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## The Role of Personal Therapy for Chinese-Speaking Music Therapy Students: A Survey

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**The Role of Personal Therapy for Chinese-Speaking Music Therapy Students: A Survey**

A THESIS

Submitted in partial fulfillment of the requirements

For the degree of Master of Science

In Music Therapy

by

Xinrui Liu

Molloy College

Rockville Centre, NY

2020

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MOLLOY COLLEGE

**The Role of Personal Therapy for Chinese-Speaking Music Therapy Students: A Survey**

by

Xinrui Liu

A Master's Thesis Submitted to the Faculty of

Molloy College

In Partial Fulfillment of the Requirements

For the Degree of

Master of Science

May 2020

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### **Abstract**

The purpose of this study is to understand the perceptions of Chinese-speaking music therapy students on cultural transition and personal therapy and to determine what impact these have on their learning process. An online questionnaire surveyed 13 Chinese-speaking music therapy students. Nine completed responses were analyzed by using both quantitative and qualitative methods. The questions focused on their demographic information, their attitudes toward personal therapy, and their attitudes toward the cultural transition process. The study found that 78% of participants sought any type of therapy and 55% of participants believe that personal therapy is extremely important for music therapy students. No one stated feeling stigmatized for receiving personal therapy. In addition, 89% of participants reported they had talked about their cultural transition process with others and believe personal therapy can help them adjust culturally in the United States. This study may provide valuable insights for school instructors, clinical supervisors, and personal therapists to improve their understanding and awareness about the struggles of Chinese-speaking music therapy students and the cultural transition process. This may also have positive effects on personal and professional growth for Chinese-speaking music therapy students.

*Keywords:* Chinese-speaking, music therapy student, personal therapy, cultural transition

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## Introduction

American colleges and universities have always been the most popular destination for Chinese students studying abroad (Chao, Hegarty, Angelidis, & Lu, 2017). Most Chinese students come to the United States by themselves and do not have much social support (Ching, Renes, McMorrow, Simpson, & Strange, 2017). Some of them have difficulty transitioning to American society psychosocially and emotionally because they experience culture shock, academic stress, and language barriers (Ching et al., 2017). As a result, many students experience intense emotional and psychological issues. News of some students committing suicide has aroused extensive discussion among Chinese people about the risks of studying abroad (Chang, 2017). Unfortunately, Chinese-speaking relatives, friends, and the community cannot do much to help students who are living abroad due to a great geographic distance. Despite the wide availability of communication technology, it is not clear how much support it offers to Chinese-speaking international students studying in the United States.

Chinese-speaking music therapy students face multiple challenges, such as the cultural transition and academic stress as they study and practice music therapy in the United States. This is made more complex by the need to develop deeper self-awareness, good communication skills, and cultural sensitivity to understand American culture. Furthermore, American instructors encourage music therapy students to experience personal therapy in the United States because they believe this will help music therapy students learn better (Gardstrom & Jackson, 2011). However, even though many Chinese-speaking students learn psychotherapy or music therapy, they stigmatize the idea of personal therapy, based on their cultural and historical backgrounds. In traditional Chinese culture, people think receiving psychotherapy or personal

therapy reflects an individual's lack of dignity (Chen, Lai, & Yang, 2013); thus, clients and their family members feel shame about it.

There are many varied examples of research focusing on Chinese immigrants (Chen et al., 2013; Spencer & Chen, 2004; Szymanski, 2012) or international students (Kim, 2011; Lértora, Sullivan, & Croffie, 2017; Prieto-Welch, 2016), but specific research on Chinese-speaking students' mental health is lacking. Chinese-speaking students likely share similarities with other international student groups, but there are still differences that should be discussed from a cultural viewpoint. Therefore, the purpose of this study is to examine the attitudes and experiences of Chinese-speaking music therapy students who seek personal therapy while studying in the United States.

## **Literature Review**

### **College students' need for personal therapy**

Mental health issues are significant among college students. Up to 50% of students in the United States are diagnosed with psychological disorders each year (Levin, Haeger, Pierce, & Twohig, 2017). Many college students have psychiatric disorders, particularly alcohol use disorders, as compared to their non-college-attending peers (Blanco et al., 2008). Some college students also face binge-eating problems as a result of psychological needs and emotional regulation difficulties (Han & Lee, 2017). These behaviors often arise when college students experience painful negative emotions (Han & Lee, 2017). Some college students also experience mental health problems such as depression, anxiety, self-injury, and suicidal thoughts. (Zivin, Eisenberg, Gollust & Golberstein, 2009). Although most of them are aware of problems, they do not seek any treatment. Health providers note that asking students if they need help “appears to capture some element of risk or vulnerability that is sometimes missed by a set of brief screens” (Zivin et al., 2009, p. 5).

### **International college students' needs for personal therapy**

There has been research exploring the mental health needs of international students. A search of the literature showed that the stress of adjustment for international students includes language barriers, cultural confusion, lack of social support, and a difference in values (Kim, 2011; Prieto-Welch, 2016). Although many graduate students may experience mental health problems, international students are less likely to use counseling services than domestic students (Hyun, Quinn, Madon, & Lustig, 2007). This is because many international students experience financial hardships, difficulties finding a job after graduation, general living adjustments, academic adjustments, culture shock, and personal psychological adjustments (Hyun et al.,

2007). In this context, culture shock is the biggest obstacle that students face in their transition to a new environment: “When the experience of navigating culture shock remains unattended and minimally supported, there remains a possibility that transition shock may occur” (Lértora, Sullivan, & Croffie, 2017, p. 6). The term *culture shock* describes a cultural transition experience and it produces a “tendency to treat it as an exotic ailment with origins rooted in faraway places” (Bennett, 1998, p. 216). Social support is a critical component in helping Chinese international students to adapt to a new culture (Bertram, Poulakis, Elsasser, & Kumar, 2014). Therefore, it is important that Chinese international students establish social connections with domestic students when they stay in a host country (Yan & Berliner, 2011). In addition, Chinese international students can also establish social networks with people such as American professors, advisors, and church groups (Bertram et al., 2014).

### **Mental health challenges Chinese international students face**

A cross-sectional survey of 130 Chinese international undergraduate and graduate students at Yale University showed that 45% of students experience depression and 29% of students experience anxiety (Han, Luo, Jacobs, & Jean-Baptiste, 2013). The authors also found that Chinese international students have also experienced “homesickness, culture shock, language barrier, financial difficulties, immigration requirements, racial discrimination, and strenuous academics” (Han et al., 2013, p. 1). In addition, Chinese international students experience the difficulty of developing identity while outside of their home country (Zheng & West-Olatunji, 2016). Qin (2009) studied the identity development process of female Chinese international students in China and the United States. Research showed that international students have to deconstruct themselves in different cultural contexts, and they experience

difficulty succeeding overseas emotionally, psychologically, and relationally in the United States (Qin, 2009).

### **Types of personal therapy chosen by Chinese students**

There is limited information about Chinese students' preference for personal therapy. Only one study was found that investigated a Chinese international student's personal experience. Cheng and Merrick (2017) conducted a case study, which showed a 24-year-old female Chinese international student voluntarily receiving culturally adapted dialectical behavior therapy treatment for an eating disorder, depression, and cultural adjustment issues at a university counseling center. The therapist provided psychoeducation about the client's issues and offered coping skills, such as mindfulness, emotion regulation, interpersonal effectiveness, and distress-tolerance training during the therapy (Cheng & Merrick, 2017).

