Musical Multicultural Competency in Music Therapy: The First Step

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ABSTRACT: It is our contention that musical cultural competence can be achieved only once music therapists begin the process of transformational learning needed for more authentic self-awareness. This self-awareness forms the basis upon which musical cultural competence may be achieved. Musical cultural competence goes well beyond the idea of simply providing music from a client's culture. It is about the roles of the 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. In this article, we explore the notions that 1) both the client and the therapist bring a variety of cultural variables to the therapeutic relationship, and 2) cultural differences impact a person's lived experience and influence all human interactions. We agree with the position that all counseling, all human interaction, is cross-cultural in nature, and that each person is a unique manifestation of his/her/zir culture. This process of working toward multicultural awareness, unlike the concept of achieving competencies, is ongoing and requires continual commitment and vigilance.

A Look at Multicultural Themes in the Music Therapy Literature

Over the past 50 years, there has been a steady increase in the music therapy literature on multicultural issues. In the mid-1960s, Flores (1966) and Moreno (1966) conducted master's research focusing on musical preferences and musical behaviors, respectively, of Indigenous students. Twenty-two years later, Moreno (1988) published a seminal article on Multicultural Music Therapy in *JMT*. In this article, Moreno discussed ethnocentric tendencies of music therapists with respect to use of music, debunked the myth that music is a universal language, and urged music therapists to become familiar with music of representative world cultures such as traditional Indian classical music, Indonesian Gamelan music, and African drumming. Later, Kenny (2006[1994]), Toppozada (1995), Bradt (1997), Darrow and Molloy (1998), and Estrella (2001) explored multicultural perspectives in music therapy in terms of ethical concerns, education, clinical practice, and supervision in the United States. By the turn of the century, there was a movement toward culture being at the center of music therapy practice (Brown, 2002; Ruud, 1998; Stige, 2002).

Regarding multicultural competence, Brown (2002) stressed the different skill levels necessary for working within a culturally responsive framework. She delineated first-order skills as the "ability to communicate culturally, effectively and sensitively within the therapeutic relationship" (n.p.). Furthermore, she delineated second-order skills as "higher order skills with emphasis on the ability to appropriately apply therapeutic interventions within the cultural context" (n.p.). These skills include gaining understandings of health and therapy as well as understandings of different musics and their functions or roles in the culture. These first- and second-order skills, like those in many allied health professions, focus on "attitudinal and trait-based characteristics on three dimensions: counselor [therapist] beliefs and attitudes, knowledge, and skills" (Vera & Speight, 2003, p. 255).

Since the early 2000s, it has become increasingly popular to bring diversity issues into the discussion of music therapy practice and research. The range of multicultural topics covered in the music therapy literature has continued to expand (Kim & Whitehead-Pleaux, 2015; Whitehead-Pleaux et al., 2012), and a greater stress has been placed on the importance of music therapists gaining competence in both multicultural counseling (Chase 2003a, b) and multicultural musicking.[1] The main themes that are found in the music therapy literature focused on multicultural issues are that music is *not* a universal language; that music therapists tend to be ethnocentric with respect to use of music and therapy; that it is important that we gain knowledge of the meaning of music (and imagery) in different cultures; and that it is important for music therapists to be able to apply some basic musical concepts from different cultures. The general consensus is that we need to focus more on multicultural training and multicultural supervision (Ahessy, 2011; Shapiro, 2005; Young, 2009), that we need more multicultural research, and that we need more resources and information about multicultural music therapy. 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. This special issue on musical cultural competence in music therapy focuses specifically on these intersecting themes/discussions.

Cultural Competencies and Ethical Codes in Music Therapy

In the United States, the cultural competencies outlined for music therapists are (a) to demonstrate awareness of one's cultural identity and socio-economic background/status and how these influence the perception of the therapeutic process; (b) to select and implement effective culturally based methods for assessing the client's assets and problems through various arts

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[1] *Musicking* is a term used by music educator/scholar Christopher Small to denote music as a process rather than as a noun.

media; (c) to demonstrate knowledge of and respect for diverse cultural backgrounds; and (d) to demonstrate skill in working with culturally diverse populations (AMTA 2013). Thus, the main thrust of our cultural competencies is to increase self-awareness, in addition to increasing knowledge of, and skill sets relevant for working with, clients from diverse cultural backgrounds.

Furthermore, the AMTA code of ethics (2014) emphasizes that the music therapist 1) is aware of personal limitations, problems, and values that might interfere with his/her/zir[2] professional work and, at an early stage, will take whatever action is necessary . . . to ensure that services to clients are not affected by these limitations and problems; 2) practices with integrity, honesty, fairness, and respect for others; and 3) refuses to participate in activities that are illegal or inhumane, that violate the civil rights of others, or that discriminate against individuals based upon race, ethnicity, language, religion, marital status, gender, gender identity or expression, sexual orientation, age, ability, socioeconomic status, or political affiliation. In addition, the music therapist is directed to work to eliminate the effect on his/her/zir work based upon these factors. A limitation of the US codes of ethics is that they direct us to "attend to, be aware of, and develop sensitivity to issues of bias, discrimination, and oppression … *mandatory ethics*, [that is,] action taken to avoid breaking rules, as contrasted with *aspirational ethics*, [that is,] action taken toward attaining the highest possible standard" (Vera & Speight, 2003, p. 257). We will elaborate further on aspirational ethics in relationship to music therapy practice later in this paper.

