


2008

# The Supervisee's Experience in Cross-Cultural Music Therapy Supervision

Seung-A Kim Ph.D., L.C.A.T., MT-BC  
Molloy College, skim@molloy.edu

Follow this and additional works at: [https://digitalcommons.molloy.edu/mustherapy\\_fac](https://digitalcommons.molloy.edu/mustherapy_fac)

 Part of the [Music Therapy Commons](#)  
[DigitalCommons@Molloy Feedback](#)

---

## Recommended Citation

Kim, Seung-A Ph.D., L.C.A.T., MT-BC, "The Supervisee's Experience in Cross-Cultural Music Therapy Supervision" (2008). *Faculty Works: Music Therapy*. 6.  
[https://digitalcommons.molloy.edu/mustherapy\\_fac/6](https://digitalcommons.molloy.edu/mustherapy_fac/6)

This Peer-Reviewed Article is brought to you for free and open access by the Music Therapy at DigitalCommons@Molloy. It has been accepted for inclusion in Faculty Works: Music Therapy by an authorized administrator of DigitalCommons@Molloy. For more information, please contact [tochter@molloy.edu](mailto:tochter@molloy.edu), [thasin@molloy.edu](mailto:thasin@molloy.edu).

# THE SUPERVISEE'S EXPERIENCE IN CROSS-CULTURAL MUSIC THERAPY SUPERVISION

Seung-A Kim

## INTRODUCTION<sup>1</sup>

My awareness of culture began when I moved to the United States. That is when I began to see my own culture as something distinct. Before that, I simply regarded it as the way things are in life. Because culture is deeply embedded in us, we often take it for granted. When I was studying music therapy in the United States, however, I learned more and more about the challenges of cross-cultural interactions, especially in educational, clinical, and supervision settings. It was then that the implications of culture came into my awareness.

During the course of studying and practicing music therapy, I was somewhat confused by the drastic difference in values between my Korean-Eastern heritage and American-European Western traditions. For instance, understanding the meaning of self-concept is important in music therapy. The different emphasis on self-concept in these two cultures is dramatic; one emphasizes we-self and the other emphasizes I-self. Within Eastern culture, one's relationship to others or the community is considered important, whereas within Western culture, one's autonomy is highly valued. Culture shapes much of our experiences of others, and greatly affects our norms and expectations with regard to interpersonal behavior. As Estrella (2001) points out, "If culture influences the way we see ourselves, experience emotions, define health and problems, and construct our worldview, then clearly culture must come into play as we assess, diagnose, plan treatment, and engage with our clients" (p.42). Coming from a cultural background that is different from most of my clients, many questions have come up for me related to cultural factors in music therapy. I began to observe closely how cultural factors influenced the therapeutic relationship in my own work as a music therapist, and in the work of other therapists. This led me to consider many questions about how culture affects clinical supervision as well as clinical work.

My curiosity about how others experience cross-cultural supervision increased greatly as I began to supervise music therapy students and interns with diverse cultural backgrounds. Many issues and questions arose. For instance, one of my supervisees described problems that she had with a previous supervisor from another culture. When she and her supervisor discussed the client and his family, she felt that her supervisor overgeneralized the cultural situation. Coincidentally, the supervisee shared the same cultural background as the client. So she became defensive, but could not express her true feelings to the supervisor. Many colleagues have also shared concerns that have arisen in cross-cultural music therapy supervision. For instance, an often-heard issue is that an Asian supervisee might appear to be unassertive, verbally inhibited, and dependent, when he/she is really conveying respect and deference to the supervisor. Within

---

<sup>1</sup> The author wishes to express sincere gratitude to the participants in this study for openly sharing their stories, to Dr. Kenneth E. Bruscia, for his guidance and editorial assistance, and to Benedikte B. Scheiby, for her support and supervision.

Western/American norms, these qualities may be viewed as negative; however, within his/her culture, it would be viewed as appropriate, and “acting in the right way.” An important question to ask is whether such behavior is related to the student’s cultural background or to his/her personality (Scheiby & Kim, 2005).

Needless to say, cultural misunderstandings between the supervisee and the supervisor can affect the dynamics of their interpersonal relationship. Especially in the beginning of their work together, it is unfortunate when cultural differences get in the way when the supervisee and supervisor are just beginning to build their relationship. Dileo (2000; 2001) and Bradt (1997) explain how such cultural differences in supervision could lead to ethical issues. Specifically, they state that cultural differences can have a negative impact on the supervisee’s self-esteem and self-confidence, which, in turn, can affect his/her effectiveness in working with clients. Ethical issues arise concerning both verbal communication and nonverbal cues, the meanings of which vary depending upon the culture.

## Significance

In reviewing the literature, I found that while multiculturalism is regarded as a new paradigm in other disciplines, the awareness of multiculturalism in music therapy is still in its beginning stages. Most music therapists practicing today have received little formal multicultural education or training. Thus, whatever competence they have in this area has been gained through their clinical experiences (Chase, 2003; Dileo, 2001; Moreno, 1988; Topozada, 1995). Current music therapy training programs are not sufficient to meet the requirements of preparing a culturally sensitive music therapist. Moreover, while it is not uncommon to find some international students and immigrant students in music therapy programs, very little attention has been given to “the special perspectives which these students and therapists from other countries [are] bringing to the field of music therapy” (Estrella, 2001, p.41). Furthermore, there is a lack of resources and support systems to train them in music therapy in a culturally sensitive way. In many cases, they have experienced emotional distress from their acculturation process as well as their training.

If supervisees and supervisors have not had formal multicultural education and training and do not have enough resources available, how can cross-cultural supervision possibly be effective? They both may experience “something different” not only in relation to therapy, but also in the ways they relate to the world. They might be confused by their differences and expend great energy and time trying to understand their cultural differences rather than the clinical issues at hand. As Dileo (2001) states: “Multicultural issues become significant when the individual must relate or adjust to an environment in which his or her cultural issues are not shared, acknowledged, or understood by others” (p.149). This lack of multicultural education and training, in turn, affects our clients. In the U.S. there are an insufficient number of mental health professionals, and especially music therapists, from culturally diverse backgrounds to appropriately assist clients and students from other cultures. As a result, in the field of psychotherapy more than 50% of minority clients tend to terminate their psychotherapy early because of the perception that they are not being understood by the psychotherapist (Jackson,

1995; Tummala-Narra, 2004). Although there is no statistical information available at this time, it is likely that there is a similar phenomenon in the music therapy field.

To really understand the phenomenon of cross-cultural music therapy supervision, it is most informative to hear directly from supervisees about their experiences in cross-cultural supervision. Therefore, a phenomenological method (Forinash & Grocke, 2005; Giorgi, 1985; Giorgi, Barton & Maes, 1983; Giorgi, Fischer & Eckartsberg, 1971; Strasser, 1977), which focuses on experience, is most suitable for the purpose of this study. This method enables the researcher to illuminate what really took place from the perspective of the supervisees because the supervisees are given an opportunity to return to their past supervision experience, to “re-live” the experience of what happened, and to reflect upon the experience with the researcher.

## Need for the Study

A search of the literature using various databases shows that there are very few publications specifically related to cross-cultural music therapy supervision and training (Darrow & Molloy, 1998; Estrella, 2001). Only three survey studies (Darrow & Molloy, 1998; Topozada, 1995; Valentino, 2006), one qualitative research study (Chase, 2003), and one comprehensive article (Estrella, 2001) have been published on the topic of multicultural supervision. Moreover, no studies have been found on the topic using a phenomenological method. Even within the few research studies that have been conducted on this topic, the focus has been on using multicultural music in working with culturally diverse clients, rather than with the concerns about supervision and training. Therefore, “...the experiences and perspectives of supervisees in multicultural supervision are often unheard” (Hird, Cavalieri, Dulko, Felice, & Ho, 2001, p.115). The present study is concerned with explicating and understanding supervisee’s experiences in cross-cultural music therapy supervision. As a result of the study, it is hoped that cultural awareness within the field of music therapy will be increased generally, and that the practice of cross-cultural music therapy supervision will be improved. Ultimately, the improvement of supervision will also enhance direct music therapy services to clients.

The terms “multicultural” and “cross-cultural” have been used interchangeably throughout the literature, but in a strict sense, they have a slightly different implied meaning. “Multicultural supervision” is what occurs when the supervisory relationship is affected by multiple cultural factors involved between the supervisee, supervisor and client, whereas “cross-cultural supervision” occurs whenever they are from two visible cultural, ethnic, or racial groups (Estrella, 2001; Hird et al., 2001). For the purposes of the study, I will use the term cross-cultural supervision.

## RELATED LITERATURE

### Supervision in Psychology and Counseling

Supervision has become an important topic of research in the fields of psychology and counseling (Freitas, 2002; Hutt, Scott & King, 1983; Peake, Nussbaum & Tindell, 2002; Watkins, 1997). Of particular relevance to the present investigation are those studies that deal with negative aspects of supervision, the experience of supervisees, and phenomenological inquiries. Although supervision is designed to enhance the supervisee's professional development, it often brings personal issues to the surface, and these issues have to be addressed in supervision (Ladany, Constantine, Miller, Erickson, & Muse-Burke, 2000; Nelson & Friedlander, 2001; Ramos-Sanchez et al, 2002). Because of this, supervision can be a powerful process, leading to negative as well as positive outcomes (Masters, 1992; Vespia, Heckman-Ston & Delworth, 2002). According to Ramos-Sanchez et al. (2002), much attention has been given to "good supervision" in the past, but not to the negative side of the experience. By conducting their qualitative study, it was found that the lower the developmental level of the supervisee, the weaker the supervisory alliance was. Therefore, it is necessary for supervisors to pay closer attention to supervisees in an early developmental stage. Findings also indicated that the most important factor in supervision was the relationship between the supervisee and supervisor. The supervisees who reported that they had a negative experience had a weaker working alliance with their supervisors. Moreover, it affected their relationship with their clients negatively. In addition, there were "long-range consequences" such as considering changing their careers as counselors.

Since the supervision experience in psychology and counseling is a complex one, some researchers have employed phenomenological methods (Clarkson, 1995; Hutt et al. 1983; Worthen & McNeill, 1996). Hutt et al. (1983) examined positive and negative experiences of the supervisee. Six post-masters supervisees in clinical psychology and related areas were interviewed. It was found that the positive and negative experiences were not necessarily opposites. Instead, each had its own unique structure. Also, the emotional investment in negative experiences adversely affected the supervisory relationship. In either case, the supervisory relationship was an important factor. Feeling respected on the part of the supervisee was the key to the effective supervision process.

### Supervision in Music Therapy

Music therapists value supervision throughout their professional lives (Borczone, 2004; Forinash, 2001; Hesser, 2002; Wheeler, 2000; 2002). However, compared to other mental health professions, little literature on the topic of supervision has been written in the field of music therapy (Chase, 2003; McClain, 2001). Furthermore, music therapists feel that there is a need for improving supervisory practices in the field (Farnan, 1996; 1998; McClain, 2001).

The most significant work on the topic of music therapy supervision is a book edited by Forinash (2001). It includes the following topics: different approaches in supervision, developmental stages in pre-internship and internship experiences, types and content of

supervision for music therapy professionals such as peer supervision, experiential group supervision, integrative approaches, music-centered approaches, and psychodynamic perspectives. In addition, supervision in the context of institutional models currently available was introduced. In a recent literature review, McClain (2001) identified problems and concerns in pre-internship and internship supervision, including supervision by other students rather than professionals, lack of structure, and lack of guidelines. She also found that what motivated music therapy professionals to seek supervision included: (a) getting graduate degrees, (b) continuing education or postgraduate institute training, (c) exploring new areas and models of specialization, (d) greater quality of care, and (e) personal exploration (McClain, 2001).

A unique aspect of supervision in music therapy is the use of music in the actual supervisory process (Dvorkin, 1999; Scheiby, 2001, 2005; Stephens, 1984). Stephens (1984) has proposed music therapy group supervision. According to her, supervision is “a balance of elements”: a balance between new ideas and a resource of knowledge and experience; a balance between the therapist’s musical intuition and intellectual understanding on the verbal level. In order to achieve a balance of elements, the author believes in the power of music: “In supervision, as in therapy itself, the music can lead to new discoveries, deepen awareness, celebrate and heal both the client and the therapist in each participant” (p.37).

