

REFLECTIONS ON PRACTICE | PEER REVIEWED

“What Sound Does a Cat Make in Cantonese?”:

Advocating for Lingual Plurality in Music Therapy Settings

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Abstract

In this piece, I wish to examine the notion of translation and to question the need of an interpreter in music therapy settings. Through reflecting on a therapeutic relationship between me, an Israeli music therapist working in the United States, and a Chinese American family (two parents, a grandmother, and their 2-year-old infant that is likely autistic), I wish to ponder the losses and gains of establishing a relationship that refrains from using a dominant verbal language (represented by an interpreter). Embracing the absence of any verbal and cultural monopoly, this work will present a plural lingual approach and show how it provides an opportunity for clients whose primary language differs from the primary language of the therapist to walk their first steps in an unfamiliar world. I will then explore two parallel processes that took place in the therapeutic encounter: the first, relating to the family's capacity to contain their infant's minimal verbal state, and the second, relating to my own endeavor to communicate with the family as a non-native English speaker and as an immigrant music therapist. I hope that my reflections will provide insight regarding lingual plurality in a multicultural context in music therapy.

Keywords: music therapy; multi-cultural; lingual-plurality; interpreter; immigrant; home-visit

Introduction

The Author's Personal Stance

This piece was written while I was working in a Massachusetts-based Early-Intervention (EI) program for children aged 0-3 who experienced developmental delays. I joined the music therapy team a couple of months after moving to the United States with my family. It was my first appointment in the United States and the first time I practiced music therapy in a language other than Hebrew, my native tongue. Joining the music therapy (MT) team provided me a rare opportunity to be part of an exceptionally strong and diverse team of eight music therapists.

There are two aspects relating to my personal path that influenced the way I understood and interpreted my sessions with Shoi-Ming's¹ family described in this piece. First, I arrived in the United States consequent to living in two additional countries in Europe, other than my homeland of Israel, for three years. This extensive experience of foreign cultures and languages made me realize firsthand the challenges one might experience when immigrating to a new country. This experience also made me ponder on issues such as cultural gaps, identity, and belonging for several years prior to meeting Shoi-Ming's family, and made me highly sensitive and biased regarding their possible experience of immigration.

Advocating for interpersonal integrity (treating all participants as involved, respectful human beings), equity, and situatedness (considering the worldview of everyone involved) (Bruscia, 2005), I focused on capturing the subjective voices of Shoi-Ming's family and my own reflections. Gelso and Hayes (1998) defined countertransference as the therapist's internal and external reactions to clients' presence, emerging from the therapist's past and present history and life experiences. Through connecting to my personal experiences and countertransference, I aimed to reveal multiple authentic dimensions of the experience of a foreign language in a foreign country. Throughout this case study, each time I reflected on my personal story, I used *italic* font to distinguish my personal experience from the family's.

Background

The diverse ethnic population in the United States is in constant rise. The United States Bureau Census (2015) projects that more than one-half of the population will be members of an ethnic minority group by the year 2044. With growing awareness regarding the need to develop a culturally sensitive approach in the expressive therapies (Potash et al., 2017), and with evidence pointing to basic humanistic values at stake in the treatment of various minority ethnic groups (Bains, 2021; Norris, 2020; Norris & Hadley, 2019), several strands evolved in the music therapy realm. Bains (2021) and Norris (2020) accentuated the Eurocentric traditions that dominate music therapy training programs, which perpetuate systemic oppression and microaggression towards minority groups. Norris (2020) calls music therapists to resist an effort to depoliticise the music therapy domain, thus ignoring the lived experience of Black people, violence, and pain.

Potash et al. (2017) emphasized the need to rethink ethical values underlying the work of art therapists traveling from high-income countries (HIC) to low or middle-income countries (LMIC). The authors highlighted several unnoticed biases often embraced by therapists, including assuming their clients' limited power and inaccessibility to spontaneously reaching fulfillment and wellness.

