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CHAPTER 5

Music Therapy and Cultural Diversity

Seung-A Kim
Annette Whitehead-Pleaux

In the preface to Stige's (2002) *Culture-Centered Music Therapy*, Bruscia states that the *culture-centeredness* perspective is regarded as the fifth force in music therapy. For music therapists, culture has a particularly significant meaning because the work entails understanding the self and the client. The main modality in music therapy is *music*—the representation of a specific culture, or more aptly, the self and the society to which the individual belongs. In addition, cultural misunderstanding can take place any time during the course of music therapy—during assessment, treatment, or termination (Estrella, 2001). Misunderstanding can adversely affect the development of a therapeutic relationship and the establishment of an effective treatment plan.

Culture refers to “those beliefs, actions and behaviors associated with sex, age, location of residence, educational status, social economic status, history, formal and informal affiliations, nationality, ethnic

group, language, race, religion, disability, illness, developmental handicap, lifestyle, and sexual orientation” (Dileo, 2000, p. 149). To date, statistics on the number of clients of different cultures that receive music therapy services have been unavailable to us. However, as the demographics of the U.S. population become increasingly diverse, it is likely that music therapists will work with more diverse populations. For example, population projections show a significant change in the racial and ethnic profile of Americans. In 2050, European Americans will no longer maintain their majority status, with the number of Hispanics rising from 42 million to 128 million, and of Asians from 14 million to 41 million (Population Reference Bureau, 2008). On the other hand, the American Music Therapy Association (AMTA, 2013a) reports that music therapists and students in the United States are predominantly European American and female. This discrepancy

further heightens the need for discussion of cultural diversity in music therapy.

Historical Perspectives

As the world became increasingly globalized, music therapy was making a timely entrance on the global stage as a profession seeking a more articulate and unified effort. In the 1970s, there was an increasing interest in dialoguing about music therapy among professionals from around the world; they began to exchange ideas about music therapy and trainings, and a few international gatherings were organized for this purpose. The First International Music Therapy Congress took place in Paris in 1974 (Wheeler, 2008), followed by other international conferences. Later, two noteworthy symposia were held: the International Symposium of Music Therapy Training, held in Herdecke, Germany, in 1978 (Wheeler, 2003), and an international symposium, *Music in the Life of Man*, held at New York University in 1982. At the time, international communication rarely occurred among music therapists, so, following the New York symposium, Kenneth Bruscia (1983) initiated the *International Newsletter of Music Therapy*, writing, “I sincerely hope that as the newsletter develops and improves, it will serve an important communication function in the world community of music therapists” (p. 3). These events and others began the communication that eventually led to a broader international perspective and consideration of cultural issues (Barbara L. Wheeler, personal communication, February 12, 2013).

Although progress was slow initially, a collective effort paved the way for a discussion of cultural issues that has become an integral component of music therapy. There has been steadfast effort by music therapists and scholars to bring this topic to light (Chase, 2003a). Some of the relevant topics that appear in music therapy literature include the importance of multicultural competencies

and ethics (Dileo, 2000); music therapists’ worldviews (Wheeler & Baker, 2010); work with diverse clients (Whitehead-Pleaux & Clark, 2009); the impact of music therapists’ religious beliefs (Elwafi, 2011); ethnic music in music therapy (Moreno, 1988) and training (Shapiro, 2005); community music therapy (Pavlicevic & Ansdell, 2004; Stige & Leif, 2012); international music therapy students and acculturative stress (Kim, 2011); ethnicity and race (Hadley, 2013; Kenny, 2006); feminist perspectives (Curtis, 2013b; Hadley, 2006); sexual orientation and gender identity (Whitehead-Pleaux et al., 2012, 2013); and cross-cultural supervision (Kim, 2008; Young, 2009). As the work of music therapists gained momentum and a more concerted effort, further information and discourse were disseminated through institutes for multicultural music therapy at the AMTA conferences (Kim, 2012; Whitehead-Pleaux, 2012); the first international conference on gender, health, and the creative arts therapies in Montreal, Canada, in 2012 (Curtis, 2013a); the World Congress of Music Therapy conferences, held triennially around the world; and through *Voices: A World Forum for Music Therapy*, an electronic journal. Furthermore, in 2011, AMTA formed a diversity committee to address cultural issues in the music therapy profession in a more systemic and organized way. As a result of the cumulative efforts of music therapy professionals from around the world, the World Congress of Music Therapy has been held every 3 years, and carries the overarching theme of “cultural diversity in music therapy, practice, research, and education.”

