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The Use of Music Therapy with Non-English Speaking Older Adults

Capstone Thesis

Lesley University

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Music Therapy

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Abstract

This study explores the unique challenges associated with language barriers and cultural adaptation by immigrant older adult populations, especially non-English speaking individuals aged 65 and older, in English-speaking environment, and explores what music means as a communication tool beyond cultural and language barriers. The researcher addresses three big topics which include the challenges faced by non-English speaking older adults, the role of music therapy in addressing language barriers, and music therapy with non-English speaking older adults. The researcher sought to answer the following question: What does the academic scholarship on music therapy as a form of nonverbal expression say about its efficacy with immigrant older adult populations?

Keywords: music therapy, older adult, immigrants, multiculturalism, nonverbal, community setting, social isolation, depression, language barrier, cultural barrier

Author Identity Statement: The author identifies as a female international student from South Korea.

The Use of Music Therapy with Non-English Speaking Older Adults

Music is a language that doesn't speak in particular words. It speaks in emotions, and if it's in the bones, it's in the bones.

Keith Richards, *According to the Rolling Stones* (2003)

Introduction

Older immigrants, specifically individuals aged 65 or older (National Institute of Health, 2024), who do not speak English in an English-speaking environment, face unique challenges related to language barriers and cultural adaptation (Baker & Grocke, 2009; Gadberry, 2014; Hadar, 2022; Ip-Winfield & Grocke, 2011; Kang, 2022; Kim & Gorman, 2021; Mui & Kang, 2006; Park, 2021). Immigrant populations often experience psychological distress such as anxiety, depression, and isolation due to their difficulties in transitioning into the new environment (Mui & Kang, 2006). Unfortunately, many immigrants who require mental health care services encounter barriers to access due to cultural and linguistic differences, which can lead to low levels of life satisfaction (Chow, 2011; Huynh et al., 2011). These differences often cause a noticeable gap between immigrants and mental health care providers. It then increases feelings of isolation and frustration, impeding effective communication and engagement in treatment (Chow, 2011).

Deering (2023) highlighted the severity of these challenges, revealing that 35% of patients experience difficulties with medications, 65% of patients suffer from limited access to healthcare due to linguistic barriers, and language barriers contribute to detectable physical harm in over 49% of patients. As a result, immigrants face significant challenges in navigating the healthcare system and obtaining appropriate care (Chow, 2011; Ponce et al., 2006; Vang et al., 2023). Furthermore, while English proficiency represents a crucial role in acculturation in

American society (Ponce et al., 2006), learning a new language is incredibly challenging for senior adults (Nilsson et al., 2021). The combination of age-related cognitive decline and complex language learning characteristics add to the challenges faced by immigrant older adult populations seeking mental health care services (Ponce et al., 2006). This emphasized the importance of music therapy as a form of mental health care service provided to immigrant older adult populations, especially living within communities, in bridging the gap of communication and overcoming language barriers (Koelsch, 2014). Music therapy's ability to transcend linguistic boundaries and evoke emotion highlighted its potential to foster meaningful connections and address psychological distress among older adults who do not speak English (Koelsch, 2014; Préfontaine, 1997).

Music has been recognized as a powerful tool of communication throughout human history and culture (Andriamasy, 2023; Baker & Grocke, 2009; Bower, 2009; Clements-Cortés, 2019; Frid et al., 2022; Gadberry, 2014; Ip-Winfield & Grocke, 2011; Murphy, 1983; So, 2019; Silverman, 2008; Stige, 2002; Suh, 2022; Vuoskoski et al., 2017). Andriamasy (2023) emphasized that music should be considered a universal language for many reasons, the biggest being its ability to transcend diversity barriers. However, Abel (2022) reports that music and language are different kinds of art. They mention that while language can directly express concepts and convey meaning, music is seen as nonverbal and acts as an abstract expression.

The main objective of this research project is to closely examine the existing body of literature on the use of music to convey thoughts, emotions, and feelings, particularly its role in facilitating music therapy for older adult individuals who are not proficient in the English language. Adopting a systematic approach, I review existing literature, including various scholarly sources, journals, and relevant books. These keywords are used to ensure a

comprehensive exploration of the topic: “older adult,” “elderly,” “music therapy,” “cultural difference,” “nonverbal,” “language barrier,” “improvisation,” “immigrants,” “communication,” “cross-cultural,” “multicultural,” “culture,” “expressive arts therapy,” “senior adult,” “mental health,” and “music.” The keywords in this selection have been carefully chosen to cover a diverse range of research about music therapy, expressive arts therapy, and how they can effectively address the challenge of language barriers.

The review process involves critical analysis and synthesis of scholarly findings, emphasizing the intersection of music therapy and communication in older adults living in multicultural settings. I focus on providing insight into potential areas of study, identifying gaps in existing research, and providing recommendations for future research, with an emphasis on the application of music therapy to address the unique challenges faced by older adults who do not speak English.

I aim to answer the following question: What does the academic scholarship on music therapy as a form of nonverbal expression say about its efficacy with immigrant older adult populations?

