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The Influences of Language Barriers in Music Therapy

A THESIS

Submitted in partial fulfillment of the requirements

For the degree of Master of Science

In Music Therapy

by

Kohei Mori, MT-BC

Molloy College

Rockville Centre, NY

2021

Molloy College

The Influences of Language Barriers in Music Therapy

By

Kohei Mori

A Master's Thesis Submitted to the Faculty of

Molloy College

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May 2021

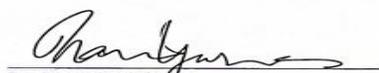
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Abstract

The purpose of this research was to illuminate non-native English-speaking music therapists' trends and attitudes toward a language barrier. For the purpose of this research, the phrase "language barrier" is used as a reference for music therapists who conduct music therapy sessions in a language that is not their native language. Thirteen non-native English-speaking music therapists completed a 30-question web-based survey. The survey addressed the following topics: demographics, the experience of providing music therapy in a second language, the experience of receiving music therapy training in a second language, and therapeutic interventions with the clients. Descriptive statistics were collected. Three major findings emerged: English is not necessarily a language barrier; the respondents use music interventions depending on the clients' goals; and the respondents are sensitive to the clients' cues so they can facilitate the therapeutic process in a second language. The findings may be a resource for educators, clinical supervisors, and non-native English-speaking music therapists. Moreover, the findings may be useful to guide music therapy educational and supervisory practices.

Keywords: language barrier, non-native English-speaking music therapists, international music therapy students

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Language	

As an international student from Japan who is studying and practicing music therapy in the United States, I often encounter situations where I cannot articulate my thoughts and ideas. In fact, I sometimes feel as if I am a different person when I speak English. I become less talkative and introverted when I speak in English, and I often wonder if I stay true to my personality. In daily life and in class settings at graduate school, I have always felt that my personality is somewhat different when I speak English. In my daily music therapy sessions, I aim to build a good rapport with my clients by being authentic and mentally and emotionally present. However, when I speak English, I am concerned that my clients may not understand what I say, and I worry if I am articulating what I intend to say in English. Speaking English is a language barrier for me, and I sometimes feel I am not emotionally present due to this language barrier.

I use music to bring out my true personality (i.e., authenticity) in music therapy sessions. However, I feel that sometimes even music cannot completely show my personality. Considering my personality is affected by using a second language and my philosophy is that being fully present with the client helps build a therapeutic relationship, two questions come to mind: Does a language barrier influence my authentic presence? Without being authentic, am I able to build a good therapeutic relationship with my clients? These questions also lead me to wonder if other music therapists in these situations think similarly and what music therapy approaches they are using to stay true to their personality (i.e., be authentic).

Worldview

I consider myself a postpositivist. Postpositivism means that what we come to know is considered incomplete and imperfect; although an individual might believe there are absolute truths, that knowledge of the world might be revised by undergoing personal experiences (Hiller, 2016). On the other hand, positivism means that the findings are absolute truth as this philosophical system only accepts measurable and observable data (Hiller, 2016). Given my postpositivist viewpoint, I also believe there are some definitive truths that exist in the world, such as presence being central to the humanistic perspective (Geller & Greenberg, 2011). In my clinical work, I try to be fully present with the client. I believe a definitive truth is that my authentic presence enhances the therapeutic relationship. However, it is hard to say that everything we know is true, because all life experiences are different and can be influenced by different worldviews.

Hence, I seek to examine other non-native English-speaking music therapists' experiences of learning and working in a second language, and more specifically, I would like to know if they perceive that a language barrier influences their authentic presence. In addition, I want to quantify the trends and music therapy approaches most commonly used when managing their language barrier while in the role of student and therapist. This research will provide an opportunity for non-native English-speaking music therapists to share their opinions and

perceptions via a survey. The findings of this study may raise cultural awareness of the challenges faced by non-native English-speaking professionals. Furthermore, the final report can be a resource for academic advisors and clinical supervisors who work with music therapists whose native language is not English.

Purpose

The purpose of this research was to illuminate the trends and attitudes toward a language barrier among non-native English-speaking music therapists. Also examined in this analysis will be potential effects of language barriers on music therapists' authentic presence in the music therapy sessions they lead. For the purpose of this research, the concept *language barrier* is used as a reference for music therapists who conduct music therapy sessions in a language that is not their native tongue.

Literature Review

This study addresses the experiences of music therapists who have studied music therapy in the United States and are currently working in the United States. As such, the literature regarding the challenges and experiences of music therapy professionals who speak English as a second language in classroom settings and working environments is warranted. Even though music is an important part of music therapy, language is also integral in the process, and different approaches to music therapy rely more on verbal processes than on musical

processes. Therefore, an overview of various music therapy approaches is provided.

Challenges of International Students

International students are in a new environment and may experience challenges related to using a second language. This section discusses the challenges international students experience have in classroom settings.

Speaking in a non-native language may influence students' levels of anxiety and comfort in classroom participation. Foss and Reitzel (1988) surveyed students' anxiety while speaking a second language and found that language barriers may discourage participation in classroom activities, especially in discussions. Language barriers can also lead to difficulty understanding others, which makes it hard for students to fully express themselves. In addition, Ożańska-Ponikwia (2011) found that speaking a foreign language affects a person's extroversion, agreeableness, and openness. If an individual is less open and extroverted when speaking a foreign language, that person may become further withdrawn in a classroom setting.

Especially in graduate-level classes, students and professors engage with one another by exchanging ideas and opinions. However, this structure of learning is not familiar to international students, especially those from East Asian countries, where the norm is for teachers to lecture while students take notes (H. Y. Kim, 2011). The cultural differences of class settings in Western countries, in contrast to East Asian countries, may make international students feel anxious and

excluded. Also due to anxiety, international students may feel uncomfortable in contributing to tasks such as group projects because they are not familiar with the learning norms and do not have enough conversations with local students and their professors (H. Y. Kim, 2011).

According to Telbis et al. (2014), “foreign students are encountering difficulties in social adaptability, language barriers, academic ability, and financial need” (p. 330). The researchers suggested that students who scored low in confidence for completing their programs of study were also less confident in addressing these four issues. International students seem to face challenges due to their language barrier and might feel excluded because of the way classes are structured.

