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Exploring the Musical Culture of an African American Child with Developmental Disabilities in Group Music Therapy

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Exploring the Musical Culture of an African American Child with
Developmental Disabilities in Group Music Therapy

A THESIS

Submitted in partial fulfillment of the requirements
For the degree of Master of Science
in Music Therapy

by

Meghan Cork
Molloy College
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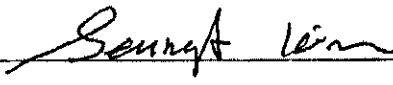
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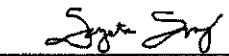
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Abstract

The purpose of this study was to explore the role of the musical culture of an African American child with developmental disabilities in group music therapy. Qualitative methods were employed in an early childhood education setting. First, interview questions were sent home to parents and guardians of participants regarding music in the home, and music examples were analyzed based on the genres reported in the interview answers. Then, one session of four male participants with developmental disabilities, ages 4-5, was conducted and analyzed. The participants were of African American, Hispanic, Pakistani, and Caucasian ethnicities. The researcher focused on the African American child, utilizing clinical data and an examination of the musical sources that represent the child's musical culture in the home. The results indicated that the musical culture of the child played a significant role in the group music therapy process. The musical culture of the African American child in the study was found to be characterized by three main elements: emphasis on a strong rhythmic pulse, emphasis on movement, and singing or chanting as a means of expression. The child seemed to be less engaged when the music was syncopated, lacked a strong rhythmic pulse, was interspersed with verbal injections, or contained Spanish lyrics. Although some conclusions have been drawn to indicate the significance of musical culture in a group music therapy setting with children, there is a great need for further research in order to determine more precise ways in which musical culture influences the group music therapy process. Thus, this study serves as a catalyst for future music therapy research.

Keywords: children with developmental disabilities, musical culture, special education in early childhood, cultural implications in music therapy

ACKNOWLEDGEMENTS

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" It is in the particulars, the nuances, the overwhelming variety of ways that we express ourselves

that one can come to understand what it means to be a musical human" (Levitin, 2008, front

cover).

EXPLORING THE MUSICAL CULTURE OF AN AFRICAN AMERICAN CHILD WITH DEVELOPMENTAL DISABILITIES IN GROUP MUSIC THERAPY

My Cultural Perspective

Culture and the ways it affects how a person lives and interacts with the world have

always fascinated me. Growing up, I tended to get along well with people who come from

drastically different cultural backgrounds. A person's level of popularity, age, sexual orientation,

ethnicity, race, religion, or socioeconomic status has never been a barrier for me. Accepting

people easily may be due in part to my own cultural heritage. I was born and raised in an

American household of European descent going back many generations. In my family, there was

a strong emphasis placed on Roman Catholic ideals of acceptance and love for all people. As a

result, I see connecting with others, regardless of their cultural values, as a chance to have a new

experience, a new connection, and a richer, deeper life. A friend once referred to me as a

"chameleon," remarking that I could fit into any group. This ability to connect with others from

different backgrounds is also what led me, I believe, to the field of music therapy.

In addition, I have always had an affinity for music. My family and I discovered early, by

way of my preschool Christmas pageant performances and zoftig bouts of singing in church, that

my main means of expressing music was through singing. Thus, I began training as a singer at an

early age and continued down that road until I earned a Bachelor of Music in Vocal performance

at New York University. My ability to connect with people from different cultures, my desire to

understand and help people, and my belief in the power of music, has reoriented my radar to the

field of music therapy. I am currently pursuing my graduate degree in Music Therapy at Molloy

College. Over the course of my college years, I have become increasingly interested in musical culture. Growing up on Long Island in the 1990s with predominantly Roman Catholic ideals, I was limited by a musical culture that mostly consisted of church hymns and songs targeted toward children. Such songs included Disney songs, common American children's songs like "Twinkle Twinkle Little Star" and American folk songs such as "You Are My Sunshine." I was also influenced by the rock and roll preferences of my father. My musical culture has since expanded to include alternative rock, indie rock, jazz, musical theatre, and the popular music of today. I have also been exposed, in a limited way, to the music of African American, Hispanic American, and Jewish American cultures.

This year, I am currently an intern at a school that provides alternative education programs and related services for children up to the age of 5 who have developmental disabilities. I am working primarily with children at the preschool level, ages 3-5. At the school, children's culture, particularly their musical culture, seems to influence how they interact with the world and what their needs might be in terms of music therapy.

Although the school has multiple sites, the site where I conducted this study does not have students who receive music therapy as a related service on their Individualized Education Plan. Therefore, all students at this site receive music therapy in a group setting, in a program provided by the school. Thus, for the purposes of this study, I utilized group music therapy, which allows group dynamics to naturally bring disabilities and issues to the surface (Yalom, 1995).

Need for the Study

During my clinical training, I have encountered mostly African American clients. This has inspired me to explore more about this culture, particularly in terms of music. Such an

exploration would help me and others in the field of music therapy to better serve the African American population. This population seems to be quite prevalent among the music therapy clientele community. As of 2010, African Americans make up approximately 12.6% of the U. S. population (U.S. Census Bureau, 2010). Thus, it can be implied that a percentage of this population does indeed make up a prominent amount of the music therapy clientele in the U.S.

This study is extremely relevant to the field of music therapy. There has been very little research conducted on ethnicity or race and how it influences a client's musical culture and the music therapy process (Rilinger, 2011, p. 78). This study will serve as a catalyst for future research on the topic of ethnic and racial culture in the field of music therapy, particularly in terms of qualitative research.

The more music therapists explore and understand the role that musical culture plays in music therapy, the more insightful and effective we can be in our work. By learning more about this phenomenon, we will increase our ability to be open and aware as we interpret our clients' musical interactions. This will help us to make musical choices that are more suitable for our clients' needs.

For the purposes of this study, musical culture is defined as a combination of: (1) individual culture based on preferences, personality, and upbringing; (2) family culture; (3) community culture; (4) culture of the country in which the child resides; (5) culture of the broader ethnicity or race with which the child identifies; (6) co-creative music therapy culture, including interaction with the therapist's culture and (7) cultural conditioning and imprinting that results from interaction with cultures of other group members and myself as the therapist. In this study, I examined the specific musical culture of the participants and explored which

connections, if any, existed between the participants' musical cultures and the music therapy

process.

LITERATURE REVIEW

Introduction

After reviewing existing literature in the areas of musical culture and music therapy, there

was found to be a dearth of research conducted on this topic. According to multiple studies and

articles by Chase, Darrow, Moreno, Shapiro, and Toppozada, "the majority of music therapy

articles on cultural competency address general principles" (as cited in Rilinger, 2011, p. 78),

rather than topics which are specific or in depth. Still, literature, such as research articles

(Brinson, 2001; Forrest, 2001) and textbooks (Wilson, 2002; Yalom, 1995), has been written on

areas that relate to the topic of culture in music therapy and other professions. This literature

review will deal specifically with culture in terms of ethnicity and race, focusing on three main

areas: Music and Culture, Multicultural Considerations in Music Therapy, and Group Music

Therapy with Children in Early Childhood Education Settings.

Music and Culture

The term culture can have many meanings. It can articulate people's values, systems of

norms, beliefs and ideologies that give meaning to the lives they live (Forrest, 2001). For the

purposes of this study, the definition of culture is constructed by both individual beliefs, as well

as broader group beliefs (Forrest, 2001; Stige, 2002). The first question is; how does music relate

to culture? Many believe that music and culture are deeply intertwined (Forrest, 2001; Miller &

Shahriari, 2009; Morey, 1940; Nzewi, 1999). According to Miller and Shahriari (2009), "musical

expression is both culturally specific and culturally encoded with meaning" (p. 3). The authors

go on to describe various forms of music and their origins throughout the world, how musical

cultures have influenced one another, and how musical cultures of today have come to be. Consistent with this is the idea that "a distinctive body of music knowledge proposes that there must be in existence, constant and standard norms of phonic, as well as material rationalizations which determine uniqueness in creativity, production and appreciation for the gamut of a culture's music practices" (Nzewi, 1999, p. 73). Here, Nzewi is relaying his view that music is context based, and that it has its own distinct set of practices in every culture. Another article (Forrest, 2001), which addresses the implications of ethnicity and identity in music therapy with a woman in palliative care, asserts that music may be associated with cultural identity on social and communicative levels, on an individual level, and on a historical level.

Finally, an article (Morey, 1940) addressing the effect music has on the emotions of people of different cultural groups found that a group of boys from a remote village in Liberia did not respond emotionally to western musical pieces. The pieces, which were suggested because they elicit typical expressions of particular emotions among people of western civilization, did not elicit those responses in the group from Liberia; i.e., "Fear expressed in Schubert's *Der Doppelganger*" (Morey, 1940, p. 336). These findings indicate that music has a different effect on people from vastly different cultures and living situations.

Still, others believe that there are some fundamental characteristics of music that are universal in how they help to shape humanity across cultures and throughout the course of history. Namely, Levitin (2008) describes how songs of friendship, joy, comfort, knowledge, religion and love, in any culture, can frame core elements, which are universal across humanity. Thus, it seems that two frameworks on culture and music have emerged: one that views music as being culturally specific (Forrest, 2001; Miller & Shahriari; 2009; Morey, 1940; Nzewi, 1999) and another that views music as being universal across cultures (Levitin, 2008). Thus, I will first

examine music within the context of the specific cultures I will be focusing on. Later, I will

examine elements which are embedded across cultures. For the purposes of this literature review,

I will categorize culture in terms of broad ethnicity and race, although individual beliefs and

values are also a major part of culture. These aspects will be examined more thoroughly later on

in this research study.

African American music. In order to understand the characteristics of African American

music, I will first explore traditional African music. According to Meki Nzewi (1999), a scholar

from the University of Nigeria, the nature of traditional African music is very much defined by

cultural practices. He relays that "music thinking, education, and practice in African traditional

cultures have conceptual biases and are methodical processes [which involve] systematic

philosophy in music, creativity, content, production and objective" (p. 73). He goes on to say that

in African culture, two main objectives of music are "personal entertainment and mass

recreation" (Nzewi, 1999, p. 74). Here, mass recreation is described as a form of therapy and

healing, in that the participation in music as a group effort can "mediate personality syndromes"

(Nzewi, 1999, p. 74), and relieve personal and group stress.

In traditional African culture, music is considered a significant aspect of life, especially

in childhood, when a person's musical role is cultivated and shaped. When a person is born, a

baby carrier attempts to establish a sense of pulse for the child through participating in children's

music and dance activities, as well as carrying the child during various daily chores (Nzewi,

1999). When the child is old enough to walk and talk, the child will begin training on an

instrument, as well as in singing and dance. These are the three most salient features of

traditional African music, and they reflect the traditional African value of the communal music

experience. These features are the use of polyrhythm, call-and-response singing, and communal

dance. (Miller & Shahriari, 2009) A child is encouraged to "produce rhythmic sounds on its own, on any available, safe object" (Nzewi, 1999, p. 76). Nzewi (1999) asserts that in this culture, rhythm is not seen as a quantitative construct, but as being intertwined with its "normally toned qualities in creative thoughts and expressions. . ." (p. 80). Rhythm is therefore embedded with the psychotherapeutic sensibility that is inherent in African musical thought.

Traditional African dance can take many forms. It may consist of a formal ritual dance, which is typically performed by a few specialized performers of high social status and, at times, of royal patronage. Dances of this nature are usually performed for a significant or sacred social event, such as honoring ancestral spirits (Miller & Shahriari, 2009). More commonly, informal dances often take place when large groups of people are gathered for a musical event. In these dances, one member of a group may step out briefly from the crowd to dance, spurred on by cheering (Miller & Shahriari, 2009). Finally, call-and-response singing is a form in which one caller gives a question or prompt in the form of a chant or song, followed by a response from the group (Miller & Sharhriari, 2009).

As African children grow older, they are given less musical freedom. Whereas in childhood, they would be acclaimed in the area of music regardless of musical skill, adolescents are evaluated based on the actual level of their performance. Particularly high levels of musical skill will earn older children important musical positions. Still, in general, African children at the older level are expected to have knowledge of melorhythmic, melodic, and harmonic idioms in order to be competent as performers, and also to have empathic appreciation of music as audience members (Nzewi, 1999). At this stage, children should have developed "ensemble sense and creative capabilities" (Nzewi, 1999, p. 76). That is, older children should be competent as musicians in an ensemble group.