Literature Review

Challenges Faced by Non-English Speaking Older Adults

I imagine that in a country where English is the main spoken and used language, such as the United States of America, one may feel isolated or disconnected from their culture and identity can be a common challenge. The challenge is further exacerbated by a phenomenon known as the “perpetual foreigner” stereotype (Huynh et al., 2011), where immigrants, regardless of their length of residence or citizenship status, are perceived as outsiders in their adopted country (Huynh et al., 2011; Zemba & Mehrotra, 2023). Continuously feeling like an outsider can deeply affect immigrants’ sense of belonging and integration, increasing their

feelings of isolation and separation from their cultural heritage (Huynh et al., 2011; Mui & Kang, 2006; Park, 2021; Vang et al., 2023). The language barrier further worsens these difficulties, leading to missed opportunities for communication and access to crucial resources (Huynh et al., 2011). Expanding on these challenges, the “perpetual foreigner” stereotype has severe implications for the mental health of individuals who do not speak English beyond cultural and social integration (Huynh et al., 2011). According to Huynh et al. (2011) and Chow (2011), individuals who are more aware of these stereotypes tend to report higher levels of depression and lower levels of hope and life satisfaction. This highlighted the complex interplay between immigrants’ sociocultural perceptions and mental health (Vang et al., 2023). In addition, the inability of non-English speaking older adults to access and utilize their privileges and rights as citizens can have profound social and economic consequences (Vang et al., 2023). As a result, essential health services may be taken away, and existing gaps in healthcare access and outcomes may be exacerbated. Such institutional barriers compound the difficulties these individuals face and perpetuate the cycles of social and economic disadvantage (Chow, 2011; Kim et al., 2020; Ponce et al., 2006; Vang et al., 2023; Zemba & Mehrotra, 2023).

Deering (2023) identified healthcare inequities resulting from language barriers. Deering pointed out that individuals proficient in languages other than English often received substandard care as a result of challenges in conveying medical information, leading to instances of misdiagnosis. This not only highlighted the severe impact that language barriers have on the accessibility and quality of healthcare but also raises concerns about the overall effectiveness and appropriateness of the medical care provided to individuals who do not speak English (Deering, 2023). If individuals do not effectively convey information to healthcare providers, it may lead to misinterpretations and mistakes in determining diagnoses and providing treatment, ultimately

leading to unsatisfactory results for the patient (Deering, 2023). Moreover, Ponce et al. (2005) highlighted that the implications of inadequate treatment and misdiagnosis extend beyond individual patients to affect more comprehensive healthcare systems and overall outcomes. The lack of appropriate attention and support for non-English speaking individuals in healthcare settings may result in reduced levels of quality and satisfaction, further increasing the imbalance of healthcare services and health outcomes. The findings emphasize the pressing necessity for implementing interventions that specifically target language barriers and foster a deep understanding of various cultures within medical environments, in order to guarantee fair and equal access to high-quality healthcare services for all individuals, irrespective of their linguistic or cultural backgrounds (Deering, 2023; Hadar, 2022; Ponce et al., 2005).

Furthermore, immigrant older adult populations face unique, more difficult, challenges that come from language barriers and cultural adaptation (Vang et al., 2023, Zemba & Mehrotra, 2023). The need to adopt a new language or culture later in life, when their identity and cultural identity have already been established, can exacerbate feelings of social alienation and disconnection, potentially increasing psychological pressure for this population (Chow, 2011). They may experience additional psychological pressure because of their dependence on family members who can speak English (Zemba & Mehrotra, 2023). Moreover, their reliance on family members or caregivers who are proficient in English further complicates their integration process, as it may foster a sense of dependence and limit their autonomy in navigating everyday interactions and tasks (Chow, 2011). Thus, immigrant older adult populations might face unique obstacles in accessing critical services, building social relationships, and maintaining a sense of belonging in their adopted communities (Huynh et al., 2011). In a non-major language environment, it is important to understand and address these challenges in order to establish

customized interventions and support systems that meet the diverse needs of immigrant older adult populations (Hadar, 2022).

The Role of Music Therapy in Addressing Language Barriers

According to the American Music Therapy Association (2005), music therapy is an approach to therapy that uses music to address the physical, emotional, cognitive, and social requirements of individuals; Préfontaine (1997) states that the musical techniques used in music therapy help open a new communication channel. Music therapy provides a method for facilitating communication with individuals who encounter challenges in verbally articulating their thoughts (Andriamasy, 2023; Baker & Grocke, 2009; Clements-Cortés, 2019; Frid et al., 2022; Gadberry, 2014; Ip-Winfield & Grocke, 2011; Murphy, 1983; So, 2019; Silverman, 2008; Stige, 2002; Suh, 2022; Vuoskoski et al., 2017). Music serves as a universal language that transcends linguistic barriers, offering a nonverbal means of expression for those who may struggle to articulate themselves verbally (Andriamasy, 2023; Gadberry, 2014; Ip-Winfield & Grocke, 2011; Silverman, 2008). Music therapists create a supportive setting for individuals to engage with music, promoting communication, interpersonal connection, and the exploration of internal experiences through personalized interventions (Préfontaine, 2006). The interventions include activities such as listening, singing, improvisation, and playing musical instruments, all utilizing rhythm, melody, and harmony strategically to support therapeutic goals (Préfontaine, 2006). Multiple research studies have provided support for the efficacy of music therapy as a means of nonverbal communication (Baker & Grocke, 2009; Bower, 2009; Carroll et al., 2013; Frid et al., 2022; Gadberry, 2014; Hadar, 2022; Ready, 2016; Silverman, 2008). Nonverbal communication through gestures, facial expressions, eye contact, and spatial behavior is important for effective message exchange and mutual comprehension among individuals