How this relates to musical multicultural competence in music therapy is complex. We believe that before one can sensitively facilitate the use of musics from different cultures, it is first necessary to begin the long and difficult process of becoming more self-aware; that is, aware of one's unconscious assumptions, biases, practices, and so forth. However, in order to aspire to the highest ethical standards, we must not only become more self-aware, but we need to become more aware of the systemic structures of oppression and marginalization that impact those not in the dominant cultures. That is, we need to become more socially and politically aware. Given the complexities of identity formation, the process of becoming more self-aware is incredibly difficult and requires painful transformational learning (Jun, 2010). This process, unlike the concept of achieving specific competencies, is ongoing and requires continual vigilance (Hadley, 2013a). While full self-awareness can never be achieved, it is something for which one should always continue to strive. And 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. A true commitment to both the process of gaining awareness and social justice is essential in order for the next two challenges in multicultural music therapy to be approached effectively: the attainment of cultural knowledge, including knowledge of cultural musics and functions of cultural musics; and skill development, that is, the musical and therapeutic skills needed to gain musical cultural competence in music therapy.

[2] Ze and Zir are used in this paper in conjunction with he/she or his/her to include those who are transgender.

We believe that 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. Before we can discuss strategies for gaining greater self- and sociopolitical awareness in terms of culture, it is necessary for us to describe what we understand as multicultural counseling and what we mean by culture and how we develop our cultural identities.

What Is Multicultural Counseling?

Although many music therapists understand the importance of recognizing and tending to cultural dynamics in clinical practice (Darrow & Molloy, 1998; Sloss, 1996; Toppozada, 1995), our understanding of how to provide culturally relevant and sensitive client care is still in its early development. Drawing upon pre-established theories in multicultural counseling, we can expand the breadth of multicultural understanding in the field. Sue, Arredondo, & McDavis (1992), three decades ago, put forth their model of multicultural counseling theory. This was thought to be one of the first steps toward remedying the ineffectiveness of traditional counseling approaches and techniques applied cross-culturally. Since that time, numerous accrediting bodies and training institutions have found this to be an effective model in theoretically grounding cross-cultural work within mental health professions (Chao, 2013).

Multicultural counseling theory stands alongside other psychological frameworks, such as psychodynamic theory, cognitive behavior theory, and existential-humanistic theory, as a primary explanation of human development. It holds the basic premise that both the client and therapist bring to the therapeutic dyad, or relationship more generally, a variety of cultural variables, such as age, gender, gender identity and expression, sexual orientation, education, disability, religion, race, ethnic background, and socioeconomic status (Lee, 2013). Although the therapist is a cultural being having a complex multifaceted cultural identity, this identification does not naturally endow mental health professionals with the competencies and skills necessary to provide culturally relevant care (Sue et al., 1992).

Lee and Park (2013) note basic principles in multicultural counseling theory. These principles include that (1) culture refers to any group of people who identify or associate with one another on the basis of some common purpose, need, or similarity of background [or lived experience]; (2) cultural differences are real, and they influence all human interactions; (3) all counseling is cross-cultural in nature; (4) multicultural counseling places an emphasis on human diversity in all its many forms; (5) culturally competent counselors develop the awareness, knowledge, and skills to intervene effectively in the lives of people from culturally diverse backgrounds; and (f) culturally competent counselors are globally literate human beings.

The work of the culturally competent therapist is an ongoing activity. It demands what many theorists believe to be a three-part process in transformational learning exploring the therapist's (1) self-awareness; (2) cultural knowledge; and (3) development of culturally relevant skills (Lee, Blando, Mizelle, & Orozco, 2007; Sue et al., 1992). The first step,

self-awareness, is the recognition of the therapist as a cultural being and his/her/zir ethnocentric bias (Jun, 2010; Lee, 2012). The therapist must explore his/her/zir own cultural identities and the ways that sociopolitical realities shape and influence his/her/zir personality, attitudes, and belief about self and others. This includes exploring not only the personal and cultural narratives and attitudes about self, those in which one attributes pride and shame (Hardy & Laszoloffy, 1995), but also the explicit and implicit messages about others deemed as culturally same and/or different that are internalized throughout the lifespan as a result of cultural conditioning (Lee, 2012). This first step is incredibly difficult and requires a significant amount of personal work with someone well trained in revealing sites of unearned privilege and power that have been taken for granted as just the norm or as neutral rather than as a system that has profoundly shaped a person's values and perceptions (Tochluk, 2010). The second step is the development of *cultural knowledge*, which refers to the therapist's awareness of worldviews and cultural events and practices different from his/her/zir own. This includes an understanding of the ethical standards that guide practice, the Eurocentric perspectives imbedded in theory, and the ways in which clinical work is experienced and perceived cross-culturally. This also includes knowledge of cultural musics and their functions. The third and final step is *skill* development. This refers to the therapist's ability to provide culturally relevant strategies and/or interventions. The level of the therapist's multicultural skill is directly proportional to the therapist's self-awareness and cultural knowledge. If a therapist lacks awareness of his/her/zir own personal biases and assumptions and/or the basic knowledge of how culture shapes each clinical interaction, he/she/ze will be unable to respond sensitively within the therapeutic relationship.

