Racial and Ethnic Representation in Music Therapy Education

Eden M. Medina

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Racial and Ethnic Representation in Music Therapy Education

A THESIS

Submitted in partial fulfillment of the requirements

For the degree of Master of Science

In Music Therapy

by

Eden M. Medina, MT-BC

Molloy College

Rockville Center, NY

2021
MOLLOY COLLEGE

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Abstract

Little to no research has been done on music therapy and racial, ethnic, and musical representation. The present study investigated the perceptions racially and ethnically diverse music therapy students/new professionals have of cultural and musical representation in music therapy education, and whether opportunities exist for ethnically/culturally diverse students to include their music when it is not directly implemented in the music therapy curricula. Thirteen participants were surveyed and results showed that there are gaps in music therapy education when it comes to racial, ethnic, and musical representation outside of Western traditions. Findings indicate that there is a need for further implementation and emphasis of racial, ethnic and musical representation in music therapy education.

Keywords: Race, Ethnicity, Representation, Musical Representation, Culture, Music Therapy Education, Cultural Perspectives
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Introduction

Music therapists work with people from many different cultures and backgrounds. We understand individual differences through an awareness of a diagnosis, assessment of strengths and needs, and by offering a variety of musical experiences to meet treatment plan goals. Since different types of music originate from different types of cultures and people, understanding the role of personal, culturally related music is an important area of exploration when speaking about culture (Aigen, 2014; Norris & Hadley, 2015). When exploring culture, there are many avenues one can take; but this study is focusing on the racial and ethnic aspects of culture. The purpose of this study was to understand racially and ethnically diverse students’ and new professionals’ perception of cultural music representation within music therapy education. Music therapists use music as the main modality to support and optimize health for clients (Bruscia, 1998; Wheeler, 2015). Since music and culture are inextricably linked, music therapists who acknowledge and recognize this link may better understand and optimize the health for their clients (Aigen, 2014; Kim & Whitehead-Pleaux, 2015; Stige, 2002).

Fitzgerald (2014) states, “Race specifically refers to a group of people that share some socially defined physical characteristics, for instance, skin color, hair texture, or facial features" (p.9). Race and ethnicity, although often used interchangeably, are different. Ethnicity, as defined by Fitzgerald (2014) is “a group of people that share a culture, nationality, ancestry, and/or language; physical appearance is not associated with ethnicity” (p.9). Both race and ethnicity play a part in shaping the culture of a person. There are different ways that culture is defined. Dileo (2000, as cited by Kim & Whitehead-Pleaux, 2015) states, “Culture refers to ‘those beliefs,’ actions and behaviors associated with sex, age, location of residence, educational status, social economic status, history, formal and informal affiliations, nationality, ethnic group,
language, race, religion, disability, illness, developmental handicap, life-style, and sexual orientation” (p.149). Norris and Hadley (2015) have a slightly different definition beyond demographics: “Culture refers to any group of people who identify or associate with one another on the basis of some common purpose, need, or similarity of background [or lived experience]” (p.130). For the purpose of this study, Norris and Hadley’s definition will be used, thus *culture* refers to a group of people who share a similar background or lived experience.

There is beauty in experiencing a diversity of cultures. People can express their culture through a variety of music genres. When music therapy education embraces cultural diversity in music, students are afforded opportunities to acquire the musical knowledge needed to engage with clients from vast cultural backgrounds (Hadley & Norris, 2015; Kim & Whitehead-Pleaux, 2015; Young, 2016). When musical representation is diverse and inclusive in music therapy education, students and new professionals may feel better prepared to work with clients of different races and ethnicities.

**Personal Connection**

During my undergraduate music therapy education, I was privileged to attend a school that embraced and incorporated culturally diverse music—music that is beyond what one may find in the Western classical tradition. I experienced this diversity in concerts, the classroom, and the overall curriculum. However, I also noticed that some cultures were emphasized over others, and some musical genres seemed to take precedence in my music therapy coursework. As a graduate student, I took a required class called Culturally Informed Music Therapy, and this was where my awareness of the importance of musical representation began to expand. I began to value the necessity of integrating cultural representation in music therapy training as this validated my ideas about culture and music being inseparable. As a Hispanic music therapy
student, my experiences in music therapy education have led me to further inquire about the perceived experiences of other racially and ethnically diverse students and new professionals.

I have faced challenges with cultural identity growing up as a racially white but ethnically Hispanic woman. Although I felt I fit in physically with my school surroundings, I have been sensitive about the lack of Latinx educators in my life. I felt more comfortable and understood when my professor or educator was Latinx. In instances where my culture was the focus of inclusive discussions, I experienced pride, empowerment, and confidence. Music therapists want to ensure that clients can also experience this comfort, as well as a level of understanding, pride, empowerment, and confidence in their sessions.

Music therapists have opportunities to provide this experience for their clients through musical representation. According to the Oxford Dictionary (n.d.), representation can be defined as “the description or portrayal of someone or something in a particular way or as being of a certain nature.” When culture is represented and celebrated in clinical work with the inclusion of representative music and experiences, it more likely that a racially or ethnically diverse client will feel a sense of belonging (Benet-Martínez et al., 2006; Kim & Whitehead-Pleaux, 2015; Young, 2016). My belief in this statement has led me to this inquiry and to the following research question: What perceptions do ethnically/racially diverse music therapy students/new professionals have regarding musical representation in music therapy education? A sub-question is: What opportunities, if any, exist for ethnically/culturally diverse students to include their music when it is not directly implemented in the music therapy curricula?
Review of Literature

Definitions

**Race, Ethnicity & Culture**

The words race, ethnicity, and culture are frequently used but not always fully understood. Having clear definitions of these words will provide the opportunity to be more culturally competent and aware. Race and ethnicity are unique qualities which should not be used interchangeably as they categorize different aspects of a person (Fitzgerald, 2014). Both race and ethnicity are elemental components of culture (Hadley & Norris, 2015).