Music: Universal and/or Relative?

Music therapy and culture are intrinsically connected and are topics of significant interest to music therapists (Stige, 2002). The interconnection of these two leaves us with many questions. For example, what type of music and music therapy interventions

would be more effective in treating clients from diverse cultures? Western classical music is usually used in guided imagery and music (GIM) and has proven to be an effective medium (Burns, 2000). Would this be the case when working with a client coming from Latin America, Asia, or Africa as well?

We can also examine improvisation, one of the main music experiences that the music therapist employs in sessions. Would the meaning of improvisation be the same to a client who is not accustomed to Western European and American music and improvisation? Westerners are accustomed to diatonic scales and harmonic structures, and to them, music from a variety of cultures may seem out of tune. As a matter of fact, the banding sound often used in music from a variety of cultures does not even exist in Western scales. While practicing music therapy in Africa, Pavlicevic (2004) noted that she experienced the Africans' *music-making* as going "on, and on and on—often with not too much variation in tempo, phrasing, melody or harmony and with slow build-ups of intensity over time" (p. 46), because she was accustomed to the "Western-trained musical mind." She proposed that this response may have been influenced by her expectations about improvisation: "Is this a compromise of our western heritage of improvisation in music therapy—where the client's music may well lead us to the edge of our being?" (p. 182). More specifically, would Western European and American music provide the same results to a client from India who has just arrived in America? Can you imagine a client who has never heard the piano in his or her own country being asked to improvise on the piano for the first time in a music therapy session? Moreover, how uncomfortable would it be for a client, raised within a structured society, to be asked to make something up freely in music? Such a client would expect the therapist to display full command and supply comprehensive instruction. He or she may interpret this approach as a sign of weakness or a lack of preparation.

On the other hand, an Indian immigrant who has lived in the United States for more than 20 years may enjoy jazz more than ragas (Indian traditional improvised music). Still another consideration: Music and dance are inseparable for some cultures. Some people may feel more natural making improvised movements through their body with music rather than just improvising solely on musical instruments. For them, it is natural to use their body as the main instrument.

Stereotyping and Ethnocentrism in the Use of Music

Although music is culture-specific, some musical elements found in other countries can also be found in America, and vice versa. For example, some Western classical composers, such as Debussy and Schönberg, integrated Asian and Spanish musical elements into their compositions. In addition, modern technology and globalization have influenced music. Many children around the world grew up with Disney films, which are riddled with stereotypes. Most Disney movies are based on white characters and tend to display strong stereotypical patriarchal/gender roles (e.g., the bad lion in *The Lion King* had many stereotypical gay male traits). Non-Westerners may perceive Western cultures in a certain way because their only exposure to Western cultures has occurred through movies. It is noteworthy that individual differences among members of the same cultural groups also need to be considered.

As Moreno (1988) pointed out, "American music therapists tend to be more ethnocentric and to use music in therapy that primarily derives from western-oriented classical, popular, and folk traditions" (p. 18). He emphasized that music from a variety of cultures is not only a tool for contacting clients from these other cultures but also a vehicle from which Western-based music therapy clients could benefit. The purpose of using

music from a variety of cultures is to build clients' identities and increase their feelings of self-worth (Shapiro, 2005). Music therapists should consider music from other cultures based on the traditions and cultural practices of their cultures.