Challenges of International Music Therapy Students in Music Therapy Programs

In music therapy programs at colleges and universities, international students are tasked with engaging in learning experiences that exceed purely written work due to the uniqueness of the music therapy curriculum. The hands-on, practical approach to learning is confirmed by the American Music Therapy Association (2020a): “entry level study includes practical application of music therapy procedures and techniques learned in the classroom through required fieldwork in facilities serving individuals with disabilities in the community and/or on-campus clinics” (para. 1). As identified by Lin (2014), this situation leads to at least six challenges that international music therapy students experience in their music therapy programs: (1) pervasive

language barrier, (2) feeling of isolation, (3) loss of control over the clinical training schedule while handling academic studies, (4) culturally based needs to spend additional preparation time, (5) divergent perspectives on the attitudes toward authority roles, and (6) divergent views of showing one's self to others. Therefore, it seems that the language barrier is a salient issue because the other five challenges students had mostly stemmed from the language barrier.

To deal with the challenges faced by international music therapy students, Lin (2014) recommended that educators provide additional opportunities for practicing music therapy techniques while using a secondary language to share thoughts and feelings in a relaxed and secure environment. For example, a support group can be led by international students themselves in the music therapy program. The author suggested that this might help to create a sense of belonging, which in turn helps strengthen the social support system in the group. Moreover, this type of support group can be important for international students to find resources and enhance their clinical preparation. They can share their struggles with one another, which might be difficult for native speakers to understand.

Music Therapy Approaches

The American Music Therapy Association (2020b) 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. 1). In this regard, music therapy practice incorporates a combination of music making and verbal processing. However, some approaches to music therapy rely more heavily on the verbal process than on the musical process, and some rely more heavily on the musical process than on the verbal. A music therapist uses musical and verbal skills to varying degrees, depending on whether they use *music as therapy* or *music in therapy*. Bruscia (1987) defined *music as therapy* as when “emphasis is given to the client relating directly to the music, with the therapist aiding the process or relationship when necessary” (p. 9). In contrast, *music in therapy* suggests that “music is not the primary or sole therapeutic agent but rather is used to facilitate therapeutic change through an interpersonal relationship, or within another treatment modality” (Bruscia, 1987, p. 9). There is research discussing the effects of receptive approach for children who speak English as a second language (Schwantes, 2009; Kennedy & Scott, 2005). The therapists encourage the children to listen to English songs to improve their receptive language skills. This intervention relied on music as the clients were able to increase their English vocabularies while listening and singing to the music.

Bruscia (2013) identified the four major methods of music therapy as receptive, re-creative, improvising, and compositional. In the receptive method, clients listen to music and respond to it verbally or in different modalities. In the re-creative method, clients sing and play instruments through precomposed music or reproduce musical forms. In the improvisational

method, clients create a melody, rhythm, and instrumental piece with the therapists' support. In the compositional method, the therapists assist clients in writing music and lyrics. (Bruscia, 2013). Each method could use both music and verbal process, depending on the client's goals. For example, in the receptive method, clients not only listen to the music but also respond to the music. When therapists decide to use the receptive method to offer music relaxation, they guide clients verbally to provide greater awareness of body functions such as heart rate (Bruscia, 2013).

There are some specific pieces of training within the field of music therapy with varying levels of reliance on musical or verbal processes. Nordoff-Robbins Music Therapy (NR-MT) is an example of *music as therapy*. In this model, music is the essential medium of communication and interaction to build a therapeutic relationship, and the therapists utilize precomposed songs and improvisations so that the clients can make a contribution to the music, which enhances their capacity and motivation to express themselves (Guerrero et al., 2015). Verbal skills are not heavily emphasized in this model because music is the essential medium in the therapy. D. M. Kim (2010) interviewed eight Korean female NR-MT music therapists. Results indicated that participants preferred the NR-MT approach over other advanced models because it allowed them to fully express themselves musically without having to use too much verbal communication. Furthermore, some of the participants reported feeling misunderstood by clients when speaking

English in their sessions due to the language barrier (D. M. Kim, 2010). Although they preferred NR-MT as an approach, the language barrier still seemed to affect their clinical practice.

Conversely, an example of *music in therapy* is analytical music therapy (AMT), which is derived from both psychoanalytic theory and music therapy. AMT therapists rely on music and verbal skills to access and process clients' clinical material (Scheiby, 2015). This model is currently practiced in Europe, the United States, Canada, Israel, and Japan, and it requires therapists to utilize verbal skills (Scheiby, 2015), which may affect their ability to be authentic with clients and to be fully present in the session. Some of these music therapists may practice in their native language after completing their training in the United States or in different countries. However, there is a lack of literature addressing the use of this model in a second language.

Addressing Language Barriers as Professionals

For non-native English-speaking music therapists, using English as a second language may influence the therapy session. Some music therapy professionals who speak English as a second language have experienced misunderstanding from clients in their sessions due to the language barrier (D. M. Kim, 2010). This sense of being misunderstood could extend to the relationships between music therapists and other staff members. Feiner (2019) noted, "interns from abroad have reported that they often are fearful that their intentions or their actions are misunderstood and therefore could cause confusion or harm in their relationships with clients,

supervisors, and staff” (p. 163). To address the challenges presented by a language barrier, seeking help such as supervision could be one coping mechanism for therapists. Swamy’s (2011) study showed that clinical supervisors who acknowledged supervisees’ musical strengths and directly addressed cultural differences between the supervisor and the supervisee contributed to better clinical outcomes with clients. Transparency in the supervisory dynamic positively influences the rapport between the supervisor and the supervisee.

Students come to the United States from abroad to obtain music therapy training. Many also aim to gain employment as a music therapy professional in the United States. Some music therapists ultimately hope to return to their home country to practice clinically, partly due to the language barrier. However, Hsiao (2011) noted that international students who transitioned back to their home country after studying in the United States experienced difficulty, such as the lack of professional status and vocational identity of music therapy in their home country, and they felt that the United States offered more ideal employment opportunities. Moreover, they may face challenges in their home countries if they are not prepared for a career transition (Hsiao, 2011). Similarly, Leung et al. (2014) reported that most music therapy professionals from the Asia-Pacific Rim area who established their practices in their home countries after obtaining formal music therapy training in the United States experienced some degree of reverse cultural shock in their re-entry experience. Going back to their home country may not offer the best

solution for music therapists to seek a sense of security and avoid the challenges of a language barrier because insufficient preparation for a career transition may cause difficulties in clinical practices.

Summary

Due to language barriers, people from other countries face challenges expressing themselves in English, feeling a sense of connection, and establishing a social network. In music therapy education and training settings, students who come from different countries face the additional challenges of building a supervisory relationship with their supervisors, finding a community, and lacking language and cultural proficiency to practice music therapy. While the literature presents information on challenges in an academic setting, clinical training, and supervision, there is a lack of understanding on whether a language barrier affects building a relationship with the client.

Rationale and Research Questions

The investigation on how a language barrier influences a music therapist's therapeutic presence with clients arises from the challenges I have experienced—specifically, feeling that I do not stay true to myself when I speak English, as an international music therapy student transitioning into becoming a professional. This study aims to provide a better understanding of how music therapy professionals deal with these linguistic challenges in their work and to

summarize their experience of providing music therapy in English as a second language.