**Cultural Competence**

Becoming culturally competent requires not only an acknowledgment of culture, but also a willingness to approach culture with humility (Hanser, 2018; Kim & Whitehead-Pleaux 2015). Hanser (2018) states, “Cultural literacy or competence refers to the ability to communicate with and understand people of all ethnicities, cultures, and backgrounds” (p.6). According to Hanser (2018), it is ultimately up to each music therapist to make their way to this level of cultural competence by educating themselves to better empower and support the people with whom they work. Although teaching cultural competence or literacy is listed in the American Music Therapy Association (AMTA) professional competencies, B 9.5, as a responsibility of educational programs, according to Hanser the therapists must autonomously incorporate these ideals into their work and continue to educate themselves (American Music Therapy Association [AMTA], 2020; Hanser, 2018).

Spector (2018) notes differences between being culturally competent, culturally appropriate, and being culturally sensitive. Cultural competence and humility in healthcare is seen when “the provider understands and attends to the total context of the patient’s situation and
this complex combination of knowledge, attitudes, and skills” (p.11). To be culturally appropriate is when “the provider applies the underlying background knowledge that must be possessed to provide a patient with the best possible health/health care” (p.11). Finally, to be culturally sensitive is to “possess some basic knowledge of construct and attitudes towards the health traditions observed among the diverse cultural groups found in the setting in which he or she is practicing” (p.11).

**Diversity**

Diversity implies a range or variety of differences (Kim & Whitehead-Pleaux, 2015; Spector, 2018). Diversity can be seen when there is a variety of races and ethnicities. Diversity can also be identified when there are a variety of musical styles originating in different areas of the world. For the purpose of this study, diversity will be used primarily to identify a range and variety of people and music across different cultures (Aigen, 2014; Dileo, 2000; Kim-Whitehead-Pleaux, 2015).

**Cultural and Musical Representation**

Cultural representation can be defined as the acknowledgment and empowerment of a culture in an influential space (Benet-Martinez et al., 2006; Cunningham et al., 2016; Spector, 2018). Similarly, musical representation can be defined as the acknowledgment and empowerment of one's personal music as it is attached to identity and culture. Aigen (2005) states,

To participate in the culturally and stylistically embedded music is to participate in culture - it is to participate in the attitudes, values, feelings, and experiences which define the culture … [It] is to find the comfort of a cultural home. (p.37)
Music is not just seen in Western traditions; music is used in other traditions as a cultural tool for healing, expression, and communication across many cultures and generations (Aigen, 2014; Bunt & Stige, 2014; Kim & Whitehead-Pleaux, 2015). Music and culture are inseparable (Aigen 2005; Kim & Whitehead-Pleaux, 2015). Hadley and Norris (2015) state the importance of “understanding health and therapy as well as understanding the different musics and their functions or roles in the culture” (p.129). Musical representation in music therapy education can provide students with the resources to become culturally competent therapists who are able to support their racially and ethnically diverse clients with humility and ease.

Cultural Diversity in Music Therapy

*Ethnic/Racial Representation in Practice*

Throughout the past 10 years, the United States has seen significant demographic changes. According to Spector (2013), the white population is declining in numbers and soon may not be the majority. Poston (2020) states,

[Research has] shown that the white share of the U.S. population has been dropping since 1950 and it will continue to go down. Today, after whites, the Hispanic population is the next biggest group at 18.7% of the U.S., followed by Blacks and Asians. What will the country look like racially in 2030? Whites will have dropped to 55.8% of the population, and Hispanics will have grown to 21.1%. The percentage of Black and Asian Americans will also grow significantly. So, between now and 2030, whites as a proportion of the population will get smaller, and the minority race groups will all keep getting bigger. Eventually, whites will become a minority, dropping below 50% of the U.S. population in around the year of 2045. (para.2)
Due to this shift, healthcare professionals need to be diverse in order for the clientele to be well represented within the system (Spector, 2013). It is important for diverse representation to prevent incorrect or harmful biases from permeating treatment when working in healthcare. According to the AMTA’s “Profile of the 2018 AMTA Membership Survey” 88.4% of music therapists are white/Caucasian/European, 4.3% are Asian/Asian American, 2.7% are Hispanic/Latino/Spanish, 2.1% are Multi-Racial, 1.8% are Black/African American, 0.3% are American Indian/Alaska Native, 0% are Hawaiian/Pacific Islander, and 0.4% are other race or origin that were not specified (p.9). The discrepancy between ethnic/racial makeup in the profession of music therapy compared to the general population displays the imbalance, thus further supporting the notion that the needs of racially and ethnically diverse music therapy clients might not be represented well within the field. This calls for further inquiry into whether racially and ethnically diverse students are being represented well within music therapy curricula when there is an evident imbalance in the professional organization.

