

Potentials and Barriers to Culturally Responsive Music Therapy Education:  
Perspectives of Music Therapy Educators

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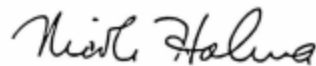
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## Abstract

This qualitative focus group study explored perceptions of potentials and barriers to cultural responsiveness in music therapy education. Music therapy literature calls for an increase in culturally informed music therapy practice. However, despite cultural considerations present in music therapy professional competencies, there are no *standards* for culturally responsive pedagogical practices. Simultaneously, there has been an acknowledgment in the music therapy literature of challenges to culturally responsive practices, such as the homogeneous, privileged identities dominant in music therapy's professional demographics, compounded by the privileging of Western classical music in music therapy education. In this exploratory study, an online focus group discussion was facilitated with seven music therapy educators to explore their perspectives on the definition of culturally responsive education, their reflective evaluations of their pedagogical practices, their perspectives on how standards of music therapy education inform and/or hinder the ability to foster cultural responsiveness, and their respective outlooks on how potentials and barriers to cultural responsiveness are impacting education, research, theory, and practice. Results demonstrated that educators who value cultural responsiveness believe it is being overlooked in the field of music therapy. Six themes with 34 sub-themes were found: defining cultural responsiveness (stances of humility, self-awareness, continual and constant attention, knowledge of systems of power, self-critique, process, accountability, skills), relevance to clinical practice (ethical responsibility, effect on the therapeutic relationship, effective versus ineffective practice), approaches in education (dedicated course work, infused throughout the program, gradually increasing depth, beyond the classroom, from the beginning, dialogical over technical, experiential learning), preparedness (personal/professional growth practice, training for supervisors and faculty, staying informed), institutional attitudes (the need for changing

attitudes, the field is improving, superficiality, the burden on marginalized faculty, commitment to social justice, support from administration), and barriers (Eurocentricity, lack of diversity, AMTA, jam-packed program, no specific training, the need for research). These findings offer recommendations for how the field of music therapy approaches cultural responsiveness in our training programs.

*Keywords:* cultural responsiveness, music therapy education, social justice

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## **Introduction**

### **Motivation for the Research**

When I was an undergraduate music therapy student, there was hardly any mention of the influence of culture on clinical practice in my training program. As a queer woman of color entering the field, the absence of discussing cultural influences on clinical work was highly salient to me throughout my undergraduate program. After graduating and working in a prison for one year in California facilitating music therapy primarily with men of color from low socioeconomic backgrounds diagnosed with mental illnesses, I realized I had a long way to go in understanding the impact of cultural influences on my clinical work. The inception of the Master of Music Therapy program at Slippery Rock University was serendipitous with my training needs. Unlike my undergraduate program, this program was infused with cultural issues and oriented towards social justice. This made me critically aware of the different approaches to music therapy education.

During the M.M.T. program, I took a course on the Cultural and Social Foundations of Music Therapy. My process of becoming more aware of my intersecting multicultural identities was intense, exhausting, and painful at times due to addressing my internalized oppression, reliving experiences of discrimination, and acknowledging my own role in perpetuating oppression. However, I learned so much about how these dynamics relate to the therapeutic process, and I feel like I am a more effective and ethical clinician because of it. Not only was there a dedicated class on this topic; it was infused throughout the program. Regardless of the course — Music Psychotherapy, Music Therapy Assessment and Evaluation, Music Therapy Supervision, Reading and Designing Music Therapy Research, etc. — the content was viewed through a multicultural and social justice lens. Hearing how others describe their academic

program structures, and how music therapists in the field have conversations around the topic of culture, I sensed that I had a unique educational experience. To me, cultural responsiveness means cultivating a deeply reflexive self-awareness, engaging in culturally sustaining practices, and actively responding to inequality through critical inquiry and activism. This program started me on a culturally responsive journey that is far from over, but it gave me the foundation I needed to begin this lifelong work.

While reading literature for my graduate program's classes, I noticed that there is increasing value placed on cultural responsiveness in the field. However, there are some deeply rooted ethical dilemmas within the North American framework. Bradt (1997) acknowledged the vagueness of ethical behavior guidelines in American Music Therapy Association (AMTA) professional documents, asserting, "...if the requirements for ethically responsible conduct in the multicultural practice are not outlined explicitly, how can they be enforced?" (p. 137). This reveals the superficiality of the profession's ethical directions with regard to multiculturalism. In Bradt's 1997 review of the National Association for Music Therapy (NAMT), Certification Board for Music Therapists (CBMT), and American Association for Music Therapy (AAMT) codes of ethics, she found that none explicitly address multicultural ethical issues. As of 2019, there is still no mention of multicultural issues in the AMTA *Code of Ethics* (AMTA, 2019). Despite a plethora of literature urging the field to pay closer attention to cultural issues, the passage of decades has exhibited minimal progress (Topozada, 1995; Bradt, 1997; Darrow & Molloy, 1998; Young, 2009; Hadley & Norris, 2016). As a new professional in the field of music therapy, I began to question — who is going to keep *me* accountable for being a culturally responsive clinician?

After being in the field for four years, I have paid close attention to discourse around cultural responsiveness. Rather than educating clinicians of the future on how to think through complex cultural and clinical dynamics, most music therapy programs and our professional documents emphasize technical competencies. North American music therapy professional documents attempt to recognize cultural considerations, but they do so in a surface-level, isolated manner that does not attend to intersectionality or the central importance of culture in clinical practice. Bradt (1997) asserted, "...cultural differences in expressing symptoms are not sufficiently taken into consideration when assessing or diagnosing disorders" (p. 137). As an example, the CBMT's *Board Certification Domains* (2015) acknowledged clients' cultural backgrounds along with their active symptoms, but the document does not underscore the importance of considering these factors concurrently. This is indicative of the standardization of Eurocentric views of mental health in music therapy and clinical fields beyond, such as psychiatry, psychology, social work, etc. I began to notice this dominant narrative within the prison treatment programs I was working in. This is deeply and ethically problematic for clinical practice, as this unfairly misconstrues cultural behaviors as deviations from "health." Without specific guidelines on how to address cultural considerations, music therapists of the dominant culture could allow their limitations and values to interfere with the therapeutic process, ultimately affecting their clients' health and progress. It is *ethically imperative* for music therapists to advocate for more explicit professional documentation on behalf of minority clients.

When I read literature published over the last 25 years on the topic of cultural responsiveness, I became frustrated as I noticed not much has changed. After taking a "Systems Thinking in Music Therapy" course in the SRU program, I considered applying systems thinking to the problem of the field's lack of attention towards cultural responsiveness. I started thinking

about this problem from a top-down perspective. Most of the research has been centered around music therapy clinicians — but what about the educators? If clinicians are reporting that they feel unprepared to navigate cultural issues in their clinical work, what about current educators teaching the next generation of professional music therapists? Do they feel prepared? If yes, how did they prepare? If no, how do we disrupt the cycle of overlooking cultural responsiveness in our field?

### **Positioning**

I am a biracial (Filipino/white), cis, lower middle-class, queer, non-disabled woman. My intersecting identities not only sparked my motivation for exploring this topic, but naturally impacted the design, conduct, and interpretation of this research. My frustration with music therapy's lack of attention to cultural responsiveness (coupled with the field's lack of diversity) is not only important to me because it is at odds with my value of social justice, but also because it negatively impacts the clients we serve. As a queer woman of color, it is something I take personally. With my privilege of accessing graduate level education, I feel I have a responsibility to help foster cultural responsiveness in the field.

Following the completion of my coursework at SRU and while I have been working on my thesis, I started a clinical psychology doctorate program in the Bay Area that has a focus on cultural issues and social justice. Although not to the same extent, I still experience some of the same frustrations in the field of psychology. After taking a Multicultural Awareness class in this Psy.D program, I realized that many of the readings and the lectures in the class were not *for* me — they were geared towards my white, straight, upper-class peers. I had to ask the question of my educators and supervisors — how do *I* as a biracial (Filipino/white), cis, lower middle-class, queer, non-disabled woman navigate issues of culture in my clinical work? Even with the

exorbitant amount of loans I have needed to take out in order to engage in graduate level education, I still have to advocate for my own education because of the whiteness of the respective fields I stand in, realizing that my complacency could negatively impact all of my future clients. There were times I have felt like the field of music therapy or the field of psychology was not meant *for* me as a queer lower middle-class woman of color, so I am incredibly grateful to my support system for revitalizing me in continuing my education and finishing this research.

I recognize the potential of the field of music therapy to attend to cultural responsiveness and want it to be the best it can be. Thus, I had the inclination to gravitate towards critiques of the field rather than acknowledgement of the field's strengths. Keeping this in mind, I aimed to maintain a strengths-based perspective when relevant, even when it was difficult. I also recognized that my position as a student rather than an educator influences how I perceive the role of cultural responsiveness in music therapy education. Having never been in a teaching position, I have never had to directly grapple with having to navigate accrediting boards, negotiate with administrative university staff, and prioritize what to teach when there is a limited amount of time and space in the music therapy degree. Utilizing an online discussion board format enabled me to truly listen rather than interpret so I could maintain a balanced view of cultural responsiveness in our field in order to construct a coherent systemic framework of its role in our training programs.

## Literature Review

### Cultural Influences in Music Therapy

Due to the powerful relationship between culture and the arts, music therapy is a complex synergy of cultural influences. All individuals are a product of sociocultural processes, and all encounters we have as cultural beings are cross-cultural. This is especially true within a therapeutic context. Stige and Aarø (2012) stated, “Health is a relational concept; it is about relationships to other people, to demands and challenges, to social, organizational, cultural and societal contexts” (p. 69). Correspondingly, Bruscia (2002) asserted “all of our [music therapy] work, whether it be theory, practice, or research, takes place within very specific and unique contexts — contexts that not only shape the work itself, but also predisposes us to attach our own idiographic meanings to it” (p. xv). This relatively recent attention to context within clinical practice seems to have motivated greater attention to cultural influences at play in therapeutic relationships. Estrella (2001) stated, “If culture influences the way we see ourselves, experience emotions, define health and problems, and construct our worldview, then clearly culture must come into play as we assess, diagnose, plan treatment, and engage with our clients” (p. 42). Despite this, in-depth attention to cultural issues in music therapy is relatively recent, as earlier literature provided only a cursory examination of this topic. **To demonstrate the broad relevance of culture in the realm of music therapy, Wheeler and Baker (2010) identified clinical practice, education, personal values, and perspectives about the therapeutic process as some areas of concern. However, the relationship between these topics and cultural issues has only been minimally examined.** Taking all of this into account, cultural responsiveness in music therapy is a topic that requires further exploration.

Culture is an evolving concept. Kenny (2006) defined culture as an “integrated pattern of behavior that includes thoughts, communications, action, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group” (p. 208). These factors impact how individuals understand their relationship with the world, and are thus relevant within therapy relationships. That is to say, understanding culture within the context of the therapeutic relationship is not intrinsic, but rather a skill that requires education, training, and practice. As Topozada (1995) stated, “...the purpose of multicultural training is to endow [music therapists] with a sense of cultural intentionality...” (p. 83-84). The dominant jargon to date to describe this training is “cultural competency.” Bradt (1997) suggested that cultural knowledge is not enough for cultural responsiveness training, explaining that “effectiveness depends greatly on [the therapist’s] self-knowledge about their own attitudes, feelings, and stereotypical views about ethnic minorities” (p. 138). The Certification Board for Music Therapists (CBMT) (2015) and AMTA Advanced Competencies (2017) included only a few domains or competencies that relate to culture. Those few domains were vaguely centered around cultural self-awareness as outlined above, along with basic identification and consideration of client culture. While there are a multitude of definitions of “cultural competency,” which may or may not describe it as a skill that develops gradually and needs never-ending attention, the word “competency” implies a universalistic approach, an endpoint at which a clinician is determined to be “adequate” to handle *all* diversity issues, and is based in mandatory rather than aspirational ethics.

Discourse around culture is not stagnant or rigid; it is constantly progressing. With this in mind, one would hope that the expanding perspectives regarding cultural issues would impact the way music therapists attend to their cultural responsiveness training. Young (2009) and Estrella (2001) emphasized the advancement of cultural perspectives, insisting that significant effort



beyond initial training is required to keep pace with emerging issues. However, this is not reflected in the CBMT domains or the field of music therapy at large. Hadley and Norris (2016) asserted that cultural awareness should not just be “achieving competencies,” but should be “ongoing and requir[ing] continual commitment and vigilance” (p. 129). Although it is required to engage in continuing education in order to maintain the “MT-BC” certification, it is not necessary for these credits to be earned by attending to topics related to cultural responsiveness. Young (2016) argued that “cultural competency” should be “a way of practicing that requires ongoing reconceptualization according to each clinical case/client, music therapist, therapeutic relationship, and social-political-cultural-musical context” (p. 127). **However, music therapy professional documents do not reflect this. The AMTA Advanced Competencies (2017) referred to cultural sensitivity, and the CBMT Board Certification Domains (2015) directed music therapists to interact with clients in a “culturally competent” manner, but these acknowledgements were vague and ambiguous.** Similarly, Hadley and Norris (2016) asserted that the field needs to move beyond simple self-awareness towards more social consciousness of “systemic structures of oppression and marginalization that impact those not in the dominant cultures” (p. 129). Having said that, although the dominant jargon to describe this area of training is coined “cultural competency,” this study will define this as “cultural responsiveness” in order to reflect values of continuity, responsibility, and social justice.