Dileo (2000; 2001) and Bradt (1997) have emphasized the importance of the ethical aspects of supervision in music therapy. For Dileo (2001), the goals of supervision are to promote supervisee competence, ethical behavior, and personal functioning. Several suggestions have been made by Dileo including the need for a certification program for training supervisors, competence in supervision, ongoing feedback, sensitivity to gender and multicultural issues of supervisees and clients, seeking consultation, and supporting supervisees’ rights. Expectations on the part of supervisees are also important and should be expressed.

The literature on music therapy supervision contains only one phenomenological study on the experience of the supervisee. Wheeler (2002) believes that “hearing the student’s or intern’s perceptions is key to the music therapy supervision process” (p.275). She therefore interviewed eight students in her training program over the course of one year, and through analysis of the interviews, she identified six areas of interest: challenges encountered by students, means of dealing with challenges, involvement with clients, areas of learning, supervision issues, and structure of practicum. From her research, Wheeler (2002) was surprised by some of the students’ perceptions and experiences. She learned that the students have a wide range of perceptions and it is important not to “...make assumptions about what students are thinking or feeling” (p.301).

## Culture and Supervision

Although recently there has been an increased emphasis on multiculturalism in the field of mental health care, the development of multicultural education and training paradigms has been progressing slowly (Hird et al., 2001; Pedersen, Draguns, Lonner, & Trimble, 2002; Sue & Sue, 2008; Toporek, Ortega-Villalobos, & Pope-Davis, 2004). In particular, supervision theories

have not addressed this topic sufficiently (Daniels, D'Andrea, & Kim, 1999). Since current supervision models are rooted in the European/American tradition, the traditional supervision theories are monocultural and ethnocentric in nature (Daniels et al., 1999; Moreno, 1988; Topozada, 1995). Moreover, counseling schools and facilities have a lack of culturally diverse supervisors and mentors as well as a lack of multicultural training. Furthermore, very few minority faculty members currently work in the universities within most training programs (Jackson, 1995; Tummula-Nara, 2004).

Daniels et al. (1999) believe that there is a need to study the issues and problems in cross-cultural supervision when applying traditional supervision approaches. They hoped to develop new models that would be appropriate to cross-cultural supervision. With this aim, they conducted a case study in which they investigated the role of culture in the cross-cultural supervisory relationship. They chose to study a dyad: a supervisor with a Euro-American background and a supervisee with a Korean-American background. Using the method of collaborative study, they identified three major areas relating to cultural concerns: different values in their interpersonal interactions, different counseling goals, and different supervision expectations. The authors found that there were “numerous misunderstandings” between the supervisor and the supervisee and “. . . cultural factors were underlying much of the conflict between the supervisor and supervisee” (p.304).

Nilsson and Anderson (2004) researched the supervision of international students, surveying their concerns, specifically language and cultural barriers. Forty two international students participated in the study to measure their perceptions of their own self-efficacy in counseling situations. The authors' findings were that the lower the level of acculturation among the international students, the poorer the working alliance, the lower the counseling self-efficacy, and the greater the role ambiguity. They recommended that supervisors working with international students to: 1) assess international students' levels of acculturation, 2) address cultural issues in supervision, 3) incorporate education about culture, and 4) compare/contrast culture (how emotions are expressed, how different types of relationships are perceived in different cultures. . .).

In reviewing the literature, several themes can be discerned in the cultural issues that arise in cross-cultural supervision (Cook & Helms, 1988; Hird et al., 2001; Nelson & Friedlander, 2001; Ramos-Sanchez et al., 2002; Toporek et al., 2004; Tummula-Narra, 2004). These include:

- Ignorance: When the supervisor intentionally avoids discussing cultural differences in supervision it can lead to an ineffective supervisory relationship (Nelson & Friedlander, 2001; Ramos-Sanchez et al., 2002; Toporek et al. 2004). “Failing to discuss cultural issues in supervision may lead to miscommunications, misunderstandings, ‘hidden’ agendas, assumptions, and disconnections between supervisor and supervisees” (Nilsson & Anderson, 2004, p.201).
- Ethnocentric Attitudes: The belief that one's own worldview is the only way to judge or understand others is a rigid perspective. Ethnocentric attitudes on the part of the supervisors can hinder the supervisory relationship and eventually prevent the supervisee's further development (Daniels et al., 2001).

- **Power Dynamics:** The supervisory relationship automatically puts the supervisor and the supervisee in a power relationship (Hird, et al., 2001; Ladany et al., 2000; Nagata, 1995; Toporek et al., 2004; Tummala-Narra, 2004). The nature of this relationship can be multilayered, complicated and sometimes difficult. The “narcissistic struggles of the supervisor” consciously and unconsciously take “an all knowing stance” (Tummala-Narra, 2004, p.303). Moreover, it will intensify when the supervisor brings racism into the supervisory relationship. “Power differences by race, ethnicity, gender, or other cultural factors also contribute to the quality of the supervisory experience” (Hird et al., 2001, p.121).
- **Communication Issues:** Limited English language skills of either the supervisee or supervisor can lead to misunderstanding. Eventually, limited communication negatively affects the supervision process (Nagata, 1995).
- **Cultural Misunderstanding:** Misunderstanding between the supervisee and supervisor can originate from their cultural differences. When the supervisor does not have adequate knowledge about the supervisee’s culture or when they don’t discuss their cultural differences in supervision, it can result in incorrect assessment and evaluation of the supervisee. Stereotyping or overgeneralization may occur (Byon, Chan, & Thomas, 1999; Nagata, 1995; Suzuki, Prendes-Lintel, Wertlieb & Stallings, 1999).
- **Culture Based Transference and Countertransference Reactions:** Some of the literature has illustrated issues regarding culture-related transference and countertransference (Ladany et al., 2000; Tummala-Narra, 2004). When the supervisee reacts to the supervision based upon the worldview within her own culture, culture-related transference can take place. Similarly, culture-related countertransference can occur when the supervisor reacts to the supervision based upon his/her worldview. Therefore, supervision is critical to bringing transference and countertransference relating to cultural issues both to the supervisee’s and supervisor’s consciousness.

## The Supervisee’s Experience in Cross-Cultural Supervision

Hird et al. (2001) researched supervisee perspectives of multicultural supervision. The purpose of the study was to “(a) understand the supervisee’s needs and perspectives for culturally integrative supervision and (b) discuss multicultural issues during supervision” (p.115). Based upon their study of four psychologists in training they found that supervisees need to feel safe, respected, and encouraged to grow personally and professionally. As many articles in the literature have stressed, to elicit effective cross-cultural supervision, a strong supervisory relationship is a prerequisite (Cook & Helms, 1988; Ramos-Sanchez et al., 2002; Toporek et al., 2004).



## The Supervisor's Role in Cross-Cultural Supervision

It is important that supervisors are open-minded when being exposed to various cultural traditions. They should be ready to examine their own racism and bias toward different cultures. They need to familiarize themselves with the cultural background and sociopolitical history of different racial or ethnic groups (Cook & Helms, 1988). Most importantly, supervisors should provide an environment in which supervisees feel comfortable discussing culture related issues. Moreover, due to the inherent power imbalance between the supervisees and supervisors, supervisors are responsible for bringing up and facilitating an ongoing discussion of diversity issues in supervision (Tummala-Narra, 2004). Cook and Helms (1988) use the term "collaborative learners" to indicate a more balanced, egalitarian supervision process. In addition, they suggest that seeking continuing multicultural education, attending workshops, and finding resources will help supervisors be better equipped to work with supervisees in cross-cultural supervision.

In summary, while there is a need for more research on the topic of supervision in general, the need is even greater where multicultural supervision is concerned. Although the supervisory relationship is crucial in any supervision, it is perhaps even more significant in cross-cultural music therapy supervision. In addition, there is a need for more culturally diverse educators and supervisors in this field. Since there may be some cultural misunderstanding that occurs, discussing these issues in the course of supervision is of utmost importance: "By putting culture at the forefront of their work, supervisors and supervisees are in a better position to understand the impact of their own cultural conditioning in multicultural counseling and cross-cultural supervision situations" (Daniels et al., 1999, p.204). Therefore, further studies are imperative.

## Cross-Cultural Supervision in Music Therapy

In 1978, the First International Symposium of Music Therapy Training was held in Germany (Estrella, 2001). As a result, the field of music therapy started to examine cross cultural issues in music therapy. It was Moreno who first called for increased awareness of multiculturalism in the field of music therapy. Moreno (1988) noted that, "Music therapy, like music itself, is a multicultural phenomenon" (p.17). Today's music therapists work with clients from various cultural backgrounds. The more music therapists prepare and know about a wide variety of representative world music genres, the better it is for them to serve their clients. Moreno believes that world music not only is a tool for contacting clients from other cultures, but that music therapy clients who are part of the dominant culture can also benefit from it. Therefore, he encourages music therapists to be familiar with a variety of world music.

Topozada (1995) surveyed 500 music therapists and found that they believe that multiculturalism is an important factor of their practice. However, the development of multiculturalism in the field of music therapy has been slow. "This seems unfortunate, especially since music as a therapeutic medium can transcend cultural, racial, and even linguistic barriers" (p.72). In addition, Darrow and Molloy (1998) reviewed literature on

educational curricula and clinical practices relating to multicultural perspectives in music therapy and found that “relatively few studies and articles pertaining to multicultural issues have appeared in the music therapy literature” (p.27). According to this study, seventy-five percent of respondents felt they learned the pertinent multicultural knowledge through their work experiences. Further research areas that they suggested include responses of therapists working in different areas or working with different client populations and client responses to multicultural music within music therapy sessions.

Dileo (2001) asserted that “. . . even though it is possible to learn and understand both general and specific cultural characteristics, each person within a culture remains to be discovered and understood as an individual, with a unique blend of these variables” (p.164). In addition, the implementation of multicultural competency in music therapy education and training is “both significant and critical.” “These need to be integrated into the profession’s current entry-level competencies and assessed by faculty, internship supervisors and the CBMT . . . . Music therapy faculty and internship supervisors need to be culturally aware and competent to teach/supervise in this area” (p.164). She suggests that special courses, conference offerings, and continuing education programs are necessary for multicultural music therapy education.

In summary, there is very little literature on the topic of cross-cultural supervision in music therapy. According to past research findings, most music therapists feel that supervision, in general, needs to be improved. There is a need for multicultural resources, including culturally diverse and culturally informed supervisors and therapists. The multicultural education should become a requirement of the core curriculum in music therapy. Workshops and conferences also need to be provided. Many questions and issues regarding cross-cultural supervision have remained and need to be researched.

## PROBLEM STATEMENT

The purpose of the present study is to understand the supervisee’s experiences of being misunderstood and understood within the context of cross-cultural music therapy supervision. Subordinate questions were:

1. What characterizes the experience of being misunderstood in cross-cultural music therapy supervision?
2. What characterizes the experience of being understood in cross-cultural music therapy supervision?
3. How do the experiences of being misunderstood and understood compare?

## METHOD

### Participants

Potential participants from the directory of the American Music Therapy Association were contacted by the researcher through e-mail or phone. The researcher asked them whether they fit the research criteria and whether they were willing to participate in the research. The following criteria were used in selecting final participants: 1) They must be music therapists who have had a cross-cultural supervision experience within the past 3 years; 2) They must be willing to share their experiences openly; 3) They must be able to recall and articulate their experiences fully; and, 4) They must be willing to take the time for an interview and telephone follow-up. Then, five female and two male music therapists were selected based upon the above criteria.

The participants came from various cultural backgrounds including African (n=1, participant A), Asian (n=4, participants B, C, D, E), and Caucasian (n=2, participants F, G). Upon their agreement to participate in this study, all participants signed consent forms (see Appendix II). To protect the rights of the participants, the study was reviewed and approved by the Institutional Review Board of Temple University.