### **Chinese cultural attitudes toward therapy**

According to the U.S. Census Bureau (2017), Chinese Americans comprise the largest group of Asian Americans. A Chinese American epidemiology study noted, "Less than 6% of Chinese American patients who have mental health issues saw professionals, 4% saw medical doctors, and 8% saw a minister or priest" (Spencer & Chen, 2004, p. 809). This situation shows that people of Chinese heritage continue to believe that mental illness is associated with stigma and shame in their culture and society (Szymanski, 2012). Leong, Kim, and Gupta (2011) found that people feel shame toward therapy because they do not want to "lose face." Chen et al. (2013) also found that Chinese immigrants are afraid to disclose mental illness because they are worried that it will affect their relationships with others. In addition, Chen et al. (2016) investigated 190 Chinese immigrants with major depressive disorder in a primary care setting. Participants reported that they did not want to disclose their mental illness because it might cause

a negative social consequence: “Participants spoke about their experiences with alienation, rejection, and avoidance by people in general after disclosure” (Chen et al., 2016, p. 385). Therefore, Chinese immigrants prefer to seek help and advice from relatives and friends instead of from a counseling service because they want to avoid this consequence (Leung, Cheung, & Tsui, 2012).

### **General American cultural attitudes toward therapy**

Seeking therapy has been valued in the U.S. general population, especially since the year 2000, because people are more aware of psychological distress in society overall (Mojtabai, 2007). The data from the Harris Poll on behalf of the American Psychological Association (APA) indicates that 87% of American adults do not feel shame about having a mental health disorder (American Psychological Association, 2019). A recent national poll by APA’s Practice Directorate stated, “48 percent of the participants visit a mental health professional and 90 percent of the participants stated that they would likely consult or recommend a mental health professional if their family member were experiencing a problem” (Chamberlin, 2004, p. 1). In addition, another study found that 33.4% of participants would “definitely go” and 33.4% of participants would feel comfortable going to a professional if they had a serious emotional problem because “beliefs about treatment effectiveness were not associated with future help-seeking or service use” (Mojtabai, Evans-Lacko, Schomerus, & Thornicroft, 2016, p. 650).

### **Conflicts between typical Chinese and American attitudes toward therapy**

Culture influences people’s attitudes toward therapy. For example, Mojaverian, Hashimoto, and Kim (2013) noted, “Asian Americans are less likely to seek professional psychological help than European Americans” (p. 1). Leong and Lau (2001) believed that three cultural factors influence people in their decision to seek therapy: the perception of mental

illness, feelings of shame and stigma, and values of communication and emotion. For example, collectivistic cultures emphasize interdependence and social harmony in East Asia (Mojaverian et al., 2013). On the contrary, individualistic cultures emphasize independence and distinctness in the United States (Mojaverian et al., 2013). Therefore, culture influences Asian-Americans' coping strategies and resources for seeking therapy (Mojaverian et al., 2013). For instance, Asian-Americans are afraid to be different from others due to their collectivist upbringing and thus avoid seeking therapy (Kim, 2007). Therefore, this study examines if Chinese-speaking music therapy students' personal and cultural backgrounds influence their attitude toward personal therapy.

### **Music therapy students' need for personal therapy**

The process of studying and training in music therapy is complicated and intimidating. In classes, music therapy students may be exposed to some psychological and emotional issues in role playing, and they may feel too overwhelmed, stressed, and vulnerable to finish the courses (Gardstrom & Jackson, 2011). Receiving personal therapy is an appropriate way to help them relieve academic stress and become a better music therapist (Gardstrom & Jackson, 2011). It can also help music therapy students to enhance their clinical skills and personal growth (So, 2016). When gaining self-awareness as a music therapist, they can figure out how to improve personally and professionally (Hesser, 2001).

### **International music therapy students' need for personal therapy**

Many international music therapy students experience mental health challenges. An online survey of 371 international music therapy students showed that their average stress level is higher than most adults' stress levels in the United States (Moore & Wilhelm, 2019). This higher level of perceived stress is partly due to students' lack of time to engage in self-care

mentally and physically. Kim (2011) studied 134 international music therapy students from 25 countries and found that these students had a substantially higher rate of acculturative stress. This stress arises when international students lacking resources and a support system need to adjust to their life in the United States. It influences their mental and psychosomatic well-being and indicates a need for psychological intervention. Asian students were found to experience a higher level of acculturative stress than their European counterparts (Kim, 2011). Swamy (2011) discussed a Taiwanese music therapy student's cultural transition process. Exploring the differences between American culture and Taiwanese culture during supervision helped this student improve her sensitivity toward others from different cultures. The supervisor helped this student to increase her self-awareness during supervision. A similar benefit could occur for other international music therapy students in personal therapy.

### **Types of personal therapy music therapy students choose**

There is not much literature that discusses the type of personal therapy music therapy students choose. Anecdotal evidence suggests that some undergraduate music therapy programs require students to pursue personal therapy. Students seek music therapy, verbal and music therapy, and music and expressive art therapy (Gardstrom & Jackson, 2011). Other music therapy students choose to participate in group music therapy; it is part of many training programs in the United States and Europe (Amir & Bodner, 2013). For example, graduate/post-graduate training in analytic music therapy requires the trainees to attend analytic music therapy sessions as a patient when beginning the training. In addition, a study investigated 130 music therapists who participated in therapy; half of the participants chose verbal psychotherapy, and the rest of them chose guided imagery and music, cognitive behavior therapy, improvisational



music therapy, and analytical music therapy for personal and professional development (Chikhani, 2015).

### **Influence of personal therapy on the lives of music therapy students**

***Impact on school life.*** In Denmark, self-experience and personal therapy are required in the music therapy program at Aalborg University, to help students gain the understanding of psychological and music therapeutic theories and music therapy methodology (Lindvang, 2015). Music therapy students experience improvisational group music therapy, which gives all group members a chance to explore, express, and expand themselves (Lindvang, 2015).

***Impact on clinical work.*** Bruscia (1998) recommended that music therapy students receive therapy:

In terms of the old adage, ‘Physician heal thyself!’ I am saying not only that a music therapist should heal himself, but also that he should take his own medicine. Any music therapist who has not, cannot, or will not experience music therapy as a client needs to change professions. (p. 116)

In addition, the significance of personal psychotherapy for music therapists was pointed out by Gardstrom and Jackson (2011): “The value of personal psychotherapy for music therapists has been advanced by noted clinicians and scholars as a way to improve therapy skills, increase awareness about feelings and attitudes that impact one’s work (including negative countertransference), and nurture oneself” (p. 232). Furthermore, experiencing therapy could help therapists become aware of the feelings of being a client and develop empathy in a more sensitive way (Macran, Stiles, & Smith, 1999).

***Impact on personal growth.*** In a study of music therapy interns who received the Bonny method of guided imagery and music, Fox and McKinney (2016) found that participants reported

an improvement in self-nurturing needs and self-awareness; increased motivation, confidence, acceptance of emotions, sense of mind–body connection and independence; and gained an understanding of the importance of personal growth. In addition, music therapy students were found to improve group interaction skills, learn how to build trust, experience group cohesiveness, and view themselves through other group members during group music therapy (So, 2019).

### **The need for the present study**

There are no studies that look at Chinese-speaking music therapy students' cultural transition process and attitudes toward personal therapy. This is surprising because many types of research indicate that music therapy students, international students, and Chinese students have need of personal therapy in the United States. Therefore, it is very important to investigate Chinese-speaking music therapy students' attitudes and experiences regarding personal therapy and cultural transition processes because the results of this study may have positive effects in the music therapy field. For example, it may help US clinical supervisors, course instructors, and students to understand cultural differences and increase their cultural sensitivity when working and studying with Chinese-speaking music therapy student.

### **Research questions**

As part of the learning process in music therapy, students are often encouraged to seek personal therapy. This study surveys Chinese-speaking music therapy students' perceptions of using personal therapy. Given the cultural differences and conflicts Chinese-speaking students encounter living abroad, it would be useful to understand their cultural transition process and personal therapy experience, in order to determine what benefits or challenges these students encounter as they pursue American music therapy training. The main research question is the

following: What role does personal therapy play for Chinese-speaking music therapy students experiencing a cultural transition?