This descriptive study explores the following research questions:

Research Question 1: Does a language barrier influence music therapists' authentic presence with their clients?

Research Question 2: What are the most common approaches to cope with a language barrier while creating a therapeutic rapport?

Research Question 3: What are the most important factors for non-native English-speaking music therapists in facilitating the therapeutic process in a second language (English) with clients?

Research findings may raise cultural awareness of this topic and provide a resource for therapists.

Method

Research Design

This descriptive research study incorporates a survey to gain an understanding of the experiences of non-native English-speaking music therapists. Surveys can provide quantitative data of trends, attitudes, and opinions of a target population (Creswell & Creswell, 2018). Also, a survey allows the researcher to ask open-ended and close-ended questions (Curtis, 2016). In the music therapy field, a survey is typically utilized to obtain information about professional issues such as burnout and coping mechanisms among music therapists (Curtis, 2016; Gross & Young, 2014).

A web-based survey software, Google Forms, was utilized. The survey addressed the following topics: demographics, the experience of receiving music therapy training in a second language, the experience of providing music therapy in a second language, and therapeutic interventions most commonly used with clients. The questions consisted of a combination of multi-choice, open-ended, and numeric scales. The survey was reviewed by the thesis committee chair before it was finalized, and it was sent to a small group of peers to be field tested, in order to ensure validity and reliability (Creswell & Creswell, 2018).

Participants

Criteria for participation in this study were the following: (1) must be a non-native

English speaker, (2) must be a board-certified music therapist (MT-BC) currently practicing in the United States, (3) must have practiced music therapy in the United States for at least one year, and (4) must have practiced music therapy in the United States for a maximum of five years. The researcher obtained a listing of 3,147 email addresses from the Certification Board for Music Therapy of MT-BCs who were board certified for one to five years. A more specific listing of music therapists whose native language is not English was not available. Participants were recruited with an invitational email, and an announcement and link were also posted to all regional AMTA Facebook pages, Asian Music Therapy Network, and Music Therapists Unite!

Procedure

In February 2021, the researcher sent out an invitational email and consent form to the potential participants, including a link to complete the survey. In addition, a copy of this invitational email, consent form, and survey link was posted to all regional AMTA Facebook pages, Asian Music Therapy Network, and Music Therapists Unite! The completion of the survey was considered informed consent, and this was stated in the invitation to participate. A week later, a reminder email was sent out. The survey was opened for 15 days. A study proposal was approved by the Molloy College Institutional Review Board prior to beginning the research.

All data were aggregated anonymously, and information gathered was downloaded to the researcher's password-protected computer to ensure the safe and ethical storage of data. All

responses were destroyed once the data analysis was complete.

Data Analysis

The survey responses were analyzed using descriptive statistics to illuminate and summarize the experience of providing music therapy in a second language. The analysis of open-ended questions was completed using Microsoft Excel.

Results

Of the 3,147 emails sent out, 113 messages were not able to be delivered due to a server error or an invalid email address. There were 14 responses total, but since one respondent's native language was English, that individual could not be included in this study because language barrier is central to this study. Accordingly, 13 non-native English-speaking music therapists responded to the online survey and all participants completed the entire survey.

The survey results are provided in three sections: demographics, academic experiences leading to clinical work, and the experience of providing music therapy in a second language.

Demographics

The majority of the respondents were female (76.9%, $N = 10$), and 23.1% ($N = 3$) of the respondents were male. Also, most respondents were within the age range of 23-39 (92.3%, $N = 12$), with the age groups divided up as 23-29 (61.5%, $N = 8$), 30-39 (30.8%, $N = 4$), and 40-49 (7.7%, $N = 1$). Information on the demographics of the respondents is shown in Table 1.

Table 1*Demographics of Survey Respondents*

	# of Respondents	% of Respondents
Gender		
Female	10	76.9
Male	3	23.1
Age		
23-29	8	61.5
30-39	4	30.8
40-49	1	7.7
Country of Origin		
United States	3	23.1
South Korea	3	23.1
Taiwan	1	7.7
Malaysia	1	7.7
Indonesia	1	7.7
Brazil	1	7.7
Israel	1	7.7
Peru	1	7.7
Prefer Not to Disclose	1	7.7
Languages Spoken at Home		
English	5	38.5
Korean	2	15.4
Cantonese and English	1	7.7
Portuguese and English	1	7.7
Mandarin and English	1	7.7
Cantonese	1	7.7
Indonesian	1	7.7
Hebrew	1	7.7

The respondents hailed from these regions of the world: North America, South America, Southeast Asia, East Asia, and the Middle East. Eight (38.5%) of the respondents speak English at their home and 38% ($N = 5$) of the respondents only speak their native language at their home.

All respondents completed their music therapy training in the United States. Ten (76.9%) respondents held a master's degree in music therapy, and two (20%) respondents held a master's degree outside of music therapy. There was no doctorate degree holder among the respondents. Table 2 displays respondents' highest levels of education and countries in which they received the training.

Table 2

Education and Training

	# of Respondents	% of Respondents
Education		
Master's in Music Therapy	8	61.5
Bachelor's Degree in Music Therapy	3	23.1
Master's Degree Outside of Music Therapy	2	15.4
Country of Degree		
United States	13	100

Figure 1 shows the advanced training the respondents have completed. Six (46.1%) of the respondents pursued additional music therapy training after completing their degrees, and 30.8% ($N = 4$) of the respondents completed Neurologic Music Therapy training.

Figure 1

Respondents' Completion of Advanced Training in Music Therapy

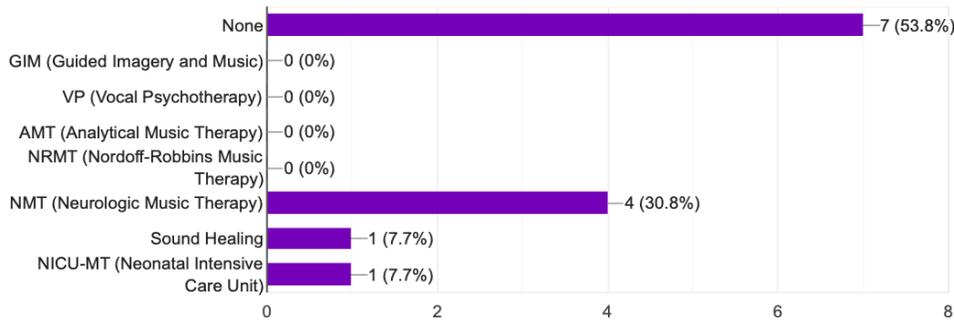


Table 3 describes respondents' clinical placements and the frequency of sessions.