White, European-Americans are not the only clients that music therapists are serving, yet it was reported that the majority of the therapists and students in the music therapy field are white women (Kim & Whitehead-Pleaux, 2015). In music therapy practice, inserting Euro-dominant ways and ideas when not clinically necessary can be culturally insensitive (Hadley & Norris, 2015). When the majority of therapists are European-American, there is more of likelihood for cultural insensitivity to occur. This supports the notion that music therapy needs to be diversified so clinical decisions take culture into account. In recent years, an increased number of studies have been dedicated to cultural awareness, but there is still a need to identify how music therapy can move towards cultural competency and inclusivity (Hadley & Norris, 2015; Kim & Whitehead-Pleaux 2015).
Music Therapy Training and Curricula

Music therapy curricula, although specific in its western focused training, lack the resources of multicultural information and research (Dileo, 2000; Kim & Whitehead-Pleaux, 2015). Kim and Whitehead-Pleaux (2015) state, “Researchers have identified a variety of cross-cultural difficulties and found that multicultural issues are not adequately addressed in music therapy education and supervision, including internships” (p.60). The literature points to how this lack of knowledge and experience can lead to a lack of preparedness, confidence, and comfort in working with particular clients. Culture could be represented in all areas of education starting with the auditions, moving into the curriculum, day to day teaching, and throughout students’ clinical experience. It is beneficial for music therapists to have cultural competence and empathy before they work in the field, so they know how to address and work through misunderstandings and differences in worldview.

Kim and Whitehead-Pleaux (2015) mentioned a study done by Malloy (1998) that reported that seventy-five percent of music therapists learned about multiculturalism while actively working in the field (p.61). Kim and Whitehead-Pleaux (2015) state that “multicultural education should become a requirement for the core curriculum in music therapy, and more resources for cultivating cross-cultural knowledge and skills need to be made available to students, educators, and supervisors” (pg. 62). This study hopes to support the view that multiculturalism should be included across the curriculum in music therapy and reveal how racial and ethnic representation in education can benefit and improve the field.

Incorporating Culture Within Music Therapy Education

Cultural Competencies
Young (2016) states, “Multicultural musical competence is not a stagnant or rigid concept, but rather an ongoing process; a multifaceted evolving way of being toward which all music therapists must continuously strive” (pg.128). As stated earlier, cultural competence is when the person providing the care can understand all aspects of the person, their health, history, and culture, and can combine all of this knowledge to provide the best treatment possible (Spector, 2018). According to Young (2016) and Hadley and Norris (2016), cultural competence is not something that can be attained overnight. It is something that music therapists need to intentionally strive for knowing that knowledge, attitudes, and skills are continuously evolving.

The American Music Therapy Association (AMTA) has limited competencies addressing working with racially, ethnically, and culturally diverse clients. Hadley and Norris (2015) state that the competencies are designed to help therapists become more aware and increase their knowledge and skill, so they inquire why there is not more emphasis in the competencies about working with racially, ethnically, and culturally diverse clients. Lack of reference to culture in the AMTA competencies can lead to a belief that knowing culture is not as valued as other skills within music therapy education, and students may not be guided to develop the knowledge and skills needed to musically support ethnically and racially diverse clients. It would seem imperative that educators incorporate these competencies into their curricula to ensure that racially and ethnically diverse students, as well as clients, are being represented, heard, and empowered musically in the field.

**Cultural Sensitivity and Awareness**

When working cross-culturally with ethnically and racially diverse clients, music therapists can be actively working towards cultural sensitivity and cultural awareness. Hadley and Norris (2016) advocate the idea of unlearning - the act of letting go of the unconscious
biases and assumptions that one may possess in order to become more culturally sensitive and aware. They state, “full self-awareness can never be achieved, it is something for which one should continue to strive” (pg. 130). To ensure that ethnically and racially diverse students feel represented within music therapy, cultural sensitivity and awareness need to be demonstrated by all involved in the educational experience and throughout the music therapy curricula.

**Challenges in Cross-Cultural Experiences**

*Ethnic/Racial Representation in Other Practices*

Other healthcare practices are examining and discussing the racial and ethnic representation of clients within the members of their professions and how that influences the education of students and professionals. In the medical and healthcare setting, statistics show that non-white patients have higher healthcare risks than white patients due to economic reasons and poor treatment care (Spector, 2013). Research has stated that poor treatment care is more likely to happen to non-white patients when they are being treated by professionals who are not from or familiar with their culture (Reyes et al., 2018). In healthcare, the exploration of representation has increased due to the acknowledgement of the mortality rate of Black women and infants over white women and infants during childbirth (Langford et al., 2019; Reyes et al., 2018). Professionals who value the lives of those who are culturally different from them could drive a change in this mortality rate amongst Black women. Having healthcare providers who identify racially and ethnically might allow treatment that is not hindered by cultural biases.

In the field of social work, a study by Tsang (2001) revealed those of Chinese descent working as social workers were seen as “others,” by other professionals, in comparison to their white counterparts. The literature indicates that being seen as an outsider makes it seem as if these professionals were not supposed to be here, or as if they were not welcomed (Tsang, 2001).
The study argues that if this is how professionals were being treated within the workplace, clients who come from similar cultural backgrounds may be treated the same. Racial and Ethnic Representation in the field can help to eliminate the idea of “others” and create an environment where professionals are seen as equal. In having representation, those from similar cultural backgrounds can provide empathy and those working cross-culturally can be educated and informed to work humbly with their counterparts.

Fan et al. (2019) explained the importance of representation and spoke about the idea of cultural bias and how that influences everyday work and lives. Representation diminishes the chance for cultural biases in the professional setting. Fan et al. (2019) explains that the people who are constantly around influence relationships. So, in professional settings with little diversity, there will be similar worldviews, biases, and ideas that influence the workplace. With more diversity and representation, there will be an evolution of thinking, removing bias, and sharpening the skills necessary to work cross-culturally (Fan et al., 2019).