Six subordinate questions are as follows:

1. What is the prevalence of receiving personal therapy among Chinese-speaking music therapy students?
2. What are the perceived benefits of receiving personal therapy among Chinese-speaking music therapy students?
3. In what way, if any, do their personal backgrounds influence their attitudes toward personal therapy?
4. In what way, if any, do their personal backgrounds influence their attitudes toward cultural transition?
5. What impact, if any, does receiving personal therapy have on the ability of Chinese-speaking music therapy students to handle the difficulties of cultural transitions?
6. What relationship, if any, is there between the length of time in the US and how participants view personal therapy?

## **Method**

### **Design**

According to Curtis (2016), surveys are generally divided into three categories: descriptive, analytical, and evaluative. A descriptive survey (online questionnaire survey) was used in this research because it allowed the participants to share opinions and experiences anonymously and quickly, while allowing the researcher to ask questions that could lead to rich descriptions. Each survey took approximately 10 minutes to complete. The survey questions focused on participants' demographic information, as well as their perception of personal therapy and of the cultural transition process (see Appendix A).

### **Participants**

Once the Institutional Review Board approved this study (see Appendix B), 13 participants were recruited via WeChat, Facebook invitation (see Appendix C), or an email invitation sent to their music therapy program director (see Appendix D). To be eligible, they had to be Chinese speaking (Mandarin, Cantonese, or other Chinese dialects); be Chinese or be of Chinese descent from Taiwan, Malaysia, Indonesia, Singapore, or other countries; be over 18 years old; and be a current music therapy student (undergraduate, graduate, or doctorate) in the United States participating in certification training (Analytical Music Therapy, Nordoff-Robbins Music Therapy, Guided Imagery and Music, or Neurological Music Therapy).

### **Data collection**

The online survey was conducted in English through the website Zoho. Participants were asked to answer multiple-choice questions, single-choice questions, and open-ended questions. The survey was left open for a two-week period. Participants were informed that they could stop participating at any time. Incomplete survey responses were not used in the data analysis. Only

the researcher and the statistician had access to the data. All responses were kept confidential and anonymous.

### **Data analysis**

The statistician analyzed a part of the multiple-choice data using SPSS to validate *t* test results and examine if there is a relationship between participants' length of time in the United States and attitudes toward personal therapy. Mostly MS-EXCEL (developer Add-In) was used to display participants' response, such as demographic information, support system, and the cultural transition process. The open-ended question about whether personal therapy can help participants adjust culturally was analyzed qualitatively to identify themes, attitudes, and ideas in the responses.

## Results

### Demographics

A total of 13 Chinese-speaking music therapy students responded to the online survey. Four participants' responses were incomplete, so nine participants' responses were used in this analysis, all of whom were between 23 and 30 years old (see Table 1).

Table 1. Demographic Information

Demographics		
Categories	<i>N</i> of Participants	Response Percentage
Female	6	66.7
Male	3	33.3
Country of Origin		
Mainland China	6	66.7
Hong Kong	1	11.1
Taiwan	2	22.2
Education		
Graduate	5	55.6
Graduate, Certificate Training	1	11.1
Undergrad and Graduate	1	11.1
Two Bachelor's Degrees	1	11.1
Undergrad	1	11.1
Years in the US		
Under 1	1	11.1
1-4	3	33.3
5-10	4	44.4

Over 10	1	11.1
Relatives in the US		
No	5	55.6
Yes	4	44.4

### **Cultural transition**

According to the stages of cultural transition (University of Illinois at Urbana-Champaign, n.d.) responders were asked to identify their perceived placement in the following stages:

1. Honeymoon stage: You feel successful being in a new culture
2. Culture shock stage: You see differences and conflicts between your own culture and the new culture
3. Recovery stage: You feel more comfortable using external and internal resources to manage all the conflicts related to cultural differences
4. Adaptation stage: You appreciate and understand your home culture and new culture and you have become more confident in choosing how you like to live

Two people believed that they have not experienced any stages. Nobody reported being at the honeymoon or culture shock stage. Two people thought they were in the recovery stage. Four out of nine people identified themselves in the adaptation stage. One person experienced all stages and one person reported being simultaneously in the culture shock stage and the adaptation stage. Figure 1 illustrates the participants' responses to this answer, and Figure 2 shows that 89% of participants talked about their cultural transition process with others.

Figure 1. Stages of Cultural Transition

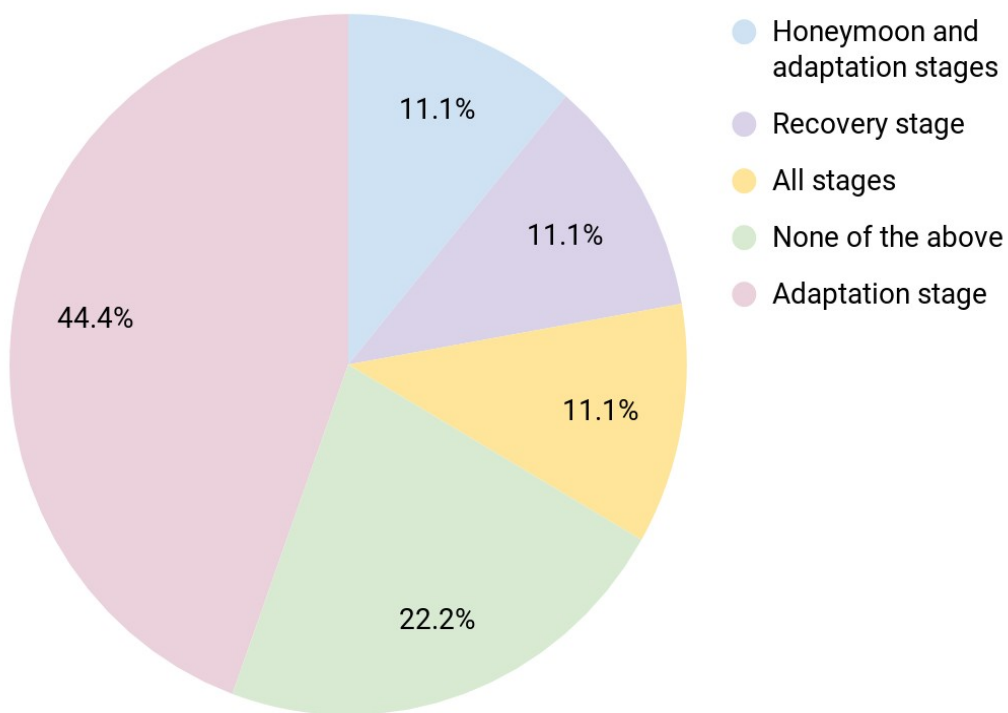
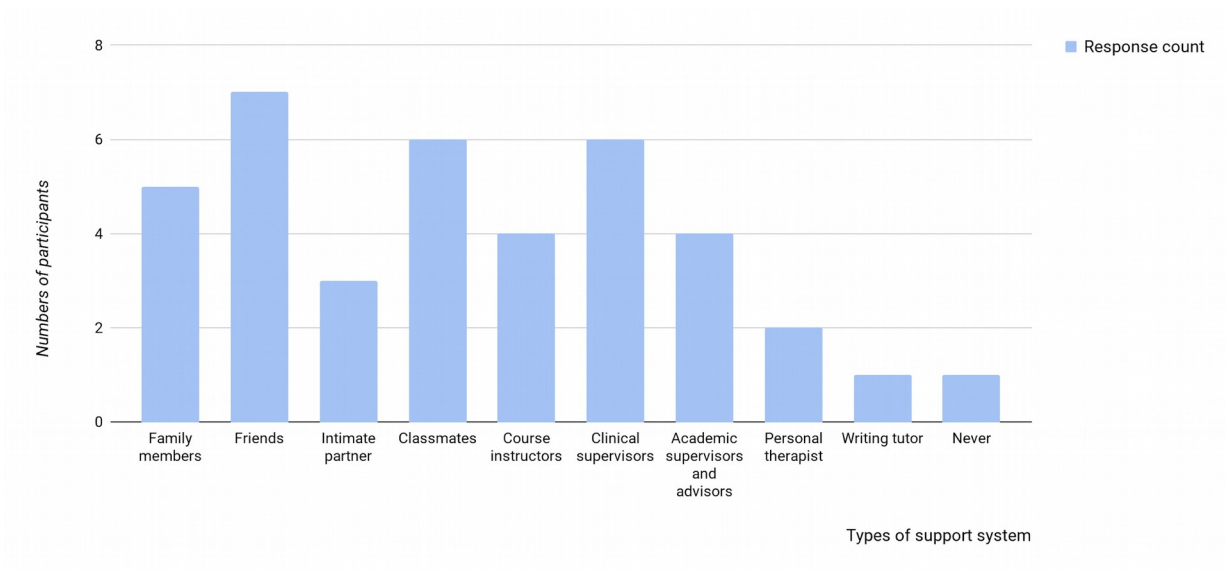