Music Therapy in a Multi-Lingual Context

All around the globe, music therapists are working with culturally diverse populations, in many cases with clients with whom they do not share a common first language (Baker, 2014; Mallon & Antik, 2021). Baker (2014) examined the social and cultural aspects of therapeutic songwriting in music therapy. One of her findings, based on interviews with 45 music therapists from 11 countries, related to the clients' use of their mother tongue. The author emphasized that enabling participants to create songs in their own language, giving voice to their non-verbal expressions, and including participants who shared a common mother-tongue with varied levels of expertise in the official language used in the group (hence higher-level speakers may act as interpreters), seemed to weaken language barriers, and enabled free and elaborative communication between the therapist and group members.

Ip-Winfield and Wen (2014) described a home-based music therapy program for older Chinese migrants in Australia. The authors discussed several cultural considerations regarding their cross-cultural work: embracing a culturally sensitive approach, engaging bilingual and bicultural therapists, and using culturally specific music. The authors mentioned that to create an appropriate cultural environment, all staff involved in the project, including both music therapists, must speak Chinese. Therefore, the home-based program honored the clients' cultural background through ensuring that all staff included in the intervention shared a common language with the participants. But what would be an appropriate and culturally sensitive strategy when the therapist does not speak their clients' first language?

The use of an Interpreter in Health Professions in Multi-Lingual Contexts

Research shows that limited language proficiency among immigrants had a negative effect on their access to healthcare services and hindered the development of a therapeutic relationship between the clients and their healthcare providers (Pandey et al., 2021). In a Canada-based study that examined the influence of English competency on access to health care services, the authors showed that due to frustration from ineffective communication with health care providers, immigrants often refrained from managing their health issues (Pandey et al., 2021). The authors mentioned the need to provide professional and adequate interpreters as opposed to ad hoc interpretation or volunteers that seldom comply with medical and ethical standards.

Schwantes (2015) portrayed a multifaceted view of the interpreter's role in music therapy when sharing her rich experience working with an interpreter in a multicultural context. The author highlighted the importance of including an interpreter who abides to ethical standards, who can serve as a co-therapist, and can create a supportive frame for the therapeutic process.

Though research provides convincing arguments for including an interpreter in different multicultural contexts, particularly when clients and therapists do not share any common language or when clients are seeking accessible medical care, a question regarding instances when clients might have a basic understanding of the formal spoken language, or when the therapeutic goals do not rely solely on verbal communication, remains open. Existing literature seems to lack a clear definition of the goals and objectives for including an interpreter in the therapeutic encounter, and not enough data has been consolidated yet to illustrate what might serve as a contraindication for including an interpreter in therapy settings in general and in music therapy.

In this piece, I wish to expand music therapists' view of working with an interpreter in music therapy settings. To this end, I will present four vignettes from a therapeutic relationship I had with a Chinese American family. The vignettes were taken from various stages of the therapeutic relationship and captured moments in which the lingual

component, or its absence, bared significance for the families' experience, and perhaps reflect on a broader meaning regarding the use of language in MT, in a multi-lingual context.

Before I unfold the story of Shoi-Ming, I wish to reflect on my choice to use identity-first language when describing Shoi-Ming's autistic features. Influenced by the neurodiversity movement (Bottema-Beutel et al., 2021; Walker, 2021) and from literature about ableism and the different ways in which language perpetuates views of autistic people as inferior and disabled (Bottema-Beutel et al., 2021; Brown, 2011; Walker, 2021), I wish to contribute to the effort to replace potentially ableist language with non-ableist terms. While a person-first approach originated from a social attempt to reflect a holistic view of humans, taking into account the various aspects of a person's being: their strengths, weaknesses, challenges, and desires (Prizant & Field-Meyers, 2015; Vivanti, 2021); recent years gave rise to an opposite movement, re-embracing the identity-first school of thought.