What Is Culture and How Do We Develop Our Cultural Identity?

In order to effectively meet clients' needs, it is important to explore and understand that music therapy exists as and within a cultural context mediated by clients and therapists who assume complex cultural realities. Culture is a dialogic and communicative exchange of "customs and technologies that enable and regulate human coexistence" (Stige, 2002, p. 38). When describing culture, we often first distinguish its elemental components, such as cultural identifiers related to race, gender, or socioeconomic status, or refer to cultural productions, such as rituals, languages, or institutional systems (Tomaselio, Kruger, & Ratner, 1993). The essential feature of culture, however, is the symbolic learning derived from repeated thought and behavioral patterns shared between people over time that is often, but not solely, developed intergenerationally. These various beliefs, attitudes, and behaviors result from humans' capacity to absorb and transmit knowledge (Lee et al., 2007). The social transmission experienced throughout one's lifespan constitutes foundational learning that not only sustains the status quo of dynamic cultural systems, but influences present and future interpersonal and intrapersonal communication (Jun, 2010; Lee et al., 2007).

Human beings, in a complex system of reciprocal exchange, are thus shaped by their environments: "We are born into a socio-cultural historical matrix of dominant narratives which continually shape or position us in various ways" (Hadley, 2013a, p. 274). These narratives apparent within the cultural contexts of family, educational institutions, the media, the political climate, and so forth majorly influence not only the ways we encounter and interpret the world around us, but also the construction and assigned meaning of our own cultural identities. Cultural identity is described as one's sense of belonging or psychological attachment to one or more cultural groups (Lee et al., 2007). Although the process of identification is largely self-determined, aspects of our socio-cultural identity are often socially constructed, shared, or imposed (Miller & Garran, 2008, p. 5).

Through human socialization, both implicit and/or explicit, individuals learn what their outer world deems as important, relevant, valuable, acceptable, and/or normative. Cultural norms are developed to suit multiple functions. They function as a way for humans to socially organize themselves, to collectively adapt to environmental changes, and as a means for survival (Jun, 2010). Dissanayake (1995), in her book *Homo Aestheticus*, for example, notes the natural proclivity for humans across cultural boundaries to participate in what Western societies call art. She argues that the relevance of aesthetics, defined as a natural and biological process tailored by environmental/cultural influence, points to an evolutionary need to create and express that sustains human existence. When we encounter cultural systems that are unfamiliar or dissimilar from our own, however, we tend to experience resistance and our ethnocentrism often deems this difference as deviant or pathological rather than *humanly diverse* (Sue & Sue, 2008).

Cultural differences have historically been sources of inequality and oppression (Anderson & Hill Collins, 2007; Sue & Sue, 2008). The recent racial tensions and national unrest throughout the United States, for example, are indexical of historic cultural bigotry and demonization of difference. Although stratification across cultural assignments and identifications of race, gender, and class presents foundational points of subjugation in the United States, the dehumanization of other cultural groups (i.e., based on ethnicity, ability status, religion, sexual orientation, nationality, age, etc.) is also present. These systems of socio-political oppression embedded in our cultural milieu are the result of our long-standing practice of othering.

Each individual, as a cultural being, begins his/her/zir process of cultural identification by accepting the ideals of the dominant cultural schemas. This process of cultural conditioning or cultural assimilation/conformity (Sue & Sue, 2008; Wijeyesinghe & Jackson, 2012) begins at an early age. Cultural identifiers, such as race, gender, gender identity, gender expression, social class, economic status, age, sexual orientation, health status, ability, religion, ethnicity, political affiliation, geographical location, and chosen interests, are socially constructed concepts contrived within multiple systems of power. Miller and Garran (2008) distinguish this differentiation in power of members of society to be one of agent and target status. *Agents* are members of dominant society who operate in a realm of privilege, and in so doing denote what is "normal" and/or acceptable. Those who experience discrimination, oppression, and are part of the societal minority are stated to be *targets*. Certain cultural variables have historically

experienced and continue to experience agent status, that is, white males, while others have similarly experienced and continue to experience target group identification, that is, black males. Cultural variables can also intersect or overlap at any time or exist simultaneously; therefore, one's multifaceted cultural identification may demonstrate both agent and target status. Although it is possible for an individual to solely identify as a member of agent or target grouping, most individuals will find aspects of their cultural selves that identify with each. The conscious or sometimes unconscious recognition of what it means to be "a part of" but "separate from" these two groups positions us uniquely in the world. It is important to understand the ways our identification to these two groups influences the ways we understand our social identity and the ways in which individuals integrate them into their daily interactions. Given the social stratification of cultural variables, all human interactions are deemed socio-political in nature and have great potential to influence the therapeutic relationship.