**The literature implied music therapists may be demonstrating more awareness of accountability towards cultural influences in recent years due to the myriad settings where music therapists are working and the growing diversity of clients being served.** Due to the dynamic nature of cultural phenomena, music therapy practice is becoming increasingly more complex. As Estrella (2001) stated, “mental health professionals have come to realize that they must

provide services which are able to meet the needs of people from a wide range of cultural, ethnic, and racial backgrounds” (p. 43). Likewise, Shapiro (2005) identified “an increasingly diverse student body” and “colleagues of more varied backgrounds” as reasons for considering cultural influences as music therapists (p. 30). Although this increased attention may have been for practical reasons rather than in the interest of social justice, the heightened recognition is progressing this area of exploration. Further, Topozada (1995) highlighted the importance of examining this topic because “... clients from different cultures may not receive the same benefits from Western therapy as do majority culture clients” (p. 67). Music therapy as it is practiced in the United States is highly westernized and its most dominant empirically supported approaches may not be appropriate for clients with marginalized identities. Estrella (2001) reported that in response to this clinical discovery, music therapists have “begun to critically examine their models of therapy, [...] see[ing] them as belonging to a social and political context” and have “called for revision of these same models of therapy” (p. 43). Therefore, in order to be more effective music therapists with an increasingly diverse client population, it is imperative to scrutinize dominant techniques by taking cultural variation into account. Wheeler and Baker (2010) encouraged a worldview of equality for music therapists to promote acceptance and hold compassion for difference. Having said that, there is limited attention to social justice in music therapy beyond **superficial** acknowledgements of culture in organizational documents.

### **Cultural Responsiveness**

The concept of cultural responsiveness has gone through a transformation over the years, becoming more in-depth, multilayered, and nuanced. As Hadley and Norris (2016) asserted, “Musical cultural competence goes well beyond the idea of simply providing music from a

client's culture. It is about the roles of particular music, its specific relevance to the client, and understanding the personal and musical cultural biases that the therapist brings into the music therapy context" (p. 129). In addition to closer attention to the increasing diversity among clients engaging in music therapy, there has been growing consideration of the therapist as a cultural being. Rickson (2010) reported that "the importance of knowing who we are and what our values are in order to understand others and to be authentic as therapists has been strongly reinforced in the music therapy and related literature" (p. 1).

Therapist authenticity and attention to cultural influences is a theme not only in music therapy, but clinical fields more broadly. However, it could be argued that it is even more important to attend to cultural influences in music therapy because of the added dynamic of music in the clinical experience. For instance, Dos Santos (2005) acknowledged how musical choices communicate cultural information to clients. There is the potential for self-disclosure, unintentional oppression, affirmation, connection, or empowerment through relational musical experiences with clients. Topozada (1995) presumed that music therapists are well-intentioned, as they have confidence in esteemed techniques, but their progress may be subverted by their lack of familiarity with navigating cultural dynamics. Overall, there is more discussion of the therapist's sociocultural identity in music therapy literature **as opposed to exclusively emphasizing technical "cultural competencies."** As the scope of discussing cultural influences in music therapy expands, **further exploration of the impact of sociocultural identity on the music therapy process is needed.**

Some music therapists may adopt a stance of cultural evasiveness, feeling that cultural factors should not impact how services are provided. Brown (2002) reflected this by acknowledging that some may disregard the concept of culturally centered music therapy

practice because they engage in a praxis of “all-encompassing empathy,” but she argued that “music therapists have an ethical responsibility to be aware of their own beliefs and values, as well as a responsibility to not engage in culturally insensitive behavior” (p. 83). Topozada (1995) reported that her survey of professional music therapists on perceptions of multicultural training evoked responses denoting a disregard for confronting cultural biases under the pretense of it not being a “therapist’s job to judge behavior” and that they “never do so” (p. 83). She rightfully challenged this prevalent notion by stating, “While it is true that every person is an individual and should be treated as such in therapy, it is also true that individuals are a product of the sociocultural forces in their lives,” which urges professional music therapists not to overlook cultural considerations in their clinical work (p. 68). Moreover, Bradt (1997) asserted that if music therapists are “unaware of the importance of cultural differences, they may engage in cultural oppression, using unethical practices” (p. 137). This takes the argument for cultural awareness a step further, exposing the potential harm of indifference towards cultural responsiveness. Accordingly, Estrella (2001) asked an important question: “Can a discussion of multicultural approaches be separated from a discussion of racism, political oppression, or privilege and power?” (p. 44). This demonstrates a distinction between a one-dimensional overview of multicultural techniques and a more intensive exploration of how systems of power impact clinical work. However, this appears to imply that a combination of the two modes of inquiry would be most ideal. Kenny (2006) sparked a discussion of the responsibility of music therapy training programs, asking, “...do we design our training programs to generate questions as well as answers. In cultural stories, too often we hear: ‘They didn’t know because they never asked.’ Can we move on?” (p. 213). Although it is recently improving, the field of music therapy has historically overlooked cultural responsiveness, as demonstrated by the lack of training and

the dearth of discourse (Topozada, 1995; Bradt, 1997; Darrow & Molloy, 1998; Chase, 2003; Young, 2009; Hadley & Norris, 2016).

### **The Need for Music Therapy Specific Training**

There are numerous locations in music therapy literature indicating a deficit in field-specific cultural responsiveness training, which has been discussed in the literature for at least the past 25 years and yet very little seems to have changed. Bradt (1997) pointed to the training programs, stating, “Most of the training programs do not prepare music therapists to deal with the cultural diversity of their clients” (p. 141). Lack of training perpetuates cultural ignorance if attention to diversity is not present in the foundations of music therapy education. Topozada (1995) reported that respondents to her multiculturalism training survey indicated that they received training in multiculturalism outside of music therapy, and the majority expressed an overall desire for increased multicultural training in the field. Similarly, Darrow and Molloy (1998) conducted a study using a questionnaire to explore music therapists’ perceptions of attention given to multicultural issues in music therapy, and they reported that “most music therapy professionals acknowledge a need to understand and respect clients’ cultural differences; however, many also expressed frustrations at their lack of background preparation in this area” (p. 31). Then, as recently as 2016, Hadley and Norris stated, “While there has been an increase in focus on multicultural issues in the music therapy literature, there has been little in the way of specific strategies for achieving these competencies” (p. 129). **As demonstrated above**, there is a sweeping indication in the music therapy literature that attention to cultural responsiveness in our training programs continues to be inadequate.

Historically, it appears as if cultural responsiveness training in music therapy was conceptualized as supplemental. A desire for fostering this discipline needed to be fulfilled

elsewhere — through auxiliary education. Darrow and Molloy (1998) reported that the context of most multicultural training for music therapists is through non-music therapy coursework, such as general education or elective courses. Although this is no doubt beneficial, music therapy should be distinctive in its training on cultural influences because of its unique and specific nature. Young (2016) acknowledged this, stating, “Music therapy is a profession in its own right, and requires its own unique set of multicultural music therapy competencies. This is especially evident in terms of the multicultural musical skills and knowledge required for clinicians to work effectively” (p. 200). With all of this in mind, although there is increased movement towards music therapy specific training in multiculturalism, there is room for growth. We learned from Topozada (1995) that “many who have received no such training stated that they feel the effects of not learning about other cultures during their education” (p. 82). Thus, the continued relative absence of cultural responsiveness training specific to music therapy is a significant curricular deficiency that can have an effect on clinical practice later in students’ professional practice, and that in the end negatively impacts clients. Ultimately, given evidence in the literature, cultural responsiveness training should not be optional for music therapists, and it should not just be an area of proficiency that is marked as complete and never revisited. It is my view that cultural responsiveness should be an all-encompassing approach to clinical practice that is initially fostered in our undergraduate and equivalency training programs, then further embraced and advanced throughout music therapists’ careers, with **specific** requirements set by the credentialing body.

### **Logistical Barriers to Music Therapy-Specific Training**

Despite all of the empirical support for increasing and improving cultural responsiveness in music therapy programs, there are entrenched logistical barriers that thwart progress towards

this end. Bradt (1997) asserted that neglect of multiculturalism in music therapy is rooted in the field's overall lack of attention to ethics. This may indicate that ethics and cultural responsiveness are inextricably linked, perhaps because of the moral implications of attending to cultural issues in clinical practice. Topozada (1995) deduced that because of the interdisciplinary nature of the music therapy degree, "music therapists face the challenge of acquiring an adequate education while not overburdening themselves" (p. 71). In like fashion, Ferrer's study (2017) conveyed a general sentiment among music therapy clinicians and faculty that the disproportionate amount of general education coursework and music school requirements demanded by our degree programs detracts from vital clinical education and experience, including cultural responsiveness training. **According to the American Music Therapy Association Standards for Education and Clinical Training (2018), musical foundations and general education coursework encompass between 65-70% of the music therapy degree program while music therapy and clinical foundations account for only 30%. Unbalanced and exorbitant workloads are a significant obstacle to improving cultural responsiveness training in music therapy degree programs.**

When the design of our music therapy programs are already saturated with so much essential educational content, it leaves educators to weigh what areas of proficiency, if any, should get sacrificed. Estrella (2001) identified a shift of responsibility for multicultural training from music therapy academic programs to internships and workplaces and suggested that this is due to "the lack of formal music therapy resources for multicultural training, and the perception of most music therapists that they will learn about multicultural issues at their jobs" (p. 43). There is the expectation that music therapy students will encounter multicultural experiences on-the-job, but with no guarantee that they will be receiving formalized training in navigating

cultural influences. Topozada (1995) also cited the practical difficulty of the potential dearth of qualified professors to teach music from a diversity of cultures or to promote cultural self-awareness and cultural responsiveness. Perhaps because of the lack of emphasis on, or availability of, cultural responsiveness training for new professionals, it has become a cyclical and systemic challenge for the field. Overall, the existing explorations of cultural responsiveness in music therapy have indicated that advancing our current training in the field is easier said than done.

### **The Barrier of Lack of Diversity**

One of the most apparent explanations for the neglect of cultural influences and training is the profession's lack of diversity. Kenny (2006) initiated important questions for music therapy training programs on the topic of cultural influences, asking, "Does the body of administrators, educators, and students represent the demographics of the region? In other words, are all cultural groups in the region represented in music therapy programs?" (p. 212). Music therapy literature referring to the field's demographics indicates resounding discontent (Ferrer, 2017). In her study on perspectives of music therapy educators and AMTA board members, Ferrer (2017) discovered a theme of participants acknowledging the lack of cultural diversity in the field, and she implied that this is problematic due to music therapists' identities not being representative of the clients they serve. This imbalance in levels of privilege is significant because it indicates that the majority of music therapists may not connect with their clients' cultural experiences. Additionally, the absence of diversity reveals structural inequality within the profession. Ferrer's study (2017) offered a potential explanation, acknowledging the bias of music therapy programs in the United States towards Western classical music. This hinders many students (who may be ethnic minorities, low socioeconomic status, etc.), who primarily engage



with jazz, Hip Hop, pop, electronic, and other forms of music, from entering the field. Ferrer (2017) and Kenny (2006) vaguely explored how the field's demographics may be related to inadequate attention to cultural responsiveness, but this requires further investigation.

Beyond practical and logistical barriers within the field, there are also challenges to the field that are based more in structural hegemony. Hadley and Norris (2016) asserted that it is essential to not only identify the gaps in music therapy training with cultural minorities, but also to critique existing dominant perspectives in the field. The purpose of these suggested critiques is to expose the basis of the exclusion of cultural responsiveness training and acknowledge prominent power dynamics in music therapy. For example, Hadley (2013) directly confronted this systematic homogeneity, stating, "...given that creative arts therapists are predominantly white, heterosexual, and [non-disabled], it is easy to be complicit with these dominant narratives in our society. We need to work actively to increase diversity within our professions. There are very few counter-voices in our professions and they may be reticent to share their experiences or may not feel safe to do this" (p. 379). She argued that the prevailing privileged cultural identities within music therapy construct the foundation of the field's indifference towards cultural responsiveness. Further, she offered that this structural dynamic silences voices of music therapists on the underside of power. Accordingly, the 2018 AMTA Member Survey and Workforce Analysis reported that 88.4% of the field identifies as white (p. 9). Estrella (2001) similarly mentioned our profession's whiteness, attributing its significance to our current sociopolitical landscape. With all this in mind, the neglect of cultural responsiveness in music therapy may be related to the phenomenon of white fragility — a widespread defensiveness response from white people in the face of racial discomfort (DiAngelo, 2018). Overall, in considering increased attention to cultural responsiveness in the field, it is important for

discourse around this topic to go beyond surface-level self-awareness and learning the basics of world music — it needs to include recognition of systems of power and oppression, and how the field of music therapy can avoid perpetuating hegemony.

### **Solutions Offered by Literature that have yet to be Implemented**

Music therapy literature has offered various recommendations for progressing the field towards increased cultural responsiveness. Bradt (1997) and Estrella (2001) proposed targeting efforts toward music therapy training programs, and Chase (2003) echoed this idea by advocating for the inclusion of multiculturalism in undergraduate programs “so that students will have early exposure of cultural issues in therapy practice” (p. 87). Despite these attempts at considering a systems perspective and advising intervention at the foundations of our training programs, changes have been limited. Young (2009) suggested targeting efforts towards internship supervisors, arguing that they “should be required to obtain a minimum amount of continuing education credits per five-year cycle that pertain specifically to multicultural music therapy internship supervision in order to maintain ‘approved internship supervisor’ status with their professional associations” (p. 200). Unfortunately, AMTA may *need* to enforce a requirement like this in order for supervisors to engage in professional development on the topic of cultural responsiveness, as this is not occurring on its own. A policy with consequences for non-compliance, such as this, demands attention to this subject and demonstrates that the field values cultural responsiveness. *Embedding cultural responsiveness within the AMTA Code of Ethics (2019) may be necessary for changes to occur, as the only current acknowledgements of culture are vague and ambiguous, such as “1.8 acquire knowledge and information about the specific cultural group(s) with whom they work, seeking supervision and education as needed,” and “2.3 be aware and accepting of client's individual factors and cultural differences in the*

treatment process.” However, creating policies related to cultural responsiveness would not necessarily evoke *quality* attention to this topic, and this would follow a mandatory ethical standards framework rather than aspirational ethics. Overall, more explicit policies may be necessary, but policy changes alone would be insufficient.