Respondents' working areas were dispersed among five regions: 30.8% ($N = 4$) of the respondents work in the Midwest. More than 60% ($N = 8$) of respondents have worked as a music therapist in the United States for more than three years. In a typical week, respondents led clients in 6 to 10 sessions (38.5%, $N = 5$).

Table 3*Clinical Placement, Years Practiced, and Sessions Per Week*

	# of Respondents	% of Respondents
Areas		
Midwest	4	30.8
West	3	23.1
Southeast	2	15.4
Southwest	1	7.7
Northeast	1	7.7
Mid-Atlantic	1	7.7
Prefer not to disclose	1	7.7
Years		
4-5 years	4	30.8
3-4 years	4	30.8
2-3 years	3	23.1
1-2 years	2	15.4
Sessions Per Week		
1-5	3	23.1
6-10	5	38.5
11-15	1	7.7
16-20	1	7.7
More than 21	3	23.1

Figure 2 illustrates the age groups with whom the respondents work. They were allowed to indicate more than one age group or multiple sites of work. A total of 36 responses were provided to this question. The largest age group they work with were adults and adolescents, which constituted 18 responses. The smallest age group was toddlers, which constituted 4 responses.

Figure 2

Age Group

11. Which age groups do you work with? Please check all that apply
13 responses

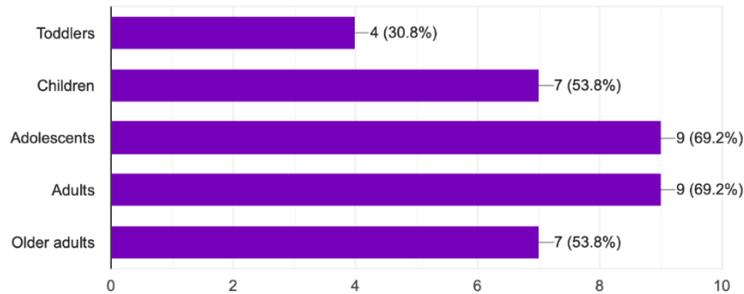
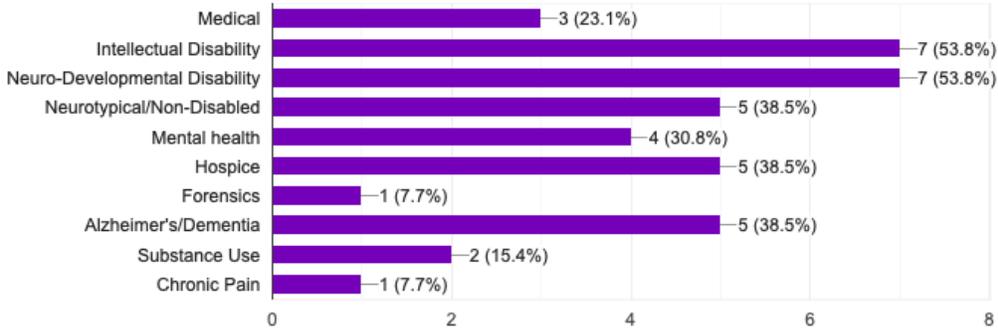


Figure 3 shows the clinical groups with whom the respondents work. More than one answer was permitted if they worked at multiple sites or with various ages of clinical groups. A total of 40 responses were provided to this question. The largest groups they worked with were intellectual disability and neuro-developmental disability, which constituted 14 responses. The smallest clinical group was chronic pain and forensic, which constituted 2 responses.

Figure 3

Clinical Group

13 responses



Academic Experiences Leading to Clinical Work

The respondents were asked about their academic experiences, as their academic experiences lead to their clinical work. Table 4 shows their academic experiences in regards to their language barriers in a Likert-type scale.

Table 4*Academic Experiences Leading to Clinical Work*

	<i>Never</i>	<i>Sometimes</i>	<i>Most of the Time</i>	<i>Always</i>
I felt accepted by my peers.	0	4	3	6
I felt accepted by my professors.	0	4	4	5
I felt accepted by my clinical supervisors.	1	1	3	8

In a school environment, all respondents indicated that they felt accepted by their peers and professors at certain levels, and there was no respondent choosing the 0 scale. More than 40% of the respondents felt always accepted by their peers and professors. More than 90% ($N = 12$) of the respondents felt accepted by their clinical supervisors at certain levels. One respondent indicated never having felt accepted by a clinical supervisor. However, 61.5% ($N = 8$) of the respondents indicated that they always felt accepted by their supervisors.

Experience of Providing Music Therapy in a Second Language

Respondents were asked about their experiences of providing music therapy in a second language (English) and their native languages if they have done so. Table 5 shows their

confidence in conducting a session in a second language in group settings and individual settings. The Likert-type scale indicates that respondents feel always confident when they conduct sessions in an individual setting; 46.2% ($N = 6$) of the respondents feel always confident in an individual setting, and 30.8% ($N = 4$) feel always confident in a group setting. Three respondents indicated that they do not work in a group setting, and 2 respondents noted that they do not work in an individual setting.

More than 50% ($N = 7$) of the respondents indicated they have never used their native language in their sessions, and 23.1% ($N = 3$) of the respondents reported that they have never felt confident in conducting sessions in their native language when they had a chance to do so.

Table 5

Confidence in Conducting a Session in a Second Language

	<i>N/A</i>	<i>Never</i>	<i>Sometimes</i>	<i>Most of the Time</i>	<i>Always</i>
I feel confident in a group setting.	3	1	0	5	4
I feel confident in an individual setting.	2	1	0	4	6
I feel more confident when my native language is used in sessions.	7	3	2	0	1

Table 6 summarizes respondents’ experiences of providing music therapy sessions in a second language. In the first and second question, 30.8% ($N = 4$) of the respondents showed that they never feel worried about communicating with clients due to the language barrier. More than 50% ($N = 15$) of the respondents reported they sometimes felt worried if they will understand what the clients say and vice versa.

In the third question, 10 respondents (76.9%) said they are self-conscious about their accent at a certain level and 3 (23.1%) reported that they have never been self-conscious about their accent. Of those 10 respondents, 80% ($N = 8$) indicated that they are sometimes self-conscious about their accent.

In the fourth question, when asked if speaking in English makes the respondents feel like a different person, 5 out of 13 (38.5%) reported they feel like a different person when speaking English, 2 (15.4%) responded “sometimes,” and an equal number replied “most of the time.” Eight respondents (61.5%) reported that they never feel like a different person when they talk to their clients in English.