How Do Our Cultural Identities Shape the Therapeutic Relationship?

Both the therapist and the client come to the therapeutic relationship expressing their cultural identities, identities that are intersectional and positioned differentially. These intersecting identities impact each person's experience of themselves in terms of race, gender, ability, sexual orientation, religion, ethnicity, age, education, socioeconomic state, and so forth. Because of this, Lee and Park (2013) see *all* therapeutic relationships as culturally diverse, as cross-cultural in nature (p. 5). Often we think about multicultural issues only when the therapist and the client are racialized differently or have different ethnic backgrounds. However, when we broaden our understanding of culture, we must then broaden our understanding of multicultural aspects within the therapeutic relationship. If we do not do this, we run the risk of not fully appreciating the cultural differences between the therapist and the client. Lee and Park (2013) note that "unintended cultural disregard or, worse, cultural disrespect" can significantly hinder or damage the therapeutic process (p. 14). Thus, it is imperative that cultural differences are acknowledged, appreciated, and negotiated within the therapeutic relationship. It is also imperative to keep the intersectionality of cultural identities in the forefront, so as not to avoid stereotyping the needs and practices of particular cultural groups, and flattening out the experiences of people from different cultural groups. Being aware of the intersectional nature of identity helps us understand and appreciate the individualized experiences and expressions of culture.

Given that all therapeutic relationships are cross-cultural in nature, it is likely that the therapist and the client are coming to the relationship with different values, beliefs, and practices. If the values of the therapist, or the therapeutic approach, are privileged over those of the client, the therapeutic relationship can be "an alienating and dissonant experience" for the client (Lee & Park, 2013, p. 14). It is also important to recognize the power differential between the therapist and client. This is present in all therapeutic relationships, and is more marked when one takes into account cultural variables of race, gender identity, gender expression, ethnicity, sexual orientation, disability status, age, religion, and so forth. Given that our society privileges certain groups and subjugates others, there are many unconscious processes shaping the responses of both the therapist and the client in the therapeutic relationship, which when not acknowledged, appreciated, and negotiated can reinforce positions of power and subjugation, which can be detrimental to the therapeutic relationship.

Music therapists, as a general rule, occupy privileged positions in our society. While the majority are female (which is a subjugated position), the majority are also white, heterosexual, non-disabled, Christian, middle class, and educated (Hadley, 2013). These groups all have privileged positions in our society. It is important to notice the flow of power in the therapeutic relationship and redirect it to serve the interest of the client. This can be very difficult because, as we have already noted, these power imbalances are accepted as part of the natural order of things rather than as the result of systems of power in our society that favor some groups over others (Myers, 2007). McIntosh (1997) notes that we are taught to think that racism, sexism, heterosexism, or ableism "is carried on only through individual acts of discrimination, meanness, or cruelty" toward non-whites, women, those from the LGBTQI community, and the disabled, "rather than in invisible systems conferring unsought dominance on certain groups" (p. 298). She goes on to state that "Disapproving of the systems won't be enough to change them" (p. 298).

This differential positioning of groups influences how people are perceived and in many cases responded to or treated, whether in the form of microaggressions (Hadley, in press) or in the form of macroaggressions or violence, as seen in the recent killings of so many unarmed black men and women in the United States by both police officers and civilians, and which have resulted in the Black Lives Matter movement in the United States and around the world. As with many subjugated groups in our society, differential positioning of certain groups in society is manifested in prejudice, discrimination, and marginalization enacted unintentionally by well-meaning people. For example, Cameron (2009) states: "Disability oppression often takes the form of interference from either officious or well-meaning non-disabled people that is experienced as limiting and infantilising. It is not that these people think of themselves as oppressors but simply that, through their condescension, they are reinforcing oppressive social relations (p. 384)." Many of these well-meaning people are therapists. As a way of working against this unintentional oppression, Asch (2004) posits that "the perspectives of the discriminated-against, oppressed individual or group must be better understood" (p. 10). While this seems to be straightforward, it is important to note that it is common that when people from oppressed groups describes their experiences of being insulted or discriminated against, their experiences are often trivialized, or worse, discounted altogether, with accompanying claims that the person experiencing the discrimination is wrong, too sensitive, or being unfair. Thus, it is really important for the therapist to allow his/her/zir understandings to be expanded, or even shattered, by the perspectives of the client (or coworker), in order for an effective therapeutic alliance to be forged.

How Do Our Cultural Identities Shape Musicking?

In the education and training of music therapists, perhaps given the demographics of music therapists in the music

therapy profession in many parts of the world, or perhaps given the origins of the profession, we privilege, or place greater emphasis on, the music of certain cultures, specifically Western cultures. In order to be accepted into the majority of music therapy programs, we require a background in Western classical music. In academic circles, Western classical music is situated as the pinnacle of musical attainment. This communicates a great deal about social class and cultural capital in our field. The requirement for expertise in Western classical music has actually kept some wonderful potential music therapists out of the profession. Speaking to this point, Lightstone notes that training programs need to recognize "the diversity of musical skills that are out there in the world, but that don't fit into an academic music tradition" (Lightstone & Hadley, 2013, p. 40).