In a traditional African ensemble, three layers of music (rhythm) exist. The first is the fundamental layer that provides a continuous and ongoing pulse sense; the second is the "primary. . .strange-feeling layer" (Nzewi, 1999, p. 81) which offsets the pulse sense; and the third is the new, strikingly pronounced, phonic resolution of the other two layers. These lines are interdependent and cannot be separated out as independent entities (Nzewi, 1999). Because there are multiple lines or "rhythms," traditional African musical rhythm is commonly referred to as polyrhythm.

The music of African Americans, although not identical to traditional African music, is inevitably built off of and influenced by traditional African music. This is because culture does not become replaced by a new idea, but rather influenced and "fertilized" by it (Stige, 2002, p. 14). Spirituals, gospel, ragtime, the blues, jazz, rhythm and blues, soul, hip-hop, and Rap music are some of the main African American musical styles of today (Peretti, 2009). These styles of music reflect Africa's cultural interaction with America, including the implications of slavery and the long journey from the first years of emancipation to today. Thus, group cohesion and expression of creative self are some of the features found in these styles that reflect traditional African musical values (Peretti, 2009). Other African values that can be found in these styles include: a sense of community, found in spirituals, gospel, soul, hip-hop, and Rap music; oral tradition, found in Rap music (Hara, 2012); communal dance, found in hip-hop; call-and-response singing, found in spirituals, gospel, jazz, and Rap music (Hara, 2012), and polyrhythm, found in Rap music, rhythm and blues, and soul.

Music of the United States, Hispanic America, and the Indian subcontinent.
Although this present study focuses mainly on a child of African American descent in a group therapy setting, it is important to investigate the music of the other group members as well: "As

individuals, our socially ⌊and culturally⌋ determined roles combust on one another in ⌊music therapy group⌋ sessions. . ." (Pavlicevic, 2003, p. 193). Thus, it is necessary to examine the music of the other ethnic and racial cultures involved, as they provide insight for how and why group members interact in certain ways.

American music is a very broad category. It encompasses mainstream genres, such as hip-hop, Rap music, R&B, rock and roll, blues, bluegrass, jazz, country, pop, techno, barbershop, gospel, soul, European classical, musical theatre, standard ballads and ragtime (Hadley & Yancy, 2012; Starr & Waterman, 2009). Furthermore, because of America's diverse ethnic makeup, its music also includes more obscure genres, such as Cajun music, Conjunto, shape-note hymn singing, and Native American flute and ritual dance music (Miller & Shahriari, 2009). In a very general sense, music of the United States has been said to emulate America's "wide open geography. . . ⌊and the⌋ sense of personal freedom characteristic of American life" (Ferris, 1993, p. 11), especially in its use of irregular rhythms and long meandering melodies.

Music of the United States is based mainly upon issues of ". . .social class, race and ethnicity, geography, religion, language, gender, and sexuality" (The Media Briefing, 2012). Music is also a major part of many mainstream holiday celebrations in America, such as Christmas and Independence Day, as well as other more culturally bound festivals and holiday ceremonies, such as Mardis Gras and St. Patrick's Day.

Finally, composers in the United States have been known to use a more experiential approach than some of their European contemporaries (Music in the U.S, 1969). Composers such as Charles Ives, Aaron Copland, and John Cage, explored a more eclectic approach to music, giving musical significance to natural sounds of the environment, such as dissonance, polytonic sounds, and silence (Music in the U.S., 1969).

Music of the Hispanic American culture is also broad. According to an article exploring the cultural implications of working with Mexican American children in music therapy, "developing sensitivity to the cultural identity of Hispanic clients is challenging because there are vast differences between Hispanic cultures. . ." (Rilinger, 2011, p. 78). Although other Hispanic American cultures may be characterized by different types of music, the article provides a number of insights about the music of Mexican American culture, which represents 65% of the Hispanic population in the U.S. (Rilinger, 2011). In Mexican American culture, children often listen to music in the home that their parents prefer, such as music on the radio. Although there are many traditional Mexican American children's songs, children of this culture are not likely to listen to these songs on an everyday basis in the home. Some children like to listen to American pop songs (Rilinger, 2011). Music for children in this culture may also be provided in conjunction with a significant holiday or life event such as birth or death. For example, the song "Las Mananitas" (Rilinger, 2011, p. 81) is sung on the morning of a child's birthday.

Popular music of Mexican American culture and general Spanish popular music differs from Western music in that it uses many syncopated rhythms on the offbeat. Stylistically, music of the Hispanic culture may differ from that of Western culture in that fast strumming of minor tones is used to indicate an exciting or arousing mood, rather than a sad mood, as minor tones would indicate in Western culture (Rilinger, 2011). The most prominent instrument in Mexican American culture is the guitar, which is played at most traditional ceremonies and celebrations. A male almost always plays it, and strumming patterns reflect the rhythmic characteristics previously mentioned (Rilinger, 2011). Finally, music of Mexican American culture and its uses are likely to be reflective of its ideals of "familismo," a term relaying the significance of family

in Hispanic culture, and "machismo," a term used to describe the male role in Hispanic culture as being protective of the family. Music of this culture may also reflect its predominantly Catholic religion (Rilinger, 2011).

Music of the Indian subcontinent also covers an array of different styles. Its modern music is a mix of traditional Indian music and Western pop styles (Sarrazin, 2006). Still, traditional Indian music is characterized by an emphasis on melody and rhythm, a single vocalist or instrumentalist with little or no harmony, use of drone, emphasis on chest voice, even in the upper registers, and the use of ornamentation (Sarrazin, 2006). Particularly in the Northern part of the subcontinent, where Pakistan is located, nine "rasas" or essences are considered vital to music (as well as art and dance) and must be used in association with an extramusical concept, such as the time of day or the season (Sarrazin, 2006). Little notation is used in traditional Indian music. Rather, it is passed through aural tradition. Traditional instruments common in the Northern part of the subcontinent are the tabla and sitar. This music may be reflective of a strong emphasis on family structure and functionality (Sarrazin, 2006). In contrast, traditional South Indian instruments include the tambura, the violin, and the mrigdangam (Miller & Shahriari, 2009).

Modern Indian music, such as that represented in the Indian film industry, fuses traditional Indian music with Western pop styles. Thus, modern Indian music is likely to have Western orchestrations, characterized by instruments such as piano, string instruments, maracas, flute, and chimes, as well as traditional Indian instruments, such as the tabla and the shehnai (Sarrazin, 2006). Modern Indian music found in Indian films also incorporates the refrain and verse of Western popular music, although these components are used in a different order than in

Western music. In modern Indian music, there is an introduction then the refrain is introduced, followed by a verse, and then an interlude. This pattern is then repeated (Sarrazin, 2006).

It is clear that there are some distinct differences among the music of the cultures at hand. Although certain elements of music phenomena seem to be universal, such as the use of music at important ceremonies or events, music's role in such contexts differs drastically according to culture. Music also seems to be used commonly as a means of expression, but whether it is an expression of religious worship, love, political ideals, or entertainment, is determined once again, by cultural norms. As reviewed, music and culture are closely related, and the role of culture is significant in music therapy. Thus, it is critical that music therapists are aware of how musical cultures interact in the music therapy process.

Multicultural Considerations in Music Therapy

According to Cheryl Dileo (2000), the topic of culture and music therapy has not been addressed extensively in the literature, despite the seemingly strong ties between culture and music. She asserts that the present problem in music therapy is that the construct of therapy is based on Western psychological structures, while other cultural structures may view therapy differently. For example, while Western psychological structures emphasize individuality and individual expression, Malley and Reilly relay that non-Western psychological structures place importance on "relationships. . .conformity. . .collective responsibility, [and] control of feelings" (as cited in Dileo, 2000, p. 151). These non-Western ideologies should not be overlooked. Although such assertions have been made over ten years ago, there has been little research found in recent literature which addresses these issues.

Another source (Wheeler & Baker, 2012) explored the different influences that a music therapist's worldview (cultural perspective) may have on his or her work with clients from

various countries of different cultures. The article makes connections between the interplay of cultures between the therapist and the client, and the strong influence it has on the music therapy process. Such a view is reflected in the American Music Therapy Association's professional competencies (American Music Therapy Association, 2012), which assert that administering culturally sensitive therapy is appropriate in professional music therapy.

Cultural implications of African American culture and music therapy. It is important to note how African American cultural implications may relate to music therapy. The article formerly mentioned (Wheeler & Baker, 2010) on music therapists' worldviews relays that music therapists may interpret or misinterpret rhythms, depending on whether he or she is analyzing in accordance with Western or African musical styles. Thus, music therapists may need to become more aware of African musical styles.

It is also crucial for music therapists to be aware of thoughts and ideologies that may be characteristic of clients from African American ethnic or racial culture. One source (Brinson, 2001) measured racial attitudes and preferences of African American preschoolers as they related to their caregivers' ethnic identity. A variety of measures were used in the study: (1) The Multigroup Ethnic Identity Measure was used to assess ethnic identity; (2) The Brinson and Lee African American Behavior Scale was used to assess behavior in relation to ethnic identity for 84 primary caregivers; (3) Child Interview Racial Attitude and Preference was administered to 84 preschoolers to assess racial attitudes and preferences. Results indicated that most of the primary caregivers had a moderate ethnic identity. For African American children, racial attitude was more positive toward African American children than toward Anglo-American children. However, racial preference was higher for Anglo-American children than for African American children. This indicated that racial attitudes in young children seemed to be consistent with the

ethnic identity of their primary caregivers, but that racial preference was not consistent with ethnic identity of caregivers. Such information about racial attitudes and preferences is significant in understanding how a preschooler of African American ethnicity and/or race may interact in a group music therapy setting.

Furthermore, Nzewi's (1999) investigation of music education, as it relates to African traditional music and modern practices relays that modern schools are teaching European classical music, church songs, and occasional African songs by rote. These practices have replaced the traditional African musical techniques of letting music grow organically from orientation to pulse and group music. Nzewi (1999) relays the following:

> . . .to introduce Africans to modern music learning and appreciation of European music
> thoughts. . .is a radical, de-culturating process which continues to produce the crises of
> cultural inferiority, mental inadequacy, and pervasive, perverse cultural-human identity
> characterizing the modern African person in modern social, political, educational, and
> cultural pursuits. (p. 72)

Such views suggest that African traditional culture has and is presently being challenged by Western cultural ideas. If these are views held by people in Africa, such views are likely to apply even more heavily to those of African descent living in America. As music therapists, it is important to consider these notions when providing music therapy for people of African American descent.

Finally, the deeply rooted ties of Rap and hip-hop music genres to African American culture help us as music therapists to understand the therapeutic uses of such genres. It is important here to distinguish between the terms Rap and hip-hop. Hip-hop is defined as "a specific cultural group or youth arts movement, while Rap is the musical expression of that

social group" (Lightstone, 2012, p. 41). Hip-hop originated as a culture of young African

Americans of urban communities and then branched out to people of various ethnic and

socioeconomic groups (Lightstone, 2012). The music of this culture deviates aesthetically from

music rooted in traditional European culture. It incorporates a programmed rhythm or

syncopated rhyming chant, with a vernacular or slang text difficult for people outside of the hip-

hop culture to understand, as opposed to more colloquial terms set to melodies and/or functional

harmonies, as in European music (Lightstone, 2012).

Rap music is tied to a traditional African belief in the concept of spoken word to "change

and configure reality," (Hadley & Yancy, 2012, p. xxxi), known as the concept of Nommo. It is

rooted in a long legacy of people striving for linguistic agency, self-definition, and a positive

sense of self (Hadley & Yancy, 2012). As such, Rap music can be used, particularly for people

of African descent, as a therapeutic agent.

Because Rap music deals with such critical issues as masculinity, values, ethics,

relationships, honor, code of conduct, language, finance, education, and drug use, among others,

it is essential that therapists utilize Rap music in therapy with clients who are influenced

culturally by Rap music (Elligan, 2012), such as African American clients. Rap music can be

used to deconstruct and gain insight, for cathartic release, for cognitive reorganization, and for

modifying behavior (Elligan, 2012).

It is important for music therapists to consider the cultural implications of African

American culture in their work with clients. The literature (Brinson, 2001; Nzewi, 1999; Wheeler

& Baker, 2010) suggests that such views may include Western ethnocentrism and challenges to

traditional African and African American values. Since Rap music and hip-hop emphasize values

of African American culture, this music may be a useful therapeutic agent for African American

clients. Still, music therapists should explore other musical ways to reach this culture

therapeutically.