A fundamental claim pertains to the fact that autism is very often experienced by autistic people as a central component of their identity (Vivanti, 2021). Moreover, person-first linguistic form is often associated with negative traits such as a person with fever or a person with a disease (Baron-Cohen, 2017; Vivanti, 2021), whereas the simpler form of noun and pronoun is often used to express a person's positive characters, such as being a generous person (Vivanti, 2021). More poignant arguments are raised by the neurodiversity movement (Walker, 2021). This approach fights against the double standard of accepting terms such as "people with autism" on one hand, while rejecting similar uses such as "people with homosexuality" (Walker, 2021) or "children who experience Blackness" (Brown, 2011) on the other hand.

For a non-autistic researcher like myself, it is not an easy task to fully understand what choice of language would be the most adequate and least offensive. Considering my inability to consult this issue with Shoi-Ming and his family, I decided to follow Bottema-Beutel et al.'s (2021) and Walker's (2021) suggestions, and use identity-first language, which represents the choice of the majority of the autistic community, providing a more precise, non-stigmatizing, and equitable way to discuss autism.

Clinical Background

The early intervention program

The EI service is available for families of infants and toddlers with special needs, including developmental disabilities, developmental delays, and environmental or biological risk factors. The EI service presents a multidisciplinary team of psychologists, social workers, developmental specialists, teachers, teacher assistants, occupational therapists, physical therapists, speech therapists, and music therapists. The EI offers each family up to four hourly visits per week: one delivered by the service coordinator, and the rest from varied disciplines. In virtue of the rich cultural range included in the catchment area of the EI, the team is comprised of therapists from multiple nationalities and ethnicities, many whom speak more than one language fluently. The services include home visits to the family's residence and groups which takes place in the EI's facility. In addition, the EI employs a full-time interpreter who supports families of Chinese and Vietnamese origins. The interpreter can join the therapists in their home visits as well as supporting them in group activities according to the therapist's needs and professional judgment.

The head of the team initiated the MT program during the 1990s and has since prioritized keeping a range of cultural and ethnic backgrounds within her crew. At the time of my employment, we encompassed five nationalities within the music therapy team. Engaging in such a diverse team served me as a bridging experience, which prepared me for the multi-cultural encounters I was to undergo in my everyday work at the EI.

Shoi-Ming

Course of therapy – an overview

Shoi-Ming's MT home visits were held weekly for 12 months. The family members I met included: Shoi-Ming, a 24-month-old boy in the beginning of therapy; his mother and father, a couple in their early forties having Shoi-Ming as their only child; and Shoi-Ming's grandmother, a woman in her early seventies. The whole family lived together in the family house. The family arrived in the United States a year before Shoi-Ming was born. In our weekly hourly sessions, I met Shoi-Ming each time with a different parental figure: either his mother, father, or grandmother. The sessions were held in the family's spacious living room where I would enter the room with two big bags of instruments and my guitar.

Shoi-Ming presented many behaviors and symptoms associated with autistic children. He did not acquire any verbal language and he engaged in repetitive movement of his body, such as jumping up and down or rocking himself from side to side. Shoi-Ming had difficulties in switching to solid foods and his diet was mostly baby formula. The parents expressed their difficulties in understanding Shoi-Ming's needs and wants. They described many daily episodes of stress and unsettled crying. They noticed Shoi-Ming's lack of interest in most of his toys, but he showed love for music and for songs he watched on YouTube. Shoi-Ming was referred to the EI program through his pediatrician.

Shoi-Ming's therapy plan

The initial assessment indicated strongly for an autism diagnosis. Shoi-Ming started weekly sessions with a social worker that served as the family's service coordinator, an occupational therapist, and me, a music therapist. While the service coordinator and the occupational therapist invited the interpreter to join their weekly visits, I decided to enter the sessions on my own, considering that the verbal communication with the family might be challenging. My decision followed the general standpoint of my supervisor, Michelle Glidden², as well as my basic urge to meet the family first without any intermediary agent.