In our skill set as music therapists, we have a large focus of the training program centered on classical music training. Most of our other musical training is centered on palatable Western contemporary musical forms. Certain Western musical forms, such as rap, for example, are avoided in training programs, perhaps seen as inappropriate for therapy (Yancy & Hadley, 2011). Some music therapy programs have taken steps to teach students some multicultural music, usually within a single course, and often with the instructor having very little training in the music of different cultures. In most cases, the music is not being taught by people from the cultures from which the music comes. Not having the requisite background about these cultures, the roles and functions of music and musicians within these cultures, or these musical forms of expression, we run the risk of finding ourselves engaging in "unintended cultural disregard or, worse, cultural disrespect" (Lee & Park, 2013, p. 14). For example, Maori music therapist Dennis Kahui describes his experience when Maori music was being taught during his music therapy training: "It felt strange listening to my culture being shared in an academic environment and by a non-Maori. There was part of me that wanted to stand up and teach the class myself because of the style it was taught, the musical delivery, and because what is taught to the student, they will take with them" (Kahui & Hadley, 2013, p. 104). He goes on to talk about the Westernization of Maori music when being taught in these situations. As Western music therapists, when working with non-Western clients we need to be aware of the ways in which our appropriation of musical forms could be experienced as a kind of colonization of a cultural practice. Along these lines, Lightstone, who has learned music from many cultures, spoke about his discomfort using the clients' cultural music when working with First Nations people in Canada. He states:

> So, I wasn't going to attempt to use their cultural music in music therapy because it is not a familiar musical form to me. However, even if it was a familiar musical form to me there was definitely a sense of ownership for them and a sense that this is not something that the non-native music therapist needs to or should be going into. Even the smaller Native hand drums that people were building there as part of their program were largely kept outside of the music therapy context. This was because my Western practice of music therapy was sort of seen as something valuable that the mainstream culture had to offer, but it wasn't seen as part of the process of cultural reeducation from the Native perspective. (Lightstone & Hadley, 2013, pp. 31–32)

While it is important not to colonize or Westernize cultural musical forms, it is also important not to reject forms of cultural musical expressions because the therapist does not see the therapeutic value of the musical form. For example, rap has been avoided by some music therapists because of the themes of misogyny, violence, and drug use that are present in some rap lyrics. However, for many of the people with whom therapists work, rap is an integral part of their cultural identity. Rap functions as a powerful form of storytelling that allows others to enter into various complex environmental spaces that rappers call home. Given this, rap is an expression of lived experience. Hence, to reject rap is to reject a part of who they are. To dismiss their musical preferences as worthless or inappropriate is to dismiss, for all intents and purposes, how they conceptualize themselves. Within this context, musical choice functions as an important index that speaks to aspects of their cultural identity. To privilege other musical genres that may not resonate with their life experiences will most likely result in feelings of alienation (Yancy & Hadley, 2011). On the flip side, white middle-class music therapists (in particular) must be aware of the ways they might enact racist stereotypes when utilizing this musical form in a therapy setting. Engaging in this cultural musical expression in this way will be detrimental to the therapeutic relationship and to the therapeutic process.

Even when using Western music traditions, it is important for music therapists to be more aware of the ways that our cultural identities inform our song selections. We need to explore the ways in which our musical choices reinforce or destabilize gender politics, sexual politics, racial politics, class politics, and ability politics. We need to explore the ways in which we engage in musical relationships that empower or disempower various individuals and groups, and the ways in which power relations are communicated in the musical expressions of both the therapist and the client.

Furthermore, in our reflections on cultural aspects of our work, we must have a greater understanding of the roles and functions of music and the roles and relationships of musicians within that cultural tradition, without imposing our cultural values. For example, Indigenous Australian music therapist Getano Bann states:

> I remember a few years ago I saw a music therapist present about her work in South Africa. She had organized a group of traditional drummers to come and work with a group of bi-racial children that she works with to give them a sense of cultural identity … Anyway, she showed an example and said "this young boy was being rude to the master drummer and the master drummer grabbed him and dragged him aside and disciplined him." And she made some off the cuff comment "This must be African music therapy." I was so infuriated. I thought "How ignorant!" She showed no understanding of the significance of the roles and relationships in their culture. She didn't seem to really honour what his role in his community as a master djembe player was in relationship to this arrogant little boy making fun of his training skill. So, a lot of how we interpret situations comes from our belief system. (Bann & Hadley, 2013, p. 67)

Aspirational Ethics and a Commitment to Social Justice

When we make a commitment to learning music from a variety of cultures and to practice in a culturally competent

manner, our focus is on how, within the context of music therapy, we can work effectively with culturally diverse clients. The assumption is that without gaining appropriate knowledge and musical skills, we will be ineffective in our work because we could unwittingly offend those with whom we work. And indeed, it is important that we learn the preferred music of the people we are working with and that we learn it well. That is one of the cornerstones of music therapy.