Music Therapy with Children in Early Childhood Education Settings

In order for music therapists to understand the role of musical culture in music therapy

with children in this setting, it is essential to explore the literature regarding music therapy with

this population. Most studies of children in early childhood settings seem to involve specific case

studies, rather than a group of children. For instance, one study (Finnigan & Starr, 2010)

researched the social responsiveness in a 3-year-old female with autism through comparison of

musical and non-musical interventions (Finnigan & Starr, 2010). The study made use of a music

therapist in both conditions with musical interventions as the independent variable. The

researchers found that social responsive behaviors, namely eye contact, imitation, and turn-

taking, increased most during the music intervention condition and decreased during the non-

music intervention condition (Finnigan & Starr, 2010). Although this study provides a small clue

as to the possible responsiveness of preschoolers to music therapy, much more research needs to

be conducted in this area, specifically in terms of cultural influences.

In addition to formal research, there are other sources that provide useful information on

this topic. One resource is a book written by Elizabeth Schwartz (2008). Schwartz provides a

great deal of information about the developmental levels of children in music, as well as where

and why deficits might be seen. For instance, typically developing children ages 3-5 should be

able to sing stepwise descending melodies and minor melodies to a certain extent. They should

be able to maintain approximate pitch during a familiar song, utilize controlled movements rather

than spontaneous movements, maintain a basic beat, and identify a familiar song (mainly 5-year-

olds). If a child at this level is showing deficits in these areas, problems may be due to a lack of

awareness of the experience, an inhibition of a sense such as hearing or sight, trouble with

processing the information, rejection of the object or experience, and/or trouble responding to the

object or experience due to a disability. Maintaining a thorough understanding of a child's level

of development may make it easier to differentiate cultural factors from developmental factors in

music therapy. Schwartz (2008) also suggests that when working with children, music therapists

need to "be playful," (p. 125) and one of the fundamental elements of play is that it "has meaning

to the child" (p. 125). Because culture can articulate ideologies that give meaning to people's

lives (Forrest, 2001), culture may influence how children make meaning in musical play.

An additional source (Wilson, 2002) offers examples of how music therapy might be

used in school settings. One such example describes how music therapy plays a role in the

Cuyahoga County Board of Mental Retardation and Developmental Disabilities' William Patrick

Day Early Childhood Center and its East Cleveland Early Childhood Centers (Humpal, 2002). In

these centers, music classes are provided once a week for all children, as well as special services

determined by the individual needs of the child based on the child's Individualized Education

Plan (Humpal, 2002). A team approach is of utmost importance in this setting. The way in which

a child takes in, processes and re-creates musical experiences is considered an extremely

important factor in good music therapy practices. "This process does not occur independently of

other areas of intellectual growth and independence," (Humpal, 2012, p. 392) and thus music

therapists and other members of a child's academic world, such as teachers and other therapists,

work together to help a child develop to his or her full potential. Because music therapists are

considered vital to a child's learning and growing in this setting, it is imperative that a music

therapist be aware of the child's cultural values.

Ethnic development levels in young children. Young children ages 3-5 are said to have limited awareness of race and ethnicity (Derman-Sparks, Tanaka-Higa, & Sparks, n.d.). Because children of this age are in Piaget's pre-operational phase, they tend to rationalize thoughts regarding race and ethnicity based on previous experiences and clearly defined rules of statement. For instance, children with white mothers and black fathers may be surprised when they find out that women can be black. Furthermore, children who are white may not understand how a person who is Japanese can also be American (Derman-Sparks, et al., n.d.). Children of this age also tend to identify race and ethnicity based primarily on physical characteristics, such as skin color, and second on cultural characteristics that can be seen and heard, such as language or clothing (Derman-Sparks, et al., n.d.). Aside from the natural ethnocentrism displayed by children of this age that perhaps indicates a preference for their own race, they may also have seemingly racial notions based on what they have been told or have seen on TV (Derman-Sparks, et al., n.d.). Thus, it is clear that children of this age are just becoming aware of race and ethnicity, but do not have a clear picture of it.

Group music therapy in early childhood education settings. As previously mentioned, research conducted with children in early childhood education settings is primarily comprised of single-subject or case studies. Little research has been conducted on group music therapy with children in early childhood settings. However, one source provides useful information about the implications of group music therapy in any context. Yalom (1995) asserts that "from whatever perspective we study human society- whether we scan humanity's broad evolutionary history or scrutinize the development of the single individual- we are all at times obliged to consider the human being in the matrix of his or her interpersonal relationships" (p. 17). Thus, the group setting is representative of how individuals truly live in society, and it eventually becomes a

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social microcosm. That is, group members' tendencies when interacting in the world eventually surface in the therapy group (Yalom, 1995). Therapeutic work can then be accomplished through facilitating interactions among group members in order to bring to fruition any pathologies or disabilities. The therapist will cultivate group cohesiveness so that eventually the group force is strong enough to override the pathology or disability, even if slowly at first (Yalom, 1995). Thus, it is implied that cultural aspects are likely to play a part in group music therapy, because they contribute to how group members interact in the world and in turn, within the group. However, if music therapists remain uninformed about cultural implications, particularly in a musical sense, they will be unable to interpret interactions fully and they will be less effective in facilitating therapeutic interventions.

Summary

It is clear from the literature that culture and music are intricately interwoven, and that culture is therefore likely to play a role in music therapy, particularly in a group setting. Despite this implication however, there is very little research in music therapy that investigates cultural implications, particularly in terms of African American culture, which is quite pervasive in the United States (U.S. Census Bureau, 2012). Therefore, there is a strong need for research of this nature in the field of music therapy.

PROBLEM STATEMENT

The purpose of this study is to examine how the musical culture of an African American child with developmental disabilities plays a role in the group music therapy process. Subordinate questions include:

(1) What are the characteristics of the African American child's musical culture?

(2) How does the child's musical culture affect the therapeutic process?

METHOD

The purpose of this study was to examine how the musical culture of an African

American child with developmental disabilities played a role in the group music therapy process.

Interview questions were sent home to parents and guardians regarding music in the home, and

musical examples were analyzed based on the genres reported in the interview answers. I then

examined four students in a group music therapy session using a naturalistic inquiry design

(Denzin, 1978). I focused specifically on a child of African American descent, and studied his

interactions with the other group members. This gave me a sense of his musical culture and how

it compared with the musical data from the interview answers and the literature. The study then

systematically explored interactions among the African American child, the therapist, and the

other group members to determine how the child's musical culture may have influenced the

group music therapy process.

I obtained approval for this research study from the Institutional Review Board (IRB) at

Molloy College (See Appendix A). Also, the director of Alternatives for Children in Melville,

N.Y. signed a letter of permission (See Appendix D). In addition, audio and video consent forms

were signed by the parents or guardians of the participants (See Appendix B).

Design

Due to the unique nature of the facility where the study took place, mainly its rich and

stimulating sensory environment and the collaborative nature of the staff, a naturalistic inquiry

(Denzin, 1978), free from rigorous laboratory conditions, seemed to be the best design for this

study. The nature of design in a naturalistic inquiry is an emergent one, unlike in a quantitative

paradigm (Aigen, 2005, p. 357), which indicates that changes may be made as the study is

conducted.

Participants

A music therapy group of four members was created at Alternatives for Children for the purposes of the study. Consent forms were sent out to the parents or guardians of all group members, delineating the characteristics of the research group. In a naturalistic inquiry, a purposive sample "is more likely to hold the answer to specific research questions, concerns, or interests" (Aigen, 2005, p. 355). While an existing group would have been most conducive to the children's natural setting within the school, no existing group's parents and guardians unanimously showed interest in the study. Thus, a group of four members was chosen from the afternoon classes at the school where the study was conducted, according to ethnicity and race, in order to represent the four most prominent ethnicities and races of the school and to represent the natural group setting. I specifically focused on an African American child, who I will call "Sam." I chose Sam based on his ethnic and racial background and a recommendation by the on-site supervisor. Because the school is made up of approximately one-third African American children, I chose a child that was a member of the African American ethnicity and race.

The group consisted of four children, ages 4-5, who have developmental disabilities, including speech and language needs, behavioral and psychosocial needs, motor functioning needs, and slight cognitive delays. All interpretations and analyses of data took these factors into consideration.

Introducing Sam and group members: Jay, Kyle, and Logan. The group members, who I will call "Sam," "Jay," "Kyle," and "Logan," were selected from 12 students whose parents and guardians showed interest in the study. These four boys were chosen because out of the combinations available to represent all four races and ethnicities in the school, these four have the most similar functioning levels. This represented a natural class setting, where

placement is based on functioning level. Also, in this group, I interpreted that cognitive functioning was relatively high. This was necessary for the group members to process certain musical complexities that were explored in the study, i.e., the difference between straight rhythm and syncopated rhythm. Finally, because I wanted to focus specifically on musical culture, I chose the most homogenous group in terms of other factors, e.g., gender and age. All of the participants were male and were 4-5 years old.

Sam, age 4, is a bright, sociable African American boy, whose mother is reportedly from the Bronx, NY. At home, his family speaks English and his religion is not specified. He is diagnosed as a preschooler with a disability, and was placed in a 5 1/2 hour integrated class setting. He receives occupational therapy and play therapy services, indicating sensory, fine motor and psychosocial needs. In music, he usually presents with high energy and a lot of movement. These movements, at times, may present as impulsive, but when embedded in music, they are extremely rhythmic. He seems to enjoy dancing and moving to music, as he often responds to musical activities with positive affect and engagement with therapists and peers. He sings often and sings expressively. He tends to sing loudly but has sung softly in the past. His pitch and lyrics are not always accurate, but they are usually rhythmically accurate or at least within the rhythmic pulse of the music. He has a younger sister and a baby sister. At home, his mother encourages him and his younger sister to play the guitar.

Jay, age 4, is a sweet, friendly Hispanic boy, whose parent moved from Ecuador to the U.S. within the past 5-10 years. At home, his family speaks Spanish and identifies as Evangelical. He is diagnosed as a preschooler with a disability, and he was placed in a 5 1/2 hour integrated class setting. He receives a high frequency of speech therapy services, indicating relatively high speech and language needs. In music, he expresses himself freely, singing and

participating with others. Sometimes, he can present with silly behaviors that may be distracting

to group members. His rhythmic sensibilities are sometimes accurate, but at times, he lags

behind the beat in his responses.

Kyle, age 5, is a tall, sweet Pakistani boy, whose parent moved to the U.S. from Pakistan

within the past 10 years. He is usually quiet and reserved. At home, his family speaks Urdu and

Punjabi, and identifies as Muslim. He is diagnosed as a preschooler with a disability, and was

placed in a 2 1/2 hour integrated class setting. He receives speech therapy and occupational

therapy services, indicating speech, language, sensory, and fine motor needs. In music, he looks

to the other children and seeks social interaction by following along with the therapist or with

what other children are doing. At times, he struggles in responding to rhythms through motor

function.

Logan, age 5, is a tall, bright Caucasian boy, whose mother is from the U.S. At home, his

family speaks English and identifies as Catholic. He is diagnosed with Pervasive Developmental

Disorder, Not Otherwise Specified, and he was placed in a 5 1/2 hour integrated class setting. He

receives occupational therapy and speech therapy services, indicating fine motor, speech, and

language needs. In music, he expresses ideas when called for and follows directions. He

vocalizes with relatively accurate pitch. He is sometimes rhythmically inaccurate and has a

tendency to become distracted.

It is notable that Sam, Logan and Jay are likely to have a greater social connection with

each other, from being in the same class setting, than they have with Kyle, although the group

members had previously interacted with Kyle on some level.

Myself as a participant. I, as the music therapy intern and researcher, was considered a

participant in this study, because I have a particular musical culture. I have been working as a

music therapist or as an observer with the children in the study since the fall of 2011. I also have prior experience observing music therapy sessions in early childhood settings in previous semesters and in my professional life. Other populations I have worked with include acute psychiatric patients, geriatrics, and patients in a medical setting. My musical culture is rooted in my upbringing, personality, and the ethnic and racial cultures of the United States, which is where I live. This was likely to have influenced interactions in the group in much the same way the other group members' musical cultures did. Thus, throughout the study, I examined my own musical culture within the group context, and how it influenced and was influenced by the other musical cultures in the group, particularly that of Sam's culture.

Epoche

As previously mentioned I am a Graduate Student in music therapy, born and raised in the United States. As a member of a Caucasian, Catholic family, I had fairly limited musical exposure in my early years. As I grew older, and singing began to take on a greater role in my life, musical theater and later opera was added to my musical Rolodex. Simultaneously, the Alternative Rock genre of the 1990s shaped my leisure time during my middle school and high school years.

In recent years, my musical scope has been expanded greatly. Friends and mentors from China, Pakistan, Taiwan, and Japan have afforded me opportunities to listen to different types of music and to attend churches or festivals providing such music; my trips to Africa and Italy expanded my horizons through immersion into actual musical cultures; and my experiences doing clinical work for my graduate degree have deeply broadened my cultural understanding.