Discourse on cultural responsiveness in music therapy emphasizes the role of supervisors and educators, suggesting that as the field’s gatekeepers and guides, they are the ones responsible for the duty of advancing cultural responsiveness. Estrella (2001) stated that, “Supervisors must hold the agencies they work for accountable for attention to issues of social justice and multiculturalism” (p. 61). This statement contends that music therapy supervisors have the power to influence the authority of their institutions, and that they must advocate for values of diversity, inclusion, and social justice. Having said that, Topozada (1995) remarked, “In universities which do not offer music students exposure to different cultures, most of the burden will fall upon the professors of music therapy. It is they who must take the time to discover new source materials for use in the classroom” (p. 85). This implies that music therapy educators have the obligation to establish resources for students to learn songs from different ethnic groups even when it is not valued in their respective music school at large.

In order to understand how cultural responsiveness functions in music therapy, Estrella (2001) asserted, “Supervisors of music therapy must take an active role in moving the profession forward, by first becoming educated and sensitized to the role and impact of culture on their own lives, on the music therapy encounter, and then on the supervisory experience” (p. 61). This poses an enormous trial for music therapy supervisors, as there are various challenging tasks at hand. However, Young (2009) designated music therapy as “a profession that would in and of itself be considered a multicultural phenomenon” and expresses hope for “supervisors, educators,

and clinicians to advocate and actively work toward integrating multicultural competencies” (p. 201). Similarly, Topozada (1995) suggested increasing “the cultural sensitivity of the training programs in general” along with asserting that “music therapy students should be taught to consider culture as an important factor in all aspects of therapy” (p. 81). Therefore, despite the obstacles, music therapy faculty and supervisors must push for the field to become more attentive to cultural influences and social justice, **as it is ethically responsible** and indispensable to the therapeutic process.

There is an inclination in the field of music therapy to support cultural responsiveness, especially since this is ultimately in the interest of the clients being served. In Topozada’s (1995) study on music therapists’ attitudes and knowledge of multicultural issues, she acknowledged, “All students learn to design age-appropriate and population-appropriate activities; why should they not also learn to conduct ‘culturally-appropriate’ sessions as part of their general training?” (p. 81). This is a significant recognition and critique of foundational music therapy training. The lack of attention to culture when perhaps other aspects of humanity are prioritized is a systemic lapse in judgment. Her study demonstrated strong backing of music therapists toward multicultural issues, but revealed that “the need for further training is evidenced by the fact that, in this study, strong support was accompanied by an admitted need for further knowledge and skills” (p. 84). This demonstrates the paradox of the field valuing multiculturalism as a whole, but needing the fundamental skills and training in order to act on behalf of that value. **As seen above**, the long-held pattern of music therapy unintentionally disregarding culture needs to be disrupted by an intervention of cultural responsiveness trainings and academic programs incorporating it within their curriculums. As Hadley (2013) stated, “We need to explore ways to make our teaching practices more emancipatory, liberatory, or disruptive

of the status quo and reduce ways in which they reinforce oppressive practice” (p. 379). To put it another way, it is not enough to expose students to cultural responsiveness training, but it is also necessary to interrogate how dominant teaching practices may be perpetuating oppression. This implies that not only is it important to add **supplemental cultural responsiveness** trainings, but to alter **undergraduate** music therapy education at its foundations by **“teaching the teachers”** in order to align with values of equity, diversity, and social justice.

### **Trend of Superficial Attention to Cultural Issues**

Although the field of music therapy may appear to be attending to cultural influences, this literature review suggested that this is occurring only on a trivial level (Topozada, 1995; Young, 2009). **As of 2018, the American Music Therapy Association Standards for Education and Clinical Training includes ethnomusicology in the standards for Master’s degrees, but not for Bachelor’s degrees.** Although some music therapy programs may incorporate more or less attention to cultural influences, minimal inclusion of culture is common practice. Moreno (1988) suggested, “Music therapists should be familiar with a wide variety of ethnic musical idioms to enhance the possibility of establishing effective musical and interpersonal communication with clients from diverse ethnic backgrounds” (p. 19). By contrast, Topozada (1995) stated, “Simply learning a few ‘ethnically diverse’ musical idioms is not enough” (p. 72). Learning these short musical expressions without in-depth education about the sociocultural considerations and dynamics at play risks cultural appropriation. Cultural appropriation is defined by Young (2008) as a phenomenon where “members of one culture (*outsiders*) take for their own, or for their own use, items produced by a member or members of another culture (*insiders*)” (p. 5). To be conscientious of avoiding cultural appropriation or other cultural missteps, Young (2009) asserted, “...music therapists need to understand the various roles that music plays in different

cultural contexts (i.e., healing, spiritual, etc.) and be able to adjust their musical interventions to meet both the over-arching cultural needs and the unique individual needs of each client” (p. 200). Thus, it is essential to go beyond the technical skills of learning to play cultural musics. Music therapists must learn and understand the complex relationship between music, culture, and the diverse clients that they work with.

The multiple ways that culture is connected to music therapy practice is not reflected in the structure of music therapy training programs. Given this, Kenny (2006) asked music therapy educators important questions, such as, “Does the curriculum have one token ‘multicultural course,’ or is the entire curriculum infused with cultural issues? In other words, do all courses provide opportunities for serious dialogues in issues of culture?” (p. 212). This is to say: a) culture cannot be separated from clinical work, b) culture cannot be separated from music, and therefore, c) culture cannot be separated from music therapy. Therefore, cultural conversations **should** be occurring in each music therapy course. Kenny (2006) further asserted, “Unless we view the task as multidimensional and complex, we are missing the mark. There are far too many programs in music therapy and other training fields that offer only token solutions to the cultural questions, or leave it out entirely. This is not a time for rhetoric, but rather for integrity and leadership” (p. 213). This argument is stated with a sense of seriousness and urgency, and it highlights the multifaceted nature of multicultural education.

Along the lines of asserting the importance of cultural responsiveness, Hadley and Norris (2016) contended that “musical cultural competence can be achieved only once music therapists begin the process of transformational learning needed for more authentic self-awareness” (p. 129). That said, the current structure of music therapy programs is not consistent with this reasoning, as AMTA’s Advanced Competencies (2017) appeared more focused on technical

skills than transformational learning. Kenny (2006) suggested it is necessary to “resist the temptation to believe that there is one easy answer” in regards to navigating multicultural issues in clinical situations (p. 213). However, especially considering the structure of the questions on the CBMT examination, the field appears to value having “one easy answer” over acknowledging complexity and nuance (Certification Board for Music Therapists, 2015).

Topozada (1995) shared that the rationale for emphasizing technical competence was likely that mere cultural exposure was believed to inherently challenge students’ attitudes and world views. However, she reported that “...increased knowledge may not result in improved multicultural attitudes” (p. 83). This supported the argument that multicultural coursework that is *only* informational may not enrich cultural responsiveness as it is intended. Hadley and Norris (2016) compellingly asserted, “...if music therapists focus on attaining skills in music from various cultures before working on self-awareness and socio-political awareness with respect to culture, they can engage in problematic practices, which could contribute to cultural stress for the client(s), could cause harm in the therapeutic relationship, and could negatively impact the therapeutic process” (p. 130). This highlighted the potential for harm influenced by music therapists’ cultural ignorance. Taking all of these arguments into account demonstrates the need for transformational multicultural pedagogy in the field of music therapy.

### **The Relevance of Cultural Influences for Every Music Therapist**

Regardless of a music therapist’s personal values and beliefs outside of the clinical space, attending to cultural influences is necessary in order to provide the highest quality of care.

Topozada (1995) acknowledged the impossibility of music therapists exclusively serving clients who they share cultural identities with, and adds that this also would not necessarily be advisable. **To put it another way, every client has cultural and linguistic needs. Cultural context,**

including that of the music therapist, influences therapeutic practice. She denotes the importance of self-awareness and cross-cultural awareness because of culture's impact on social interactions and the contextual nature of what constitutes normal behavior. Therefore, it is also important to examine values of the dominant culture and how they may be influencing the work. Estrella (2001) echoed this idea, recognizing that "psychological, physical, cognitive, and social functioning is defined by culture" (p. 41). Thus, cultural influences should be of concern to every music therapist. Topozada (1995) stated, "[Multicultural education] gives therapists conceptual frameworks around which to base information they receive from and about the client. These frameworks may then be modified to meet the needs of particular individuals" (p. 69). Likewise, in their article on cultural issues in music therapy at the end of life, Dileo and Starr (2005) recognized "that it is not possible for music therapists to be experts on all cultures, religions, and spiritual and healing traditions," however, "it is possible for them to have a basic understanding of how these issues affect patients at the end of life" (p. 92-93). All of that is to say, studying cultural responsiveness is important for providing schemas to understand cultural dynamics in therapy, and that these foundational structures are not inflexible.

Regardless of political affiliation, it makes sense that every practicing music therapist should value social justice, as social justice is a principle that emphasizes equality, dignity, and fairness, which would ultimately benefit the clients that music therapists serve. Over 20 years ago, Topozada (1995) argued, "Given the resurgence of overt racism and hate crimes evident in media reports, multicultural education must be seen not just as important but as imperative" (p. 85). This is just as relevant in 2019. Since music therapy is not a practice that exists within a vacuum, social and political contexts play a significant role in the therapeutic process. Additionally, clear and obvious acts of oppression may be more easily distinguishable and



simpler to avoid than **microaggressions**, defined as “brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative... slights and insults to the target person or group” (Sue et al., 2007, p. 273). **Avoiding microaggressions** connects with music therapy, as “acting musically in accordance with the client’s repertoire of musical codes means not only a better foundation for musical dialogues but also a basic respect for the musical identity of the client, her ‘musical human rights,’ and ultimately her human dignity” (Ruud, 1998, p. 26). Thus, demonstrating a thorough understanding of cultural musics would demonstrate respect and reverence for the client as a *whole* person rather than just viewing them as a set of symptoms needing to be intervened.

Hadley and Norris (2016) asserted, “...beyond self- and sociopolitical awareness, to effectively work within a multicultural worldview, one must move from awareness to praxis. This requires a commitment to working toward social justice” (p. 130). This requires ongoing engagement and action towards this end, and this is highlighted through cultural *responsiveness* and culturally *sustaining* practice rather than cultural humility, sensitivity, competence, etc. Ultimately, cultural responsiveness and social justice should be important to every practicing music therapist, and it is time for the field to re-evaluate how cultural influences are embedded in our music therapy training programs.

### **Purpose Statement**

**The purpose of this study was to explore a sample of music therapy educators’ perspectives on cultural responsiveness in music therapy, particularly on what they consider to be the potentials and barriers to cultural responsiveness in the field and its training programs. The research questions included:**

How do music therapy professors define cultural responsiveness?

What recommendations do music therapy professors have for cultivating cultural responsiveness in music therapy training programs?

What are the potentials and barriers to cultural responsiveness in the field?

## **Method**

### **Theoretical Framework**

Due to its ontological and epistemological position, this study adopts an interpretivist, or qualitative, perspective. The ontology of an interpretivist paradigm presumes that “reality and truth are multiple human constructions rather than objective absolutes” and that “there is not one reality or truth—there are many” (Wheeler & Bruscia, 2016, p. 113). Along with this, the epistemology of an interpretivist paradigm is grounded in the notion that “humans construct reality and truth as they interpret their experiences of and in the world; all knowledge is grounded in our unique experiences” (Wheeler & Bruscia, 2016, p. 113). Some of the premises that guide interpretivist research are: a) a focus on subjectivity, b) an aim to understand how human beings make meaning, c) exploratory data collection methods, d) reflexivity of the researcher by monitoring the influence of their values and beliefs and ensuring integrity of the data, and e) acknowledgment that data interpretation is context-bound (Wheeler, 2016).

### **Research Methodology**

A focus group discussion is an interpretivist approach that aims to achieve an in-depth, comprehensive understanding of a topic. According to Jackson (2012), “focus group interviews are a flexible methodology that permit the gathering of a large amount of information from many people in a fairly short amount of time” (p. 90). Additionally, its flexibility allows for exploration of topics based on the emerging discourse. This methodology is comparable to

qualitative interviewing, but the researcher facilitates a group discussion between participants and plays a more peripheral role. According to Edmunds (1999), online focus groups are advantageous as they have the potential to be anonymous, increase convenience and comfort, accelerate the research process, and reach a broad geographic scope. They can also be conducted asynchronously, meaning that participants can contribute to the discussion at any time (Murray, 1997). The data analysis for this study was not focused on reactions of the participants, but rather an in-depth exploration of potentials and barriers to cultural responsiveness in the field of music therapy. Thus, although online focus groups limit the exploration of spontaneous communication or facial expressions, it was a beneficial methodology for this research.

#### **Rationale for focus group.**

Cultural responsiveness is a dynamic and complex concept that holds different meanings for clinicians and educators depending on their context and value system. Therefore, a focus group methodology was chosen to explore the research questions because it allows participants to respond to and build on one another. Rather than conducting multiple individual interviews that may have independently enabled similar themes, a focus group discussion allows participants to engage in a productive dialogue and empowers them to influence the dynamics of the discussion. Because of the open-ended conversation amongst the participants, topics are freer flowing and participants may enrich the data by expanding on what has already been stated. Through active participation in discourse, participants may gain insight into their own pedagogical practices. Within the framework of focus group interviews, I aimed to provide an exploratory space for participants to share their insights and experiences as music therapy faculty, leading to the formulation of ideas on how to more effectively address cultural responsiveness as a field.