(Silverman, 2008). These complements serve to enhance verbal communication in therapy by offering supplementary avenues for expression and connection. Music therapists utilize various music therapy techniques to enhance nonverbal communication cues in order to support cognitive stimulation and social interaction (Baker & Grocke, 2009; Bower, 2009; Carroll et al., 2013; Gadberry, 2014; Hadar, 2022; Ready, 2016; Silverman, 2008). These techniques include drum circles, song writing, lyric substitution, and among others (Bower, 2009; Gadberry, 2014; Murphy, 1983; Ready, 2016; Suh, 2022).

In addressing language barriers, music therapy provides a unique and effective approach by utilizing the communicative abilities of music (Baker & Grocke, 2009; Bower, 2009; Carroll et al., 2013; Gadberry, 2014; Hadar, 2022; Ready, 2016; Silverman, 2008). By offering a nonverbal medium of expression, individuals experiencing difficulties in linguistic communication due to language restrictions can still engage in meaningful therapeutic experiences. Silverman (2008) explains that nonverbal medium “provides clients the opportunity to explore themselves in unique ways they had previously been unaware of, thus minimizing communication deficiencies” (page 8), such as through singing, musical movement, and playing instruments. For example, Gadberry (2014) emphasized the drums' essential and influential role within a diverse and inclusive cultural environment. The researcher interviewed the therapist who traveled from the United States of America to Ecuador and provided music therapy services for one month. During the interview, the author made the discovery that the drum played a crucial role in enhancing the effectiveness of music therapy sessions by increasing client engagement and fostering a strong rapport with them. The primary objective of music therapy involves establishing a secure and nurturing space in which individuals can feel comfortable expressing and delving into their thoughts, emotions, and personal experiences by utilizing

therapeutic methods centered around music (Bower, 2009; Gadberry, 2014; Suh, 2022). In that sense, using drums is a great way to express themselves through a nonverbal method.

One big aspect of music therapy is improvisation. Improvisation helps clients express their inner selves in a safe and supportive environment, allowing them to express emotions and experiences through activities like listening, singing, and improvisational play (Clements-Cortés, 2019; Suh, 2022). The Nordoff-Robbins Music Therapy (NRMT) model is a representative creative music therapy approach that stems from the belief that all people have the ability to improvise (Aigen, 2014; Clements-Cortés, 2019). NRMT emphasized the idea that all individuals, regardless of their background or abilities, have an inherent connection to music (Clements-Cortés, 2019). The concept of the “music child” is central to the NRMT model, emphasizing the inherent musicality present in all individuals, regardless of their abilities or diagnoses (Clements-Cortés, 2019). This premise suggests that each person possesses an innate ability to respond to music and communicate with their surrounding environment through musical experiences. Children who listen to music embody a state of openness and receptivity towards themselves, others, and the world, enabling individuals to fully explore their cognitive and expressive abilities (Clements-Cortés, 2019). In contrast, “conditioned child” represents learned responses and behaviors influenced by external factors. Through improvisational music making, Nordoff and Robbins propose transcending the “conditioned child” to allow individuals to access their innate musicality and experience true self-expression (Aigen, 2014; Clements-Cortés, 2019). In the NRMT model, collaborative therapists work together to facilitate musical experiences that support clients in exploring new ways to engage with the world. According to Aigen (2014), these experiences act as opportunities for individuals to develop a “new self” by utilizing their innate musical potential, while also encouraging personal growth and self-

discovery by breaking free from the constraints of “conditioned child.” Through improvisation, individuals can elicit their current emotional state through nonverbal musical techniques, such as music movement and shared musical experiences.

Murphy states:

Listening to each other and responding appropriately through each improvisation pattern is analogous to reality testing. Is the group together? Are the dynamics varied and pleasant to the ear? Is there a line or shape to the music? Can each group member stay with the leader of the pattern until a musical line develops? (1983, p. 56)

The reality test described in this article refers to the process by which group members, especially those participating in music therapy sessions, face and evaluate their expectations and behaviors within the context of group dynamics. It includes investigating whether individual expectations are consistent with the reality of the situation and whether individual behavior is conducive to positive social interactions and group cohesion (Murphy, 1983). In other words, during musical improvisation, music becomes a nonverbal language that dominates the session, allowing clients to call out their “music child” to help them focus on the present, respond to the music, and experience connections with others (Aigen, 2014; Clements-Cortés, 2019; Murphy, 1983)

According to Koelsch (2014), music triggers engagement in social functions; hence, musical activity is directly related to the fulfillment of basic human needs, such as communication, cooperation, and social attachment. It is likely that supporting social functions was an important adaptive function of music in human evolution (Bower, 2009). Furthermore, the rhythmic and melodic elements of music serve as a bridge for communication, enabling individuals to convey their thoughts and emotions without solely relying on language. Through synchronized beats and harmonious rhythms, participants not only express themselves but also

forge a sense of unity and belonging, transcending linguistic and cultural differences (Aigen, 2014; Baker & Grocke, 2009; Gadberry, 2014; Ip-Winfield & Grocke, 2011; Bower, 2009; Koelsch, 2014; Suh, 2022; Vuoskoski et al., 2017).