Culturally Informed Therapeutic Relationship

Music therapists have explored effective ways of establishing therapeutic relationships with clients from diverse cultures (Dileo & Magill, 2005; Kim, 2013b). An effective therapeutic relationship is essential to bringing about positive outcomes. Without a cultural understanding of their clients, therapists would have a hard time empathizing with many situations. For this crucial reason, Dileo and Magill (2005) emphasize the following:

Music therapists must: commit themselves to learning about the [client's] various cultural needs and musical preferences; examine their own personal cultural values and how they may be in conflict with those of the [client]; and develop authentic skills in multicultural empathy. (p. 228)

Current music therapy theories and methods of therapy are also oriented primarily toward European American middle- to upper-class populations. Westerners value separation-individuation, autonomy, self-assertiveness, and verbal articulateness. These values are culturally encapsulated in our therapy orientations. How, then, can we possibly apply these values to the clients who come from collectivist societies? In Eastern collectivist-oriented countries, key figures in the community assume the role of the therapist—family members, relatives, close friends, and religious leaders. Such figures do not easily discuss personal issues outside of the family. Delving into the personal lives of others is regarded as shameful for the entire family, especially if an individual has had a troubled past.

If the client's values and belief systems differ from our own, then therapy treatment plans—including goals, assessments, and evaluations—should all be revised according to the individual's cultural values. Given that all therapists (ideally) strive for the betterment of the client within the value system of that individual, the reality of diversity has profound implications for therapy. It means that the definition of a better life is a *culturally subjective* determination. How well do our current methods of therapy work for non-Westerners? What type of therapeutic approaches would be effective? Would individual therapy help clients from different cultures open up to personal issues? Another complication: Music therapists are finding that more and more clients do not speak English as a first language. When verbal communication does not work well, how can we build a therapeutic relationship effectively?

To answer these questions, alternative approaches to music therapy have been proposed (Chase, 2003b; Stige, 2002). Stige (2002) developed a culture-centered theory, and Stige and others have developed community music therapy (CoMT; Pavlicevic & Ansdell, 2004; Stige, Ansdell, Elefant, & Pavlicevic, 2010; Stige & Leif, 2012). CoMT emphasizes that music therapy always takes place *in context*. Thus, individuals can be understood fully only within a context and culture as an “individual-communal continuum” (Pavlicevic & Ansdell, 2004, p. 23). Stige (2002) explained:

It is quite possible that other music therapists may see it differently. . . . I can only tell you what Community Music Therapy is for me, and perhaps for some other people in the hope that this will help you work it out for yourself. In an effort to bridge the gap between client and community, community music therapists made the profession rethink and resituate the traditional definitions of music therapy and ethical considerations. Community music therapists are “musicking community workers” in order to bring out “social and cultural change.” (pp. 92–93)

As reviewed above, a cultural understanding of all clients, an assessment of musical and nonmusical characteristics incorporating their acculturation history, and a shift in our methods to accommodate their worldviews must be taken into consideration for effective treatment. It is important that music therapists approach their work in a way that integrates the clients into the music therapy process, rather than dictating what is best for clients based on the dominant culture. In essence, we are describing a Culturally Informed Music Therapy (CIMT) (Kim, 2010). Through humility (Whitehead-Pleaux, 2012), seeking information, and learning about the culture of each client, music therapists can create music therapy treatment that is relevant to each client's worldview and life. The goals and interventions of music therapy should incorporate clients' cultural music so that each individual's therapy is tailored to his or her background and needs. In the next section, music therapy methods of addressing cultural diversity issues are described.

Culturally Informed Music Therapy

CIMT is a music therapy approach designed for clients who have experience with two or more cultures and addresses clients' cultural well-being through music (Kim, 2010). Flexibility when applying therapy principles and techniques is a cornerstone of CIMT. To better understand the CIMT approach, AMTA (2013c) delineated several steps in the *Standards of Clinical Practice*: assessment, treatment planning, implementation, documentation and evaluation, and termination. In addition, recommendations for best practices in culturally informed clinical music therapy are explored. The *AMTA Standards of Clinical Practice* state: "The music therapy assessment will explore the client's culture. This can include but is not limited to race, ethnicity, language, religion/spirituality, social class, family experiences, sexual orientation, gender identity,

and social organizations" (2.2). Similarly, *AMTA Professional Competencies* (AMTA, 2013b) state that the music therapist is to

select and implement effective culturally based methods for assessing the client's assets and problems through music. (16.4)

