR46.101(b) and has met the conditions for conducting the research. Please note that as Principal Investigator (PI), it is your responsibility to be CITI Certified and submit the evidence in order to conduct your research.

You may proceed with your research. Please submit a report to the committee at the conclusion of your project.

Changes to the Research: It is the responsibility of the Principal Investigator to inform the Molloy College IRB of any changes to this research. A change in the research may change the project from EXPEDITED status that would require communication with the IRB.

Sincerely,

Kathleen Maurer Smith, Ph.D.

Patricia Eckardt, Ph.D., RN

**APPENDIX B**

Invitational Email Consent Form (English)

**Title of Study:** Music Therapy with Adolescents in Crisis in America and Korea  
: A Cross-Cultural Analysis

**Student Researcher:**

Seulgi Kim  
Graduate Student, Music Therapy, Molloy College  
Music Department  
1000 Hempstead Ave. P.O. Box 5002  
Rockville Centre, NY 11571-5002  
949-743-4635  
skim1@lions.molloy.edu

**Faculty Advisor:**

Seung-A Kim, PhD, LCAT, MT-BC  
Associate Professor, Music Therapy  
Director, Undergraduate Music Therapy  
Molloy College  
Rockville Centre, NY 11571-5002  
516.323.3326  
skim@molloy.edu

## Invitational Email Consent Form

Dear. \_\_\_\_\_

My name is Seulgi Kim and I am a graduate student of music therapy at Molloy College. As part of the requirement for my music therapy graduate thesis course at Molloy College, I am conducting a research study on music therapists' experiences with adolescents in crisis. The title of my study is *Music Therapy with Adolescents in Crisis in America and Korea: A Cross-Cultural Analysis*. The purpose of my study is to explore the nature of music therapy with adolescents in crisis in America and Korea.

You have been referred to this study by a faculty member at Molloy. I invite you to participate in this study if you fulfill the following criteria. Criteria eligibility to participate in this study includes:

- Have a certification in music therapy

The credentials: American Music Therapy Association (AMTA) and,

National Association of Korean Music Therapists (NAKMT) or

Korean Music Therapy Association (KMTA)

- Have experiences in conducting sessions with adolescents in crisis for at least two years
- Have an interest in this research and be willing to share experiences
- Be able to participate in an interview by phone, Skype, or in person for approximately fifty minutes to an hour.
- After the interview, be willing to partake in conversation, via e-mail, phone or Skype for confirmation of the accuracy of the interview content.

If you decide that you wish to participate in this study, I will need your consent to video-record your interview sessions. The recording will not be shared in public and the content will only be used in the research project.

In this study, I will interview you by phone, Skype, or in person. During the interview, you will be asked about your experiences as a music therapist with adolescents in crisis. We will discuss the time and date of the interview and your interview session will last about fifty minutes to an hour. If I have additional questions, I may contact you via e-mail, phone, or Skype for confirmation of the accuracy of the interview content. Your participation is completely voluntary. You can withdraw from the study at any time without any negative consequences.

All video recording of interviews will be kept by the researcher on a computer that will only be accessible to the researcher. All recordings will be deleted six months after the study has been completed. For privacy protection, your real name will not be revealed.

After I have transcribed the interview, the summary of the interview will be sent to you and you will be asked to review the interview for confirmation of accuracy. The information will be beneficial to students, educators, supervisors, other music therapy professionals who work with adolescents in crisis. This will allow music therapists to apply the study to better engage with and assist adolescents in crisis in their clinical practices. In addition, it may lead to further research in the area of cross cultural analysis in the music therapy field.

If you want to receive the results of this study, please contact me with the following information below. In addition, please feel free to contact me if you have any questions. You may call me at (949) 743.4635, or e-mail me at [skim1@lions.molloy.edu](mailto:skim1@lions.molloy.edu) for more information during this study. You may also contact my thesis advisor, Dr. Seung-A Kim at (516) 323.3326, or [skim@molloy.edu](mailto:skim@molloy.edu). In addition, you may also contact the Institutional Review Board (IRB), Molloy College, 1000 Hempstead Ave, Rockville Centre, NY 11371, (516) 323.3801 for any additional information from this study.

A signed copy of this consent form will be given to you for your records.

Thank you for your participation and your valuable time. I truly appreciate it.

Check all statements you agree to:

\_\_\_\_\_ I give permission to Seulgi Kim to video record her interview sessions with me.

\_\_\_\_\_ I give permission to Seulgi Kim to use these recordings for only educational purposes  
related to this research study.

Participant Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**APPENDIX C**

Invitational Email Consent Form (Korean)

초대메일과 동의서

연구제목: 비교문화분석: 미국과 한국에서의 위기청소년 음악치료

**Student Researcher:**

Seulgi Kim

Graduate Student, Music Therapy, Molloy College

Music Department

1000 Hempstead Ave. P.O. Box 5002

Rockville Centre, NY 11571-5002

949-743-4635

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**Faculty Advisor:**

Seung-A Kim, PhD, LCAT, MT-BC

Associate Professor, Music Therapy

Director, Undergraduate Music Therapy

Molloy College

Rockville Centre, NY 11571-5002

516.323.3326

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## 초대 메일

\_\_\_\_\_에게,

안녕하세요. 저는 김슬기입니다. 한국에서 왔고, 현재 Molloy College 에서 음악치료 석사 과정 중에 있습니다. Molloy Colle 의 졸업 필수조건으로써, 현재 음악치료사들의 위기청소년들과의 음악치료 경험에 대한 연구를 진행 중입니다. 제 연구주제는 비교문화분석: 한국과 미국에서의 위기청소년들과의 음악치료입니다. 제 연구의 목적은 한국과 미국의 음악치료사들의 위기 청소년과들의 음악치료에 대하여 탐구하는 것입니다.