Bower (2009) emphasized the significance of music therapy in relation to the brain's reaction to music and social interactions. They highlighted that listening to music triggers intricate neurological circuits in the brain. Music elicits broad activation in cortical and subcortical areas of the brain, which plays a crucial role in understanding the impact of music on human social interactions (Bower, 2009; Vuoskoski et al., 2017). Bower (2009) states that the brain is crucial in the processing of music as it manages musical stimuli received through the auditory system, thereby engaging cognitive functions and our emotions via neurological pathways. An illustration of this can be seen in the processing of music within the auditory cortex, where various components of music undergo analysis and interpretation. At the same time, music stimulates the limbic system, a brain region implicated in emotional processing and memory, illustrating a significant correlation between emotional responses and musical experiences. This neural activity is significant in comprehending the influence of music on human social capabilities. The nature of music, which activates various areas of the brain, makes the process of communicating and connecting with others through music richer and more meaningful. As Bower (2009) and Vuoskoski et al. (2007) demonstrate, music plays a role in integrating brain activity and social interaction harmoniously. This comprehensive approach is necessary to understand the diverse influences music exerts on human existence and interpersonal connections. The impact of music on human social interactions is demonstrated through its neurological effects that music has on the human brain, highlighting its significance in fostering connections among individuals who speak different languages.

Music Therapy with Non-English Speaking Older Adults

It is to consider multiple factors during music therapy sessions with older adult clients who do not speak English. First and foremost, the music therapist should take into account the cultural backgrounds (Baker & Grocke, 2009; Ip-Winfield & Grocke, 2011; Stige, 2002). Baker and Grocke (2009) emphasized the importance of music repertoire, including songs from different historical periods, while Ip-Winfield and Grocke (2011) investigated the wider range of cross-cultural music therapy, especially the importance of music choices to recall clients' memories to singing or listening to music. Furthermore, Ip-Winfield and Grocke (2011) pointed out that using song writing for multicultural populations is unsuitable because it is difficult to speak due to language barriers and memory issues that are common among older adult clients. Overall, these researchers highlighted the significant impact of music selections in building rapport and facilitating meaningful relationships with clients from diverse cultural backgrounds.

Stige states:

We therefore need to go beyond “culturalism,” the assumption that culture is an important factor. This assumption – as relevant as it sounds – usually is based upon the idea of culture as a coat that we may take off. I suggest that culture is deeper than that; it is ways of relating to the world, consciously and unconsciously, with and through other... Without culture there would be an extremely limited social life and communication (2002, p. 18).

Stige (2002) emphasized the significance of culture in shaping human values, focusing on its importance as a crucial element of social interactions. The author highlighted the substantial influence of culture in shaping a multitude of aspects in our lives, such as beliefs, values, behaviors, social interactions, language, arts, and music. This aspect is especially important to consider for older adult individuals who are not proficient in English, as their cultural values may

be more deeply rooted than anticipated. Stige discovered the culture-centered music therapy approach and emphasized the important connection between culture and humanity.

Stige stated:

Culture is therefore part of what makes us human...culture is what happens when people spend time together; they act and they interact, they produce artifacts and they use artifacts (2022, p. 55).

Stige (2020) emphasized the interdependence of music therapy and culture, as culture is intrinsic to humanity, and music therapy is designed for all of humankind. Additionally, they pointed out that the effectiveness of music therapy could be influenced by the level of respect exhibited by the music therapist towards the cultural backgrounds of their clients. In other words, the development and gathering of cultural knowledge regarding oneself and the world is a significant concern to be taken into account during the music therapy process. Moreover, they propose that cultural sensitivity can enhance social interconnectedness by fostering communication and mutual understanding among diverse cultural groups through “musicking” (Stige, 2020, p. 94-97).

Christopher Small proposed the word “musicking”:

to music is to take part, in any capacity, in a musical performance, whether by performing, by listening, by rehearsing or practicing, by providing material for performance (what is called composing), or by dancing (1998, p. 9)

Stige (2022) utilizes Small’s (1998) concept of musicking to argue that culturally sensitive music therapy holds promise in mitigating conflicts between diverse cultural groups, fostering mutual understanding, and forming a sense of community. This can facilitate the development of a societal environment that values and embraces cultural diversity, thereby enhancing the progress

of a more comprehensive and beneficial therapeutic approach for professionals in the music therapy field.