Still, in terms of cultural exposure and understanding, my scope remains fairly narrow, and I am aware that such limitations were likely to come into play during the study. For instance,

my cultural bias might have led to misinterpretation of client responses, especially with clients from different musical cultures. My cultural bias might also have led me to make musical choices and provide interventions that reflect the music most culturally familiar to me, rather than choices that might have been more culturally appropriate and effective for the client(s). For this reason, on-site supervision and collaboration with staff played an active role in my clinical work and interpretation of events during this study.

As the therapist, I provided all of the music experiences with the intention of helping the group members meet the goals developed for the group. Any information gleaned regarding my topic will therefore be a natural by-product of the group music therapy process at the school.

Materials

All musical and environmental materials needed for the study were available for use at the school. Materials included a circle of small plastic chairs within the classroom setting, as well as instruments and props brought into the classroom from another room. I, as the music therapist, adhered to the group goals when developing interventions for the session. Group goals were established according to assessments of individual group members and past experiences with the members in group settings. Interventions involved group improvisational activities embedded with pre-composed music, and instruments and props were chosen based upon these. The instruments and props available for selection included a guitar, keyboard, hand drums, a large round conga drum, wrist bells, maracas, chimes, hand cymbals, scarves, tone chimes, tone bars, cabasas, metalophones, and marimbas. Due to limited resources, I was unable to bring traditional African instruments, such as traditional African shekeres, a "donno" (double-headed hour glass shaped drum), a talking drum, or a single piano (kalimba/mbira) (Miller & Shahriari, 2009), to the session. However, I was able to utilize instruments that resembled these, such as a

mini djembe drum and plastic maracas. Furthermore, I used media resources, mainly YouTube videos, to orient myself to a variety of musical cultures and to include an ethnographic component.

Procedure

Once the group was formed, interview questions were sent home to caregivers (See Appendix C). The questions addressed group members' music and musical traditions in the home as they relate to the child in the group. I had originally intended on collecting historical resources regarding the broad history of African American musical culture, to include an ethnographic perspective. However, in order to more specifically study Sam's musical culture, I decided to only examine musical sources that represent the musical genres he is exposed to in his home. I chose these sources based on the interview answers.

After this, a session was conducted following a general music therapy routine, including a gathering song, an activity involving group instrument-playing, a music and movement activity, a turn-taking activity, and a goodbye song. Some songs were pre-composed, and some were songs that I composed specifically for the study. The session was then videotaped and transcribed. A review from the on-site supervisor, who was present in the session, was conducted to ensure trustworthiness (Aigen, 2005). Trustworthiness is a term used to evaluate qualitative research based on standards of credibility, transferability, dependability, and confirmability. Using multiple reviewers to examine the data, such as on-site supervisors and staff members, is a form of triangulation that upheld these standards (Aigen, 2005). Although I had originally intended for several staff members to be present during the study, the school was short-staffed and only an on-site supervisor was present for the research. Finally, for the purposes of the

clinical work conducted in this study, I utilized information from charts and Individualized Education Plans, as well as discussion with staff members.

Data Analysis

Music resources chosen to represent the interview answers. Two sources of data were collected and analyzed to determine a composite picture of Sam's musical culture. The first source included interview questions from parents or guardians, which I used to choose musical examples that specifically represented Sam's musical culture in the home. I then identified salient characteristics of Sam's musical culture.

Clinical data. The second source was clinical data from the session. The clinical data was analyzed according to a phenomenological framework informed by Creswell (2007). The following steps were adapted from Giorgi (1985) and Kim (2008) and modified according to my study:

(1) The clinical sessions were videotaped in their entirety by the therapist.

(2) The sessions were then viewed and transcribed.

(3) Transcriptions were then read several times to understand instances and interactions in the sessions, and to begin to note cultural factors; i.e., the salient features characteristic of Sam's musical culture.

(4) The session transcripts were then culled: Any reflective, interpretive, or descriptive redundancies and any instances not directly related to the cultural phenomenon were eliminated.

(5) The session transcripts were then reviewed and instances of significance, "clusters of meaning," (Creswell, 2007, p. 61) in relation to Sam's musical culture were coded. Instances of significance were coded as those which related to the salient features of

Sam's musical culture. Instances related to Sam's disability or related to my own cultural biases or limitations as a music therapist were coded differently, based on my knowledge of music therapy and disability in early childhood settings, as well as the expertise of my supervisor and the staff.

(6) Instances of significance were then reviewed by an on-site supervisor who was present during the sessions to confirm their accuracy.

(7) From the instances of significance, categories were extracted, such as "instances related to musical culture" or "instances related to disability."

(8) The categories were then examined and conclusions were drawn regarding musical culture and how it influences the therapeutic process.

(9) A composite passage was then written about the "essence of phenomenon" (Creswell, 2007, p. 62) to increase the therapist's understanding of musical culture and its role in the music therapy process.

(10) Both the original transcripts and composite passage were compared to confirm accuracy.

RESULTS

In this section, I will describe the sources used, the nature of the clinical session, the characteristics of Sam's musical culture, and how this musical culture affected the music therapy process.

Sources Used

When examining Sam's musical culture, I studied the music in three ways. First, I investigated the literature to get a broad sense of the musical qualities of African American music. These included an emphasis on rhythm and the presence of polyrhythm, call-and-response

singing, emphasis on movement and dance, and a sense of community (Miller & Shahriari, 2009). The second approach was to examine music that is played in the home and in Sam's personal life. Based on the answers to the interview questions, I investigated five main musical genres (See Appendix E). I chose five artists to represent each genre. The artists chosen were based on record sales, Grammy awards, and sources relaying that these were influential artists in their respective genres (Billboard.com, 2012; Grammy.com, 2012). After choosing the artists, I then chose one song to represent each artist's most popular work, based on record sales and sources which relayed that these songs were influential works of the artists at hand. I then listened to each song several times, jotting down musical elements, such as rhythm, meter, or vocal qualities for each song and compiling the elements, so as to choose the essential elements which would represent each genre. For the third approach, I used clinical data taken from the session in order to determine which elements of Sam's home musical culture seem to carry over into his life outside the home.

Summary of the Clinical Session

The session explored group connectivity and progress toward group goals through various musical activities and interventions. The group goals were: (1) self-regulation (2) peer relatedness, and (3) reciprocal play with music therapist and/or peer. The first music activity featured "Come Gather Together" (Schwartz, 2012). Although it took a few moments for the group to get into the musical flow, the group members eventually began clapping together with the music. During the second activity, "Let's Play Today" (Cork), Sam initiated a musical idea that seemed to hone the group's musical energies. In "Will You Come?" (Schwartz, 2012), the children marched on the beat and were able to jump on beat while standing up. Aside from Sam, the group members had some trouble finding the beat during the running section. "Can You Do

What I Do?" (Cork) brought about the most sustained moment of group connectivity observed in the session. The final activity, "La Bamba/ I Like to Dance with My Friends" (Cork), featured a verse in Spanish and a syncopated rhythm on the guitar, with maracas. Here, the group seemed disconnected. The session ended with a traditional line up song composed by the music therapists of Alternatives for Children to help facilitate transitioning back to class. During the session, there were several moments of therapeutic growth and there was a moderate degree of progress toward group goals.

Characteristics of Sam's Musical Culture

Sam's musical culture is characterized by three main musical elements: emphasis on a strong rhythmic pulse, emphasis on movement, and singing or chanting as a means of expression. The following sections categorize data into two parts: (1) Data from the interview questions and (2) Data from the clinical session.

Emphasis on a strong rhythmic pulse.

Data from the interview questions. The answers to the interview questions provided some insight into which musical genres Sam is exposed to in his home. The questions explored genres that Sam's mother prefers and listens to in the home, as well as genres that she and Sam enjoy together. Sam's mother reported five main genres as being those that Sam is exposed to in the home. I explored these five main genres through listening to music examples to get a sense of Sam's musical culture in the home. The genres included R&B, hip-hop/ Rap Music, reggae, gospel and children's play songs. One characteristic that all genres had in common was a strong rhythmic pulse, often in 4/4 meter. Four of the genres emphasized rhythm, so much so that elaborate rhythms, including syncopated rhythms, are often used. R&B, hip-hop/Rap Music, reggae, and gospel genres utilize syncopated rhythms that typically accent beats two and four. In

contrast, children's play songs often incorporate simpler rhythms, with emphasis on the downbeat.

Data from the clinical session. One of the most prominent responses from Sam in the session was his tendency to respond rhythmically. When I presented a strong rhythmic structure, particularly with an external mechanism keeping the pulse and when the rhythm was straight rather than syncopated, Sam's body responded to the beat provided in the music. This response from Sam occurred through gestures, movements, or instrument shaking and striking. His body reflected a sense of rhythm more often than any of the other group members. Such a response is illustrated in the following excerpt from the session.

Vignette 1: I begin playing "Let's Play Today" * (Cork), in the key of G with a twelve-bar blues bass ostinato that is repeated throughout the piece, which provides a straight 4/4 pulse. As I begin to play and sing, Sam pauses for a moment, while Logan moves his egg shaker from one side of his chair to another, striking his egg on the chair on beat for a short moment, and then lagging behind the beat. Sam sees this, and then strikes his egg shaker on his chair with conviction along to the pulse of the song. He also initiates chanting, "ow ow ow ow" along to the pulse I am playing. The others, who were previously off beat or seemingly distracted, join him and soon, all are playing together along to the pulse of the song.

*"Let's Play Today" (Cork) is a blues song that I composed for clinical purposes during my internship at Alternatives for Children. Sam, Logan and Jay had been exposed to this song prior to this session, but Kyle had not.

Emphasis on movement.

Data from the interview questions. Another characteristic of Sam's musical culture is emphasis on movement in relation to the beat provided in the music. When I explored the five musical genres that the answers to the interview questions provided, I found that three of the genres prominently emphasize the use of movement and dance, while two of the genres have less of an emphasis on movement. Hip-hop/Rap music emphasizes movement in its strong association with break dancing, while reggae music emphasizes movement in its strong association with dance clubs and dance hall music. Children's play songs, such as "You Are My

Sunshine" or "I'm So Happy I Can Dance" (See Appendix E) emphasize movement in that they

provide an impetus for focused and/or directed movements in children. It seems that in all of the

genres, however, having a strong emphasis on rhythm may provide a forum for movement in

some way, because rhythm and movement are intimately connected (Trainor & Corrigall, 2010).

Data from the clinical session. During the session, I observed that Sam's movement

seemed to be strongly characteristic of his musical culture. For Sam, movement and rhythm

seemed to be directly connected. When a strong rhythmic pulse was presented, Sam's body

almost always moved to the beat, regardless of what he said or seemingly thought at the moment,

as opposed to the other group members, who responded to the beat only sometimes during the

session. The following excerpt provides a good example of this response:

> Vignette 2: After singing the gathering song, " Come Gather Together," I then medley
> into another tune, acknowledging the new group of students and the new room. The tune is
> " Something's A Little Bit different" * (Schwartz, 2012), sung in 3/4 meter. Although I do not keep
> every pulse with a gesture, when there is a rest, I keep the pulse by clapping on beats two and
> three, as in " Something's a little bit different. (Clap Clap) Something's a little bit strange. (Clap
> Clap)." The children attend quietly as I sing. All are still in their chairs except for Sam, who
> sways in his chair back and forth to the beat.

*"Something's a Little Bit Different" (Schwartz, 2012) is a song composed by the music
therapists at Alternatives for Children for the clinical purpose of transitioning or adjusting to a
new setting or a change.

Singing or chanting as a means of expression.

Data from the interview questions. The other main characteristic of Sam's musical

culture is singing or chanting as a means of expression and/or release. The exploration of the five

musical genres of Sam's family's musical culture revealed that all of the genres emphasized

singing as a means of expression. R&B uses vocal timbre to emphasize emotional expression.

Hip-hop/Rap music and reggae music often use strong and/or controversial lyrics as means of

expression, while gospel music uses dominant vocals, harmony, and spiritual lyric messages as

means of expression. Finally, children's play songs utilize simple melodies and functional lyric

language so that children can use their voices in order to express themselves.