Figure 2. Discussing the Cultural Transition Process

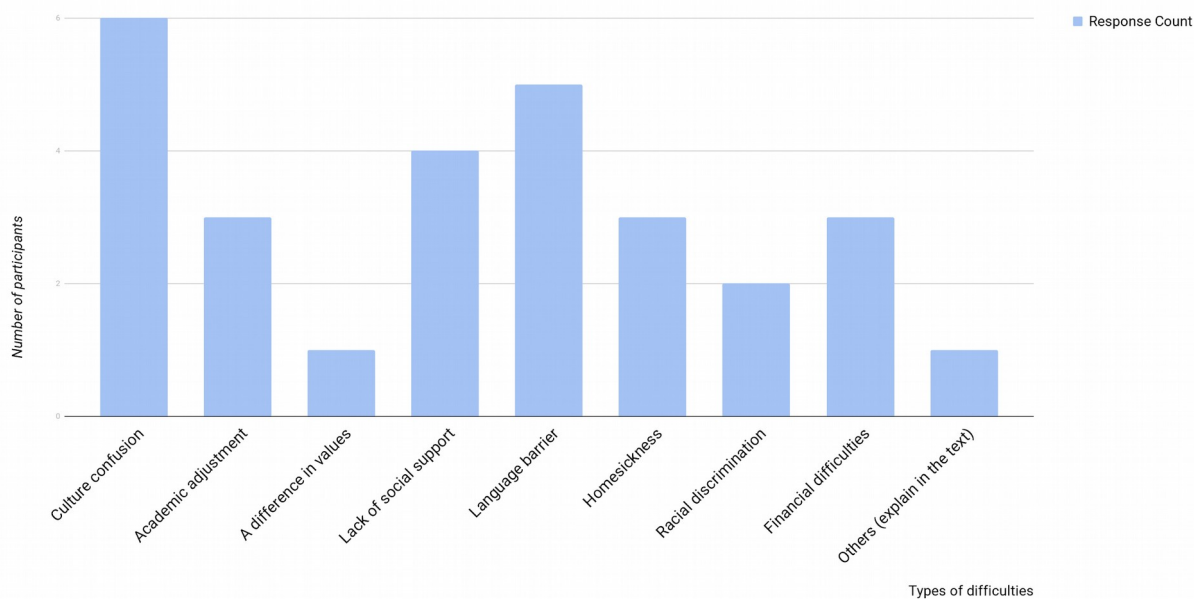


**The difficulty in education and training**



Sixty-seven percent of participants stated that they were experiencing cultural confusion. They are not sure how to act appropriately in a given circumstance in the United States based on how they would normally respond in their culture, or they could not understand someone's intentions in a given circumstance. Thirty-three percent of participants stated that they experienced academic adjustment such as different teaching styles, differences in assignment requirements, or different expectations in in-class participation. One person believed that there is a difference in values between their academic program and their cultural background. One person stated that instructors are not familiar with Chinese music and culture and there is not enough support for international students (see Figure 3).

Figure 3. Difficulties in Education and Training



### Personal therapy

Seventy-eight percent of participants sought personal therapy. No one reported feeling stigma about receiving personal therapy. Participants also talked about the frequency and type of personal therapy they are participating in (see Table 2).

Table 2. The Prevalence of Personal Therapy Among Chinese-Speaking Music Therapy Students

Questions	Answers	N of Participants	Valid Response Present
When was the last time you sought any type of therapy?	Within the past week	3	42.86%
	1 to 6 months ago	2	28.57%
	1 year ago	2	28.57%
How often have you sought any type of therapy?	Once a week	3	42.86%
	Once every two weeks	3	42.86%
	When needed	1	14.28%
Which type of personal therapy service do you participate in? (Multiple choices)	Verbal and music psychotherapy	3	25.0%
	Verbal psychotherapy	5	41.67%
	Group therapy	3	25.0%
	Expressive arts therapy (Psychodrama)	1	8.33%

Nearly 56% of participants thought it is extremely important for music therapy students to receive personal therapy (see Figure 4).

Figure 4. Perception of Importance for Music Therapy Students to Receive Personal Therapy

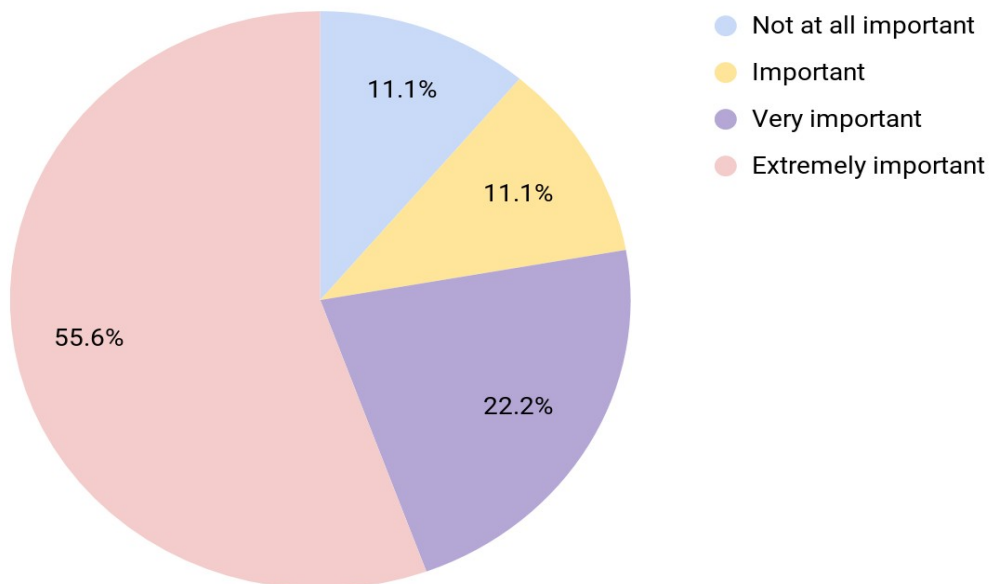
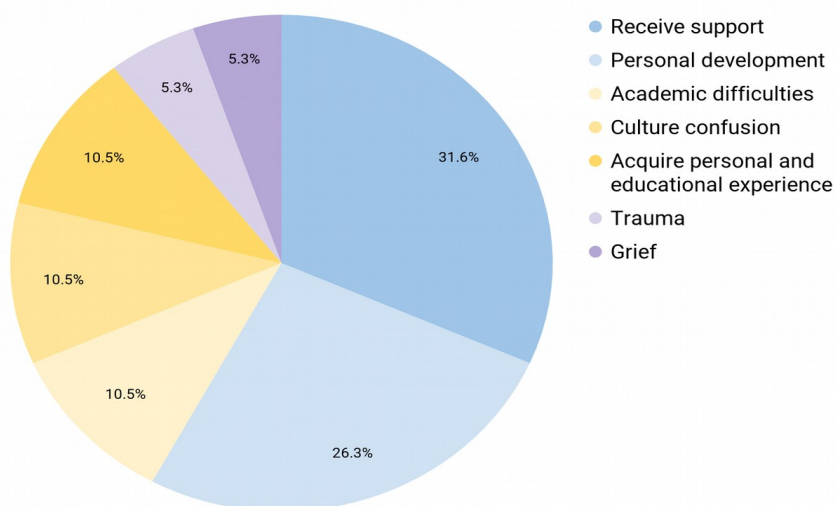