Table 6

Experiences of Providing Music Therapy in a Second Language (English)

	<i>N/A</i>	<i>Never</i>	<i>Sometimes</i>	<i>Most of the Time</i>	<i>Always</i>
I feel worried that my clients don't understand what I say.	0	4	7	1	1
I feel worried that I don't understand what my clients say.	0	4	8	0	1
I am self-conscious about how my accent is perceived by my clients.	0	3	8	1	1
When I talk with my clients in English in my sessions, I feel like I'm a different person.	0	8	2	2	1

Therapeutic Interventions

A section was provided in which the respondents were asked about the most common music therapy approaches they use to building a relationship with their clients. Figure 4 depicts the approaches the respondents utilized in their sessions. Of the four music therapy approaches

(recreative, receptive, improvisational, composition), re-creative was the most common approach utilized by the respondents (38.5%, $N = 5$), and 30.8% ($N = 4$) of the respondents indicated Receptive. One respondent reported using all four approaches. The least common approach utilized was composition/songwriting (7.7%, $N = 1$).

In addition to the therapeutic interventions the respondents utilized with their clients, they were asked if they use *music as therapy* or *music in therapy*. As Figure 5 shows, the majority (76.9%, $N = 10$) reported using music as therapy. Of five respondents using Re-creative interventions, 80% ($N = 4$) of respondents utilized music as therapy. Of 4 respondents utilizing Receptive, 75% ($N = 3$) of respondents used music as therapy.

Figure 4

Music Therapy Approaches

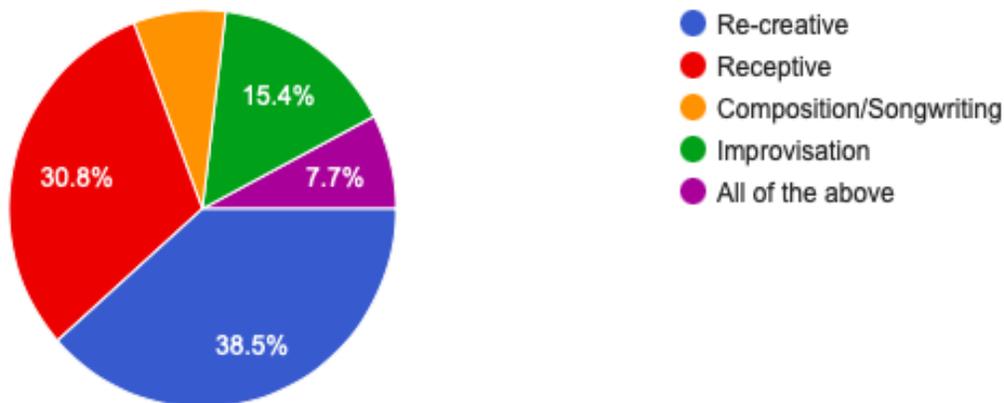
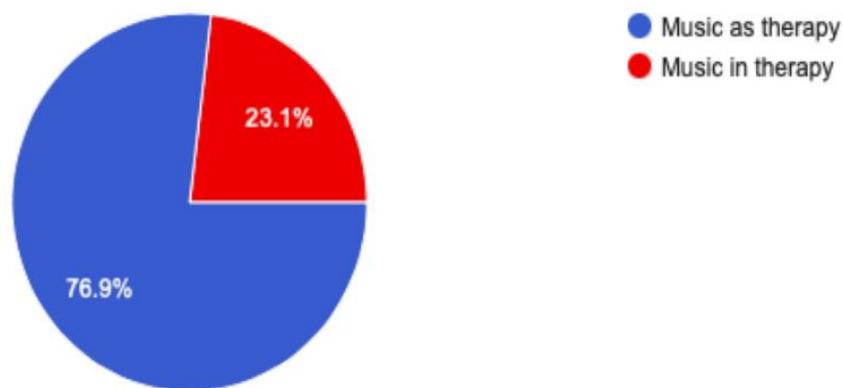


Figure 5

Respondents' Use of Music: Music as Therapy or Music in Therapy



Important Factors for Building Therapeutic Rapport in a Second Language

Respondents were asked to provide the most important factors to build a therapeutic relationship with their clients in a second language. From their comments, these four factors emerged: communication, authenticity, empathy, and sharing.

Five respondents described the importance of communication. One stated, “Be honest and ask for confirmation.” The communication factors were not only verbal communication but also body language and facial effects. Another stated the importance of “understanding facial expressions and body language.”

Three respondents answered “authenticity.” One described that being his or her most authentic self helps to build a relationship with the clients.

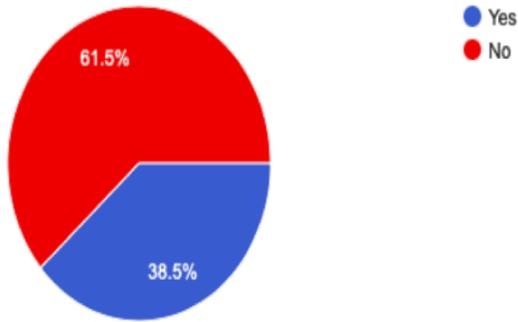
Two respondents commented about “empathy.” One respondent stated, “Meeting clients on a human-to-human level creates empathy,” and the other noted the factor, “empathy.”

One respondent commented the factor, “sharing,” and two respondents preferred not to disclose and did not provide any factors.

Last, the respondents were asked if providing music therapy in a second language (English) influences their authenticity as a music therapist. Figure 6 summarizes respondents’ opinions toward a language barrier. Eight (61.5%) of the respondents reported that the language barrier does not influence their authenticity as a therapist. In addition to the question, the respondents were asked if they have ever considered going back to their home country to provide music therapy in their native language. Figure 7 summarizes respondents’ opinions. Eight (61.5%) of the respondents reported that they have considered going back to their home countries to provide music therapy in their native languages.

Figure 6

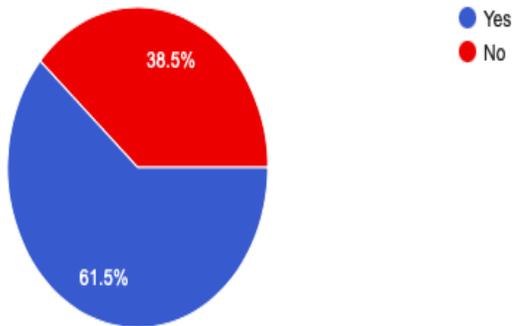
Second Language Influence on Music Therapists' Authenticity



Note: The question was, "Does providing music therapy in a second language influence your authenticity as a therapist?"

Figure 7

Consideration of Returning to Home Country to Practice in One's Native Language



Note: The question was, "Have You Ever Considered Going Back to Your Home Country to Practice in Your Native Language?"