Data from the clinical session. Similarly, the clinical data revealed that singing or

chanting as a form of self-expression is a musical element that Sam can relate to. Throughout the

session, Sam often used his voice freely in the music, and he responded with a positive affect,

laughing and giggling, when the music called for him to vocalize. The following excerpt from

the session illustrates this response:

Vignette 3: I begin the activity " Can You Do What I Do?" * (Cork). This utilizes a bass
ostinato on the piano built on alternating a C note with F and G notes played simultaneously,
giving a strong pulse in 4/4 meter of 80/100. It features a melodic theme built on the Middle
Eastern scale (Nordoff & Robbins, 2007) containing the lyrics, " Can you do what I do?" Once
this melodic theme is heard, a call-and-response technique is then employed, in which each
person takes a turn being the caller, making a sound for the rest of the group to imitate. I take
the first turn, modeling a sound for the children to imitate. I then facilitate turns going around
the circle. A few times, Sam initiates an idea during Kyle's turn, in a seeming attempt to
overshadow Kyle. However, when Kyle does initiate a sound, Sam then becomes the answerer
and imitates this sound. He does this for the other turn-takers as well. He smiles and giggles as
he hears the other children's ideas, and when he is the caller, he makes an " sss" sound, moving
his head in slow movements, in seeming representation of a snake, and next, a " Chug chug choo
choo" sound, which is rhythmically in line with the ostinato. With this, he moves his feet to the
beat and moves his hands in a rolling motion. He beams as the others imitate him.

*"Can You Do What I Do" (Cork) is a piece that I composed for the purposes of this study.

Sam's Musical Culture and the Therapeutic Process

In order to assess how Sam's musical culture influenced the therapeutic process, I

decided to explore specifically how the three main elements of Sam's musical culture took effect

in the therapeutic process. The therapeutic process is defined as the ways in which the children

respond to and engage with the therapist and each other, in order to work toward and reach

therapeutic goals.

Emphasis on a strong rhythmic pulse and the therapeutic process. The emphasis on a

strong rhythmic pulse seemed to influence the therapeutic process in a way that promoted

therapeutic growth. On most occasions, strong rhythmic structures seemed to be associated with

participation in musical activities and musical engagement among the group members, thereby

allowing the group to make progress toward group goals of peer relatedness and reciprocal play.

It also helped to organize and focus responses, thereby allowing for self-regulation. For Sam, the

strong sense of rhythm in his body seemed to engage him in a way that helped him overcome

tendencies that reflect his needs and disability, such as lack of attention and focus, impulsive and

disjointed movements, and defiant or obstinate behaviors. Such tendencies are likely a reflection

of his diagnosis of Preschooler with a Disability, as well as his fine motor and psychosocial

needs for Occupational Therapy and Play Therapy. Although not all children had responses to

rhythm as strong as Sam's, the group dynamics that occurred when a strong rhythmic structure

was presented seemed to allow this element to have a positive influence on the therapeutic

process (See Table 1).

Table 1

"Will You Come:" Sam's Response to Rhythm Positively Influences the Therapeutic Process

Significant event	Therapist's response	Sam's response	Group's response
I present a strong rhythmic structure in the running component of "Will You Come"* (Schwartz, 2012). I model this structure through leg movements at a strong, fast beat of 130/100.	After the previous section with some resistance from Sam, I speed up the beat to hone attention through change. When I see him and the group members responding, I continue on, keeping the fast beat, and I present with positive affect. In response to Sam touching Kyle's knee, I say, "Hands to yourself" quickly, and move on.	During the previous section, Sam had been showing resistance through shaking his head no and refraining from the marching gesture. Yet, he responds to the change in tempo by running approximately on beat throughout the verse, smiling and looking toward Kyle. At one point, he even touches Kyle's knee. When I verbally cue him, he removes his hand. As we move into the chant, he participates enthusiastically.	Logan and Jay attend to me. Logan moves his legs behind the beat, while Jay moves his legs on the beat at first. Later, Jay lags behind the beat. Kyle attends at times to me and at times, to Sam. He looks to Sam with a slight smile as Sam touches his knee. He makes sporadic movements with his legs, moving and stopping them. The group members all chant together with me as we move into the next component.

* "Will You Come?" (Schwartz, 2012) is an adaptation of "She'll Be Comin' Round the Mountain," an old American worker song. The melody was derived from a Negro spiritual (Studwell, 2001).

Emphasis on movement and the therapeutic process. Utilizing the element of movement in relation to the rhythmic elements of the music seemed to enhance the therapeutic process. It seemed that movement was perhaps a liberating experience and thus, it brought some issues to the surface for the group, thereby heightening the group's awareness of one another. Some of these issues involved whether to join or go against the group, or whether to follow me or a group member. At times, it connected the group and at times it brought out the group members' differences. It seemed to foster growth as each group member tried to navigate and hold their own as individuals within this social microcosm. Thus, this element allowed the group to make progress toward goals on a deeper level (See Table 2).

Table 2

" Will You Come:" Sam's Response to Movement Positively Influences and Deepens the
Therapeutic Process

Significant event	Therapist's response	Sam's response	Group's response
I present the jumping component of "Will You Come?" (Schwartz,2012)	During the jumping component, I sing A capella, switching to 3/4 time. I then model "jumping," which involves moving my legs up and down together to the beat while sitting down, b/c the clinical intervention involves sequencing. First: sitting. Next: standing. When Sam initiates standing while jumping, at first I say, "Oh, in your chair!" But, when the others join him, I continue the music, supporting the children's movements, as jumping in one's chair may be a struggle due to their disabilities.	Sam tries to maneuver the movement with both legs and does not move on the beat. He then gets up and begins jumping while standing. He smiles slightly as his body seems to find the beat. His smile widens as Kyle joins him. When I mention "In your chair!" he sits for 1 second, followed by Kyle and then gets back up again. He beams as the other group members join him. When we begin the chant, he says, "I want to switch chairs," and then sits back down, eventually joining in the chant.	When I begin "jumping," Kyle tries to follow my movements but ends up moving his bottom out of his chair, rather than his legs. Jay and Logan move their legs up and down approx. on the beat for a few seconds, and then look intently at the other two members. When Sam stands, Kyle stands tentatively, but looks at Sam and smiles. He follows Sam in sitting and standing up again. Soon after, Jay joins in standing. Logan distractedly sings in a silly voice. When he notices the others, he too stands. Jay, Sam, and Kyle beam at each other, while Logan is neutral. All sit in response to the chant component.

Singing or chanting as a means of expression and the therapeutic process. Utilizing the singing or chanting element of Sam's musical culture in the session allowed the group members to be heard as individuals and as a group. Generally, the encouragement of free vocals and chants allowed the group forces to work in uncovering the therapeutic process and making progress toward goals. This musical element worked most effectively when I presented a vocal line or chant that contained simple language, repeated vowel sounds, and/or a straight steady pulse, as in the number chant during "Will You Come?" (Schwartz, 2012).

This musical element was also effective when singing or chanting was initiated by the group members themselves, as in the activity "Can You Do What I Do?" (Cork). This allowed for peer relatedness, reciprocal vocals through a call-and-response technique, and self-regulation. Similarly, in "Let's Play Today" (Cork), Sam initiated the vocal chant, "ow ow ow ow" that was not conducive to my lyric vocal line, but was more in line with the rhythmic pulse of the music. In this instance, the group members chose to join Sam. Such a group response could reflect a natural transference in the group dynamic to join with each other and diverge from the therapist, because trust in the therapist in this new group setting has not yet been fully developed (Yalom, 1995). Furthermore, the "ow" chant was perhaps more enticing because of its direct correlation with the rhythmic pulse (See Table 3). It allowed Sam and the group members to express that at times, they have ideas that are musical and functional, yet different from my own. However, when the element of singing and chanting was combined with Spanish lyrics and syncopated rhythms in "La Bamba/ I Like to Dance with My Friends" (Cork), the group seemed disconnected and thus, the therapeutic process seemed stilted.

Table 3

"Let's Play Today:" Sam's response of Chanting as a Means of Expression Positively Influences the Therapeutic Process

Significant event	Therapist's response	Sam's response	Group's response
I present a strong rhythmic structure in "Let's Play Today" (Cork), with an ostinato in the bass that emphasizes a straight pulse in 4/4 meter. I model shaking a bell in my right hand to further emphasize this pulse.	Sam begins striking his chair with his egg shaker and chanting. When I notice the other group members responding, I acknowledge the "ow" chant, reframing it to be an expression of "silliness." I stop the music and say, "Ow? That's silly!" I foster the group musical moment by then continuing to sing and play, bobbing my head to the beat.	As I begin to play and sing, Sam responds quickly to Logan's impulse to strike his egg shaker on his chair. Sam strikes along with the beat, initiating a chant, "ow ow ow ow." He continues this throughout the piece, beaming as the others join him and in response to my joke. He looks at me and follows as I raise my instrument on the V7 chord, singing, "Woah woah," and lower my instrument on the IV chord, singing "Down low."	After Sam begins striking his maraca on his chair, adding the vocal chanting component, the group members join Sam in doing this. Shortly into the structure, their movements and vocalizations all fall on the beat and the group is musically together with me. The group laughs at my joke and joins me in gesturing up and down.

Summary

The results of this study revealed that musical culture appears to play a role in the therapeutic process and that if used in certain ways, it can be propelling for therapeutic growth. The sources, including answers to the interview questions and data from the clinical session, indicated that the main characteristics of Sam's musical culture include emphasis on a strong rhythmic pulse, emphasis on movement, and singing or chanting as a means of expression. These sources also indicated that the elements of Sam's musical culture generally affected the

therapeutic process in a way that brought about therapeutic growth and progress toward group

goals. However, when combined with certain elements outside of Sam's musical culture, such as

a Middle Eastern scale, his musical culture had more of a positive effect on the therapeutic

process than when combined with other cultural elements, such as Spanish lyrics and syncopated

rhythms.

DISCUSSION

Sam's Musical Culture

As mentioned, Sam's musical culture was characterized by three main elements:

emphasis on a strong rhythmic pulse, emphasis on movement, and singing or chanting as a

means of expression.

Emphasis on a strong rhythmic pulse. One of the most prominent responses from Sam

in the session was his tendency to respond rhythmically. He responded to a strong rhythmic pulse

in that he played instruments, sang, moved, and gestured to the beat in more instances than did

the other children. This is consistent with much of the literature regarding African and African

American music (Miller & Shahriari, 2009; Hadley & Yancy, 2012; Nzewi, 1999) There was,

however, one main discrepancy between the clinical data, the data from the music samples I

chose to represent the interview answers, and the literature. In the session, Sam seemed to

display a stronger response to a straight rhythmic pulse with emphasis on the downbeat, as

opposed to the syncopated rhythms suggested by the musical data (See Appendix E), or the

polyrhythms suggested in the literature (Miller & Shahriari, 2009). This main difference may be

due to the fact that Sam's age may make it hard for him to relate to these musical rhythms at this

point in his life, as he is only 4 years old. At age 4, a child can learn to differentiate between

simple duple and triple rhythms (Schwartz, 2008) but has not yet developed the motor ability to

respond to more complex ones (Trainor & Corrigall, 2010).

Moreover, because Sam is diagnosed as a child with a disability, he is likely to have even

more trouble with motor function as evidenced by his need for occupational therapy, than a

typically developing child, making it harder for him to respond to this rhythm. Furthermore, the

disjunct between being able to mentally recognize a syncopated rhythm, but not being able to

respond to it with a motor function, may cause frustrations for Sam. I sense that this may cause

him to react at times with obstinate behavior, as in the drumming component of "Will You

Come?" (Schwartz, 2012). In this moment of the session, he raised his hand high and struck the

drum really hard and out of time in seeming response to the syncopated drum rhythm presented.

Still, because there seems to be such a strong emphasis on rhythm in Sam's musical culture, his

ability to relate and respond to more complicated rhythms such as these may come later in life.

Emphasis on movement. In addition to a general rhythmic response, Sam responded

physically to rhythm more often than any of the other group members. When I presented a strong

rhythmic structure, particularly with an external mechanism (clapping hands, patting knees) that

kept a pulse and a straight rhythm, Sam usually responded physically in some way, either

through swaying, moving, or using a gesture. The reason for this is most likely that the other

children's cultures may emphasize rhythm, but such an emphasis may be reflected less in their

responses because their cultures also place strong emphasis on other elements: pitch, melody,

harmony, and instrumental timbres (Ferris, 1993; Rilinger, 2011; Sarrazin, 2006). A strong

emphasis on movement and embedding this movement in daily life at a young age is conducive

with traditional African beliefs that children begin taking part in communal dances at an early

age (Nzewi, 1999). These beliefs carried over to African American musical traditions reflected in

hip-hop/ Rap Music genres (Hara, 2012). Also, Sam's musical culture is likely to produce more prominent responses than the others' musical cultures. This is because music is embedded in Sam's daily life to a greater degree than it is for the other group members, as was evidenced by the answers to the interview questions.