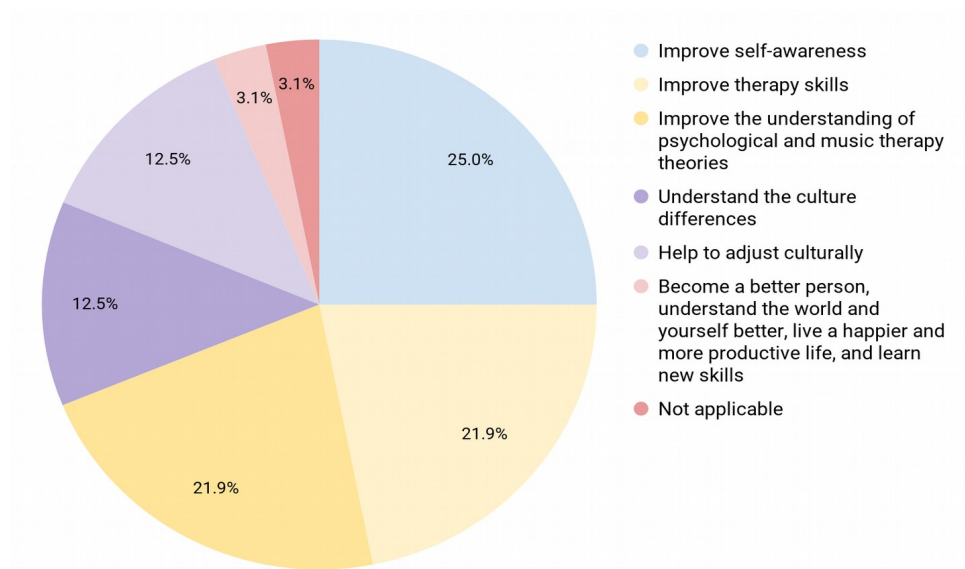
Figure 5 summarizes the reasons participants sought personal therapy. No one stated that their academic program required them to seek any type of therapy.

Figure 5. Reasons for Seeking Personal Therapy



Regarding the benefits of receiving personal therapy, 89% of participants identified more than one benefit (see Figure 6).

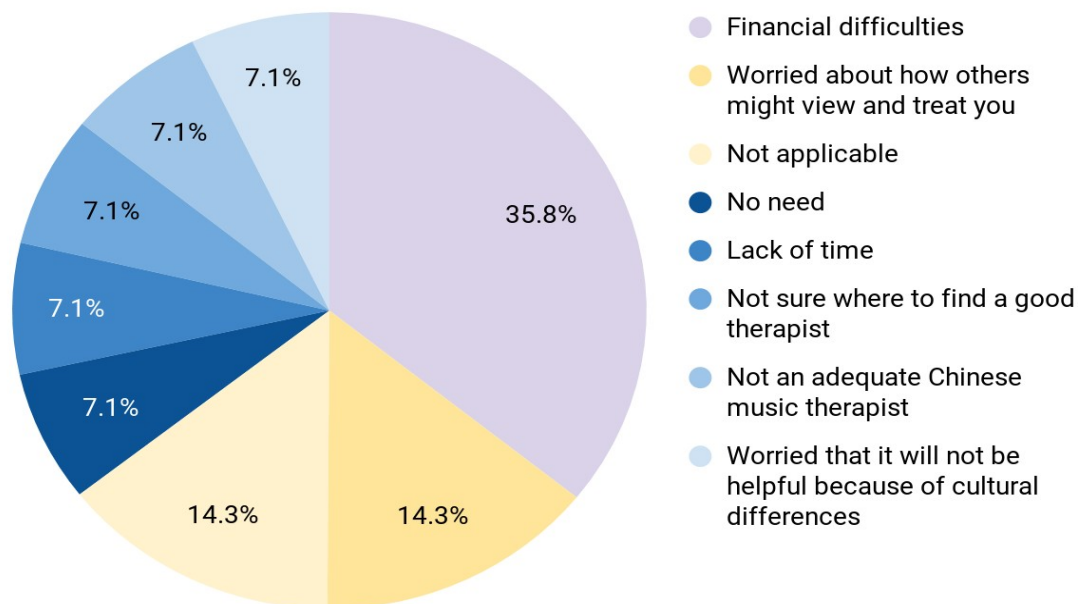
Figure 6. Benefits of Receiving Personal Therapy



### The concern and disadvantage of receiving personal therapy

Regarding the question about whether participants think personal therapy has its advantages, 56% of participants could not identify the disadvantage of receiving personal therapy. Twenty-two percent of participants believed that the therapist could not understand them at all. One person thought it was a waste of their time, and one person thought that the therapist is not adequate. No one thought it was a waste of money. Figure 7 shows participants' concerns of receiving personal therapy.

Figure 7. Concerns About Receiving Personal Therapy



### Cultural background and personal therapy

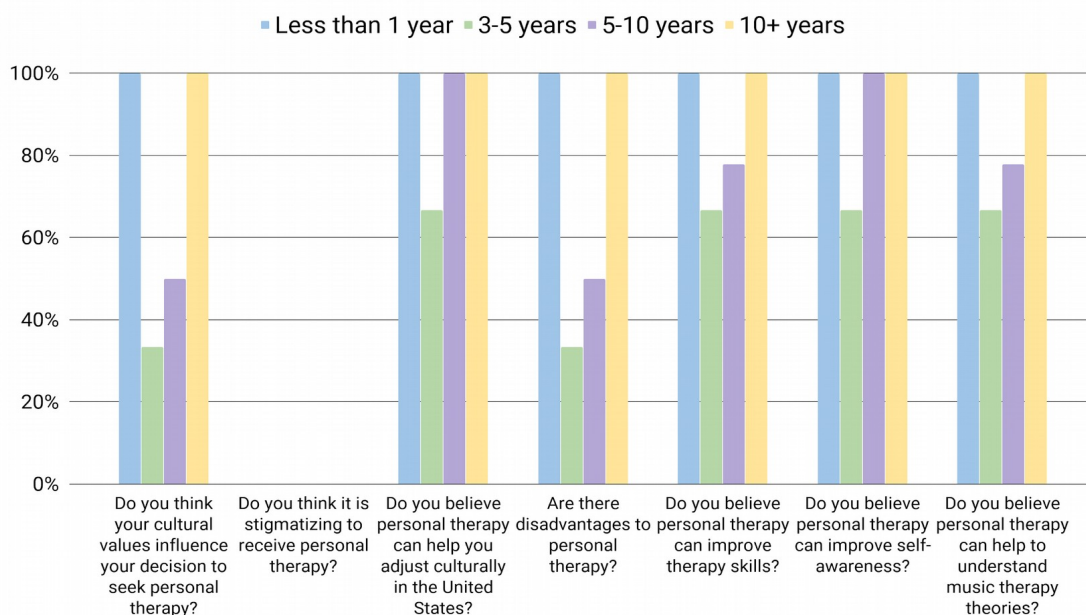
Regarding the relationship between participants' cultural background and attitudes toward personal therapy, 56% of participants thought that their cultural values influenced their decision to seek personal therapy. In responding to the question of whether personal therapy could help Chinese-speaking international students adjust culturally, one person thought there is no need to receive personal therapy, but 89% of participants believed that personal therapists could help them adjust culturally in the United States. Most people believed personal therapy is a good way of helping them improve their own sensitivity, awareness, understanding, and flexibility as they adjust to cultural differences. They also saw it as a way to receive support in a safe and therapeutic relationship, and they noted that group music therapy provided a social context for them to adjust culturally. Regarding the academic learning experience, one person pointed out that personal therapy is a safe way to express frustrations and feelings of burnout during an internship. Another participant reported, "I have learned tremendously from working

with multiple therapists during different stages of life; a good fit and right expertise is the formula for growth.”