Therefore, the music therapist is responsible for maintaining an attitude of “positive respect” that embraces and values the diverse cultural perspectives and viewpoints expressed by clients during therapy sessions (Préfontaine, 2006). In other words, the significance of fostering empathy towards clients (Vuoskoski et al., 2016). These sessions, which focus on empathy, serve as a platform for the confluence of varied cultural perspectives, facilitating opportunities for mutual understanding. Achieving effective intercultural communication involves acknowledging and integrating a range of diverse cultural perspectives. Following this, the space will be modified to create a secure and inviting environment that recognizes the unique cultural identities of individuals, aiming to promote effective collaboration in the field of music therapy. This could potentially affect the clients’ feelings of belonging and cohesion (Stige, 2002). According to Vuoskoski et al. (2016), it has been emphasized in the literature that simply listening to music representing diverse cultural backgrounds can promote empathy in clients. This indicates that empathy can be developed by choosing music based on the client’s cultural background, without the need for specialized methods or procedures (Baker & Grocke, 2009; Vuoskoski et al., 2016). Music therapy can facilitate a sense of connection among clients by allowing them to communicate their cultural identities and transcend language barriers (Baker & Grocke, 2009; Bower, 2009; Gadberry, 2014; Hadar, 2022; Ip-Winfield & Grocke, 2011; Stige, 2022).

Current State of Research

Many researchers have researched the music therapy approach to solve the communication barrier (Aigen, 2014; Baker & Grocke, 2009; Bower, 2009; Clements-Cortés,

2019; Gadberry, 2014; Hadar, 2022; Ip-Winfield & Grocke, 2011; Koelsch, 2014; Miloš & Katušić, 2021; Préfontaine, 2006; Ready, 2016; Silberman, 2008; Stige, 2022). I conducted a review of research published from 2020 to 2024, focusing on the keywords “music therapy” and “multicultural centers” at the Lesley University library. A total of 2,673 results were retrieved pertaining to the topic of music therapy in cultural diversity. Additionally, 22,797 results were found for the keywords “music therapy” and “older adults or elderly.” Upon inclusion of the keywords of “multicultural centers,” the studies yielded a total of 1,335; however, the findings did not align with the themes of multiculturalism, diversity, or language barriers.

There is a limited amount of research available on the intersection of music therapy and multicultural centers. Despite encountering a research study conducted by Baker & Grocke in 2009, the study primarily examines the repertoire within music therapy among individuals aged 60-75 years from diverse backgrounds, it is evident that there remains a deficiency in knowledge concerning the utilization of music therapy for the older adult population. Nevertheless, these constraints do not signify the termination of the examination of the possible application of music therapy. Moreover, it can also be viewed as an opportunity to highlight the significance and potential of music therapy for immigrant older adult populations. Additional research and investigation were warranted regarding the potential applications of music therapy in enhancing the well-being and quality of life among the population. These studies aim to enhance our comprehension of the impact of music therapy on the physical, emotional, social, and cognitive aspects of older adults. Furthermore, it was crucial to conduct research on the application of music therapy for older adults from diverse cultural backgrounds, especially those who do not speak English. These studies are anticipated to enhance comprehension of the impact of music therapy and improve the efficacy of treatment for older individuals.

Implications for Practice and Future Research

Hadar (2022) shared their experience in multicultural-based music therapy sessions in the United States with non-English speakers. They also introduced one of the lecture practices with the students for the music therapy session; one student plays the role of a non-English speaker client, and the other student plays the role of a therapist who speaks native English. This study was significant because many music therapy programs teach the things needed to be a music therapist, such as empathy, open-mindedness, and respect. However, in terms of musical technique, many instructors talk about American folk songs, blues, classical music, and Western cultural music. It is limited for multicultural groups because the music they grew up with is very different.

Furthermore, music therapy is seen as an effective method for overcoming communication obstacles and promoting interpersonal relationships. By actively working to support linguistic diversity and improve cultural responsiveness in educational programs, the field can maintain principles of inclusivity and accessibility (Stige, 2002). By promoting linguistic diversity, music therapy facilitates communication and fosters inclusivity and equity within the broader therapeutic domain. Music therapy programs in the United States offer students valuable opportunities to acquire a deep understanding and proficiency in using music therapy techniques to address diverse situations. Programs place emphasis on cultural competency, effective communicative competence, and a capacity for adaptive creativity to enhance students' ability to engage in effective communication with various groups. Nevertheless, there are notable deficiencies within the curriculum concerning the utilization of music therapy in multicultural environments and the choice of suitable music for these settings. While students receive education on respecting and embracing diverse cultures, there is a notable

absence of focus on strategies for addressing language barriers and selecting culturally appropriate music. Curriculums emphasize techniques that utilize music as a tool for communication and expression for individuals with verbal communication difficulties stemming from disabilities, instead of directly tackling language barriers. This exclusion is worrying, especially considering the varied linguistic environment in the United States. It is crucial to acknowledge that individuals facing linguistic challenges can also experience significant advantages from the utilization of music therapy interventions. The lack of specific education in this field could lead to continued issues with the availability and standard of care given. Music therapy programs need to extend their focus to incorporate methods for effectively addressing language barriers and promoting cultural sensitivity in their work. By including educational modules that aim to provide students with the necessary skills and knowledge necessary to navigate linguistic diversity, these programs can ensure the inclusive and accessible provision of music therapy to all individuals, regardless of their language background. The utilization of linguistic diversity within music therapy has been shown to improve the effectiveness of mediation techniques and promote values of equity and inclusivity within the discipline.