Vignette 1: Meeting Shoi-Ming for the first time

It was my first visit to Shoi-Ming's house. I had never been to this part of town. Although the houses seemed bigger than the ones downtown and were surrounded by spacious yards and common green areas, there were many indications for the neighborhood's demographics, which were mostly comprised of immigrants from China and Vietnam. Shoi-Ming's grandmother opened the door and greeted me with a warm smile. "Tamar!" I introduced myself, and then pointed to her with a questioning face. "Lan," she answered.

I followed her to the living room, where our sessions would take place in the next months. Shoi-Ming was standing very close to the screen watching a song on YouTube and dancing. He did not show any awareness of us entering the room. "Shoi-Ming, Shoi-Ming!" Lan shouted at him. Shoi-Ming did not turn to her, so she moved closer to him and started to pet him gently on his shoulders. Shoi-Ming shook her hands off his body quickly. "Shoi-Ming!" Lan called again and looked at me with embarrassment and helplessness.

I smiled to her softly, touched her hand, and said, "That's okay." Soon after, using mime, I tried to ask her for the remote control. Lan understood quickly and turned off the TV. Shoi-Ming started crying immediately. His cry was intense. Lan hugged him, lifted him up, and tried to comfort him by rocking him as she walked around the room. Shoi-Ming was already two years old and had a tall and thick body shape. When Lan stopped and stood with Shoi-Ming near the window, I gently moved closer and started singing Shoi-Ming's name using a soft, descending melody³. After two rounds of the improvised Hello Song, Lan picked up the tune and hummed with me. Lan and I sang together for two more rounds and then I picked up Shoi-Ming's hand and strummed the guitar.

Shoi-Ming did not reject my attempt and looked at the guitar while I strummed with his hand. I changed my lyrics to “This is my hand, this is my hand.” Lan smiled and repeated “hand!” I gently let go of Shoi-Ming’s hand, and as I freed his hand from my grip, he placed his hand gently on the strings while I continued to sing the phrase once more. When my phrase came to an end, Shoi-Ming started to kick his foot in a communicative, almost playful way. This time, I changed the position of my guitar to meet Shoi-Ming’s foot, and sang, “This is my foot, this is my foot.” Shoi-Ming smiled and enjoyed directing the song. He soon started to kick faster as I sang faster accordingly. Lan and Shoi-Ming started laughing with pleasure and Lan squished the boy’s foot and said, “Foot! Foot!” When I finished the song, Shoi-Ming hopped from Lan’s lap and started to run around the room.

Vignette 2: Meeting mom

It was a rainy day. As I rushed into Shoi-Ming’s house, I surprisingly discovered mom at the door. After meeting dad and Lan in the past three months of therapy, I was very excited to meet mom. “I am so happy we finally meet,” I said smilingly. Mom, a beautiful tall woman, smiled back and answered, “Yes, I am home today! I am usually working. I work every day.” Mom’s English was basic, but clear and open. She was highly communicative, and I felt like she wanted to share her story. I continued to ask her about her job. She said she worked during the week at a beauty salon at one of the richer suburbs of Boston for very long hours, and also on Saturdays. She added she liked the job but hated the long hours and being far away from home. Transportation to her workplace seemed like another burden, adding a layer of stress to her daily routine.

Later, mom and I talked about Shoi-Ming. “I don’t know why,” mom disclosed. “I don’t know why he don’t eat, why he cries. He cries very much. Only stops when I pick him up. He no baby no more...he heavy... how to help him? I don’t know.” Though mom spoke with very short phrases and had many grammatical errors, her words were direct. She was very genuine about her experience of being a mother to Shoi-Ming, and with her request from me as Shoi-Ming’s therapist, to help her understand her son better. Our short chat made me feel closer to her. I felt like I was standing in front of a strong courageous woman who is not only the main provider of her family but could also find the words to express her struggles of dealing with an autistic child to a complete stranger.