### **The relationship between the length of time in the United States and attitude toward personal therapy**

An interesting finding was that participants who have been in the United States for more than 10 years and less than 1 year were in agreement that their cultural values influence their attitudes toward personal therapy (see Figure 8). They said this affects whether they seek personal therapy, how they view personal therapy, and how they understand music therapy. Participants who have been in the United State for 5 to 10 years responded more affirmatively to all the questions, compared to participants who have been in the United States for 1 to 4 years.

Figure 8. Attitudes Toward Personal Therapy and Length of Time in the US



### **Summary of results**

Most of the participants reported accepting and using personal therapy. Participants who have been in the United States for more than 10 years and less than 1 year shared the same attitude toward personal therapy. For example, they believed their cultural background influences their decision to receive personal therapy and agreed on the benefits and disadvantages of personal therapy. Eighty-nine percent of participants believed that personal therapy can help them achieve self-growth and adapt culturally. They particularly viewed it as a professional and safe way to receive support, although they have no family members in the United States.

## Discussion

Thirteen participants responded to a descriptive survey examining the attitudes and perceptions of Chinese-speaking music therapy students toward receiving personal therapy. Nine completed responses were analyzed. Although this was a small sample size, the results provide an interesting look into some of the cultural factors that influence learning and transitions. The results will be discussed in relation to each of the research questions that guided this study.

*Research Question 1: What is the prevalence of receiving personal therapy among Chinese-speaking music therapy students?*

In this study, 78% of participants sought any type of therapy. Roughly 55% of participants believed that it is extremely important for music therapy students to receive personal therapy. In addition, around 43% of participants sought personal therapy once every week. This implies that Chinese-speaking students feel less stigma associated with seeking personal therapy since they are immersed in the music therapy field for learning and practicing music therapy. Regarding the type of personal therapy received, around 42% of participants sought verbal psychotherapy, and interestingly, only 25% of participants sought verbal and music psychotherapy. This may indicate that they are more comfortable in expressing themselves by talking rather than musicking. There is also another possibility that they only use music for performing or helping clients instead of self-care. This study also found that participants sought personal therapy for personal development, extra support, traumas, and grief. This result contributes to both the counseling and music therapy field because there is no current research to investigate the prevalence of receiving personal therapy among international students, Chinese-speaking students, or music therapy students.



*Research Question 2: What are the perceived benefits of receiving personal therapy among Chinese-speaking music therapy students?*

Most participants believed that there is more than one benefit to receiving personal therapy (89%) and no disadvantage to receiving personal therapy (56%). This may indicate that the participants value personal therapy and believe it can help music therapy students to achieve personal and professional development. All benefits of receiving personal therapy that they stated involve progress toward self-actualization, such as improving self-awareness, therapy skills, or understanding psychological and music therapy methods. According to Jackson and Gardstrom (2012), undergraduate music therapy students gained insights, improved music self-expression, and enhanced empathy ability in group therapy experiences.

*Research Question 3: In what way, if any, do their personal backgrounds influence their attitudes toward personal therapy?*

On this question, 56% of participants thought that their cultural values influenced their decision to seek personal therapy. However, no participants stated that they experienced stigma toward personal therapy. This finding does not match previous research. In Tilliman's (2007) study, international students did not utilize counseling services as much as U.S. students, and only 13% of participants strongly agreed that they talk to a counselor when they are in trouble. In addition, Li, Wong, and Toth (2013) found that international students hold negative attitudes toward counseling service and seek counseling services only when they need immediate help. This may imply that Chinese-speaking music therapy students have greater acceptance of personal therapy than other international students. There also was no clear connection that showed how participants' background influences their attitudes toward personal therapy.

*Research Question 4:* In what way, if any, do their personal backgrounds influence their attitudes toward cultural transition?

Although participants believed that they are in different stages of the cultural transition process, it is not clear whether there was a correlation between participants' personal background and their attitudes toward cultural transition. However, 89% of participants pointed out that they did talk with others about their cultural transition experience and 67% of participants talked about their culture confusion with others. Regarding the question on the participants' support system, roughly 88% of participants talked about their cultural transition process with friends. This is in keeping with what other researchers have found Tilliman (2007) also discovered that international students tend to seek help from friends and family instead of turning to counseling services to manage difficulties.

*Research Question 5:* What impact, if any, does receiving personal therapy have on the ability of Chinese-speaking music therapy students to handle the difficulties of cultural transitions?

On this question, 12.5% of participants sought personal therapy for adjusting culturally in the United States. One person believed there is no need to receive personal therapy, but 89% of participants believed that personal therapy can help international students adjust culturally in the United States. In addition, one participant stated there are not enough Chinese-speaking music therapist around and noted other some American music therapists lack of cultural understanding. This finding is supported by Tilliman (2007) finding that Asian American students tends to see Asian counselors because American counselors are often unable to provide cultural relevant therapy. Overall, most participants believed personal therapy is a good way to help them improve their own sensitivity, awareness, understanding, and flexibility as they adjust

to cultural differences. They also saw it as a way to receive support in a safe and therapeutic relationship, and they noted that group music therapy provided a social context for them to adjust culturally. These findings indicate that Chinese-speaking music therapy students may need extra support for adapting culturally, psychologically, and emotionally. They experience homesickness, culture shock, and loneliness. Furthermore, they devote much effort to understand American culture and immerse themselves in American society. For the academic and social success of Chinese-speaking music therapy students, music therapy educators, clinical supervisors, personal therapists, and U.S. classmates should be more aware of their challenges and support them as needed. In addition, one participant stated that there is no enough Chinese-speaking music therapist,

*Research Question 6: What relationship, if any, is there between the length of time in the US and how participants view personal therapy?*

The finding that participants who had been in the United States for less than a year and more than 10 years shared the same attitudes toward personal therapy is noteworthy. It may reveal that participants would trust their first instinct to value personal therapy, regardless of whether they are in the first stage or a later stage of the cultural transition process. This finding is supported by Greenidge's (2007) finding that the length of time residing in the United States is not related to international students' attitudes toward personal therapy. It also indicates that, compared to other international students, Chinese-speaking music therapy students are more open to the process of understanding themselves under professional help for becoming a music therapist.

## **Summary**

This research investigated the prevalence of receiving personal therapy among Chinese-speaking music therapy students, their perceptions of the benefits and concern of receiving

personal therapy, and their attitudes toward cultural transition and personal therapy. The study also provides important insights that may help music therapy instructors, clinical supervisors, and American music therapy students to engage in a more culturally sensitive way with Chinese-speaking music therapy students. The research findings suggest that Chinese-speaking music therapy students should consider pursuing personal therapy as a means of achieving self-actualization in a new cultural environment. This will ultimately improve their quality of life.