**Experiences from Ethnically/Racially Diverse Music Therapists**

Dong Min Kim (2010) studied the experiences of eight female Korean music therapists in Nordoff-Robbins music therapy certification training. All eight therapists reported, “their obedient tendencies related to Korean culture which addresses hierarchical order and submissive behaviors as external expressions of respect towards authority” (pg. 357). These therapists had difficulty speaking up or disagreeing with their supervisors due to the culture in which they were raised. They experienced guilt or worry when expressing their opinions (Kim, 2010). The therapists reported that by being submissive, they were showing those in authority respect. These cultural differences were important to know and understand so these therapists could be better supported within their training. These therapists indicated a need for a different type of support
in comparison to their white peers. The author suggested that if some of the supervisors were Korean, they would have been able to provide insight for the white American supervisors on how to address this situation and best support the supervisees. Such feedback would come not just from a place of knowledge but a place of understanding.

Sangeeta Swamy (2011) wrote about the challenges faced by a Taiwanese supervisee. Swamy mentioned the cultural differences between the Asian culture and the Western culture and how that influenced the experiences of the music therapy student. She explained how the student did not use Western social indicators such as touch, eye contact, or direct approach in sessions (Swamy, 2011). In Western culture this could be seen as being withdrawn, shy, or reserved; but Swamy later explained that this is a sign of respect in Asian culture. Within this supervision process, Swamy was able to offer her own personal experiences coming from an Asian culture, reaffirming and understanding what the student was saying. Swamy suggests that having a supervisor who understood the culture and was able to demonstrate cultural sensitivity allowed for more meaningful support for the supervisee.

Rilinger (2011) wrote about working with Mexican American children and how understanding their culture influenced the music therapy process by building stronger therapeutic relationships because of the relationship within the music. Estrella (2016) discussed the cultural influences that can be critical when providing music therapy with Hispanic/Latino clients. Some of those cultural influences are family values, languages even when it is not the primary language of the client, and relationship to the music because of upbringing and the value of music within the culture. Both Rilinger (2011) and Estrella (2016) outlined the importance of understanding the background of the client’s culture, how they identify with the culture, and how that can influence the way in which a music therapist can incorporate the client’s music.
Reed and Brooks (2016) discussed the importance of understanding the musical history behind African American music. Reed and Brooks (2016) explain that music therapists use jazz, gospel, blues, soul, rap, and other musical genres without fully understanding the historical significance of the genre, which can lead to cultural insensitivity. They offer that it is important to honor the lived experiences that are told through the music of Black people because those lived experiences tell a story of strength and perseverance through constant oppression and discrimination (Leonard, 2020; Reed & Brooks, 2016). The literature referenced above suggests it is important to honor the music for Black clients, but also to honor the music of classmates and colleagues. It would benefit the music therapy field to honor Black music in its curricula because it shares a story that represents a group of people in the field, such as clients and clinicians, and their lived experiences. Honoring this music within our curricula can also honor and support the clients who come from and identify with these cultures and enhance music therapy education by educating those who may not be familiar with the historical significance of this music. Through accurate education on the historical significance of music pertaining to specific cultures, we will be encouraging culturally competent and empathetic music therapists.

Leonard (2020) refers to the findings of Webb’s (2019) dissertation in which she investigated the experiences of Black American music therapy students, professionals, and educators. Leonard (2020) noted that “a few of the key findings were participants not feeling they fully belonged in the profession, inconsistencies in the profession reorganizing and addressing diversity and culture, and the importance of Blackness in music, health, and therapy” (pg.7). Honoring our Black students, educators, and therapist through representation can support the belief that our Black clients are being represented in therapeutic environments.
The studies and articles demonstrate the importance of ethnic and racial representation within our education. According to the literature, it seems that the music therapy profession is doing a disservice to our racially and ethnically diverse students and new professionals by not valuing them to the same degree as their white counterparts. Without representation, we are also not preparing white students and professionals with the skills they need to work with culturally diverse clients. Finally, without representation we are not honoring the historical significance in music, which can lead to cultural insensitivity.

**Addressing Musical Competencies in Music Therapy Curricula**

*How Music Therapy Curricula Incorporate Musical Skill*

There are four main methods used in music therapy: recreative, compositional, receptive, and improvisational (Bruscia, 1998). These are the four basic foundational experiences that a music therapist must be knowledgeable about in order to treat clients. According to the AMTA Professional Competencies, music therapists must also demonstrate basic skills on voice, piano, guitar, and percussion (AMTA, 2013, 4.1). Competence includes accompaniment skill, knowledge on several chord progressions, tonality, sight-reading, harmonization and transposition, and instrument tuning. Additionally, music therapists must also demonstrate skills of “basic percussion techniques on several standard and ethnic instruments” (AMTA, 2013, 4.1.8). The last competency is one of the five pertaining to cultural diversity. This competency does not emphasize the idea of knowledge in the same way that the other competencies do. In this category alone, one can identify the focus of using Western musical traditions over ethnically diverse musical traditions. Using “basic percussion techniques” on ethnic instruments does not require teaching the value and cultural significance of the instrument. With more ethnic, racial and musical representation, there could be emphasis on understanding the significance of
the instrument culturally which then can translate to understanding the culture musically. Gaining knowledge on an instrument’s history could allow therapists to connect with clients who come from these diverse backgrounds.

Addressing Music Outside Classical Western Culture

In the current music therapy curricula taught in the United States, there is a large emphasis on Western-oriented music (Kim & Whitehead-Pleaux, 2015). Moreno (1988) states (as cited by Kim & Whitehead-Pleaux, 2015), “American music therapists tend to use music that primarily derives from Western-oriented classical, popular, and folk traditions” (p.18). Using music from one's own culture and imposing them in sessions is cited as one example of ethnocentrism. Ethnocentrism is defined as “the evaluation of other cultures according to the preconceptions originating in the standard of one's own culture” (Dictionary.com. n.d.). Looking at another’s culture through the lens of one’s own culture diminishes the value and uniqueness of the culture that one is looking at. It is within this context, of working from one’s own culture, that Hadley and Norris (2016) say that music therapists have to unlearn these habits. When working cross-culturally, music therapists must humbly and respectfully approach cultures that are not their own (Hadley & Norris, 2016; Hanser, 2018; Kim & Whitehead-Pleaux, 2015; Leonard, 2020).