#### *Cultural Backgrounds of the Participants and Their Supervisors*

Case	Participant	Supervisor: Being Misunderstood	Supervisor: Being Understood
A	Female African	Female Caucasian	Male Caucasian
B	Female Asian	Female Asian	Female Caucasian
C #	Female Asian	Female Caucasian	Female Caucasian
D	Female Asian	Female Hispanic	Female Caucasian
E	Female Asian	Female Asian	Female Caucasian
F #	Male Caucasian	Male Caucasian	Male Caucasian
G #	Male Caucasian	Female African American	Female African American

# Same supervisor in both cases: Being misunderstood and being understood

### Design

The purpose of this study was to understand the supervisee's experience of cross-cultural supervision. A phenomenological retrospective design (Becker, 1992; Giorgi, Barton & Maes, 1983; Giorgi, Fischer & Eckartsberg, 1971; Ihde, 1976; 1986; Moustakas, 1994) was used to gather and analyze the data. Specifically, the participants were asked to look back at what they had experienced in supervision, relive the experience moment by moment, and then describe it in as much detail as possible. At the interview, the participants were asked open-ended questions in order to obtain a full description of their experience. In addition, the researcher had e-mail conversations with some of the participants to clarify what was said in the interview. The interviews were then transcribed and condensed into synopses. The synopses of the interviews

were sent to the participants to check for accuracy and thoroughness. The researcher then extracted essential themes from each synopsis.

## Epoche

I am an Asian American music therapist who was born and raised in Korea. I immigrated to the United States in 1986 and have worked in the music therapy field here for over 11 years. For me, every day has been a cultural experience. My daily life experience living in the United States has raised my awareness of cultural phenomenon and has helped me to understand the cultural influence in music therapy.

As a supervisee, I have always been in cross-cultural supervision. It was a great experience to have a culturally competent supervisor, who understood and was sensitive to my cultural being. She was able to “let me be” – providing a sense of support and understanding. Then, I, as a supervisee, was able to open up and comfortably share in supervision. As a supervisor, I have been supervising music therapy students both with cultural backgrounds similar to my own and with cultural backgrounds different from my own. I have noticed that cultural factors significantly influence music therapy work and supervision. In addition, my postgraduate training in Analytical Music Therapy (Priestley, 1975; 1994; Scheiby, 2005) has helped me to further define cultural issues in music therapy. This has helped me to know myself better, to integrate the bi-cultural self which I have developed, and to become even more aware of any transference/counter-transference that arises either in the music therapy which I practice, or in my supervision of music therapy interns and students (Scheiby & Kim, 2005). Eventually, all of these supervision experiences deepened my clinical work so that my clients ultimately derived benefit from them. These experiences helped me to develop a keen interest in cross-cultural music therapy supervision.

From my supervision experiences, I came to believe that as in any human relationship, there may be misunderstandings and/or miscommunications in supervision. For example, if either the supervisee or the supervisor is a selective listener, the communication between them is not clear, no matter how hard they try to communicate. Or if either of them has a language barrier, there will be an opportunity for miscommunication. My own transference/countertransference issues in supervision are also involved. I am aware that I have had both positive and negative experiences in supervision. My own belief is that there are challenges and issues in supervision. I acknowledge that my unconscious feelings about races, racism, and prejudice in my daily life experiences, as a minority supervisor, and my assumptions about the dynamics between a supervisor and a supervisee all have impacted this study.

While conducting this study, my culturally fostered way of expressing myself actually helped me to better understand the supervisee’s nonverbal communication: Koreans are used to reading gestures, facial expressions, body posture, and other non-verbal cues. Therefore, during the interviews, I sensitively understood their nonverbal communication. Moreover, my in-depth experiences as both a bi-cultural supervisee and supervisor have helped me to gain a clearer understanding of the cross-cultural music therapy supervision process. It is my belief that cross-cultural elements can actually be an advantage in music therapy supervision. When there is an

openness to discuss the differences and a willingness to grow on the parts of both the supervisee and supervisor, each can expand his/her awareness of diverse cultures.

## Data-Collection Procedures

I made individual appointments with each participant for an interview. Before their arrival to the interview, they were asked to think about their significant experiences in cross-cultural music therapy supervision sessions and choose sessions they would discuss. We met in a quiet location. The total interview time was about 45 minutes to 1 hour per participant. To record the interview and safely store the data, two tape recorders were used simultaneously (this was in case one of them stopped working). The participants were asked to describe their cultural, educational, and professional backgrounds, and their supervision information, including the setting, time, and duration of the supervision, and to provide an overview of the supervisors' styles and cultural backgrounds. During the interview, I observed noticeable nonverbal expressions including facial expressions, gestures, and body language, and later made note of them.

Adapted from Comeau's procedures (1991), the interview had two parts: First, participants were asked to describe a situation in which they felt misunderstood by the supervisor in cross-cultural supervision, and second, they were asked to describe a situation in which they felt understood by the supervisor in cross-cultural supervision. Each interview process had three phases: induction, description, and closure. During the induction, I helped the participant focus on the experience that he/she wanted to recall and relive. During the description, my role was to help the participant clearly articulate his/her supervision experience as it unfolded from moment to moment. When the description was unclear, I asked the participant to clarify. To do so, I used verbal techniques such as amplification, redirection, probing, reflection, and summarization (Comeau, 1991, p.22). During closure, I asked the participant whether there was anything that he/she would like to add to the description. Also I asked him/her whether there was anything that I needed to do to support him/her because of the emotional reactions that arose as a result of his/her recollections.

The following were some prepared questions that were used:

1. *Please take a moment to think about one of your supervision sessions when you were significantly misunderstood by your supervisor. Try to recall the session as clearly as you can, reliving it as much as you can. Please tell me what happened and what you were experiencing from moment to moment. I am interested in hearing about what your supervisor said and did as well as what you said and did. But most importantly, please describe all of your reactions to what happened, moment to moment, including your feelings, body reactions, thoughts, and anything else you think is pertinent.*
2. *Think about a supervision session when you were significantly understood by your supervisor. Please follow the above guidelines to describe your supervision experience.*

After the interview, I followed up with a telephone call or e-mail whenever the participant's responses were unclear or it appeared that they needed emotional support. Then the individual synopses were prepared (see Appendix I). These were sent to the participants for confirmation of accuracy. After I received all the confirmations and corrections from the participants, I began to analyze the data.

## Materials

For this study, two tape recorders and audiotapes were used.

## Data Analysis

The data was analyzed using a phenomenological framework developed at Duquesne University. The following steps were adapted from Giorgi (1985), Racette (1989), and Comeau (1991), and modified according to my study:

1. The recordings were transcribed word-for-word.
2. The protocols were read several times in order for the researcher to get a general sense of the whole statement.
3. The protocols were grouped into two parts—being misunderstood and being understood.
4. The protocols were culled by examining them in terms of the phenomenon being researched. Any reflective, interpretive, or descriptive redundancies and any repetitive statements not directly related to the experience were eliminated.
5. Individual case synopses for the protocols were prepared. To reveal the essence of the experience, the participants' own words in the descriptions were used as much as possible. In addition, the synopses were written with the three aspects of the supervision experience included—the supervision situation, the description of the supervision experience, and the effect of the supervision experience.
6. The individual case synopses were sent to the participants to confirm their accuracy.
7. From the original protocols and the individual case synopses, essential themes across cases were extracted.
8. From the original protocols, excerpts which were examples of the essential themes were prepared in order to reveal common experiences among the personal experiences.
9. Based upon the main topics of the findings from this study, the essential description was produced.

10. Both the original protocols and the essential description were read to make sure that there were no contradictions in either, and that they were in agreement with each other.

## RESULTS

The results section is divided into two main sections: being misunderstood and being understood. Each main section elaborates the essential themes in four phases of the experience that were identified in the data analysis. The four phases are: 1) entering the supervision, 2) the supervision experience itself, 3) the supervisee's reactions to the supervision, and 4) the outcome of the supervision experience. It is noted that one participant, F, described his music therapy supervision experience with a creative arts therapist and psychologist who specializes in an area other than music, while the remaining participants described their supervision with supervisors who are music therapists.

### Being Misunderstood

#### *Entering the Supervision Experience*

The participants in this study were predisposed by two major factors that strongly influenced their particular experiences. At the time of receiving the supervision, some participants had just arrived in the United States as foreign students and were going through cultural adjustments as well as beginning their own acculturation process. In other cases, underlying racial or gender issues existed, only to become magnified in their experiences. Based upon their experiences, two predominant themes became apparent: cultural barriers and racial and gender issues.

1. Cultural Barriers. This particular supervision experience occurred while some participants were going through a daily culture shock. Therefore, the intensity of the experience had become severe. B was emotionally shaken: *The supervision took place shortly after I arrived in America. At that time, I was suffering with trying to speak English and had some emotional issues and many hardships. I felt tremendously hurt because this supervision was a shocking event.* In C's case, since she was so immersed in her own cultural experience, she could not even understand the implicit and explicit norms of supervision in the United States: *When I first came here for training, the supervisor's style was foreign to me. . . . The more I was questioned, the more my mind blanked out. It was so tiring, frustrating and terrifying. I really didn't know where she was coming from. I just wanted to hide from her.* In some cases, the language barrier became a major issue: D reported:

*English is a second language for both my supervisor and me . . . [the supervisor] had been in this country for four years and sometimes it seemed painful for her to speak English.*

2. Racial and Gender Issues. Prevailing racial and gender issues in society are not always apparent. However, these racial issues were brought to the surface during supervision and ultimately, the supervisee had to face the issues. As G described: *I think the race issue came into my experience with the supervision more than I was able to realize. So I still remember feelings in general of why there was tension, and differences sometimes existed in the supervision.* Gender issues also came to the surface during cross-cultural supervision. F was apprehensive about it: *....it was my first time having a male supervisor. . . . This male supervisor was also very strong. The way the supervision came across brought attention to my gender issues.*

### *The Supervisee's Experience of Being Misunderstood*

The supervisees' common experience of being misunderstood can be summarized as having four main themes. They were: power imbalance, the supervisor's projections onto the supervisee, different perspectives and expectations, and issues in the supervisory relationship.

1. Power Imbalance. Many participants expressed that a power imbalance existed in supervision. F shared: *Most of all, his sense of power made me freak out. I was really jealous. I wanted his snootiness and his power.* When the supervisor actually used his/her power in the supervision, it evoked strong feelings in the supervisee. Moreover, in some cases, the supervisees could not discuss their feelings with their supervisors. For many, within their cultural norm, confronting an authority figure would not be appropriate. As C expressed: *Express an opinion that was different from my supervisor's? I can't do that! Our conversations left me feeling empty, and made me feel stupid.* Since the supervisee was well aware that one of the supervisor's roles is that of an evaluator, she was very concerned about her grade and the evaluation: *I felt rather powerless, as she would give me a grade at the end.*
2. Supervisor's Projection onto the Supervisee. The supervisor's unresolved culture-related personal issues affected the supervision process negatively and became detrimental, through the mechanism of projection. Specifically, the supervisor perceived qualities in the supervisee that belonged to the supervisor. This brought the supervisee's emotional reactions to the surface. For example, D's supervisor became defensive and said, she was not trying to project onto D. However, D was not sure if that was true. D expressed: *"I*



*don't remember her exact words but she says something like this: 'You are older than I am. Do you think that I can be helpful to you?''* In another case, B's supervisor was a member of a minority group and she reported: *The supervisor might have been oppressed and may have never overcome her issues. As she hated herself, she also hated me because I reminded her of herself without power. I was really angry. . . .*

3. Different Perspectives and Expectations. When being misunderstood, the supervisees often felt that their supervisors had different perspectives on what the supervisory issue or problem was. It is apparent that their worldviews were different, but were never discussed. This being the case, one wonders how effective the supervision can be. As C shared: *I had difficulty expressing what I really wanted to express, especially thinking in the Western mode that my supervisor understood. By bridging the gap, or even space, I did not realize that my cultural background made it such a challenge.* Misunderstandings also took place when the supervisee and the supervisor had different expectations of supervision. F expressed: *I really want empathetic and sympathetic supervision, a little more understanding and caring. But I came across a hard-minded, straight face.*
4. Issues in the Supervisory Relationship. The cultural differences between the supervisee and the supervisor often prevented them from developing trust in their relationship. In turn, they were not able to open up to the supervisors and had doubts about their professional skills. Feeling a lack of support was also a common outcome of being misunderstood by the supervisor. When the supervisees felt unsupported by the supervisors, there was nothing further they wanted to discuss because their motivation was low. The supervisees believed that they were on their own to deal with their issues. As D described: *She did not give any supervision sessions afterwards. . . . So I had to learn mostly by myself.* Further, E felt it was necessary to seek support from professionals other than her supervisor: *I gave up, but I went to my academic supervisor. She seemed to understand me.*

### *The Supervisee's Reactions to Being Misunderstood*

When feeling misunderstood, all supervisees had strong physical, emotional, and psychological reactions to the supervisors and the situation. Some experienced more severe reactions than others.