## **Conclusion**

The purpose of this study was to examine Chinese-speaking music therapy students' perception of personal therapy, the cultural transition process, and to identify whether there is a connection between their cultural background and personal beliefs toward personal therapy. Most participants received personal therapy regularly for extra support and self-growth. Receiving personal therapy was a way to explore the difference between their own culture and American culture in a safe and professional space. Although some participants thought that this experience helped them improve their cultural sensitivity while living in the United States, others felt disappointed with personal therapy because they believed that the therapists could not understand them at all. They expressed a wish to find Chinese-speaking music therapists to help them adjust culturally.

Based on participants' responses of feeling misunderstood and being inadequately supported, it is important for educators and therapists to know and understand the cultural transition process so they can better assist Chinese-speaking international students. It is also important for Chinese-speaking international students to be aware of the cultural transition process so that they can recognize challenges they might be facing and know when to ask for help.

### **Limitation of the study**

The sample size of this research was quite small ( $N = 9$ ) and thus lacks the power to determine the statistical significance of the results. This sample was small due to several factors. Firstly, Chinese-speaking international music therapy students living in the United States are a small population. Many directors of the music therapy program stated that although there are many Chinese-speaking international students studying in the United States, there are fewer

students nowadays than in the past. Second, due to time constraints, participants had a short period of time in which to complete the study. Since some participants were notified of the study through their program directors, there was a very small window of time for them to respond to the survey as they could have been a delay between when the program directors were informed of the study and when they informed eligible students.

The design of the survey might have limited participants' responses. All questions were in English, which is a second language for many Chinese-speaking students. There could have been difficulty for participants in correctly understanding what the questions meant. Had the questions also been asked in Mandarin Chinese, there might have been more complete data sets and more elaborate responses for open-ended questions. There were not too many open-ended questions that were used in this online survey, and 30% of participants might have skipped questions without finishing the survey because they could not find that the questions were relevant to them.

Another limitation is that this study only addressed Chinese-speaking international music therapy students. It might have been helpful to open up the survey to all international students or Chinese-speaking music therapy therapists in the United States.

### **Recommendations for future research**

Future researchers could explore participants' cultural identity and music identity. For example, it would be interesting to examine how participants' cultural and musical identity is changed after studying in the United States. Qualitative research methods are more recommended such as interviews, focus groups, and case studies. The reason is that the researchers could focus on a few participants to study their experiences, ideas, and attitudes in a

holistic and humanistic view, and thus gain a more comprehensive understanding of the international students' experiences.

Conducting a similar study with international students of other cultural backgrounds would be helpful to explore the relationship between cultural background and attitudes toward personal therapy. The reason is that studying the influence of Chinese culture is limited, especially when Chinese cultures share lots of similarities with other East Asian cultures. Also, including international students from other cultures, such as from South America, Europe, and South Africa would provide more diverse data to examine the relationship between cultural background and attitude toward personal therapy.

Increasing the length of time for opening the online survey would be another possibility to consider. It could allow more participants to participate in this study. In addition, using AMTA sources for inviting participants would be helpful, although unfortunately, there is no targeted listing specifically for Chinese-speaking music therapy students.

Future researchers could ask deeper-level questions to explore how international students adjust culturally and how different academic programs have worked through this issue.

### **Recommendations for education and training**

Chinese-speaking music therapy students experience accumulative stress, culture shock, and confusion about being in a different academic environment. Music therapy educators should be more aware that international students have different values, communication skills, and coping skills. They can also adjust their coursework and teaching methods to be able to support international students academically, culturally, and emotionally.

Clinical supervisors should also improve their cultural sensitivity to understand and respect different communication ways, music preferences, and cultural stress their students

experience in clinical work. They need to be open in their communication with students to help them go through this learning process.

### **Implications of findings**

Chinese-speaking music therapy students comprise a large portion of international students in the United States. As there are many differences between Chinese traditional culture and American culture, Chinese-speaking students are still learning and understanding how to understand American people and practice music therapy in the United States. The present study focused on this demographic to gain some awareness of the attitudes and perceptions that Chinese-speaking students have toward seeking personal therapy in the cultural transition process. These ideas may help Chinese-speaking music therapy students to better understand their current situation so they can adjust culturally, academically, and psychosocially while learning and practicing music therapy in the United States.

Many participants interpreted personal therapy as meaningful in different ways, such as in academic, personal, and professional development aspects. Many of them identified achieving multiple improvements through receiving personal therapy. It is also possible that participating in this survey evoked feelings and thoughts that participants may not have previously considered. This study might have offered them an opportunity to reflect on their cultural transition process as well as on their therapeutic process. Engaging in self-reflection on these issues, whether through similar surveys, journaling, or other creative and educational practices, can help Chinese-speaking music therapy students and international students to better understand themselves and their needs so they can embark on their careers with more confidence and success.



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## **Appendix A**

### **Perception of Personal Therapy and Culture Transition Process Questionnaire**

**1. Please select your gender from the categories below:**

- Female
- Male
- Prefer not to answer
- Other (Please specify)

**2. Please select your age from the categories below:**

- 18-22
- 23-30
- 31-40
- Over 40

**3. Where are you originally from?**

- Mainland China
- Hong Kong
- Macao
- Taiwan
- Singapore
- Malaysia
- Indonesia
- Other (Please specify)

**4. What is your current educational status? Check all that apply:**



- Undergraduate
- Graduate
- Doctorate
- Certificate-training program (AMT, NRMT, GIM, or NMT)
- Other (Please specify)

**5. How many years have you been in the United States?**

- Under 1 year
- 1-4
- 5-10
- Over 10

**6. Do you have relatives who live in the United States?**

- Yes
- No

**7. Are you experiencing or have you experienced any of the following stages of cultural transition during your education and training?**

- The honeymoon stage: You feel successful being in the new culture.
- The culture shock stage: You see differences and conflicts between your own culture and the new culture.
- The recovery stage: You feel more comfortable using external and internal resources to manage all the conflicts related to cultural difference.
- The adaptation stage: You appreciate and understand your home culture and new culture and you have become more confident in choosing how you like to live (bicultural).
- None of the above stages

- Other (Please specify)

**8. Have you discussed topics related to the cultural transition process? If so, with whom?**

**Check all that apply:**

- Family members
- Friends
- Intimate partner
- Classmates
- Course instructors
- Clinical supervisors
- Academic supervisors and advisors
- Other (Please specify)

**9. What are the difficulties you face in your education and training? Check all that apply:**

- Culture confusion (e.g., you are not sure how to act appropriately in a given circumstance in the United States based on how you would normally respond in your culture; or you couldn't understand someone's intentions in a given circumstance)
- Academic adjustment (i.e., different teaching styles, difference in assignment requirements, or difference in class participation)
- A difference in values between your academic program and your cultural background
- Lack of social support
- Language barrier
- Homesickness
- Racial discrimination
- Financial difficulties

- Other (Please specify)

**10. Who makes up your support system? Check all that apply:**

- Family members
- Friends
- Intimate partner
- Friends
- Classmates
- The school (Instructors, advisors, and supervisors)
- Other (Please specify)

**11. Do you seek any type of personal therapy?**

- Yes
- No

**12. When was the last time you sought any type of therapy?**

- Within the past week
- Within the past month
- 1-5 months ago
- 6-12 months ago
- Over 1 year ago
- Never
- Other (Please specify)

**13. How often do you seek any type of therapy?**

- Once a day
- Once a week

- Once every two weeks
- Once every month
- Once every two months
- Never
- Other (Please specify)

**14. Which type of personal therapy service do you participate in? Check all that apply:**

- Verbal psychotherapy
- Music therapy
- Verbal and music psychotherapy
- Group therapy
- Expressive arts therapies (e.g., art therapy, dance/movement therapy, poetry therapy, drama therapy)
- Not applicable
- Other (Please specify)