Singing or chanting as a means of expression. Singing or chanting as a means of expression is also related to traditional African values found in the literature, although these values reflected singing and chanting in a more specific form, known as call-and-response singing (Miller & Shahriari, 2009). According to Hara (2012), this call-and-response technique directly carried over to African American values in the gospel and hip-hop/Rap music genres. It was shaped into singing as more of a general expression of the self in the R&B genre ("About R&B Music: Styles of R&B," n.d., para. 3). Vignette 3 showed that Sam responded strongly to this technique, which led to a stronger group response. For example, during "Can You Do What I Do?" (Cork), he was able to take a step toward therapeutic growth by being able to listen when his peers had musical ideas. He was able to modify his own vocal responses to emulate theirs, thereby showing the beginning stages of empathy. This also overrode Sam's tendency to insist on his own ideas.

At times, I presented music that gave Sam the opportunity to use multiple elements of his musical culture, i.e. movement and a strong rhythmic pulse, simultaneously. Such musical activities included "Will You Come?" (Schwartz, 2012) and "Let's Play Today" (Cork). "Let's Play Today" (Cork), as illustrated in Vignette 1 and Table 3 seemed to elicit effective responses from Sam, in that Sam was able to move and shake his instrument on the beat. The musical elements of rhythm and movement seemed to instinctively inspire Sam to chant, which I encouraged. Such a strong musical impulse helped to connect the group musically and increase

the group's awareness of one another. Sam's impulse to utilize all elements of his musical culture at the same time is consistent with traditional African musical characteristics involving the creation of rhythms on various objects, singing, and dancing (Nzewi, 1999). African cultural values weave these elements together as an integral part of a child's life from an early age (Nzewi, 1999).

Other factors and considerations with regard to Sam's musical culture. Some other considerations regarding Sam's musical culture include the influence of his family and home life, as well as the influence of his school life, his peers, and the music therapy culture of Alternatives for Children. As reported in the answers to the interview questions, Sam's family life seemed to play a large role in determining the characteristics of Sam's musical culture. Yet, the ways in which music is used in the home show how much his family values music. Music in Sam's home is embedded as a strong part of daily life. His mother encourages Sam and his sister to listen to music and to learn an instrument (guitar). Music seems more significant in Sam's family life than in that of his peers and thus, it seems that Sam's responses to music are stronger.

School life also is a major part of Sam's daily activities. At school, his teacher sometimes uses CDs of traditional American children's songs as learning tools. His music therapy sessions often use music with some elements of traditional children's songs, such as simple, functional language, with mostly English lyrics or vowel sounds such as "la," and repeated melodic and rhythmic phrases. Rhythmic patterns in such songs are usually simple and straight with emphasis on the downbeat. The music is culturally open, however, in that it features a variety of different modes and styles. It also encourages musical creativity and interaction among peers. For Sam, this indicates that his musical culture is not limited to only elements of the African American culture, but that the enculturation process at school may also influence his musical culture. The

conclusions drawn regarding Sam's musical culture during the session, as well as his strong responses to music, may have been due, in part, to the musical exposure he gets at his school community and in music therapy group services.

Furthermore, there were some specific musical qualities to which Sam responded to adversely or was less engaged. Sam tended to respond this way when there were lyrics in another language, when there was syncopated rhythm with emphasis on beats two and four, when the music lacked a strong rhythmic pulse and when music was interspersed with verbal interjections and silences. In response to these qualities, Sam seemed distracted, as evidenced by his lack of facial attention, or he displayed obstinate behaviors, such as standing up and moving around, moving chairs, screaming, and/or resisting facilitation. This seems related to Sam's musical culture in that culturally, he is so attuned to music, particularly music with a strong rhythmic pulse that going from music to no music may leave him disorganized and unregulated.

Sam's Musical Culture and the Therapeutic Process

Possible explanations for the positive influence of Sam's musical culture. The results of the study showed that the main elements of Sam's musical culture seemed to generally influence the therapeutic process in a way that was propelling for growth and for meeting group goals of self-regulation, peer relatedness, and reciprocal play. This is interesting because the group members do not all have musical cultures identical to Sam's, yet the group as a whole seemed to respond to the elements of Sam's musical culture. There could be many possible reasons for this. The first may involve Sam's strong presence and his role in the group. Sam has a tendency to draw attention in a group setting. At times, Sam may attempt to draw negative attention, driven by his psychosocial needs. Yet, if the musical pulse is strong enough, it is likely to engage Sam in a positive manner, thereby overcoming his disability and a tendency to disrupt

the group. Because of Sam's strong personality and presence in the group, Sam's strong response to the music will most likely engage the other group members and lead to group connectivity.

There is another possible reason for the positive influence of Sam's musical culture on the therapeutic group process. The elements of rhythm, movement, and singing or chanting as a means of expression are elements that all the children can relate to in some way, as evidenced by the interview questions and the musical sources. The musical genre that all four group members share is children's play songs. The musical sources relayed that this genre contained some musical elements that were similar to the three main elements of Sam's musical culture. That is not to say that Sam's musical culture is necessarily the same as the other children's. For instance, Sam seems to respond more strongly to rhythms than the other children, possibly, because he is exposed to music and rhythm on a more frequent basis. However, because the other children are exposed to children's play songs, they do respond to rhythm in some way. Because of their developmental levels, they can most likely recognize and respond to simpler rhythms (Schwartz, 2008; Trainor & Corrigall, 2010). Similarly, because all children can identify with children's play songs, all can respond to singing or chanting to some degree. However, some of the children, such as Logan, who is Caucasian, and Kyle, who is Pakistani, may respond better to melodic structures as a means of expression, as evidenced in the literature regarding the melodic qualities of their music (Ferris, 1993; Sarrazin, 2006). In contrast, Sam and Jay may be more likely to respond to rhythmic chanting as a means of expression, as evidenced by their musical cultures' emphasis on rhythms, including complex rhythms (Nzewi, 1999; Rilinger, 2011).

Discussion of Sam's musical culture combined with other cultural elements. When the elements of Sam's musical culture were combined with other cultural elements, mixed results occurred. There were two prominent cases that led to such results. One was the activity, "Can

You Do What I Do?" (Cork) (See Vignette 3) that led to a heightened moment of group connectivity. In this activity, two of the elements of Sam's musical culture were fused with themes based on the Middle Eastern Scale (Nordoff & Robbins, 2007). There is a possibility that this scale may be associated with Kyle's musical culture, as it uses chromatics and ornamentation (Sarrazin, 2006). For the others, the different nature of the music seemed to draw attention. This activity also featured elements of Sam's musical culture, such as strong rhythmic pulse to organize and ground the music experience, and a call-and-response technique, which allowed Sam to seemingly draw the others into the musical activity with his strong vocal responses. The structural elements of the activity helped to hone the group dynamics in a positive way, so that all of the group members, including Sam, could explore sound and mood qualities that were different from their own. This helped introduce the group members to the beginning stages of empathy.

However, when combined with the cultural element of the Spanish language, as in the activity, "La Bamba/ I Like to Dance with My Friends" (Cork), the presence of some of Sam's cultural elements were not able to propel the therapeutic process. Despite my initiation of singing as a means of expression, and emphasis on arm movement through maraca playing, when Spanish lyrics were sung, Sam responded to this activity in a disconnected manner, and was not able to find the beat. The other group members had similar issues with musical connectivity and were not facially attending to one another. However, it is important to note that this activity also utilized a syncopated rhythm, with emphasis on downbeats two and four, which, as previously mentioned, may not have been conducive to the children's developmental age (Trainor & Corrigall, 2010, p. 101). The combination of Spanish lyrics, which were unfamiliar to the majority of group members, combined with the lack of straight rhythm on the downbeat, led to

stilted therapeutic growth, even though elements of Sam's musical culture were used. One possible interpretation of this reaction is that Spanish lyrics were blocking communicative pathways to three of the group members, and only allowed for me to connect with Jay in this moment, whose family speaks Spanish. In this way, I interpreted that the Spanish lyrics were blocking peer relatedness, one of the group goals. This interaction reflects the therapist's dilemma in a group setting. Although I used Spanish lyrics to help meet Jay's needs in terms of musical culture, this decision was not conducive to meeting the group's needs. It is important for a music therapist to assess group dynamics in order to determine when it is best to focus on an individual's needs and when it is best to focus on the group's needs.

Summary

The musical culture of an African American child with developmental disabilities played a significant role in group music therapy process in an early childhood setting. The musical culture of the child, known as Sam, was found to be characterized by three main elements: emphasis on a strong rhythmic pulse, emphasis on movement, and singing or chanting as a means of expression. The data also indicated that Sam's family uses music as an embedded part of everyday life, whereas the other children's families place less significance on music, thereby leading to stronger musical responses in Sam. Thus, due in part to Sam's personality and the way he functions as a strong presence in group settings, the use of the elements of Sam's musical culture generally led to strong positive responses from Sam. This helped to overcome Sam's disability in the moment and keep him from being disruptive in the group. It also helped to involve the other group members in the music and propel therapeutic growth. When multiple elements of Sam's musical culture were utilized, the music was most effective. It was also effective when the elements were combined with an intriguing Middle Eastern tonal center

(Nordoff & Robbins, 2007). It was less effective when used in conjunction with syncopated rhythms and Spanish lyrics.

CONCLUSION

My Cultural Biases

In the literature, Wheeler & Baker (2010) explained that therapists may interpret or misinterpret rhythms, depending on whether they are analyzing in accordance with Western or African musical styles. Despite my attempt to study and learn many African rhythms in preparation for this research, because of my strong Western musical views, I may have interpreted rhythmic responses and portrayed rhythms in a skewed or stilted way. For instance, during "Will You Come?" (Schwartz, 2012), my way of presenting the syncopated rhythm in the drumming component may have been different than that of someone who has extensively studied African or African American rhythms. Similarly, having such a strong upbringing in Western musical elements, my movements may inherently reflect Western ideals. As such, my movements are likely to be very lyrical in nature, as I am not heavily familiar with African dance and movement. Since I am in the role of therapist and model, this may consciously or unconsciously be noted by clients as insensitivity to African American cultural values (Nzewi, 1999) and/or the values of the other group members. This is likely to be related to Dileo's (2000) insight regarding ethnocentric ideas. These ideas assert that music therapy in the U.S. is built on Western psychological constructs of individuality and individual expression exclusively, as opposed to being open to Eastern psychological constructs of relationships and conformity (Dileo, 2000).

Still, having listened to many musical sources to help shed light on African American musical culture, such as hip-hop/Rap music (Lightstone, 2012), and having made a conscious

effort to include some of the elements of this music in the clinical session, I intuitively noticed that I had a greater musical connection with Sam in the session. This has carried over into subsequent sessions with him in his typical classroom setting. I believe I now have a greater understanding and awareness of how to use music to help him reach goals of self-regulation and to better connect with others in a group setting. This kind of awareness and understanding of culture, particularly in an early childhood setting, is extremely important for children with developmental disabilities who may have limited awareness themselves. Thus, I feel that it is imperative for music therapists to study the music of their clients, to practice it, and to seek information and experiences from those who understand the musical cultures of their clients.

Limitations of the Study

The original procedure was altered as the study unfolded due to the emergent nature of the study (Aigen, 2005, p. 357). Although I had originally planned to analyze several clinical sessions, due to the time constraints of this study, data from only one session was used. More extensive research would help determine how musical culture and the therapeutic process interact over time. Qualitative methods can be utilized better when more sessions are analyzed. Because the study was limited to one session, it was also difficult to utilize the gamut of musical styles that may act as therapeutic agents for Sam. Further research on this topic could expand and utilize other musical styles, such as hip-hop/ Rap music that could be used therapeutically for clients of African American descent (Hadley & Yancy, 2012). Furthermore, due to the time constraints and the small scale of this research, the study focused on the musical culture of only one child. A further study would focus on the musical cultures of a greater number of children in music therapy, as opposed to focus on one child. This present study is a pilot study. Therefore, there is a need to compare this research with a similar study conducted by someone with a great

deal of experience in the field of music therapy, particularly with the early childhood population. Finally, individual differences in the level of need among group members may have slightly influenced the conclusions drawn about musical culture.

Future Research

There are several ways in which research on this topic should be expanded upon. There is a need for future research to explore the influences of musical culture on a child in an individual music therapy setting, and to determine how this phenomenon compares with the role of musical culture in group music therapy settings. Another type of research on this topic could compare the role of musical culture in the music therapy process with male children, as opposed to female children, to determine if and how gender affects the role of musical culture in an early childhood setting. Also, further research could focus on individual differences, comparing the role of musical culture for two or more children of the same ethnicity and musical background. This would help to determine which responses are due to musical culture and which are due to individual differences.