### **Recruitment procedures.**

Due to the specialized nature of this topic, a purposive sample was used to select music therapy educators who have a noted interest in cultural responsiveness indicated by publications or conference presentation topics. In addition to purposive sampling, maximum variation sampling was used to select music therapy educators from the seven regions of the American Music Therapy Association (AMTA), which are divided into Western, Midwestern, Southwestern, Southeastern, New England, Mid-Atlantic, and Great Lakes regions. These educators were personally emailed and recruited to participate. For any educator from any given region who declined participation, an alternate was identified. All regions of AMTA were represented in the study.

### **Participant demographics.**

After meeting the above criteria of a noted interest in cultural responsiveness and being from different regions of AMTA, educators who were ethnic minorities or of other marginalized identities were prioritized in an effort to achieve demographic diversity.

Table 1

#### *Participant Demographics*

<b>Gender</b>	<b>Race</b>	<b>Sexuality</b>	<b>Ability</b>	<b>Years in the Field</b>
Cis woman (n=5)	Person of color (n=4)	Straight (n=6)	Non-disabled (n=6)	Between 7-25 years
Genderqueer person (n=1)	White (n=3)	Queer (n=1)	Disabled (n=1)	Average: 14 years
Cis man (n=1)				

### **Data Collection Procedures**

After receiving an email indicating the participants' willingness to be involved in the study, all participants were sent an informed consent form (see Appendix A), a reference list, and

the semi-structured discussion questions (see Appendix B). Participants were informed that they would be participating in the focus group through an online discussion forum on the online platform PlushForums. In an effort to maintain confidentiality in a small professional field, participants were each given a de-identified username (such as Participant 1, 2, 3, etc.) and an individualized confidential password corresponding with their email. All questions were posted on different discussion boards. Participants were asked to respond to each question at their convenience between October 2018 and February 2019. It was requested for participants to read all prior answers before composing their post in order to enrich the discussion.

### **Ethical considerations.**

Considering that the participant group comprised music therapy educators with a special interest in this topic, there was the risk for fellow participants to be able to identify one another. In an effort to mitigate **risk of confidentiality breaches**, geographic information (such as the region, state, or city) that might identify the educator or program was removed from the results section. Anonymity was emphasized in this study, especially since responses may be critical of academic programs, faculty, or accrediting bodies. Additionally, this topic had the potential to evoke feelings of inadequacy in educators related to the structures of their respective academic programs. To mitigate the risk of feelings of inadequacy, the questions asked about the music therapy field as a whole, and the sample purposively consisted of educators who were already considering issues of cultural responsiveness in their pedagogical practices.

### **Data Analysis and Interpretation Procedures**

Interpretivist research is an “iterative process that begins with a general curiosity about a phenomenon or personal experience” (Darrow, 2016, p. 419). The discussion board responses were read and re-read in order to procure meaning and to identify the pieces of data that had the

most value. Analysis was focused on participants' meanings, synthesis of the data, and conclusions drawn based on the progression of the discourse. I aimed to be reflexive throughout this process by **using analytic memos** to acknowledge how my frustrations as a person of color in the field influenced the data I emphasized while also paying special attention to concrete ideas for improvement in music therapy training programs.

Each discussion board post was read as individual posts were made, and then each discussion was read as a whole once the forum was closed to new responses. All the data was copied into individual word documents, separated by question answered. Then, the data was uploaded into ATLAS.ti, a qualitative data analysis and research software program. Data was then coded by selecting significant quotes, identifying themes or patterns, and establishing a holistic account of the multiple perspectives. The coding procedure was consistent with Tesch's (1990) coding process. As I re-read and coded the data, similar topics were clustered together to reduce the total number, codes were categorized and consolidated, and interrelationships between the codes were drawn. To ensure validity, contradictory evidence was identified and coded, responses to seemingly unrelated questions were triangulated, and active self-reflection took place in a weekly thesis supervision group.

**Member checking.** Following confirmation of the final set of themes and sub-themes, the researcher participated in member checking and by sending the findings back to the participants to evaluate the validity of my interpretations of their respective narratives. All participants responded and confirmed that my understandings of what they expressed were accurate.

## Results

The purpose of this study was to examine how music therapy professors' subjectively view cultural responsiveness in their pedagogical practices, the potentials and barriers to culturally responsive approaches in music therapy education, and the meaning they attribute to it.

Participants answered a total of 11 questions regarding their definitions of cultural responsiveness, training needs, and potentials and barriers to cultural responsiveness in music therapy pedagogy. Their responses addressed structural considerations, educational approaches, the demographics of the field, organizational concerns, comprehensive observations, and personal intentions. There was also an overarching theme and emphasis on the importance of this topic.

Six themes with 34 sub-themes were revealed during data analysis. The six categorical themes included a) defining cultural responsiveness, b) relevance to clinical practice, c) approaches in education, d) preparedness, e) institutional attitudes, and f) barriers. Responses demonstrated interconnected relationships, sometimes building on one another or sometimes existing in juxtaposition. These perspectives were examined with consideration of each participant's cultural context.

In this section, each theme and corresponding sub-themes will be explicated, with narrative passages (quotations) provided to convey the richness of the findings. To ensure confidentiality, each participant has been assigned a number and efforts were made to exclude potentially identifying information without disrupting the essence of the data. Because of the specificity of the sample, participant numbers are not linked to their identifying information.

Participants' identities were anonymous to one another, but were known by me. Overarching observations of the data analysis will be elaborated in the discussion section. Quotes will be

placed in quotation marks when within the text body and italicized when given their own paragraph for ease of reading.

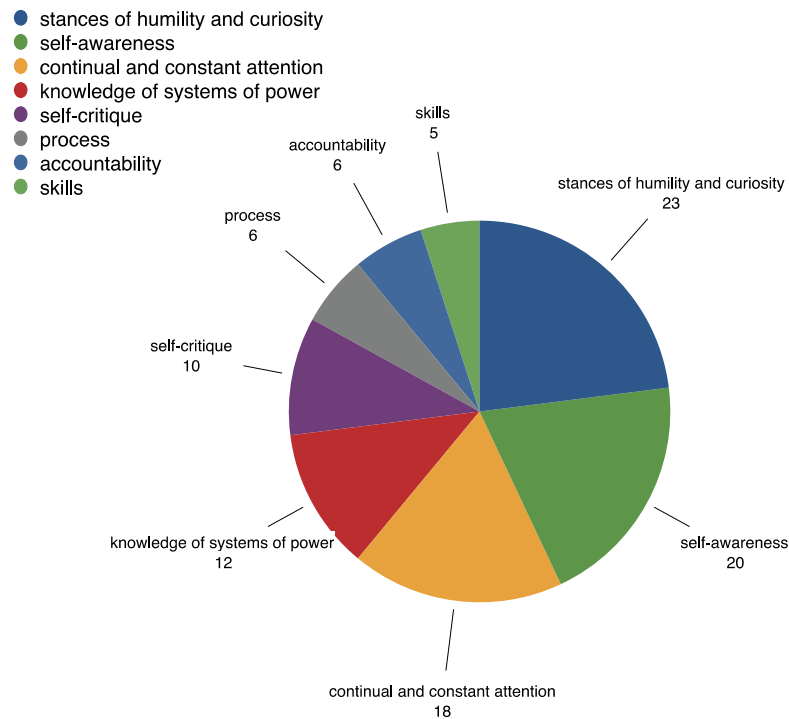


*Figure 1.* Themes. This figure displays themes “discovered” in the data and number of codes associated with each, including defining cultural responsiveness (100), relevance to clinical practice (21), approaches in education (102), preparedness (37), institutional attitudes (53), and barriers (52).

### **Defining Cultural Responsiveness**

This theme had 100 occurrences and includes codes in which participants described elements contributing to their definitions of cultural responsiveness. It includes sub-themes of: stances of humility and curiosity, self-awareness, continual and constant attention, knowledge of systems of power, self-critique, process, accountability, and skills.





*Figure 2.* Defining Cultural Responsiveness. This figure displays sub-themes and number of occurrences found in the category of defining cultural responsiveness and includes the codes: stances of humility and curiosity (23), self-awareness (20), continual and constant attention (18), knowledge of systems of power (12), self-critique (10), process (6), accountability (6), and skills (5).

**Stances of humility and curiosity.** Participants advocated for a stance of humility and curiosity amongst educators and clinicians in the interest of cultural responsiveness. They described this as encompassing a quality of authenticity, an interest in learning about others, and an openness to new ideas. Participant 3 defined cultural responsiveness as:

*...maintaining a stance of humility that allows one to remain open to learning and growing, and even to sit with the ambiguities of seemingly contradictory, paradoxical elements of culture.*

Participants also emphasized the importance of mutuality and transparency to prevent cultural exploitation and cultivate genuineness. They acknowledged considerations of cross-cultural interactions and learning, while encouraging in-depth listening and empathic inquiries. Overall, participants highlighted humility and curiosity as significant aspects of cultural responsiveness.

**Self-awareness.** Participants consistently acknowledged the importance of self-awareness as a component of cultural responsiveness. They described that this involves reflection, noticing personal biases, acknowledgement of their own privilege, and combatting denial and defensiveness. Participant 1 made suggestions for improving self-awareness, stating: *I continue supervision and work within peer supervision groups, read as much as I can, I engage in an artistic process exploring intersectional identity and my attitudes and experiences pertaining to power, oppression, and privilege.*

**Continual and constant attention.** Most of the definitions of cultural responsiveness echoed the sentiment of this being a lifelong learning process requiring constant attention. There were assertions that there is never a point of completion, and participants observed feeling like they will never be satisfied or “good enough.” Nevertheless, this lack of gratification may contribute to their resistance of complacency. Overall, despite all of the participants being established music therapy educators, there was an emphasis on their own continual learning.

**Knowledge of systems of power.** Participants discussed the importance of music therapists attending to systems of power, privilege, and inequality in the classroom, clinical environments, and the world at large. In particular, they asserted that this would require observing power dynamics at play in these spaces and thoughtfully addressing them. At the same time, they connected this knowledge of systems of power with the importance of self-awareness,

suggesting that clinicians and educators have an awareness of how they themselves may *both* benefit from *and* be disempowered by these systems. **Acknowledgement and awareness of privilege was emphasized due to clinicians and educators being in a position of power.**

Participant 6 wished for support beyond having conversations *about* these systems of power — but also how to have these conversations *within* these systems of power, asserting:

*Individual faculty members especially need support around not just how to facilitate difficult conversations involving power and privilege in the classroom, but also with senior faculty and administration realizing that student evaluations and comments can be laden with bias.*

**Self-critique.** Not only did participants emphasize the importance of self-critique as a component of cultural responsiveness, they also demonstrated examples of self-critique in their answers by critically examining themselves. They advocated for not only receiving advice and feedback from others when it spontaneously occurs, but to also actively pursue feedback even when it is not immediately accessible. Participant 2 also noted the importance of enabling marginalized individuals to provide feedback, stating:

*I honor the cultural/subcultural elements my students and clients bring to the classes/sessions by learning from them humbly, allowing them to showcase the cultural elements they identify in their expressions, listening to their real life examples of what is appropriate vs inappropriate in their cultural context, and empowering them for expressing their concerns/discomfort when cultural conflicts are observed/sensed.*

**Process.** Participants described cultural responsiveness as a developmental process with a series of stages that gradually increase in depth. They also established that cultural responsiveness includes a series of values-based actions. There was a theme of describing it as a

*messy* process, meaning that it is not without mistakes and that it is also not linear. Participant 3 further delineates how this process would manifest in the classroom:

*...it must be a process of discovery, resulting from explorative dialogue within a "safe-enough" environment that includes and nurtures, while challenging present limits to creativity, curiosity, and imagination, relative to what it means to raise social and cultural consciousness.*

**Accountability.** Participants attested to the imperativeness of accountability in cultural responsiveness. There was an overall position that good intentions are not enough to authentically engage in cultural responsiveness; it requires committed action. In other words, they argued that consciousness and awareness of issues related to culture is insufficient. Beyond consciousness and awareness of issues related to culture, it was stressed that it is necessary to participate in a personal growth practice. At a systemic level, particularly considering music therapy programs as a whole, it was affirmed that cultural responsiveness needs to be exemplified through actual human relationships and not just exist as written in mission statements and program philosophies. Participant 7 paralleled the importance of accountability with ethical responsibility:

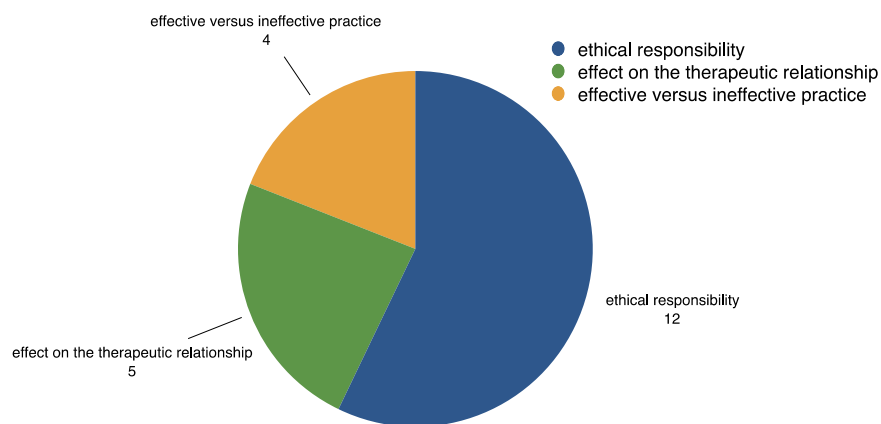
*As therapists and in teaching cultural responsiveness though, we and our students have a responsibility for having an awareness and taking responsibility that our actions in the clinic are as effective as possible to [take] a client, staff, environment's culture into account.*

**Skills.** Building on the notion of accountability, participants identified essential skills for culturally responsive music therapy clinicians and educators with the intention of endlessly trying to increase effectiveness and better outcomes. For example, some of these skills include the ability to find required resources, incorporation of critical theory into practice, deep listening,

exploratory practices, practicing compassion, and integration of **cultural responsiveness-related** course materials into clinical practice.