However, when we approach our learning and our work in this way, we are limiting our understanding of multicultural competency to the other, to an awareness of cultural differences. This emphasis on difference, while very important in terms of gaining needed knowledge and skills, is at once a failure to recognize how cultural groups are differentially positioned within our society and a failure to acknowledge where we ourselves are placed within that hierarchy. Furthermore, even when we are aware of the ways in which groups are differentially positioned, this awareness does not in and of itself necessitate doing anything in the face of that awareness. Sometimes an awareness of difference, and of privilege and oppression experienced by those in dominant and marginalized groups, evokes an attitude of paternalism from those in the dominant group toward the "other," which will result in further injustice for people in marginalized or subjugated groups. For example, in terms of race, many white therapists have been found to have a liberal disposition and are open to talking about racism, and yet they have an overall sense of apathy when it comes to actively working against racism and racial oppression (D'Andrea & Daniels, 1999). This is also true when it comes to other systems of oppression, such as sexism, heterosexism, ableism, and so forth. It is rare for therapists to embrace an activist stance, to "consciously [work] to empower marginalized populations" (Vera & Speight, 2003, p. 267). Attaining critical awareness is essential in understanding the injustices experienced by those who identify with cultural groups that have historically been marginalized. However, awareness is not enough. As S. Sue (1998) posits, cultural competence requires more than the appreciation and recognition of cultural difference; it requires an ability to be effective in our work. And can we really be effective if there is not substantive change in the lived experience of those in marginalized groups? An aspirational approach would move beyond what has been done to people to include what needs to be done (Martin-Baro, 1994). It moves beyond understanding individual injustices to transforming systems of oppression.

The Painful Yet Transformational Process of Unlearning

Given the early and unconscious processes involved in cultural learning and socialization, and the degree to which our cultural identities are understood and performed as a result of these learned attitudes, values, beliefs, and behaviors, the process of unlearning in order to work to combat the ongoing significant influences of racism, sexism, classism, heterosexism, ableism, and so forth on our perceptions and practices cannot be hurried and involves ongoing effort, vigilance, and sustained commitment. Jun (2010) notes that through socialization, "children learn and develop strong attachments to their worldviews, values, and beliefs at an early age" and that "transcending some of these values and beliefs must include processing the emotional attachment to them" (p. 6). She notes that this process is painful and uncomfortable, and that it will stir intense emotions. It requires sitting in the discomfort felt when exposed to discourse that counters what you had been taught to that point. Speaking to this point, white South African music therapist Helen Oosthuizen shares:

> As white South Africans, during the Apartheid period we were kept in such a nice, comfortable space and were so ignorant of what life was like for anyone of colour … Even before I was a music therapist, I did work that brought me into townships, which immediately set off an anger in me. How could my parents, white South Africans, do this to me? I was really angry. Why haven't I been taught this secret at school? Why did I only learn the language of the 10 percent of powerful people in this country? I still have a violent anger at what happened in our country, and this gap that has happened as a result is something with which I constantly need to deal. (Oosthuizen & Hadley, 2013, pp. 53–54)

Also addressing this discomfort, white North American music therapist Michael Viega shares:

> The more I talk about these issues, the more I become confused about them. I think that it is really hard to come out and admit that you have harbored prejudiced or racist feelings. Sometimes I think I stop myself from looking at these feelings. I don't think that I have actually been in a situation where I have been comfortable enough to say, "Was that me being racist there?" It is always clouded by social complacency and niceties. There are layers and layers of social niceness such that you lose sight of what games are being played in the moment because there are so many being played. In addition, admitting these negative feelings challenges your sense of yourself as a good, moral person. (Viega & Hadley, 2013, p. 174)

Our understanding of therapy has grown out of Western patriarchal ideology. "Western ideology [and patriarchy] emphasizes the rational over the relational, logic over emotion, competition over cooperation, and independence over interdependence" (Jun, 2010, p. 5). Furthermore, in Western societies, we are socialized in a dominant culture that nurtures and values linear, dichotomous, and hierarchical thinking styles over holistic thinking styles (Jun, 2010). Linear thinking projects and generalizes based on past events or experiences. While this can sometimes be useful, it is very damaging when it comes to discrimination, stereotyping, and marginalizing others based on one experience, or based on beliefs passed from generation to generation. Dichotomous thinking is thinking in two extremes, such as good and bad, right and wrong, us and them. This kind of thinking leads to feelings of superiority and inferiority, inclusion and exclusion, and so forth. Hierarchical thinking is closely tied to dichotomous thinking in that individuals and groups learn to see themselves as superior or inferior to others, better or worse, more or less. Holistic thinking, in contrast, is multilayered and multidimensional. It requires a nonjudgmental attitude, a non-defensive stance. It requires really listening to others and trying to understand and appreciate multiple perspectives. It requires mindful practice.