Select and implement effective culturally based methods for assessing the client's musical preferences and level of musical functioning or development. (16.5)

When assessing a client, it is essential for the music therapist to engage in culturally informed practices. The assessment is not only a time to learn more about the client's clinical needs, but also to learn about his or her culture. The following case example illustrates a culturally informed assessment.

Assessment

As I (Annette Whitehead-Pleaux) was cleaning my instruments one afternoon a few years ago, my coworker, a nurse, came into the office and told me about a new admission. She was a 4-year-old girl from Senegal who was injured a year prior. She spoke Wolof and knew very little English. My coworker felt that music therapy would be a good match for her, as she was exhibiting signs of trauma and was very anxious with all medical personnel.

I grabbed my guitar and cautiously stepped into her room. I saw a tiny child curled up in a bed, crying with the covers pulled up to her chin. Her father sat next to her looking very haggard, while the interpreter looked anxious and uncomfortable. I was immediately struck with the realization that my assistance would be limited, as I knew nothing about Senegalese music, Senegalese culture, the social norms and mores of the culture, and the role music plays in the Senegalese culture. I had no idea what a Senegalese children's song might sound like. How could I introduce music therapy to this father and his daughter in a way that would be both pertinent to her needs and effective for her treatment? How could I fully explain the basis for music therapy with no knowledge of their background

in music? It would be a daunting task to encourage them to embrace music. I stood silent and still for a moment, as I tried to figure out what was I going to do to help this child and her father feel more at ease.

I began by introducing myself and explaining the basics of music therapy. I told the father and daughter that I would like to help her feel better through music, but I did not know anything about the culture of Senegal, or if there were any specific rules within their culture about music. I asked if they could please tell me more about Senegal, their music (especially the music the child enjoyed), their beliefs about music, and their lives before the accident.

Clinicians can gain information about the client and his or her culture(s) in a variety of ways. The first is to talk openly with the client and the family about the culture(s) that influence the client's life. Another is to do research, either in the library or on the Internet. It is important to use credible sources to learn accurate cultural information. A third way to learn about the client's culture is to contact community organizations associated with that culture. Ethnomusicology departments of local universities or colleges can also be a resource through which to learn about the music of the client's culture. Finally, if the therapist works with an interpreter, the interpreter's job is not only to aid in the therapist's communication with the client but also to serve as a cultural ambassador. We recommend that prior to the session, the therapist take the time to talk with the interpreter to explain what he or she is going to be doing with the client. The interpreter can provide cultural references that can help the therapist frame the conversation appropriately. By pairing these resources with a primary source (the client and his or her family and caregivers), the music therapist can learn more about the client's culture(s) and how to best serve him or her in music therapy.

As discussed earlier, a variety of cultural influences within a client's life affect his or

her music preferences and identity. Some broad categories to consider are *culture of heritage*, *culture of religion*, *culture of generation*, *culture of location*, and *culture of identity* (Whitehead-Pleaux & Clark, 2009). It is not uncommon for a client to identify with many different cultures at one time and for these differing cultures to create some discord or confusion within the client. Music is deeply ingrained within most of these cultures. The client may experience a culture of heritage based on his or her race, country of origin, or ethnicity. As the client and the therapist speak about the client's culture of heritage, it is important to learn about the music of that culture as well as the social norms and mores regarding music. Despite being from a specific culture, some clients may not identify with that culture. Within the assessment, the music therapist needs to discover how much the client identifies with his or his culture of heritage. Finally, it is important to learn how and if the client expresses his or her culture musically. Consider this case example:

Dmitry was a teen from Russia, being treated for burn injuries. When he was first admitted, he was able to identify some popular Russian musicians to whom he liked to listen. I (Annette Whitehead-Pleaux) incorporated these songs into his sessions. But as the months of his hospitalization progressed, Dmitry shared other genres of music he enjoyed, including Iranian house music; bands from the United States, including the Eagles and Michael Jackson; and Eastern European trance music.