Implications for Music Therapy Practice

Musical culture seems to play a significant role in the therapeutic process in a group music therapy setting, and if used in certain ways, it can be propelling for therapeutic growth. As Dileo (2000) asserts, the present problem in music therapy is that the construct of therapy is based on Western psychological structures, while other cultural structures that view therapy from a more Eastern, collectivist perspective, are overlooked. Thus, it is imperative that music therapists working in this field examine where they stand on these ethnocentric perspectives, and that they become aware of their own cultural biases. It is also important for music therapists working in early childhood group settings to be aware of the musical cultures of group members,

and to study the musical elements of these cultures. These factors may influence the ways in

which the children take in, process and recreate musical experiences (Humpal, 2002).

Particularly in an early childhood setting, an awareness and understanding of culture is

extremely important, as children with developmental disabilities may have limited awareness

themselves. The music therapist must also be keenly aware of specific dynamics within the

group, as is necessary in any group music therapy setting (Yalom, 1995). This way, the therapist

can utilize these dynamics to choose activities and compose songs which combine elements of

the group members' musical cultures in ways that are most favorable for therapeutic growth.

Furthermore, the findings emphasize the importance of assessment for practicing music

therapists in this field. A thorough understanding of the child's disability and how his or her

developmental level compares to that of other children, musically and non-musically, is needed

in order to differentiate between responses that are due to disability and those that are due to

culture. Still, information with regard to family and community background, musical culture in

the home, and socioeconomic status, is also needed. A good assessment can help a music

therapist to glean this information about the child's disability, as well as about his or her culture,

and can help the music therapist to determine which behaviors are due to the child's disability,

which behaviors are due to the child's culture, and which behaviors may be a combination of

both of these factors.

Implications for Music Therapy Education and Training

The results of this study indicate that musical culture is a significant aspect in the

therapeutic process. Thus, this study calls for more emphasis on culture in music therapy

education and training. It specifically calls for emphasis on cultural values toward music, cultural

values toward therapy, and the musical elements of culture. Educators and supervisors should

seek broader cultural awareness, and should be particularly concerned with the musical cultures of their clients so that they can educate supervisees on how to work with such cultures, and on how to become more culturally aware.

Summary

The purpose of this study was to examine the role of the musical culture of an African American child with disabilities in the group music therapy process. Interview questions were sent home to parents and guardians of participants regarding music in the home, and music examples were analyzed based on the genres reported in the interview answers. Then, one session of four male participants with developmental disabilities, each of a different ethnicity, was conducted and analyzed. The results indicated that although some conclusions have been drawn to indicate the significance of musical culture in a group music therapy setting with children, there is a great need for further research in order to determine more precise ways in which musical culture influences the group music therapy process. Thus, this study serves as a catalyst for future music therapy research.

References

About R&B music: Styles of R&B. (n.d.). Retrieved May 2, 2012, from http://www.ehow.com/
about_5097616_rb-music.html

Aigen, K. (2005). Naturalistic inquiry. In B. L. Wheeler (Ed.), Music therapy research (2nd
ed.) pp. 352-364). Gilsum, NH: Barcelona Publishers.

American Music Therapy Association. (2012). AMTA professional competencies (14.5, 16.4,
16.5). Retrieved May 17, 2012, from http://www.musictherapy.org/about/competencies/

Billboard.com. (2012). Music charts. Retrieved March 16, 2012, from
http://www.billboard.com/#/charts

Brinson, S. (2001). Racial attitudes and racial preferences of African American preschool
children as related to the ethnic identity of primary caregivers. Contemporary Education,
72(2), 15-20.

Creswell, J. W. (2007). Qualitative inquiry & research design: Choosing among five
approaches. Thousand Oaks, California: Sage Publications, Inc.

Denzin, N. (1978). The logic of naturalistic inquiry. In N. K Denzin (Ed.), Sociological methods:
A sourcebook (2nd ed., pp. 6-29). New York: McGraw-Hill.

Derman-Sparks, L., Tanaka-Higa, C., Sparks, B. (n.d.). Children, race and racism: How race
awareness develops. Retrieved January 18, 2012, from TeachingforChange.org: http://
www.teachingforchange.org/node/125.

Dileo, C. (2000). Ethical thinking in music therapy. Cherry Hill, NJ: Jeffrey Brooks.

Elligan, D. (2012). Contextualizing Rap music as a means of incorporating into psychotherapy.
In S. Hadley & G. Yancy (Eds.), Therapeutic uses of Rap and hip-hop (pp. 27-38). New
York, NY and Hove, East Sussex: Routledge Taylor & Francis Group.

Ferris, J. (1993). *America's musical landscape*. Madison, WI: Brown & Benchmark.

Finnigan, E. & Starr, E. (2010). Increasing social responsiveness in a child with autism: A

comparison of music and non-music interventions. *Autism*, 14, 321-348.

Forrest, L. C. (2001). Addressing issues of ethnicity and identity in palliative care through music

therapy practice. *Voices: A World Forum for Music Therapy*, 1(2). Retrieved from

https:// normt.uib.no/index.php/voices/article/view/60/38.

Giorgi, A. (Ed.). (1985). *Phenomenology and physiological research*. Pittsburgh, PA: Duquesne

University Press.

Grammy.com. (2012). Past winners search. Retrieved March 25, 2012, from http://

www.grammy.com/nominees/search

Hadley, S. & Yancy, G. (Eds.). (2012). *Therapeutic uses of Rap and hip-hop*. New York, NY

and Hove, East Sussex: Routledge Taylor & Francis Group.

Hara, A. F. (2012). RAP (Requisite, ally, protector) and the desperate contemporary adolescent.

In S. Hadley & G. Yancy (Eds.), *Therapeutic uses of Rap and hip-hop* (pp. 3-25). New

York, NY and Hove, East Sussex: Routledge Taylor & Francis Group.

Humpal, M. E. (2002). Music therapy for learners in an early childhood community interagency

setting. In B. L. Wilson (Ed.), *Models of music therapy interventions in school settings*

(pp. 389-398). Silver Spring, MD: The American Music Therapy Association, Inc.

Kim, S. (2008). The supervisee's experience in cross-cultural music therapy supervision. In S.

Hadley (Ed.), *Qualitative inquiries in music therapy: A monograph series*, 4. Gilsum,

NA: Barcelona Publishers.

Levitin, D. J. (2008). *The world in six songs*. New York, NY: Penguin Group (USA) Inc.

Lightstone, A. J. (2012). The importance of hip-hop for music therapists. In S. Hadley & G.

    Yancy (Eds.), *Therapeutic uses of Rap and hip-hop* (pp. 39-51). New York, NY and

    Hove, East Sussex: Routledge Taylor & Francis Group.

Miller, T. E. & Shahriari, A. (2009). *World music: A global journey* (2nd ed.). New York, NY:

    Routledge.

Morey, R. (1940) Upset in emotions. *The Journal of Social Psychology, 12,* 333-356.

Music in the U.S. [Music]. (1969). In *Encyclopedia Britannica, 15,* (pp. 1081A-1081B). U.S.A.:

    Encyclopedia Britannica Inc.

Nordoff, P. & Robbins, C. (2007). *Creative music therapy: A guide to fostering clinical*

    musicianship (2nd ed.). Gilsum, NH: Barcelona Publishers.

Nzewi, M. (1999). Strategies for music education in Africa: Towards a meaningful progression

    from tradition to modern. *International Journal of Music Education, 33,* 72-87.

    doi:10.1177/025576149903300109.

Peretti, B. W. (2009). *Lift every voice: The history of African American music.* Lanham, MD:

    Rowman & Littlefield Publishers, Inc.

Pavlicevic, M. (2003). *Groups in music: Strategies from music therapy.* London, England and

    Philidelphia, PA: Jessica Kinsgley Publishers Ltd.

Rilinger, R. L. (2011). Music therapy for Mexican American children: Cultural implications and

    practical considerations. *Music Therapy Perspectives, 29,* 78-85.

Sarrazin, N. (2006). India's music: Popular film songs in the classroom. *Music Educator's*

    Journal, 93(1).

Schwartz, E. K. (2008). *Music, therapy, and early childhood: A developmental approach.*

    Gilsum, NH: Barcelona Publishers.

Schwartz, E. K. (2012). You and me makes...we: A growing together songbook. Melrose, MA: Center for Early Childhood Music Therapy.

Starr, L. & Waterman, C. (2009). American popular music: From minstrelsy to mp3. New York, NY and Cary, NC: Oxford University Press USA.

Stige, B. (2002). Culture-centered music therapy. Gilsum, NH: Barcelona Publishers.

Studwell, W. E. (2001). Lest we forget: A chronological historical survey of some of the most notable songs of the first half of the 20th century. Bloomington, Indiana: Many Musician Memories.

The Media Briefing. (2012). Music of the United States. Retrieved January 1, 2012, from TheMediaBriefing web site: http:www.themediabriefing.com/ issues/music-of-the-united-states.

Trainor, L. J. & Corrigall, K. A. (2010). Music acquisition and effects of musical experience. In M. R. Jones et. al. (Eds.)., Music Perception, Springer Handbook of Auditory Research, 36, 89-120. doi. 10.1007/978-1-4419-6114-3_4

U.S. Census Bureau. (2010). State & county quickfacts. Retrieved May 17, 2012, from http://quickfacts.census.gov/qfd/states/00000.html

Wheeler, B. L. & Baker, F. A. (2010). Influences of music therapists' worldviews on work in different countries. The Arts in Psychotherapy, 37, 215-227.

Wilson, B. L. (2002). (Ed.). Models of music therapy interventions in school settings. Silver Spring, MD: The American Music Therapy Association, Inc.

Yalom, I. D. (1995). The theory and practice of group psychotherapy (4th ed.). New York, NY: Basic Books.

APPENDIX A: IRB Approval Letter

Molloy College

1000 Hempstead Ave., PO Box 5002, Rockville Centre, NY 11571-5002
www.molloy.edu

Office of Academic Affairs
T: 516.678.5000
F: 516.256.2261

Date: February 1, 2012

To: Meghan Cook

From: Lillian Bozak-DeLeo, Ph.D.
          Chair, Molloy College Institutional Review Board

I am pleased to inform you that your proposal, "Exploring the Musical Culture of Children with Developmental Disabilities in Music Therapy: A Naturalistic Inquiry" has been approved by the Molloy IRB. You may proceed with your project.

Good luck with your research.

Lillian Bozak-De Leo, Ph.D

APPENDIX B

Molloy College

1000 Hempstead Ave., PO Box 5002, Rockville Centre, NY 11571-5002
www.molloy.edu

Consent Form for a Minor's Parent/Guardian

Title: Exploring the Musical Culture of Children with Developmental Disabilities in Music
Therapy: A Naturalistic Inquiry

Student Investigator:
Meghan Cork, Music Therapy Intern
Alternatives for Children
14 Research Way,
East Setauket, NY 11733
mcork09@lions.molloy.edu

Faculty Advisor:
Dr. Seung-A Kim. PhD, AMT, LCAT, MT-BC
Molloy College
Tel: (516) 678-5000 ext. 6348
skim@molloy.edu

Dear parent/guardian,

I am Meghan Cork, the music therapy intern at the Center. As part of the requirements for my
Master's degree in Music Therapy from Molloy College, I am currently conducting a research
study to explore the musical culture of your child and how it plays a role in the music therapy
process. The expansion of awareness of musical culture as it relates to and influences music
therapy may provide insight and openness to myself and other music therapists regarding
considerations of musical culture in music therapy.

I would like to invite your child to a new music therapy group created specifically for the
purposes of the research study. This group will meet one session per week for two-four weeks
with each session lasting 30 minutes. These sessions may occur at any point from January 2012-
June 2012. The sessions are intended to be consecutive, but will be flexible according to
absences and scheduling. When the four sessions are complete, the music therapy group will be
dissembled. However, your child will continue to receive regular music therapy services
provided at the Center. All sessions will be held during regular school hours. Participation is
voluntary. You may withdraw your child at any time during the course of the study without any
consequences.

For the purposes of this study, I may examine your child's records at the school. In addition, all sessions will be audio/video recorded. Only I, the researcher, will have access to the information gleaned from records and data from the audio/ video recordings. For privacy protection, your child's real name will be withheld at all times. There will be no physical danger inherent in this study.

Finally, I will be sending home to you some questions relating to music in the home. These questions are intended to help me better understand your child's musical culture, so as to help me to better meet your child's needs.