### Relevance to Clinical Practice

This theme had 21 occurrences and includes codes in which participants asserted the relevance of cultural responsiveness to clinical practice. It includes sub-themes of: ethical responsibility, effect on therapeutic relationship, and effective versus ineffective practice.



*Figure 3.* Relevance to clinical practice. This figure displays sub-themes and number of occurrences found in the category of relevance to clinical practice and includes the codes: ethical responsibility (12), effect on therapeutic relationship (5), and effective versus ineffective practice (4).

**Ethical responsibility.** Participants asserted that the primary relevance of cultural responsiveness is related to ethical responsibility. Due to this, there was also a sense of urgency in the responses, particularly with how cultural responsiveness is being addressed in the field of music therapy as a whole. They identified a need for education about cultural appropriation and microaggressions, arguing that this lack of knowledge contributes to the potential for harm in music therapy. Conclusively, they implied that these ethical concerns need to be addressed in

training programs. Participant 7 notes that addressing this is one of their intentions as an educator, expressing:

*I want my students to understand the implications of being ignorant of the cultural implications of the instruments, repertoire, and activities that they lead in the session in order to minimize psychological harm to clients.*

**Effect on the therapeutic relationship.** Participants maintained that therapeutic relationships are influenced by cultural contexts. As an example, they noted that cultural context impacts power dynamics and may influence abilities to perceive clients in more humanistic rather than objectifying ways. They explain that obtaining the skills to handle cultural dynamics in all-embracing ways will enable client empowerment and progress. Participant 1 explains:

*...it speaks to the student-therapists' ability to cultivate relationships that provide clients ground to navigate cultural selves in ways that expand and deepen the client's ways of being in the world.*

**Effective versus ineffective practice.** Participants described the influence of cultural responsiveness on effectiveness of delivered therapeutic services. They noted that the development of a music therapist's cultural responsiveness skills may impact outcomes of cross-cultural interactions in the clinical environment. They assert the importance of being as effective as possible, but acknowledged that denial and defensiveness may be barriers to effectiveness. Participant 7 acknowledges the gamut of cultural responsiveness:

*I think that everyone is "culturally responsive" since we and those we interact with are part of cultures and subcultures, but that an individual's skills related to cultural responsiveness run on a continuum of effective or ineffective, perhaps based on the interaction's intended outcome.*

### **Approaches in Education**

This theme had 102 occurrences and includes codes in which participants identify suggestions to music therapy training program structures and specific pedagogical techniques. The structure-related sub-themes were: dedicated course work (19), infused throughout the program (17), gradually increasing depth (11), beyond the classroom (9), and from the beginning (7). The pedagogical techniques were organized into sub-themes of: dialogical over technical (17), experiential learning (13), and learning with and from students (9).

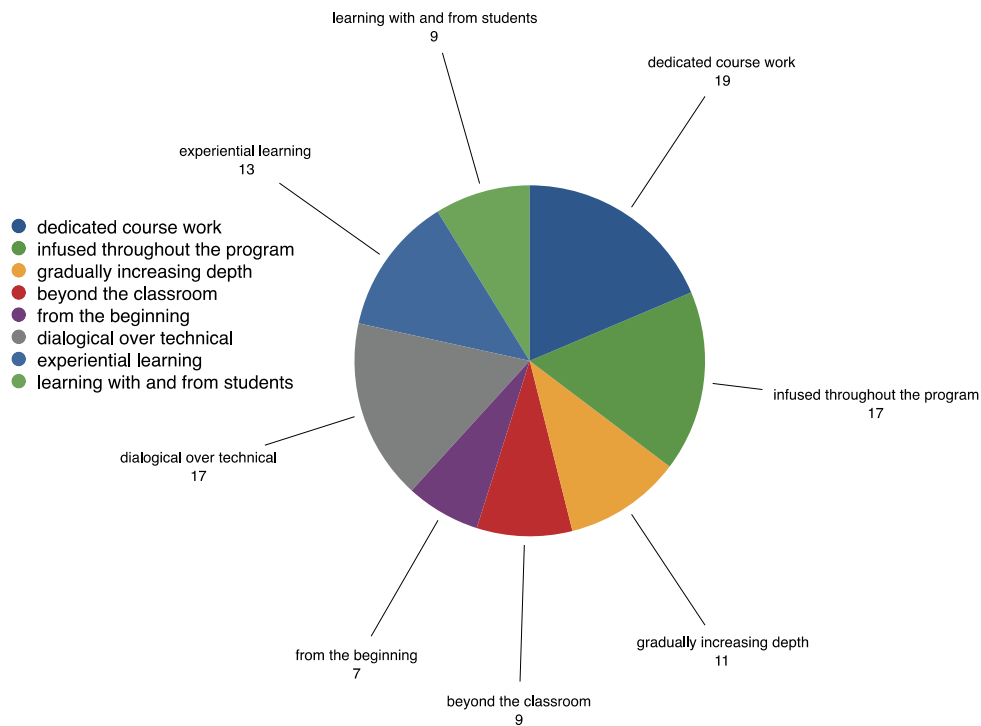


Figure 4. Approaches in education. This figure displays sub-themes and number of occurrences found in the category of approaches to education and includes the codes: dedicated course work (19), infused throughout the program (17), gradually increasing depth (11), beyond the classroom (9), from the beginning (7), dialogical over technical (17), experiential learning (13), and learning with and from students (9).

**Dedicated course work.** Participants asserted the importance of dedicated course work explicitly related to cultural responsiveness. For those who already offer this dedicated course

work in their program, this sentiment was more reflective. Participants who do not currently offer dedicated course work expressed this in a more aspirational manner. Reportedly, some training programs have required general education coursework in social justice related topics, but these classes may not acknowledge musical considerations. Thus, significant music-specific considerations were identified, such as: histories of instruments, the function of certain music in its intended culture, and world instrument skills. Participant 6 outlined some of these music-specific needs:

*This includes the history of music therapy not starting with the Greeks and the Romans, but indigenous peoples; learning skills on multiple world instruments, courses on social justice and cultural psychology, interdisciplinary studies in ethnomusicology, cultural immersion, foreign language study, for starters.*

**Infused throughout the program.** In addition to advocating for dedicated course work, participants argued that cultural responsiveness needs to be infused throughout the music therapy program. They elaborated that this would involve consistently, explicitly, and mindfully addressing cultural responsiveness in all the courses they teach as it relates to the context of the course topic. Their discussion generated the idea that this would facilitate an organic learning process. Responses emphasized integration of cultural responsiveness to enable its consideration as a force of habit and to ensure its perception as integral rather than supplemental. Participant 5 conveys the importance of cultural responsiveness integration:

*...it continually needs to be threaded throughout the program because our default option is to relate almost everything toward our own culture.*

**Gradually increasing depth.** Participants recognized the importance of slowly and gradually increasing depth when teaching cultural responsiveness. Parallel with acknowledging



cultural responsiveness as a process, they described learning it in stages starting with more surface level material and slowly transitioning into deeper levels of reflection and transformation. There seemed to be agreement amongst respondents that the engagement should start at the undergraduate level with (at least) cursory discussions, then move to grappling with more challenging concepts as the years progress, acknowledging that students farther along in their programs might have more clinical and life experience to which to relate the course material.

Participants hinted at graduate degree programs having a greater capacity, skillset, and responsibility for in-depth cultural responsiveness training. They implied that graduate students are the music therapy faculty of the future. With this in mind, incorporating more cultural responsiveness at the graduate level may lead to more systemic change. Some participants acknowledged that their own cultivation of these skills occurred at the graduate level. In contrast, one participant noted that there was no mention of cultural responsiveness at all in their graduate coursework. Participant 6 argued that cultural responsiveness should start in undergraduate programs:

*I often hear from music therapists that these issues are inappropriate for undergraduates and should only be introduced at the graduate level. While graduate level work can of course go into more depth, I could not disagree more. Undergraduate students, even 'traditional' students right out of high school, are absolutely capable of delving into this work and have an ethical responsibility as MT-BCs to be trained in and understand the impact of social and cultural issues on their clients.*

**Beyond the classroom.** Participants advised cultivating cultural responsiveness beyond the classroom, and encouraged educators to thoughtfully model cultural responsiveness in their

relationships with students. They asserted the importance of students having the skills to seek out their own resources for further development in order to continue their education beyond their training program and in their specific areas of interest. They encouraged going beyond theoretical learning by grounding themselves in cultural immersion, or seeking out lived cultural experiences that are outside of one's context. In addition, they emphasized exposure to musical cultures that are not their own and listening to music outside one's cultural context. They noted that doing this during a training program would allow space for processing the experience, allowing them to work through uneasiness and enabling a deeper understanding of other cultures and how they relate to them.

**Participant 1 provided an example of cultural immersion:**

*Many years ago, I was given a graduate assignment to experience something 'uncomfortable' and foreign to my usual pattern - mingle with the 'other', or do something out of our comfort zone - culturally speaking. While this may seem contrived, it did succeed in having me scan my so-called open-mindedness, and in overcoming the fear and discomfort of stepping across my own cultural boundary and thus, connect with another narrative.*

**From the beginning.** Participants consistently asserted that cultural responsiveness should be incorporated in music therapy training from the very beginning — even the first day of introductory courses. They expressed a desire to cultivate a perception that valuing cultural responsiveness is necessary to being in the profession. This relates to participants' emphasis on gradually increasing depth, implying that starting from the get-go will facilitate a greater magnitude of cultural responsiveness. Participant 1 stated:

*I think it is foundational to our teaching and practice so it should be discussed at the very start of the program and included in the first year curriculum. Our program has a course that*

*explores the cultural foundations of therapy in the first semester. Also, I've included this material at orientation in discussing the foundation of our work, done a workshop on cultural awareness and bias, and outlined the social and cultural foundations of each course at the start of each course.*

**Dialogical over technical.** Participants promoted dialogical, process-oriented learning over technical in order to effectively engage in cultural responsiveness. According to Shor and Freire (1987), “dialogical teaching” is defined as a “mutual learning process where the teacher poses critical problems for inquiry” and “rejects narrative lecturing where teacher talk silences and alienates students” (p. 11). Participants acknowledged that the field of music therapy, like many other clinical professions, values “bare minimum” technical competence over dialogical learning. For example, music therapy students are expected to graduate with fundamental music therapy theory knowledge, proficiencies on various musical instruments, and an adequate understanding of clinical practice. However, particularly with regard to cultural responsiveness, technical competency is insufficient. The educators who participated in this study expressed a need for a paradigm shift. They clarified that having proficiencies in different technical realms is important, especially because outcome-based assessments promote accountability, but they cautioned against generalizing cultural knowledge. Thus, technical skills in music therapy are critical, in addition to the ability to navigate through when, how, and why to apply these skills within various cultural contexts and relationships in clinical practice.

Participants highlighted the importance of having challenging discussions about power and privilege, providing space for opposing viewpoints, and leaning into discomfort in order to raise cultural consciousness. This requires educators to have the ability to foster courageous forums for these intellectually and emotionally stimulating conversations to take place, and to be able to

carefully handle defenses and projections that may manifest. It was suggested for educators to encourage deeper dialogues, to engage in supervision and consultation, to demonstrate genuine appreciation of clients' cultures, and to provide resources that will enable engagement in cultural responsiveness. Participant 3 shares their experience:

*... I have come to discover that I am most helpful in raising social and cultural consciousness in academia when I exercise humility, openness, and the capacity to listen. Social and cultural consciousness cannot, in my view, be 'taught' in the sense of imparting a specific knowledge set. Rather, it must be a process of discovery, resulting from explorative dialogue within a 'safe-enough' environment that includes and nurtures, while challenging present limits to creativity, curiosity, and imagination, relative to what it means to raise social and cultural consciousness.*

**Experiential learning.** In addition to dialogical methods of teaching/learning, participants highlighted the importance of experiential learning and transformative education. They suggested offering opportunities for real-life applications of cultural responsiveness, such as artistic engagement, adapted multicultural exercises (i.e. privilege walk), cultural immersion, and navigating through cross-cultural dynamics that arise in the clinical space. They advanced that it is not enough to have these theoretical conversations in the classroom; it is necessary to experientially leave one's cultural comfort zone. Consistent with these ideas, Participant 5 posits: *...one can't teach diversity without bringing it to life through lived context amongst multiple narratives.*

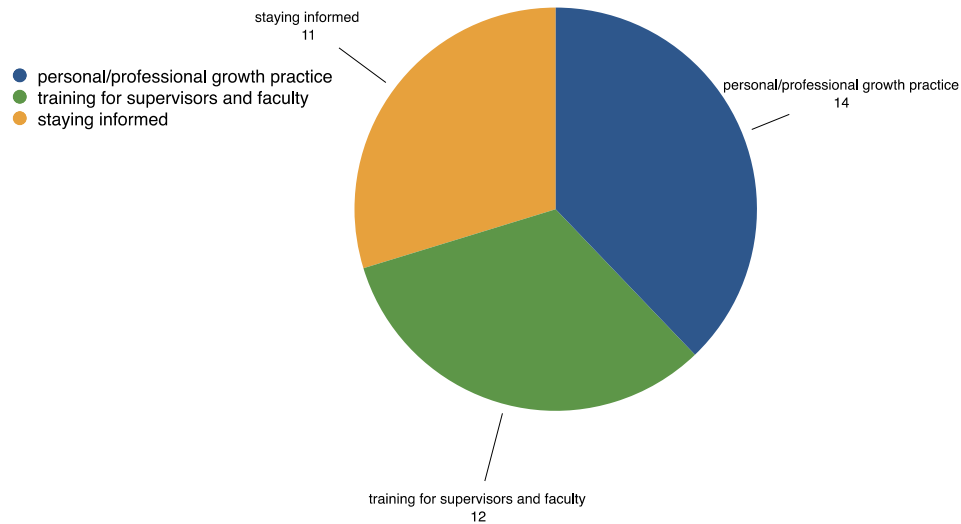
**Learning with and from students.** Participants underscored that educators need to learn alongside students. This yields a stance of humility — a willingness to learn *from* students and honestly acknowledging areas of uncertainty and growth. This does not mean relinquishing responsibility for facilitating students' education in this regard, as an educator should share their

knowledge and experiences, but as cultural responsiveness is a lifelong, continuous process, it is essential to continue learning even when in the role of the educator. They indicated that even when learning alongside students, educators need to have an awareness of challenges that may arise and approach them mindfully. Participant 4 demonstrates this stance of humility:

*Being a white person with privilege, I feel like I need to be very honest and clear about what I am doing to be culturally responsive, while also acknowledging that I don't have all of the answers. I try to be vulnerable, while also a good example of promoting personal and societal change. I discuss it at length in my classes and offer up outside resources. I share with them examples of people who are doing great work in these areas. I also tell the students that it is an imperative. Truthfully though, I see that they are oftentimes leading this charge more than my generation is. They make me feel hopeful for our future.*

### **Preparedness**

This theme had 37 occurrences and includes codes in which participants identify either techniques they currently engage in or suggestions to cultivate cultural responsiveness. The sub-themes were: personal growth practice (14), training for supervisors and faculty (12), and staying informed (11).