The client may also have cultural influences from his or her religion. The role religion plays in a client's life and his or her level of engagement are important factors for the music therapist to consider when designing the specific interventions to use with a client. If the client is highly engaged in his or her faith, it is essential to learn the norms and mores of the religion, especially with regards to music.

Chiamaka was an 18-year-old woman from Nigeria admitted for a series of reconstructive surgeries. Over months of treatment, Chiamaka often requested to sing songs from her church. She taught me these songs by dictating the lyrics and then teaching me the melodies. One day, I (Annette Whitehead-Pleaux) came to our scheduled session to find her and her mother weeping. Her beloved grandmother had passed away in Nigeria. Both Chiamaka and her mother were greatly disturbed that they could not be present for the funeral proceedings. Chiamaka's mother stated, "Until I see her placed in the ground, I cannot truly know she is dead." Chiamaka and her mother continued to explain that it is their responsibilities, as daughter and granddaughter, to be a part of the funeral preparations and proceedings. However, Chiamaka's recent surgery would prevent her from traveling for a number of months.

Mother and daughter did not know how to grieve, being so separated from their community. After asking them about the rituals and practices around the death of a family member in their culture, I offered to help them write a song for the grandmother to honor her memory. I acknowledged the songwriting was something different from their cultural practices, but that some people find that it helps to ease their grief. Chiamaka and her mom quickly agreed, and together, we wrote the song *Nnuki Mummi* (Big Mommy). We sang that song together every session for months as they grieved the loss of a beloved grandmother.

The influences of a client's generation must also be considered. A generation is not limited to periodic references such as *baby boomers* or *generation X*. It can also refer to a client's identity regarding immigration history (e.g., first-generation American). With each generation come different worldviews, beliefs, music, and traditions. These can be at odds with the other cultural influences within the client's life. Additionally, the client's generational culture may be at odds with those of his or her parents or other elder family and community members. These conflicts can create both

internal and external sources of stress for the client. A music therapist needs to assess clients' identifications with the music, norms, worldviews, and beliefs of their generations:

When Maria, an 11-year-old girl from Bolivia, was admitted to the hospital, she was intubated and sedated, so I (Annette Whitehead-Pleaux) spoke with her mother, Juanita, about the music to which Maria likes to listen. Juanita told me that Maria likes an artist named José José. Weeks later, when Maria was awake and alert, she told me that she did not like the music that I was playing for her; she likes reggaeton. As we spoke further, I discovered that Juanita preferred José José and disapproved of the reggaeton genre.

Learning to what extent the client identifies with the culture of where he or she resides is another component that can assist the music therapist in designing a treatment plan and interventions. A case example that illustrates the role of the culture of location can be observed in a patient named Bolin.

Bolin was born in China, but when he was 5, his family immigrated to Mexico. When I (Annette Whitehead-Pleaux) worked with Bolin, he was 11 and identified more with the music of northern Mexico, Norteña, than with the music of China that his parents enjoyed. At the time, my music therapy intern was from Taiwan. As my intern and I designed the music therapy interventions for his sessions, we initially used Norteña, but, as the session progressed, my intern began to incorporate traditional Chinese children's songs. These songs allowed Bolin to connect with his culture of heritage as he had not before. However, we continued to incorporate popular Norteña songs into the sessions, allowing Bolin to integrate these different aspects of his history together.

The cultural identity of the client needs to be explored in sessions. This may be a culture that is not initially apparent, es-

pecially when the music therapist focuses on the music culture with which the client identifies. Learning the client's cultural identity is crucial in the assessment because he or she may not identify with the music culture of his or her heritage and actually find that music offensive.