Discussion

The purpose of this research was to illuminate non-native English-speaking music therapists' trends and attitudes toward a language barrier in their music therapy work. The concept *language barrier* is used as a reference for music therapists who conduct music therapy sessions in a language that is not their native tongue. Per the inclusion criteria, all participants were trained in and practice music therapy in the United States. The results are discussed as they pertain to the research questions.

Does a Language Barrier Influence Music Therapists' Authentic Presence With Their Clients?

More than 60% of the respondents reported that a language barrier does not influence their authentic presence with their clients. This suggests that the respondents can be authentically present with clients no matter how fluent they are with the second language. On the contrary, however, nearly 50% of the respondents indicated that they feel like a different person when speaking English. These results seem to contradict one another. Moreover, approximately 80% of the respondents reported that they are self-conscious about their accents yet still reported feeling confident in their sessions. There was no consistency in the results.

These contradicting results may be related to positive experiences in academic settings and clinical training that the majority of the participants had. Although research has shown that

international students feel anxious while speaking a second language and face the pervasive language barrier in class settings (Foss & Reitzel, 1988; Lin, 2014), the results of this study suggest that educational settings in music therapy may be applying a level of cultural awareness that is supportive for international students. These positive experiences may have led them to experience greater comfort in clinical settings. In fact, nearly 70% of the respondents reported feeling confident in conducting sessions in both individual and group settings. Communication with professors and clinical supervisors might lead to better relationships at school and at work, and that would lead to their positive attitude in music therapy, especially in the role of a therapist.

What Are the Most Common Approaches to Cope With a Language Barrier While Creating a Therapeutic Rapport?

The respondents were asked to provide the most important factors to build a therapeutic relationship, and four factors were found in data: communication, authenticity, empathy, and sharing. The largest factor reported by the respondents was communication. Respondents' comments suggested that communication includes not only verbal interaction but also facial affect and body language. This demonstrates that respondents are sensitive to the clients' cues (e.g., body language, facial expressions), rather than depending only on verbal cues to facilitate the therapeutic process.

Respondents' answers for the important factors in facilitating the therapeutic process in a second language were as follows: "meeting clients on a human-to-human level creates "empathy," and "sharing." These findings support the notion that therapy is about the client, and it suggests that despite respondents' potential self-consciousness, they are able to focus wholly on the client while being present with the clients. This seems to explain why the language barrier did not affect the process for the majority of the respondents.

What Are the Most Important Factors for Non-Native English-Speaking Music Therapists in Facilitating the Therapeutic Process in a Second Language (English) With Clients?

When the music therapist uses *music as therapy*, music is the essential medium of communication and interaction to build a therapeutic relationship. Conversely, when the therapist uses *music in therapy*, language is central to the therapeutic process (Bruscia, 1987). Nearly 90% of the respondents reported that they use *music as therapy*. This may indicate that respondents feel more comfortable expressing themselves and are more authentic through the musical experience. This aligns with D. M. Kim's (2010) findings and demonstrates that the process (*music as therapy*) allows for a language barrier to not influence musical expressions.

Also, respondents indicated that the most common music therapy approaches they used were recreative (38.5%, $N = 5$) and receptive (30.8%, $N = 4$). The receptive method could be *music in therapy*, as the music therapist might guide clients through a verbal process (Bruscia,

2013), but the respondents seem to focus more on the musical experiences based on the data rather than the verbal process. It is interesting that only about 15% of the respondents utilize improvisation because it aligns most with the core principles of *music as therapy*, as improvisation can establish a non-verbal channel of communication (Bruscia, 2013). This finding contradicts the literature.

Limitations of the Study

The sample size of this research was quite small ($N = 13$), and thus, the trends of the quantitative data among the target population cannot be generalized to a larger population.

The survey was available for only two weeks, which may not have been enough time for potential participants to access and complete the survey. Finally, the inclusion criteria of the survey might have contributed to the limited number of potential participants. This study aimed to assess non-native English speakers practicing in the United States, but there are likely non-native English speakers practicing in English in other countries.

Recommendations for Future Research

Some of the findings in this study contradict each other. Approximately 80% of the respondents reported that they are self-conscious about their accents, but they still reported feeling confident in their sessions. Also, nearly 50% of the respondents indicated that they feel like a different person when speaking English even though more than 60% of the respondents do

not feel that a language barrier influences their authentic presence. Future researchers could conduct a qualitative study to explore a deeper understanding of the experience of non-native English-speaking music therapists.

Another inquiry arising from this research study was the reasons why international music therapists want to return to their home countries to practice. Approximately 60% of the respondents have considered going back to their home countries to practice music therapy in their native language. Although a previous research study suggested that the language barrier could be one of the reasons for this as they would feel a stronger sense of security (Hsiao, 2011), only 25% of respondents in this study reported that the language barrier influence their authentic presence to build rapport with clients. This study did not reveal whether the language barrier made the respondents consider going back to their home countries, so future qualitative research can provide more conclusive information on why respondents have considered going back to their home countries to practice music therapy.

Some potential participants reached out via email and left comments on social media, saying they wanted to participate in the survey but are currently practicing music therapy outside the United States. The purpose of this study was to address the experiences of music therapists who have studied music therapy in the United States and are currently working in the United States, but it might have been useful to open up the survey to non-native English-speaking

therapists who practice in other countries as well.

Implications for Education and Training

The majority of the participants had positive experiences in academic settings and in clinical training. This is great news for U.S. training programs. However, given the contradictory findings (i.e., feeling self-conscious about their accent while feeling confident in sessions), clinical training programs might consider alternatives such as additional supervisory meetings about concerns international students might experience during the sessions that local students might not have experienced (Lin, 2014). Universities and clinical sites seem culturally sensitive to international students, which might lead respondents to have positive experiences both in academic and clinical settings. It is important for university and clinical supervisors to continue being aware of diversity and cultural otherness so that they can help international students with the learning process and obtaining additional peer supports. For example, discussing music therapy techniques in their native language could lead students to feel more relaxed and secure (Lin, 2014). This supportive system leads to a positive attitude toward music therapy.

Conclusion

The purpose of this research was to illuminate non-native English-speaking music therapists' trends and attitudes toward a language barrier affecting their authentic presence in music therapy sessions. The study resulted in three major findings: English is not necessarily a language barrier; the respondents use music interventions depending on the clients' goals; and the respondents are sensitive to the clients' cues (e.g., body language, facial expressions) so they can facilitate the therapeutic process in a second language.