A person's intrapersonal communication and thought patterns reflect his/her/zir cultural values, beliefs, and biases, his/her/zir worldview (Jun, 2010). It begins in early childhood and is shaped by external messages from parents, teachers, friends, religious figures, media, and the wider culture within which

one grows up. These messages reflect how we see ourselves and how we see others. Through these messages, we gradually internalize privilege and oppression. This learning is subtle and mostly unconscious. It is difficult to modify intrapersonal communication because there is no external feedback—the sender and receiver of the communication is the same person. After repetition of these thought patterns, they become automatic. Furthermore, our intrapersonal communication is the foundation of our interpersonal communication and thus impacts all of our relationships, including the therapeutic relationship. As Jun (2010) states, "Individuals' automatic thought patterns and styles do not disappear simply because they have decided to become helping professionals" (p. 27). She suggests that instead of spending so much time focusing on how to help the client, training programs should spend more time helping students to observe, reflect on, and deconstruct their own negative thinking patterns and styles in order to turn "automatic activation of inappropriate thinking into controlled processing" (p. 27).

In therapy, "unintentional marginalization or minimization stems from practitioners' inappropriate thinking styles and not from their lack of care" (Jun, 2010, p. 37). And because these thinking styles have developed in early childhood and have taken root, it is very difficult to recognize and change these. It requires deep processing and reflection. It requires transformation of old thought patterns into new ones; it requires life-changing behaviors. As Jun (2010) notes:

> In order for learning to be transformative, it must reach the emotional core of an individual's values and beliefs so that it transforms the individual internally as well as externally and intellectually as well as emotionally. The emotional aspects of learning require learning through the heart with awareness of one's own culture, biases, thought patterns, and communication styles and the impact of one's own dominant (special or salient) identity. (p. 11)

We believe that the process of transformational learning must at least begin before embarking on the process of gaining musical cultural competencies. Without embarking on this journey, we run the risk of inappropriately using instruments or musical forms. Addressing this issue, Native American music therapist Carolyn Kenny has the following exchange with a Secwepmec lodge keeper and medical social worker, Richard Veden:

> CK: There are a lot of things for sale that are called "Indian Medicine." You go into stores and can buy them. This brings up the issue that you described about very individualized healing and the combinations of things like herbs, songs, conversations, living a certain way. So I'm wondering what you think about songs that are supposed to be "healing songs" that people buy on tapes and CDs in stores.
>
> RV: This is a struggle with songs or herbal medicines or conducting sweat lodge ceremonies or any traditional ceremonies in the Big House (ceremonial space). People need to be protected through accountability. We have had episodes, for example, in the Southwest of people coming to harm in ceremonies. People were paying large sums of money to go into a sweat lodge with dozens of other people and some died. Whether the person was qualified to do that I do not know. I do know that as a lodge keeper myself, there are only so many people you can realistically take care of at one time. If you've got a whole lot of folks in an auditorium it's very difficult. Buying music off the shelf is risky. Music is a medicine ... It is powerful and evocative. Before he passed to the other side, I was taught by Khasalas, my friend Ernie Willie, a hereditary leader from Gwaii Village in Kingcome Inlet, that there is a duality to all things. It's words we say, the music we hear. For example, the fire that keeps us warm, heats our home and cooks our food will also kill us if we let it out of control. (Kenny, 2015)

Strategies for Increasing Cultural Awareness and Sensitivity

The process of unlearning, however daunting, is a necessary feat for all music therapists who strive to provide culturally sensitive care. Acquiring needed musical multicultural competencies requires deep and honest reflection of not only the various points of power, oppression, and privilege existent in the culture, but how they significantly impact the ways we understand ourselves and others and the ways we interact with others. In this section, we will provide some concrete strategies/tasks to assist music therapists to increase their cultural awareness as a means to becoming culturally sensitive therapists. The strategies outlined in this section take the form of reflection-based learning and multi-cultural engagement models to assist the therapist in examining their worldviews and gain deeper cultural insight.

Examine the Societal Systems That Perpetuate Inequity and Inequality

Greater awareness may be developed by taking active steps in recognizing the ways in which institutionalized oppression exists within the fabric of our culture and the ways in which it shapes lived experiences in modern society. Examine the societal systems that often perpetuate inequity and inequality around you. They are multitudinous and often overt. Dyan Watson (2014) in *Staying in the conversation: Having difficult conversations about race in teacher education* asked two simple questions when examining the ways school systems perpetuate oppression: "Who does this school serve and what is your evidence?" Watson, in the field of education, honed a critical lens to unearth the disparities existent in her field. As music therapists seeking cultural awareness in the music therapy context, we, too, should ask these same questions to illuminate oppression in the spaces in which we exist. We must ask these questions of healthcare systems, practicum/internship settings, and our places of employment. Consider your place of employment, its location, the diversity or lack thereof represented by members of the community, or the language(s) used. Observe the artwork on the walls, if there is artwork at all, and notice whether it represents an array of clients or a dominant race, gender, or socioeconomic class. Imagine how it would feel entering the site if you were a person of color, poor, transgender, non-English-speaking, or disabled (Watson, 2014). These are all important in understanding how culture and privilege is manifested and communicated daily.