Personal Experience Related to the Literature Review

Reflecting on personal experiences, during my last year of graduate school, I had the exceptional opportunity to intern at a multicultural independent housing community setting for older adults. The residents came from various cultural backgrounds, including Russian, Chinese, Japanese, Arab and Korean. I worked 3 days a week, ran groups for Korean speakers once a week for 1 hour, and held open sessions for every resident twice a week for 2 hours. Both sessions were expressive arts therapy sessions, but the open session was for those with dementia.

When I started the internship, I initially witnessed the challenges of the open session due to the language barrier. The clients had a problem with most of the instructors because the instructors spoke only English, but the clients who regularly attended the sessions spoke only Cantonese Chinese. When I had an opportunity to observe the sessions for the first few weeks, I could see the communication difficulties between the instructors and the clients in the artmaking activity. The instructor seemed to have difficulty explaining the direction of the process, and the clients were also frustrated with not understanding what the instructor said in English. However, I observed that the clients felt more safe and comfortable with the dance movement instructor at the dance movement activity which included music. Even though the dance movement instructor, like the art instructor, spoke English, the clients could easily understand the directions that the instructor gave by seeing the movement.

Likewise, during the music therapy session, the instructor gave each participant was provided with an egg shaker and instructed them to perform along to Chinese popular songs. Although the instructor did not provide explicit instructions regarding timing, the clients were able to follow her lead by observing her utilization of the egg shaker with a specific rhythm and tempo. This activity held particular importance for Chinese clients as it focused on the culture-based intervention (Baker & Grocke, 2009; Ip-Winfield & Grocke, 2011; Stige, 2002; Vuoskoski et al., 2017). Given that music serves a potent vehicle for communicating and conveying emotions within cultural contexts, clients demonstrated an enhanced capacity to delve into and connect with their cultural heritage through the songs. Furthermore, it was noted that each individual client was afforded the chance to express themselves and develop confidence by actively engaging in music, specifically by playing the instruments. Initially, the clients were unfamiliar with producing sounds through instrumental play; however, they eventually became

actively involved with the instruments. These experiences anticipated to positive impact their psychological recovery and self-discovery (Aigen, 2014).

The independent housing community provided interpretation services for Russian and Chinese. Those who needed interpretation services were accommodated with an interpreter during the therapeutic sessions. However, the other day, I observed a drama therapy session with the interpreter, and I realized that there was disconnection between the therapist and the clients. The clients seemed closer to the interpreter than the therapist. In addition, it was easy to see that the therapist was even excluded from the conversation at times between the client and the interpreter. From this situation, as Hadar (2022) suggests, it is important for the interpreter to convey the exact instructor's intentions in their native language. Still, more importantly, warm exchange and honest interaction between the therapist and the clients are essential.

Therefore, instead of having the clients communicate with an interpreter in their native language, I set up music therapy goals and plans for direct interaction with clients through nonverbal musical communication and conducted the sessions. As many studies emphasize the importance of drum as a tool of communication between language barrier (Baker & Grocke, 2009; Bower, 2009; Carroll et al., 2013; Gadberry, 2014; Hadar, 2022; Ready, 2016; Silverman, 2008), I also prepared percussions for a drum circle in the first music therapy session. I used body language, signaling the number one with my index finger, to ask them to take turns choosing one percussion each. The clients fully understood my intentions, and they decided on an instrument without hesitation. Without any explanation, I started playing the hand drum while looking around one person at a time, and they started playing with me. As time went by, I felt a significant interaction with the client, and the client also seemed connected with others. Furthermore, a client even made their own rhythm and tempo to lead others, including me. I

believe that this experience showed the importance of musical power to explore more about the nonverbal method of music therapy.

However, upon reflection, I recognize I may have unintentionally restricted the range of therapeutic methods, while I was relying on verbal intervention for the Korean group sessions. Since my mother tongue is Korean same language as the clients, I was naturally drawn only to verbal cues and explanations, overlooking the potential for nonverbal interventions to enhance the therapy experience. Due to my limited decision, I realized I may have withheld a unique opportunity to experience a new way of expression for my Korean clients. This realization led me to reevaluate my therapeutic approach and embrace alternative methods of communication that transcend language barriers. In subsequent sessions, I intentionally incorporated an improvisation approach involving instrumental playing, body percussion, and musical movement to create a more inclusive and accessible environment. During the session, I practiced focusing on the present moment by engaging in breathing exercises while listening to music for three minutes through “here and now” for opening (Miloš & Katušić (2021). The piano version of traditional Korean music without lyrics was subsequently utilized. Following this, I focused on processing emotions as the central objective. I understand that Koreans may not be used to openly expressing emotions, therefore I intentionally selected these activities. Korean culture often involves the suppression of emotions due to perceptions that expressing them is considered shameful, regardless of the intensity of emotions experienced (Park, 2021). The lack of emotional expression inhibits interpersonal communication within family members and may contribute to feelings of depression or social disconnection (Park, 2021; Kang, 2022; Zemba & Mehrotra, 2023). That is the reason why I engaged in the main activity of music therapy, where my clients developed their ability to convey emotions through musical expression.