*Figure 5.* Preparedness. This figure displays sub-themes and number of occurrences found in the category of preparedness and includes the codes: personal growth practice (14), training for supervisors and faculty (12), and staying informed (11).

**Personal/professional growth practice.** Participants shared suggestions for personal growth practices that they either dedicate themselves to or make an effort to engage in. A pattern in the discussion emerged around self-care, cultivating social and political consciousness, getting involved in the community and activism, and engaging in constant conversations that relate to cultural responsiveness. They maintained that incorporating personal growth practices into the music therapy curriculum is important in order to assist students in developing their own self-awareness. They noted that sometimes figuring out a personal growth process can feel chaotic and disorganized, but that it is worth it in the effort to develop the confidence and qualities of a culturally responsive music therapist.

Examples the participants shared in terms of ways to engage in self-care and personal/professional development included: personal therapy, daily meditation practices, spiritual engagement, artistic and musical processes, and supervision — all with the intention to

explore issues related to power, oppression, and privilege. Participants highlighted involvement in the community at large, and offered an array of examples to advance social and political consciousness, such as surrounding oneself with socially and politically conscious people, reading, and keeping up with the news. The discussion provided suggestions for engaging in culturally responsive dialogues, such as: engaging in them constantly, maintaining a practice of deep listening, being honest about missteps, staying open to learning and growing, sitting with ambiguities and contradictions, managing anger and frustration, and not forgetting to attend to positive changes. Participant 1 shared their personal/professional growth practice:

*I also make effort to be up to date with various concepts and local, national, and global events; keep a pulse on social media; attend conferences and workshops; present at conferences as a means of education but more importantly resistance; listen to a variety of music and audiobooks about people's experiences (celebration of humanity as well as our dehumanization) or how to become a more critically rooted educator.*

**Training for supervisors and faculty.** There was an overall sentiment that training for supervisors and faculty should be required and should not be viewed as supplemental or optional. Beyond teaching students and future music therapy clinicians *how* to be culturally responsive, participants highlighted that educators should be culturally responsive in the ways they teach their students, particularly those with marginalized and intersecting identities. Some participants shared feeling like their university programs support and encourage this kind of training, and they shared the steps they took to feel prepared, such as specialized training and working with mentors. Others shared feeling uncertain about their own ability (and others' abilities) to teach cultural responsiveness due to all of the unknowns and lack of information on this topic. There

was also an overall sense of urgency in the discussion, possibly due to the lack of available training combined with the ethical implications of this topic. Participant 5 stated:

*...who do we think we are that we can teach this? We know it belongs in the curriculum, but do we actually know how to advance cultural awareness - and can we agree as to what that means? I think a definition is required before we can build anything into our curriculum.*

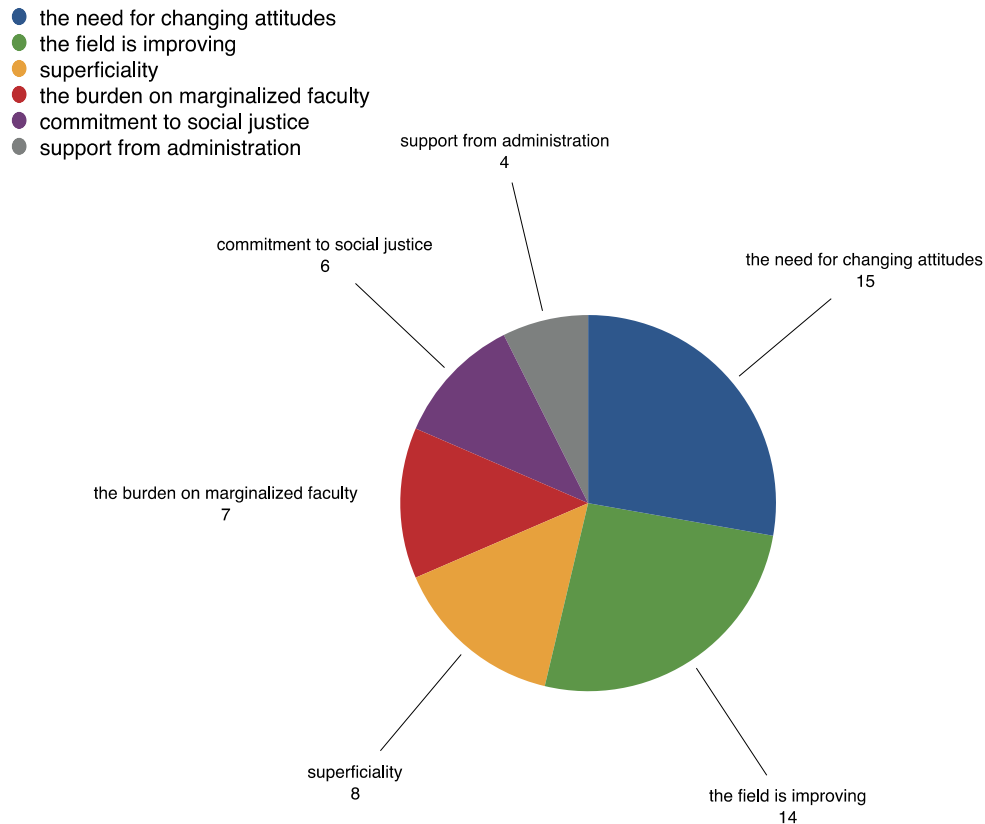
**Staying informed.** Related to a personal/professional growth practice, participants emphasized the importance of staying informed. They discussed following the news, exposing oneself to different views from their own, listening to podcasts, and keeping up with research on these topics. In addition, as cultural responsiveness is a continual and constant growth process, they advised resisting complacency in the efforts to stay informed. Participant 2 shared:

*I consistently make an effort to engage with ideas, people, and situations that make me uncomfortable in an effort to raise my cultural consciousness. Diversity of viewpoint is one of my personal values.*

### **Institutional Attitudes**

This theme had 53 occurrences and includes codes in which participants discuss either the attitudes of their individual institutions or their perceptions of attitudes regarding cultural responsiveness in the field at large. The sub-themes were: the need for changing attitudes (15), the field is improving (13), superficiality (8), the burden on marginalized faculty (7), commitment to social justice (6), and support from administration (4).





*Figure 6.* Institutional attitudes. This figure displays sub-themes and number of occurrences found in the category of institutional attitudes and includes the codes: the need for changing attitudes (15), the field is improving (14), superficiality (8), the burden on marginalized faculty (7), commitment to social justice (6), and support from administration (3).

**The need for changing attitudes.** Participants asserted that there is an overall need for changing attitudes within the field and amongst their institutions. They encouraged going against the status quo in the interest of facilitating positive change, and advocated for additional support for music therapy faculty who are advocating for change within their administrations. There was anger expressed regarding discrimination within their institutions, and they observe divisions between faculty who care about social justice and those who do not. They also expressed frustration with colleagues who are complacent in their lack of cultural responsiveness training,

acknowledging that the problem with the music therapy profession not attending to cultural responsiveness is not only systemic, but individual as well. They acknowledge that some individuals who benefit greatly from dominant narratives may not be interested in major change.

Participant 2 shared:

*The regional university I am currently teaching at has an administration that supports diversity at various levels (they are progressive), although I cannot rule out that some older and/or more conservative faculty and staff members may not be completely comfortable with the topics/know how to react (since they do have troubles embracing some 'progressive thoughts' out of their comfort zone) especially [as] the homogeneous, Western-European ("white"), [...] cultures are the one they [grew] up with and were never challenged until recently.*

**The field is improving.** Despite observed barriers and attitudes, participants acknowledged that the field of music therapy is improving in its attention to cultural responsiveness. They shared how their programs are cultivating cultural responsiveness within their curriculums. Participants described a noticeable increasing openness to cultural responsiveness. Some participants also shared observing an increase in diversity within their programs due to cheaper tuitions, university efforts to hire more faculty of color, or strong international programs. Participants expressed hopefulness and excitement regarding the growing numbers of presentations and literature on cultural responsiveness.

**Superficiality.** Participants noted superficiality amongst colleagues or within their institutions. For example, they acknowledge that claiming ally-ship is often performative and may unintentionally cause harm (Edwards, 2006), and differentiating this from genuine acts of solidarity. They also have noticed that some music therapists verbalize valuing cultural responsiveness or incorporate it in their syllabi, but their behavior and actions are inconsistent

with this. This was echoed in their observations of institutional attitudes, as some universities claim to embrace diversity without investing in it. They argued that individual attitudes may resist values of multiculturalism in institutions' mission statements or philosophies. Participant 4 shared their frustrations:

*Our university has lots of efforts at the admin level to try to improve our campus climate and 'increase diversity.' We have lots of statements in support of this, but I don't see things happening on the individual level. It feels like a façade. We need to have more individual change before we can even begin to live up to the statements our university is touting. We may be doing okay compared to others, but I want to see more changes happening, personally.*

**The burden on marginalized faculty.** Participants asserted that because of the lack of systemic support, the burden for cultural responsiveness falls on individual faculty members, particularly those with marginalized identities. They expressed feeling that it is unfair — that there should be more support on campus — but pointed out that it is the current reality. There was acknowledgement that this is particularly taxing when students may project their denial and defensiveness on marginalized faculty. It was generally stated that until systemic overhaul occurs, individual educators have the duty of working through these obstacles and incorporating cultural responsiveness within their coursework. Participant 1 discusses how their intersecting marginalized identities accentuates this burden:

*...teaching within predominantly white classrooms and within the broader system of academia is, at times, tiring, wounding, draining... Sometimes presumed incompetent, sometimes deemed exceptional and tokenized, at times wounded in classrooms by students who microaggress and at times wounded by well- intentioned and not so well-intended colleagues--often navigating music*

*therapy theory, politics, etc. that don't value my humanity or the humanity of those who look like me.*

**Commitment to social justice.** In contrast with superficiality, or in addition to, some participants reported that their institutions are committed to values of diversity and social justice. They shared examples of their universities reaching out to and supporting minority students, or taking specific actions like hosting presentations, offering social justice-oriented courses, having zero tolerance for discriminatory behavior, and demonstrating financial efforts that support equality.

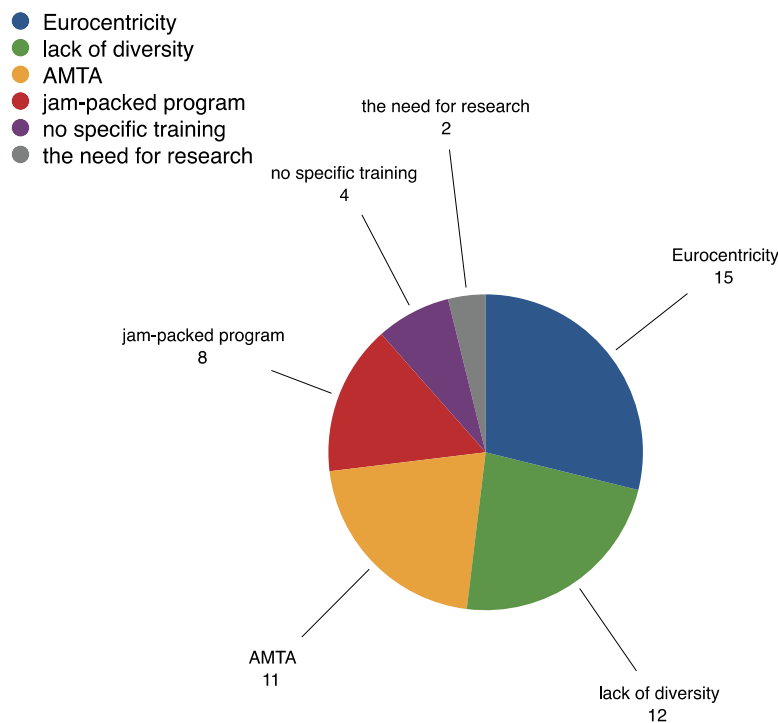
**Support from administration.** Some participants shared feeling supported by their administration in efforts towards cultural responsiveness. They reported that their administration has demonstrated examples of this support through recognizing when faculty are not behaving in ways that support social justice and taking action. It appears that some universities have designated administrative staff members who work on increasing diversity efforts. Overall, there was a greater quantity of responses noting superficiality when it comes to cultural responsiveness on participants' campuses, but some faculty members (of both privileged and marginalized identities) do report feeling supported. For example, Participant 3 stated:

*My institution supports efforts to empower our students in terms of their social/cultural consciousness. Critical thinking and social critique in order to develop into just, ethical, responsive citizens as part of their overall education. They provide various trainings and tools to faculty, to help them engage students in cultural responsiveness [...]. The institution takes seriously its mission of cultural inclusion, and bases many of its decisions (such as faculty hires)*

*upon factors of cultural diversity, in part to establish an environment in which as many members of our learning communities can identify with their educators.*

## Barriers

This theme had 52 occurrences and includes codes in which participants identified barriers to cultural responsiveness. The sub-themes were: Eurocentricity (15), lack of diversity (12), AMTA (11), jam-packed program (8), no specific training (4), and the need for research (2).