Juan, a teenage boy, was admitted to the hospital at 8 P.M. Friday, after my shift had ended. I (Annette Whitehead-Pleaux) was not returning until the following Monday, so I wanted to leave some CDs in his room to aid in his transition to the hospital. From his chart, I learned that he was from Honduras. I left a variety of CDs that reflected many of the popular Latin genres of music, such as salsa, reggaeton, romantica, and ranchera. Monday morning I went to Juan's room and introduced myself. Immediately he told me how someone had left a bunch of music in his room that he did not like at all, and that I was to take it away this instant. He preferred Michael Jackson and Justin Bieber. As I gathered up the CDs, I apologized for guessing incorrectly what music he likes, saying it was not included in his medical chart from the Honduran hospital. He began to laugh, and we joked about other information that may not be included in the chart, including his sister's name and how many chickens his family owns.

Expanding the assessment to include culture not only increases the music therapist's understanding of the client, but also affects the rest of the music therapy process from treatment planning to intervention design to evaluation of progress. The extra time spent learning more about the client creates an environment (1) wherein the client feels valued for who he or she is, (2) that builds the therapeutic relationship faster, and (3) that creates a greater rapport between the music therapist and the client. In addition to the music therapy goals that address the universal domains, the CIMT goals include therapists' development of increased cultural awareness; acknowledgment of own cultural identity; resolution of cultural conflicts within the context of the

client's culture; formulation of needed coping skills for the client; management of client's acculturative stress; and development of preventive methods (Kim, 2010).

Treatment Plan

Once the assessment is completed, the treatment plan must be created. Through a thorough synthesis of the information collected during the assessment, the music therapist identifies the client's needs, strengths, interests, and music preferences. This information helps the music therapist to craft the goals, objectives, and interventions for future sessions. Although not articulated specifically, *AMTA Professional Competencies* (AMTA, 2013b) states that music therapists must select and adapt musical instruments and equipment consistent with the strengths and needs of the client:

Select and adapt musical instruments and equipment consistent with strengths and needs of the client. (17.7)

Select and implement effective culturally based methods for assessing the client's musical preferences and level of musical functioning or development. (16.5)

When these competencies are interpreted through a CIMT lens, the idea of music preferences and musical instruments can become the music and instruments of the client's culture(s), which then can be interwoven through the interventions. The music therapist can learn the melodies, songs, or musical idioms of the client's preferred musical genres. Recorded music from that culture can be incorporated into the sessions. Instruments from the culture or similar sounding instruments can be utilized as well. Handheld electronic music devices such as tablets or MP3 players that use apps are an easy way to bring the sounds of instruments from other cultures to the session at a minimal cost (Whitehead-Pleaux, 2012).

In addition to music and instrument selection, the music therapist must also work

closely with clients from less dominant cultures to ensure that practices are conducted in a culturally sensitive manner. In the lesbian, gay, bisexual, transgender, and questioning (LGBTQ) best practices, for example, Whitehead-Pleaux et al. (2012) describe culturally sensitive behaviors that include creating a safe space where hate speech is not allowed, avoiding assumptions about the client, treating “all diverse clients, family members, and support people equally and with respect” (p. 160), being “open and affirming to LGBTQ clients” (p. 160), and practicing culturally appropriate language in speech and writing. When working with individuals from cultures that have experienced oppression and discrimination, the clinician must understand that different terms have different meanings to these individuals based on historical events, generational factors, and cultural associations. Thus, the therapist should always ask the client what terms he or she should use when discussing issues related to the client’s cultural identity (Whitehead-Pleaux et al., 2012). This final point is especially relevant if the music therapist is either a member of, or perceived to be a member of, the dominant culture. The history of domination and oppression runs deep through many cultures and, as therapists, we must be aware of these histories through not just the view of our own cultural lens but also through that of individuals from these oppressed cultures.

Openness and Humility: The Qualities of the Culturally Informed Music Therapist

It is vital that the music therapist get to know the client fully, for it is human connection and trust that allow for the greatest growth and well-being. A culturally informed music therapist is “a kind of culture bearer, a person who learned their songs and some of their languages, archived, and elicited this material, when appropriate” (Shapiro, 2005, p. 31).