1. Physical Reactions. F was not able to express what he wanted to say during the supervision, F reacted to the situation physically: *I became defensive and very submissive. I fell back in my chair, stopped writing, I didn't give him as much as eye-contact. I zoned out.* Also, B

- described: *I was afraid of her. I was so nervous during the whole supervision. I did not even know how my facial expressions were supposed to be in supervision. So I could not talk with her anymore. . . .*
2. Emotional Reactions. Participants reported feeling a wide range of emotions. A became emotional when she expressed her feelings: *How come she said that to me? I was upset, disappointed and annoyed. I felt really hurt.* In addition, C illustrated her feeling of inadequacy: *Did I know anything? I felt like I am under a microscope, being judged and questioned. . . . I felt intimidated, insecure, and inadequate.* As B summarized: *This experience made me feel closed, frightened, hopeless, and it was hard for me to reach out.* The supervisees could easily blame themselves for what went wrong. B even thought: *“What is wrong with me?”*
  3. Psychological Reactions: Being Challenged. When the supervisees’ needs were not being met, the predominant feelings as mentioned above often carried with them psychological distress. The supervisees often felt that they were being challenged by their supervisors. F experienced: *My whole therapy orientation was being questioned. That was my problem. I think that he didn’t understand music therapy so my supervisor used this opportunity to question music.* Another challenge occurred when there were personal issues brought up by the supervisor. This triggered strong reactions in the supervisee. As G stated: *I definitely felt challenged by it. I don’t blame it on her or attribute it to her, but I felt challenged on my part.*

### *Outcome of the Supervision Experience*

Within these particular supervision experiences, the supervisee and supervisor could not build a strong alliance in supervision. As the supervisor lacked cultural understanding about the supervision process, the supervisee was not able to enhance his/her knowledge or skills in supervision, nor did he/she have an opportunity to openly discuss issues and concerns. However, regardless of the negative experience in supervision, some supervisees ultimately felt that they learned something from their experience.

1. Severing the Supervisory Relationship. Some intense supervision resulted in termination. D reflected: *After the incident, she stopped supervising me. . . . I was wondering if she was hesitant to give me supervision.* Some supervisees regretted that they had never resolved the conflicts with their supervisors. As E expressed: *Whenever I came to the internship site, it made me feel like. . . Oh I wanted to leave soon. So my attitude was superficial and unmotivated. Whenever I think about it, I feel angry again. I have never worked through it. . . .*

2. Ineffectiveness of Supervisor's Intervention. Another outcome of the misunderstood experience was that the supervisee regarded the supervisor's interventions as basically ineffective. C questioned: *I never felt that the supervisor was helpful . . . . Coming from a setting where things are hierarchical and structured, this felt totally unstructured. At the beginning, I wondered, "Does she know her stuff?" I'm paying all this money to be asked questions? Since I have to find out the answers myself, what was the point of supervision?* In E's case: *I felt that my supervisor was really busy with conferences and I, as an intern was not her priority. In addition, her supervisory style was unstructured and ineffective. . . .*
3. Learning Experience. It is interesting to note that regardless of the intensity and negativity of the experience of being misunderstood by the supervisor, the experience was often regarded as a learning experience. C perceived her supervision session as a learning experience: *Nevertheless, this experience has opened me up to be a more independent thinker. Now, I am more sensitive to where my clients are in their process.* Further, in F's case, he gained a new insight through the supervision and felt respect for the supervisor: *Later, I came to have respect for him.*

## Being Understood

### *Entering the Supervision Experience*

There were two categories of cases in which the supervisees entered the supervision experience. In some cases, the participants brought challenging clinical cases to the supervision because they felt that they had done "something wrong." In other cases, they had some relationship issues or conflict with their supervisors, which needed to be resolved.

1. The Need for Supervision. The supervisees felt the need to discuss their clinical cases with their supervisors and believed that their supervisors would share their expertise. Also, they felt that they needed guidance and support. F described: *My client's mother kept calling me for a consultation for her son. One day . . . she lashed out at me. It was freaking me out. So I discussed this with the supervisor.* In B's case, although she was reluctant to share her issues with her supervisor at first, but because her issues needed to be resolved, she decided to bring it up: *I was hesitant to share this with my supervisor because they were colleagues. It was a cultural issue. But I could not hold on to my feelings anymore.*

2. Conflictual Relationship. In the course of the supervision, conflict between the supervisee and the supervisor often occurred. This not only affected their relationship but also affected their clinical work. E shared that: *My supervisor asked, "What is going on with you? . . . ." So, I started to hate her and became more locked inside myself. It also affected our sessions. . . . So I said to the supervisor, "It is not easy for me to talk with an authority but I must. Otherwise I cannot work with you anymore. . . ."* G also experienced: . . . *That was a surprise to me. It was almost like an accusation. She seemed to think, "You are hiding something, and you are sexist." It hurts because that is the last thing that I am . . . .*

### *The Supervisee's Experience of Being Understood*

When the supervisees were feeling understood, the supervisors seemed to be sensitive to cultural issues that arose by expressing their cultural sensitivity directly or indirectly in supervision. There were some common qualities that the supervisors possessed. These qualities were the most important factors that lead to a positive supervision experience. One important quality that supervisors demonstrated was "being culturally empathic." This included being a good listener, accepting, normalizing the issues brought by the supervisee, and having a non-judgmental attitude. Another quality that the supervisors demonstrated was being collaborative: They worked along with the supervisees in a more equal relationship. Thus, three apparent themes emerged.

1. Addressing Cultural Issues. In this study, cultural issues were addressed either directly or indirectly.
  - Direct expression in a culturally sensitive manner. When the supervisor openly discussed their cultural differences, the supervisee felt more trust in her. A's supervisor empathetically addressed her cultural dilemma: *"I can see where you are coming from and how you are trying to negotiate who you are and who they are. . . ."* My supervisor was very calm, without any bias. Also, D expressed: The supervisor said, *"That's quite a different perception than mine . . . ."*
  - Indirect expression in cultural sensitivity. Although C was hesitant to share her clinical issues with her supervisor, the openness of the supervisor helped her to share more easily: *She was listening to me and trying to understand me, even though she may not understand me totally...* G also felt that the supervisor was culturally sensitive: *"Maybe this is going on for you....," and shared her sense of what my relationship with the discussion.* In either case, the supervisors had common qualities in their supervisory styles.

2. Supervisors as Culturally Empathic. The culturally empathic understanding of supervisors eased their supervisees' discomfort.
  - Supervisors as Good Listeners. When their supervisors were really listening to them, that opened them up to share more easily and indeed, it was a "powerful experience." A illustrated: *I told my supervisor that it was such a shock for me coming to the United States and I was questioned everyday: Am I acting black enough for the black people? . . . He was listening to me with empathy and support. As C Described: My supervisor respected that our cultural backgrounds are different and she was not making generalizations. . . . She was really listening to me. . . .*
  - Acceptance. Acceptance by the supervisor was significantly important in helping supervisees feel understood. F explained: *I really felt that the supervisor was accepting me as a clinician and understanding me as a person.* According to C, being accepted by the supervisor was almost a prerequisite for that experience: *She just accepted that I was from a different culture than hers, but I was in the music therapy program to train and wanted to become a music therapist. . . .*
  - Normalizing Their Issues. Because of the nature of the supervisor's powerful position in the supervisory relationship, the supervisee can be sensitive about being judged and evaluated by the supervisor. The supervisee hoped to perform well in his/her work. When the supervisor made an effort to normalize his/her issues, the feeling of being understood was maximized. As F described: *I thought I had done something wrong. I actually had hindered the therapy process. But my supervisor explained that this situation was not easy because the son and mother's issues were all over the place. He not only understood my situation but also I received the care and validation that it was not my fault.* In A's case, the supervisor focused more on the clinical perspective: *The supervisor said, "The client will say things deliberately to get you annoyed, so he finds one of your buttons and he pushes it."*
  - Non-Judgmental Attitude. A non-judgmental attitude on the part of the supervisors created a feeling of safety for the supervisees to share their issues more openly in the supervision. B described: *The supervisor became a very decent listener. She did not behave as was typical of my country's teachers' judgmental attitudes. That excited me!* A expressed: *I felt comfortable, accepted and validated, not judged. It was a good experience. I really appreciate it.*
3. The Supervisory Relationship. Through the supervisors' continued support, a trusting relationship as well as a collaborative relationship was the core of the understood experience.

- Continued Support. Most supervisees used the word, “support” when describing the quality of the supervisory relationship. A felt: *The supervisor was really supportive . . . . So I was able to get my anger out . . . .* As D described: *When you had the same expectations and understanding about supervision as your supervisor, and you had support from her, this helped.*
- Trust. Because of the aforementioned qualities of the supervisors, the supervisees developed a feeling of trust that enhanced the supervision experience. Consequently, they were able to share more openly and had an understood experience. G stated: *For her to recognize that really made me feel understood by her and I trusted her better. I was able to share anything with her.* C believed: *The supervisor had my interests at heart. . . . I felt more connected to her. I almost wanted to give her a hug because she understands me.*
- Collaborative Relationship. A collaborative relationship between the supervisee and supervisor allowed the supervision process to be more effective. As a result, they were freely able to exchange their thoughts and opinions regarding the issues that arose. They developed a partnership in dealing with their work. F expressed: *He reinforced that I could do it and allowed me to be part of this team. I felt bigger. . . .* C also experienced: *The supervisor was not impatient or superior or feeling that her way was the only way . . . . I became more open. It was the relationship that had changed.*

### *The Supervisee’s Reactions to the Experience of Being Understood*

When feeling understood, the supervisees reacted on physical, emotional and psychological levels. These positive reactions helped to strengthen their supervisory relationships.

1. Physical Reaction. C noticed that her physical reactions had changed when she felt understood by the supervisor: *Even though she still asked me many questions, I felt that she was not in a critical position . . . so I felt more relaxed . . . .* E described: *My voice was cracking and I was on the verge of crying. She said, “If you want to cry, it’s OK to cry.” But I was swallowing like this. . . .*
2. Emotional Reactions. When the supervisees felt understood, they were feeling happy, excited, comfortable, open, respected, good, encouraged, balanced, and they gained confidence. A was able to express her feelings openly: *I was getting my anger out. I felt more relaxed and open . . . .* Similarly B expressed: *I was crying a little because she really was listening and accepting me. I was able to share anything with her. I felt equal.*

3. Psychological Reactions. With the increased level of trust and respect for the supervisors, the supervisees were better able to handle their personal issues in supervision and this brought about new learning regarding themselves and their clients.
  - Respect for the Supervisor. When the supervisor was knowledgeable and was able to demonstrate a skill, D felt not only that her needs were met, but that her respect for the supervisor as a professional increased: *The supervision was more helpful and tangible. I felt that she was knowledgeable and supportive.* G experienced: *Since the supervisor told me this thought of hers, I experience the resonance. I recognized her as someone who really knows it. I really trust her about it.*
  - Personal Issues. Personal issues during the course of the supervision may sometimes increase tension between the supervisee and supervisor. E described the incident vividly that she was reluctant to follow her supervisor's guidance: *My supervisor pointed out that I seemed to focus too much on myself, not on the clients' needs during the sessions. I was really afraid to talk about it, but she further said, "If you cannot talk about yourself then you can not become a music therapist." I was very shocked. . . .* However, at the end, the supervisor helped E to uncover personal issues. G also was surprised by his supervisor: *The supervisor said, "I am beginning to think that you were being defensive about this. . . ." That was a surprise to me.* Feeling understood can be a product of resolving the conflict between the supervisee and the supervisor.
  - Guiding the Supervisee. Under the guidance of E's supervisor she was able to identify her related personal issues, gain insight, and ultimately serve her clients better: *I felt lighter. . . . I became more comfortable talking about things with her.* With sensitivity, the supervisor guided G to help him gain new insight: *What I was thinking about is to try not to think about people by gender at all, which had a problem with it too. Or maybe it was denying, defensive.*

### *Outcome of the Supervision Experience*

Feeling understood by the supervisors resulted in the supervisees gaining insight. In addition, their supervisory relationship was strengthened. Most importantly, the supervisees' self-esteem was increased and the motivation for their future work also increased.