For example, on the day centered around the theme of “anger”, the clients participated in improvisation exercises using musical instruments and music movement. Clients expressed their feelings of anger through playing the low notes on the piano with strong and rapid rhythms, while I provided accompaniment on the drum. I utilized the recording feature on my cell phone to capture the audio, listened to it with them, and subsequently engaged in expressive body movement in response to the recorded music. The primary factor contributing to their emotional distress appeared to be attributed to linguistic and cultural barriers they faced as immigrants, which they typically did not openly communicate about in their daily lives. I was appreciative of their ability to articulate their emotions through music, a form of nonverbal communication.

The literature reveals that immigrant older adult populations often experience feelings of isolation and disconnection from their cultural background (Huynh et al., 2011; Mui & Kang, 2006; Park, 2021; Vang et al., 2023). I discussed the treatment objectives for depression and anxiety related to the challenges of acculturation among individuals originating from countries outside of the United States in both the Korean and diverse groups. I have observed the significance of acknowledging unconscious bias and cultural sensitivity in the practice of music therapy, especially when engaging with diverse populations. Furthermore, this experience emphasized the importance of customizing therapeutic interventions to accommodate the specific needs and preferences of clients, as well as fostering a welcoming and inclusive environment that values a diverse range of cultural perspectives. This process has suggested the significance of music therapy in facilitating individuals to go beyond their language barrier, in order to explore the meaning of their lives by fostering a positive sense of self, as opposed to a negative one (Aigen, 2014; Miloš & Katušić, 2021).

Discussion

This study focused on the research question: What does the academic scholarship on music therapy as a form of nonverbal expression say about its efficacy with immigrant older adult populations? It provided a comprehensive exploration of the existing literature on the topic. A comprehensive review of the literature reveals that language barriers pose significant challenges for non-English speaking older adults seeking to access mental health care services. The inability to communicate effectively in the dominant language can lead to feelings of isolation, dependence, and mistreatment, which can exacerbate psychological distress in immigrant communities.

Music therapy has emerged as a promising mediation to bridge communication gaps and promote emotional expression and social participation in non-English speaking older adults (Aigen, 2014; Baker & Grocke, 2009; Bower, 2009; Clements-Cortés, 2019; Gadberry, 2014; Hadar, 2022; Ip-Winfield & Grocke, 2011; Koelsch, 2014; Miloš & Katušić, 2021; Préfontaine, 2006; Ready, 2016; Silberman, 2008; Stige, 2022). The nonverbal nature of music allows individuals to communicate and connect with others regardless of their linguistic ability, which can increase a sense of belonging and inclusion within a community.

However, although the potential of music therapy is clear, further research and practice are still needed to fully explore the benefits of music therapy for immigrant older adults. Future research should consider different music therapy mediations customized to meet immigrant communities' unique cultural and linguistic needs. Additionally, efforts to diversify musical repertoires and integrate culturally relevant practices are essential to ensure the accessibility and effectiveness of music therapy for various populations.

As a result, music therapy has great potential as a tool to promote the mental health and well-being of immigrant older adults who face language barriers. By responding to the transformative power of music, mental health professionals can create inclusive and supportive environments that respect the diverse cultural identities and experiences of immigrant communities. Through continued research and practice, music therapy can serve as a lantern of hope and healing for non-English speaking older adults navigating the complexities of language and cultural adjustment in later life.

References

- Aigen, K. (2014). Music-centered dimensions of Nordoff-Robbins music therapy, *Music Therapy Perspective*, 32(1), 18–19. <https://doi-org.ezproxyles.flo.org/10.1093/mtp/miu006>
- American Music Therapy Association (2015). What is music therapy?
<http://www.musictherapy.org/about/musictherapy/>
- Andriamasy, A. (2023). Music as an universal language for peacebuilding: A review of Counterarguments, *Journal of Ethics in Higher Education*, (2), 45–67.
<https://doi.org/10.26034/fr.jehe.2023.4022>
- Abel, M. (2018). Is music a language?: Adorno, Voloshinov and the language character of music. *Historical Materialism*, 26(4), 59–86.
<https://doi.org/10.1163/1569206X-00001616>
- Baker, F., & Grocke, D. (2009). Challenges of working with people aged 60-75 years from culturally and linguistically diverse groups: repertoire and music therapy approaches employed by Australian Music Therapists. *Australian Journal of Music Therapy. Volume 20*, 30–55.
- Bower, J. (2009). Music therapy to promote interpersonal interactions in early pediatric neurorehabilitation. *Neurorehabilitation*, 20, 59.
- Carroll, D. & Lefebvre, C. (2013). *Clinical improvisation techniques in music therapy a guide for students, clinicians and educators*. Charles C. Thomas, Publisher, Ltd.
- Chow, H. P. H. (2012). Health care service needs and correlates of quality of life: A case study of elderly Chinese immigrants in Canada. *Social Indicators Research*, 106(2), 347–358. <https://www.jstor.org/stable/41409393>
- Clements-Cortés, A. (2019). Improvised focused therapy: Nordoff Robbins music therapy