I shortly introduced mom with the musical routine we created so far for Shoi-Ming: singing the Hello Song with a few body parts followed by a Massage Song that dad and I found very helpful in regulating Shoi-Ming’s proprioceptive sense as he preferred deep touch pressure, which helped him to calm down, relax, and be more focused and attentive. Usually after the two activities, we let Shoi-Ming guide us through the rest of the session. We ended with the Good-Bye Song. Though it was her first acquaintance with the songs and with my expectation for her to be part of the musical activity, mom seemed to enjoy and was engaged with the music and the actions, perhaps acknowledging she’s doing something purposeful with Shoi-Ming. Unlike Lan, who immediately repeated my words, mom had a softer voice, which she used sparingly. Her participation was connected to the music, and she kept looking at me for reassurance, but I sensed she was verbally cautious within the musical experiences.

As we finished the Massage Song, Shoi-Ming ran to one of my bags and chose the Old MacDonald puzzle. This was one of his latest discoveries: the animals puzzle board and the animal song. I was very pleased with his choice and felt that we both wanted to share the animal song with mom. Shoi-Ming leaned on mom and sat in front of the puzzle board on the floor, anticipating the upcoming actions. I hid the puzzle pieces and introduced them one at a time. Considering Shoi-Ming’s short attention span, we usually did not incorporate more than three animals. Only later in his therapy, we completed the whole board (including seven animals), sometimes even twice!

I started singing, “Old MacDonald had a farm, E I E I O. And on his farm, he had a “...” I used the natural pause in the music to mime “What?” Mom immediately understood the sign and supported Shoi-Ming in making the gesture, and we added a little improvisation on the word “What?” This time, when a gesture was added, mom also engaged verbally, and sang playfully “What”, while moving Shoi-Ming’s hands in a dance-like manner, following the rhythm of the improvisation. At this stage of therapy, I led the play and made most of the decisions due to Shoi-Ming’s short attention span and tendency to end activities abruptly. At a later stage, he was able to make more choices himself. In this moment, I chose a cat and sang, “He had a cat, E I E I O. What does a cat do?” I asked, and looked at mom, while pointing at the cat. “What sound does a cat make in Cantonese?” I added. Mom shook her shoulders: “I don’t know, I don’t know, we don’t say.”

At once I was reminded of the first group session I conducted in the EI, only two months before working with Shoi Ming. While engaging the children in the Old MacDonald song, I was surprised to discover that animals make different sounds in Hebrew. Luckily, the children were leading the song and I had an opportunity to learn the particular sounds for American ducks, pigs, and horses. Such incidence, and many more to come, made me realize throughout my work at the EI that although I do speak English to a high academic level, my English will never be the same as the English of a native English-speaking parent or child, nor as the English of a new immigrant such as Shoi-Ming’s mom. In fact, I started to realize that as unique human beings, people understand and use language differently and apply their personal life experiences to the meaning they create with the verbal expression they use. While I became more fluent and freer with English, I became more sensitive in applying different meanings to language, finding myself asking parents time after time how a certain thing is called, or how they would name a certain experience.

After mom’s comment, I smiled and sang the sound a cat made: “With a meow meow here, meow meow there. Mom said, “Mao, mao! That is cat in Cantonese! How did you know?” “Really?” I laughed. I started to improvise a whole song with the cat and “Mao.” Shoi-Ming smiled and ran around the room shouting “Mao, mao, mao.” We were all celebrating our new word.