1. Gaining Insight. New learning helped the supervisee expand his/her perspective. A stated: *I left that supervision feeling like I learned a lot.*

*I felt excited and understood more of what I should have. As G experienced: So the first thing that she did was to say, "What do you think?" And then she came back and gave me her insight with what happened within me. She wanted to help my thinking.*

2. Feeling Empowered. When the supervisors empowered the supervisees, it helped them to deal with their issues more confidently. B's supervisor said: *"If you think that this is right, you should do it. Don't let her overpower you. You don't need her permission."* That positively affected their clinical work. According to A: *From this supervision, I learned that it is OK to have my experiences. It is OK to have different perspectives when interacting with black people.*
3. Increased Self-Esteem. As a result of the positive experience, the supervisees were able to let down their defenses and felt more confident in themselves and in their work. A described: *An African-American young client accused me of disliking black people even though I am Black . . . I told him that I was sorry if he felt that way but it was not true. I was getting really upset, so I walked away. My supervisor thought that I handled it pretty well. . . .* B summarized her supervision experience: *This session was an "open-up moment," caring, empowering. I was encouraged. I was able to stand up for myself in my sessions. I was convinced that I was allowed to do that. I was more confident.*
4. Increased Motivation. This experience energized the supervisees and affected their future work positively. E was glad that she was comfortable working in music therapy sessions: *More importantly, I was able to work with her clinically again. . . .* According to G: *Now I feel that I can question myself. I may be biased.*

## DISCUSSION

In this section, I will provide an essential description of being misunderstood and understood in cross-cultural music therapy supervision. Then I will discuss the findings that were identified in this study.

### Essential Description: Being Misunderstood

The supervisee enters the supervision with cultural differences, racial and gender issues, and ongoing conflicts. These preexisting differences between the supervisee and supervisor affect the supervision process. Power issues can become intensified when the supervisee's worldview differs from that of the supervisor. Also, the supervisee experiences that the supervisor's unresolved culturally related issues interfere with their relationship and often expresses that the supervisor projects these issues onto the supervisee. These experiences cause the supervisee to



have strong emotional, psychological, and physical reactions. The supervisee feels challenged due to a lack of support and trust in the supervisory relationship. However, the supervisee does not express his/her true feelings to the supervisor. Moreover, it is surprising that the supervisor does not discuss the cultural issues when it is obvious that they exist in their supervision. So the supervisee tries to resolve the situation by accepting the supervisor's suggestions or being silent. Consequently, he/she feels alone in dealing with his/her issues and seeks other professional help. The supervision is conceived as ineffective and little growth takes place. Moreover, some supervisees hold onto their unresolved issues. Nevertheless, in spite of the misunderstood experience, the supervisee regards the supervision experience as a learning experience.

## Essential Description: Being Understood

The supervisee enters the supervision with feelings of inadequacy and having issues with the supervisor, and actively hopes to receive guidance from the supervisor or to resolve the issues. When the supervisor really listens to the supervisee with culturally empathic understanding and a non-judgmental attitude, the supervisee experiences feelings of acceptance and support. The supervisor's cultural sensitivity expressed directly and indirectly helps the supervisee to open up to the supervisor and trust him/her. Now, they can focus on clinical matters, normalize issues identified by the supervisee, and further empower the supervisee in supervision. So, the supervisory relationship is strengthened as it becomes more collaborative in nature. As a result, the conflict that the supervisee had is resolved, insight is gained, self-esteem increases and there is additional motivation for future work.

## Comparisons of Misunderstood and Understood Interviews

In the beginning of the interview, some participants showed resistance to reliving the misunderstood supervision experience. Nevertheless, in most cases, the participants were more elaborate in their descriptions of the session when they were misunderstood by the supervisor than when they were understood. Perhaps, the lengthy descriptions resulted from a more intense experience where the negative effects were longer lasting. At the end, some participants shared that it was beneficial to go back and relive the misunderstood experience. As a result, they gained new insight and most importantly, had an opportunity to let go of the intense feelings.

Moreover, the essential themes between being misunderstood and being understood in supervision were not always opposite. For example, the supervisees' resistance appeared in both supervision situations: "During the supervision process, it is not uncommon to find supervisees becoming resistant to the supervision process, content, or context" (Masters, 1992, p.389.) In order to take the supervisee to a higher level and help him/her to gain insight into his/her work, sometimes, it was unavoidable that the supervisor encouraged the supervisee to face personal issues. When this happened, regardless of the good intentions of the supervisor, it posed personal challenges for the supervisee. Even in cases when the supervisee may not have wanted

to face his/her issues, when a strong supervisory relationship between them was established, the supervisee followed the supervisor's guidance and resolved a particular issue. Then the supervisory relationship was strengthened. It is noted that culturally empathic understanding on the part of the supervisor is the prerequisite to ensure this supervisory relationship.

### *The Effects of the Supervisory Relationship*

The quality of the supervisory relationship was expressed by using common words. Similar vocabulary was cited in the Worthen and McNeill's research (1996).

For example, many participants used the word, "shocking," "being accused," and "feeling hurt" when they described the misunderstood experience. On the other hand, the words, "really listening to," "understanding," "acceptance," and "powerful experience" were used when they described the understood experience. In both cases of being misunderstood and being understood, the word "trust" was used. This indicated that these experiences affected their supervisory relationship in that the "trust" would be increased or decreased.

Through this research study, it became clear how important it is for the supervisee to feel "accepted" by the supervisor in cross-cultural music therapy supervision. In addition, it was apparent that the supervisee was particularly sensitive about being judged by the supervisor. It is also noted that some of the qualities that appear to be important in cross-cultural music therapy supervision can also be important in any supervision. It is because cultural understanding is about human understanding.

In addition, there were characteristic elements in the supervisory relationship. When feeling misunderstood, the supervisor had a more authoritarian style and there was a one way communication. On the other hand, when feeling understood, the relationship between the supervisee and the supervisor was a more "equal and collaborative one." These supervisors' styles also became obvious in both their verbal and non-verbal communication. Nonverbal expression such as tone of voice or facial expressions on the part of the supervisor can also be read by the supervisee. This expression can be a powerful aspect of the supervisory relationship. In addition, the imbalance of power can be felt through the physical setting of the supervision. The discrepancy between the supervisor's verbal and nonverbal expression can affect the trust level.

### *Cultural Factors in Supervision*

According to this study, cultural factors played a significant role in both the experiences of feeling misunderstood and feeling understood. The descriptions of their experiences show how "cultural factors were underlying much of the conflict between the supervisor and the supervisee . . . . As a result, numerous misunderstandings happened" (Daniel et al., 1999, p.304). Specific cultural factors such as language and cultural barriers (Nilsson & Anderson, 2004), acculturation level, and the experience of being prejudiced were identified through this study. For example, B was experiencing uncaring supervision due to the supervisor's lack of consideration of cultural factors. Within B's culture, therapy is not a common phenomenon. In fact, in B's country of origin it is understood that only seriously emotionally ill persons would get therapy. In addition, a perfect ego is highly regarded. Here in the USA, when a supervisee

from B's country comes to study music therapy and hears that he/she could not be a music therapist unless he/she deals with his/her issues, he/she can become devastated. This shows how important it is for the supervisor to examine his or her own cultural beliefs with regard to supervision and openly discuss differences. As Cook and Helms (1988) assert, "Disregarding the influence of culture in the supervisory relationship can contribute to considerable conflict in the process" (p.270).

Further, the results of the present study supports that cultural issues are not only limited to ethnicity or nationality but also to race, gender, orientations and beliefs (Cook & Helms, 1988; Dileo, 2001; Pedersen, et al., 2002; Sue & Sue, 2008). The supervisee and supervisor's preconceptions and past experiences with racial and gender issues can affect the supervision process significantly. Further, As Nagata (1995) asserts, "Such seemingly isolated cases can accrue over time throughout the course of a trainee's experiences and combine with incidents of racism and prejudice outside of the training program to negatively impact her development as a therapist" (p.291). In addition, lack of knowledge about the music therapy profession on the part of a supervisor can lead to misunderstanding. In F's case, he had a supervisor who was a creative arts therapist by profession. He felt that the supervisor didn't value music therapy, therefore, it was difficult for the supervision to be effective.

Cultural empathy is an essential element in cross-cultural supervision. In some cases, cultural empathy (Pedersen et al., 2002) on the part of the supervisors led to the experience of feeling understood by the supervisee. Because of a supervisor's willingness to listen to and understand the supervisee's worldview, the supervisee felt acceptance from the supervisor. Interestingly, when the supervisor focused on the clinical issues rather than on the personal/cultural issues, it created a safe environment. As a result, the supervisees were able to be more open in discussing issues with the supervisors.

## Nonverbal Expression within a Specific Culture

Emotional expression can vary according to culture. Some cultures do not encourage expressing ones feelings outwardly. They do not even have many words related to emotions. Moreover, because of cultural differences, the interpretation of nonverbal communication was a major supervision issue in A's case. The way the supervisor expressed empathy was too "intense and serious with a concentrating look" than the supervisee was accustomed to in her country of origin. The supervisee was also concerned about how she would apply the learning when she went back home.

## Discrepancies in Power: Conflict and Distress

Power imbalance or different perspectives can occur in any supervision experience, however, the intensity may be stronger in cross-cultural supervision due to lack of cultural understanding or unwillingness to be open minded. It is well-documented that the key for effective supervision is "the resolution of conflict that occurs naturally because of a power imbalance between

supervisee and supervisor” (Nelson & Friedlander, 2001, p.397). In most cases, because of the power imbalance in the relationship between the supervisee and supervisor, it is unknown how much the supervisee really expressed his/her feelings toward the supervisor and even whether the supervisee expressed his/her concerns. The supervisees were all conscious about how their supervisors would perceive them and therefore they did not wish to offend the supervisor.

In the present study, for some supervisees, expressing personal feelings with an authority can be very difficult due to their cultural upbringing. To do that, the supervisees need courage. Communication between them can become strained. Silence on the part of the supervisee was a prevailing reaction when disagreement and dissatisfaction between the supervisor and the supervisee took place. In some cases, the supervisees carried negative feelings and transmitted them to their clients, and in the end this led to emotional turmoil between the supervisee and the supervisor. Regardless of how negative the experience was, most of the supervisees accepted the supervisor’s position and admitted that the conflict was their fault. Furthermore, *the supervisees made themselves adjust to the supervisors*. Some supervisees wanted to leave the supervision prematurely.

The supervision process involves the supervisor, the supervisee, and the client. The interactions and dynamics among them will affect all of them throughout the supervision (Bruscia, 2001; Forinash, 2001; Watkins, 1997). For example, in some cases, the supervisee and the client’s personal issues were parallel in the present study. Therefore, it is important to identify any issues that the supervisees might have, and that might interfere with the therapy process in both their therapy sessions and their supervision sessions.