This research began with the expected premise that the majority of the respondents would consider speaking English as a barrier to their practice and that this language barrier may influence their authentic therapeutic presence. This was based on my personal experiences as a non-native English-speaking music therapist. However, most respondents answered that the language barrier does not influence their therapeutic presence. The data showed that a greater number of respondents stay true to themselves and successfully build rapport with clients in a second language. As a postpositivist, I acknowledge that English is not necessarily a language barrier, although personally, as a non-native English-speaking music therapist, I am sometimes self-conscious about speaking a second language, especially in professional settings. As of now, my clinical practice has been in training settings and I have not yet worked as a professional. These findings give me hope for my future as a new music therapist in the United States.

References

American Music Therapy Association. (2020a). *A career in music therapy*.

<https://www.musictherapy.org/careers/employment/>

American Music Therapy Association. (2020b). *What is music therapy?*

<https://www.musictherapy.org/about/musictherapy/>

Bruscia, K. E. (1987). *Improvitational models of music therapy*. Charles C. Thomas Publishers.

Bruscia, K. E. (2013). *Defining music therapy*. Barcelona.

Creswell, J., & Creswell, D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage.

Curtis, S. (2016). Survey research. In B. Wheeler & K. Murphy (Eds.), *Music therapy research* (3rd ed., pp. 659-674). Barcelona.

Feiner, S. (2019). A journey through internship supervision revisited: Roles, dynamics, and the phases of the supervisory relationship. In M. Forinash (Ed.), *Music therapy supervision* (2nd ed., pp. 157-176). Barcelona.

Foss, K. A., & Reitzel, A. C. (1988). A relational model for managing second language anxiety. *TESOL Quarterly*, 22(3), 437-454. <https://doi.org/10.2307/3587288>

Geller, S., & Greenberg, L. (2011). *Therapeutic presence: A mindful approach to effective therapy*. American Psychological Association.

- Gross, E., & Young, L. (2014). Canadian music therapists' perspective on the current state of music therapy as a profession in Canada. *Canadian Journal of Music Therapy, 15*(2), 217-234.
- Guerrero, N., Marcus, D., & Turry, A. (2015). Nordoff-Robbins music therapy. In B. Wheeler (Ed.), *Music therapy handbook* (pp. 320-345). Guilford.
- Hiller, J. (2016). Epistemological foundations of objectivist and interpretivist research. In B. Wheeler & K. Murphy (Eds.), *Music therapy research* (3rd ed., pp. 470-546). Barcelona.
- Hsiao, F. (2011). From the ideal to the real world: A phenomenological inquiry into student sojourners' reentry adaptation. *Journal of Music Therapy, 48*(4), 420-439.
- Kennedy, R., & Scott, A. (2005). A pilot study: The effects of music therapy interventions on middle school students' ESL skills. *Journal of Music Therapy, 42*, 244-261.
- Kim, D. M. (2010). Towards musical individuation: Korean female music therapists' experiences in the Nordoff-Robbins Music Therapy certification training. *The Arts in Psychotherapy, 37*(5), 353-362. <https://doi.org/10.1016/j.aip.2010.09.005>
- Kim, H. Y. (2011). International graduate students' difficulties: Graduate classes as a community of practices. *Teaching in Higher Education, 16*(3), 281-292. <https://doi.org/10.1080/13562517.2010.524922>
- Leung, H. A., Wilson, L. B., Roth, A. E., & Smith, S. D. (2014). The re-entry experiences of

international music therapy professionals from the Asia Pacific Rim area. *The Australian Journal of Music Therapy*, 25, 45-65.

Lin, Y. (2014). Understanding the benefits of an Asian music therapy student peer group. *The Australian Journal of Music Therapy*, 25, 28-44.

Ożańska-Ponikwia, K. (2011). What has personality and emotional intelligence to do with 'feeling different' while using a foreign language? *International Journal of Bilingual Education and Bilingualism*, 20(2), 102-133.

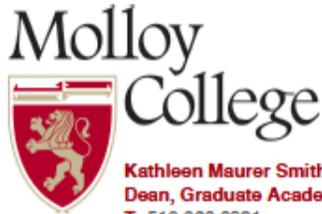
Scheiby, B. B. (2015). Analytical music therapy. In B. Wheeler (Ed.), *Music therapy handbook* (pp. 364-392). Guilford.

Schwantes, M. (2009). The use of music therapy with children who speak English as a second language: An exploratory study. *Music Therapy Perspectives*, 27(2), 80-87.

Swamy, S. (2011). "No, she doesn't seem to know anything about cultural differences!": Culturally centered music therapy supervision. *Music Therapy Perspectives*, 29(2), 133-137.

Telbis, N. M., Helgeson, L., & Kingsbury, C. (2014). International students' confidence and academic success. *Journal of International Students*, 4(4), 330-341.

APPENDIX A- IRB APPROVAL LETTER



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Kathleen Maurer Smith, Ph.D.
Dean, Graduate Academic Affairs
 T: 516.323.3801
 F: 516.323.3398
 E: ksmith@molloy.edu

DATE: December 4, 2020

TO: Kohei Mori
FROM: Molloy College IRB

PROJECT TITLE: [1688764-1] The Impacts of Language Barriers in Music Therapy
REFERENCE #:
SUBMISSION TYPE: New Project

ACTION: DETERMINATION OF EXEMPT STATUS
DECISION DATE: December 4, 2020

REVIEW CATEGORY: Exemption category # (2)

Thank you for your submission of New Project materials for this project. The Molloy College IRB has determined this project is EXEMPT FROM IRB REVIEW according to federal regulations. However, exempt research activities are subject to the same human subject protections and ethical standards as outlined in the Belmont Report.

This acknowledgement expires within three years- unless there is a change to the protocol.

Though this protocol does not require annual IRB review, the IRB requires an annual report of your exempt protocol (Expedited and Exempt Research Protocol Annual Report Form) which is available on the IRB webpage.

If there is a proposed change to the protocol, it is the responsibility of the Principal Investigator to inform the Molloy College IRB of any requested changes before implementation. A change in the research may change the project from EXEMPT status and requires prior communication with the IRB.

We will retain a copy of this correspondence within our records.

If you have any questions, please contact Patricia Eckardt at 516-323-3711 or peckardt@molloy.edu. Please include your project title and reference number in all correspondence with this committee.

Sincerely,

Patricia Eckardt, Ph.D., RN, FAAN
 Chair, Molloy College Institutional Review Board

APPENDIX B- SURVEY INSTRUMENT
The Influences of Language Barriers in Music Therapy

This survey aims to illuminate the influence of language barriers on music therapists' authentic presence in music therapy sessions.

Definition: For the purpose of this research, the phrase "language barrier" is used as a reference for music therapists who conduct music therapy sessions in a language that is not their native language.