만약 뒤따르는 기준에 적합하다면, 당신을 제 연구에 참여하도록 초대합니다. 이 연구에 참여하기 위한 적합한 기준들은:

- 음악치료 자격증을 반드시 소지하고 있어야 합니다.
- 청소년 대상에 관심이 있어야 하며, 최소 2 년이상 위기청소년들과의 음악치료를 진행하였던 경험이 있어야 합니다.
- 이 연구에 반드시 관심을 가지고 있어야 하며, 흔쾌히 자신의 경험들을 공유해야 합니다.
- 50 분에서 1 시간 가량의 전화, Skype, 혹은 직접 만나서 인터뷰를 응하실 수 있어야 합니다.
- 인터뷰 후, 전화, Skype, 혹은 직접 만나서 인터뷰 내용을 확인해 주셔야 합니다.

이 연구에 참여하기로 결심을 하였다면, 저는 당신의 인터뷰 영상에 대한 비디오 녹화에 대한 동의서를 필요로 합니다. 녹화자료는 사적으로 공개되지 않을 것이며, 내용은 연구목적으로만 사용될 것입니다.

이 연구에서, 저는 당신을 전화, 스카이프, 혹은 직접 만나서 인터뷰를 진행할 것입니다. 인터뷰 동안, 당신은 치료사로서 위기청소년과의 음악치료 경험에 대한 질문을 받게 될 것입니다. 인터뷰 진행하기에



적합한 날짜와 시간은 함께 정할 것이며, 50 분에서 1 시간 가량의 인터뷰 시간이 소요될 것입니다. 만약 제가 추가적인 질문들이 필요하다면, 이메일, 전화, 혹은 스카이프를 통하여 인터뷰 내용의 정확성을 확인하기 위하여 연락을 할 것입니다. 당신의 참여는 전적으로 자발적입니다. 당신은 언제든지 아무런 부정적인 결과들 없이 이 연구 참여를 중단할 수 있습니다.

인터뷰의 모든 녹화물은 연구자의 컴퓨터에 저장될 것이며, 오직 연구자만이 접근이 가능합니다. 모든 녹화물들은 이 연구가 끝난 6개월 뒤 삭제될 것입니다. 개인정보 보호를 위하여, 가명이 쓰여질 것입니다.

제가 인터뷰 전사를 한 후에, 인터뷰 요약본이 당신에게 보내질 것이며, 당신에게 인터뷰 내용에 대하여 정확성을 확인할 것입니다. 이 연구 정보는 학생들, 교육자들, 슈퍼바이저들, 위기청소년들과 일하는 다른 음악치료 전문가들, 그리고 특별히 서로 다른 국가 (미국-한국)에서 일하는 음악치료사들에게 도움이 될 것입니다. 음악치료사들은 이 연구결과를 토대로, 위기청소년 내담자들을 더 이해하고 도울 수 있게 될 것입니다. 그리고, 음악치료 분야에서의 미래 이문화분석 연구로 이어질 것입니다.

이 연구의 결과를 알고 싶다면, 아래의 정보들로 저에게 연락을 주십시오. 질문이 있을시에 언제든지 연락을 주십시오. 이 연구기간 동안 더 정보를 필요로 하신다면, 당신은 (949) 743-4635 전화 혹은 이메일 skim1@lions.molloy.edu 로 저에게 연락을 하실 수 있습니다. 당신은 또한 저의 논문 자문 위원자, 김승아 박사에게도 (516) 323-3326 혹은 이메일 skim@molloy.edu 연락을 취할 수 있습니다. 또한, 당신은 Molloy College 기관감사위원회 (IRB), 1000 Hempstead Ave, Rockville Centre, NY 11371, (516) 323.3801 로 이 연구에 대한 추가적인 정보를 물을 수 있습니다.

서명을 한 동의서 종이는 당신에게 돌려줄 것입니다.

당신의 참여와 당신의 시간에 대하여 감사합니다. 정말로 감사합니다.

김슬기

당신이 동의하는 부분들에 대하여 확인을 해 주십시오:

\_\_\_\_\_ 저와의 인터뷰에 대한 비디오 녹화에 대하여 동의합니다.

\_\_\_\_\_ 이 연구와 관련하여 오직 교육적인 목적으로만 이 녹화물을 사용할 것에 대하여 동의합니다.

참가자 이름: \_\_\_\_\_

참가자 서명: \_\_\_\_\_

날짜: \_\_\_\_\_

**APPENDIX D**

**Demographic Information Questionnaire (English)**

1. How would you describe your educational background?
2. How would you explain your theoretical orientation?
3. Have you undertaken any advanced training?
4. How long have you been working as a music therapist?
5. Where do you work and for how long have you been employed at your current facility?
6. How long have you been working as a music therapist with trouble adolescent clients?
7. Please list dates and times that you are available.

**APPENDIX E**

**Demographic Information Questionnaire (Korean)**

**인구통계학 정보 질문지**

1. 당신의 교육적 배경 (학력)에 대하여 설명해 주실 수 있으신가요?
2. 당신의 치료적 접근법에 대하여 설명해 주실 수 있으신가요?
3. 다른 추가적인 훈련을 받으신 경험이 있습니까?
4. 음악치료사로서의 경력은 얼마나 되십니까?
5. 현재 귀하의 근무지는 어디이며, 근무 경력은 어떻게 되십니까?
6. 음악치료사로서 위기 청소년들과 일을 하신지 얼마나 되셨습니까?
7. 인터뷰 가능한 날짜와 시간을 말씀해 주세요.