As we returned to the puzzle, mom said, “I don’t know what sound animals do, I can’t sing to Shoi-Ming!” I told mom that any sound can work, and it can be an opportunity to make silly sounds together, which Shoi-Ming was very fond of. I asked her if she wanted me to teach her the English sounds animals make. “Yes!” She replied quickly, “I want to learn! Can you WhatsApp?” I finally understood. Mom asked me to record the sounds. This would become an important channel for our future communication: recording songs. As we would all unknowingly go into lockdown only a few months later, mom and I established a digital platform to carry parts of our therapeutic relationship. While seeking for the broadest lingual support, mom generated a path to reinforce her first steps in learning English and English childhood music repertoire.

Vignette 3: The interpreter

I arrived early today, and as Lan opened the door, she whispered, “Still here,” and pointed to two of my colleagues sitting in the middle of the room: an occupational therapist (OT) and an interpreter. Later, I learnt they had a conflict with their scheduled appointment that week and had to change their session time. I entered the room quietly and observed. Mom sat with Shoi-Ming on the floor. Next to her were the interpreter and the OT. The OT talked fast and directly to the interpreter. The interpreter translated for the OT, who sat far apart from the mother, as if they had little to do with each other. When the OT finished, she started writing her report and chatting with the interpreter, while mom was left out of the ongoing conversation. I trembled inside as many thoughts filled my head. *Don’t they know she understands English? Why isn’t the OT making any eye-contact with mom?* I listened to the OT’s explanations regarding Shoi-Ming’s behavior and felt mom could

understand most of them with a few modifications to make the description slightly simpler. How did this happen?

An image popped up in my mind. Only two years before working with Shoi-Ming, I was standing with my own children in a foreign, new country, surrounded by many German speaking mothers chatting fluently above my head, all of us waiting for our children to come out of the school's gate at the end of the day. Though there were so many wonderful moments of beautiful encounters with people that made every possible effort to help us feel at home, it was those short, ephemeral moments that could easily go unnoticed, but somehow remained engraved in my memory. In those short moments, I felt as if there was a transparent, yet thick wall separating me from the rest of the world. An unbreakable wall that left me cruelly outside of any occurrence in the present moment, outside of any lively interaction, a warm correspondence and genuine reciprocity that used to be so natural between two parents randomly meeting outside of school.

Looking at Shoi-Ming's mom, I could sense the same strong invisible glass surrounding her, leaving her alone in a foreign world, alone with her own culture, language, and with memories of small forgotten moments of sharing parenthood with another adult. As the OT and interpreter left the room, mom turned to me and started talking in English. What had just happened there?

Vignette 4: The citizenship test: The language of tears

Today, dad opened the door but rushed away, apologizing, leading me to the living room, where I found Lan sitting on the sofa, her face fixed on a large book placed on her lap. Shoi-Ming was watching TV, and Lan barely noticed my entrance. After, I softly said, "Good morning," and Lan looked at me, smiling, but today her smile was not as wide and grateful as usual. Her whole body-language, normally vital and sharp, was heavy and slow that day. "What book is that?" I asked, pointing at the book on her lap. "Visa," as she pointed at the book cover: Preparing for the naturalization test: a pocket study guide. "You are taking the citizenship test?" I asked surprisingly. "Yes," she answered with tears starting to paint lines along her face. "I don't know. I can't read English. What to do?"

I was reminded at once of my personal fragile position in the United States. Our visa would expire in a year and a half at that time, and my working permit was due for renewal in less than six months. In less than six months, I would be thrown out of my beloved workplaces if my new permit did not arrive on time, a common situation under the current government. In a few months, I might be trying to generate a comprehensive narrative to Lan and Shoi-Ming's parents, explaining why I am suddenly leaving them for an unknown period of time: a thought I was suppressing daily, preferring to consider myself a "world traveler," moving freely between countries, enjoying a national-free identity. But how free was I really? How different was my situation to that of Lan's? Of course, I like to consider myself as a white, privileged woman who was advantageous enough to study and work in different parts of the world, but what if my family and I decided to stay in the United States? And even if not, what was the extent of my freedom if my work authorization card was denied?