Furthermore, we must continually reflect on the ways we, as music therapists, also perpetuate Euro-dominant ideology in our music therapy spaces. We need to ask: How does my cultural identity facilitate or influence interactions with clients? Do I focus on my clients' individuality and dismiss possible cultural narratives that contribute to the client's construction

of self? Do I focus primarily on what should be included in music therapy clinical work with cultural minorities rather than critiquing dominant perspectives that are present within the field? By discussing cultural diversity from a perspective of inclusivity of clients' musical preference, do I inherently "other" minority clients? Do I fail to recognize my therapist identity as one that is steeped in and influenced by my cultural identity or sociocultural context? Do I recognize my cultural identity, but struggle to recognize certain cultural identities?

Explore Your Cultural Identity

As previously mentioned, an in-depth exploration of one's cultural identity is integral in developing cultural awareness. Emirbayer and Desmond (2012), in their article "Race and Reflexivity," state that "our understanding of racial order will forever remain unsatisfactory so long as we fail to turn our analytic gaze back upon ourselves, the analyst of racial domination, and inquire into the hidden presuppositions that shape our thoughts" (Emirbayer & Desmond, 2012, p. 574). To approach the topic of racism, and similarly heterosexism, classism, sexism, ableism, and so forth, without extensive introspection would result in a "short-circuit fallacy," the act of analyzing a product without considering the lens of the analyst (p. 582). Rather than focusing outward, that is, focusing primarily on cultural minorities with whom we work in therapeutic environments in which dominant perspectives are present, we must focus inward (Hadley, 2013). The process of cultural introspection can be a very challenging and painful process, but it provides insight into the ways in which our own cultural perspectives impact the therapeutic relationship. Again, consider asking: How do I define my cultural identity? How is it reflected in my values and ideals, style of dress, speech, or musical preference? What meaning do I attach to my cultural identification? What types of meaning do others attach to my cultural identification? What do I gain based on my cultural identifiers? What do I lose?

The answers to these questions are often steeped in familial values (Hardy & Laszoloffy, 1995). Further insight may be gained by exploring narratives that are shared intergenerationally, which contribute to fundamental beliefs and values.

Explore Your Own Intrapersonal Communication

Our inner dialogue reflects our values and beliefs and is the basis for the verbal and nonverbal communication we share with others (Jun, 2010, p. 20). Through close attention to our inner dialogue, we can be mindful of the ways in which our thinking is dichotomous and hierarchical and move away from these types of thinking patterns and move toward the mindful practice of holistic thinking. Consider the social projection, stereotypes, or biases that influence your own thinking. Consider the ways in which oppression is overt, covert, or internalized. Consider how these stigmas may negatively impact subjugated groups.

Because oppression is insidious, it may be quite difficult to identify. Connection with someone who is well trained in revealing sites of unearned privilege and power, therefore, is necessary in helping you become more and more aware of your personal values and perceptions (Tochluk, 2010). This may be a peer or colleague, or a supervisor or mentor. Having someone who can continue to challenge us and hold us accountable is a key component in becoming a culturally sensitive practitioner.

Stay Engaged

Cultural sensitivity requires continued commitment and active engagement. For all who decide to squarely face and address the impact of oppression in daily life, you will notice that a large amount of intellectual and emotional effort is required (Watson, 2014). Participating in unlearning may at times be painful, overwhelming, and/or tiring. It is, therefore, necessary to identify activities that will enhance personal awareness as well as support and reinforce the process of unlearning. One activity that both expands awareness and sustains engagement is consuming literature that specifically addresses various points of power, oppression, and privilege. Laszloffy and Hardy (2000) note that awareness is primarily a cognitive state; therefore, engaging in didactic activities can be a great means of increasing awareness. Consequently, publications not only draw our eyes to the realities of oppression, but offer opportunities to gain personal insights on the ways we understand and interact with the world around us. Furthermore, it is important to seek supportive environments that aim to dismantle the well-established sociopolitical status quo and effect cultural change.

Although reading publications geared toward relevant topics is necessary in enhancing personal awareness, it is equally important to participate in meaningful interaction with people of diverse cultural identifications with the intention of building relationships where greater personal insight and cultural awareness and sensitivity may be experienced. Workshops and continued education courses can provide one avenue through which this may be achieved. It is important, however, that these conversations are not solely limited to academic or training spaces. The culturally sensitive therapist actively seeks opportunities where further personal discernment may be gained. It is for this reason that we desperately need to seek and foster cross-cultural interactions in our day-to-day lives. The degree of cross-cultural engagement suggested involves more than simply attending activities where different cultures are present or participating in the common social niceties. It demands the formation of healthy cross-cultural relationships that do not avoid the opportunity to examine the ways power, privilege, and oppression not only impact its members individual lives but examines how these systemic influences impact/manifest within the dynamics of the relationship. These conversations teach us about the realities of oppression, foster genuine interest and investment in the cultural experiences and needs of others, and provide greater insight into our values, beliefs, attitudes, and biases. These conversations are markers of transformational learning and are imperative as we strive toward multicultural awareness and sensitivity.

Only through transformational learning may true musical cultural sensitivity be achieved. Increased awareness enables us to recognize the ways in which oppression influences music therapy spaces and propels us to become more culturally aware, knowledgeable, and skillful music therapists. As we strive toward multicultural sensitivity, let us remember the importance of this cultural awareness: the first step.

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