Approaching the client with openness, humility, and a genuine interest in knowing who he or she is helps to strip away the power inequity, allowing for the strengths, knowledge, and worldview of the client to enter into the sessions. Through this deeper understanding of the client, the music therapist can better serve and meet the client’s clinical needs. With these principles in mind, it is important for music therapists to design intake forms and assessments that give voice to the diversity of all cultures other than the dominant culture.

The best practices for LGBTQ recommend that all music therapists “develop intakes, assessments, consents, releases, and other documents that provide for optional self-identification regarding gender identity; sexual orientation; and marital, partnership, and family status” (Whitehead-Pleaux et al., 2012, p. 160). This best-practice principle can be applied to a larger cultural view that also includes race, ethnicity, religion/spirituality, socioeconomic class, family experiences, ability, and social organizations. Changing these important forms will help to set the tone with the client that this therapeutic process is one that seeks to validate who he or she is, rather than limit his or her expression to that which is acceptable to the dominant culture. The music therapy space must be a space that is safe for *all* clients.

Self-Awareness

One aspect of CIMT practice that is not always discussed is that of self-exploration and the learning of cultural competencies. Moreno (1988) emphasized that ethnic music was not only a tool for contacting clients from other cultures but also a vehicle through which mainstream music therapy clients could also benefit.

As we are profoundly influenced by the culture surrounding us, much of what we see, hear, and feel is imprinted in our

minds. It is through this cultural lens that we view our world. Unfortunately, some of these messages with which we interpret the world contain biases, and we carry them into our sessions with our clients. To practice CIMT, we must embark on a journey of self-exploration to uncover these biases and work through them (Chase, 2003b). This journey is one that is best taken on with a supervisor who is well trained in this area. Supervision is a must for music therapists who work with clients from cultures other than their own (Estrella, 2001). The three-fold approach of open communication with the client, information seeking, and supervision will aid the music therapist in providing the highest quality of care for clients from different cultures.

Ethical Considerations

Since 1982, the American Counseling Association and the American Psychological Association have mandated multicultural education in their training. These mandates include awareness of personal beliefs and/or attitudes about culturally diverse clients, knowledge of diverse cultures, and the ability to use intervention skills or techniques that are culturally appropriate. (The American Psychological Association [2003] also documented “Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists” in 2003).

There has been an effort to increase sensitivity to ethical issues in music therapy (Dileo, 2000). However, *AMTA Professional Competencies* (AMTA, 2013b) should include more on the subject of diverse cultural populations, specifically articulated for both entry and advanced levels of music therapists. Dileo (2000) made several suggestions, including the need for a certification program to train and evaluate supervisors in supervisory competence, sensitivity to gender, and multicultural issues of supervisees and clients. It is crucial to delve

deeper into, and facilitate discussions of, these competencies in dealing with a diverse clientele. Therefore, both the supervisor and supervisee should openly discuss their expectations about the training and supervision process. As cultural empathy is an important element in building a trusting supervisory relationship, it is important to acknowledge and learn more about the cultural differences between the two people in question.

Cultural Diversity Education and Training

Cultural issues have significant implications for music therapy education and training (Dileo, 2000; Kim, 2008). Researchers have identified a variety of cross-cultural difficulties and found that multicultural issues are not adequately addressed in music therapy education and supervision, including internships. Although there have been more presentations on this topic at conferences, the curricula of current music therapy training programs are not sufficient to meet the requirements of preparing culturally sensitive music therapists (Dileo, 2000). This deficit is partially due to the lack of multicultural theories and resources available to the profession.

Kim (2011) surveyed international music therapy students in the United States and found the strongest predictors of acculturative stress to be degree of English proficiency, neuroticism, and music therapy education stress. Eight percent of the respondents were identified as a high-risk group. Asian international students were more likely to have high levels of acculturative stress compared with their European counterparts. Educators and supervisors need to closely monitor these students and advise them at an earlier stage.