Kim and Whitehead-Pleaux (2015) note how music in Western culture is often diatonic. If someone who is only familiar with Western classical music were to listen to music from other cultures, they may not perceive the music to be as aesthetically pleasing or even in tune. This would be an example of an ethnocentric mindset. This is another reason why representation is important, so students can be educated to understand that Western music is not the only music that is relevant. Unlearning ethnocentric tendencies takes several levels of self-awareness.
beginning with a commitment to unlearning in order to become more culturally sensitive (Hadley & Norris, 2016). Learning music from other cultures, not just the chords and lyrics, but the history, the origin, the value, and reason the music came about will help therapists move away from an ethnocentric mindset (Estrella, 2016; Hadley & Norris, 2016; Kim & Whitehead-Pleaux 2015; Reed & Brookes, 2016; Rilinger, 2011).

**Method**

After receiving approval from Molloy College's Institutional Review Board research on the topic of racial and ethnic representation in music therapy education was conducted. Descriptive research is a suitable way of acquiring data about a topic that may lead to an increased awareness or understanding. Siedlecki (2020) states, “A descriptive study is hypothesis producing rather than hypothesis testing; thus, studies have specific aims and research questions, rather than hypotheses” (p.8). This study is considered descriptive research as it employed a survey to answer a specific research question to obtain data from ethnically/racially diverse students/new professionals regarding their perceptions of being represented in music therapy education.

**Participants:**

Participants were local professionals and students who self-identified as mixed in their races and/or ethnicities. There were a total of twelve participants. Of the twelve participants six identified as students and the other six identified as new professionals. The inclusion criteria stated that the participants had to be music therapy students and/or new professionals, as well as ethnically non-white and no more than five years away from schooling.

**Demographic Information**
Participants included six new professionals (50%) and six students (50%). Of the new professionals, the majority self-identified as only Hispanic, Latinx, or Spanish Origin ($n = 4, 66.67\%$), followed by a respondent self-identifying as Black or African American ($n = 1, 16.67\%$) and a respondent who self-identified as both Hispanic, Latinx, or Spanish Origin and Native Hawaiian or Pacific Islander ($n = 1, 16.67\%$). Of the student participants, the majority self-identified as Black or African American ($n = 2, 33.33\%$), followed by students who identified as both Black or African American and White ($n = 2, 33.33\%$). One student identified as Asian ($n = 1, 16.67\%$), and one student identified as Hispanic, Latinx, or Spanish Origin ($n = 1, 16.67\%$).

Procedure & Data Collection Process

A link to the survey was delivered to participants via social media (refer to appendix C for recruitment statement). Participation in the survey was voluntary. Participants were guided to complete the survey after they read and agreed to the informed consent procedures. In the survey, the participants answered a series of questions relating to ethnicity, race, age, gender, education status, and whether they perceived their cultural music as being represented within music therapy education. After the initial recruitment social media posting was sent, a second reminder post was sent one week before the survey closed.

No identifying information was collected and participants remained anonymous. The options presented followed those used by the U.S. Census to ensure ethical questions were being asked and to ensure that groups of people were not being left out or misrepresented (Bureau, 2020). The survey included a series of multiple-choice questions, Likert scale questions, and
short answer questions to ascertain perceived representation and musical representation within the participant’s music therapy curriculum.

The data were collected through Google Forms and saved on an external hard drive, which was password protected and locked in a cabinet, with access assured for only the primary investigator. The only people who had access to the raw data were the primary investigator, the committee member, and the thesis advisor. The data will be stored until May 1, 2024, when all information will be deleted. The data were analyzed through simple descriptive analysis designs that were reported as frequencies and/or percentages (Siedlecki, 2020, p.11).

**Results**

*Research Question 1: What perceptions do ethnically/racially diverse music therapy students/new professionals have regarding musical representation in music therapy education?*

Of the total number of participants ($N = 12$) included in the analysis, one participant (8.33%) reported on a scale of 1 to 5, 1 being not important and 5 being very important, that the importance of racial/ethnic representation is relatively important, while two participants (16.67%) rated the importance of racial/ethnic representation as a moderately important, and nine of the participants (75%) reported the importance of racial/ethnic representation as a very important (see figure 1).

**Figure 1**

*Importance of Racial/Ethnic Representation*
Of the 12 participants, 100% reported that they do not perceive they are being represented racially and or ethnically in their music therapy experience. When asked about the importance of representation of music outside of the Western tradition on a scale from 1-5, one representing not important and five representing very important, the majority \((n = 9, 75\%)\) reported it to be very important, with the rest of the participants \((n = 3, 25\%)\) reporting it as relatively important.

When the participants were asked if music outside of the Western tradition was represented in the curriculum, most participants responded no \((n = 6, 50\%)\). The second largest response \((n = 5, 41.67\%)\) chose ‘other’ as an option. The ‘other’ option allowed for a written response and the participants reported the exposure to be “very little,” “minimal,” “limited,” or they were only exposed once or twice. The last respondent \((n = 1, 8.33\%)\) reported that music outside of the Western tradition was represented in the curriculum.