If you have any questions or concerns, please do not hesitate to contact me at 631-882-3331. You may also contact Dr. Kim, the faculty advisor, at 516-678-5000, ext. 6348. For questions about your child's rights as a participant, you may contact the Institutional Review Board, Molloy College, 1000 Hempstead Ave., Rockville Centre, NY 11371, (516) 678-5000.

Signing your name below indicates that you have read and understood the contents the consent form and you give permission to the researcher to conduct this study with your child. Thank you.

Sincerely,

Meghan Cork, Music Therapy Intern

Molloy College

CONSENT FORM

An explanation of the procedures to be employed in this study, in which I have voluntarily agreed to participate, has been offered to me. All my inquiries concerning the study have been answered to my satisfaction. I understand that the information collected will be held in confidence, and that my name will not in any way be identified. I understand that additional information about the study results will be provided, at its conclusion, upon my request. I know that I am free to withdraw from this study without penalty at any time.

The above information has been provided to me (check one)
_____ In writing   _____ Orally

_____   _____

Signature of subject   Date

_____   _____

Signature of researcher   Date
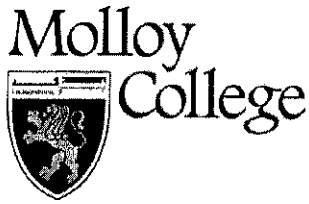
Complete the following if you wish to receive a copy of the results of this study:

NAME:_____
            (Typed or printed)
ADDRESS:_____
            (Street)

_____
        (City) (State) (Zip)

email (optional): _____

Molloy College

Permission to Audio/Video Record

Title: Exploring the Musical Culture of Children with Developmental Disabilities in Music Therapy: A Naturalistic Inquiry.

Student Investigator:
Meghan Cork, Music Therapy Intern
Alternatives for Children
14 Research Way,
East Setauket, NY 11733
mcork09@lions.molloy.edu

Faculty Advisor:
Dr. Seung-A Kim. PhD, AMT, LCAT, MT-BC
Molloy College
Tel: (516) 678-5000 ext. 6348
skim@molloy.edu

Your Child's Name: _____

Parent's/Guardian's Name: _____

Date: _____

I give _____ permission to audio/video record

_____ (Child's name).

The audio/video recordings will be used only for research purposes. Only investigator and the faculty advisors would have access to the audio/video recordings. I have already given written consent for my child's participation in this study. At no time will his name be used.

When Will I be Audio/Video recorded? From January-June, two-four sessions will be audio-video recorded.

What If I Change My Mind? I understand that I can withdraw my child from the project at any time. Upon my request, the videotapes will no longer be used.
For further information:

If I want more information about the audio/video recordings, or if I have questions or concerns at any time, I can contact the investigators at the number at the top of this form.

I understand that my signature below indicated my voluntary consent for my child to be audio/video recorded. I understand that I will receive a copy of this signed form.

_____

Child's Name (Print)

_____

Address

_____

_____

Telephone Number

_____

Parent/Guardian Signature

_____

Date

_____

Witness Signature

_____

Date

APPENDIX C

Molloy College

1000 Hempstead Ave., PO Box 5002, Rockville Centre, NY 11571-5002
www.molloy.edu

Interview Questions to Parents/Guardians

Dear Parent/Guardian,

I am conducting a study titled: Exploring the Musical Culture of Children with Developmental Disabilities in Music Therapy: A Naturalistic Inquiry. Thank you for providing consent for your child to be in this study. The purpose of these questions is to better understand your child's musical culture. Thus, there will be questions regarding demographic information, musical uses and traditions in the home, and musical preferences. Confidentiality will be ensured.

Thank you for your time and if you have any questions, feel free to contact me at 631-882-3331 or email me at mcork09@lions.molloy.edu. You may also contact my faculty supervisor, Seung-A Kim, PhD, AMT, LCAT, MT-BC at 516-678-5000 ext. 6348 or through email at skim@molloy.edu.

Sincerely,

Meghan Cork

Music Therapy Intern

Interview Questions to Parents/Guardians

1) What is your legal relationship to the child enrolled in the study?

2) Age: _____

3) Gender: Circle one   M   F

4) Race/Ethnicity: _____

5) Country of Origin: _____

6) If you originally came from outside the U.S, please choose one.

Immigrant ( ),   Refugee ( ), Asylum ( ), International Student ( )

7) Occupation: _____

8) How long have you been living in the U.S.? Please choose one.
1-2 years ( )
3-4 years ( )
5-10 years ( )
Over 10 years ( )

9) Was the child enrolled in the study born in the U.S.? If not, where?

10) Specify the reasons for immigration (if applicable):

11) Your Level of Education Completed: Please choose one.
High School Level ( )
Bachelor's Level ( )
Master's Level ( )
Doctoral Level ( )

12) What is your primary language?

13) What is the primary language in which you speak with the child a home?

14) Please specify your religion (If applicable):

15) Please specify your spiritual Practice (If applicable):

16) Does anyone in your household play an instrument or have a musical history? If so, who and what instrument is played?

17) Are there any culturally specific instruments played in your household? If so, what is it?

18) What style(s) of music do you and your child enjoy at home?
(Check all that apply)

Rock N' Roll ( ) Heavy Metal ( )   Reggae ( )   Children's Songs ( ) Jazz ( )   Blues ( )

American Standards ( ) New Age Religious Music ( )

   Gospel ( )   R n' B ( )   Hip-Hop/Rap ( )   Electronic Dance Music ( ) Latin music ( )
Classical music ( )   Country Music ( ) Lullabies ( )   Children's Play Songs ( )

Ethnic Music (i.e. That which is associated with your ethnic culture) ( )

Please specify: _____

19) What style(s) of music do you prefer? (Check all that apply)

Rock N' Roll ( ) Heavy Metal ( )   Reggae ( )   Children's Songs ( ) Jazz ( )   Blues ( )

American Standards ( ) New Age Religious Music ( )

   Gospel ( )   R n' B ( )   Hip-Hop/Rap ( )   Electronic Dance Music ( ) Latin music ( )
Classical music ( )   Country Music ( ) Lullabies ( )   Children's Play Songs ( )

Ethnic Music (i.e. That which is associated with your ethnic culture) ( )

Please specify: _____

20) In terms of your child's home life, for what types of events, occasions, rituals, traditions, entertainment, education, and/or religious events is music generally used for?

21) At what points during a typical day (if any), is music played or used with your child? In what ways is music used?

22) Please give some examples of music that may be used for healing purposes in your home.

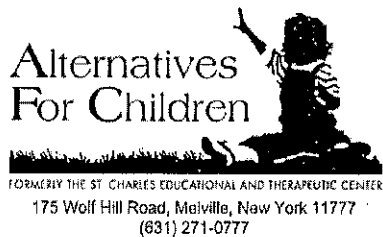23) How often is music used in your home? Choose one:
Never ( )
Seldom ( )
Sometimes ( )
Often ( )
All the time ( )

24) Please describe any additional information you wish to include regarding music in the home:

_____
_____
_____

APPENDIX D: Approval Letter from Alternatives for Children

Alternatives For Children

FORMERLY THE ST CHARLES EDUCATIONAL AND THERAPEUTIC CENTER
175 Wolf Hill Road, Melville, New York 11777
(631) 271-0777

November 29, 2011

Ms. Meghan Cork
Alternatives for Children
14 Research Way
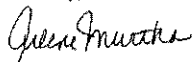East Setauket, New York 11733

Re: Graduate Music Therapy Program
Molloy College

Dear Meghan,

It is my pleasure to inform you, on behalf of Alternatives for Children, that your study, Exploring the Musical Culture of Children with Developmental Disabilities in Music Therapy: A Naturalistic Inquiry, has been approved without revision.

Thank you.

Sincerely,

Arlene Murtha
Director

Cc: Dr. Marie Ficano, Executive Director

APPENDIX E
Musical Examples Representing Reported Genres in Interview Questions

Genre	Representational Artists, Songs, Year the Song Originated	Musical Qualities
R&B	1) Alicia Keys: "No One" 2007 ("alicakeysVEVO," 2009) 2) Mariah Carey: "Always Be My Baby" (1996) ("MariahCareyVEVO," 2009) 3) R. Kelly: "I Believe I Can Fly" (1996) ("DZOBO1," 2009) 4) Mary J. Blige- "Real Love" (1992) ("cherishshanae," 2008) 5) Stevie Wonder- "Superstition" (1972) ("lozzagermain," 2009)	-four beat meter -typically accents beats two and four -emphasis on different rhythms and uses of musical time -vocal timbre is used to emphasize raw emotional expression. It ranges from gentle/smooth to harsh/raspy -often uses 12-bar form, which originated from the blues -often uses call and response techniques, wherein a singer/instrumentalist will initiate a phrase and another singer/instrumentalist will answer or imitate the phrase. -structure which includes repetitive musical themes, phrases, and ideas.

Genre	Representational Artists, Songs, Year the Song Originated	Musical Qualities
Hip-Hop/ Rap Music	1) Jay-Z: "Empire State of Mind" (2009) ("jayz," 2009) 2) Eminem: "Lose Yourself" (2002) ("xxxschillaxxx1," 2010) 3) Outkast: "Ms. Jackson" (2000) ("5o5jamZ," 2011) 4) Notorious B.I.G. "Hypnotize" (1997) ("NotoriousBIG," 2011) 5) Tupac: "California Love" (1995) ("outsidergamer," 2007)	-repetitive and grounding rhythm -use of syncopated rhythms -layering may occur wherein there are vocal spoken lines, sung harmonies, sound effects, etc. over a basic rhythmic foundation -emphasizes rests in the lines and rhythms at unobvious places -features strong lyric content to send a message or as means of expression. (Hara, 2012, p. 14) -a repetitive rhythmic or harmonic idea used throughout the piece, known as a loop. (Hara, 2012, p. 13) -Hip Hop music is strongly associated with break dancing. (Lightstone, 2012, p. 42)

Genre	Representational Artists, Songs, Year the Song Originated	Musical Qualities
Reggae	1) Jimmy Cliff: "I Can See Clearly Now" (1983) ("mikeylepford222," 2007) 2) Mutabaruka: "Check it!" (1983) ("nambr9," 2010) 3) Peter Tosh: "Equal Rights" (1977) ("xraymusicdotcodotuk," 2007) 4) Burning Spear: "Marcus Garvey" (1975) ("Rastachaka," 2009) 5) Bob Marley: "No Woman No Cry" (1974) ("133serge13318," 2008)	-four beat meter -typically accents beats two and four -emphasis on different rhythms and uses of musical time -use of rich percussive accompaniment -simple harmonic structure (usually only composed of about two chords) -characterized by strong, often controversial lyric messages -strong, often controversial lyric message -After originating in the U.S., reggae became popular in the dance clubs of Jamaica, (Scaruffi, 2003) eventually becoming associated with the dancehall style of dancing. (Barrow & Dalton, 2004)

Genre	Representational Artists, Songs, Year the Song Originated	Musical Qualities
Gospel	1) Kurt Carr: "For Every Mountain" (1997) ("tinianelson," 2008) 2) Commissioned: "Runnin' Back to You" (1986) ("BigE7," 2007) 3) The Clark Sisters: "You Brought the Sunshine" (1983) ("TAPEMASTER28," 2009) 4) Mahalia Jackson: "Take My Hand, Precious Lord" (1956) ("thejazzsingers," 2009) 5) The Dixie Hummingbirds and the Angelic Gospel Singers "One Day" (1951) ("direfranchement," 2010)	-dominant vocals -four beat meter -strong use of harmony -syncopated rhythms, accent on beats two and four -call and response involving leader and group - usually involves spiritual lyric message - accompaniment almost always emphasizes piano or organ - repetitive musical themes and ideas

Genre	Representational Artists, Songs, Year the Song Originated	Musical Qualities
Children's Play Songs	1) Franklin and Friends: "Theme Song" (2011) ("azxy12," 2007) 2) Yo Gabba Gabba show on Nick Jr., The Salteens: "I'm So Happy I Can Dance (2007) ("yogabbagabba," 2011) 3) Dora The Explorer show on Nick Jr.: "Dora's Song" (2000) ("doratheexplorerhd," 2010) 4) Kids Songs: "I've Been Workin' On the Railroad" (1994) ("I've Been Working On The Railroad," n.d.) 5) "You Are My Sunshine" (1939) ("CriancaFelizHappyKid," 2010)	-strong and clear rhythmic structure (which usually emphasize the downbeat in 4/4 or 3/4 meter) -repetitive musical ideas -simple melodies -lyrics include simple, functional language -children's music can be associated with a variety of movements and can help organize motor function. (Miyamoto, 2007)