*Figure 7. Barriers.* This figure displays sub-themes and number of occurrences found in the category of barriers and includes the codes: Eurocentricity (15), lack of diversity (12), AMTA (11), jam-packed program (8), no specific training (4), and the need for research (2).

**Eurocentricity.** Participants identified Eurocentricity as the primary barrier to cultural responsiveness in the field of music therapy. They reported that Eurocentricity manifests through prioritization of Eurocentric music in their music schools and Western clinical practices. Overall, there was a sentiment that their academic material is geared towards whiteness. One participant

clarified that Western classical music backgrounds are still beneficial for music therapists, but that its *superiority* and the lack of acknowledgement of Eurocentricity is the problem. The dominance of Western classical music training is acknowledged as a barrier for increasing diversity, as students who are versed in other types of musical engagement have less access to entering music therapy programs or are de-valued in their music schools. Some participants hinted at the relationship between Eurocentricity and systemic policies that are centered around Western classical music. One participant contradicted this, as they researched policies of accrediting bodies and stated that there is actually more flexibility than is generally perceived, and asserting that Eurocentricity has more to do with faculty and administrative attitudes.

Participant 6 states:

*...there needs to be an acknowledgement in our departments that European classical music is European, only one continent out of 7, and that some people associate this music with colonization and imperialism. It's my feeling that if we approach our faculty members from the perspective of collaboratively solving a joint problem alongside them (that affects them and their students) rather than positioning ourselves against them, that we will have more success.*

**Lack of diversity.** Participants consistently asserted that there is a lack of diversity in the profession, which they identified as a barrier to cultural responsiveness. They implied that the historic and current lack of diversity in the profession has contributed to cultural responsiveness being overlooked. Some participants added that not only is the profession dominated by those with more privileged cultural identities, but their academic institutions demonstrate these demographic patterns as well. Further, some participants even shared that their geographic area also generally lacks diversity. For some, this includes the clients in the community being served, which further stifles training in cultural responsiveness. Overall, lack of diversity in the

profession, in institutions, and in certain geographic areas is a major barrier to cultural responsiveness.

**AMTA (American Music Therapy Association).** When a question was asked about how accrediting institutions promote or inhibit their efforts towards cultural responsiveness, participant responses were centered around how AMTA, in particular, is an obstacle. They assessed that AMTA's support of marginalized communities is insufficient. Participants called for AMTA leadership to make efforts towards inclusivity. Participant 6 offered some specific ideas:

*...offering minority scholarships, creating more forums for discussion, sponsoring events that highlight minority issues or overlap with community concerns, providing town halls for members to express their concerns, being transparent about decision making processes, celebrating the legacy of minority music therapists, [or] inviting ethnic performers to perform at opening conference sessions.*

Participants pointed out that AMTA competencies do mention some cultural considerations; however, they are unclear. There was acknowledgment that the ambiguity enables more flexibility, but it sacrifices accountability. They critiqued how the competencies are written, arguing that they are vague and uninformed. They highlighted that this has contributed to cultural responsiveness being overlooked in the profession. Simultaneously, some participants expressed feeling like the AMTA competencies list is too long and rigid, which facilitates implicit cultural centrality and restricts potential for new theoretical ideas to develop. Ultimately, these highly experienced instructors **are** challenging AMTA to write more specific guidelines surrounding cultural responsiveness.

**Jam-packed program.** Participants shared that their individual undergraduate general major requirements and the already extensive music therapy requirements pose a challenge to incorporating cultural responsiveness in the degree program. Some participants **related to one another by sharing experiences of teaching at liberal arts colleges, as the additional requirements of these schools hinder the ability to include a dedicated music therapy course on cultural responsiveness.** Others also expressed concerns about adding to the requirements for undergraduate music therapy students, conceding that it would be impossible to fit specific cultural responsiveness courses into their timelines. Participants expressed hope and offered suggestions for how to navigate this barrier, such as incorporating cultural responsiveness throughout the coursework students are already required to take. Participant 5 stated:

*What we can do in the jam-packed undergraduate program is foster the attitude of exploration, compassion, understanding, and listening through role modeling and the opportunities that present themselves in the field and in the classroom - however minute or blatant they may seem to be.*

**No specific training.** Participants identified the lack of training for educators and supervisors as another barrier to cultural responsiveness in the profession. Some expressed frustration that colleagues do not seek out these elective training opportunities, noting that they witness faculty not having the skills to navigate through oppressive cross-cultural dynamics. There was a call for additional training requirements for music therapy faculty, but it was acknowledged that even optional training opportunities are limited. Participant 7 expressed uneasiness with this topic and noted feeling a lack of support:

*I have a desire to increase cultural responsiveness in my students, but I don't feel fully 'prepared' to cultivate this in my students. There are several factors I attribute this feeling to.*



*First, I'm very early in my teaching career, so I lack practice and experience in teaching and facilitating discussions around cultural responsiveness. Second, cultural responsiveness was not emphasized in any training programs I've been a part of (formal education, nor internship), so I feel that I'm figuring this out on my own.*

**The need for research.** Although this sub-theme was not mentioned as frequently as other barriers, the need for research connects with and impacts the other obstacles mentioned. There was a call for additional research in social and cultural topics, which was complemented by one participant's idea for AMTA to provide financial support. Research would ultimately fuel training needs and demonstrate the support for cultural responsiveness. Throughout acknowledgement of these barriers, including the need for research, there was an urge for transformation in the profession as it relates to cultural responsiveness.

### **Discussion**

The present research study aimed to investigate how music therapy educators who publicly value cultural responsiveness incorporate it in their pedagogical practices and what they identify are its potentials and barriers in the field at large. Research questions focused on definitions of cultural responsiveness, concrete strategies for engaging in and expanding cultural responsiveness in both education and practice, and training needs within the field. The study also explored potentials and barriers to those identified training needs, such as their schools' level of support, the impact of accrediting institutions, and their feelings about their own levels of preparedness.

Participants provided complex definitions of cultural responsiveness that challenge the notion of "cultural competency," and emphasized dialogical over technical training on this topic. They advocated for both dedicated course work and infusing this topic throughout training

programs. Participants highlighted the relevance of this topic to clinical practice due to its impact on therapeutic relationships, and discussed how their own preparedness comes from personal/professional growth and intention rather than required training. Overall, they expressed hope that the field is improving when it comes to attention to cultural responsiveness, but that an attitude change is imperative. Participant responses were situated within their intersecting cultural identities, distinct worldviews, and professional backgrounds.

As the researcher, my objective was to stay open to multiple possibilities, make linkages between seemingly unconnected responses, and derive the essence of the discussion. Considering my sample consisted of several established music therapy professors, I was not surprised by the depth of the responses. I felt appreciative of their thoughtful, dynamic, and stimulating online discussion, in addition to their powerful respective contributions to our field. It was rewarding to witness participants gathering ideas from each other for their own personal growth practices and pedagogical techniques. I was struck by and impressed with their candor, such as openly acknowledging the Eurocentricity and lack of diversity within our profession and critiquing **AMTA's and NASM's** oversight of cultural responsiveness. Reflecting on their responses, I share many of their critical viewpoints and I feel inspired by them to advance this discourse, especially after reading their request for further research.

As a relatively new professional, I felt that their definitions of cultural responsiveness were daunting, which made me wonder if that contributes to some of the overall resistance for music therapists to engage with this topic. As the participants described, it is a process that requires *continual and constant attention* that will take place over the course of my entire lifetime. The idea of this being a never-ending journey sounds intimidating, but the assertion that

cultural responsiveness is an *ethical responsibility* motivates me because it will ultimately have an *effect on the therapeutic relationship* I have with my clients.

### **Revisiting the Literature**

Music therapy literature suggests that cultural responsiveness has been ignored (Topozada, 1995; Bradt, 1997; Darrow & Molloy, 1998; Young, 2009; Hadley & Norris, 2016), and this opinion is shared by the educators in this study. Consistent with what Topozada (1995) reported of her survey respondents, the participants in this study shared that their preparation strategies mostly came from outside the field of music therapy. Some of these suggestions, such as their shared examples of having a *personal/professional growth practice* or *staying informed*, are answers to Hadley and Norris' (2016) call for specific strategies towards cultural responsiveness. Participants emphasized that there is room for improvement in the field on cultural responsiveness, which is consistent with much of the literature that critiques the field in this regard (Topozada, 1995; Bradt, 1997; Darrow & Molloy, 1998; Young, 2009; Hadley & Norris, 2016). When the participants expressed a desire for increased training in cultural responsiveness, including *dedicated course work*, there was also an **expression** of their own powerlessness due to a *jam-packed program*, *the need for changing [institutional] attitudes*, and *no specific training*. Topozada (1995) and Ferrer (2017) both acknowledged the challenge of fitting cultural issues into the large workload of the music therapy degree, and the participants in this study echoed that dilemma. Not only did Kenny (2006) assert the incorporation of serious cultural dialogues in all music therapy courses, but participants also highlighted that cultural responsiveness should be *infused throughout [music therapy] program[s]*. The focus group discussion in this research study complemented the arguments for cultural responsiveness in music therapy literature.

Music therapy's lack of diversity within its professional demographics is acknowledged substantially in the literature (Kenny, 2006; Ferrer, 2017; Hadley & Norris, 2016; Hadley, 2013; Estrella, 2001), which is a possible factor contributing to the field's neglect of cultural issues. A similar collective sentiment reverberated in the participants' discussion, as they noted *lack of diversity* in the field, their respective institutions, and some of them even noted a lack of diversity in their geographic area. Given that, there may be a relationship between lack of diversity and the participants' substantial critique of the field's *Eurocentricity*. The barriers to accessibility in the field at large likely contributes to the *burden on marginalized faculty*. Considering the lack of progress in the field thus far despite the resounding suggestions from the literature (Bradt, 1997; Estrella, 2001; Chase, 2003; Young, 2009), perhaps all of these dominant cultural dynamics need to be interrupted in order for the field of music therapy to finally progress its cultural responsiveness.

As suggested by the literature, numerous suggestions for progressing cultural responsiveness in the field have been overlooked (Bradt, 1997; Estrella, 2001; Chase, 2003; Young, 2009). Participants reiterated these ideas by advocating for increased *training for supervisors and faculty*, asserting that without this crucial step, increased cultural responsiveness training for students would be even more challenging or may not develop further. Chase (2003) supported the idea of early exposure to discussing cultural issues in music therapy undergraduate programs, and participants concordantly upheld this notion by arguing that cultural responsiveness should be incorporated in our training programs *from the beginning*.

The literature indicates that learning cultural musics in our training programs is insufficient for developing cultural responsiveness and emphasized disrupting dominant technical teaching approaches (Topozada, 1995; Young, 2009; Hadley, 2013; Hadley & Norris,

2016). This was consistent with participants' responses, as they suggested going *beyond the classroom* and emphasized *dialogical over technical* pedagogical practices. As a whole, the participants in this study illustrated a complex, expansive definition of cultural responsiveness as a developmental *process* to include *skills* that cultivate *stances of humility*, increased *self-awareness*, *knowledge of systems of power*, *self-critique*, and *accountability*. This supports Hadley and Norris' (2016) encouragement of transformational learning.

There were some antithetical assertions between the literature and some of the faculty's responses. Participants in the study critiqued the *superficiality* amongst colleagues or their institutions, while Estrella (2001) and Topozada (1995) contended that it is the responsibility of supervisors and faculty to still hold their institutions accountable for cultural responsiveness in spite of challenges. This is likely connected to and motivated by the impact of cultural issues on whether or not a music therapist is able to be *effective [or] ineffective* with their clients, and should be a concern above all.