I looked at Shoi-Ming, jumping in front of the TV, immersed in his own world, unaware of the life stressors faced by the adults surrounding him, the same adults that needed to find the strength to deal with him daily, with many moments of tears and frustration. As we continued to stare at each other, I looked into Lan's eyes, the eyes of a woman that had seen so much in her life and had to overcome so many barriers, though was still standing on her two feet every morning, taking care of her grandson with a smile and with hope for a better future. Tears started to fill my eyes. I took Lan's hand and we both cried together for a few long minutes. In what language do we cry?

Discussion

My sessions with Shoi-Ming and his family provided me and the family a unique opportunity to examine the intersection of language, communication, meaning-making, relationships, culture, and therapy. While perhaps most therapeutic encounters focus on the interplay of the aforementioned constructs (and many more), the composition of our multicultural backgrounds in a specific point in time allowed us to courageously deal with the bare nature of communication when peeled off from its lingual and cultural coating layers.

It made me and the family ponder on how two humans who do not share a common language can communicate meaningfully and purposefully, and work towards therapeutic goals concerning a child with communication challenges. As a therapist, it made me ask myself what kind of therapeutic alliance I wish to create with the family, and how I can create an accepting and inviting space for them to thrive. In a fundamental way, this experience made me reconstruct my ideas about communication, language, and semantics in general, within the therapeutic realm. Moreover, it required me to deal with the idea of including an interpreter in my sessions, and once opting to exclude this option, to cope with the consequences: an open and plural field of communication.

Julie Sutton (De Backer & Sutton, 2004) reflected on her teaching styles in two different conditions: when lecturing non-native English speakers, and when teaching native English-speaking students. Preparing a lecture to non-native English speakers, she explained, requires greater efforts, such as talking in a simplified language without compromising the depth and academic level. Being able to discuss directly with her non-native English-speaking students allowed her to reflect on her lecture in novel and exciting ways. "...We then negotiate meaning between us. I gain further perspective from their responses to my material - responses that are thought about in another culture and another language" (De Backer & Sutton, 2004).

When unfolding her teaching materials in a way that was compatible for non-native English-speaking students, Sutton (2004) chose to fight the symbolic lingual wall between her and the students. Rather than inviting an interpreter, which would perpetuate the intrinsic separation of a language barrier and reinforce the dynamics of knowledge and power within the student-teacher context, Sutton opted to confront her level of knowing with her students', and to create an opportunity for new discoveries to take place within a dialogical process.

I argue that rejecting the use of an interpreter with Shoi-Ming's family shared similarities with Sutton's choice to lecture in simplified English. When the therapy goals permit this kind of tolerance, I believe that embracing a plural-lingual approach allows a relationship to be based on equity and acceptance, rather than one in which the therapist possesses the absolute truth.

Literature considering broader health care services (Pandey, 2021), as well as writings within the music therapy domain (Schwantes, 2015), advocate for the use of an interpreter, accentuating the importance of communicating crucial medical information and defending the patient's right to have access to timely and efficient healthcare services. Both articles illuminated important benefits of incorporating an interpreter in healthcare services. Nevertheless, I stress that in certain conditions within the music therapy context, rejecting the use of an interpreter would enable a more authentic and equitable relationship between client and therapist.

The consideration for using an interpreter in music therapy is rooted in the discussion about dimensions of power and language in therapy, and specifically touches on the notion of lingual plurality. Kallio et al. (2021) suggested the concept of language plurality in the academic discourse, emphasizing that most of the academic debate is conducted in English, leading to two main consequences: (1) researchers from non-English speaking countries

are forced to write in a language which is not their mother tongue; and (2) most importantly, the knowledge is kept exclusively within the borders of Anglophonic parts of the world, away from major parts of academic and non-academic layers of society. As a solution, the authors suggest not only publishing in multiple languages, which reveals a costly and unfortunately not highly applicable solution, and to publish in popular science journals, which are accessible to both non-native English speakers and non-academic parts of the world.