It was clearly evident that the negative feelings experienced by the supervisees continued unresolved after the relationship was terminated. Some participants became emotional recalling the misunderstood supervision experience that they had in the past. Or in some cases, the supervisee developed a memory block. This illustrates how severe emotional distress can actually become and how it may have long term negative effects.

## Supervisor’s Personal Issues

Some supervisors seemed to have countertransference reactions during supervision sessions that were due to their own unresolved personal issues, and which were projected onto some of the supervisees (Bruscia, 2001). Supervisees reported that these experiences often went unacknowledged and unexplored.

Moreover, it is striking that based upon their protocols, most supervisors did not inquire or even seem to notice if a supervisee had a conflict or was dissatisfied with the supervision they were receiving. Even when the supervisee was feeling understood in supervision, the supervisor most often used indirect conversation with the supervisee regarding their preexisting cultural differences and worldviews. It is possible that the supervisors may have felt uncomfortable discussing these issues openly with the supervisees. This indicates that having an academic supervisor as a mediator is effective and even necessary. In the case of on-site training without academic supervision, the supervisee who does not have additional support, could face more challenges and might find it necessary to solve this situation all by him/herself.

In addition, the supervisor's multicultural competence influenced the supervisee's feelings in the supervision and established the importance suggested by Dileo (2000) that, "Music therapy faculty and internship supervisors need to be culturally aware and competent to teach/supervise in this area" (p.164).

## Important Factors to Consider in Cross-Cultural Music Therapy Supervision

- Cultural issues should be openly discussed so as to provide an opportunity for the supervisee to integrate his/her sense of cultural identity and development of positive self-image (Cook & Helms, 1988; Hird et al., 2001; Tummala-Narra, 2004).
- The most important indicator of effective cross-cultural music therapy supervision is openness, a culturally empathic and non-judgmental attitude on the part of the supervisor.
- Acceptance and acknowledgement are significant to the supervisee in cross-cultural supervision.
- As the study shows, supervisors need to understand the power structure in supervision and the management of their culture-related countertransference reactions that arise in supervision. Because of the power imbalance, it is the supervisor's responsibility to provide a safe and secure environment and assure the supervisee that the supervisor is working for the benefit of the supervisee not against him/her.
- Supervisors need to be better aware of their nonverbal communication with their supervisees in supervision. Supervisees are sensitive about supervisors' verbal disclosure as well as about their body language.
- Supervisors should take into account their supervisee's level of integration into the new culture. It would be beneficial for the supervisees to be given extra time to learn about the new culture.
- Perhaps, the supervisee's input in selecting a supervisor could be valuable in some situations.
- More formal multicultural education, including workshops, should be provided for those who are working in this field. Supervisors should be encouraged to get supervision by more experienced professionals.

## CONCLUSIONS

### Summary

Seven music therapists who previously had experiences of being misunderstood and understood in cross-cultural music therapy supervision participated in this study. The purpose of the study was to examine the supervisee's experiences in cross-cultural music therapy supervision and to find important factors that influenced the supervision so that future supervision experiences could be positively impacted by the findings. Therefore, the participants were asked to describe their significantly misunderstood/understood supervision sessions. Then phenomenological methods were employed to analyze the data. After gathering the data, the individual case synopses were prepared. Finally, essential themes from the experiences were extracted.

### Limitations

Inherent in the results of this study are several limitations. First, the pool of participants could have been more varied in terms of their cultural backgrounds. In addition, the results drew upon only the supervisees' experiences, not the supervisors' experiences, and so it is unknown how the supervisors perceived the events and how the supervision really proceeded. Therefore, this study only represents the participants' perceptions regarding this particular experience.

Because two participants preferred communicating in their own language, translation was necessary. Although the content of the interview was confirmed by the participants, there is a possibility that the translation might not have been exact in terms of their intent.

### Methodological Considerations

To understand the supervisees' experiences in cross-cultural music therapy supervision clearly, a phenomenological method was applied. It was fascinating for me to witness how the phenomenon unfolded on its own. It has been an interesting experience for me to witness. Every time I read the protocols, I found new information. Although I wrote a data analysis procedure for this study, I had to go back to revise it according to the purpose of the study. As the experiences unfolded, there were common themes among the participants as well as unique ones. Even though the experiences that the supervisees described took place in the past, once they relived the experience, they were recalling many of details.

### Implications for Music Therapy Supervision Theory

The findings of this study support the importance of the supervisor's education and training with regards to effective cross-cultural supervision. Developing a supervision theory in this field would allow supervisors to become more knowledgeable about the supervision process,

their roles, and goals. This will ultimately help in educating supervisors, thereby positively engaging supervisees, in order to maximize their supervision and bring about a positive outcome. In addition, both multiculturally-oriented supervision theory and assessment methods need to be developed.

## Implications for Music Therapy Education and Training

As Jackson (1995) identified, “One such issue is that graduate and training programs have not given sufficient attention to assisting the professional development of minority mental health professionals . . .” (p.231). In general, the current music therapy training does not provide enough multicultural education for supervisors, particularly regarding cross-cultural music therapy supervision.

Adequately training the supervisor in multicultural issues is essential to providing effective supervision. Tummala-Narra (2004) suggested the following multicultural competence: increased awareness of one’s own values and assumptions about human behavior, increased knowledge about culturally appropriate and effective interventions, and awareness of the influence of organizational and institutional forces on the development of multicultural competence (p.300).

## Implications for Music Therapy Research

There is a great need for research on the topic of cross-cultural music therapy supervision. Through future studies, it may be interesting to look at only the misunderstood experience and compare how the results are different from when the participants were asked to describe both situations. In addition, listening to the supervisors’ side of the stories in cross-cultural supervision could also bring a good understanding of this phenomenon in a more balanced way. The information gained can help us to identify how culture influences supervision and to provide management for supervisees and supervisors in order to foster effective supervision.

The research topics are endless: would it be more beneficial to examine matched vs. unmatched cultural backgrounds between the supervisees and supervisors? How do our culturally biased perspectives affect the supervision process? What are the various dynamics of minority/majority supervision? Can music be used more often to facilitate this supervision process? Additional topics for research could include: How does the supervision experience affect the clients? What are the parallel processes between the client, supervisee, and supervisor? What are the examples of transference/counter-transference that arise in cross-cultural supervision and how can we manage these phenomena? These questions can be answered only when we are proactive in studying the topic. The information we get from the study of cross-cultural supervision will be beneficial for the supervisee and supervisor and most of all for the client.

Supervision is a platform for supervisees to discuss their professional issues about their work with a qualified and experienced supervisor, so that the supervisees can acquire proper

skills and knowledge. As a result, they will incorporate their new learning and growth into their clinical work (Feiner, 2001; Gross, 2005). In supervision experiences where supervisees felt either misunderstood or understood, the supervisory relationship was an essential factor in determining the experiences. Cultural empathy is an important element in establishing and maintaining a good supervisory relationship. Therefore, it is the supervisors who need to provide a safe and understanding environment and offer openness to the supervisees.

It is my hope that the findings of this study will allow us to gain new insight into the unique and personal experiences of the participants and, eventually, help us to understand the cross-cultural music therapy supervision experience more fully, as the essences and meanings of this experience are constructed. Finally, it is my hope that the suggestions and strategies that are addressed in this study are applied and expanded upon in order to achieve greater effectiveness in cross-cultural music therapy supervision.

## REFERENCES

- Becker, C. S. (1992). *Living & relating: An introduction to phenomenology*. Thousand Oaks: Sage Publications.
- Borczon, R. (2004). *Music therapy: A fieldwork primer*. Gilsum, NH: Barcelona Publishers.
- Bradt, J. (1997). Ethical issues in multicultural counseling: Implications for the field of music therapy. *Arts in Psychotherapy, 24*(2), 137–143.
- Bruscia, K. (2001). A model of supervision derived from apprenticeship training. In M. Forinash (Ed.), *Music therapy supervision* (pp.281-298). Gilsum, NH: Barcelona Publishers.
- Byon, K. H., Chan, F. & Thomas, K. R. (1999). Korean international students' expectations about counseling. *Journal of College Counseling, 2*, 99–109.
- Chase, K. M. (2003). Multicultural music therapy: A review of literature. *Music Therapy Perspectives, 21*(2), 84–88.
- Clarkson, P. (1995). Phenomenological research on supervision: Supervisors reflect on being a supervisor. *Counseling Psychology Quarterly, 8*(1), 63–81.
- Comeau, P. (1991). *A phenomenological investigation of being effective as a music therapist*. Unpublished master's thesis, Temple University, Philadelphia, PA.
- Cook, D. A. & Helms, J. E. (1988). Visible racial/ethnic group supervisee's satisfaction with cross-cultural supervision by relationship characteristics. *Journal of Counseling Psychology, 35*(3), 268–274.
- Daniels, J., D'Andrea, M. & Kim, B. (1999). Assessing the barriers and changes of cross-cultural supervision: A case study. *Counselor Education & Supervision, 38*(3), 191–205.
- Darrow, A. & Molloy, D. (1998). Multicultural perspectives in music therapy: An examination of the literature, educational curricula, and clinical practices in culturally diverse cities of the United States. *Music Therapy Perspectives, 16*(1), 27–32.
- Dileo, C. (2000). *Ethical thinking in music therapy* (pp.149-174). Cherry Hill, NJ: Jeffrey Books.



- Dileo, C. (2001). Ethical issues in supervision. In M. Forinash (Ed.), *Music therapy supervision* (pp.19-38). Gilsum, NH: Barcelona Publishers.
- Dvorkin, J. (1999). Psychoanalytically oriented music therapy supervision In T. Wigram and J. De Backer (Eds.), *Clinical applications of music therapy in developmental disability, pediatrics and neurology*. London: Jessica Kingsley Publishers.
- Estrella, K. (2001). Multicultural approaches to music therapy supervision. In M. Forinash (Ed.), *Music therapy supervision* (pp.39–66). Gilsum, NH: Barcelona Publishers.
- Farnan, L. A. (1996). Issues in clinical training. *Music Therapy Perspectives*, 14(2), 69.
- Farnan, L. A. (1998). Issues in clinical training: Comparison of internship models. *Music Therapy Perspectives*, 16(1), 7–8.
- Feiner, S. (2001). A journey through internship supervision: Roles, dynamics, and phases of the supervisory relationship. In M. Forinash (Ed.), *Music therapy supervision* (pp.99–116). Gilsum, NH: Barcelona Publishers.
- Forinash, M. (Ed.) (2001). *Music therapy supervision*. Gilsum, NH: Barcelona Publishers.
- Forinash, M. & Grocke, D. (2005). Phenomenological inquiry. In B. Wheeler (Ed.), *Music Therapy Research* (pp.321–334). Gilsum, NH: Barcelona Publishers.
- Freitas, G. J. (2002). The impact of psychotherapy supervision on client outcome: A critical examination of 2 decades of research. *Psychotherapy: Theory, Research, Practice, Training*, 39(4), 354–367.
- Giorgi, A. (1985). (Ed.). *Phenomenology and psychological research*. Pittsburgh, PA: Duquesne University Press.
- Giorgi, A., Barton, A. & Maes, C. (1983). (Eds.). *Duquesne studies in phenomenological psychology: Volume IV*. Pittsburgh, PA: Duquesne University Press.
- Giorgi, A., Fischer, W. F., & Eckartsberg, R. V. (1971). (Eds.). *Duquesne studies in phenomenological psychology: Volume I*. Pittsburgh, PA: Duquesne University Press.
- Gross, S. M. (2005). Student perspectives on clinical and counseling psychology practica. *Professional Psychology: Research and Practice*, 36(3), 299–306.
- Hesser, B. (2002). Supervision of music therapy students in a music therapy graduate training programme. In J. T. Eschen (Ed.), *Analytical Music Therapy* (pp.157–167). London & Philadelphia: Jessica Kingsley Publishers.
- Hird, J. S., Cavalieri, C. E., Dulko, J. P., Felice, A.D. & Ho, T. A. (2001). Visions of realities: Supervisee perspectives of multicultural supervision. *Journal of Multicultural Counseling & Development*, 29(2), 114–131.
- Hutt, C. H., Scott, J. & King, M. (1983). A phenomenological study of supervisees' positive and negative experiences in supervision. *Psychotherapy: Theory, Research and Practice*, 20(1), 118–123.
- Ihde, D. (1976). *Listening and voice: A phenomenology of sound*. Athens, OH: Ohio University Press.
- Ihde, D. (1986). *Experimental phenomenology*. Albany, NY: State University of New York Press.
- Jackson, H. L. (1995). Treatment considerations when the therapist is the minority in the patient-therapist dyad. In J. Adleman, & G. M. Enguidanos (Eds.), *Racism in the lives of women: Testimony, theory and guide to antiracist practice* (pp.229–237). New York: Haworth Press, Inc.