Consent: Thank you for your interest in participating in this study. Your completion of the survey is understood as your consent to participate in this study. Responses are collected anonymously and will remain confidential. Should you choose not to participate in the study, simply exit the survey at any time and your responses will not be saved.

1. Which statement best describes you?

I am Male

I am Female

I prefer not to identify

2. Which category best describes your age range?

23-29 years

30-39 years

40-49 years

50-59 years

over 59 years

3. What is your country of origin?

Your answer

4. In which areas in the United States do you currently practice as a music therapist?

Northeast

Southeast

Midwest

Southwest

West

Other:

5. Which languages do you speak at home?

Your answer

6. What is your highest level of education?

Bachelors (music therapy)

Masters (music therapy)

Doctorate (music therapy)

Masters (outside of music therapy)

Doctorate (outside of music therapy)

7. Which countries did you receive your music therapy training?

Your answer

8. Have you completed advanced models of music therapy training? Please check all that apply

No, I have not

GIM (The Bonny Method of Guided Imagery and Music)

VP (Vocal Psychotherapy)

AMT (Analytical Music Therapy)

NRMT (Nordoff-Robbins Music Therapy)

NMT(Neurologic Music Therapy)

Other:

9. How many years have you worked as a music therapist in the United States?

1-2 years

2-3 years

3-4 years

4-5 years

10. How many hours per week do you work on your site?

less than 1 hour

1-8 hours

9-29 hours

30-40 hours

over 40 hours

11. Which age groups do you work with? Please check all that apply

Toddlers

Children

Adolescents

Adults

Older adults

Other

12. Which clinical groups do you work with? Please check all that apply

Medical

Intellectual Disability

Neuro-Developmental Disability

Mental health

Other:

Music therapists use musical skills to varying degrees depending on the following approaches:

Music as therapy: Music is the essential medium of communication and interaction to build a therapeutic relationship.

Music in therapy: Music is not the primary role, but used to facilitate therapeutic change.

13. In your work, do you primarily use music as therapy or in therapy? (If you use both of them, please choose the one you rely on more)

Music as therapy

Music in therapy

Using the following scale, please respond to the following statements:

0. N/A 1. Never 2. Sometimes 3. Most of the time 4. Always

14. In my academic studies, I felt accepted by my peers

1 Never

2 Sometimes

3 Most of the time

4 Always

15. In my academic studies, I felt accepted by my professors

1 Never

2 Sometimes

3 Most of the time

4 Always

16. In my clinical practice, I feel accepted by my clinical supervisors (Please choose N/A if you do not have a clinical supervisor)

0 N/A

1 Never

2 Sometimes

3 Most of the time

4 Always

17. When I work in a group setting, I feel confident (Please choose N/A if you do not work in a group setting)

0 N/A

1 Never

2 Sometimes

3 Most of the time

4 Always

18. When I work in an individual setting, I feel confident (Please choose N/A if you do not work in an individual setting)

0 N/A

1 Never

2 Sometimes

3 Most of the time

4 Always

19. When I use verbal techniques in therapy sessions, I feel confident

1 Never

2 Sometimes

3 Most of the time

4 Always

20. I feel worried that my clients don't understand what I say

1 Never

2 Sometimes

3 Most of the time

4 Always

21. I feel worried that I don't understand what my clients say

1 Never

2 Sometimes

3 Most of the time

4 Always

22. When I talk with my client in English in our sessions, I feel like I'm a different person

1 Never

2 Sometimes

3 Most of the time

4 Always

23. When my native language is used in our sessions, I feel more confident (Please choose N/A if you have not used your native language in your session)

1 Never

2 Sometimes

3 Most of the time

4 Always

24. I am self-conscious about how my accent is perceived by my clients

1 Never

2 Sometimes

3 Most of the time

4 Always

25. I am self-conscious about how my accent is perceived by the caregivers of my clients

1 Never

2 Sometimes

3 Most of the time

4 Always

26. I am self-conscious about how staff members evaluate my skills as a therapist

1 Never

2 Sometimes

3 Most of the time

4 Always

27. Which method do you utilize the most in your sessions?

Re-creative

Receptive

Composition/Songwriting

Improvisation

Other:

28. In your experience, What is the most important factor for facilitating a therapeutic relationship with a client in a second language (English)?

Your answer

29. Have you ever considered going back to your home country to practice in your native language?

Yes

No

30. Do you think providing music therapy in a second language (English) influences your authenticity as a therapist?

Yes

No

APPENDIX C – INVITATIONAL EMAIL / CONSENT FORM



Dear Board- Certified Music Therapist,

My name is Kohei Mori, and I am a music therapy master's student at Molloy College. I am conducting a survey to illuminate non-native English-speaking music therapists' trends and attitudes toward a language barrier. Further, I hope to illuminate any potential effects of language barriers on music therapists' authentic presence in music therapy sessions. For the purpose of this research, the phrase "language barrier" is used as a reference for music therapists who conduct music therapy sessions in a language that is not their native language.

The title of this research is as follows: The Influences of Language Barriers in Music Therapy.

The research questions guiding this research are as follows: 1) Does a language barrier influence music therapists' authentic presence with their clients? 2) What are the most common approaches to cope with a language barrier while creating a therapeutic rapport? and 3) What are the important factors for non-native English-speaking music therapists in facilitating the therapeutic process in a second language (English) with clients?

Study results are intended to enhance awareness about minority music therapists who practice in a second language as well as be resources for educators and clinical advisors.

You are eligible to participate in this study if you meet the following criteria:

You are a non-native English speaker

You are a board-certified music therapist (MT-BC) who is currently practicing in the United States

You have practiced music therapy in the United States for at least a year

You have practiced music therapy in the United States for a maximum of 5 years

You will not be compensated for taking part in this study. Your participation is voluntary. If you decide to participate, you will be asked to fill out a web-based survey, which should take approximately 15 minutes to complete. The survey addresses the following topics: demographics, the experience of receiving music therapy training in a second language, the experience of providing music therapy in a second language, and the most common therapeutic interventions used with the clients. There are no perceived risks to participating in this study. The researcher will be the only one to access the data and your responses will be collected anonymously. By completing the survey, you consent to participate in this study.

If, after beginning the survey, you decide that you do not wish to continue, you may stop at any time. If you do not complete the survey, your responses will not be used. If you have any questions prior to or during the study, you may contact Kohei Mori at kmori@lions.molloy.edu or Amanda MacRae (faculty advisor) at amacrae@molloy.edu.

If you wish to receive the results of the study, please contact Kohei Mori. Thank you in advance for your participation and assistance in this research project.

Sincerely,
Kohei Mori, MT-BC
Master's of Music Therapy candidate