I wish to broaden Kallio et al.'s (2021) concept of lingual plurality to encompass the therapeutic encounter. Adding an option of simplified English, I believe, is not only an economic solution, but values respect and acceptance, and allows the creation of a shared, intersubjective space where scholars and non-scholars can meet. It also takes into account the non-native English speaker's partial familiarity with the language.

When choosing to exclude the interpreter from my sessions with Shoi-Ming's family, I expressed trust in our joint ability to co-create a communicative field where we could genuinely work together towards the family's therapeutic goals. Learning together the way to reciprocate Shoi-Ming's challenges was far more important than adding an interpreter to the equation. Seeking a mode to communicate supported the family in their everyday struggle to communicate with their American surroundings and in their reaching out to their child.

Although in this piece I predominately advocated for excluding an interpreter in certain circumstances in therapy, one might argue that in the treatment of Shoi-Ming's family, I failed to recognize mom's possible thoughts and tendencies around this issue. In fact, I did not consult with her regarding her preference, but rather imposed my ideas and philosophy on our therapeutic encounter. Rethinking my choice made me ponder on the unequal system inherent to our client-therapist paradigm. Though my therapeutic intuition and reflective process led me to the conclusion that my choice benefited the family, it did not account for the family's experience, and for their possible gains and losses. In other words, a more careful consideration of the family's stance could have revealed their point of view around this issue and challenge the imbalances at the foundation of the therapist-client relationship.

Coda

Working as a music therapist in a multicultural environment, in a language that is not my mother tongue, widened the way I listen to peoples' expressive language. I found myself, every so often, asking parents I worked with to elaborate on the simplest words they used, being very cautious of the given gap existing between my way of understanding a word and their own. Honouring this inevitable gap in meaning, that persists among any human encounter, I believe, is a key element for affording a client a genuine intersubjective space to thrive.

Prior to deciding whether to include an interpreter or not, music therapists should carefully consider the client's level of mastery in the common spoken language. Rather than imposing a certain level of verbal communication, the music therapist might choose to embrace a broader stance, allowing clients to explore speech and language in their own pace. The therapist's acceptance of multiple possible meanings any word might represent could serve clients in their therapeutic journey. I believe this is particularly relevant when working with families of young children in supporting them in taking their first steps in any expressive language.

Nowadays, back in my homeland of Israel, working as a music therapist in Hebrew, I met a 3-year-old girl with her mother, an immigrant from the former Soviet Union. In one of our sessions, we used the music room to revisit early moments of the girl's infancy. Her mother suffered from postpartum depression. The mother and daughter engaged in a

beautiful dance, and the daughter started to tell a story in Russian. “Talk in Hebrew”, the mother asked, “You can speak Hebrew!” “That’s fine,” I intervened. “She can talk in Russian, that’s the language you spoke to her since she was a baby, that’s *your* mother tongue.” “That’s right,” the mom smiled. “It is *her* mother tongue.” And I could continue to enjoy the universal language of a mother listening to her daughter’s story.

About the Author

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¹ Regarding ethical considerations, please note that all names and identifying details were changed to keep the clients' confidentiality. In addition, the family gave their consent to use all materials recorded in the meetings.

² In this opportunity, I wish to thank Michelle for inspiring me to open my horizons as a music therapist working in a multi-cultural context.

³ Please see Appendix.

Appendix

Shoi-Ming Hello song

E7 E7/D Amaj7/C# Amaj/B A

Shoi Ming Shoi Ming, Shoi Ming Shoi Ming. This

E7 E7/D G#°/F, G#° Amaj7

is my hand, this is my hand. This

E7 E7/D Amaj7/C# Amaj7/B Amaj7

is my foot, this is my foot. Shoi

E7 E7/D Amaj7/EE E7 A

Ming Shoi Ming Shoi Ming Shoi Ming