- Ladany, N., Constantine, M. G., Miller, K., Erickson, C. D., & Muse-Burke, J. (2000). Supervisor countertransference: A qualitative investigation into its identification and description. *Journal of Counseling Psychology*, 47 (1), 102–115.
- Masters, M. (1992). The use of positive reframing in the context of supervision. *Journal of Counseling & Development*, 70 (3), 387–390.
- McClain, F. J. (2001). Music therapy supervision: A review of the literature. In M. Forinash (Ed.), *Music therapy supervision* (pp.9–18). Gilsum, NH: Barcelona Publishers.
- Moreno, J. (1988). Multicultural music therapy: The world music connection. *Journal of Music Therapy*, 25(1), 17–27.
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage Publications.
- Nagata, D. K. (1995). Understanding the training experiences of Asian American women. In J. Adleman, & G. M. Enguidanos (Eds.), *Racism in the lives of women: Testimony, theory and guide to antiracist practice* (pp.281–293). New York: Haworth Press, Inc.
- Nelson, M. L. & Friedlander, M. L. (2001). A close look at conflictual supervisory relationships: The trainee's perspective. *Journal of Counseling Psychology*, 48(4), 384–395.
- Nilsson J. E.. & Anderson, M. Z. (2004). Supervising international students: The role of acculturation, role ambiguity, and multicultural discussions. *Professional Psychology: Research and Practice*, 35(3), 306–312.
- Peake, T. H., Nussbaum, B. D., Tindell, S. D. (2002). Clinical and counseling supervision references: Trends and needs. *Psychotherapy: Theory, Research, Practice, Training*, 39(1), 114–125.
- Pedersen, P., Draguns, J., Lonner, W., & Trimble, J. (2002). *Counseling across cultures*. (5th Ed.). Thousand Oaks, CA: Sage Publications.
- Priestley, M. (1975). *Music therapy in action*. St. Louis, MO: Magnamusic- Baton.
- Priestley, M. (1994). *Essays on Analytical Music Therapy*. Phoenixville, PA: Barcelona Publishers.
- Racette, K. (1989). *A phenomenological analysis of the experience of listening to music when upset*. Unpublished master's thesis, Temple University, Philadelphia, PA.
- Ramos-Sanchez, L., Esnil, E., Goodwin, A., Riggs, S., Touster, L. O., Wright, L. K., Ratanasiripong, P. & Rodolfa, E. (2002). Negative supervisory events: Effects on supervision satisfaction and supervisory alliance. *Professional Psychology: Research and Practice*, 33(2), 197–202.
- Scheiby, B. B. (2001). Forming an identity as a music psychotherapist through Analytical Music Therapy supervision. In M. Forinash (Ed.), *Music therapy supervision*. Gilsum, NH: Barcelona Publishers.
- Scheiby, B. B. (2005). An intersubjective approach to music therapy: Identification and management of musical countertransference in a music psychotherapeutic context. *Music Therapy Perspectives*, 43(1), Silver Spring, MD: AMTA (CD is included).
- Scheiby, B. B. & Kim, S. A. (2005). Analytical Music Therapy. In J. Chong (Ed.), *Music therapy techniques & models*. Korea: Hakjisa.
- Stephens, G. (1984). Group supervision in music therapy. *Music Therapy*, 4(1), 29–38.
- Strasser, S. (1977). *Phenomenology of feeling*. Pittsburgh, PA: Duquesne University Press.

- Sue, D.W. & Sue. D. (2008). *Counseling the culturally different: Theory and practice*. (5<sup>th</sup> ed.). New York: John Wiley & Sons.
- Suzuki, L. A., Prendes-Lintel, M., Wertlieb, L., & Stallings, A. (1999). Exploring multicultural issues using qualitative methods. In M. Kopala & L. Suzuki (Eds.). *Using qualitative methods in psychology* (pp.123-133), Thousand Oaks: Sage Publications.
- Toporek, R. L., Ortega-Villalobos, L. & Pope-Davis, D. B. (2004). Critical incidents in multicultural supervision: Exploring supervisee's and supervisor's experiences. *Journal of Multicultural Counseling & Development*, 32(2), 66–83.
- Topozada, M. (1995). Multicultural training for music therapists: An examination of current issues based on a national survey of professional music therapists. *Journal of Music Therapy*, 32(2), 65–90.
- Tummala-Narra, P. (2004). Dynamics of race and culture in the supervisory encounter. *Psychoanalytic Psychology*, 21(2), 300–311.
- Valentino, R. E. (2006). Attitudes towards cross-cultural empathy in music therapy. *Music Therapy Perspectives*, 24(2), 108–114.
- Vespia, K. M., Heckman-Ston, C., Delworth, U. (2002). Describing and facilitating effective supervision behavior in counseling trainees. *Psychotherapy: Theory, Research, Practice, Training*, 39(1), 56–65.
- Watkins, E., Jr. (1997). (Ed.). *Handbook of psychotherapy supervision*. New York: John Wiley.
- Wheeler, B. L. (2000). Music therapy practicum practices: A survey of music therapy educators. *Journal of Music Therapy*, 37(4), 286–311.
- Wheeler, B.L. (2002). Experiences and concerns of students during music therapy practice. *Journal of Music Therapy*, 39(4), 274–304.
- Worthen, B. & McNeill, B. W. (1996). A phenomenological investigation of “good” supervision events. *Journal of Counseling Psychology*, 43(1), 25–34.

## APPENDIX I

### Being Misunderstood: Protocols

#### *Participant A*

I have conducted a music therapy session while videotaping and turn it into the supervisor. The client talks about intense pain she had and I am smiling with an incredulous look. The supervisor interprets that it is completely inappropriate. She sends her feedback to me through e-mail. According to her e-mail, I am incongruent because my affect does not show sufficient support. How come she says that to me? I am upset, disappointed, and annoyed. I feel really hurt. I am being as natural as I can be and I am genuinely concerned about the client. At times, my eyebrow is raised and I probably have a nervous smile. But I am not doing anything unusual within my cultural context. Also, I don't get a sense from the client that I am being inappropriate. When the supervisor models her facial expression in the supervision session, she is very intense, serious with a concentrating look (voice raised) and to me, it is such an intrusive way of showing concern for someone's pain. But I don't want to make things uncomfortable. I don't want her to see I am too defensive. So I respond to her e-mail but I don't say anything at all. I write: Thank you for your feedback. Certainly, there is a lot to look at. I don't think that changes my relationship with her.

#### *Participant B*

The supervision takes place shortly after I arrive in America. I feel tremendously hurt because it is a shocking event. A few times, the supervisor suggests that I should get therapy: "What are you doing, not taking any action?" I am so afraid to hear that because I think, "What is wrong with me?" I say, "Please, say it in a gentle way." She becomes angry and says, "Do you want to talk to the director directly?" She even gets up from the seat. I am going crazy. I say, "I don't mean it." She is seated again. Then, she tries to open my mind but I can't respond. The session ends by my acceptance of my status as a supervisee. I can only remember my attitude which becomes obedient. I am angry that my supervisor has two standards because of her personal experience as a member of a minority group. It is a serious incident. At the last session, the supervisor explodes because of me. She accuses me saying that I have never listened to her. I am crying like a girl and she is scolding me as an old woman. So it goes wrong till the end. I cannot speak with the director because then I feel that I am speaking behind the supervisor's back. Later on, when I hear some other supervisees' similar experiences, I feel a little better. This experience makes me feel closed, frightened, hopeless, and it is hard for me to reach out.

*Participant C*

When I first come here for training, the supervisor's style is foreign to me. To be asked a lot of questions with no straightforward answers is awful because questions are unusual things for me. Being questioned makes me stand out and is embarrassing. It is so tiring, frustrating and terrifying. Do I know anything? I am so overwhelmed and don't know where to begin. I really don't know where she is coming from. I just want to hide from her. I want to say to her, "I will do it really well. Just tell me what to do and how." But the supervisor says, "You can do whatever you want, but explain to me your reason for doing that." She asks my opinion in some scenarios. Express an opinion that is different from my supervisor's? I can't do that! So our conversations leave me feeling empty and stupid. On the other hand, I wonder if she knows her stuff. She is totally unstructured. Then I get angry: I'm paying all this money to be asked questions? Since I have to find out the answers myself, what is the point of supervision? But I keep quiet and decide I'd better learn. She is not going to change so I try hard to make the situation work by adjusting. I have difficulty expressing what I really want to express, especially thinking in the western mode that my supervisor can understand. In spite of this, our cultural differences are never brought up in supervision. I feel like I am under a microscope, being judged and questioned. I feel rather powerless, as she will give me a grade at the end. I never feel that the supervisor is helpful. Nevertheless, this experience has opened me up to be a more independent thinker. Now, I am more sensitive to where my clients are in their process.

*Participant D*

English is a second language for both my supervisor and me. While the supervisor observes my session, she stops me a few times: "Play something. The key is not matched." I am wondering why she stops me. So, I am having an intense supervision experience. The supervisor is too direct and straightforward. What she says is shocking to me. It is rude, neither respectful nor sympathetic. She says that she did not MEAN to stop me and did not even say, "Stop D". It is her clinical intervention, not an accusation, but for me, she tries to interrupt or insist upon her method. She constantly points out that there are no personal feelings and projections from her. I am not sure that she is really expressing her true feelings because she appears to be upset, as is evidenced by her physical presence, her tone of voice and facial expressions. So I get very nervous and hesitant. It is a kind of humiliation. After the incident, the supervisor stops supervising me. I am wondering if she is hesitant to give me supervision. She may be right: Don't take it personally and sometimes it is better to let it go.

*Participant E*

The supervisor only gives the attention to the other intern who is more active. So I am angry with her. Repeatedly, the intern gives me a message from the supervisor that I should go to a rehearsal. I don't go because the supervisor doesn't communicate with me directly. I work up my courage to discuss it with her. My supervisor becomes defensive and says, "What's wrong with you? It has already passed. . . ." I keep explaining to her but she says, "That is your issue. I

have done what I am supposed to do. . . .” She is not willing to listen to me so I cannot tell her anymore. I hold back. I am upset and angry. The supervisor is smiling but I don’t feel it is genuine. I don’t trust her. I feel distance, discrimination, and lack of acceptance. She seems to have her personal issues. After that, I do not receive any supervision from her. I don’t know whether she really is busy. Our relationship gets worse. It really affects me: I am discouraged, unmotivated and depressed. I want to leave this site soon. I go to my academic supervisor to discuss the issue. Whenever I think about it, I feel angry again. I never have a chance to work it through.

### *Participant F*

The group consists of mostly African American adolescents and one Caucasian boy. This boy wants to bring pro-life punk rock music, which is about abortion, to class. I am not comfortable to bring it to this group. So I decide to go to the supervisor who is a creative arts therapist and psychologist. His orientation is cognitive behavioral while I have a more humanistic orientation. In addition, it is my first time having a male supervisor. I am sitting on the couch, and his back is turned to me, as he is facing the computer. He presents himself as a doctor, fatherly, and forceful. Instantly, I feel very small. I am a capable music therapist, but he questions everything, including my whole therapy orientation. There is a lack of respect for me and he doesn’t trust music. The way he directs the conversation makes me feel that everything is my fault. I want to say, “Screw you.” but I can’t. Instead, I become defensive and submissive. I really want empathetic supervision, a little more understanding and caring. But I come across as hard-minded and straight faced. Most of all, his sense of power makes me freak out. I am really jealous. I want his snootiness and his power. At some point, I just don’t know how to respond. So I am just sitting there. I fall back in my chair and stop writing and I don’t give him as much eye-contact. Finally, I zone out. Later, I come through respecting the supervisor who guides me to an insight. I always remember the supervision as the first time I began to think about music as not an activity but as on that kind of level.