- approach. *Canadian Music Educator*, 61(1), 41+.
https://link.gale.com/apps/doc/A678980812/AONE?u=mli_oweb&sid=googleScholar&xid=a2d78916
- Deering, M. (2023). *Addressing language barriers in healthcare*. *NurseJournal*.
<https://nursejournal.org/articles/language-barriers-in-healthcare/>
- Foelsch S. (2014), Brain correlates of music-evoked emotions. *Nature Reviews Neuroscience*, 15, 170–180. <https://doi.org/10.1038/nrn3666>
- Frid, E., Panariello, C., Núñez-Pacheco, C (2022). Customizing and evaluating accessible multisensory music experiences with pre-verbal children—A case study on the perception of musical haptics using participatory design with proxies. *Multimodal Technol and Interact* 6(7), 55. <https://doi.org/10.3390/mti6070055>
- Gadberry, A. L. (2014). Cross-cultural perspective: a thematic analysis of a music therapist's experience providing treatment in a foreign country. *Australian Journal of Music Therapy*, 25.
- Hadar, T. (2022). What sound does a cat make in Cantonese?, *Voices*, 22(3).
<https://doi-org.ezproxyles.flo.org/10.15845/voices.v22i3.3483>
- Huynh, Q., Devos, T., Smalarz, L. (2011). Perpetual Foreigner in one's own land: Potential implications for identity and psychological adjustment. *Journal of social and clinical psychology*, 30(2), 133–162. <https://doi.org/10.1521/jscp.2011.30.2.133>
- Ip-Winfield, V., Grocke, D. (2011). Group music therapy methods in cross-cultural aged care practice in Australia. *Australian Journal of Music Therapy*, 22.
- Kang, W. (2022). *Development art therapy methods for Korean immigrant elders in an*

independent residential community setting. DigitalCommons@Lesley.

https://digitalcommons.lesley.edu/expressive_theses/555

- Kim, M. J. & Gorman, B. K. (2022). Acculturation and self-rated health among Asian Immigrants: The Role of Gender and Age. *Population Research & Policy Review*, 41, 89–114. <https://doi-org.ezproxyles.flo.org/10.1007/s11113-021-09642-x>
- Miloš, D. & Katušić, A. (2020). Possible effects of music therapy on depression and anxiety symptoms, perceived stress and subjective well-being in nursing home residents. *Ljetopis socijalnog rada*, 28(3). <https://doi.org/10.3935/ljsr.v28i3.379>
- Mui, A. C. & Kang, S-Y. (2006). Acculturation stress and depression among Asian immigrant elders. *Social Work*, 51, 243–255.
- Murphy, M. (1983), Music therapy: A self-help group experience for substance abuse patients, *Music Therapy*, 3, 52–62. <https://doi.org/10.1093/mt/3.1.52>
- National Institute of Mental Health. (2024). Age. *U.S. Department of Health and Human Services, National Institutes of Health*. <https://www.nih.gov/nih-style-guide/age#:~:text=The%20National%20Institute%20on%20Aging,definitions%20of%20older%20adulthood%20vary.>
- Nilsson, J., Berggren, R., Garzón, B., Lebedev, A. V. & Lövdén, M. (2021). Second language learning in older adults: Effects on brain structure and predictors of learning success. *Frontiers in Aging Neuroscience*, 13. <https://www.frontiersin.org/articles/10.3389/fnagi.2021.666851/full>
- Park, K. (2021). *Connecting the dots: Positive effect of dance movement therapy with immigrant children.; A literature review*. DigitalCommons@Lesley. https://digitalcommons.lesley.edu/expressive_theses/489

Préfontaine, J. (2006). On becoming a music therapist. *Voices*, 6(2).

<https://voices.no/index.php/voices/article/view/1688/1448>

Ponce, N. A., Hays, R. D. & Cunningham, W. E. (2006). Linguistic disparities in health care access and health status among older adults. *Journal of general internal medicine*, 21(7), 786–791. <https://doi.org/10.1111/j.1525-1497.2006.00491.x>

Silverman, M. J. (2008) Nonverbal communication, music therapy, and autism: A review of literature and case example, *Journal of Creativity in Mental Health*, 3(1), 3–19.

<https://doi.org.10.1080/15401380801995068>

Stige, B. (2002). *Culture-centered music therapy*. Barcelona Publishers.

Small, C. (1998). *Musicking : the meanings of performing and listening*. Wesleyan University Press.

Suh, E. S. (2023). The use of group drumming-based music therapy with male adolescents in a school violence prevention program in Korea: A pilot study. *Psychology of Music*, 51(3), 682–699. <https://doi.org/10.1177/03057356221108431>

Vang, C., Sieng, M. & Zheng, M. (2023). Conceptualizing longlines among a Hmong older adult group: Using an intersectionality framework. *Asian American Journal of Psychology*, 14(4), 340–349. <https://doi.org/10.1037/aap0000307>

Vuoskoski, J. K., Clarke, E. F. & DeNora, T. (2017). Music listening evokes implicit affiliation. *Psychology of Music*, 45(4), 584–599.

<https://doi-org.ezproxyyles.flo.org/10.1177/0305735616680289>

Zemba, S. & Mehrotra, M. (2023). “What’s your accent, where are you from?”: Language and belonging among older immigrants. *Journal of Aging Studies*, 67.

<https://doi.org/10.1016/j.jaging.2023.101189>

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

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