Participants were asked whether they felt that others who did not identify as their race/ethnicity are prepared to work cross-culturally with clients who do identify as their race or ethnicity. Most respondents \((n=10, 83.84\%)\) reported ‘no’ that they do not think others who do not identify with their race/ethnicity are prepared to work in the cross-cultural context. The remaining respondents chose ‘other’ \((n = 2, 16.67\%)\) and reported different perspectives. Of the
participants, one of the two respondents stated there could be a “limitation,” while the other respondent stated, “[It] depends on the age group, for the most part I’d say no, there is a huge learning curve” (see figure 2).

**Figure 2**

*Competence for Others to Work with Participants Self-Identified Culture*

Additionally, participants were asked if they felt prepared to work in cross-cultural settings outside of their own and Western traditions. The majority \((n = 6, 50\%)\) reported ‘no’ that they do not feel prepared while some \((n = 3, 25\%)\) reported yes, and the remaining respondents \((n = 3, 25\%)\) responded with ‘other.’ One of the respondents who reported ‘other’ stated, “I feel that we’re prepared to work in white spaces and that we don’t even know how to look competently for resources when faced with something different”. Another respondent reported that they felt they were prepared to work cross-culturally “thanks to a personal interest of exploring diverse repertoires of my own.” The remaining respondent shared, “Yes, but only due to my undergraduate training in anthropology, not due to my master’s degree in counseling.”

**Research Question 2**

*What opportunities, if any, exist for ethnically/culturally diverse students to include their music when it is not directly implemented in the music therapy curricula?*
Participants were asked if they had opportunities to learn about music outside of Western culture. The majority \((n = 5, 41.67\%)\) reported they were provided with opportunities to learn about music outside of Western tradition while some \((n = 3, 25\%)\) reported they did not have opportunities to learn about music outside of Western traditions. The remaining participants \((n = 4, 33.34\%)\) chose ‘other’ and shared that the opportunity was “rare.” Some stated that they received one class about music outside of Western culture but it was not in relation to a music therapy course. Another participant responded that it was “very limited” and catered to the international students at that institution.

Participants answered whether they were able to educate others or showcase their music that is outside of the Western tradition. The majority of the responses \((n = 6, 50\%)\) reported that they were able to share or educate others or showcase their music. Participants expanded on their answers by stating: “giving presentations,” that students were welcome to bring songs in other languages, “some classes provided opportunities [to share],” “bringing traditional songs from [their] country to some class activities,” through “music therapy interventions,” and creating a “music autobiography.” One of the respondents \((n = 1, 8.84\%)\) reported they were not provided with opportunities, and the final respondent \((n = 1, 8.84\%)\) chose ‘other’ and stated that they “were not prompted [by their institution] but created the opportunity for [themselves] when possible”.

**Discussion**

Students and new professionals alike stated that they do not feel represented as racially and ethnically diverse individuals or that the curriculum prepared them to work with other individuals outside of the Western tradition. It is clear that representation is “very important” among 75% of the participants and “relatively important” among the rest (25%) of the
participants. In regard to representation, there was one participant who did not meet the inclusion criteria, thus not included in the data, because they self-identified as white. However, they reported feeling represented within the music therapy curriculum. Given that the AMTA oversees accreditation of music therapy programs and determines the competencies that must be addressed in music therapy training, and 88.4% of AMTA members are white (AMTA, 2018), it stands to reason that this white participant felt represented in music therapy curricula. It is probable that racially/ethnically diverse students do not feel represented in the curricula as ethnically/racially diverse people comprise 11.6% of the AMTA membership.

Half of the participants reported that they do not think music outside of the Western tradition was represented within the music therapy curriculum. A portion of the participants reported that their exposure to music outside of Western traditions was “limited” or “very little.” The literature supports this finding, as there is a documented lack of information and training regarding teaching outside of the Western framework (Dileo, 2000; Kim & Whitehead-Pleaux, 2015). There was only one participant who reported that their curriculum included music outside of Western tradition. This lack of education in regard to music outside of the Western tradition can leave students unprepared to work with clients who do not identify with Western traditions. When there is both musical and cultural representation in the curricula students leave music therapy programs better prepared to work with clients of all backgrounds not just the clients who identify with their cultures or Western traditions (Kim & Whitehead-Pleaux, 2015; Hadley & Norris, 2015). Cultural representation within the curricula will lead to better educated, confident, and better skilled music therapists.

Music therapy students or new professionals who felt that they were able to work in multicultural settings reported that this is due to their own personal research and practice and not
because of their music therapy education. Kim and Whitehead-Pleaux (2015) state that music therapists learn these skills of multicultural music and considerations in the field rather than in the classroom. One participant in this study stated that they learned multicultural considerations through a previous degree not through their music therapy degree. Kim and Whitehead-Pleaux (2015) express their concern for the limited resources that are given to students and new professionals regarding multicultural work before they are sent into the field. The results of this study indicate that this is a challenge that the music therapy field is still facing and needs to address.

As reported, a majority of the participants felt that music therapists who do not identify with their race or ethnicity are not prepared to work with clients who do identify with that race or ethnicity. This verifies the idea that there is a gap within the curricula, since students are not leaving confidently prepared, and that more racial, ethnic and musical representation is needed. This is a phenomenon that is not new to just music therapy but is seen in other fields such as healthcare and social work (Langford et al., 2019; Reyes et al., 2018, Tsang, 2001). The literature correlates with the experience of the participants: representation is needed to minimize the chance for cultural bias, ethnocentrism, and Euro-centrism in the workplace (Fan et al., 2019; Leonard, 2020; Reed & Brooks 2016; Swamy, 2011). If the music therapist feels that their cultural music is not being represented and does not feel that the curricula train students enough to work with different non-Western populations, then we can conclude that it is possible that clients from a similar cultural background may have needs that are not met due to the gap in the curricula. When there is musical, racial, and ethnic representation within education, there is a diversity of cultural and musical information disseminated amongst students that will eventually equip them with the necessary skills to support their clients. This would ensure that they are not
working from a place of personal bias or assumption. Representation in education ensures that all clients will receive the best treatment regardless of their cultural background.