### **Study Limitations**

As is typical with interpretivist studies, one **consideration** is that the results are not generalizable across all music therapy training programs. The results represent the perspectives of seven specific music therapy educators with various intersecting marginalized and privileged identities, and is not therefore representative of all music therapy professors. Additionally, this study used a purposive sample of music therapy faculty who particularly and publicly value cultural responsiveness, and this may not be a strongly held value of every music therapy professor (although the findings of this study suggest that it *should* be.) **The literature review and results of this study indicate that all music therapy educators should be concerned with cultural responsiveness due to ethical obligations.**

Participant demographics were limited due to recruitment procedures, homogeneity of the field, and a small sample size. 5 out of 7 participants identified themselves as cisgender women with 1 genderqueer person and 1 cisgender man. However, gender-related issues were minimally acknowledged in the study. Hadley (2013) asserts that despite the fact that majority of music therapists are women, patriarchal narratives persist in the field. Additionally, the pervasiveness of cisgenderism, defined as the “systemic devaluation, pathologization, and delegitimation of individuals who do not identify with the sex they were assigned at birth,” may provide an idea of why issues related to non-binary and transgender individuals went largely unacknowledged. 4 out of 7 participants were people of color, which may have influenced the strong emphasis on issues related to race and ethnicity. However, based on my personal experience, discussions surrounding cultural issues tend to revolve around race and ethnicity regardless, meaning that even if the participants had all been white, the emphasis on race and ethnicity may have endured. There was an imbalance in sexual orientation and ability identities, as 6 out of 7 identified themselves as heterosexual and non-disabled, which may explain why queer and disability issues were not discussed. There was a range between 7-25 total years of experience in the field of music therapy, and it would be interesting to explore the perspectives of new professionals considering the increasing attention to cultural responsiveness. Overall, race and ethnicity was the most diverse demographic group amongst the participants, which likely influenced the discussion.

Limitations also included my own identity as a non-disabled person, as my privilege narrowed my analysis. For example, I was not cognizant to the neglect of addressing ableism in the study’s online focus group until it was brought to my attention by my thesis advisor during the data analysis. The discussion in this study was largely focused on issues related to race and

ethnicity, and neglected the dominance of ableism in the field of music therapy. In LaCom and Reed's (2014) paper on the intersection of disability studies and music therapy, Reed states, "I think one of the main issues faced by music therapists in regard to disability is understanding it as an aspect of identity, especially if it is not something that they recognize as part of their own identity (if they are not disabled or do not understand themselves as disabled)." I hypothesize that the absence of addressing ableism in a study on cultural responsiveness was related to the demographics of the study, which only included one self-identified disabled participant. This represents the pull towards addressing cultural dynamics that are the most salient and personal to us. However, if we as music therapists are aiming to be culturally responsive, perhaps we should intentionally challenge ourselves to approximate closer to cultural issues even when they do not directly impact our *individual* well-being (although it cannot be denied that these issues altogether impact our *collective* well-being.)

**Out of all the cultural topics that were neglected in this study, it is especially critical for music therapists to expand the discussion on cultural responsiveness to include disability.**

Disability studies as a field of scholarly inquiry holds significant implications for music therapists and clinical professionals in general, as LaCom and Reed (2014) state, "the illusion of (st)able bodies can reinforce hierarchies (between therapist/client, teacher/student, helper/helped, ablebodied/disabled), especially when the person 'in charge' does not have to disclose or discuss the instability of [their] own body." Without intending to hierarchize cultural identities, perhaps it is even more essential that we as a field start acknowledging how we perpetuate ableism considering the demographics of who we serve (primarily clients with disabilities) and how little it has been acknowledged in our literature.

Another limitation of the study was the ability to acknowledge the impact of intersecting cultural identities without compromising confidentiality of the participants. Unfortunately, the field is so small and homogeneous that acknowledging the multiple cultural identities of participants and attaching them to their responses could inadvertently reveal their identities. Although it could not be explicitly explored in this study, intersectionality assuredly impacted the discussion.

### **Recommendations for Future Research**

Participants in the study emphasized the need for further research on cultural responsiveness. Future research could explore the perspectives of music therapy educators who have not publicly expressed they value this topic through further qualitative interviews or a national survey of educators and internship directors. This study demonstrated the need for a closer examination of how cultural responsiveness is incorporated into our training programs, particularly the contrast between dialogical versus technical pedagogical techniques, so perhaps analyzing various music therapy course syllabi would be illuminating.

Future objectivist (or quantitative) research may measure some of the qualities the participants in this study highlighted as being important for cultural responsiveness using validated measures, such as humility, curiosity, self-awareness, etc. For music therapists who value social justice, prioritizing cultural responsiveness may come more naturally. However, due to the relationship between cultural issues and ethics as described by Brown (2002) and Bradt (1997), and the relationship between cultural issues and health as highlighted by Stige and Aarø (2012), Bruscia (2002), and Estrella (2001), it is essential to demonstrate the relevance of cultural responsiveness for *all* music therapists and music therapy students. Since the present study was limited in its demographics, research with a larger sample may reveal further insights



into the neglect of cultural responsiveness in the field of music therapy. Considering the participants' emphasis on dialogical rather than technical pedagogical practices, exploratory rather than evaluative research may be more beneficial. However, keeping the dominant narrative of evidence-based practice in mind, more empirical research might be necessary in order for the field to finally pay attention to what has been implored in the literature.

### Conclusion

The present research study demonstrated the potentials of, and barriers to, cultural responsiveness in music therapy. It also outlined some specific changes and intentions for the field to integrate into its training programs. Considering that the problem of overlooking cultural responsiveness can be systemically formulated, perhaps targeting training programs and employing these participants' perspectives would have a positive impact on how the field currently cultivates cultural responsiveness. For example, shifting from technical teaching methods to dialogical teaching methods may transform engagement with this topic and influence a ripple effect within the field as a whole. Unexpectedly, some of the participants (who are established music therapy educators) expressed feeling unprepared by their training backgrounds to nurture cultural responsiveness in their own training programs. However, it is important not to confound preparedness with complacency. These professors *do* request for the field of music therapy to make efforts to increase diversity, reflect this value in professional AMTA, CBMT, and NASM documents, infuse cultural issues throughout training programs, provide specialized cultural responsiveness training for faculty, and engage in further research.

Additionally, study participants emphasized stances of humility and curiosity, implying the need for a linguistic shift from cultural *competency* to cultural *responsiveness* or culturally *sustaining* practices. Social constructionism posits that language shapes social reality (Galbin,

2014), meaning that this *linguistic shift may have a profound impact on music therapists' attitudes and how they engage with this topic*. Participants urged the field of music therapy to take *action*, as it currently appears to be superficially touting cultural responsiveness (Topozada, 1995; Bradt, 1997; Kenny, 2006; Young, 2009; Hadley & Norris, 2016). In this study, music therapy educators provided specific, concrete educational approaches that can be incorporated into our training programs. *For example, including more coursework dedicated specifically to cultural responsiveness or infusing cultural issues throughout the program from the beginning of undergraduate training while gradually increasing depth would significantly overhaul the structure of our training programs for the better*. I posit that if music therapy educators actualize the suggestions in this study, music therapists will be more effectively prepared to navigate cultural issues in their clinical work.

Overall, the participants in this study identified a variety of barriers to cultural responsiveness, and perhaps these obstacles can now be addressed. First, training programs need to expand to incorporate non-Eurocentric musical skills and requirements, and also make substantial efforts to increase diversity. *One suggestion is recruitment of students with marginalized identities at the middle and high school levels*. Additionally, AMTA, CBMT, and NASM need to increase the specificity regarding cultural responsiveness in their documents in order to hold the professionals and educators in our field accountable. *Considering that an overwhelming amount of music therapy program requirements may not be as essential for client outcomes, as 45% of studies are based in musical foundations and 25% are based in general education (AMTA, 2018), the structure of our music therapy programs needs re-evaluation*. More training for faculty, students, and already practicing professionals needs to be provided in order to systemically eliminate the current and hopefully soon-to-be historical neglect of cultural

responsiveness. There is also a need for more research and literature on this topic. Above all, there is a need for music therapy to transform into a clinical profession that values cultural responsiveness, and thus social justice, equality, and liberation.

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## **Appendix A**

### **Consent to Participate in Research Form**

#### **Perspectives of Music Therapy Educators: Potentials and Barriers to Culturally Responsive Music Therapy Education**

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Susan Hadley, Ph.D, MT-BC Susan.hadley@sru.edu (724)-738-2446

#### **1. WHAT IS A CONSENT FORM?**

A consent form provides information about the research study to help you make an informed decision about your participation. It describes your responsibilities and any known risks or inconveniences. We encourage you to take your time with your decision and to contact us at any time with questions. If you decide to participate, you will be asked to sign and submit this form. You will be provided with a copy for your records.

#### **2. WHO IS ELIGIBLE TO PARTICIPATE?**

Professors in the field of music therapy are eligible to participate in this study.

#### **3. WHAT IS THE PURPOSE OF THIS STUDY?**

This research study will explore perceptions of potentials and barriers to culturally responsive music therapy education. Music therapy literature calls for an increase in culturally informed music therapy practice. However, despite cultural considerations present in music therapy professional competencies, there are no standards for culturally responsive pedagogical practices. Simultaneously, there has been an acknowledgment in the music therapy literature of challenges to culturally responsive practices, such as the homogeneous, privileged identities dominant in the fields' professional demographics, compounded by the privileging of Western classical music in music therapy education. This study examines the participants' definitions of culturally responsive education, their reflective evaluations of their pedagogical practices, their perspectives on how standards of music therapy education inform and/or hinder the ability to foster cultural responsiveness, and their respective outlooks on how potentials and barriers to cultural responsiveness are impacting education, research, theory, and practice.

#### **4. WHERE WILL THE STUDY TAKE PLACE AND HOW LONG WILL IT LAST?**

This study will take place via a Google Groups web forum discussion. The web forum will be active for approximately 2-4 months, contingent on the progress of the discussion and the participants' rate of response. You will be invited to reflect on the researcher's data analysis, and these reflections will be incorporated in the results and/or discussion section of the study. This may take place via email communication or Skype for approximately 30 to 45 minutes.

#### **5. WHAT WILL YOU BE ASKED TO DO?**



You will be asked to participate in a semi-structured online web forum discussion with other music therapy colleagues. You will be asked to critically reflect on the data analysis.

## **6. WHAT ARE THE POTENTIAL BENEFITS OF BEING IN THIS STUDY?**

We hope your participation in this study will assist in you in gaining awareness of potentials and barriers to cultural responsiveness in your pedagogical practice. This awareness may help you formulate ideas for actions to work through those identified barriers and expand on identified potentials.

## **7. WHAT ARE THE POTENTIAL RISKS OF BEING IN THIS STUDY?**

Based on the small, purposive sample, there is risk that people reading the research might be able to identify you even if a pseudonym is being used. This risk is compounded by any responses negatively reflecting on the academic program or educator. To mitigate this risk, geographic information (such as the region, state, or city) that might identify you as the educator or the program will be removed. Additionally, this topic has the potential to evoke feelings of inadequacy in educators related to the structures of academic programs. To mitigate the risk of feelings of inadequacy, the questions asked will be gathering information about the music therapy field as a whole and the sample purposively consists of professors who are already considering issues of cultural responsiveness. Additionally, risk is mitigated by a participatory research approach, meaning you have the opportunity to be involved in your own analysis and data interpretation.

## **8. HOW WILL YOUR PERSONAL INFORMATION BE PROTECTED?**

The online web forum will remain on the researcher's password protected email account. The data will be transferred into a word document for data analysis, and following that, the online web forum will be deleted (approximately 2-4 months after the discussion board was opened.) The recordings will remain in a password-protected file on the researcher's computer and will be deleted on or before May 1, 2021. All data will be encrypted to protect the participants' identities. During the interview process, participants will be asked to identify how much identifying information (e.g. specific details about their academic program) they would like disclosed in the final presentation of this research project. Member checking will be employed during the writing process to ensure that data presented is in congruence with the participants' wishes. At the conclusion of this study, we may publish the findings. No names will be included in publications or presentations. Your demographic information may be included but will be synthesized with the demographic information of other participants to further conceal your identity.

## **9. WHAT IF YOU HAVE QUESTIONS?**

Please contact *Susan Hadley*, at the above listed phone number or email address. We are happy to answer any questions you have about the study, including background and rationale, procedures, and implications. If you have any concerns about your rights as a participant or encounter a research-related problem, contact the Institutional Review Board of Slippery Rock University at (724)738-4846 or via email at [irb@sru.edu](mailto:irb@sru.edu).

**10. CAN YOU STOP BEING IN THE STUDY?**

You can cease participation in the study at any time with no penalties or consequences.

**11. WHAT IF YOU EXPERIENCE PROBLEMS RELATED TO BEING A RESEARCH SUBJECT?**

Slippery Rock University does not have a program for compensating subjects for injury or complications related to human subjects research. We do not anticipate any negative effects as a result of participating in this study; but in the case that the interviews resurface traumatic material and you wish to seek counseling, we will assist you in finding a counselor in your area.

**12. SUBJECT STATEMENT OF VOLUNTARY CONSENT**

When signing this form, I am agreeing to voluntarily enter this study. I have had a chance to read this consent form, and it was explained to me in a language I use and understand. I have had the opportunity to ask questions and receive satisfactory answers. I understand that I can withdraw at any time. A copy of this signed Informed Consent Form will be sent to me via email once it has been received.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

By signing below, I indicate that the participant has read and, to the best of my knowledge, understands the details contained in this document and has been given a copy.

\_\_\_\_\_  
Signature of Person

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Appendix B**

1. How would you define cultural responsiveness in the context of music therapy education?
2. What are some specific ways you prepare students to engage in cultural responsiveness?
3. What are some specific ways you would like to prepare students to engage in cultural responsiveness that you are not already doing?
4. In what ways does your academic program embrace cultural diversity?
5. In what ways does your academic institution promote or inhibit your efforts in engaging students in the process of becoming more socially and culturally conscious?
6. In what ways do institutions responsible for accreditation promote or inhibit your efforts in engaging students in the process of becoming more socially and culturally conscious?
7. What curricular changes do you feel would be necessary to fully incorporate social and cultural considerations in your course offerings?
8. What processes have you undergone to raise your social and cultural consciousness?
9. Do you feel prepared to further cultural responsiveness in your students?
10. At what stage in education should concepts of cultural responsiveness be introduced to students?
11. What actions need to be taken in order for the field of music therapy to more effectively engage in cultural responsiveness in terms of education, research, theory, and practice?