### *Participant G*

My supervisor is an African American female and I am a white male. The nature of the supervision is very open and honest but tension exists. I am resistant to this process. The issue of the cultural differences between us keeps coming up. She says, “We have to be honest about the differences. . . .” Although I agree with that, it is hard talking about it especially with someone who is an African American. I am thinking, “How do you get the supervisees to become aware of their own prejudices?” It would be too big a responsibility for any supervisor to take on. I am relieved that she actually takes on that responsibility and becomes part of the process with me. But I also feel embarrassed that I am not capable of doing it on my own. I wonder why I have a hard time disagreeing with her. Maybe it is because I don’t want to be perceived as prejudiced. I don’t really bring up that feeling. I just live with that difference. I step back and say, “I need to know how to work with these issues.” I become very concerned because I become an activist about equality and breaking down the barrier by being open to the communication. But I am not really sure how to navigate it in this situation.

## Being Understood: Protocols

### *Participant A*

One day, an African American young client accuses me of disliking black people because even though I am Black, I only talk to white patients in the courtyard. I tell him that I am sorry if he feels that way but it isn't true. I am getting really upset, so I walk away. So I talk to my Caucasian supervisor. He thinks that I handle it pretty well. I tell him that it is such a shock for me coming to the United States and I am questioned everyday: Am I acting black enough for the black people? He listens to me with empathy and support: "I can see where you are coming from and how you are trying to negotiate who you are and who they are." He is very calm, without any bias. He focuses more on the clinical perspective: "The client will say things deliberately to get you annoyed, so he finds one of your buttons and he pushes it." I am getting my anger out. I feel more relaxed and open. It is OK to have my experiences. It is OK to have different perspectives when interacting with black people. I feel comfortable, accepted and validated, not judged. It is a good experience. I really appreciate it.

### *Participant B*

I have an issue with my co-therapist. Most of the time, she has control over the sessions. I feel very frustrated, confused and rejected. During the supervision, the supervisor asks me about the sessions. I am hesitant to share this with my supervisor because they are colleagues. But I cannot hold on to my feelings anymore. If she becomes judgmental, I will regret my decision. I say that I have to follow what my co-therapist wants to do. The supervisor becomes a very decent listener. She does not behave as is typical of my country's teachers' judgmental attitudes. That excites me! She says, "If you think that this is right, you should do it. Don't let her overpower you. You don't need her permission." I am crying a little because she really is listening and accepting me. I am able to share anything with her. I feel equal. I have a clear image that she and I are sitting and the surroundings are foggy. It is a powerful experience for me. This session is an "open-up moment," caring, empowering. I am encouraged. I am able to stand up for myself in my sessions. I am convinced that I am allowed to do that. I am more confident.

### *Participant C*

By my final practicum, I have built a strong supervisory relationship with my supervisor. Despite our difficulties in the beginning stage of the supervision, I got adjusted to her. She may not understand me totally, but she accepts me. That creates an atmosphere in which I am more able to share things and I know that she will give me feedback. Even though she still asks me many questions, the feelings that I get from her are different. She is not in a critical position or trying to put me down. She has my interests at heart. She respects that our cultural backgrounds

are different and she is not making generalizations. I feel that she is more sensitive about how I feel, so we are able to laugh at some ideas that bombed, and brainstorm other approaches. I feel more connected to her. I almost want to give her a hug because she understands me. She is not impatient or superior or feeling that her way is the only way. I don't feel the pressure as much as I did before. I don't need to prove anything. I also have become more open. It is the relationship that has changed.

### *Participant D*

When I conduct my group session, I feel like, "Oh, my God, why don't they respond to me, especially when my supervisor is observing this session?" After the session, she gives me feedback. The supervisor asks about how I feel about each client. I answer that one patient does not respond at all. The supervisor says, "That's quite a different perception than mine. She does not leave the room, does say, 'bye, bye' to other patients, wants to hear from them and connect with them. You need to listen to them with your heart, not your thoughts." Most of the time, we are talking about spirituality: how you can use your intuition in sessions, how to listen to oneself, etc. The supervision is more helpful and tangible. I feel that she is knowledgeable, supportive and there are always supervisory boundaries. When you have the same expectations and understanding about supervision as your supervisor, and you have support from her, this helps.

### *Participant E*

My supervisor points out that I seem to focus too much on myself, not on the clients' needs during the sessions. She asks, "What is going on with you?" I am really afraid to talk about it, but she further says, "If you cannot talk about yourself then you cannot be a therapist." I am very shocked. The conversation keeps bothering me. I start to hate her and become more locked inside myself. It also affects our sessions. My personal therapist suggests to me that I talk about it openly with my supervisor. So I say to my supervisor that it is not easy for me to talk with an authority but I must. Otherwise I cannot work with her anymore. She looks a little puzzled. I say, "What you said was so strong, it was hurtful. . . . I came here to be a music therapist." She says, "Oh, did I really say that? I am so sorry. I really didn't mean it." She looks sincere. She is listening to me and trying to understand. My voice is cracking and I am on the verge of crying. "If you want to cry, it's OK to cry." But I am swallowing like this. I am proud of myself that I am able to talk about my problems. I feel lighter. I am more comfortable talking about things with her. More importantly, I am able to work with her clinically. I trust her better. That night, she e-mails me: "Thank you for telling me. It really is helpful for me to know you." In my e-mail I write, "I really appreciate your listening to me."



### *Participant F*

My client is a Hispanic 13 year old boy who has a depressive disorder. His mother keeps calling me regarding her son. One day, when she calls, I advise her to call 911 and she lashes out at me. It is freaking me out. So I discuss this with the supervisor. The supervision takes place accidentally, when he comes to my office. I think I have done something wrong. I actually hindered the therapy process. But my supervisor explains that this situation is not easy because the son's and mother's issues are all over the place. He not only understands my situation but also I receive the care and validation that it is not my fault. He even says, "She is a piece of work, isn't she?" I respond, "Yes, I was scared to death." He reinforces that I can do it, and allows me to be part of this team. I feel bigger. I really feel that he is accepting me as a clinician and understanding me as a person. I am able to express myself. It is sweet. I remember that.

### *Participant G*

We are discussing gender differences in the group supervision: "Do you expect female therapists to be more empathetic than male therapists?" I don't see it as a significant gender issue. To me, it is about the personality type. At one point, the supervisor says, "I am beginning to think that you are being defensive about this. You keep on interjecting, not me, not me. . . ." That is a surprise to me. It is almost like an accusation. She seems to think, "You are hiding something, and you are sexist." It hurts because that is the last thing that I am. The conversation continues and later, she clarifies, "Maybe this is going on for you. . . ." and shares her sense of my relationship with this issue. At least, it validates what I want to believe about myself, whether it is true or not. Since she tells me this thought of hers, I experience the resonance. I feel that I can question myself. I may be biased. For her to recognize that really makes me feel understood by her and I trust her better.

## APPENDIX II

### Consent Form

#### Title: The Supervisee's Experience in Cross-Cultural Music Therapy Supervision

Researcher:

Seung-A Kim, MA, MT-BC, LCAT  
9 Albergo Lane  
Syosset, NY 11791  
Tel: 516-364-8280  
Sakim@temple.edu

Faculty Advisor:

Kenneth Bruscia, PhD  
Music Therapy Department  
Temple University  
Tel: 215-204-8314  
Kbruscia@temple.edu

As a part of my graduate study, I am currently engaged in a study of the Supervisee's Experience in Cross-Cultural Music Therapy Supervision. You were selected from the directory of the American Music Therapy Association, based your experience in cross-cultural supervision. Your participation in this study is entirely voluntary. This study is designed to gain information on cultural issues in supervision. Through participation in this study, you may gain insight, enhance your personal growth and serve your clients better. Moreover, University faculty and supervisors will gain information on cultural issues in supervision, and it will help them to develop better training programs for the supervisees with diverse cultural backgrounds.

Those who choose to participate in this study need to meet the following criteria:

1. Must be music therapists who have had cross-cultural music therapy supervision experiences within 3 years
2. Must be willing to share their experiences openly
3. Can recall and articulate the experience fully
4. Can be accessible and willing to take time for an interview and phone follow-up

The individual interview will take about 45 minutes to 1 hour. The interview session will be audio-taped. All data will be published in anonymous and aggregate form. Prior to the interview, you will be asked to think about the significant moments in your cross-cultural supervision. During the interview, first, you will be asked to describe a

situation when you felt misunderstood by the supervisor in cross-cultural supervision. Secondly, you will be asked to describe a situation when you felt understood by the supervisor in cross-cultural supervision. The two situations need not have taken place during the same session or working with the same supervisor. Then you will be asked to describe the two situations, moment to moment, in detail. In addition, you will be asked to describe your cultural, educational and professional background as well as that of your supervisor. It will also be necessary to provide your supervision information, including the setting, time and duration of the supervision, overview of the supervisors' styles and cultural backgrounds. After I have transcribed the interview, I will do phone follow-ups, if necessary to further clarify the interview. The phone follow-up conversations will take about 15 minutes and will be audio-taped. Then, the transcript will be sent to you and you will be asked to confirm or change the content of the interviews. This process should take approximately 15 to 30 minutes of your time.

There is no physical danger inherent in this study but there may be emotional strains and reactions as you recall an unpleasant supervision experience. I will provide support and help to work through any feelings that come up.

If you have any questions about the study, please feel free to contact me at (516) 364-8280. You may also contact Dr. Bruscia, my research advisor at (215)-204-8314. In addition, questions about your rights as a research subject may be directed to Mr. Richard Throm, Office of the Vice President for Research, Institutional Review Board, Temple University, 3400 N. Broad Street, Philadelphia, PA, 19140, (215) 707-8757.

Signing your name below indicates that you have read and understood the contents of this consent form and that you agree to take part in this study. Please note that, if you decide to discontinue participation in the study, you may withdraw at any time after signing this form, without consequences of any kind.

Thank you for your time.

I understand that I will be given a copy of this signed form.

\_\_\_\_\_  
Subject

Witness

\_\_\_\_\_  
Investigator Date

## Permission to Audiotape

Researcher:

Seung-A Kim, MA, MT-BC, LCAT  
9 Albergo Lane  
Syosset, NY 11791  
Tel: 516-364-8280  
Sakim@temple.edu

Faculty Advisor:

Kenneth Bruscia, PhD  
Music Therapy Department  
Temple University  
Tel: 215-204-8314  
Kbruscia@temple.edu

Project Title: The Supervisee's Experience in  
Cross-Cultural Music Therapy Supervision

Subject \_\_\_\_\_

Date \_\_\_\_\_

I give \_\_\_\_\_ permission to audiotape me. This audiotape will be used only for research purposes. I have already given written consent for my participation in this research project. At no time will my name be used.

When Will I be Audiotaped?

I agree to be audiotaped during the Interview session (about 45 minutes-1hour) and if necessary, during the phone follow-up conversation (15 minutes). Both events will occur when the researcher schedules them with me at my convenience between August 1, 2006 and January 30, 2007.

How Long Will the Tapes Be Used?

I give my permission for the tapes to be used from August 1, 2006 until April 30, 2007.

What If I Change My Mind?

I understand that I can withdraw my permission at any time. Upon my request, the audiotapes will no longer be used.

Other

I understand that I will not be paid for being audiotaped or for the use of the audiotapes.

For Further Information:

If I want more information about the audiotapes, or if I have questions or concerns at any time, I can contact the investigators at the numbers at the top of this page.

I understand that my signature below indicates my voluntary consent to be audiotaped. I understand that I will be given a copy of this signed form.

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone numbers \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_