The data show that there is a need for stronger musical and cultural representation within the music therapy curriculum. The lack of musical and cultural representation within the music therapy curriculum has led students and new professionals to feel unprepared to work cross culturally or in a multicultural environment not rooted in Western tradition. Musical and cultural representation is a topic that needs be addressed to better support racially and ethnically diverse students and new professionals as well as better prepare all students and new professionals to work in cross cultural/multicultural settings.

Limitations

One limitation of this study is that the response rate to the survey was very low. One of the reasons for this could be due to the method in which participants were recruited, which was through social media. Reaching out through the Facebook groups was the most successful since the primary investigator (PI) was able to post directly to the page. The PI only had access to groups to which they belonged or to groups that allowed public posting. Although the PI contacted administrators of other groups on Facebook and Instagram for permission to post the survey, the survey was not posted.

Another limitation was the survey design. It might not have been open to enough participants to receive all the information that was desired. The survey specifically reached out to ethnically and racially diverse students and new professionals and after receiving the results. It is possible that more data relevant to the research question could have been obtained if the survey was open to all students and new professionals regardless of ethnic/racial background.

Implications for Training and Education
Based on the data collected, students and professionals would benefit from education that directly addresses cross-cultural and multicultural work. This could include classes that expand on music that is not just based in the Western tradition and culture. A way to ensure that there is representation and to avoid cultural bias would be to have professionals who belong to the music’s culture of origin and are aware of the cultural implications within the music teach that music. Another way to support representation is to highlight and emphasize racially and ethnically diverse music therapists and researchers. This can be done through using their written material in classes, acknowledging their accomplishments, and promoting their research and other related works. This will provide resources from the perspective of music therapists who are not rooted in the Western culture.

Participants reported having different opportunities to showcase their music that is not based in Western tradition as a way to educate and share with their peers. This is something that should continue within music therapy education. Providing the students with the opportunity to share their music that is not rooted in Western tradition also supports representation in the curriculum.

**Recommendation for Future Research**

Racial, ethnic and musical representation is a topic that has not been written about and researched much within the music therapy community. In the future, research can be done through a variety of approaches to share the experiences of racially and ethnically diverse music therapists. One way that representation can be examined is through phenomenological studies. Representation can be researched through a series of interviews asking the therapists about their personal experiences in music therapy education and how prepared the participants felt while they were working in the field with clients who did and did not identify with them racially and/or
ethnically. Representation can also be researched through autoethnography. The reader would be able to follow the first hand experiences of a racially and/or ethnically diverse music therapist focusing on the topic of representation in the educational setting and/or the work place.

It might be helpful to conduct this survey with participants from the dominant culture. This would allow for a comparison regarding perceptions of representation to be made between members of the dominant culture and members of ethnically/racially diverse groups. Another recommendation would be to include all students and professionals no matter how long they have been in training. This can be done to compare what representation looked like in music therapy education years ago versus what representation looks like currently.

**Conclusion**

Racial, ethnic and musical representation is a necessary part of the music therapy training and should be emphasized and encouraged to improve education, the ethical treatment of clients and the profession in general. The primary purpose of this study was to inquire whether racially/ethnically diverse music therapy students and new professionals perceived themselves as being represented within the music therapy curricula. The results showed that they do not feel represented within the music therapy curricula. The participants stated that they perceive Western music to be the focus of music therapy education and have limited to no exposure to music outside of the Western tradition. This leaves a gap within the education and training for music therapists, specifically when working cross-culturally or in multicultural settings. Most of the participants felt that their own personal music was not represented within the curricula, but found that institutions would provide some opportunities for the participants to educate or showcase their diverse, non-Western based, music. Finally, the participants felt other music
therapists who do not identify with race and/or ethnicity are not prepared by the curricula to work with the clients who do identify as their self-identified race and/or ethnicity.

Music therapy as a field will be filled with more competent, considerate, compassionate, and skilled therapists when racial, ethnic, and musical representation is made a priority. Racially and ethnically diverse students and new professionals can feel confident and included as they are being represented within their field of study. When representation is prioritized, diverse students and new professionals will also feel that their contributions are validated within the field. They may feel as though their music is legitimate and welcomed, allowing for their authentic selves to be brought into the educational environment. This, in turn, benefits students rooted in Western tradition as they, too, will be equipped with the skills and tools necessary to work in cross-cultural and multicultural settings. Most importantly, the clients that are being served will receive the highest quality of care when music programs include curricula that promote cultural and musical representation.
References


Poston Jr., D. (2020). 3 ways that the U.S. population will change over the next decade. from https://www.pbs.org/newshour/nation/3-ways-that-the-u-s-population-will-change-over-the-next-decade


Appendix A

Molloy College IRB approval

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DATE: December 21, 2020
TO: Eden Medina
FROM: Molloy College IRB
PROJECT TITLE: [1696219-1] Racial and Ethnic Representation in Music Therapy Education
REFERENCE #: New Project
SUBMISSION TYPE: New Project
ACTION: DETERMINATION OF EXEMPT STATUS
DECISION DATE: December 21, 2020
REVIEW CATEGORY: Exemption category # (2)

Thank you for your submission of New Project materials for this project. The Molloy College IRB has determined this project is EXEMPT FROM IRB REVIEW according to federal regulations. However, exempt research activities are subject to the same human subject protections and ethical standards as outlined in the Belmont Report.