Music therapists believe that it is important to be informed about multicultural considerations in their work and to be able to utilize cross-cultural skills. Seventy-five

percent of respondents to a survey by Darrow and Malloy (1998) reported that they learned about multiculturalism through their work experience. Similar results were found a decade later by Young (2009), who surveyed 104 internship supervisors in the United States and Canada to examine the extent to which multicultural issues were being addressed in music therapy internships. She found that many internship supervisors had little formal training in multicultural music therapy and that multicultural issues were not being consistently addressed in music therapy internships.

In a phenomenological study, Kim (2008) studied supervisees' experiences in cross-cultural music therapy supervision. Seven music therapy supervisees with diverse cultural backgrounds were interviewed and asked to describe significant misunderstood and understood experiences in cross-cultural music therapy supervision. The results of the study showed that the most important indicators of effective cross-cultural music therapy supervision were cultural empathy, openness, and a nonjudgmental attitude on the part of the supervisor. Specific cultural factors, including language and cultural barriers, racial and gender issues, and the experience of prejudice, were noted. Supervisors should openly discuss cultural issues to help supervisees integrate their sense of cultural identity. Because there is an inherent power imbalance between the supervisor and supervisee, the supervisor should take the responsibility of bringing up these cultural issues relating to the clinical work.

In reviewing music therapy literature, it is also apparent that the topic of cultural diversity is still lacking (Estrella, 2001; Kim, 2008), although it is discussed in the following articles. A variety of age groups with different diagnoses (Rilinger, 2011) have been studied; however, very few articles have investigated the use of music therapy with immigrants (Kim, 2013b) or the cultural implications for music therapy in palliative care (Dileo & Magill, 2005; Forrest,

2000, 2011). In addition, literature on religions (Elwafi, 2011), ethnicity (Kim, 2013b), race (Hadley, 2013), gender issues (Hadley, 2006; Curtis, 2013b), sexual orientation and gender identity issues (Whitehead-Pleaux et al., 2012), disability (Humpal, 2012), and cross-cultural supervision and training (Kim, 2008; Young, 2009) has scarcely been touched. Research studies also do not always include the information about cultural diversity that the National Institutes of Health (2013) requires.

What methods would be effective in multicultural training for music therapists? Kim (2013a) suggested that music may be useful in increasing cultural awareness, enhancing cognitive-emotional flexibility, and learning about diverse cultures. Since music is a reflection of culture, by learning ethnic songs we can experience not only the music but also the cultural background relating to the song. For example, when an immigrant learns "God Bless America," he or she learns more about American culture through the lyrics and background of the song. The meaning of this song can vary every time he or she sings it, depending on his or her own experiences. Also, he or she may realize that there are some similarities between this song and the songs from his or her own culture through lyrics, harmonies, and other patriotic songs. Music can be a vehicle for increasing one's self-awareness and for learning about the cultural aspects of a particular music.

However, as an effective method in multicultural training, music needs to be studied further. The differences between professional and student needs regarding multicultural training should also be examined. Interesting results were found in Kim's (2013a) multicultural training study: Although cultural knowledge increased over time and participants retained the knowledge, cultural awareness did not change. This lacuna may be due to participants' belief that they are already adequately aware of cultural issues, or to their denial of the core issues or their blind spot.

Conclusions

Although music therapists value diversity in their practices and have worked to serve their culturally diverse clients more effectively, the development of solutions to address diversity issues has been slow. More guidelines for multicultural and ethical considerations in practice and supervision are required. In addition, multicultural education should become a requirement for the core curriculum in music therapy, and more resources for cultivating cross-cultural knowledge and skills need to be made available to students, educators, and supervisors. There is a need to further develop multicultural music therapy theories and multicultural competencies. Many questions regarding cultural diversity in music therapy need to be further researched.

As society becomes more diverse, the cultural implications for music therapy are more significant than ever, given that music and culture are closely interrelated. The continued and collaborative effort among music therapists, educators, and researchers will help the music therapy profession prepare well for the future.

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