**15. What are some reasons you seek personal therapy? Check all that apply:**

- Acquire personal educational experience
- Required by school/training program
- Personal development
- Receive support
- Academic difficulties
- Culture confusion
- Not applicable
- Other (Please specify)

**16. Do you think your cultural values influence your decision to seek personal therapy?**

- Yes
- No

**17. Do you think it is stigmatizing to receive personal therapy?**

- Yes
- No

**18. What is your concern about receiving personal therapy? Check all that apply:**

- Worried that it will not be helpful because of cultural differences
- Worried about how others might view and treat you
- Financial difficulties
- Lack of time
- Not applicable
- Other (Please specify)

**19. How important do you think it is for music therapy students to receive personal therapy?**

- Extremely important
- Very important
- Important
- Not important
- Not at all important

**20. What are the benefits of personal therapy? Check all that apply:**

- Improving the understanding of psychological and music therapeutic theories
- Understanding cultural differences

- Improving self-awareness
- Improving therapy skills
- Helping to adjust culturally
- Not applicable
- Other (Please specify)

**21. What is a disadvantage of personal therapy? Check all that apply:**

- The therapist could not understand me
- Waste of time
- Waste of money
- Not applicable
- Other (Please specify)

**22. Do you believe personal therapy can help you adjust culturally in the United States?**

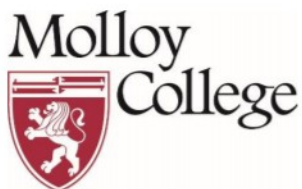
- Yes
- No

**23. Please explain why and how. (Regarding question 22)**

**24. Additional space for question 23**

## Appendix B

### IRB Approval Letter



**Institutional Review Board**  
1000 Hempstead Avenue  
Rockville Centre, NY 11571  
[www.molloy.edu](http://www.molloy.edu)

**Tel.** 516.323.3711

**Date:** December 19, 2019  
**To:** Dr. Adenike Webb and Xinrui Liu  
**From:** Patricia Eckardt, Ph.D., RN, FAAN  
Chair, Molloy College Institutional Review Board

**SUBJECT: MOLLOY IRB REVIEW AND DETERMINATION OF EXEMPT STATUS**  
**Study Title: The Role of Personal Therapy for Chinese-Speaking Music Therapy**  
**Students: A Survey.**  
**Approved: December 19, 2019**  
**Approval No: 26120921-1219**

Dear Dr. Webb and Ms. Liu:

The Institutional Review Board (IRB) of Molloy College has reviewed the above-mentioned research proposal and determined that this proposal is exempt.

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It is considered an **EXEMPT category 45 CFR 46.104(2)(3)** per the requirements of Department of Health and Human Services (DHHS) regulations for the protection of human subjects.

As per **45 CFR 46.115(b) and 21 CFR 56.115(b)** require that all IRB records be retained for at least 3 years, and records relating to research which is conducted be retained for at least 3 years after completion of the research.

Please note that as Principal Investigator (PI), it is your responsibility to be CITI Certified in both the Responsible Conduct of Research and Human Subjects Research and to submit the evidence in order to conduct your research.

Remember, all consents and recruitment flyers for any research protocol need to have Molloy IRB dated stamps of approval. To obtain the official stamp, please contact Ms. Gina Nedelka ([gnedelka@molloy.edu](mailto:gnedelka@molloy.edu)) to arrange a time to meet with her in her office in Kellenberg-Room 009. You will bring one clean consent (of each consent and/or assent) and any recruitment flyers to the meeting with Ms. Nedelka for IRB dated stamp of approval. You then make copies of stamped materials and use those copies for recruiting and consenting.

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

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



However, the IRB requires an annual ongoing report of your exempt protocol (the application for ongoing/continuing review) 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.

Sincerely,

A handwritten signature in black ink, appearing to read 'Patricia Eckardt', written in a cursive style.

Patricia Eckardt, Ph.D., RN

## **Appendix C**

### **Invitation Email and Informed Consent (WeChat and Facebook Message Group)**

Hello, everyone. Happy New Year! My name is Xinrui Liu, and I am currently a graduate music therapy student at Molloy College. I am conducting an online survey on the role of personal therapy for Chinese-speaking music therapy students for my master's thesis. The purpose of the study is to understand Chinese-speaking music therapy students' perception of personal therapy and cultural transition process. Please consider participating in this study if:

1. You speak Chinese (Mandarin, Cantonese, or other Chinese dialects)
2. You are Chinese or of Chinese descent from Taiwan, Malaysia, Indonesia, Singapore, or other countries
3. You are over 18 years old
4. You are currently a music therapy student (undergraduate, graduate, or doctorate) in the United States or you are participating in a certificate training program (AMT, NRMT, GIM, or NMT)

Your participation is completely voluntary. You will be asked to fill out an online survey through Zoho. The survey will take around 10 minutes to complete. The survey questions are about your demographic information, perception of personal therapy, and the cultural transition process. You may choose to stop participating at any time. If you do not complete the survey, your responses will not be used. The researcher will be the only one to access the data and your responses will be kept confidential and anonymous.

If you consent to participating in this study, please click on the following link to fill out and submit the survey: <https://survey.zohopublic.com/zs/mlB3Sn>

This study is approved by Molloy's IRB. If you have any questions, please do not hesitate to contact me at [xliu@lions.molloy.edu](mailto:xliu@lions.molloy.edu). You can also contact my advisor, Dr. Adenike Webb, at [awebb@molloy.edu](mailto:awebb@molloy.edu). Thank you for your time and consideration.

## Appendix D

### Invitation Email and Informed Consent (Director of Music Therapy Program)

My name is Xinrui Liu, and I am currently a graduate music therapy student at Molloy College. For my thesis, I am conducting an online survey examining Chinese-speaking music therapy students' perception of personal therapy and cultural transition. If you think your students meet criteria below, please forward this email to them. Eligible participants should be:

1. Chinese-speaking (Mandarin, Cantonese, or other Chinese dialects)
2. Chinese or of Chinese descent from Taiwan, Malaysia, Indonesia, Singapore, or other countries
3. Over 18 years old
4. Currently a music therapy student (undergraduate, graduate, or doctorate) in the United States or who is participating in a certificate training program (AMT, NRMT, GIM, or NMT)

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Dear Chinese-speaking music therapy students,

My name is Xinrui Liu, and I am currently a graduate music therapy student at Molloy College. I am conducting an online survey on the role of personal therapy for Chinese-speaking music therapy students for my master's thesis. The purpose of the study is to understand Chinese-speaking music therapy students' perception of personal therapy and cultural transition process. Please consider participating in this study if:

1. You speak Chinese (Mandarin, Cantonese, or other Chinese dialects)
2. You are Chinese or of Chinese descent from Taiwan, Malaysia, Indonesia, Singapore, or other countries.
5. You are over 18 years old

6. You are currently a music therapy student (undergraduate, graduate, or doctorate) in the United States or you are participating in a certificate training program (AMT, NRMT, GIM, or NMT)

Your participation is completely voluntary. You will be asked to fill out an online survey through Zoho. The survey will take around 10 minutes to complete. The survey questions are about your demographic information, perception of personal therapy, and the cultural transition process. You may choose to stop participating at any time. If you do not complete the survey, your responses will not be used. The researcher will be only one to access the data, and your responses will be kept confidential and anonymous.

If you consent to participating in this study, please click on the following link to fill out and submit the survey: <https://survey.zohopublic.com/zs/mlB3Sn>

This study is approved by Molloy's IRB. If you are having any questions, please do not hesitate to contact me at [xliu@lions.molloy.edu](mailto:xliu@lions.molloy.edu). You can also contact my advisor, Dr. Adenike Webb, at [awebb@molloy.edu](mailto:awebb@molloy.edu). Thank you for your time and consideration.