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

Though this protocol does not require annual IRB review, the IRB requires an annual report of your exempt protocol (Expedited and Exempt Research Protocol Annual Report Form) which is available on the IRB webpage.

If there is a proposed change to the protocol, it is the responsibility of the Principal Investigator to inform the Molloy College IRB of any requested changes before implementation. A change in the research may change the project from EXEMPT status and requires prior communication with the IRB.

We will retain a copy of this correspondence within our records.

If you have any questions, please contact Patricia Eckardt at 516-323-3711 or peckardt@molloy.edu. Please include your project title and reference number in all correspondence with this committee.

Sincerely,

Patricia Eckardt, Ph.D., RN, FAAN
Chair, Molloy College Institutional Review Board
Appendix B

Survey Questions

You are invited to participate in a research study about ethnic and racial representation in music therapy education. This online survey should take about 7 – 10 minutes to complete. Participation is completely voluntary, and all responses will remain confidential and anonymous. You are free to exit the survey at any time and your responses will not be used if you choose to exit the survey. Completion and submission of the survey will be interpreted as informed consent to participate within the study.

1. Do you consent to participating in this survey?
   a. Yes
   b. No (this option ends the survey)

2. Are you a student that has completed 3 semesters at an accredited music therapy institution or a new professional that has graduated within the last five years?
   a. Student
   b. New Professional
   c. N/A (this option ends the survey)

3. What is your race and ethnicity (click all that apply):

   **There will be a box for specifications**
   a. Black or African American - Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.
   b. American Indian or Alaska Native - Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, etc.
   c. Asian - Print, for Example, Chinese, Filipino, Asain Indian, Vietnamese, Korean, Japanese etc.
   d. Hispanic, Latinx, or Spanish Origin - Print, for example, Mexican or Mexican-American, Puerto Rican, Cuban, Salvadorian, Dominican, Colombian etc.
   e. Native Hawaiian or Pacific Islander - Print, for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.
   f. White - Print, example, German, Irish, English, Italian, Lebanese, Egyptian etc.
   g. Other race or origin - Print other race or origin.

4. Racial/Ethnic representation is seen when educators and/or music are not from White/Western traditions. How important is racial/ethnic representation to you in your educational experience?
   a. **Insert Likert scale here**

5. Do you perceive being represented racially and/or ethnically within your music therapy educational experience?
   a. Yes
6. **How important is representation of music outside of the Western tradition to you?**
   a. **insert Likert scale here**

7. **In your experience at your institution was music outside of the Western tradition, represented within the curriculum?** (Examples are, but not limited to: music that relates to your personal culture, cultures you have never heard of, and/or the using guest professors who are professionals in or native to the specific music to educate students etc.).
   a. Yes
   b. No
   c. Other - explain

8. **In your experience at your institution were you provided with the opportunities to learn about music outside of the Western tradition?** (Examples are, but not limited to: Individual performances, concerts, presentations, etc.).
   a. Yes
   b. No
   c. Other - Explain

9. **Were you provided with opportunities to educate others or showcase your music if it is music outside of the Western tradition?**
   a. Yes - If so how?
   b. No

10. **Do you think that music therapy students/new professionals who do not identify as your race/ethnicity are prepared to work musically in cross-cultural settings with clients who identify with your race/ethnicity?**
    a. Yes
    b. No
    c. Other - explain

11. **Do you think as a music therapy student/new professional that you are prepared to work musically in cross-cultural settings with clients who are of other races/ethnicities other than your own and outside Western Traditions?**
    a. Yes
    b. No
    c. Other
Appendix C

Informed Consent/Recruitment Statement

Dear Participants,

I am conducting a research study to investigate what perceptions ethnically/culturally diverse music therapy students and new professionals have regarding cultural and musical representation in music therapy education. I am also seeking to find out what opportunities exist for ethnically/culturally diverse students to include their music when it is not introduced and covered in the music therapy curricula.

I am looking for participants who meet the following criteria:

1. Non-white ethnically (Examples: Black Or African American, American Indian or Alaskan, Asian, Hispanic, Latinx, or Spanish, Native Hawaiian or Pacific Islander, Mixed ethnicity, or other race or origin).

2. You are a music therapy student, enrolled in an accredited music therapy program for at least 3 semesters

   OR

3. You are a music therapy professional and it has been no more than 5 years since you completed your formal education.

If you do not meet the stated criteria you are not eligible to participate in the study.

This research will be conducting through your participation in a survey. The survey aims to ascertain if racially and ethnically diverse music therapy students and new professionals perceive
to be represented within music therapy education. This survey will take approximately 7 – 10
minutes to complete.

There are no known risks to participants. However, depending on your personal experience,
some questions may spark some uncomfortable feelings or memories. Your responses are
optional, and you can end your participation in the survey at any time without any negative
repercussions.

There are no known personal benefits in participating in this study, however, your participation
may help contribute to a better understanding of ethnic and racial representation in music therapy
education.

All data collected is confidential and you will remain anonymous at all times. No personal
information will be collected from you. The researcher, through secure storage, will protect all
survey data. Data collected in this study may be reported in educational publications and/or
conference presentations but no private information or identifying information will be shared.

Completion and submission of the survey will be interpreted as informed consent to participate
in this research.

If you have any questions, comments, or concerns please feel free to reach out to myself, the
principal investigator, at emedina@lions.molloy.edu or my advisor Dr. Adenike Webb at
awebb@molloy.edu